

FEI Systems ADMH SAIS UAT Guidance

WITS Version 24.8

Prepared by FEI Systems, Inc.

Contract Number C2-061-872417

Date 8/1/2024

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1. GENERAL

1.1. Record of Changes

Table 1: Record of Changes

Version	Date	WITS	Author	Description of Change
1.0	9/15/2023	23.6	Tim Carroll	Document creation for 23.6 release.
1.1	11/1/2023	23.7	Tim Carroll	Test sections: Added version information and account roles. 3.3.3 Added Payor Plans, Government Contract. 3.6 Code Tables: Ordered tables alphabetically. 3.6.1 Added Age Group Specific Treatment details. 3.6.3 Added Covered Population details. 3.6.5 Added Funding Source code table. 3.6.6 Added Gender Specific Treatment details. 4 Renumbered subsections. 4.3 Added Cost Reimbursement Category and Line Item. 4.4.3 Added detail to FFS and CR tiers. 5.2.3 Added Government Contract CGE. 5.4 Added Close Intake functionality. 9.3.1 Added Medicaid Payment details.
1.2	12/8/2023	23.8	Tim Carroll	3.1.1 Changed labels/descriptions to reflect ADMH contractor agency only. 3.1.2 Added provider agency as a separate section with specific test notes. 3.7 Added adjudication rules section. 5.2.3 Updated description and testing notes for government contract CGEs. 5.3.3 Added RTB test notes for client without an ASAIS ID. 5.5 Added Audit subsection. 7.3 Added 837P Error Management subsections and details. 8.2 Updated descriptions and added subsections for manual/automatic claim batch creation. 8.3.1 Updated subsections to include Medicaid automation. 8.3.3 Added details for Government Contract claim batches and automation. 8.4 Updated CH Item to include automation. 8.5 Updated CH Batch descriptions and added subsections for manual/automatic CH batch creation. 9.4 Added government contract payment section 11 Added payor adjudication details.

Version	Date	WITS	Author	Description of Change
1.3	2/8/2024	24.1	Tim Carroll	3.4.1.1 Added second test instructions for version 24.1 3.5 Added new major section System Administration and made subsections of Code Tables, Adjudication Rules, Services, and Rates 3.5.1.13 Added Team Member Role code table. 5.1.2 Added Collateral Contacts subsection. 5.3 Added Treatment Episode and subsections: Intake, Treatment Team, Screener, Assessment, Outcome Measure, Program Enrollment, Encounter (existing section), Close Intake (existing section). 5.4.4 Added Diagnosis History to Audit section. 6.1 Broke out import screen and SFTP into subsections and added addition instructions. 6.2 Added details and test instructions. 6.4 Added section for Treatment Episode File. 7.1 Changed "Appendix A" reference to "Appendix B." 7.4 Added details for Outbound 999. 10 Added Medicaid EDI section. 10.4 Added Outbound 270 details. Appx. A Added Appendix A for Dataset Errors. Appx. B Added Appendix B for Sample Client Dataset XML. Appx. C Renamed Appendix A to C (Sample 837P).
1.4	3/4/2024	24.2	Tim Carroll	3.4.3.1 Added note about multiple Government Contract Payor Plans. 3.4.3.2 Added note about sharing groups between Government Contract Payor Plans. 3.4.3.3 Added reference. 4.2 Added Contract Service Rate details. 4.5 Created Provider Billing Setup section. 4.5.2 Added Contract Management Provider Billing Setup. 13 Added SSRS Reports section

1.5	4/1/2024	24.3	Tim Carroll	<p>3.1.3.1 Added subsection for ADMH Agency .</p> <p>3.1.3.2 Added subsection for File Import Provider Agencies.</p> <p>3.5.1.3 Added the County code table.</p> <p>3.5.1.5 Added the CSAP Activity code table</p> <p>3.5.1.6 Added the CSAP Strategy code table</p> <p>3.5.1.8 Added the Enroll Termination Reason code table.</p> <p>3.5.1.9 Added the Ethnicity code table.</p> <p>3.5.1.12 Added the Geo Type code table.</p> <p>3.5.1.13 Added the Initial Contact code table.</p> <p>3.5.1.14 Added the Injection Drug User code table.</p> <p>3.5.1.17 Added the Payment Intent code table.</p> <p>3.5.1.18 Added the Prevention Community Size code table.</p> <p>3.5.1.19 Added the Prevention Contributing Factor code table.</p> <p>3.5.1.20 Added the Prevention Data Source code table.</p> <p>3.5.1.21 Added the Prevention Funding Source Type code table.</p> <p>3.5.1.22 Added the Prevention Outcome Indicator code table.</p> <p>3.5.1.23 Added the Prevention Risk Category code table.</p> <p>3.5.1.25 Added the Prevention Risk Factor code table.</p> <p>3.5.1.25 Added the Prevention Service Population code table.</p> <p>3.5.1.26 Added the Prevention Socio-ecological Domain code table.</p> <p>3.5.1.27 Added the Prevention Strategy Evidence Based Type code table.</p> <p>3.5.1.28 Added the Prevention Strategy Type code table.</p> <p>3.5.1.31 Added the Race code table.</p> <p>3.5.1.32 Added the Referral Source Type code table.</p> <p>3.5.1.33 Added the Risk Category code table.</p> <p>3.5.1.34 Added the School code table.</p> <p>3.5.1.35 Added the School District code table.</p> <p>3.5.1.38 Added the Staff Contact Role code table.</p> <p>3.5.1.39 Added the Target Population code table.</p> <p>3.5.1.41 Added the Veteran Status code table.</p> <p>3.5.3 Updated Service Profile figure and added instructions for Maximum Billing Units.</p> <p>4.4.4 Added Cross-Contract List.</p> <p>5.3.7.3 Added "ASAIS ID" to the section title.</p> <p>5.3.7.4 Added new section related to RTB, Max Units.</p> <p>5.3.8 Added the Payments section to the Client Treatment Episode.</p> <p>5.3.9 Added Episode List screenshot and additional test instructions.</p> <p>5.4 Added the Episode List section.</p> <p>6.1.2 Added details to the Clinical File SFTP subsection.</p> <p>6.1.3 Moved File Errors from sections 6.2 and 6.3.</p> <p>6.1.3.2 Added instructions for XML Schema/Syntax Errors.</p> <p>6.2 Added happy path test instructions.</p> <p>6.3 Added Treatment Episode File details.</p>
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Version	Date	WITS	Author	Description of Change
				6.3.1 Added Intake details. 7.2 Added details to the 837P SFTP section. 7.4.1 Added details to the 999 SFTP section. 8.8 Added 837P EDI section. 9.1 Added details to the Client Payment section. 12.1.1 Added 835 SFTP section. 14 Added File Import SFTP section. Appx. C Added Appendix C for Sample Treatment Episode Dataset XML (Intake).
1.6	5/2/2024	24.4	Tim Carroll	3.5.1.3 Added the ASAM Care Level code table. 3.5.1.1 Added the Adjustment Reason code table. 3.5.1.35 Added the Remittance Advice Remarks code table. 3.5.5 Added SPARS Batch placeholder. 3.5.6 Added NOMS Extraction instructions. 5.3.7.3 Updated RTB section based on new functionality. 5.3.7.4 Updated test instructions based on new functionality. 7.3 Moved section and renamed 837P Failed. 7.4 Added 837P Processed section. 7.5 Moved section, renamed 837P Processed with Errors, and added additional details. 6.2 Updated Annotated ClientDataSet XML screenshot. 6.3.1 Updated to include Screener with Intake and updated Annotated Treatment Dataset (Intake/Screener) XML screenshot. 6.3.2 Added placeholder for Placement Assessment. 6.3.3 Added placeholder for Update Assessment. 8.9 Added details to the Reverse Claim Item section. 8.10 Added details to the Adjust Claim Item section. 8.11 Added section- Bill Another Payor. 8.12 Added section- Automatically Rebill Medicaid to Government Contract. 9.2 Added details to the Inbound Medicaid 835 section. 10.4 Added details to the Medicaid EDI/Inbound 835 section. 10.5 Added details to the Medicaid EDI/Inbound 999 section. Appx. B Updated values in XML. Appx. C Updated Sample Treatment Episode Dataset XML to include screener.

Version	Date	WITS	Author	Description of Change
1.7	6/3/2024	24.5	Tim Carroll	<p>3.1.1 Updated screenshot and test guidance, adding the “Clinical File Upload Agency” indicator.</p> <p>3.1.2 Updated screenshot and test guidance, adding the “Clinical File Upload Agency” indicator.</p> <p>3.1.4 Created new Grant Management section and subsections and moved SPARS Batch to this location from Setup.</p> <p>3.2.2.1 Added SOR Program Setup.</p> <p>3.3 Added the Scheduler section.</p> <p>3.4 Added the Group List section.</p> <p>3.5.1.2 Added note to test instructions.</p> <p>3.5.1.10 Added the Discharge Disposition Type code table.</p> <p>3.5.1.11 Added the Discharge Referral Type code table.</p> <p>3.5.1.14 Added the Followup Step code table.</p> <p>3.5.1.20 Added the Inter Agency code table.</p> <p>3.5.1.23 Added the Nec Outcome code table.</p> <p>3.5.1.24 Added the Non-Episode Contact Location Type code table.</p> <p>3.5.1.26 Added the Presenting Problem code table.</p> <p>3.5.1.38 Added the Problem Area code table.</p> <p>3.5.1.47 Added the Service Diagnosis Category code table.</p> <p>3.5.1.50 Added the Special Initiative Type code table.</p> <p>5.3 Added the Non-Episode Contact section.</p> <p>5.4.7 Added GPRA Assessment section.</p> <p>5.4.8 Added Expired GPRA section.</p> <p>5.4.9.5 Added RTB, Diagnosis Category section.</p> <p>5.4.10 Added the Notes section with Encounter and Miscellaneous Notes subsections.</p> <p>6.3.1 Updated instructions for Intake/Screeners.</p> <p>6.3.1.1 Added Intake/Screeners errors from imported clinical files.</p> <p>7 Renamed section to Billing. Moved the following to subsections: Payor Plan Setup, Services, Rates, Claim Management, Inbound 837P, Payment/EOB, Medicaid EDI, and Provider Invoice Management.</p> <p>7.5.4.9 Added section: Invalid Diagnosis for Service.</p> <p>8 Created new ADMH Payment Management section and moved the following to subsections: Adjudication Rules, Payor Adjudication, Outbound 835, Invoice Management, and Payment Voucher.</p> <p>8.1.1 Broke out and updated original test instructions to new section, Payment from Highest Priority Tier.</p> <p>8.1.2 Added new section, Payment from Next Eligible Tier.</p> <p>11 Renamed section SFTP.</p>

Version	Date	WITS	Author	Description of Change
1.8	7/1/2024	24.6	Tim Carroll	<p>Lists The lists of tables and figures at the beginning of the document were removed to reduce file size and improve performance.</p> <p>2 Updated Introduction section and added new System Requirements, Pop-Up Blocker, and Environments sub-sections.</p> <p>3.1.2 Updated test instructions for Clinical File Upload Agency indicator and Region/Catchment Areas.</p> <p>3.2.3 Added the Primary Staff Set Up section.</p> <p>3.5.1.3 Added the Agency Type code table.</p> <p>3.5.1.6 Added the Claim Item Reject Reason code table.</p> <p>3.5.1.7 Added the Client ID Type code table.</p> <p>3.5.1.20 Added the Geo code table.</p> <p>3.5.1.22 Added the Governance Role Type code table.</p> <p>3.5.1.56 Added the Special Population Service code table.</p> <p>3.5.1.58 Added the Substance code table.</p> <p>3.5.1.59 Added the Supplemental Information code table.</p> <p>3.5.1.62 Added the Treatment Approach code table.</p> <p>3.5.3 Added the Master Patient Index section.</p> <p>3.7 Added the Snapshot section.</p> <p>4.6 Added the Contract/Prevention Plans section.</p> <p>5.7 Added the Clinical Dashboard section.</p> <p>6.1 Updated Vocabulary file in Table 5. Updated test instructions to include new role and agency indicator.</p> <p>6.2 Updated test instructions to include new role and agency indicator.</p> <p>6.3 Updated Treatment Episode File description.</p> <p>6.3.1 Updated Intake/Screener description and test instructions</p> <p>6.3.2 Added details to Treatment Episode File Placement Assessment.</p> <p>6.3.2.1 Added details to Treatment Episode File Placement Assessment Errors.</p> <p>7.4.4 Added Billing/Encounter List section.</p> <p>7.6.1 Reorganized section and retitled Payment List.</p> <p>7.6.2 Added EOB Transaction section.</p> <p>7.6.3 Added Billing Transaction section.</p> <p>9 Added Prevention Management section.</p> <p>10 Moved Grant Management to primary section.</p> <p>Appx. C Updated to include Intake, Screener, and Placement Assessment</p>

Version	Date	WITS	Author	Description of Change
24.7	8/1/2024	24.7	Tim Carroll	<p>Updated the document version to match the WITS version</p> <p>3.1.4 Added the Disclosure Template section.</p> <p>3.1.5 Added the Agency/Referrals section.</p> <p>3.6.1.27 Updated the Modality Type code table (Mishap 1450)</p> <p>3.6.1.30 Updated the Payment Intent code table description.</p> <p>3.6.1.47 Added the Referral Reason code table section.</p> <p>4.6.2 Updated Hold Plan test notes.</p> <p>5.4.9.3 Updated RTB description.</p> <p>5.4.9.4 Updated RTB Max Units description.</p> <p>5.4.9.5 Updated RTB Diagnosis Category description.</p> <p>5.4.11 Added the Client Consent section.</p> <p>5.4.12 Added the Client Referrals section.</p> <p>5.7 Updated Clinical Dashboard and added Feedback and Summary Report subsections.</p> <p>6.3.3 Added the file import Update Assessment section.</p> <p>6.3.4 Added the file import Discharge section.</p> <p>7.1.3 Updated Government Contract description.</p> <p>7.4.14 Added the Additional Billing Instructions section.</p> <p>7.6.1 Updated the Outbound 270 description and screenshots.</p> <p>8 Reorganized Payment Management section.</p> <p>8.1 Updated the Manual Payments section.</p> <p>8.2 Updated the Automatic Payments section.</p> <p>8.3 Updated the Review Applied Payments section.</p> <p>8.5 Added the Outbound 835 section with subsections for Medicaid and Government Contract.</p> <p>Appx. D Added Treatment Episode, Update Assessment.</p> <p>Appx. E Added Treatment Episode, Discharge.</p>

Version	Date	WITS	Author	Description of Change
24.8	9/1/2024	24.8	Tim Carroll	2.5 Added the Wildcard/Operator Search section. 3.1.1.2 Updated screenshot and test instructions for new Vendor Customer ID field. 3.1.2 Added the Agency Addresses/Phone section. 3.1.3 Added the Agency Identifiers section. 3.2.2 Added the Facility Address section. 3.6.1.3 Added the Agency Other Identifier Category code table. 3.6.1.4 Added the Agency Other Identifier Type code table. 3.6.1.6 Updated the Aid Type code table to include new PV functionality. 3.6.2 Updated NOMS Extraction section. 4.4.3 Updated screenshot and description for Contract Authorization Period. 4.4.3.1 Updated the FFS Authorization Period Tiers section to include new PV functionality. 4.4.3.2 Updated the CR Authorization Period Tiers section to include new PV functionality. 4.5.1 Updated Contract EDI section to indicate it is required for all providers. 5.4.11.3 Added the Revoke Client Consent section. 7.1.3.2 Updated the Government Contract Payor Plan, Group List section to include new PV functionality. 7.6.2 Added the Inbound 271 section details. 8.7 Added Payment Voucher details. 11.1 Updated the Prevention Block Grant report section. 11.2 Added the Treatment Block Grant report section.

1.2. Stakeholders

Table 2: Stakeholders List

Entity	Role	Name
ADMH	Associate Commissioner, Division of MH/SA Services	Nicole Walden
ADMH	Chief Information Officer	Ram Kandula
ADMH	Director, Office of Contracts, Budgets, and Billing	Theo Munthali
ADMH	Director of Child and Family Services	Beverly Johnson
ADMH	Director of SA Treatment and Development	Denise Morris
ADMH	Manager for the Office of Contracts & Grants	Harvey Farrior
ADMH	Medicaid Specialist	Richetta Muse
ADMH	Senior Program Manager	Brandon Folks
ADMH	System Administrator/Manager	Yolanda Ballentine
FEI	Account Manager	Anne Clements
FEI	Behavioral Health Delivery and Product Manager	Tim Carroll
FEI	Business Analyst	Chanchal Rijhwani
FEI	Business Analyst	Naveen Bhima
FEI	Business Analyst	Raj Lakhani
FEI	Business Analyst Team Lead	Kevin Sutter
FEI	Deputy Chief Operating Officer	Nik Garifalos
FEI	Project Manager	Lynise Low
FEI	Training Specialist	Scott Wilson
FEI	Vice President of Client Relationship Management	Jenness Vaccarella
FEI	WITS Program Manager	Shelby Maloney

1.3. Terms and Definitions

Table 3: Terms and Definitions

Term	Description
42 CFR Part 2	See SAMHSA Substance Use Confidentiality Regulations
ACN	Attachment Control Number
Adjustment Claim Item	WITS term for Replacement Claim Item
ADMH	Alabama Department of Mental Health
ASAIS	Alabama Substance Abuse Information System
BAP Claim Item	Bill Another Payor Claim Item (used with TPL claims)
BG	Block Grant
BT	Billing Transaction
CARC	Claim Adjustment Reason Codes
CGE	Client Group Enrollment
CH	Clearing House
CH Item	Clearing House Item, created in the clearing house agency (ADMH) when the provider submits a Medicaid Claim Batch.

Term	Description
CH Batch	A batch of CH Items in the clearing house agency (ADMH). The CH batch generates the Medicaid 837P.
Claim Batch	A batch of claim items.
Claim Item	WITS term for the claim service line
Claim Item, Adjustment	WITS term for Replacement Claim Item
Claim Item, Reversal	WITS term for Void Claim Item
COB	Coordination of Benefits
DOB	Date of Birth
EA	Enhanced Architecture
EDI	Electronic Data Interchange
EOB	Explanation of Benefits (also known as remittance)
FFS	Fee For Service
Happy Path	A test case that meets all system requirements where no errors are expected.
I-BHS	Inventory of Behavioral Health Services (SAMHSA)
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision
LOC	Level of Care
MMIS	Medicaid Management Information System
Modality	Programs modality types represent a category of service. Modalities may be setup to mirror LOC or to be more broadly/narrowly defined.
MRN	Medical Record Number
NOMs	National Outcome Measures
NPI	National Provider Identifier
PHI	Protected Health Information
PV	Payment Voucher
RARC	Remittance Advice Reason Codes
RTB	Release (Encounter) To Billing
SAIS	Substance Abuse Information System
SAMHSA	Substance Abuse and Mental Health Services Administration
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SOR	State Opioid Response (grant)
SPARS	SAMHSA's Performance Accountability and Reporting System
SSN	Social Security Number
STAARS	State of Alabama Accounting and Resource System
TEDS	Treatment Episode Data Set
TPL	Third Party Liability
UAT	User Acceptance Testing
UCN	Unique Client Number
XML	Extensible Markup Language
XSD	XML Schema Definition

2. INTRODUCTION

2.1. Purpose

This document provides UAT guidance for the most important modules used in Client Treatment, Prevention, Billing, Contract Management, and Payor Adjudication. Alabama WITS contains additional functionality that is not covered here. Refer to the separate administrator and end user guides for additional instructions.

Notes:

- This document is structured roughly in workflow order. Complete the System Management section prior to testing the remaining functionality.
- Testing instructions are provided in each section. Look for the blue “Test” label, followed by a bulleted list of test instructions:

→TEST

2.2. Audience

The intended audience is the Alabama Department of Mental Health (ADMH) and the FEI Systems project team. It is not meant to be shared with provider agencies.

2.3. System Requirements

WITS is a web-based application that is accessible through the most up-to-date versions of the following web browsers:

- Google Chrome
- Microsoft Edge
- Apple Safari
- Mozilla Firefox

2.4. Pop-Up Blocker

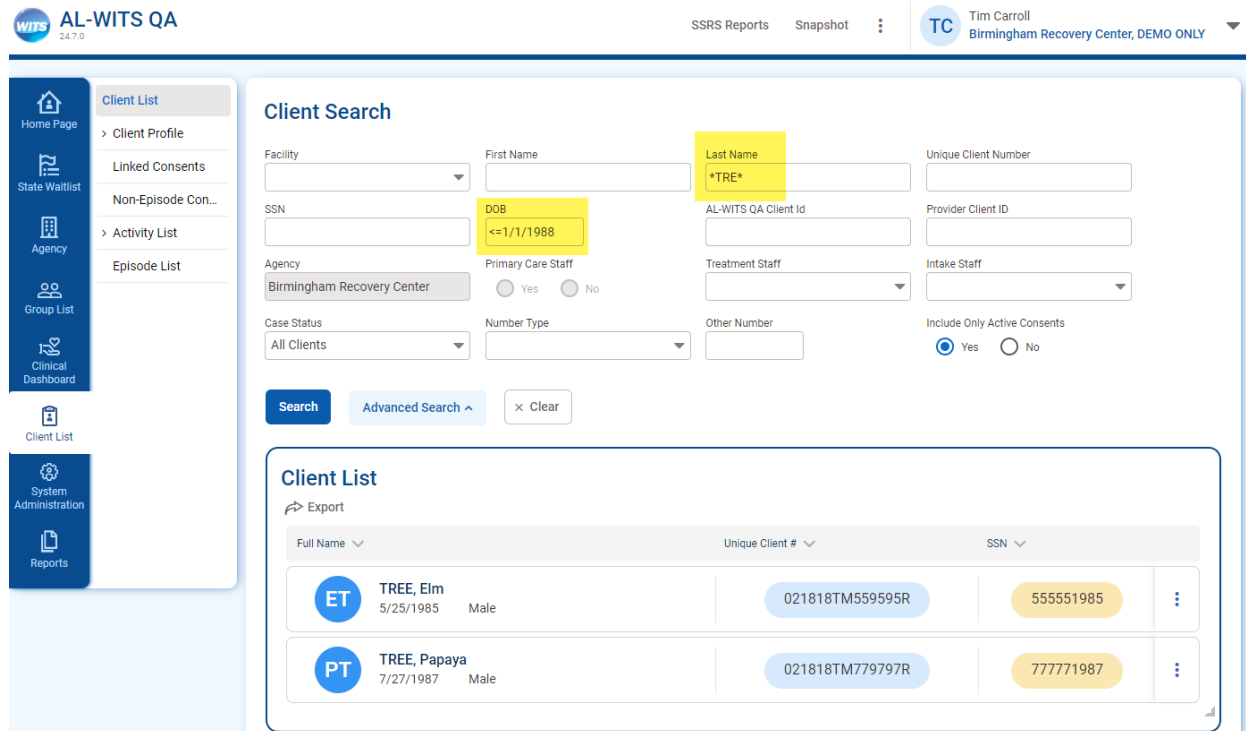
Certain features in WITS, such as Snapshot, Scheduler, and Billing History open in a separate browser window. Ensure the browser allows pop-ups for the WITS application to avoid functionality issues.

2.5. Wildcard/Operator Search

Most WITS search screens support searches using wildcards and other operators (*, <, <=, >, >=, |). While the following examples show specific screens and search criteria, most screens and fields may be searched this way. Exceptions are searches with dropdowns, mover boxes, and date picker fields.

2.5.1. Client Search Example

The following example shows a Last Name search of *TRE* and a DOB <=1/1/1988. This returns all clients whose last name contains “TRE” and who were born on or before 1/1/1988.



WITS AL-WITS QA 24.7.0 SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO ONLY

Client Search

Facility: First Name: Last Name: Unique Client Number:

SSN: DOB: AL-WITS QA Client Id: Provider Client ID:

Agency: Primary Care Staff: ☐ Yes ☐ No Treatment Staff: Intake Staff:

Case Status: Number Type: Other Number: Include Only Active Consents: ☒ Yes ☐ No

Search **Advanced Search** **Clear**

Client List


Export

Full Name	Unique Client #	SSN
ET TREE, Elm 5/25/1985 Male	021818TM559595R	555551985
PT TREE, Papaya 7/27/1987 Male	021818TM779797R	777771987


Figure 1: Client List search Last Name that contains “TRE” and DOB less than 1/1/1988

2.5.2. Billing/Encounter Search Example

The following example shows the Billing/Encounter List search for a Balance >0.


AL-WITS QA

SSRS Reports Snapshot


TC Tim Carroll
Birmingham Recovery Center, DEMO ONLY

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
> Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List

Encounter Search

Enc ID
Last Name
Status
Payor Plan

Rendering Staff
Program
Service Start
UCN

Supervising Staff
SSN
Facility

First Name
Procedure Code
Balance
>0

Search Clear

Encounter List

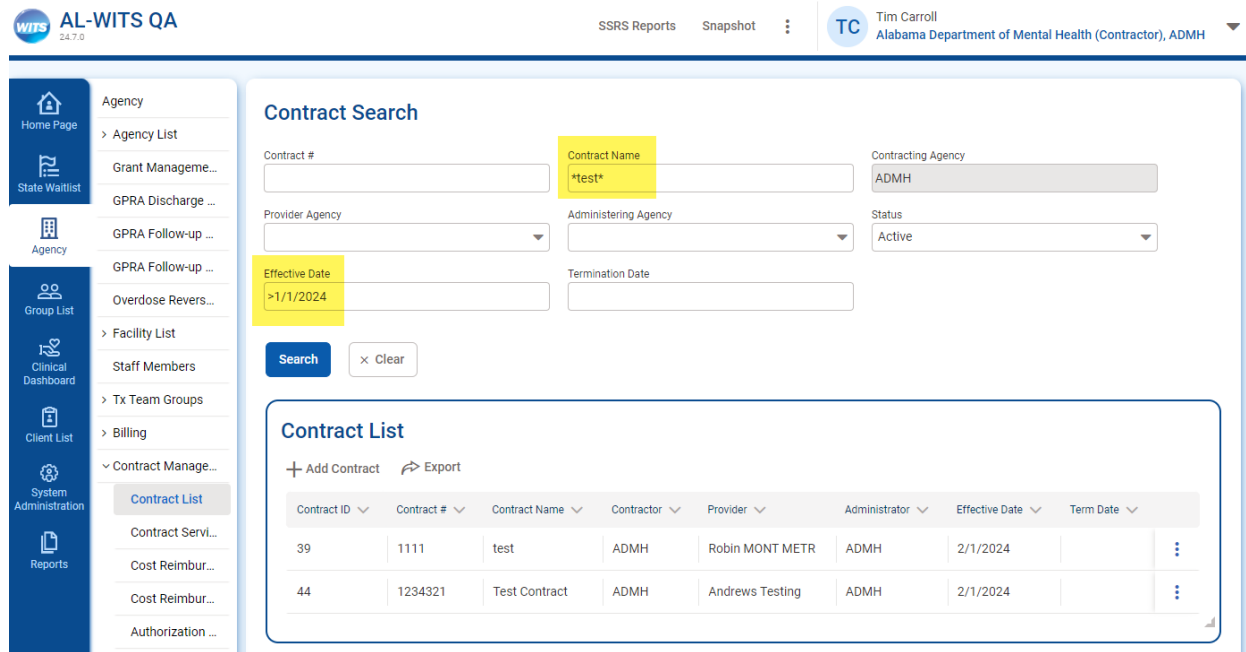
Export

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Rend. Staff	Program Name	Balance
12015	Adolescent, Joseph	12/12/2008	3/1/2021	Released		H0006		Outpatient Treatment	\$25.00
5188	Adolescent, Joseph	12/12/2008	12/10/2023	Released	60 Min	H0004	Carroll, Tim	Outpatient Treatment	\$60.00

Figure 2: Billing/Encounter List Search for Balance greater than \$0

2.5.3. Contract Search Example

The following example shows the Contract List search for Contract Names that include “TEST” and have an Effective Date greater than 1/1/2024:




The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.7.0, and the user profile for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains various navigation options, with 'Contract List' highlighted under the 'Contract Management' section. The main content area is titled 'Contract Search' and features several input fields: 'Contract #' (empty), 'Contract Name' (containing '*test*'), 'Contracting Agency' (set to 'ADMH'), 'Provider Agency' (empty), 'Administering Agency' (empty), 'Status' (set to 'Active'), 'Effective Date' (set to '>1/1/2024'), and 'Termination Date' (empty). Below these fields are 'Search' and 'Clear' buttons. The 'Contract List' section below the search fields shows a table with columns for Contract ID, Contract #, Contract Name, Contractor, Provider, Administrator, Effective Date, and Term Date. Two contracts are listed: Contract ID 39 with Contract # 1111 and Contract Name 'test', and Contract ID 44 with Contract # 1234321 and Contract Name 'Test Contract'. Both contracts are administered by ADMH and have an effective date of 2/1/2024.

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	Term Date
39	1111	test	ADMH	Robin MONT METR	ADMH	2/1/2024	
44	1234321	Test Contract	ADMH	Andrews Testing	ADMH	2/1/2024	

Figure 3: Contract List search for names containing “test” and an effective date > 1/1/2024

2.5.4. Prevention Risk Factor Code Table Example

The following example shows the Prevention Risk Factor Code Table search for descriptions that contain “DRUG”.



AL-WITS QA
24.7.0

SSRS Reports
Snapshot

⋮

TC

Tim Carroll
Birmingham Recovery Center, DEMO ONLY

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State Waitlist

Agency

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System Administrat...
Code Tables
System Accounts
Activity Manage...
Adjudication Rule
Services
Rates
H837 Management
H835 Management
H999 Management
HL7Management
SPARS Batch
SPARS Batch Erro...
System Info
NOMS Extraction
Agency Oversight...
Config Editor
Federal Poverty U...
Alert Types
Master Patient In...
Payment Voucher

Prevention Risk Factor Code Table

Hide Search

Search Criteria

Record Id

Description

Sort Order

Prevention Risk Factor List

+ New
Export

Record Id	Description	Sort Order	Effective Date	Expiration Date	Created By	Created Date	Updated By	Updated Date	
14	Availability of Drugs		5/3/2023		User, System	5/3/2023 4:44 PM	User, System	5/3/2023 4:44 PM	⋮
16	Community Laws and Norms favorable Drug use and Crime		5/3/2023		User, System	5/3/2023 4:44 PM	User, System	5/3/2023 4:44 PM	⋮

Figure 4: Prevention Risk Factor Code Table search for descriptions that contain “DRUG”

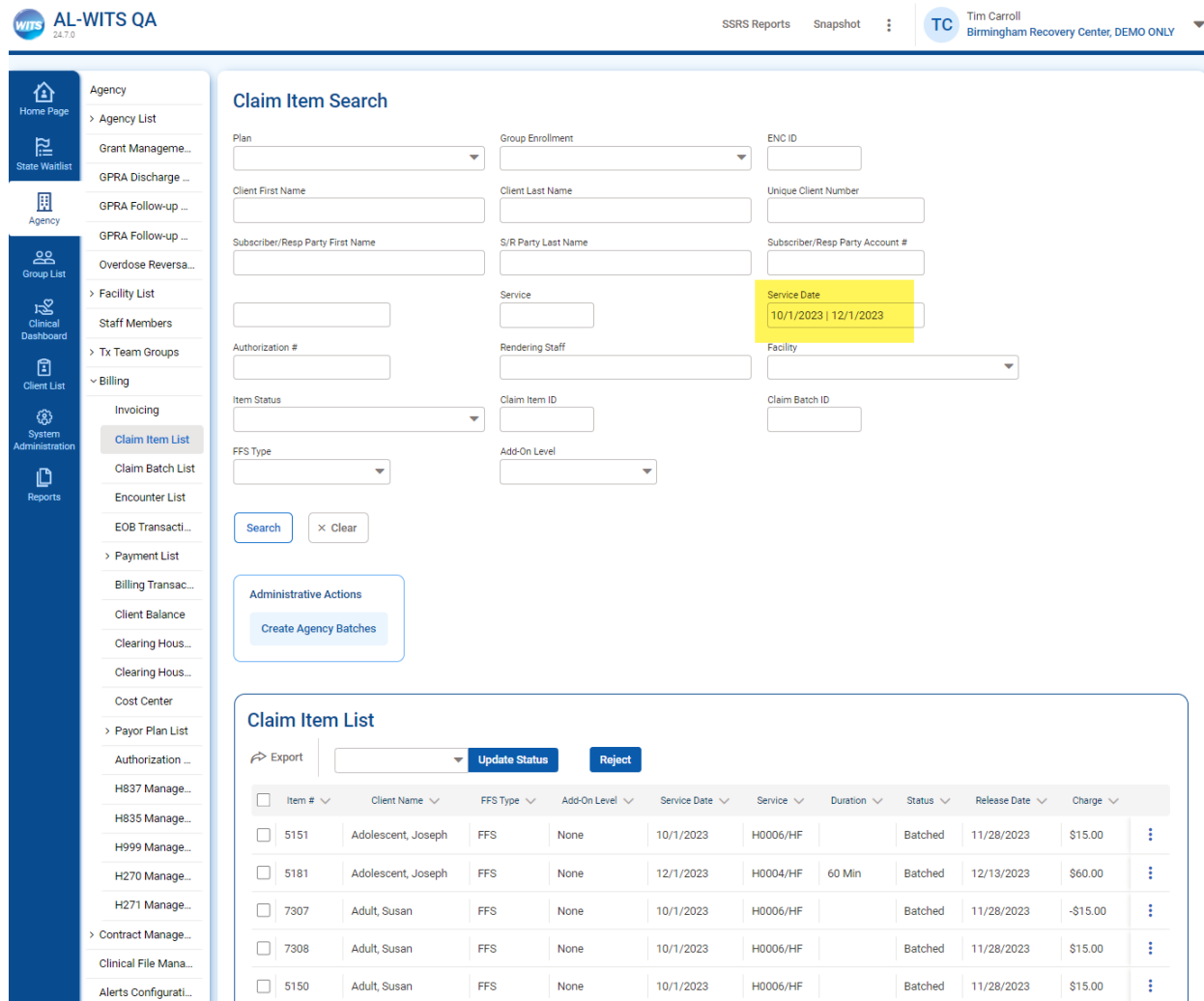
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2.5.5. Claim Item Search Example

The following example shows the Claim Item search for Service Dates that are either 10/1/2023 or 12/1/2023. Use the bar “|” to separate the search values.



Claim Item Search

Plan: [Dropdown] Group Enrollment: [Dropdown] ENC ID: [Text]

Client First Name: [Text] Client Last Name: [Text] Unique Client Number: [Text]

Subscriber/Resp Party First Name: [Text] S/R Party Last Name: [Text] Subscriber/Resp Party Account #: [Text]

Service: [Text] **Service Date: 10/1/2023 | 12/1/2023** Facility: [Dropdown]

Authorization #: [Text] Rendering Staff: [Text] Claim Batch ID: [Text]

Item Status: [Dropdown] Claim Item ID: [Text]

FFS Type: [Dropdown] Add-On Level: [Dropdown]

[Search] [Clear]

Administrative Actions

[Create Agency Batches]

Claim Item List

[Export] [Update Status] [Reject]

Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
5151	Adolescent, Joseph	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	\$15.00
5181	Adolescent, Joseph	FFS	None	12/1/2023	H0004/HF	60 Min	Batched	12/13/2023	\$60.00
7307	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	-\$15.00
7308	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	\$15.00
5150	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	\$15.00

Figure 5: Claim Item search for Service Dates that are either 10/1/2023 or 12/1/2023

2.6. Environments

Use the following links to access the appropriate environment:

- UAT: <https://al-uat.witsweb.org/>
Do not enter any PHI in the UAT environment.
- PHI UAT: <https://al-phiuat.witsweb.org/>
This is a temporary site used for testing migrated data. It will be decommissioned after go-live.
- Production: <https://al.witsweb.org/>

3. SYSTEM MANAGEMENT

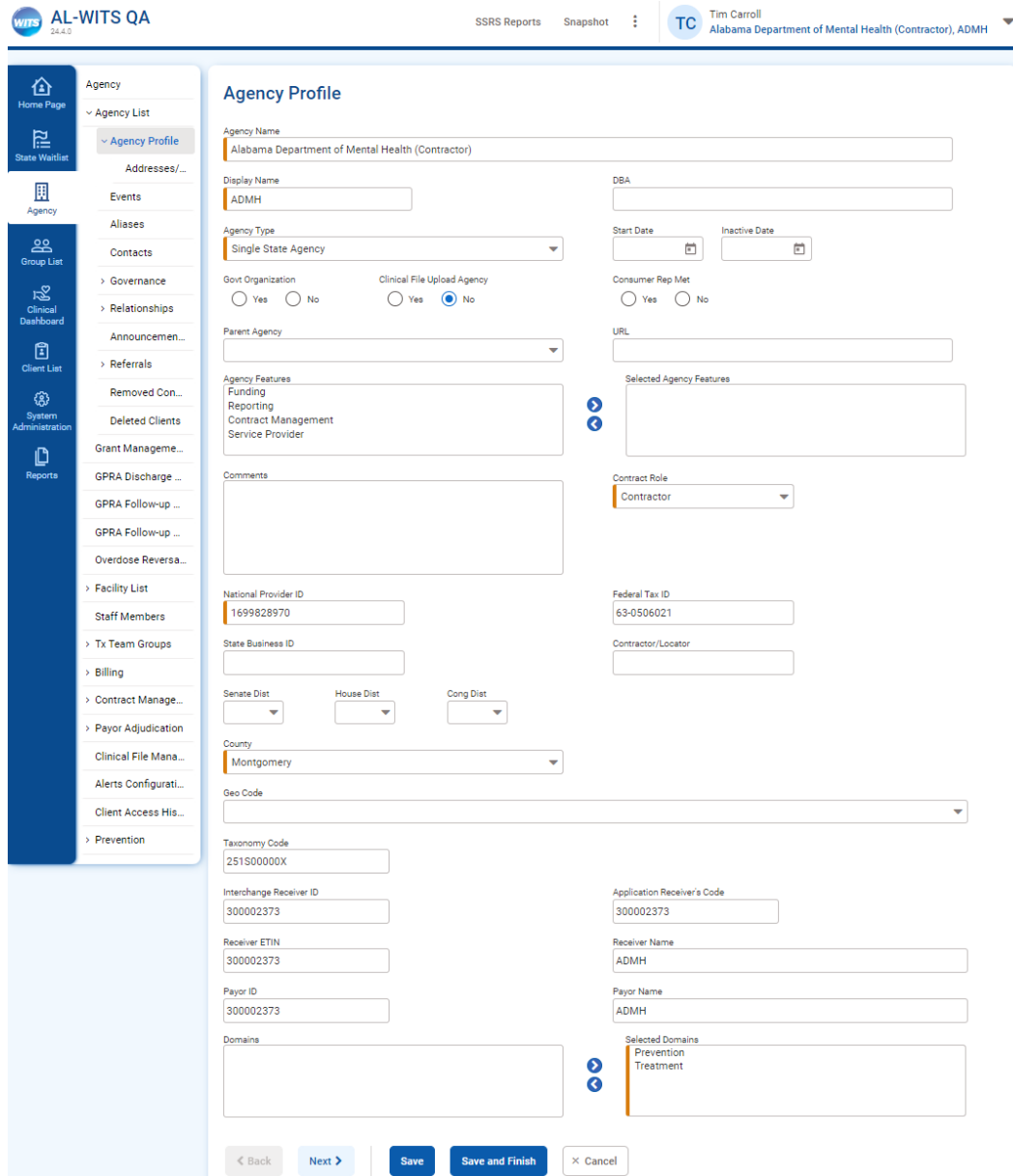
Complete this section prior to testing any other functionality.

3.1. Agencies

3.1.1. Agency Profile

3.1.1.1. Contractor Agency Profile

The ADMH contractor agency must be setup correctly to test billing and contract management.



The screenshot displays the 'Agency Profile' form for the Alabama Department of Mental Health (Contractor) in the AL-WITS QA system. The form is divided into several sections for data entry:

- Agency Information:** Agency Name (Alabama Department of Mental Health (Contractor)), Display Name (ADMH), DBA, Agency Type (Single State Agency), Start Date, Inactive Date, Govt Organization (Yes/No), Clinical File Upload Agency (Yes/No), Consumer Rep Met (Yes/No), Parent Agency, and URL.
- Agency Features:** A list of features including Funding, Reporting, Contract Management, and Service Provider, with a 'Selected Agency Features' section for selection.
- Contract Role:** A dropdown menu set to 'Contractor'.
- Identification:** National Provider ID (1699828970), Federal Tax ID (63-0506021), State Business ID, and Contractor/Locator.
- Location:** Senate Dist, House Dist, Cong Dist, County (Montgomery), Geo Code, and Taxonomy Code (251S00000X).
- Interchange and Receiver Information:** Interchange Receiver ID (300002373), Application Receiver's Code (300002373), Receiver ETIN (300002373), Receiver Name (ADMH), Payor ID (300002373), and Payor Name (ADMH).
- Domains:** A section for 'Selected Domains' with 'Prevention' and 'Treatment' listed.

Navigation buttons at the bottom include '< Back', 'Next >', 'Save', 'Save and Finish', and 'Cancel'.

Figure 6: ADMH Contractor Agency Profile

The Agency Profile collects various information used for sending and receiving claims. The ADMH agency must be setup as follows. These values should be confirmed by ADMH.

- Agency Type = Single State Agency
- Clinical File Upload Agency = No
- Select No for agencies that enter client data manually.
- Contract Role = Contractor
- These values are used on the outbound Medicaid 837P:
 - National Provider ID = 1699828970
 - Federal Tax ID = 63-0506021
 - Taxonomy Code = 251S00000X
- These values are used by providers on the inbound 837P:
 - Interchange Receiver ID = 300002373
 - Application receiver's Code = 300002373
 - Receiver ETIN = 300002373
 - Receiver Name = ADMH
 - Payor ID = 300002373
 - Payor Name = ADMH


→TEST ADMH AGENCY

- Version: 24.5 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Navigate to Agency List/Agency Profile.
- Confirm the ADMH agency profile contains the values shown above.
- Click the Save and Finish button.

Note: AL WITS allows multiple contractor agency records. Based on the current workflow, there should be only one contractor agency.

3.1.1.2. Provider Agency Profile


Provider agencies must be setup correctly to test billing and contract management.



AL-WITS QA
24.7.0


[SSRS Reports](#)
[Snapshot](#)
⋮


TC


Tim Carroll
 Birmingham Recovery Center, DEMO ONLY



[Home Page](#)



[State Waitlist](#)



[Agency](#)


[Group List](#)


[Clinical Dashboard](#)


[Client List](#)


[System Administration](#)


[Reports](#)

Agency

[Agency List](#)

[Agency Profile](#)

Addresses/...

Identifiers

Events

Aliases

Contacts

[Governance](#)

[Relationships](#)

[Announcemen...](#)

[Referrals](#)

[Removed Con...](#)

[Deleted Clients](#)

[Grant Manageme...](#)

[GPRA Discharge ...](#)

[GPRA Follow-up ...](#)

[GPRA Follow-up ...](#)

[Overdose Reversa...](#)

[Facility List](#)

[Staff Members](#)

[Tx Team Groups](#)

[Billing](#)

[Contract Manage...](#)

[Clinical File Mana...](#)

[Alerts Configurati...](#)

[Client Access His...](#)

Agency Profile

Agency Name
Birmingham Recovery Center

Display Name
Birmingham RC

Agency Type
Substance Use Treatment

Govt Organization
☐ Yes ☐ No

Clinical File Upload Agency
☒ Yes ☐ No

Parent Agency

Agency Features

Funding
Reporting
Contract Management
Service Provider

>
<

Comments

DBA

Start Date

Inactive Date

Consumer Rep Met

☐ Yes ☐ No

URL
https://birminghamrecoverycenter.com/

Selected Agency Features

>
<

Contract Role
Provider

National Provider ID
1134708597

Vendor Customer ID
123456

Senate Dist

House Dist

Cong Dist

County
Jefferson

Geo Code

Taxonomy Code
261QR0405X

Domains
Prevention

Federal Tax ID

Contractor/Locator

Selected Domains
Treatment

>
<

< Back
Next >
Save
Save and Finish
× Cancel

Figure 7: Example Provider Agency Profile

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→ TEST PROVIDER AGENCY

- Version: 24.7 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Navigate to Agency List/Agency Profile.
- Confirm the provider agency profile is setup with the values shown above.
 - Agency Type

Note: If one agency provides both treatment and prevention, FEI recommends creating two separate agencies. Otherwise, users may not see the appropriate alerts.

 - Prevention agencies must be setup as “Prevention Planning Agency”
 - Treatment agencies must be setup as “Substance Use Treatment”
 - Clinical File Upload Agency

Note: This field becomes read-only after save. Contact Production Support to change the value.

 - Select Yes for agencies that submit clinical files (Client and Treatment Datasets).

Note: See the Clinical File Management section for additional information.
 - Select No for agencies that enter client data manually.
 - Contract Role = Provider
 - National Provider ID
 - Federal Tax ID
 - Vendor Customer ID

Note: This value is used on the Payment Voucher
 - County
 - Taxonomy Code
 - Domain

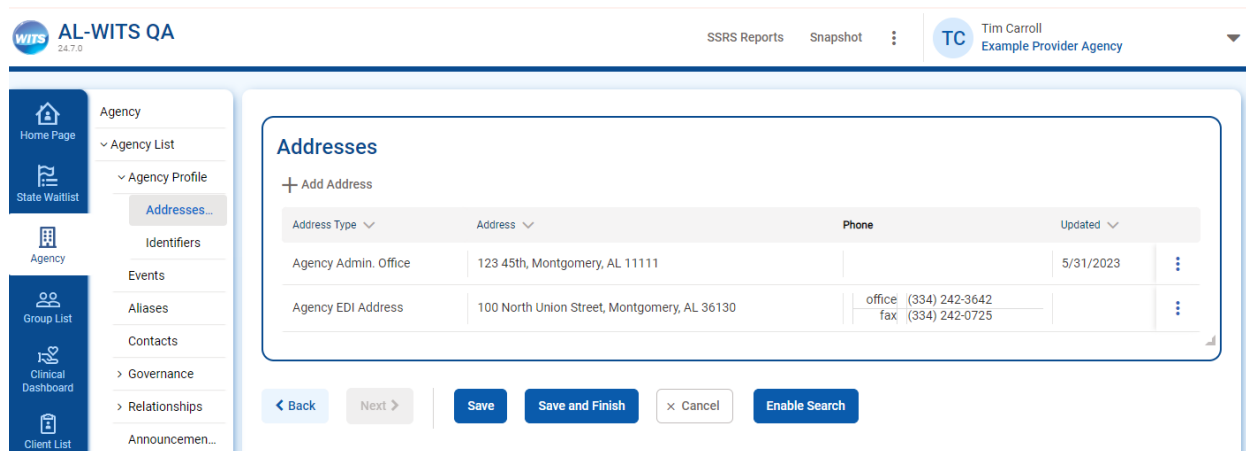
Note: If one agency provides both treatment and prevention, FEI recommends creating two separate agencies, each with their own domain.

 - Prevention
 - Treatment
 - Regions/Catchment Areas

At least one region must be added for Prevention agencies.
- Click the Save and Finish button.

3.1.2. Agency Addresses/Phone

Multiple address records may be entered for each agency. Address records of the same type cannot overlap.

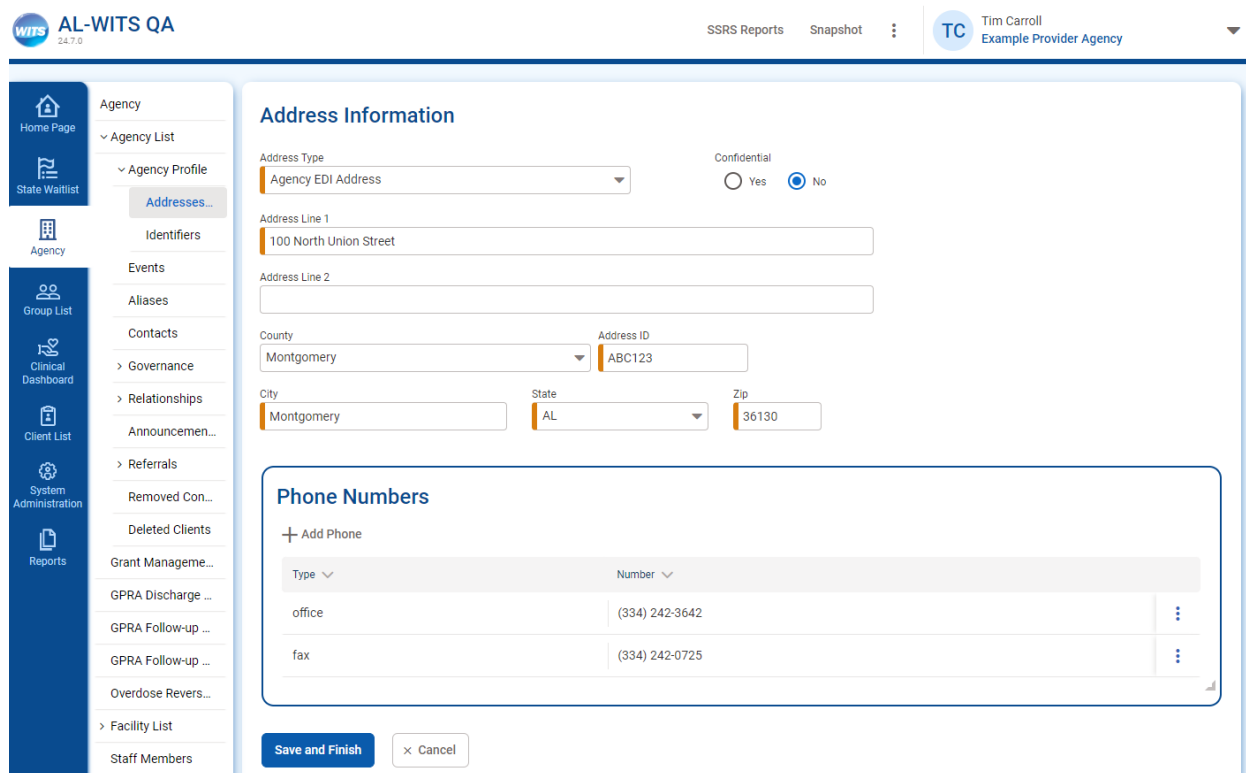


The screenshot shows the 'Addresses' section of the AL-WITS QA interface. The left sidebar contains navigation links: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, and Client List. The main content area displays a table of addresses for the 'Example Provider Agency'.

Address Type	Address	Phone	Updated
Agency Admin. Office	123 45th, Montgomery, AL 11111		5/31/2023
Agency EDI Address	100 North Union Street, Montgomery, AL 36130	office (334) 242-3642 fax (334) 242-0725	

Buttons at the bottom: < Back, Next >, Save, Save and Finish, × Cancel, Enable Search.

Figure 8: Agency Address/Phone List



The screenshot shows the 'Address Information' form in the AL-WITS QA interface. The left sidebar is the same as in Figure 8. The main content area contains fields for address details and a section for phone numbers.

Address Information

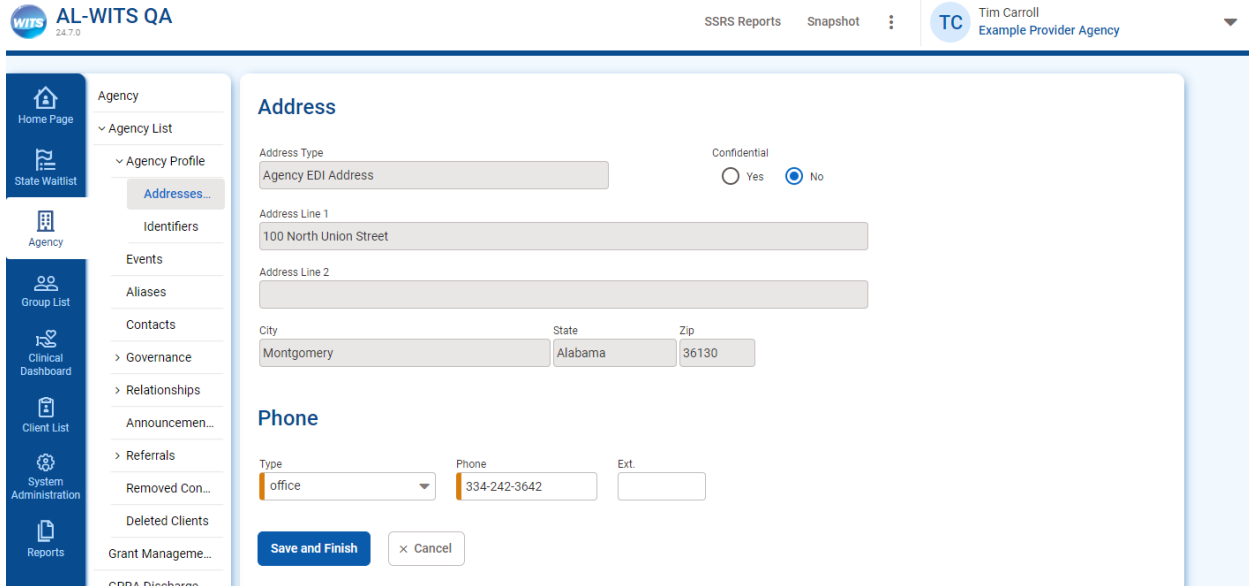
Address Type: Agency EDI Address (dropdown)
 Confidential: ☐ Yes ☒ No
 Address Line 1: 100 North Union Street
 Address Line 2:
 County: Montgomery (dropdown) Address ID: ABC123
 City: Montgomery (dropdown) State: AL (dropdown) Zip: 36130

Phone Numbers

Type	Number
office	(334) 242-3642
fax	(334) 242-0725

Buttons at the bottom: Save and Finish, × Cancel.

Figure 9: Agency EDI Address with Address ID



WITS AL-WITS QA 24.7.0

SSRS Reports Snapshot TC Tim Carroll Example Provider Agency

Agency

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports

Agency List

- Agency Profile
- Addresses...
- Identifiers
- Events
- Aliases
- Contacts
- > Governance
- > Relationships
- Announcemen...
- > Referrals
- Removed Con...
- Deleted Clients
- Grant Manageme...

Address

Address Type: Agency EDI Address

Confidential: ☐ Yes ☒ No

Address Line 1: 100 North Union Street

Address Line 2:

City: Montgomery State: Alabama Zip: 36130

Phone

Type: office Phone: 334-242-3642 Ext:

Save and Finish **Cancel**

Figure 10: Phone record associated with an Agency Address

→TEST

- Version: 24.8 and later.
- Account role(s): WITS Administrator OR Agency Administrator.
- Select any Agency.
- Navigate to Agency List/Agency Profile/Addresses/Phone.
- Review existing addresses/phone numbers on the list (if any).
- Click the +Add Address button.
- Select an Address Type and enter the required fields.
Note: The Address ID field is only available for the Agency EDI Address. This ID must be entered for each provider agency and is used on the Payment Voucher.
- Click the +Add Phone button and enter the required fields.
Note: Multiple phone records may be added for each address type.
- Click the Save and Finish button to return to the Address Information screen.
- Click the Save and Finish button to return to the Addresses list.
- Enter additional addresses as needed.


3.1.3. Agency Identifiers

The Agency Identifiers screen is used to track any type of identifier that is not already available on the agency profile. Identifiers have a category and type. See the Agency Other Identifier Category and Type Code Tables below for additional information.


Example identifiers are shown in the table below. The Medicaid Contract Number category and type are enabled by default. A Medicaid Contract Number must be entered for each fiscal year for each provider that bills Medicaid.

Table 4: Example Agency Identifiers

Identifier Category	Identifier Type
Accreditation	Commission on Accreditation of Rehabilitation Facilities (CARF)
Accreditation	The Joint Commission
Certification	Alabama Mental Health & Substance Use Services Provider
Certification	Alabama Substance Abuse Services Provider
Medicaid Contract Number	Medicaid Contract Number


AL-WITS QA

SSRS Reports Snapshot


TC Tim Carroll
Example Provider Agency, Example Facility

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
▼ Agency List
▼ Agency Profile
Addresses...
Identifiers
Events
Aliases
Contacts
> Governance
> Relationships
Announcemen...
> Referrals
Removed Con...
Deleted Clients
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups

Identifiers List
+ Add Identifier

Category	Type	Identifier #	Effective Date	Expiration Date	Comments
Medicaid Contract Number	Medicaid Contract Number	ExProvAgencyFY24	10/1/2023	9/30/2024	
Medicaid Contract Number	Medicaid Contract Number	ExProvAgencyFY25	10/1/2024	9/30/2025	
Accreditation	Commission on Accreditation of Rehabilitation Facilities (CARF)		1/1/2022	12/31/2025	

Identifier Profile

Category

Type

Expiration Date

Identifier #

Effective Date

Comments

Save Finish × Cancel

Figure 11: Agency Identifiers

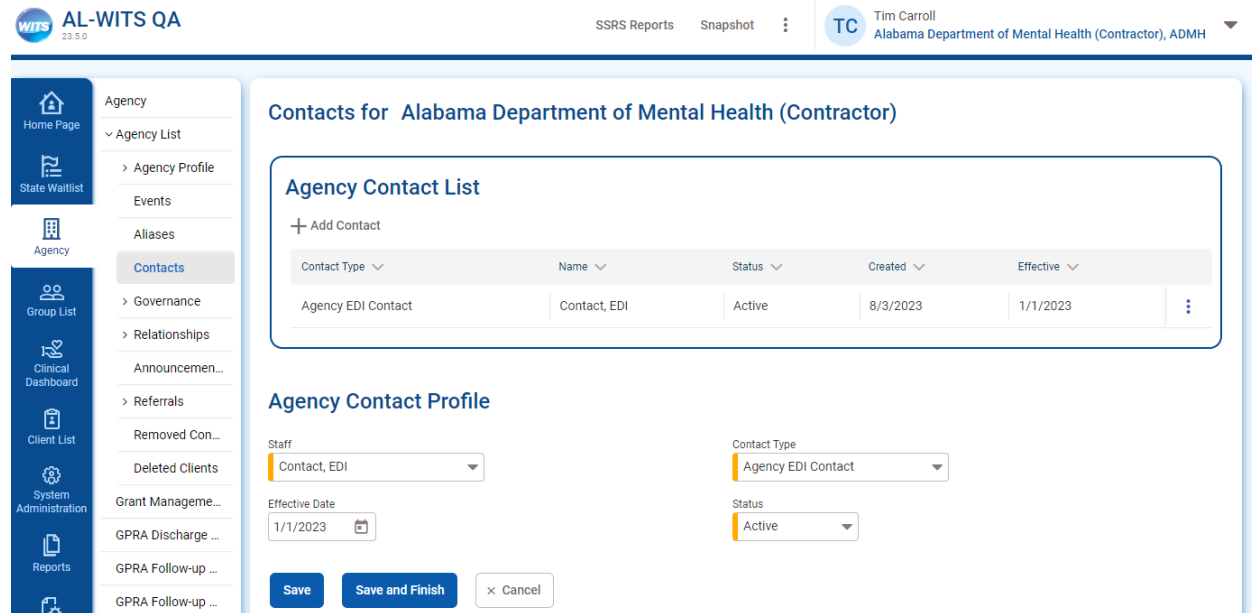
→ TEST

- Version: 24.8 and later.
- Account role(s): WITS Administrator OR Agency Administrator.
- Select any Agency.
- Navigate to Agency List/Agency Profile/Identifiers.
- Click the +Add Identifier button.
- Select the Medicaid Contract Number category.
- Select the Medicaid Contract Number type.
- Enter the Contract Number for the fiscal year in the Identifier # field.
- Enter the Fiscal start and end dates in the Effective and Expiration Date fields.
- Click the Save and Finish button.
- Add additional identifiers as needed.

3.1.4. Agency Contacts

3.1.4.1. ADMH Agency

An EDI contact must be created in the ADMH agency for the outbound Medicaid 837P. The contact information is included in Loop 1000A PER, Submitter EDI Contact Information. It may reflect a real or generic contact, and it represents the person or team at ADMH who manages Medicaid billing.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.5.0, and user information for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains various navigation options, with 'Agency' selected. The main content area displays 'Contacts for Alabama Department of Mental Health (Contractor)'. It includes an 'Agency Contact List' table with one entry: 'Agency EDI Contact' (Contact, EDI, Active, 8/3/2023, 1/1/2023). Below the list is the 'Agency Contact Profile' form, which has fields for Staff (Contact, EDI), Contact Type (Agency EDI Contact), Status (Active), and Effective Date (1/1/2023). Buttons for 'Save', 'Save and Finish', and 'Cancel' are at the bottom.

Figure 12: ADMH Agency EDI Contact

→ TEST

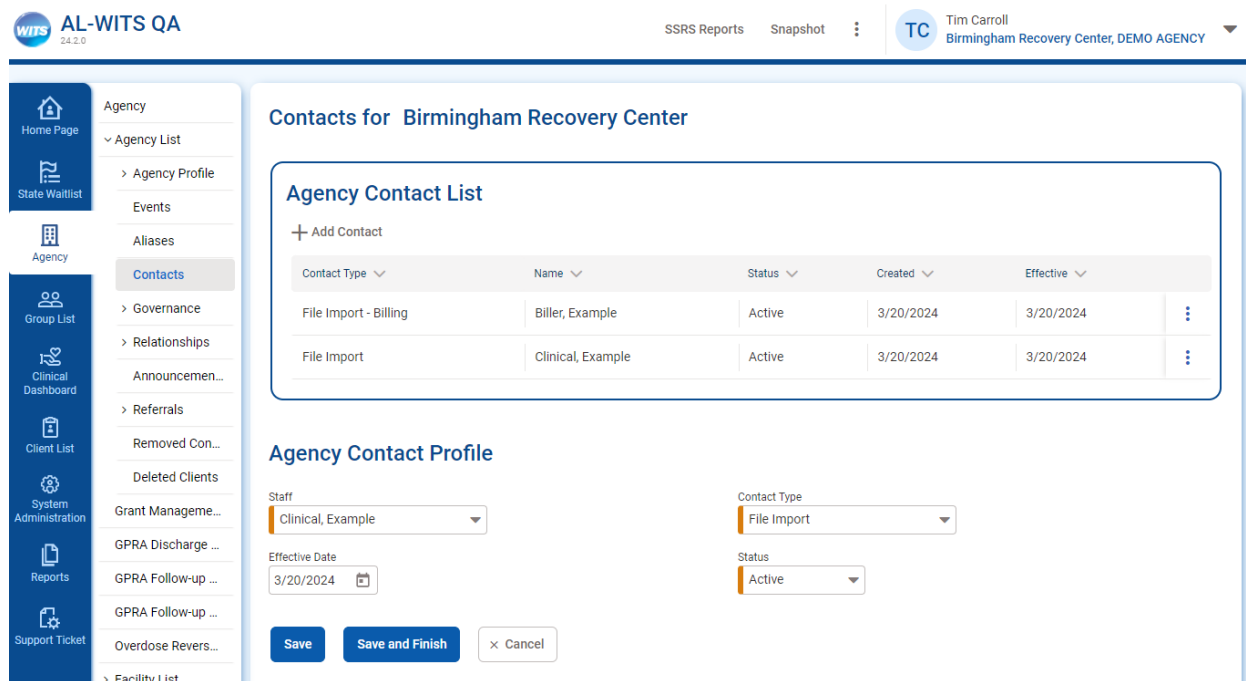
- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Agency Administrator, Staff Management (Full Access) OR Staff Administrator
- Select the ADMH Agency.
- Navigate to Agency List/Contacts.
- Add a contact as shown above.
 - Select a staff member
Note: The selected staff member does not need to be a real person, but the selected staff member profile must contain a telephone number and email address.
 - Select Agency EDI Contact for Contact Type.
 - Enter an effective date.
 - Select Active status.
- Click the Save and Finish button

3.1.4.2. File Import Provider Agencies

Two types of agency contacts should be setup for file import agencies: File Import and File Import – Billing. These contacts must have an email address on the staff profile.

- An email will be sent to the File Import contact when a clinical file cannot be loaded from the SFTP folder due to a bad file name or type.
- An email will be sent to the File Import - Billing contact when an 837P file cannot be loaded from the SFTP folder due to a bad file name or type.

See the SFTP section for additional information.



WITS 24.2.0 | SSRS Reports | Snapshot | **TC** Tim Carroll | Birmingham Recovery Center, DEMO AGENCY

Agency

- Home Page
- State Waitlist
- Agency
 - Agency List
 - Agency Profile
 - Events
 - Aliases
 - Contacts**
 - Governance
 - Relationships
 - Announcemen...
 - Referrals
 - Removed Con...
 - Deleted Clients
 - Grant Manageme...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Revers...
 - Facility List
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

Contacts for Birmingham Recovery Center

Agency Contact List

+ Add Contact

Contact Type	Name	Status	Created	Effective	
File Import - Billing	Billor, Example	Active	3/20/2024	3/20/2024	⋮
File Import	Clinical, Example	Active	3/20/2024	3/20/2024	⋮

Agency Contact Profile

Staff: Clinical, Example

Effective Date: 3/20/2024

Contact Type: File Import

Status: Active

Buttons: Save, Save and Finish, Cancel

Figure 13: File Import Agency Contacts

→TEST

- Version: 24.3 and later.
- Account role(s): WITS Administrator OR Agency Administrator, Staff Management (Full Access) OR Staff Administrator
- Select the provider Agency.
- Navigate to Agency List/Contacts.
- Add a File Import contact as shown above.
 - Select a staff member
Note: The selected staff member does not need to be a real person, but the selected staff member profile must contain an email address.
 - Select File Import for Contact Type.
 - Enter an effective date.
 - Select Active status.

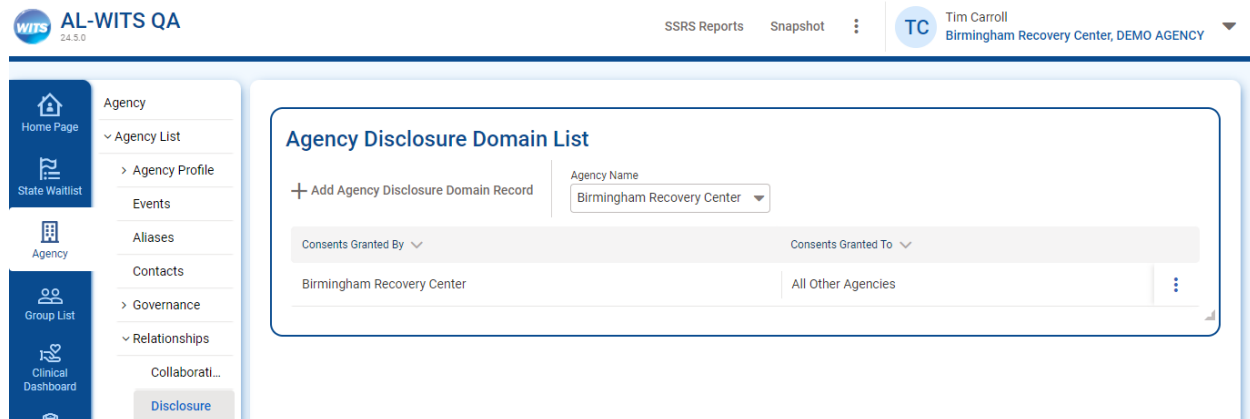
- Click the Save and Finish button
- Repeat for the File Import – Billing contact.

3.1.5. Disclosure Template

Disclosure templates may be setup for they system or a particular agency. The templates make Client Consent data entry quicker and easier by pre-selecting the client activities that are disclosed. The template is an optional feature. It is not required to enter a client consent.

For example, a template may be setup to automatically select the following client activities to include in the disclosure:

- Client Profile
- Intake
- CRAFFT Screener
- UNCOPE Screener
- Placement Assessment
- Update Assessment
- Diagnosis Summary
- Encounters



The screenshot shows the WITS 24.5.0 AL-WITS QA interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Birmingham Recovery Center, DEMO AGENCY'. The left sidebar contains navigation links: Home Page, State Waitlist, Agency, Group List, and Clinical Dashboard. The main content area is titled 'Agency Disclosure Domain List' and features a table with the following data:

Consents Granted By	Consents Granted To
Birmingham Recovery Center	All Other Agencies

A 'Disclosure' button is located at the bottom of the sidebar.

Figure 14: Disclosure Template, Agency Disclosure Domain List

WITS

24.3.0

AL-WITS QA

SSRS Reports

Snapshot

TC

Tim Carroll

Birmingham Recovery Center, DEMO AGENCY

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

Agency List

Agency Profile

Events

Aliases

Contacts

Governance

Relationships

Collaborative

Disclosure

Announcemen...

Referrals

Removed Con...

Deleted Clients

Grant Manageme...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

Facility List

Staff Members

Tx Team Groups

Billing

Contract Manage...

Clinical File Mana...

Alerts Configurati...

Client Access His...

Agency Disclosure Domain

Disclosing Agency

Birmingham Recovery ...

Receiving Agency

Global Policy or Non Sys...

Receiving Entity(Non System Agency)

Global Policy? (Available To All Agencies)

☒ Yes
 ☐ No

Always Verify Consent?

☒ Yes
 ☐ No

Disclosure Domain Selection

Client Information To Be Consented

Expiration Type

Date Signed(DS)

+ Days

90

*Expiration type is required for disclosure activities.

Consent Options

Admission
 ANSA Assessment
 ASAM
 ATR Eligibility Screen
 Behavioral Health Assesmer
 CACF AID Counseling

Selected Options

ADMH Placement Assessment (DS, +
 ADMH Update Assessment (DS, +90)
 Client Information (Profile) (DS, +90)
 Consent (DS, +90)
 CRAFFT (DS, +90)
 Discharge List (DS, +90)

Comments

Save

Save and Finish

Cancel

Figure 15: Disclosure Template, Agency Disclosure Domain

→TEST

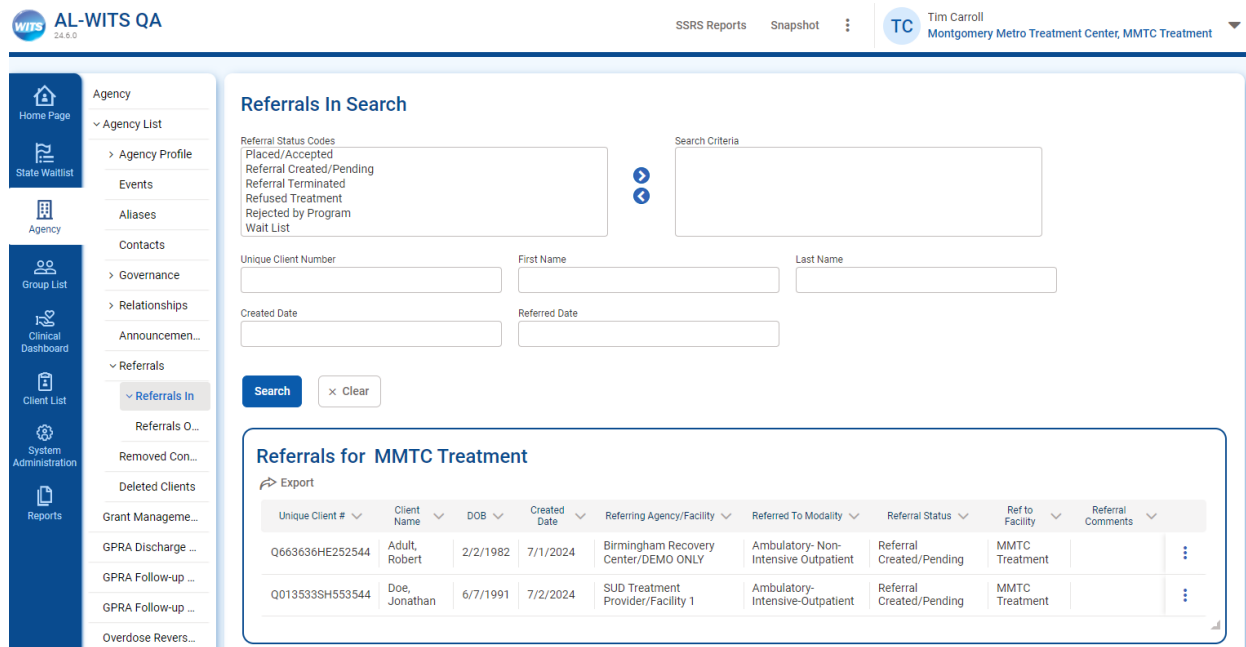
- Version: 24.3 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider Agency.
- Navigate to Agency List/Relationships/Disclosure.
- Click the +Add Agency Disclosure Domain Record button.
- Select the agency from the Disclosing Agency dropdown.
- Select "Global Policy or Non System" from the Receiving Agency dropdown.
Note: Selecting a specific agency makes the template apply to that receiving agency only.
- Select Yes for "Global Policy."
Note: Selecting "No" makes the template apply to the Disclosing Agency only.
- Disclosure Domain Selection:

- Select an Expiration Type and enter a value in the +Days field.
Example: Selecting Date Signed plus 90 days means the consent is valid for that period.
- Select the client activities from the Consent Options list and move them to the Selected Options.
Note: Ctrl-Click to select multiple activities.
- Click the Save and Finish button.
- Continue testing under Client Management/Treatment Episode/Consent

3.1.6. Referrals

3.1.6.1. Referrals In

Providers use the Referrals In screen to monitor referrals from other ADMH providers. The list may be filtered by referral status in addition to other criteria. Referrals may be accepted or refused. When a referral is accepted, the client profile is copied from the referring agency to the receiving agency.



WITS AL-WITS QA 24.8.0 SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

Referrals In Search

Referral Status Codes
Placed/Accepted
Referral Created/Pending
Referral Terminated
Refused Treatment
Rejected by Program
Wait List

Search Criteria

Unique Client Number First Name Last Name

Created Date Referred Date


Search **Clear**

Referrals for MMTC Treatment


Export

Unique Client #	Client Name	DOB	Created Date	Referring Agency/Facility	Referred To Modality	Referral Status	Ref to Facility	Referral Comments
Q663636HE252544	Adult, Robert	2/2/1982	7/1/2024	Birmingham Recovery Center/DEMO ONLY	Ambulatory- Non-Intensive Outpatient	Referral Created/Pending	MMTC Treatment	
Q013533SH553544	Doe, Jonathan	6/7/1991	7/2/2024	SUD Treatment Provider/Facility 1	Ambulatory- Intensive-Outpatient	Referral Created/Pending	MMTC Treatment	

Figure 16: Referrals In List/Search


AL-WITS QA
24.3.0

SSRS Reports Snapshot **TC** Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment


ADULT, Robert
Q6636364E252544
UNIQUE CLIENT ID

42
2/2/1982
DOB

Male
SEX

987 69th St
Birmingham, Alabama 11111

PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
> Agency Profile
Events
Aliases
Contacts
> Governance
> Relationships
Announcemen...
> Referrals
 > Referrals In
 Referrals Out
Removed Con...
Deleted Clients
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
> Tx Team Groups
> Billing
> Contract Manage...
Clinical File Mana...
Alerts Configurat...
Client Access His...
> Prevention

Referral

Referred By
Agency
Birmingham Recovery Center
Facility
DEMO ONLY
Staff Member
Carroll, Tim
Program
DEMO ONLY/Intensive Outpatient: 1/1/2024 -
State Reporting Category
Reason
Service not available at this facility
If Other
Is Consent Verification Required?
☒ Yes ☐ No
Is Consent Verified?
☒ Yes ☐ No
Continue This Episode of Care?
☒ Yes ☐ No
Comments

Referred To
Signed Consents
Montgomery Metro Treatment Center
Agency
Montgomery Metro Treatment Center
Facility
MMTC Treatment
Staff Member
Program
Outpatient (-202)
State Reporting Category
Non-System Agency
Non-System Modality
Non-System Specifier
Appt Date
Undetermined
Consents Granted
Consent Date: 1/1/2024
Disclosure Domains:
ADMH Placement Assessment (DS, 9/29/2024)
ADMH Update Assessment (DS, 9/29/2024)
Consent (DS, 9/29/2024)
CRAFT (DS, 9/29/2024)
Diagnosis List (DS, 9/29/2024)

Referral Status
Placed/Accepted
Projected End Date
Created Date
7/1/2024 2:38 PM
Save and Finish Cancel

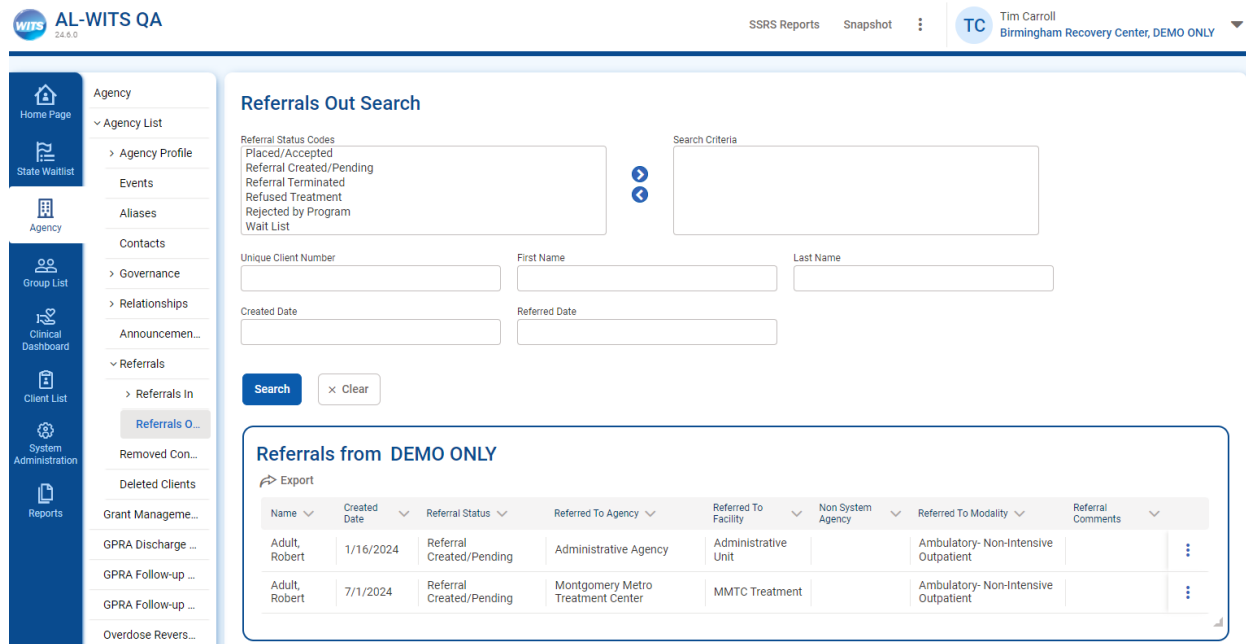
Figure 17: Referral in, Placed/Accepted

→TEST

- Version: 24.3 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider Agency.
Note: There should be one or more clients referred to the agency. Refer to the Client Management/Treatment Episode/Referrals section below for additional information.
- Navigate to Agency List/Referrals/Referrals In.
- Enter none, one, or more search criteria and click the Search button.
- Click the Review button on the ellipsis for any referral record.
- Review the referral to the agency

3.1.6.2. Referrals Out

Providers use the Referrals Out screen to monitor referrals made by each facility in their agency to determine whether they were accepted. The list may be filtered by referral status in addition to other criteria.



Referrals Out Search

Referral Status Codes
Placed/Accepted
Referral Created/Pending
Referral Terminated
Refused Treatment
Rejected by Program
Wait List

Search Criteria

Unique Client Number First Name Last Name

Created Date Referred Date

Search **Clear**

Referrals from DEMO ONLY

Export

Name	Created Date	Referral Status	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Comments
Adult, Robert	1/16/2024	Referral Created/Pending	Administrative Agency	Administrative Unit		Ambulatory- Non-Intensive Outpatient	
Adult, Robert	7/1/2024	Referral Created/Pending	Montgomery Metro Treatment Center	MMTC Treatment		Ambulatory- Non-Intensive Outpatient	

Figure 18: Referrals Out List/Search

→TEST

- Version: 24.3 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider Agency.
Note: The agency should have one or more clients with referral records. Refer to the Client Management/Treatment Episode/Referrals section below for additional information.
- Navigate to Agency List/Referrals/Referrals Out.
- Enter none, one, or more search criteria and click the Search button.
- Click the Review button on the ellipsis for any referral record to make changes. Refer to the Client Management/Treatment Episode/Referrals section below for additional information.

3.2. Facilities

Each agency must have at least one facility. Typically, facilities are based on the physical location. FEI recommends facilities are maintained by ADMH since they contain key data elements used for contract management and reporting.

3.2.1. Facility Profile

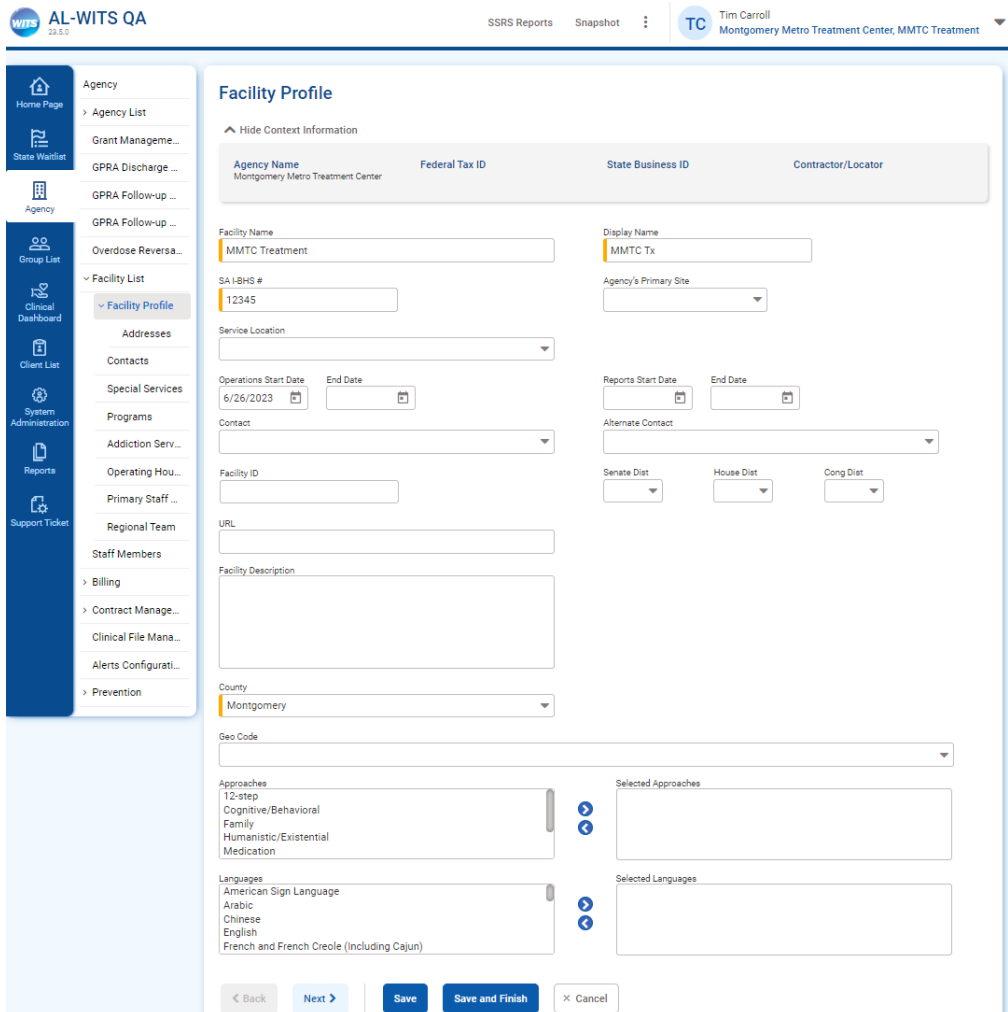


Figure 19: Facility Profile

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider agency.
- Navigate to Agency List/Facility List/Facility Profile.
- Confirm the facility profile is setup correctly or create a new record.
Note: The I-BHS# is used in the TEDS/NOMS extract process.
- Click the Save and Finish button.

3.2.2. Facility Address

Multiple address records may be entered for each facility. Address records of the same type cannot overlap.

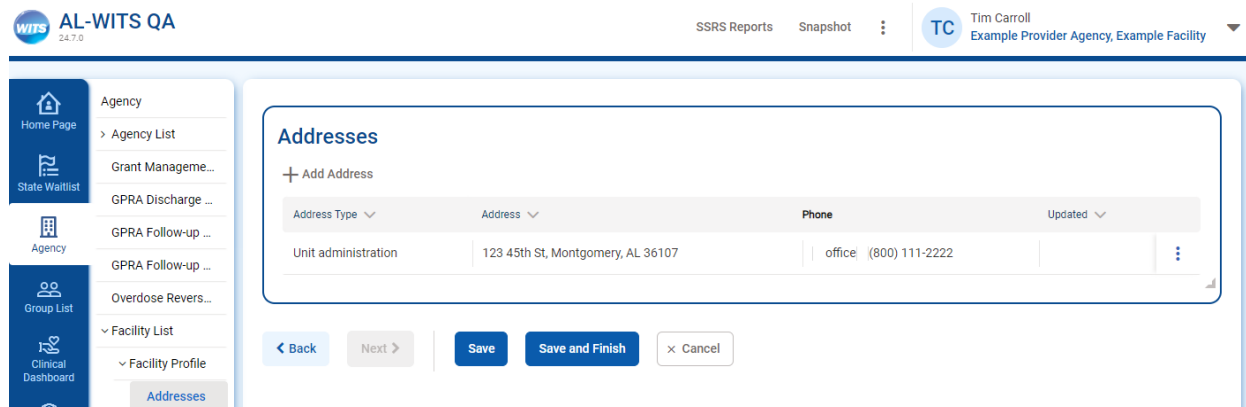


Figure 20: Facility Address/Phone List

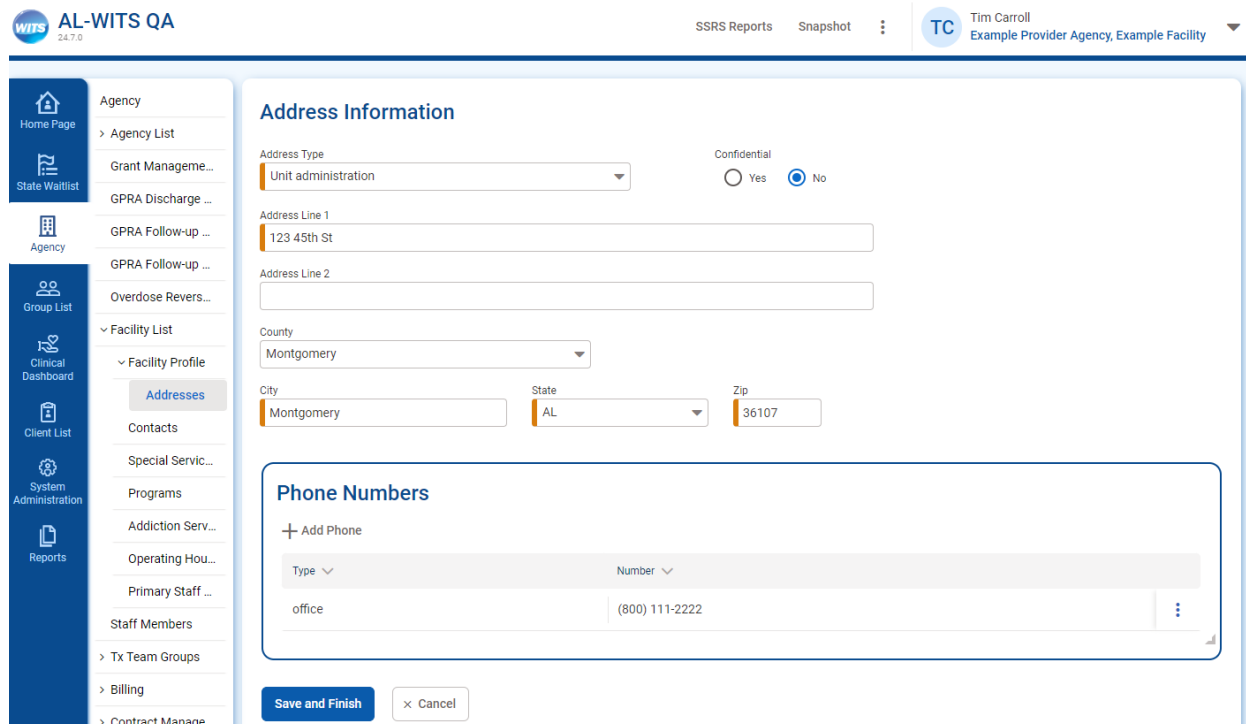


Figure 21: Facility Address

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Agency Administrator.
- Select any Agency.
- Navigate to Agency List/Facility List/Facility Profile/Addresses.

- Review existing addresses/phone numbers on the list (if any).
- Click the +Add Address button.
- Select an Address Type and enter the required fields.
- Click the +Add Phone button and enter the required fields.
Note: Multiple phone records may be added for each address type.
- Click the Save and Finish button to return to the Address Information screen.
- Click the Save and Finish button to return to the Addresses list.
Enter additional addresses as needed.

3.2.3. Programs

Programs represent the various levels of care provided in the facility. Programs may be either TEDS-reportable or not. FEI recommends programs are maintained by ADMH since they contain key data elements used for contract management and reporting.

Home Page
 State Waitlist
 Agency
 Group List
 Clinical Dashboard
 Client List
 System Administration
 Reports
 Support Ticket

Agency
 > Agency List
 Grant Manage...
 GPRA Discharge ...
 GPRA Follow-up ...
 GPRA Follow-up ...
 Overdose Reversa...
Facility List
 > Facility Profile
 Contacts
 Special Services
Programs
 Addiction Serv...
 Operating Hou...
 Primary Staff ...
 Regional Team
 Staff Members
 > Billing
 > Contract Manage...
 Clinical File Mana...
 Alerts Configurati...
 > Prevention

Program Setup

Hide Context Information

Agency Name Montgomery Metro Treatment Center	Facility Name MMTC Treatment	Current Enrolled 4	Program Type Substance Use Treatment
--	---------------------------------	-----------------------	---

Program Name
Outpatient

Domain
Substance Use

Method of Treatment (Modality)
Ambulatory- Non-Intensive Outpatient

Treatment Specifier (Modality)

Level of care
1 - Outpatient Services?

Grant

Report to State
☒ Yes ☐ No

Available Reporting Guidelines
Example Reporting Guideline #1

Age Group

Waitlist Availability Type
Cross-agency

Available Evidence-Based Practices
None
Motivational Interviewing
Relapse Prevention
Other

Display Name
OP

Program Start Date
1/1/2020

End Date

Residence

Report to TEDS
☒ Yes ☐ No

Selected Reporting Guidelines

Gender Specific

Selected Evidence-Based Practices

Save
Save and Finish
Cancel

Capacity List

+ Add New Capacity

Capacity Type	Capacity	Start Date	End Date
Slots	100	1/1/2020	

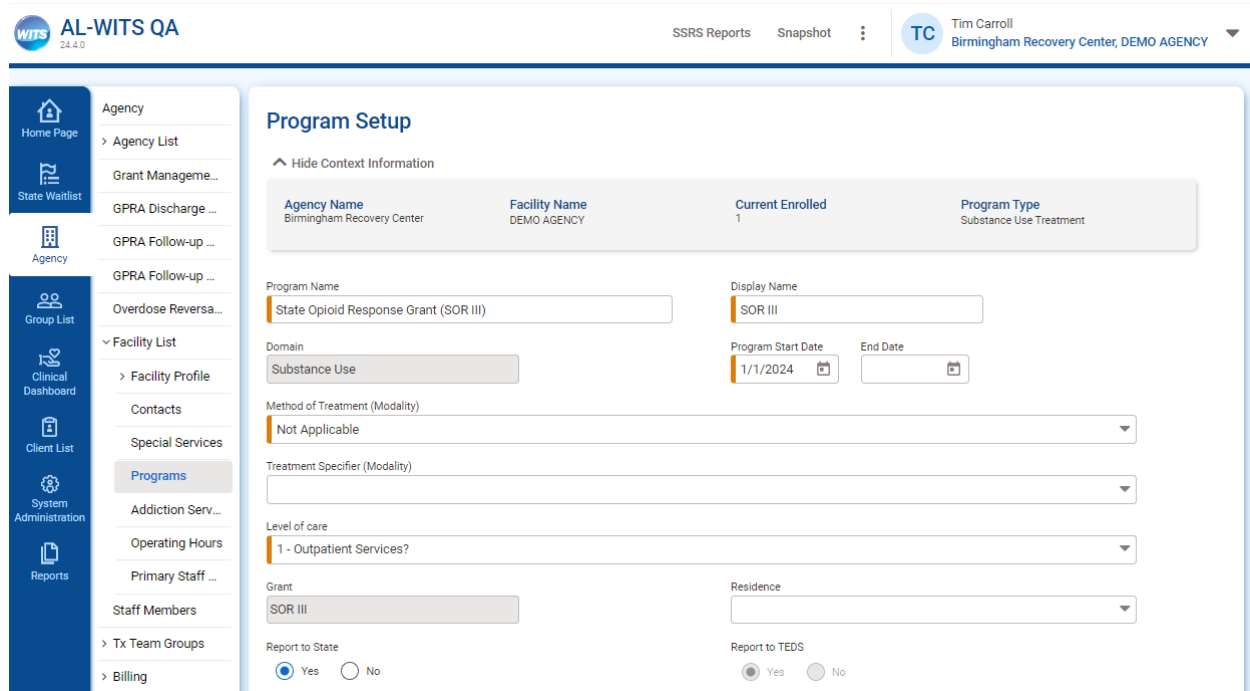
Figure 22: Program Profile/Setup

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider agency.
- Navigate to Agency List/Facility List/Programs.
- Review an existing program or create a new record and enter the required fields.
 - The Method of Treatment (Modality) dropdown displays values from the Modality Type code table. The program modality type is used in the Modality Approved Services table to filter the available services on the encounter.
 - The Level of Care dropdown displays values from the ASAM Care Level code table.
 - Programs must have a capacity record.
- Click the Save and Finish button.

3.2.3.1. State Opioid Response (SOR) Grant

SPARS reporting is based on GPRA data entered for clients enrolled in a program with the Grant = SOR.



WITS 24.4.0 AL-WITS QA SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

[Home Page](#)
[State Waitlist](#)
[Agency](#)
[Group List](#)
[Clinical Dashboard](#)
[Client List](#)
[System Administration](#)
[Reports](#)

[Agency List](#)
[Grant Manageme...](#)
[GPRA Discharge ...](#)
[GPRA Follow-up ...](#)
[GPRA Follow-up ...](#)
[Overdose Reversa...](#)
[Facility List](#)
[Facility Profile](#)
[Contacts](#)
[Special Services](#)
[Programs](#)
[Addiction Serv...](#)
[Operating Hours](#)
[Primary Staff ...](#)
[Staff Members](#)
[Tx Team Groups](#)
[Billing](#)

Program Setup

Hide Context Information

Agency Name	Facility Name	Current Enrolled	Program Type
Birmingham Recovery Center	DEMO AGENCY	1	Substance Use Treatment

Program Name: State Opioid Response Grant (SOR III) Display Name: SOR III
 Domain: Substance Use Program Start Date: 1/1/2024 End Date:
 Method of Treatment (Modality): Not Applicable
 Treatment Specifier (Modality):
 Level of care: 1 - Outpatient Services?
 Grant: SOR III Residence:
 Report to State: ☒ Yes ☐ No Report to TEDS: ☒ Yes ☐ No

Figure 23: SOR Program Setup

→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider agency.
- Navigate to Agency List/Facility List/Programs.

- Add a new program record and enter the required fields.
 - Program Name = State Opioid Response (SOR) Grant
 - Grant = SOR
 - Enter a capacity record.
- Click the Save and Finish button.

3.2.4. Primary Staff Set Up

The Primary Staff Set Up screen is used to filter the Clinical Dashboard. See the Clinical Dashboard section below for those instructions.

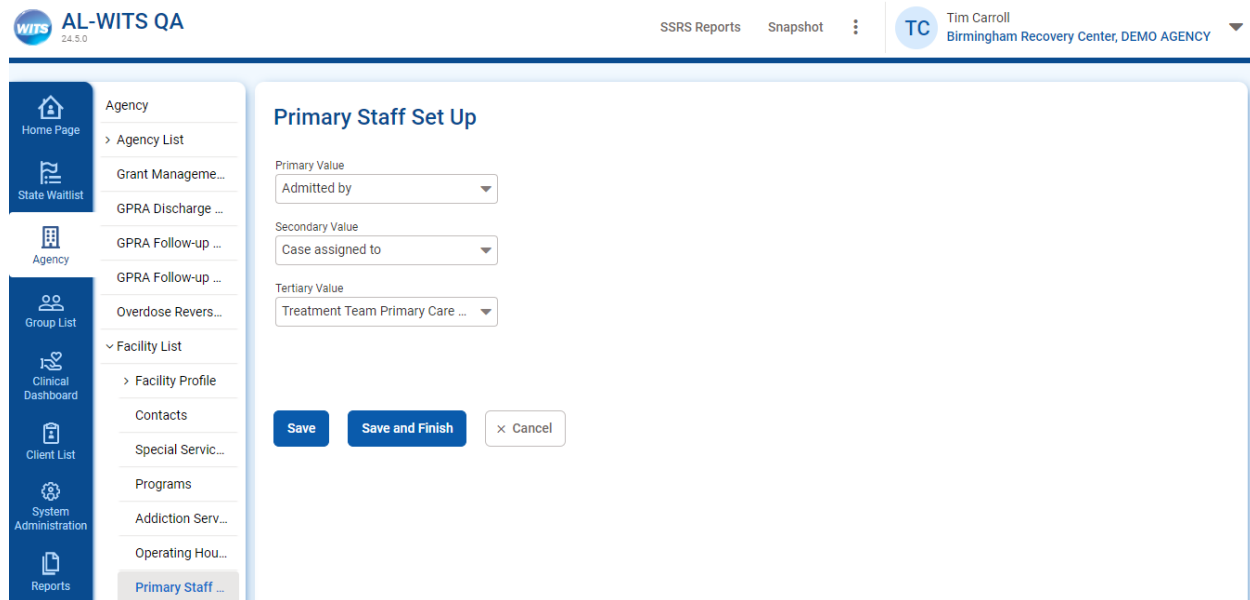


Figure 24: Primary Staff Set Up

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider Agency.
- Navigate to Agency List/Facility List/Primary Staff Set Up.
- Select Primary, Secondary, and Tertiary values.
- Click the Save and Finish button.

3.3. Treatment Team Groups

Treatment Team groups may be created to facilitate team assignment to each client. Alternately, team members may be assigned individually as described in the Treatment Episode section below.

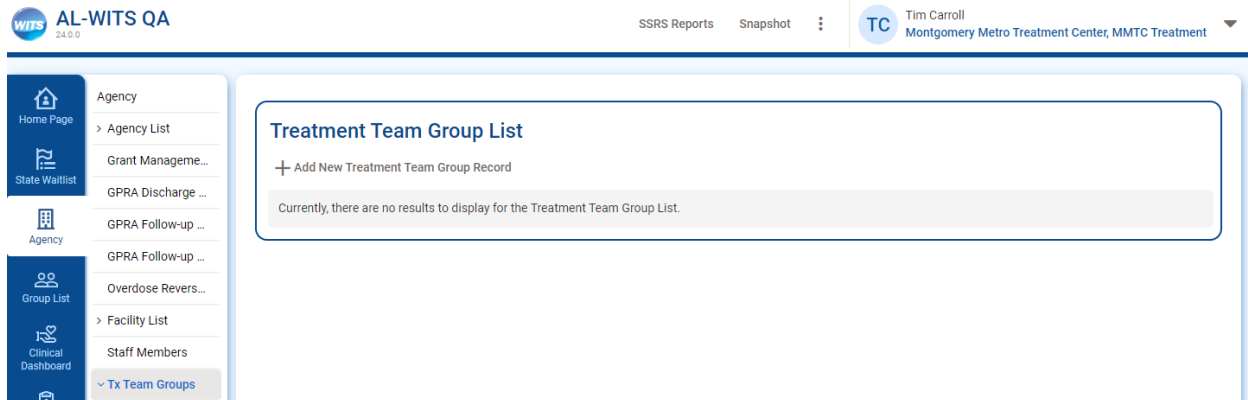


Figure 25: Treatment Team Group List

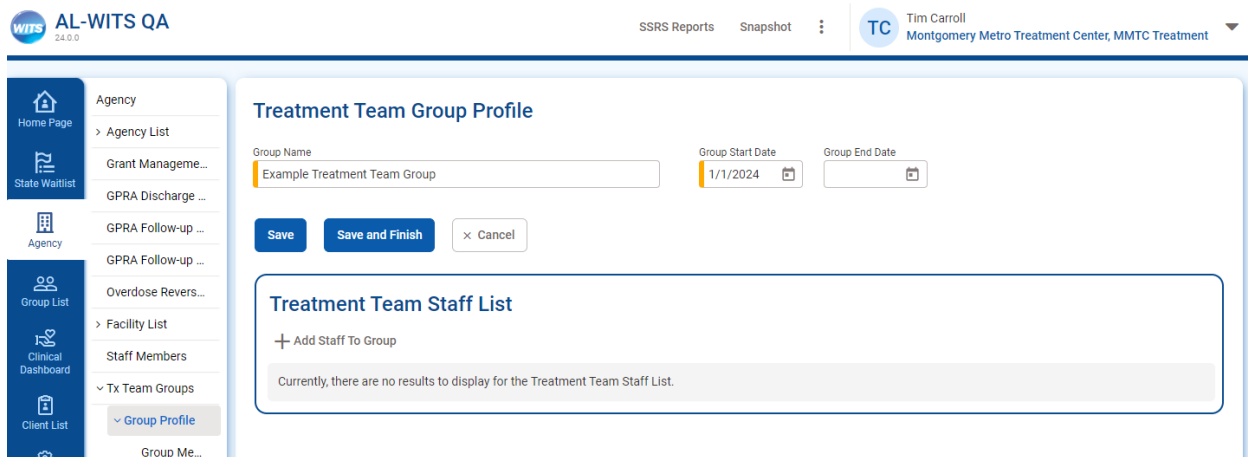


Figure 26: Add Treatment Team Group

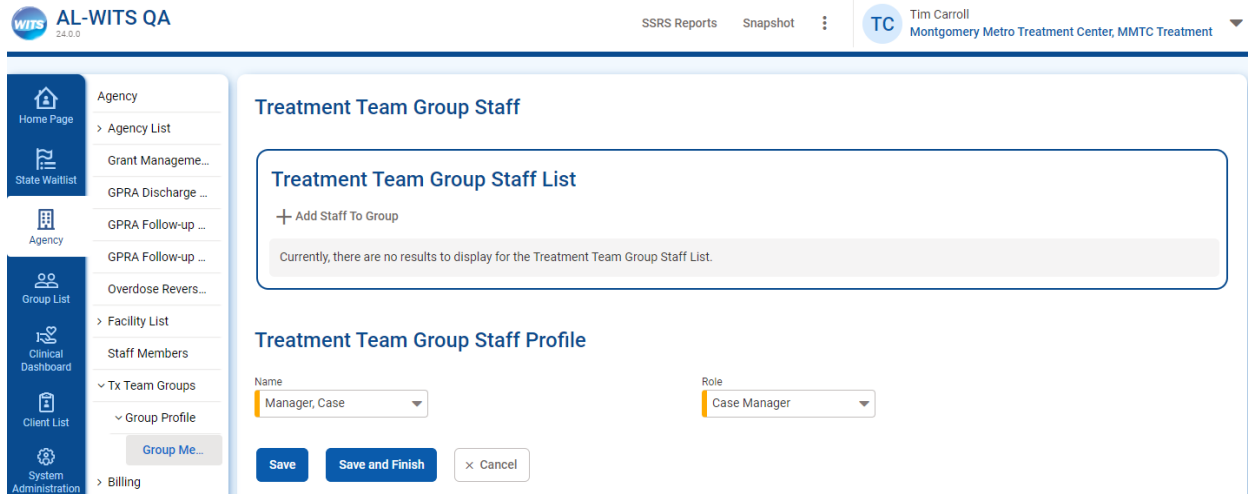


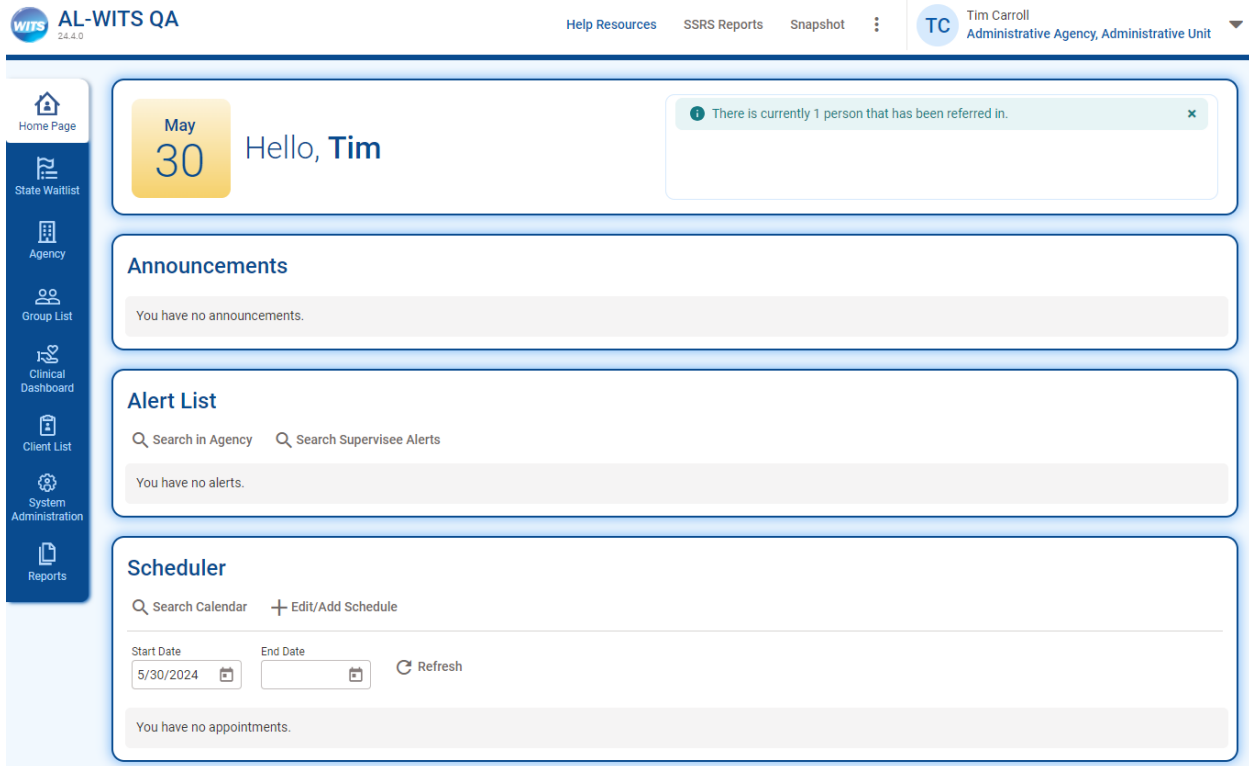
Figure 27: Add Staff to Treatment Team Group

→TEST

- Version: 23.6 and later.
- Account role(s): Manage Treatment Team Groups.
- Select a provider agency
- Navigate to Agency/Tx Team Groups
- Click the +Add New Treatment Team Group Record button on the Treatment Team Group List.
- Enter the Group Name and Group Start Date and click the Save button.
- Click the +Add Staff To Group Button.
- Select a Staff Member Name and Group Role and click the Save button.
Note: See the Team Member Role section under System Administration/Code Tables for additional information.
- Add additional staff to the group as needed.
- Skip to Client Record/Treatment Episode/Treatment Team to continue testing.

3.4. Scheduler

The Scheduler is accessed on the bottom panel of the Home Page.



WITS 24.4.0 AL-WITS QA

Help Resources SSRS Reports Snapshot TC Tim Carroll
Administrative Agency, Administrative Unit

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

May 30 Hello, Tim

There is currently 1 person that has been referred in.

Announcements
You have no announcements.

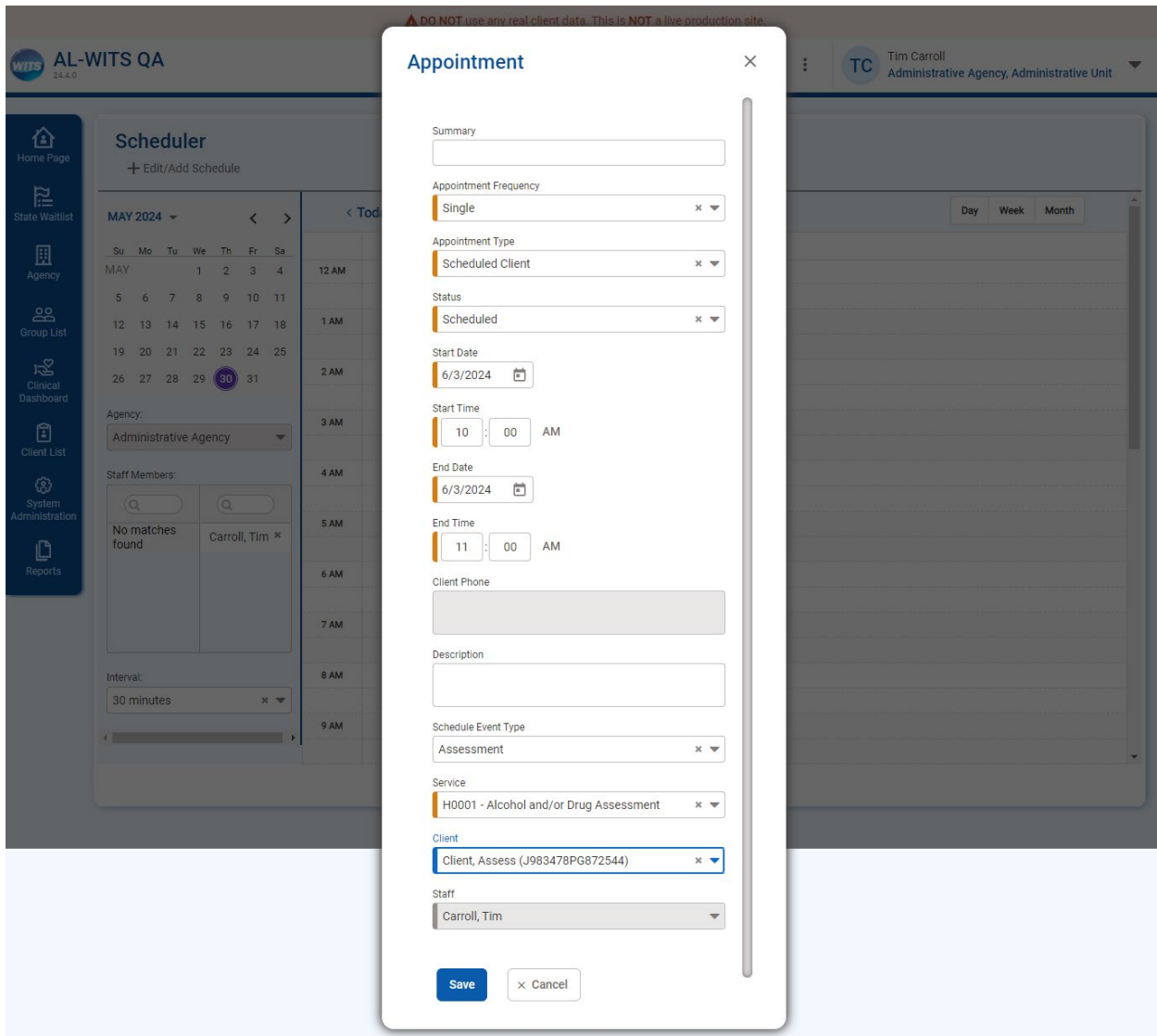
Alert List
Search in Agency Search Supervisee Alerts
You have no alerts.

Scheduler
Search Calendar Edit/Add Schedule
Start Date 5/30/2024 End Date Refresh
You have no appointments.

Figure 28: Home Page

The Scheduler is used to schedule client appointments for treatment services. It may be used to schedule non-client time such as meetings, training, etc., or to block off time to prevent scheduling client appointments. Encounters may be created from the scheduled client appointment.

3.4.1. Creating/Editing Appointments




The screenshot shows the WITS Scheduler interface with the 'Appointment' modal open. The modal contains the following fields and options:

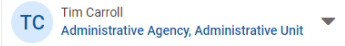
- Summary:** Text input field.
- Appointment Frequency:** Dropdown menu set to 'Single'.
- Appointment Type:** Dropdown menu set to 'Scheduled Client'.
- Status:** Dropdown menu set to 'Scheduled'.
- Start Date:** Date picker set to 6/3/2024.
- Start Time:** Time picker set to 10:00 AM.
- End Date:** Date picker set to 6/3/2024.
- End Time:** Time picker set to 11:00 AM.
- Client Phone:** Text input field.
- Description:** Text input field.
- Schedule Event Type:** Dropdown menu set to 'Assessment'.
- Service:** Dropdown menu set to 'H0001 - Alcohol and/or Drug Assessment'.
- Client:** Dropdown menu set to 'Client, Assess (J983478PG872544)'.
- Staff:** Dropdown menu set to 'Carroll, Tim'.

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background shows the 'Scheduler' interface with a calendar for May 2024 and a list of staff members.

Figure 29: Scheduler Add Modal


AL-WITS QA

SSRS Reports



Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Scheduler

+ Edit/Add Schedule

JUN 2024

Su Mo Tu We Th Fr Sa

JUN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Agency: Administrative Agency

Staff Members:

No matches found

Carroll, Tim

Interval: 30 minutes

Today


Monday, June 3, 2024

Day Week Month


Carroll, Tim

Client: Client, Assess, Status: Scheduled, Service: H0001 - Alcohol and/or Drug Assessment

Figure 30: Appointment, Calendar Day View


AL-WITS QA

SSRS Reports



Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Scheduler

+ Edit/Add Schedule

JUN 2024

Su Mo Tu We Th Fr Sa

JUN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Agency: Administrative Agency

Staff Members:

Aman, Marianne

Carroll, Tim

Interval: 30 minutes

Today

Monday, June 3, 2024

Day Week Month

Carroll, Tim

Client: Client, Assess, Status: Scheduled, Service: H0001 - Alcohol and/or Drug Assessment

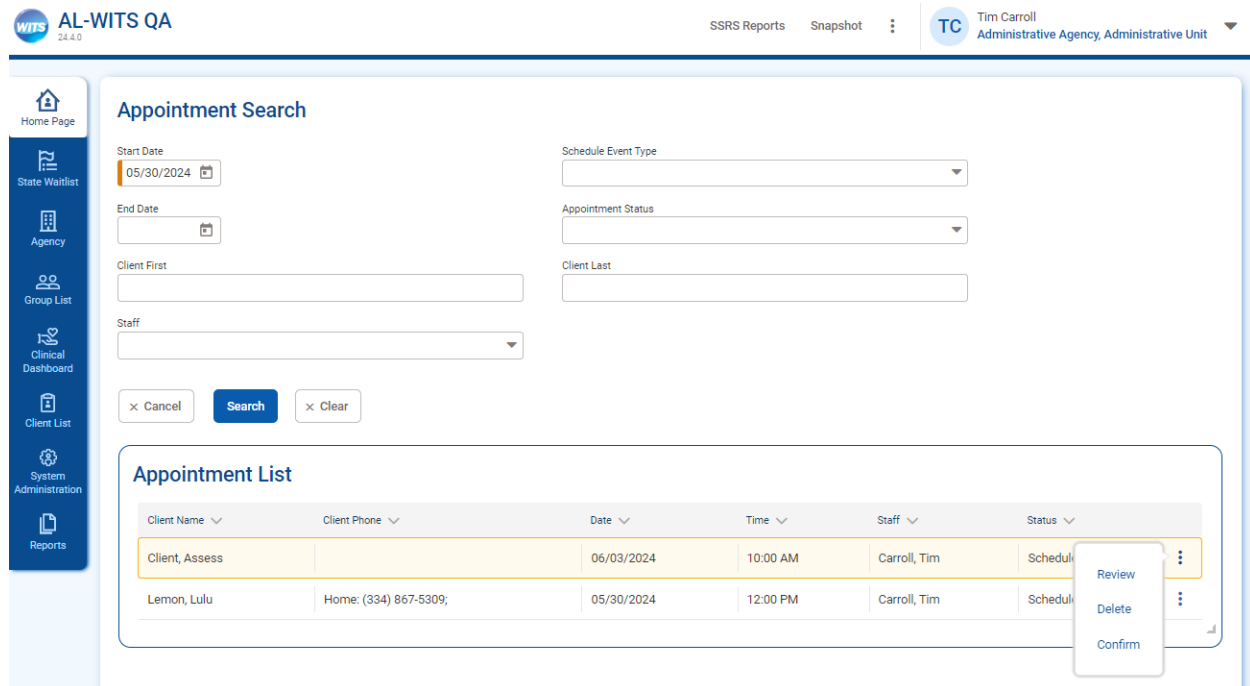
Move Appointment to

Figure 31: Appointment, Contextual edit modal

→TEST

- Version: 23.6 and later.
- Account role(s): Create Scheduler Encounter, Manage Staff Schedules, View Scheduler
- Select a provider agency.
- Navigate to the Home Page and click the +Edit/Add Schedule button.
- The Add Modal is displayed.
- Enter the required fields in the Add Modal and click the Save button.
Note: You may also click the “X” to close the modal window and view the calendar without creating an appointment.
- View the appointment in the Calendar.
- Click the Week and Month buttons to change the calendar view.
- Double click the appointment to edit it.

3.4.2. Appointment Search



Appointment Search

Start Date: 05/30/2024

End Date:

Schedule Event Type:

Appointment Status:

Client First:

Client Last:

Staff:

Cancel Search Clear

Appointment List

Client Name	Client Phone	Date	Time	Staff	Status
Client, Assess		06/03/2024	10:00 AM	Carroll, Tim	Scheduled
Lemon, Lulu	Home: (334) 867-5309;	05/30/2024	12:00 PM	Carroll, Tim	Scheduled

Review
Delete
Confirm

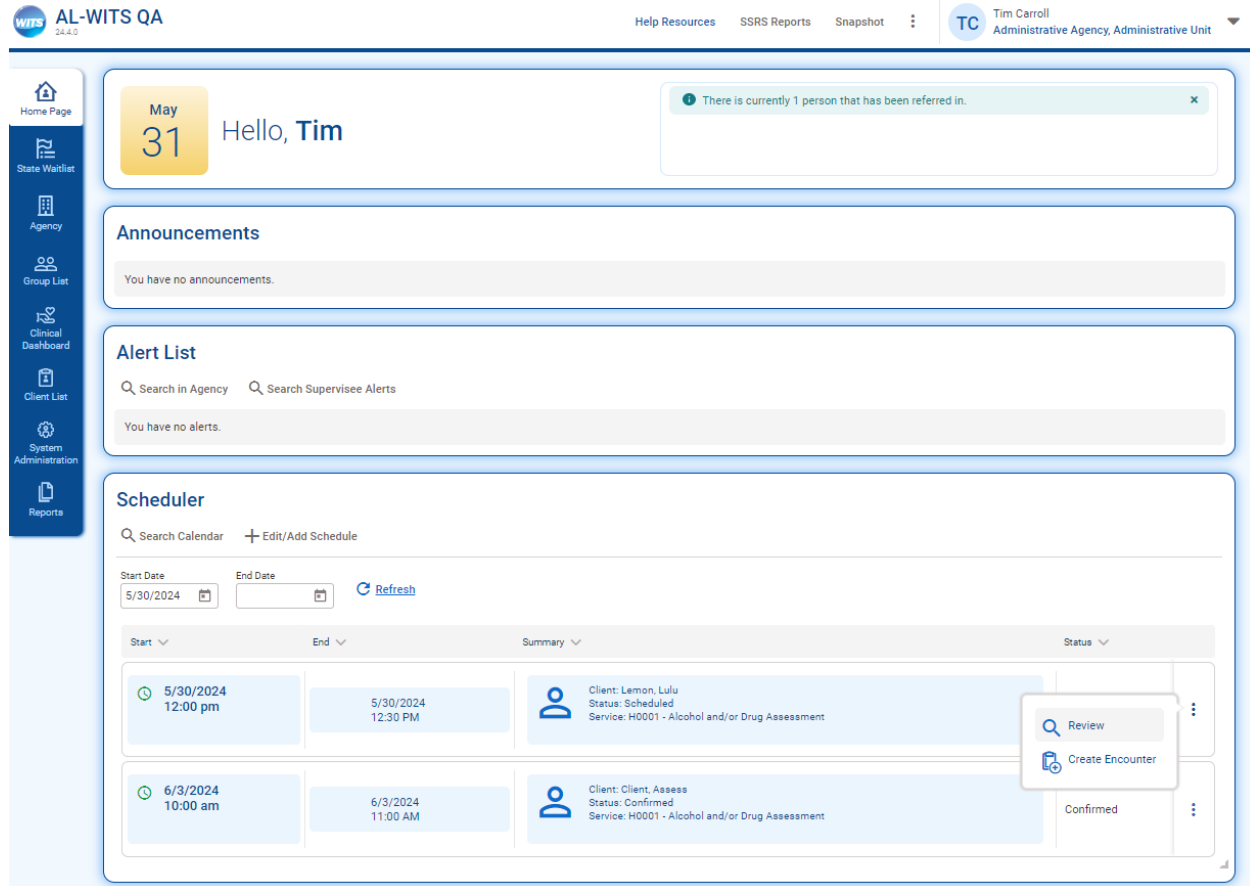
Figure 32: Appointment Search

→TEST

- Version: 23.6 and later.
- Account role(s): Create Scheduler Encounter, Manage Staff Schedules, View Scheduler.
- Select a provider agency.
- Navigate to the Home Page.
- Click the Search Calendar button to open the Appointment Search screen.
- Enter a start date and any other search criteria and click the Search button.

- From the ellipsis on the appointment record:
 - Click the Review button to open the appointment in the Scheduler. Review or edit as needed.
 - Click the Delete button to delete the appointment. Click the Yes button to confirm the deletion.
 - Click the Confirm button to change the Click the Yes button to confirm the status change. Note the status column on the Appointment List.


3.4.3. Creating Encounters




The screenshot displays the WITS 24.8.0 AL-WITS QA interface. The top navigation bar includes 'Help Resources', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Administrative Agency, Administrative Unit'. The left sidebar contains icons for 'Home Page', 'State Waitlist', 'Agency', 'Group List', 'Clinical Dashboard', 'Client List', 'System Administration', and 'Reports'. The main content area shows a 'Hello, Tim' greeting, a notification about a referral, and sections for 'Announcements' (no announcements), 'Alert List' (no alerts), and 'Scheduler'. The Scheduler section includes a search bar, date filters (Start Date: 5/30/2024, End Date: [blank]), and a 'Refresh' button. Below the filters is a table with columns for Start, End, Summary, and Status. Two appointment records are visible:

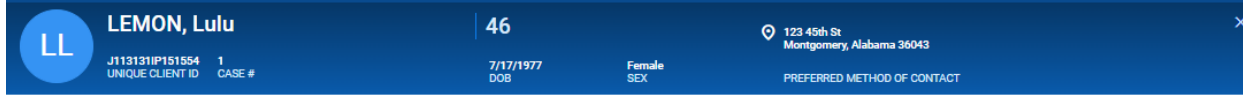
Start	End	Summary	Status
5/30/2024 12:00 pm	5/30/2024 12:30 PM	Client: Lemon, Lulu Status: Scheduled Service: H0001 - Alcohol and/or Drug Assessment	[Review] [Create Encounter] [More]
6/3/2024 10:00 am	6/3/2024 11:00 AM	Client: Client, Assess Status: Confirmed Service: H0001 - Alcohol and/or Drug Assessment	Confirmed [More]

Figure 33: Create Encounter from Scheduler Appointment List


AL-WITS QA
24.0

[Generate Report](#)
[SSRS Reports](#)
[Snapshot](#)





Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Client List

Client Profile

Linked Consents

Non-Episode Cont...

Activity List

Intake

Drug Testing

Tx Team

Screening

Lab

Assessments

Outcome Mea...

Program Enroll

Diagnosis List

Encounters

Profile

Encounter ...

Services

Notes

Treatment

Discharge

Consent

Encounter

Hide Context Information

ENC ID	Billing Service Event Key
Created By	Created Date
Updated By	Updated Date

Rendering Staff

Carroll, Tim

Note Type

Billable

☒ Yes
 ☐ No

Program Name

Administrative Unit/SUD Outpatient Treatment Program : 2/1/2022 -

Service

H0001 - Alcohol and/or Drug Assessment

Start Date

5/30/2024

End Date

5/30/2024

Start Time

12:00 PM

End Time

12:30 PM

Duration

30

Min

of Service Units / Sessions

Figure 34: Encounter from Scheduled Appointment

→TEST

- Version: 23.6 and later.
- Account role(s): Create Scheduler Encounter, Manage Staff Schedules, View Scheduler, Clinical (Full).
- Select a provider agency.
- Navigate to the Home Page.
- Enter a start date on or before today's date and click the Refresh button.
- Click the Create Encounter button on the ellipsis for the appointment to open the Encounter Profile.
- Review the Encounter Profile for the details carried over from the appointment.
- Enter the required fields.
- Click the Save and Finish button.

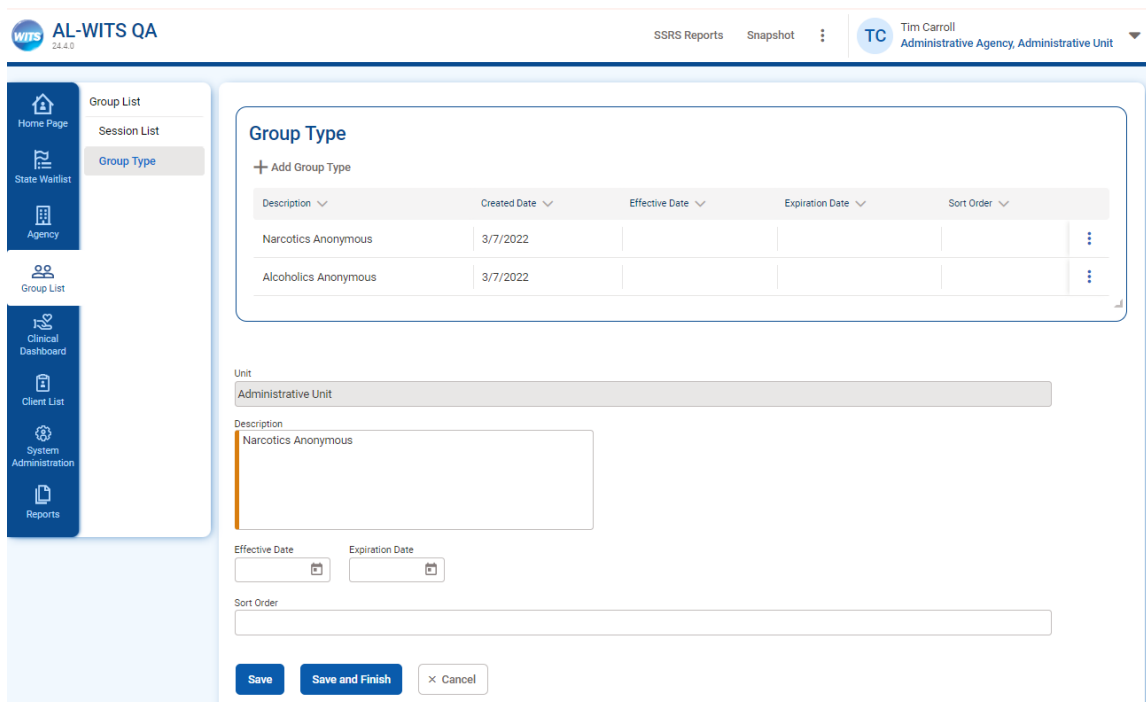
3.5. Group List

The Group List is accessed on the main navigation menu. Group records exist under the agency and are created for recurring groups (example: Weekly AA or NA group).

- The Group Profile identifies the general information for the group, including the roster.
- The Group Session identifies the specific information for each group meeting, including attendees.
- Encounters and Miscellaneous Notes may be created from the Group Session.

3.5.1. Group Type

At least one Group Type must be created prior to creating a group. Group Types are specific to each agency and may be created for any value, such as “Alcoholics Anonymous,” “Narcotics Anonymous,” or “General.”



Description	Created Date	Effective Date	Expiration Date	Sort Order
Narcotics Anonymous	3/7/2022			
Alcoholics Anonymous	3/7/2022			

Unit: Administrative Unit

Description: Narcotics Anonymous

Effective Date:

Expiration Date:

Sort Order:

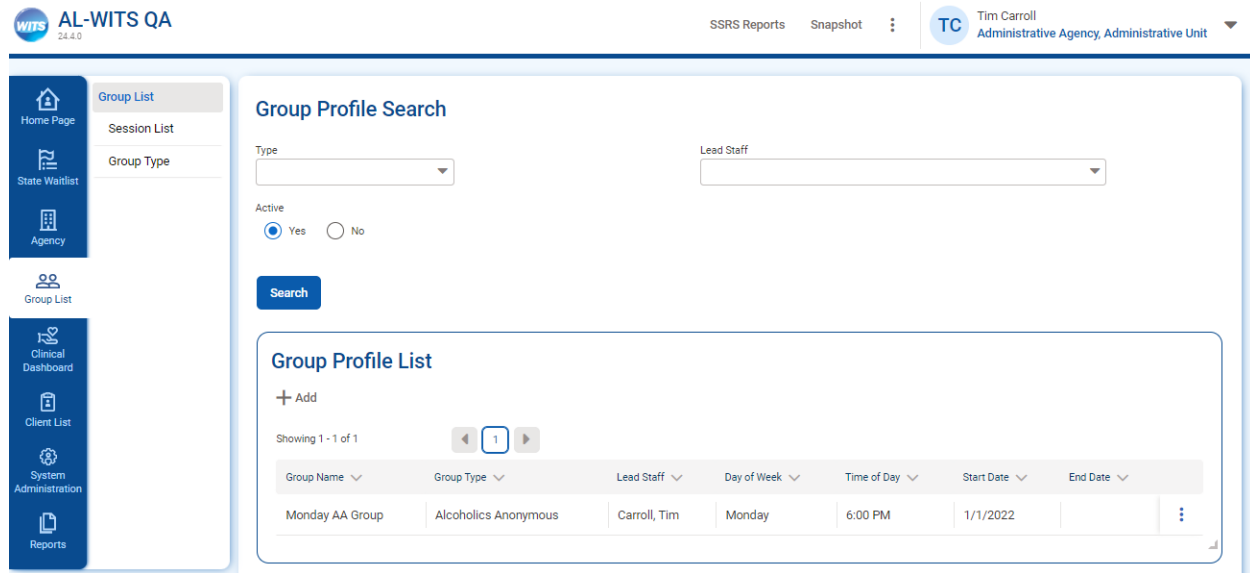
Buttons: Save, Save and Finish, Cancel

Figure 35: Group Type List

→TEST

- Version: 23.6 and later.
- Account role(s): Group Notes (Full Access).
- Select a provider agency.
- Navigate to Group List/Group Type.
- Click the +Add Group Type button on the Group Type List.
- Enter a description and other fields as needed.
- Click the Save and Finish Button.

3.5.2. Group



WITS 24.4.0 AL-WITS QA | SSRS Reports | Snapshot | **TC** Tim Carroll | Administrative Agency, Administrative Unit

Group Profile Search

Type: Lead Staff:

Active: ☒ Yes ☐ No

Search

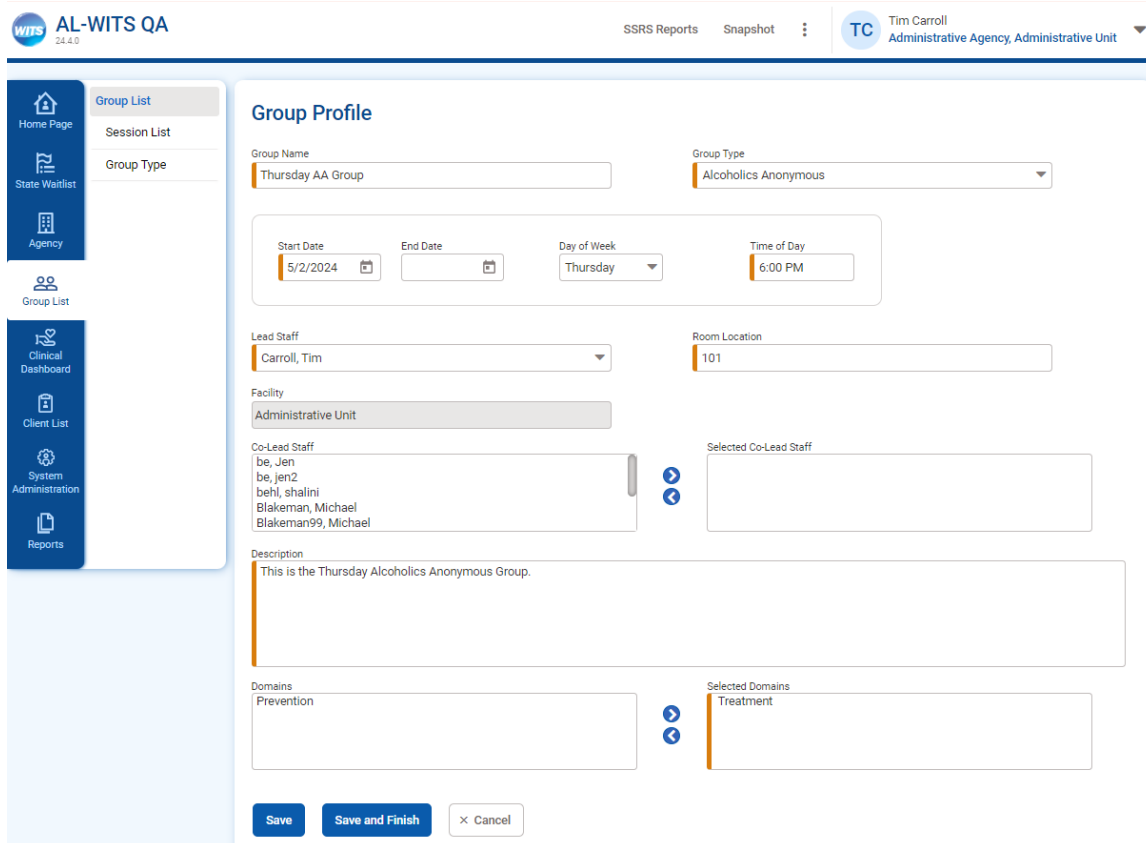
Group Profile List

+ Add

Showing 1 - 1 of 1

Group Name	Group Type	Lead Staff	Day of Week	Time of Day	Start Date	End Date
Monday AA Group	Alcoholics Anonymous	Carroll, Tim	Monday	6:00 PM	1/1/2022	

Figure 36: Group Profile Search/List



WITS 24.4.0 AL-WITS QA | SSRS Reports | Snapshot | **TC** Tim Carroll | Administrative Agency, Administrative Unit

Group Profile

Group Name: Group Type:

Start Date: End Date: Day of Week: Time of Day:

Lead Staff: Room Location:

Facility:

Co-Lead Staff:

Selected Co-Lead Staff:

Description:

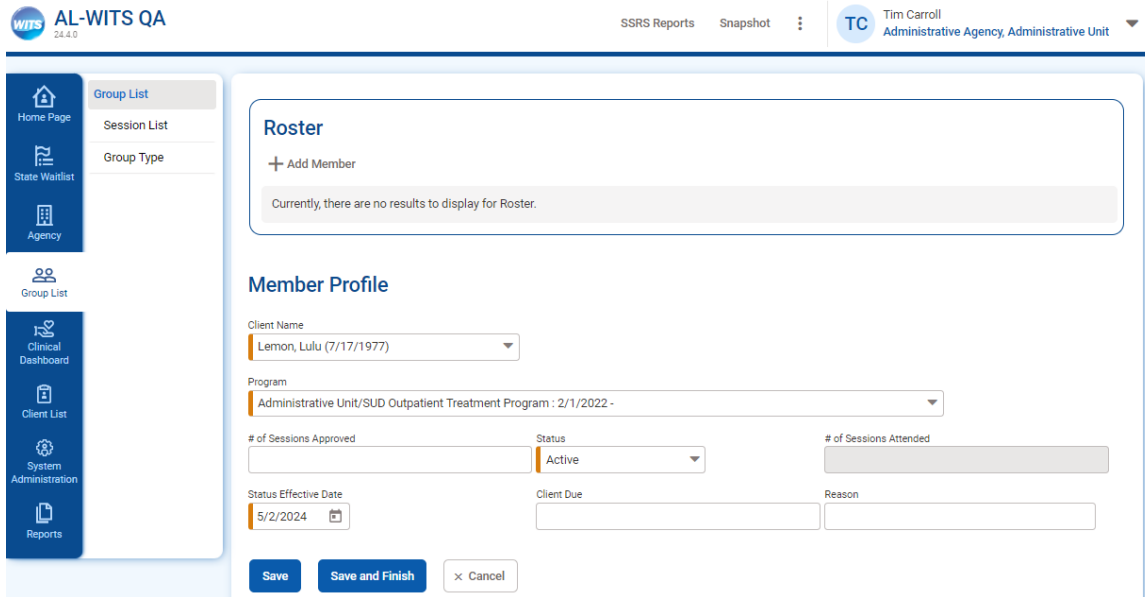
Domains: Selected Domains:

Save **Save and Finish** **Cancel**

Figure 37: Group Profile

- Version: 23.6 and later.
- Account role(s): Group Notes (Full Access), Clinical (Full).
- Select a provider agency.
- Navigate to Group List.
- Click the +Add button on the Group Profile List.
- Enter the required fields and other optional fields as needed.
- Click the Save and Finish Button.

3.5.2.1. Group Roster




The screenshot shows the WITS 24.4.0 AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Administrative Agency, Administrative Unit". The left sidebar contains navigation links: Home Page, Group List (selected), Session List, Group Type, State Waitlist, Agency, Group List (selected), Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Roster" and includes a "+ Add Member" button and a message: "Currently, there are no results to display for Roster." Below this is the "Member Profile" form, which includes fields for Client Name (Lemon, Lulu (7/17/1977)), Program (Administrative Unit/SUD Outpatient Treatment Program : 2/1/2022 -), # of Sessions Approved, Status (Active), # of Sessions Attended, Status Effective Date (5/2/2024), Client Due, and Reason. At the bottom of the form are buttons for "Save", "Save and Finish", and "x Cancel".

Figure 38: Group Roster, Member Profile

→ **TEST**

- Version: 23.6 and later.
- Account role(s): Group Notes (Full Access), Clinical (Full).
- Select a provider agency.
- Navigate to Group List.
- Create the Group Roster:
 - Click the Group Roster button on the ellipsis for the Group OR
 - Open the Group Profile and click the Edit Roster button on the Roster List.
- Click the +Add Member button on the Roster list.
- Enter the required fields and other optional fields as needed.
Note: A client must be enrolled in a program to be added to the roster.
- Click the Save Button and add additional members as needed.

3.5.2.2. Group Session


AL-WITS QA

SSRS Reports Snapshot TC Tim Carroll
Administrative Agency, Administrative Unit

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Group List
Session List
Group Type

Group Session Notes

Hide Context Information

Group Name
Thursday AA Group

Group Type
Alcoholics Anonymous

Note Type
Progress Notes

Billable
☒ Yes ☐ No

Start Date
5/2/2024

End Date

Start Time
6:00 PM

End Time
7:00 PM

Duration
60 Min

of Service Units/Sessions
1

Lead Staff
Carroll, Tim

Location
Office

Service
90853 Group Counseling

Co-Lead Staff
be, Jen
be, jen2
behl, shalini
Blakeman, Michael

Selected Co-Lead Staff

Note
Enter a general note here that applies to all members of the group. For example, "The group met today to discuss..."

Save Save and Finish Cancel

Attendees

Add Attendee Mark as Present Mark as No Show Mark as Excused

<input type="checkbox"/> Client Name	# Attd	Status	Individual Session Note Summary	Encounter	Misc. Notes	Actions
<input type="checkbox"/> Lemon, Lulu	0			Create	Create	⋮
<input type="checkbox"/> Money, Penny	0			Create	Create	⋮
<input type="checkbox"/> Woodpecker, Woody	0			Create	Create	⋮

Figure 39: Group Session Notes

→TEST

- Version: 23.6 and later.
- Account role(s): Group Notes (Full Access), Clinical (Full).
- Select a provider agency.
- Navigate to Group List.
- Create a Group Session:

- Click the Session List button on the ellipsis for the Group.
Next click the +Add button on the Group Session List OR
- Open the Group Profile and click the Create Group Session button.
- Enter the required fields and other optional fields as needed.
Note the start time is pre-populated from the Group Profile and the Attendees List is prepopulated from the Group Roster.
Note: In the Note field, enter a general note that applies to all members of the group. For example, "The group met today to discuss..." The general note will be carried forward to the encounter for each attendee.
- Click the Save Button.

3.5.2.3. Create Encounter/Miscellaneous Note for Each Attendee

Note: See the Client section for additional information on Encounters and Miscellaneous Notes.

Service

90853 Group Counseling

Co-Lead Staff

be, Jen
be, jen2
behl, shalini
Blakeman, Michael

➔
➔

Selected Co-Lead Staff

Note

Enter a general note here that applies to all members of the group. For example, "The group met today to discuss..."

Save

Save and Finish

✕ Cancel

Attendees

+ Add Attendee

Mark as Present

Mark as No Show

Mark as Excused

<input checked="" type="checkbox"/>	Client Name	# Atnd	Status	Individual Session Note Summary	Encounter	Misc. Notes	Actions
<input checked="" type="checkbox"/>	Lemon, Lulu	0			Create	Create	⋮
<input checked="" type="checkbox"/>	Money, Penny	0			Create	Create	⋮
<input checked="" type="checkbox"/>	Woodpecker, Woody	0			Create	Create	⋮

Figure 40: Group Session Attendees List

→TEST

- Version: 23.6 and later.
- Account role(s): Group Notes (Full Access), Clinical (Full).
- Select a provider agency.
- Navigate to the Group Session.
- Click the check box for each attendee and then click one of the three buttons:
 - Mark as Present

- Mark as No Show
- Mark as Excused

Note: Click the check box in the header to select all attendees.

- View the Status column for each attendee.
- Click the Save Button.
- Click the Create button in the Encounter column to create an Encounter.
 - The information from the group session is prepopulated on the Encounter Profile.
 - Enter any additional required fields and click the Save button.
 - The Group Note is prepopulated on the Encounter Notes screen as an unsigned note. The note may be edited to include client-specific information.
- Click the Create button in the Misc. column to create a Miscellaneous Note.
 - The information from the group session is prepopulated on the Miscellaneous Note.
 - Enter any additional required fields and click the Save button.
 - The Group Note is prepopulated as an unsigned note. The note may be edited to include client-specific information.

3.6. System Administration

3.6.1. Code Tables

Code tables are maintained by ADMH since they contain values used throughout the system. Codes with negative values are used by business rules and cannot be edited. Changes to negative value codes must be requested through FEI. The following test instructions are generic and apply to all code tables. Some code tables listed below have additional test instructions.

→TEST

- Version: 23.7 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the code table from the dropdown.
- Review records.
- Create records as needed.

3.6.1.1. Adjustment Reason

The EOB Adjustment Reason code table contains the Claim Adjustment Reason Codes (CARC) used on the 835. Adjustment Reasons are visible on the EOB Transaction when the inbound 835 contains the claim adjustment segment, CAS.

3.6.1.2. Age Group Specific Treatment

The Age Group Specific Treatment code table is used to define age ranges for payor plan groups. A new Adolescent group record was created for ages 0-19. This record has a negative value and is used to create adolescent-specific client group enrollment records automatically. Code table records with negative IDs cannot be edited.

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

System Administrat...
Code Tables
System Accounts
Activity Manage...
Adjudication Rule
Services
Rates
H837 Management
H835 Management
H999 Management

Age Group Specific Treatment Code Table

Show Search

Age Group Specific Treatment List

+ New Export

Age Group Code	Description	State Code	Sort Order	Effective Date	Expiration Date	Min Age	Max Age	Created By	Created Date	Updated By	Updated Date
-101	Adolescent		10	10/1/2022		0	19	User, System	10/16/2023	Carroll, Tim	10/18/2023
ALL	All Age Groups		20	10/1/2019		0	999	Carroll, Tim	10/18/2023	Carroll, Tim	10/18/2023

Figure 41: Age Group Specific Treatment Code Table

Age Group Code

ALL

Description

All Age Groups

State Code

Effective Date

10/1/2019

Expiration Date

Max Age

999

Created By

Carroll, Tim

Updated By

Carroll, Tim

Sort Order

20

Min Age

0

Created Date

10/18/2023

Updated Date

10/18/2023

Save

Save and Finish

× Cancel

Figure 42: All Age Groups

→TEST

- Version: 23.7 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Age Group Specific Treatment code table.
- Review the Adolescent record.


- Review/edit the All Age Groups record.
Note: Age Groups must have both a minimum and maximum age to work correctly.

3.6.1.3. Agency Other Identifier Category


The Agency Other Identifier Category Code Table is used on the Agency Identifiers screen. ADMH may create different categories for tracking agency identifiers such as certifications, accreditations, etc.

The Medicaid Contract Number is enabled by default. This identifier category is used to track the Medicaid Contract Number for each fiscal year.

See the Agencies/Agency Identifiers section above and the Agency Other Identifier Type section below for additional information.


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24.7.0

SSRS Reports Snapshot ⋮


TC Tim Carroll
Administrative Agency, Administrative Unit

Home Page
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Adjudication Rule
Services
Rates
H837 Management
H835 Management
H999 Management
HL7Management
SPARS Batch
SPARS Batch Ero...
System Info
NOMS Extraction
Agency Oversight...
Config Editor
Federal Poverty U...
Alert Types
Master Patient In...
Payment Voucher

Agency Other Identifier Category Code Table

Agency Other Identifier Category List

+ New Export

Agency Other Identifier Category Id	Description	Effective Date	Expiration Date	Created By	Created Date	Updated By	Updated Date	
-104	Medicaid Contract Number	7/15/2024		User, System	7/15/2024 11:52 AM	User, System	7/17/2024 8:48 AM	⋮
-102	Contract Type	5/21/2021	7/16/2024	User, System	5/21/2021 11:07 AM	User, System	7/17/2024 8:48 AM	⋮
-101	EHR Vendor	5/21/2021	7/16/2024	User, System	5/21/2021 11:07 AM	User, System	7/17/2024 8:48 AM	⋮
-100	License	5/21/2021	7/16/2024	User, System	5/21/2021 11:07 AM	User, System	7/17/2024 8:48 AM	⋮
1	Test Identifier Category	10/1/2023		Carroll, Tim	8/7/2024 8:10 AM	Carroll, Tim	8/7/2024 8:20 AM	⋮

Agency Other Identifier Category Id
1

Description
Test Identifier Category

Effective Date
10/1/2023

Expiration Date

Created By
Carroll, Tim

Created Date
8/7/2024 8:10 AM

Updated By
Carroll, Tim

Updated Date
8/7/2024 8:20 AM

Save Save and Finish × Cancel

Figure 43: Agency Other Identifier Category Code Table

3.6.1.4. Agency Other Identifier Type

The Agency Other Identifier Type Code Table is used on the Agency Identifiers screen. ADMH may create different types for tracking agency identifiers such as certifications, accreditations, etc. Identifier Types must refer to an Identifier Category.

The Medicaid Contract Number is enabled by default. This identifier category is used to track the Medicaid Contract Number for each fiscal year.

Note: Agency Other Identifier Categories must be created prior to creating Agency Other Identifier Types.

See the Agencies/Agency Identifiers section and the c section above for additional information.


3.6.1.5. Agency Type

The Agency Type code table is used on the Agency Profile Agency Type dropdown. See the Agency section above for additional information.


- The ADMH Agency uses the Single State Agency type. There are no business rules associated with this type, so ADMH may choose to create a new agency type if needed.
- Treatment Provider Agencies use the Substance Use Treatment type. There are no business rules associated with this type, so ADMH may choose to create a new agency type if needed.
- Prevention Agencies use the Prevention Planning Agency type. This values uses a negative ID, and it cannot be changed. Since there are business rules associated with this type, it must be used for prevention agencies.

3.6.1.6. Aid Type


The Aid Type code table collects federal and state percentages for each fiscal year. The table should be updated annually when the percentages are published and IDs and Line numbers change. The table also collects Payment Voucher Template IDs and Lines.



AL-WITS QA


SSRS Reports Snapshot





TC Tim Carroll
 Alabama Department of Mental Health (Contractor), ADMH


 Home Page


 State Waitlist


 Agency

 Group List

 Critical Dashboard

 Client List

 System Administration

 Reports

Aid Type Code Table

Aid Type List

+ New
Export

Id	Description	Sort Order	Effective Date	Expiration Date	Category	Share of Cost	FFP%	Enhanced FFP%	SGF%	Aid Co
1	Alabama Medicaid SFY 2023	20	10/1/2022	8/30/2023			60.14		39.86	A
3	Alabama Medicaid SFY 2022		10/1/2021	10/21/2022			70.00		30.00	A
4	AL Medicaid FY 2024		10/1/2023	9/30/2024			80.05		19.95	A

Id

Description

Sort Order

Effective Date

Expiration Date

Category

Share of Cost

FFP%

Enhanced FFP%

SGF%

Aid Code

Medicaid Treatment Template Id

Medicaid Treatment Line

State Match Treatment Template Id

State Match Treatment Line

Medicaid Transportation Template Id

Medicaid Transportation Line

State Match Transportation Template Id

State Match Transportation Line

Created By

Created Date

Updated By

Updated Date

Save
Save and Finish
Cancel

Figure 44: Aid Type Code Table

→TEST

- Version: 24.8 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Aid Type Service code table.
- Create records for several state fiscal years, entering the following fields:

- Description (required field- suggest using “Alabama Medicaid SFY 20XX”)
- Effective Date (state fiscal year start)
- Expiration Date (state fiscal year end)
- FFP% (federal percentage)
- SGF% (state percentage)
- Aid Code (Enter “AL”)
- Medicaid Treatment Template ID
- Medicaid Treatment Line
- State Match Treatment Template ID
- State Match Treatment Line
- Medicaid Transportation Template ID
- Medicaid Transportation Line
- State Match Transportation Template ID
- State Match Transportation Line

3.6.1.7. ASAM Care Level

The ASAM Care Level code table defines the Level of Care (LOC) on the Program Setup screen. Updates to this table do not affect the Placement/Update Assessment LOC. Contact Production Support to request changes to assessment vocabulary.

3.6.1.8. Claim Item Reject Reason

The Claim Item Reject code table is used on the Claim Item Profile when rejecting back to the Encounter. Claim Items may be rejected when the status is Awaiting Review or Released. Batched Claim Items cannot be rejected.

3.6.1.9. Client ID Type

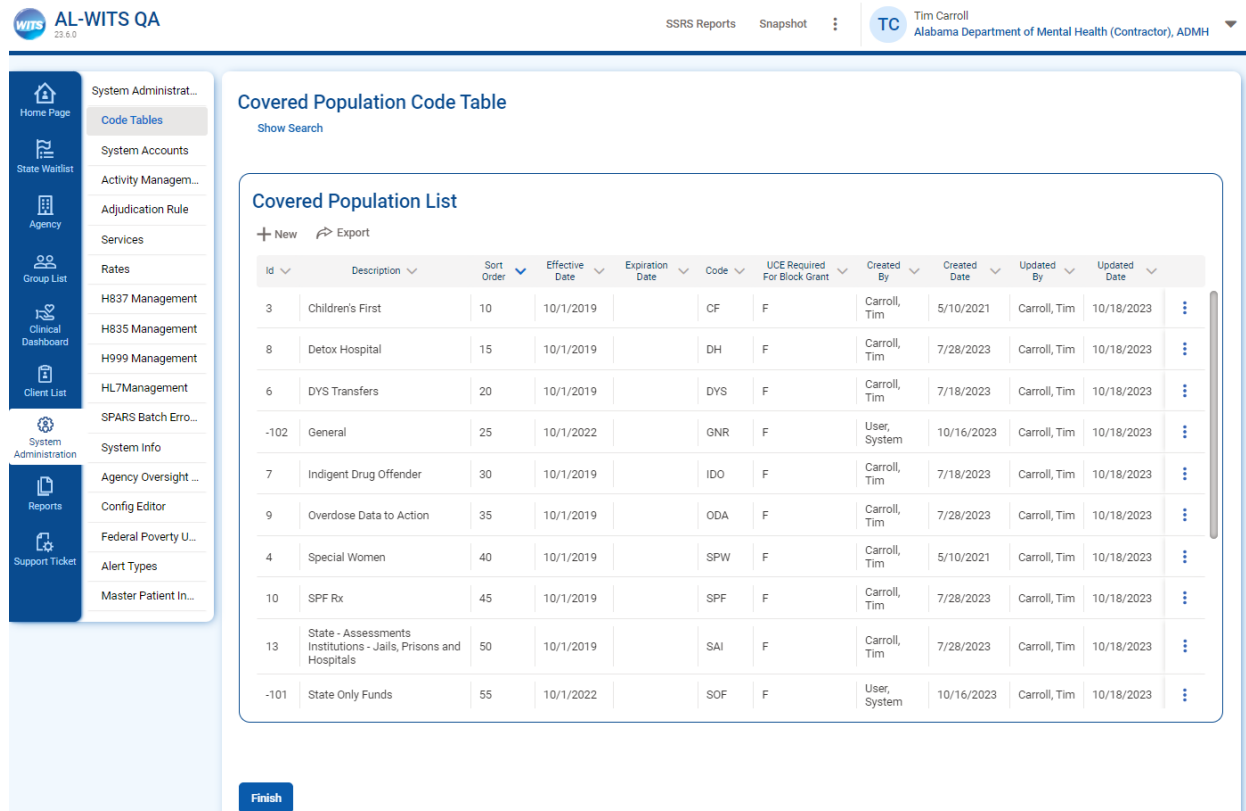
The Client ID Type code table is used on the Client Profile/Other Numbers screen. It comes loaded with various values including the ASAIS ID.

3.6.1.10. County

The County code table is used on various screens (agency address, facility address, client address, intake, etc.). File import providers report the code in the client file. The table is pre-loaded with the Alabama counties. There is no need to update this table.

3.6.1.11. Covered Population

The Covered Population code table is used to define populations for payor plan groups. The Two records were created with negative values: General and State Only Funds. Code table records with negative IDs cannot be edited.



WITS AL-WITS QA 23.6.0

SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Covered Population Code Table

Show Search

Covered Population List

+ New Export

ID	Description	Sort Order	Effective Date	Expiration Date	Code	UCE Required For Block Grant	Created By	Created Date	Updated By	Updated Date
3	Children's First	10	10/1/2019		CF	F	Carroll, Tim	5/10/2021	Carroll, Tim	10/18/2023
8	Detox Hospital	15	10/1/2019		DH	F	Carroll, Tim	7/28/2023	Carroll, Tim	10/18/2023
6	DYS Transfers	20	10/1/2019		DYS	F	Carroll, Tim	7/18/2023	Carroll, Tim	10/18/2023
-102	General	25	10/1/2022		GNR	F	User, System	10/16/2023	Carroll, Tim	10/18/2023
7	Indigent Drug Offender	30	10/1/2019		IDO	F	Carroll, Tim	7/18/2023	Carroll, Tim	10/18/2023
9	Overdose Data to Action	35	10/1/2019		ODA	F	Carroll, Tim	7/28/2023	Carroll, Tim	10/18/2023
4	Special Women	40	10/1/2019		SPW	F	Carroll, Tim	5/10/2021	Carroll, Tim	10/18/2023
10	SPF Rx	45	10/1/2019		SPF	F	Carroll, Tim	7/28/2023	Carroll, Tim	10/18/2023
13	State - Assessments Institutions - Jails, Prisons and Hospitals	50	10/1/2019		SAI	F	Carroll, Tim	7/28/2023	Carroll, Tim	10/18/2023
-101	State Only Funds	55	10/1/2022		SOF	F	User, System	10/16/2023	Carroll, Tim	10/18/2023

Finish

Figure 45: Covered Population Code Table

→TEST

- Version: 23.7 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Covered Population code table.
- Review the General and State Only Funds records.
- Create additional records for other populations. Note: Enter "F" for "UCE Required For Block Grant."
 - Children's First
 - Detox Hospital
 - DYS Transfers
 - Indigent Drug Offender
 - Overdose Data to Action
 - Special Women

- SPF Rx
- State - Assessments Institutions - Jails, Prisons and Hospitals
- State Only Funds
- Substance Abuse Community Corrections
- Tuberculosis Screening

3.6.1.12. CSAP Activity

The CSAP Activity code table contains the CSAP Activity values on the Prevention Plan One Time Intervention screen.

3.6.1.13. CSAP Strategy

The CSAP Strategy code table contains the CSAP Strategy values on the Prevention Planned Strategy screen.

3.6.1.14. Diagnosis

The diagnosis code table is used to validate the diagnosis on inbound 837P files. File import providers report the diagnosis on the 837P. Changes to diagnosis vocabulary values must be requested through FEI.

3.6.1.15. Discharge Disposition Type

The Discharge Disposition Type code table is used on the Discharge Profile to manage the Disposition dropdown.

3.6.1.16. Discharge Referral Type

The Discharge Referral Type code table is used on the Discharge Profile to manage the Discharge Referral dropdown.

3.6.1.17. Enroll Termination Reason

The Enroll Termination Reason code table is used on the Program Enrollment. File import providers report the code in the treatment episode file. It is pre-loaded with the following values:

- Client Left Before Completing Treatment
- Completed Treatment. No Substance Use
- Completed Treatment. Some Substance Use
- Died
- Incarcerated
- Program Decision to Discharge Client for Non-Compliance with Program Rules
- Referred Outside Agency for Continued Services
- Transfer to CDS Program Within Agency for Continued Services
- Transfer to Non-CDS Program Within Agency for Continued Services

3.6.1.18. Ethnicity

The Ethnicity code table is used on the client profile. File import providers report the code in the client file. The table is pre-loaded with the following values and their corresponding TEDS codes:

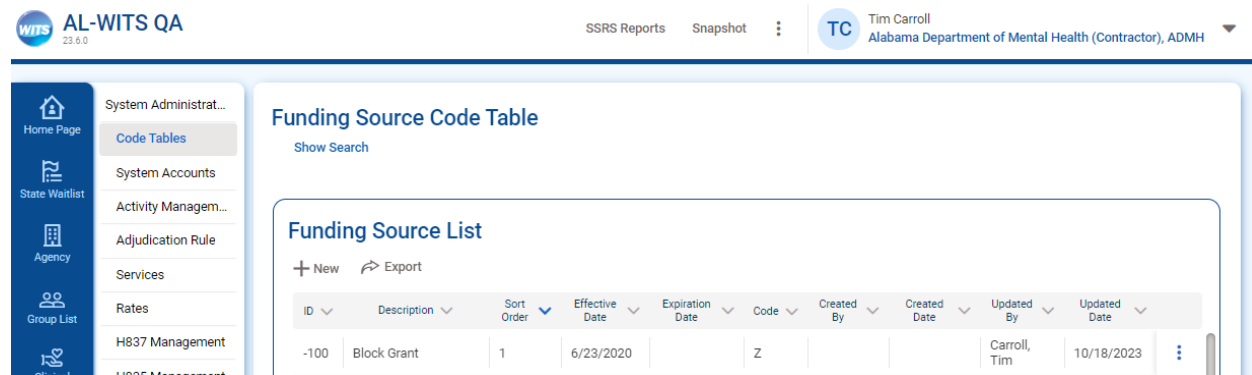
- Cuban
- Hispanic or Latino - specific origin not specified
- Mexican
- Not Hispanic or Latino
- Puerto Rican
- Other specific Hispanic
- Unknown

3.6.1.19. Followup Step

The Followup Step code table is used on the Non-Episode Contact screen to manage the Followup Steps mover box.

3.6.1.20. Funding Source

Some funding source records use negative values since there are associated business rules. New funding source codes may be created as needed.



AL-WITS QA 23.0.0

SSRS Reports Snapshot

TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

System Administration

Code Tables

System Accounts

Activity Management

Adjudication Rule

Services

Rates

H837 Management

H835 Management

Funding Source Code Table

Show Search

Funding Source List

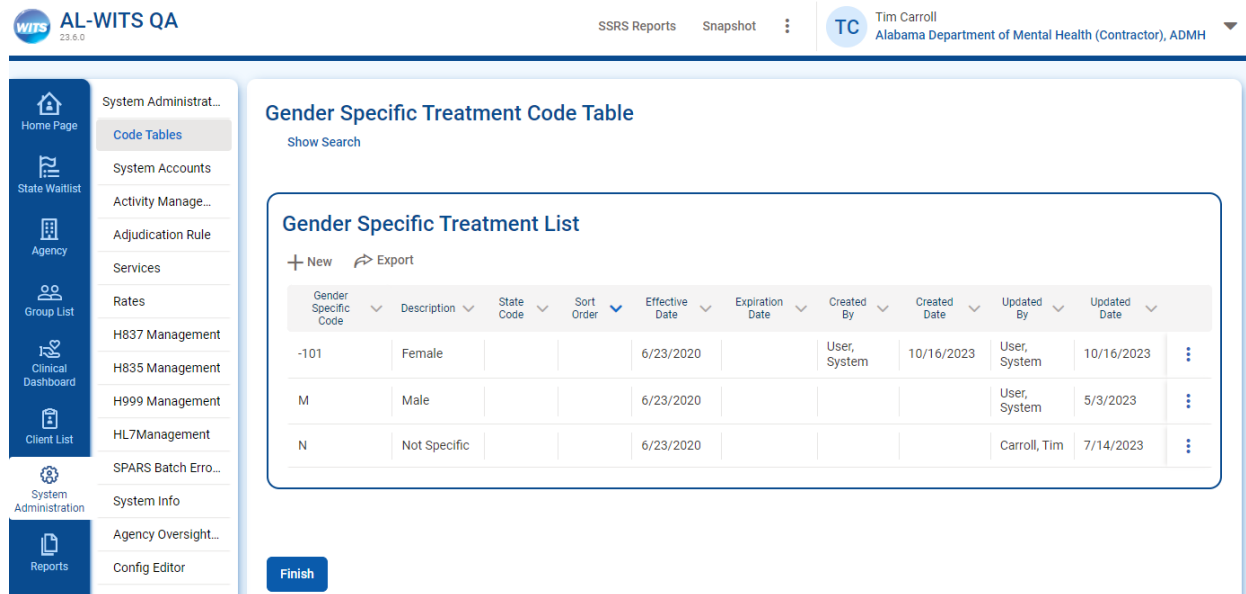
+ New Export

ID	Description	Sort Order	Effective Date	Expiration Date	Code	Created By	Created Date	Updated By	Updated Date
-100	Block Grant	1	6/23/2020		Z			Carroll, Tim	10/18/2023

Figure 46: Funding Source Code Table

3.6.1.21. Gender Specific Treatment

The Gender Specific Treatment code table is used to define genders for payor plan groups. The Female record was changed to a negative value. This record is used to create female-specific client group enrollment records automatically. Code table records with negative IDs cannot be edited.



Gender Specific Treatment Code Table

Show Search

Gender Specific Treatment List

+ New Export

Gender Specific Code	Description	State Code	Sort Order	Effective Date	Expiration Date	Created By	Created Date	Updated By	Updated Date
-101	Female			6/23/2020		User, System	10/16/2023	User, System	10/16/2023
M	Male			6/23/2020				User, System	5/3/2023
N	Not Specific			6/23/2020				Carroll, Tim	7/14/2023

Finish

Figure 47: Gender Specific Treatment Code Table

→TEST

- Version: 23.7 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Gender Specific Treatment code table.
- Review the Female record.
- Review/edit the Male and Not Specific records.

3.6.1.22. Geo

The Geo code table contains the Geo Code values on the Facility Profile.

3.6.1.23. Geo Type

The Geo Type code table contains the Geo Type values on the Prevention Planned Strategy screen.

3.6.1.24. Governance Role Type

The Governance Role Type code table is used on the Agency/Governance Profile to define the Governance Role.

3.6.1.25. Initial Contact Type

The Initial Contact Type code table is used on the client Intake and Non-Episode Contact screens. File import providers report the code for the Intake in the treatment file. The table is pre-loaded with the following values:

- By Appointment
- Community service patrol
- Other
- Phone
- Walk-in

3.6.1.26. Injection Drug User

The Injection Drug User code table is used on the client intake. File import providers report the code in the treatment file. The table is pre-loaded with the following values:

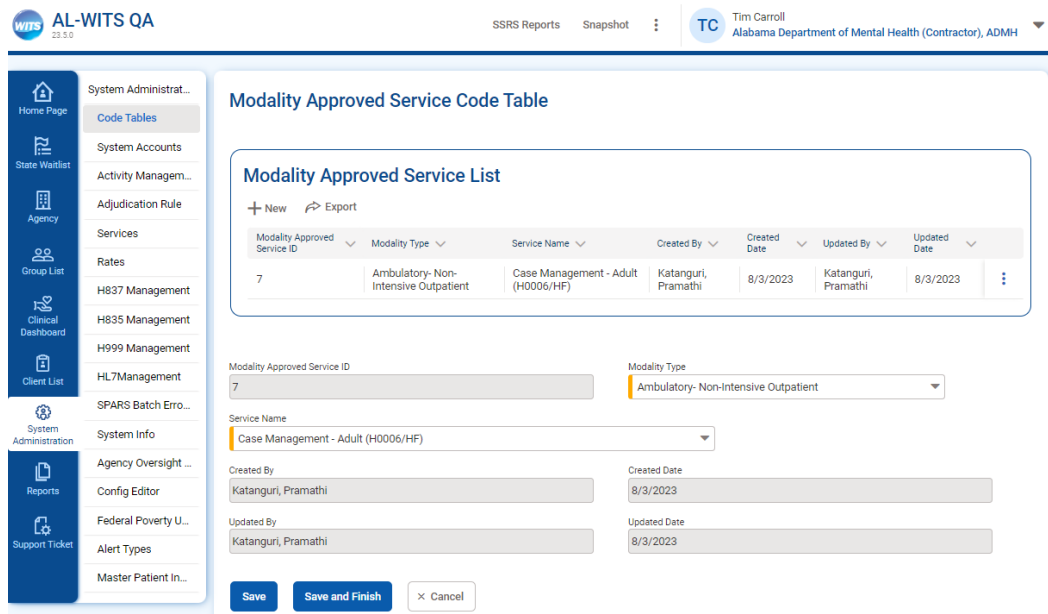
- Denies
- No
- Yes

3.6.1.27. Inter Agency

The Inter Agency code table is used on the Intake screen to manage the Inter-Agency Service mover box.

3.6.1.28. Modality Approved Services

The Modality Approved Service Code table creates a relationship between the program modality type and services which are delivered as part of that modality. This table is used to filter the encounter service dropdown for the selected program enrollment. This table is not pre-loaded.



The screenshot displays the WITS QA system interface. The top navigation bar includes the WITS QA logo, user information (Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH), and menu items like SSRS Reports and Snapshot. A left sidebar contains various system administration links. The main content area is titled 'Modality Approved Service Code Table' and features a 'Modality Approved Service List' table with columns for Modality Approved Service ID, Modality Type, Service Name, Created By, Created Date, Updated By, and Updated Date. Below the table is a form for adding or editing a service, with fields for Modality Approved Service ID, Modality Type, Service Name, Created By, Created Date, Updated By, and Updated Date. The form includes 'Save', 'Save and Finish', and 'Cancel' buttons.

Modality Approved Service ID	Modality Type	Service Name	Created By	Created Date	Updated By	Updated Date
7	Ambulatory-Non-Intensive Outpatient	Case Management - Adult (H0006/HF)	Katanguri, Pramathi	8/3/2023	Katanguri, Pramathi	8/3/2023

Figure 48: Modality Approved Service Code Table

→ TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Modality Approved Service code table.
- Click the +New button to create records to assign services to modality types.
Note: Services may be assigned to multiple modality types.
- Test the Encounter as indicated in the Encounter section below.

3.6.1.29. Modality Type

The Modality Type table is used on the Program Setup. It is used on the Modality Approved Services code table as indicated above. The table is pre-loaded with recommended values based on ASAM levels of care.

As of the 24.7 release, the Modality Table no longer requires the residential and bed management indicators.

3.6.1.30. Nec Outcome

The Nec Outcome code table is used on the Non-Episode Contact screen to manage the Outcome dropdown.

3.6.1.31. Non-Episode Contact Location Type

The Non-Episode Contact Location Type code table is used on the Non-Episode Contact screen to manage the Location dropdown.

3.6.1.32. Payment Intent

The Payment Intent code table is used to categorize client payments. It is loaded with the “On Account” value. See the Client Management/Treatment Episode/Payments section and the Billing Management/Payment Management/Client Payment sections for additional information.

3.6.1.33. Presenting Problem

The Presenting Problem code table is used on the Intake screen to manage the Presenting Problems mover box. It is not available in the Code Table Editor. Contact Production Support if changes are needed for this table.

3.6.1.34. Prevention Community Size

The Prevention Community Size code table contains the Community Size values on the Prevention Planned Strategy screen.

3.6.1.35. Prevention Contributing Factor

The Contributing Factor code table contains the Contributing Factor values on the Prevention Plan.

3.6.1.36. Prevention Data Source

The Prevention Data Source code table contains the Data Source values on the Prevention Plan Contributing Factors screen.

3.6.1.37. Prevention Funding Source Type

The Prevention Funding Source Type code table contains the Funding Source Type values on the Prevention Plan Planned Expenditure screen.

3.6.1.38. Prevention Outcome Indicator

The Prevention Outcome Indicator code table contains the Outcome Indicator values on the Prevention Plan.

3.6.1.39. Prevention Risk Category

The Prevention Risk Category code table contains the Risk Category values on the Prevention Planned Strategy and One Time Intervention screens.

3.6.1.40. Prevention Risk Factor

The Prevention Risk Factor code table contains the Risk Factor values on the Prevention Plan Objective.

3.6.1.41. Prevention Service Population

The Prevention Service Population code table contains the Service Population values on the Prevention Planned Strategy screen. The code table values must contain the appropriate Plan Type value to be visible in the Service Population dropdown.

3.6.1.42. Prevention Socio-ecological Domain

The Prevention Socio-ecological Domain code table contains the Strategy values on the Prevention Planned Strategy screen.

3.6.1.43. Prevention Strategy Evidence Based Type

The Prevention Strategy Evidence Based Type code table contains the Evidence Based Type values on the Prevention Planned Strategy screen.

3.6.1.44. Prevention Strategy Type

The Prevention Strategy Type code table contains the Socio-ecological Domain values on the Prevention Planned Strategy screen.

3.6.1.45. Problem Area

The Problem Area code table is used on the Intake screen to manage the Problem Area dropdown. It is not available in the Code Table Editor. Contact Production Support if changes are needed for this table.

3.6.1.46. Procedures

The Procedures code table is used on the Service Profile. On the Encounter, the selected service contains the procedure code used for billing. File import providers report the procedure on the 837P. The table is pre-loaded with many standard values.

3.6.1.47. Procedure Modifier

The Procedure Modifier code table is used on the Service Profile. On the Encounter, the selected service contains the procedure modifier used for billing. File import providers report the procedure modifier on the 837P. The table is pre-loaded with many standard values.

3.6.1.48. Race

The Race code table is used on the client profile. File import providers report the code in the client file. The table is pre-loaded with the following values and their corresponding TEDS codes:

- American Indian
- Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other Race
- White

3.6.1.49. Referral Reason

The Referral Reason code table is used on the Referral to indicate why the client was referred to another agency.

3.6.1.50. Referral Source Type

The Referral Source Type code table is used on the client intake is used on the client intake. File import providers report the code in the treatment file. Each value must have one or more domains. The table is pre-loaded with many values.

3.6.1.51. Remittance Advice Remarks

The Remittance Advice Remarks code table contains the Remittance Advice Reason Codes (RARC) used on the 835 in the MOA or LQ segments.

3.6.1.52. Risk Category

The Risk Category code table contains the Risk Category values on the Prevention Planned Strategy screen.

3.6.1.53. School

The School code table contains the School values on the Prevention Planned Strategy screen. School values must be associated with a School District.

3.6.1.54. School District

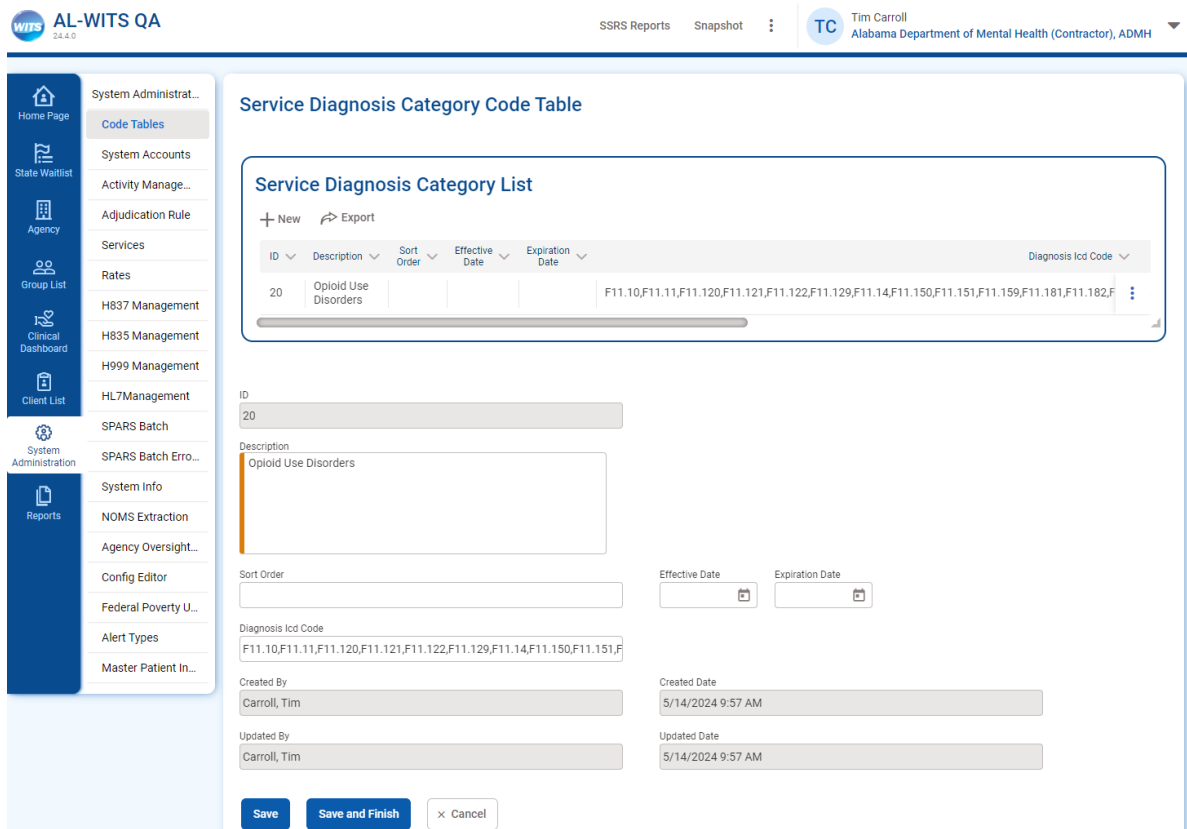
The School District code table contains the School District values on the Prevention Planned Strategy screen.

3.6.1.55. Service Diagnosis Category

The Service Diagnosis Category create a category for ICD-10 diagnoses. Diagnosis Categories are selected on the Service Profile to enforce billing validation rules. The system will prevent an encounter from being released to billing if the selected service does not contain a diagnosis that matches a category on the service profile. Categories should be created for each set of diagnoses used for billing.

Example: Create an Opioid Use Disorder Category for the following diagnoses:

F11.10,F11.11,F11.120,F11.121,F11.122,F11.129,F11.14,F11.150,F11.151,F11.159,
F11.181,F11.182,F11.188,F11.19,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,
F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F11.90,
F11.920,F11.921,F11.922,F11.929,F11.93,F11.94,F11.950,F11.951,F11.959,F11.981,
F11.982,F11.988,F11.99



Service Diagnosis Category Code Table

Service Diagnosis Category List

+ New Export

ID	Description	Sort Order	Effective Date	Expiration Date	Diagnosis Icd Code
20	Opioid Use Disorders				F11.10,F11.11,F11.120,F11.121,F11.122,F11.129,F11.14,F11.150,F11.151,F11.159,F11.181,F11.182,F11.188,F11.19,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F11.90,F11.920,F11.921,F11.922,F11.929,F11.93,F11.94,F11.950,F11.951,F11.959,F11.981,F11.982,F11.988,F11.99

ID: 20

Description: Opioid Use Disorders

Sort Order:

Effective Date:

Expiration Date:

Diagnosis Icd Code: F11.10,F11.11,F11.120,F11.121,F11.122,F11.129,F11.14,F11.150,F11.151,F11.159,F11.181,F11.182,F11.188,F11.19,F11.20,F11.21,F11.220,F11.221,F11.222,F11.229,F11.23,F11.24,F11.250,F11.251,F11.259,F11.281,F11.282,F11.288,F11.29,F11.90,F11.920,F11.921,F11.922,F11.929,F11.93,F11.94,F11.950,F11.951,F11.959,F11.981,F11.982,F11.988,F11.99

Created By: Carroll, Tim

Created Date: 5/14/2024 9:57 AM

Updated By: Carroll, Tim

Updated Date: 5/14/2024 9:57 AM

Save Save and Finish Cancel

Figure 49: Service Diagnosis Category Code Table

→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Service Diagnosis Category code table.
- Click the +New button.

- Enter a description, “Opioid Use Disorders.”
- Diagnosis ICD Code field: Enter the comma-delimited ICD-10 code list shown above.
Note: For performance reasons, the list allows a maximum of 125 values. If a category has more than 125 diagnoses, separate it into two or more categories, then select all appropriate categories on the Service Profile.
- Repeat process for each diagnosis category.
- Refer to the Services section below to add the category to a service.

3.6.1.56. Service Location Type

The Service Location Type code table is used on the encounter and for billing. File import providers report the location on the 837P. The table is pre-loaded with many standard values.

3.6.1.57. Service Note Type

The Service Note Type code table is used to prepopulate encounter notes with a template. It is pre-loaded with several values.

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Code Table Administrator
- Navigate to System Administration/Code Tables.
- Select the Service Note Type code table.
- Create and edit records as needed. The Note Prompt field stores the template text.
- Expire records not used by ADMH.

3.6.1.58. Special Initiative Type

The Special Initiative Type code table is used on the Intake screen to manage the Special Initiative mover box.

3.6.1.59. Special Population Service

The Special Population Service code table is used on the Facility/Special Services screen.

3.6.1.60. Staff Contact Role

The Staff Contact Role code table is used on the Agency and Facility Contacts screens. Several records use negative values and cannot be edited. The Contact Entity Type dropdown assigns the contact type to the Agency or Unit (Facility).

3.6.1.61. Substance

The Substance code table is used on the Facility/Addiction Services screen.

Note: Substances used on the Placement Assessment

3.6.1.62. Supplemental Information

The Supplemental Information code table is used on the Facility/Special Services screen.

3.6.1.63. Target Population

The Target Population code table contains the Target Population values on the Prevention Plan Goals screen.

3.6.1.64. Team Member Role

The Team Member Role code table defines roles for the Treatment Team. It is pre-loaded with several values.

3.6.1.65. Treatment Approach

The Treatment Approach code table defines the Approach values used on the Facility Profile.

3.6.1.66. Veteran Status

The Veteran Status code table is used on the client profile. File import providers report the code in the client file. The table is pre-loaded with the following values and their corresponding TEDS codes:

- No
- Not Collected
- Unknown
- Yes

3.6.2. NOMS Extraction

3.6.2.1. Process and Workflow

The terms “NOMS” and “TEDS” are used interchangeably, but they are slightly different datasets. NOMS is extracted data from the TEDS dataset. An extract is generated in WITS and submitted to the managing vendor, Hendall, Inc., and Hendall provides the data to SAMHSA.

The NOMS Extraction menu item is located on the System Administration menu. FEI recommends running the extract for one-month periods to control the size of the extract. The extract consists of an Admission and a Discharge file. The data is selected from the client profile, intake, outcome measure, and program enrollment. WITS uses timestamps on each record to determine what to include in the extract.

After the data is selected WITS determines how to submit the record: A (Add), D (Delete), or C (Change).

The extract workflow is shown in the figure below:

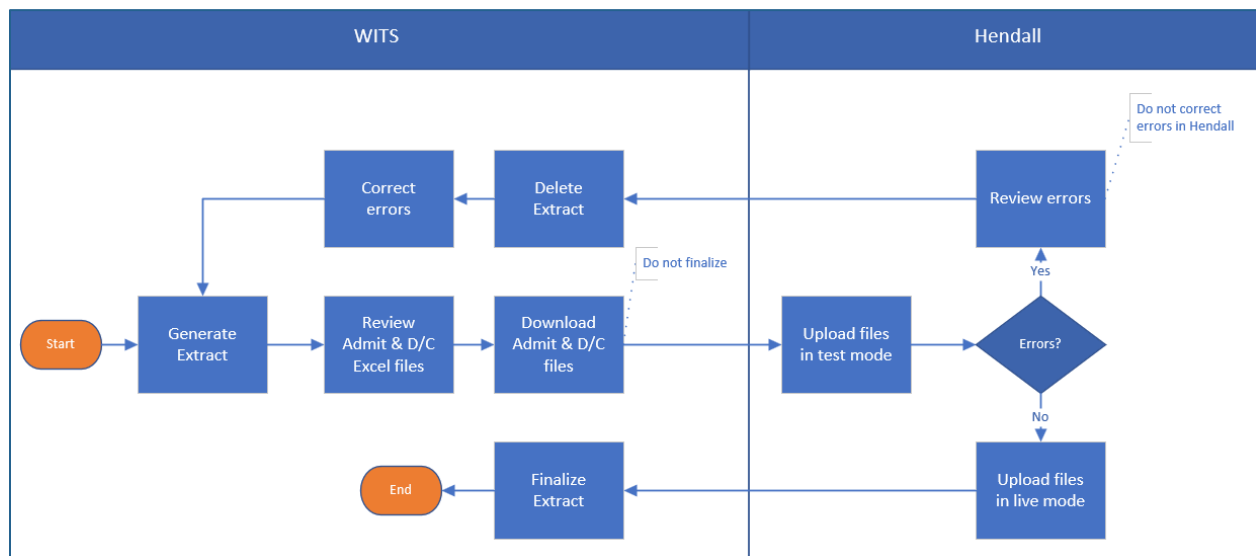


Figure 50: TEDS/NOMS Extract Workflow

Extracts are created in a pending status and should not be finalized until they are successfully submitted to Hendall.

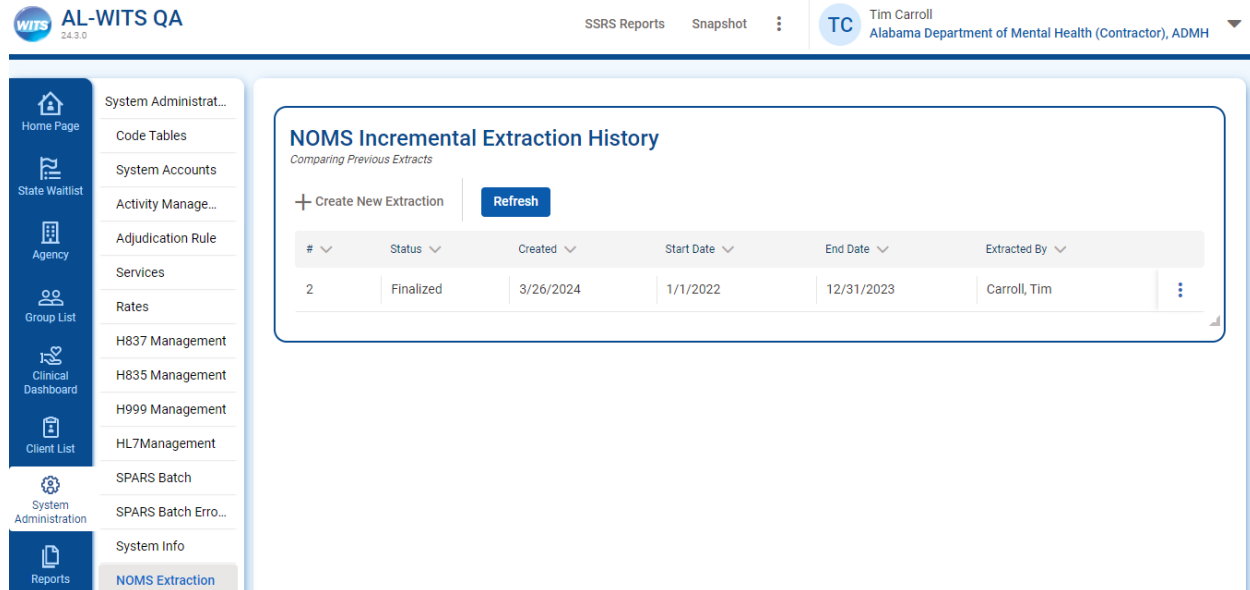
Once the extract is created, the Admission and Discharge Excel files are downloaded and reviewed for accuracy. Separate Admission and Discharge text files are downloaded for manual submission to Hendall. These files are uploaded to Hendall in test mode to identify any errors. If errors are encountered, the extract can be deleted and errors fixed in WITS. Once the files are error-free, they are uploaded to Hendall in live mode, and the extract is finalized in WITS.

Notes:

- Hendall allows errors in the files to be corrected. Do not do this since it may lead to synch issues with subsequent extracts. Instead, errors should be fixed in WITS and a new extract should be generated.

- The prior extract must be finalized before a new extract can be generated.
- If the record volume is very large, a timeout may occur when generating the extract. Contact WITS Production Support if this occurs.
- Contact WITS Production Support if any other errors occur with the extract.

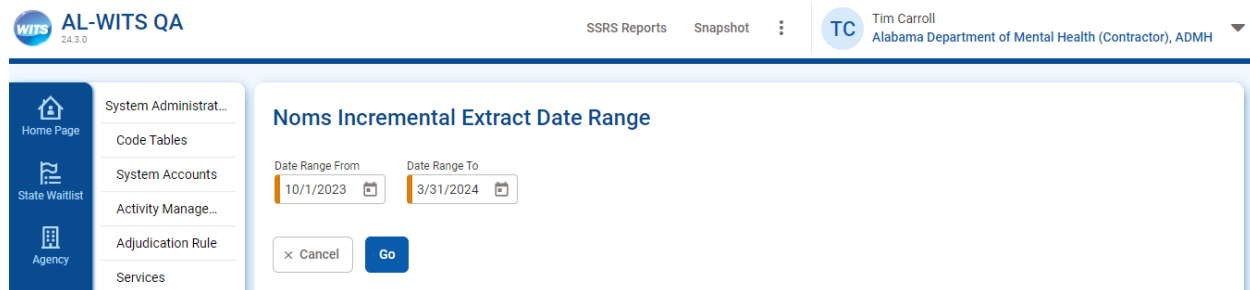
3.6.2.2. Extract



The screenshot shows the AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.3.0, and the user profile for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area displays the "NOMS Incremental Extraction History" section, which includes a "Comparing Previous Extracts" sub-header, a "Create New Extraction" button, and a "Refresh" button. Below these is a table with the following data:


#	Status	Created	Start Date	End Date	Extracted By
2	Finalized	3/26/2024	1/1/2022	12/31/2023	Carroll, Tim

Figure 51: NOMS Extraction List showing one finalized record

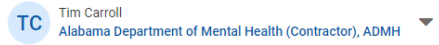


The screenshot shows the AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.3.0, and the user profile for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area displays the "Noms Incremental Extract Date Range" section, which includes a "Date Range From" field with a calendar icon, a "Date Range To" field with a calendar icon, and "Cancel" and "Go" buttons. The date range is set from 10/1/2023 to 3/31/2024.

Figure 52: NOMS Incremental Extract Date Range


AL-WITS QA

SSRS Reports
Snapshot



Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List

System Administration
Code Tables
System Accounts
Activity Management
Adjudication Rule
Services
Rates
H837 Management
H835 Management
H999 Management
HL7 Management
SPARS Batch

⚠ There are 1 pending incremental extracts in the system. Please finalize them before creating a new extract.


NOMS Incremental Extraction History

Comparing Previous Extracts

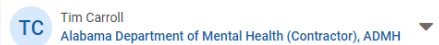
Refresh

#	Status	Created	Start Date	End Date	Extracted By	
8	Pending	4/26/2024	10/1/2023	3/31/2024	Carroll, Tim	Profile Delete
2	Finalized	3/26/2024	1/1/2022	12/31/2023	Carroll, Tim	

Figure 53: NOMS Extraction List showing new Pending record


AL-WITS QA

SSRS Reports
Snapshot



Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List

System Administration
Code Tables
System Accounts
Activity Management
Adjudication Rule
Services
Rates
H837 Management
H835 Management
H999 Management
HL7 Management
SPARS Batch
SPARS Batch Error
System Info
NOMS Extraction
Agency Oversight
Config Editor
Federal Poverty U...

NOMS Extract Profile

Extract#
8

Type
Incremental

Status Ind
Pending

Start Date
10/1/2023

End Date
3/31/2024

Created Date
4/26/2024

Extracted By
Carroll, Tim

#Admissions
0

#Discharges
0

Administrative Actions

View Admission in Excel
View Discharge in Excel
Download Admission
Download Discharge
Finalize

Finish

Figure 54: NOMS Extract Profile

→TEST

- Version: 24.4 and later.
- Account role(s): NOMS Administrator.
- Pre-requisites:
 - Create Facilities with an SA I-BHS#.
 - Create programs with the Report to TEDS indicator = Yes.
 - Create clients with Outcome Measures and Program Enrollments.

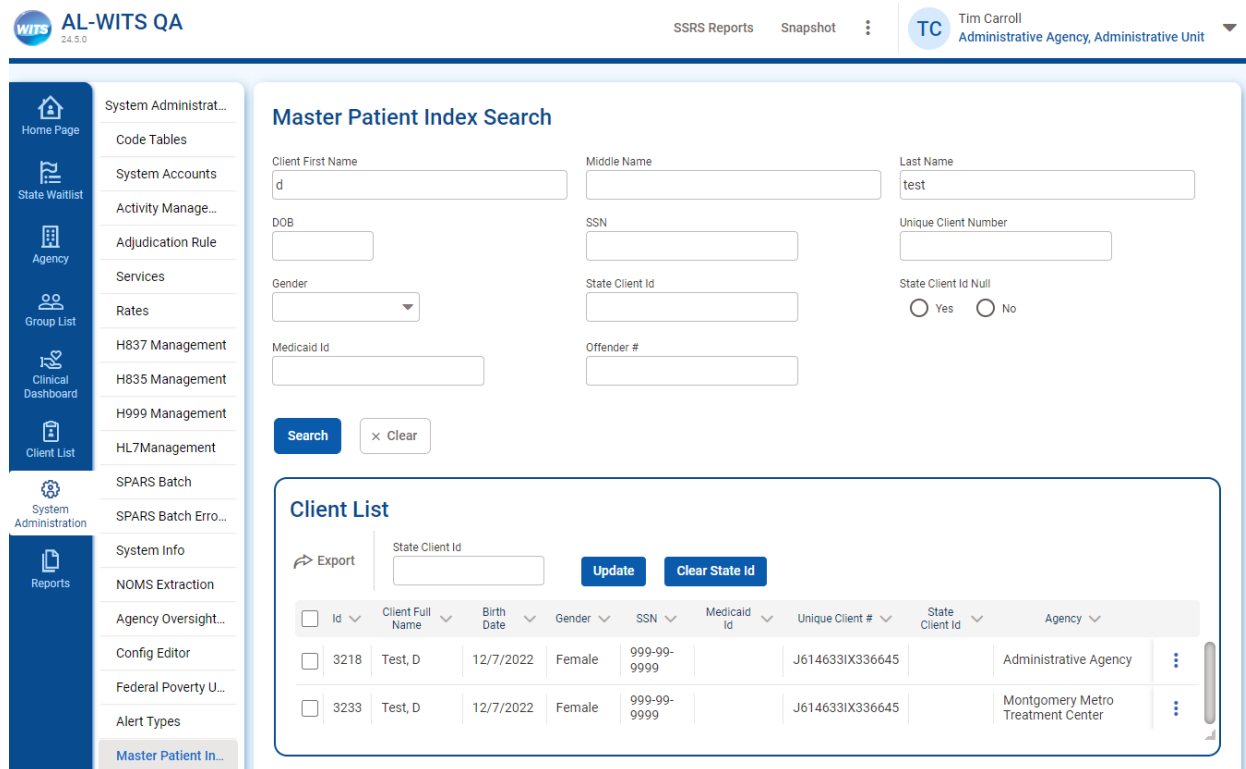
- Navigate to System Administration/NOMS Extraction.
- Click the +Create New Extraction button.
- Enter a date range and click the Go button.
- Wait several minutes for the extract to generate. Click the Refresh button to see the new extract record.
- The new extract record is created in a Pending status. Click the Profile button on the ellipsis.
Note: Pending records may be deleted.
- Click the View Admission in Excel and View Discharge in Excel buttons to download the files.
- Review the Excel files for accuracy.
- Click the Download Admission and Download Discharge buttons to save the files used for transmission.
- Click the Finalize button.
Note: Do not finalize production extracts if there is any doubt about the accuracy. It is almost impossible for FEI to un-finalize an extract since the records are marked as successfully transmitted to TEDS.

3.6.3. Master Patient Index

The Master Patient Index is a tool for WITS Administrators to search for clients across agencies. It also allows a state client ID to be added to client records.

3.6.3.1. View and Edit Client Profile

Client Profiles may be viewed and edited from the Master Patient Index.



Master Patient Index Search

Client First Name: d Middle Name: Last Name: test

DOB: SSN: Unique Client Number:

Gender: State Client Id: State Client Id Null: ☐ Yes ☐ No

Medicaid Id: Offender #:

Search **x Clear**

Client List

Export State Client Id: **Update** **Clear State Id**

<input type="checkbox"/>	Id	Client Full Name	Birth Date	Gender	SSN	Medicaid Id	Unique Client #	State Client Id	Agency	
<input type="checkbox"/>	3218	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645		Administrative Agency	⋮
<input type="checkbox"/>	3233	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645		Montgomery Metro Treatment Center	⋮

Figure 55: Master Patient Index showing same client in two agencies

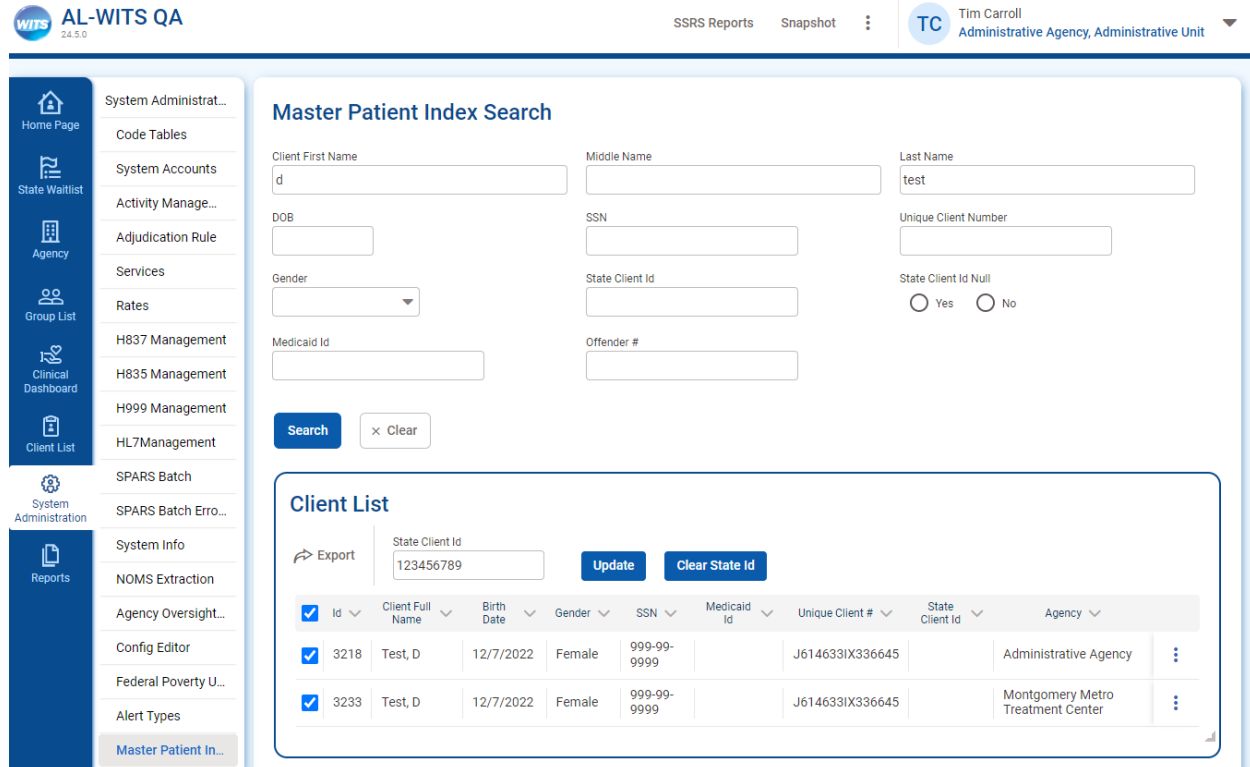
→TEST

- Version: 24.3 and later.
- Account role(s): Master Patient Index (Full Access).
Note: This role is inherited by WITS Administrator.
- Pre-requisite: Create the same client in two provider agencies. Use the same name, DOB, and SSN.
- Navigate to System Administration/Master Patient Index.
- Search for the client:
 - View the UCN for each record. If the client demographic data is the same in each agency, then the UCN is the same.
 - View the Agency for each record to see where the client is receiving services.
- View and edit the Client Profile:
 - Click the Preview Client Summary button on the ellipsis to view a read-only version of the client profile.

- Click the Edit Client Profile button on the ellipsis to navigate to the client profile in the specified agency. Make any required edits.
- The MPI button on the ellipsis is covered below.

3.6.3.2. Add State Client ID

If there is a State Client ID for each client, it may be added on the Master Patient Index screen.



The screenshot shows the 'Master Patient Index Search' and 'Client List' interface. The top navigation bar includes the WITS logo, 'AL-WITS QA 24.5.0', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Administrative Agency, Administrative Unit'.

Master Patient Index Search

Search fields include:

- Client First Name: d
- Middle Name:
- Last Name: test
- DOB:
- SSN:
- Unique Client Number:
- Gender:
- State Client Id:
- State Client Id Null: ☐ Yes ☐ No
- Medicaid Id:
- Offender #:

Buttons: Search, Clear

Client List

Export button, State Client Id field with value 123456789, Update button, Clear State Id button.

	Id	Client Full Name	Birth Date	Gender	SSN	Medicaid Id	Unique Client #	State Client Id	Agency	
<input checked="" type="checkbox"/>	3218	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645		Administrative Agency	⋮
<input checked="" type="checkbox"/>	3233	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645		Montgomery Metro Treatment Center	⋮

Figure 56: Master Patient Index showing State Client ID functionality

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports

Master Patient Index Search

Client First Name

Middle Name

Last Name

DOB

SSN

Unique Client Number

Gender

State Client Id

State Client Id Null

☐ Yes ☐ No

Medicaid Id

Offender #

Client List

State Client Id

<input type="checkbox"/>	Id	Client Full Name	Birth Date	Gender	SSN	Medicaid Id	Unique Client #	State Client Id	Agency	
<input type="checkbox"/>	3218	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645	123456789	Administrative Agency	⋮
<input type="checkbox"/>	3233	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645	123456789	Montgomery Metro Treatment Center	⋮

Figure 57: Master Patient Index showing State Client ID column

→TEST

- Version: 24.3 and later.
- Account role(s): Master Patient Index (Full Access).
Note: This role is inherited by WITS Administrator.
- Pre-requisite: Create the same client in two provider agencies. Use the same name, DOB, and SSN.
- Navigate to System Administration/Master Patient Index.
- Search for the client and review the records returned and the agency column.
- Add a State Client ID:
 - Select the checkbox for each client record.
 - Enter a State Client ID and make a note of it.
 - Click the Update button
 - View the State Client ID column in the list.
- Click the Clear button in the search.
- Enter the State Client ID in the search and click the Search button.
- The same records are returned.
Note: The State Client ID may be updated to another value if needed. If it was entered in error, click the checkbox to select the record, then click the Clear State ID button.

3.7. Snapshots

The Snapshot button opens a copy of the current screen as new browser window. It is a read-only version of the WITS screen with a yellow header displaying the words, “This window is a read-only copy.” The Snapshot functionality is useful when the user wants to see two different screens at the same time. For example, a snapshot of the Client Profile may be viewed while entering the Placement Assessment.

Note that dropdowns and other fields may be selected in the Snapshot window, but nothing is saved.

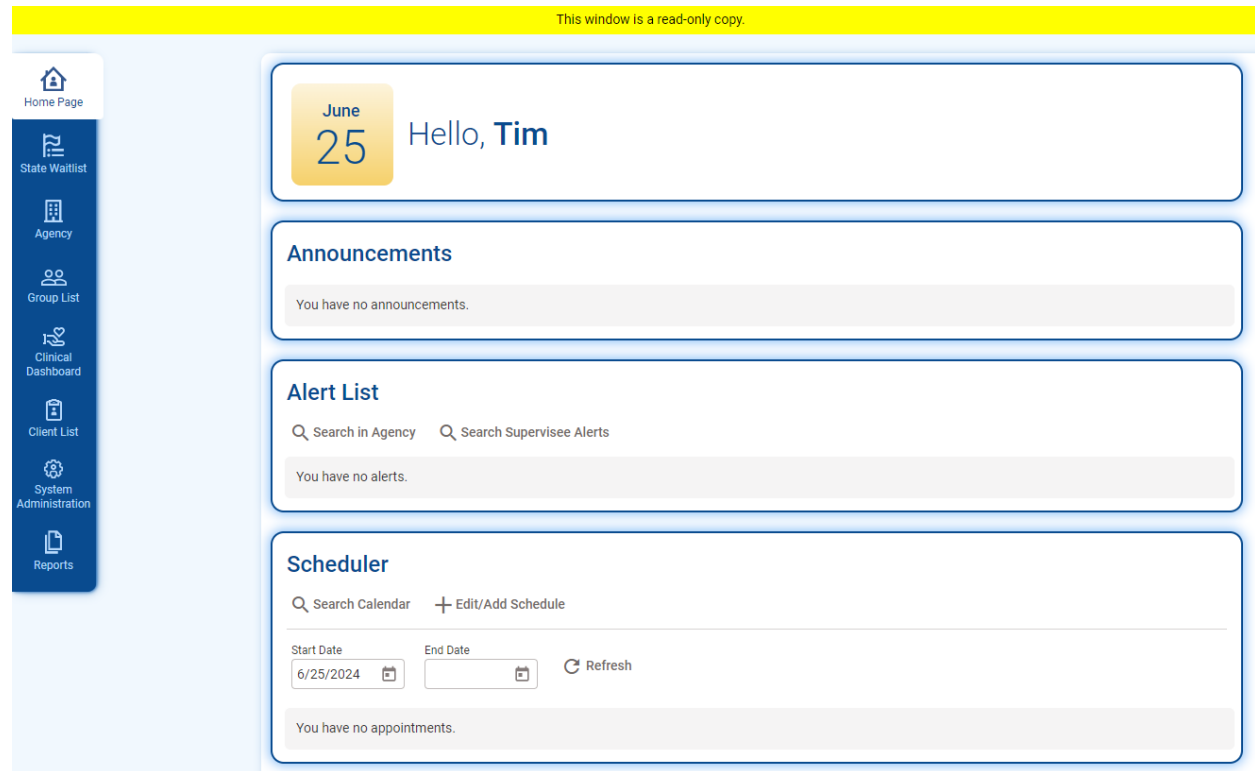


Figure 58: Snapshot Window, Home Page

→ **TEST**

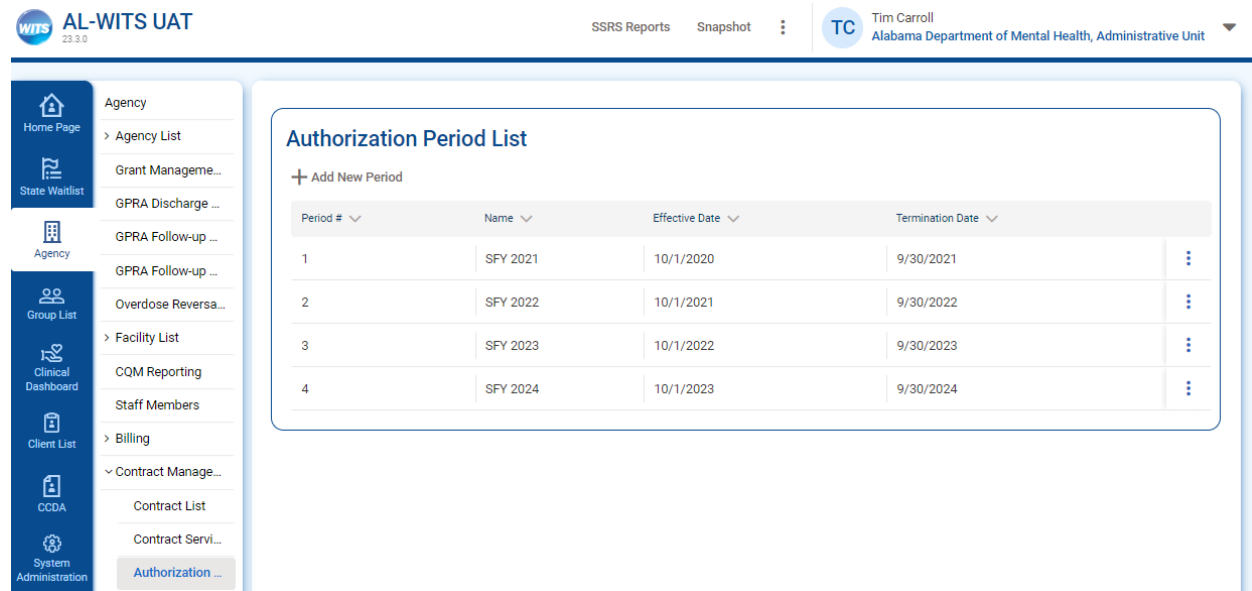
- Version: 23.6 and later.
- Account role(s): Any
- Navigate to any screen.
- Click the Snapshot button in the system header.
- View the read-only Snapshot window.
- Navigate to any other screen in the main WITS window.

4. CONTRACT MANAGEMENT

Contracts are entered in the ADMH (contractor) agency.

4.1. Authorization Periods

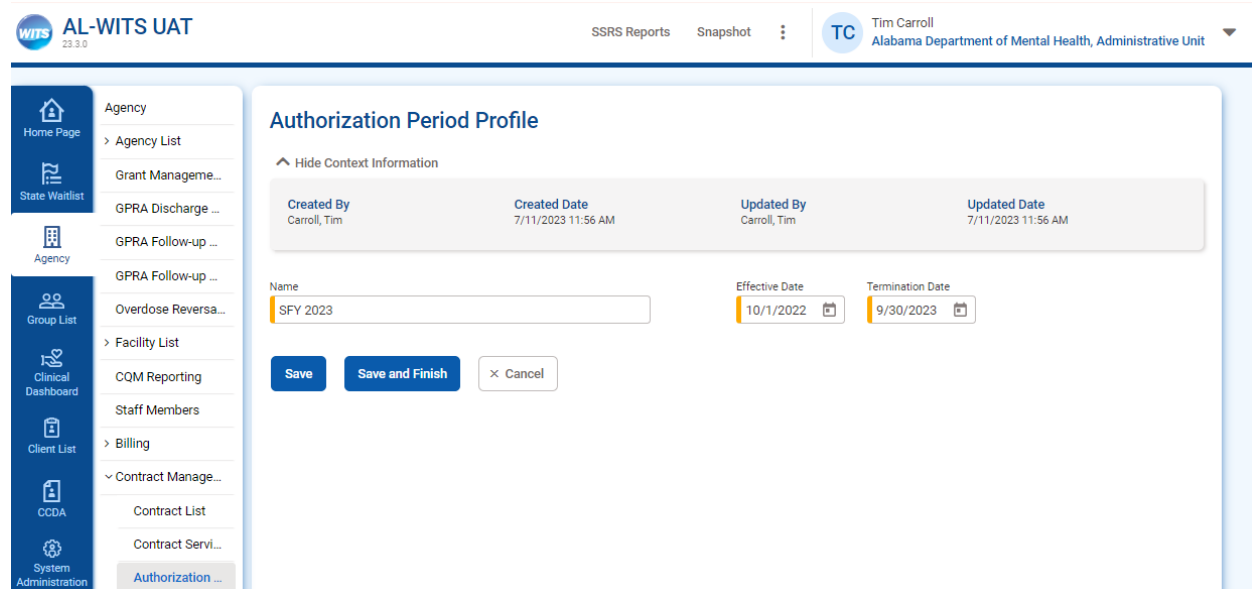
Authorization Periods represent a funding date range. Create an authorization period for each state fiscal year (SFY).



The screenshot shows the AL-WITS UAT interface. The top navigation bar includes the WITS logo, version 23.3.0, and the user profile for Tim Carroll, Alabama Department of Mental Health, Administrative Unit. The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, CCDA, and System Administration. The main content area displays the "Authorization Period List" with a table of four periods.

Period #	Name	Effective Date	Termination Date
1	SFY 2021	10/1/2020	9/30/2021
2	SFY 2022	10/1/2021	9/30/2022
3	SFY 2023	10/1/2022	9/30/2023
4	SFY 2024	10/1/2023	9/30/2024

Figure 59: Authorization Period List



The screenshot shows the AL-WITS UAT interface for the "Authorization Period Profile". The top navigation bar is the same as Figure 59. The left sidebar is also the same. The main content area displays the "Authorization Period Profile" for SFY 2023. It includes a "Hide Context Information" button and a table with metadata.

Created By	Created Date	Updated By	Updated Date
Carroll, Tim	7/11/2023 11:56 AM	Carroll, Tim	7/11/2023 11:56 AM

Below the table, there are input fields for Name, Effective Date, and Termination Date. The Name field contains "SFY 2023". The Effective Date field contains "10/1/2022" and the Termination Date field contains "9/30/2023". At the bottom, there are buttons for "Save", "Save and Finish", and "Cancel".

Figure 60: Authorization Period Profile

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Authorization Period.
- Review the existing authorization periods for accuracy.
- Create records as needed.

4.2. Contract Service Rates

Contract Service Rates are created for each service that is billable under Government Contract Payor Plans/Groups. As a contrast, System Administration/Rates are used for Medicaid and TPL.

Contract Service Rates are maintained by ADMH since they contain key data elements used for billing and reporting.

Contract Service rates are created for each Payor Plan Group under which the service is payable. For example, Case Management - Adolescent is payable under two groups as shown in the table below:

Table 5: Case Management – Adolescent Contract Service Rates

Priority	Procedure/Modifiers	Service Description	Payor Plan Group
1	H0006/HF/HD	Case Management - Adolescent	Children's First
2	H0006/HF/HD	Case Management - Adolescent	General

Services should be paid under the Children's First group as priority 1. If no funds are available, they should be paid under the General group as priority 2.

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
 > Agency List
 Grant Manage...
 GPRA Discharge ...
 GPRA Follow-up ...
 GPRA Follow-up ...
 Overdose Revers...
 > Facility List
 Staff Members
 > Tx Team Groups
 > Billing
 > Contract Manage...
 Contract List
 Contract Servi...
 Cost Reimbur...
 Cost Reimbur...
 Authorization ...
 Fund Transfer ...
 Cross Contrac...
 Authorization ...
 Contract EDI
 Prevention Pla...

Contract Service Rate Profile

Service

Rate Type

Group

Contract

Provider Facility

Contractor

Rate Per Unit

Description

Minimum Billing Units

Minimum Days between Services

ASAM

Priority

Duration Type

Duration

Effective Date

Expiration Date

Created Date

Created By

Updated Date

Updated By

This service/rate may only be added by the Contractor
☐ Yes ☒ No

Figure 61: Contract Service Rate Profile - Case Management – Adolescent, Group = Children’s First

→TEST

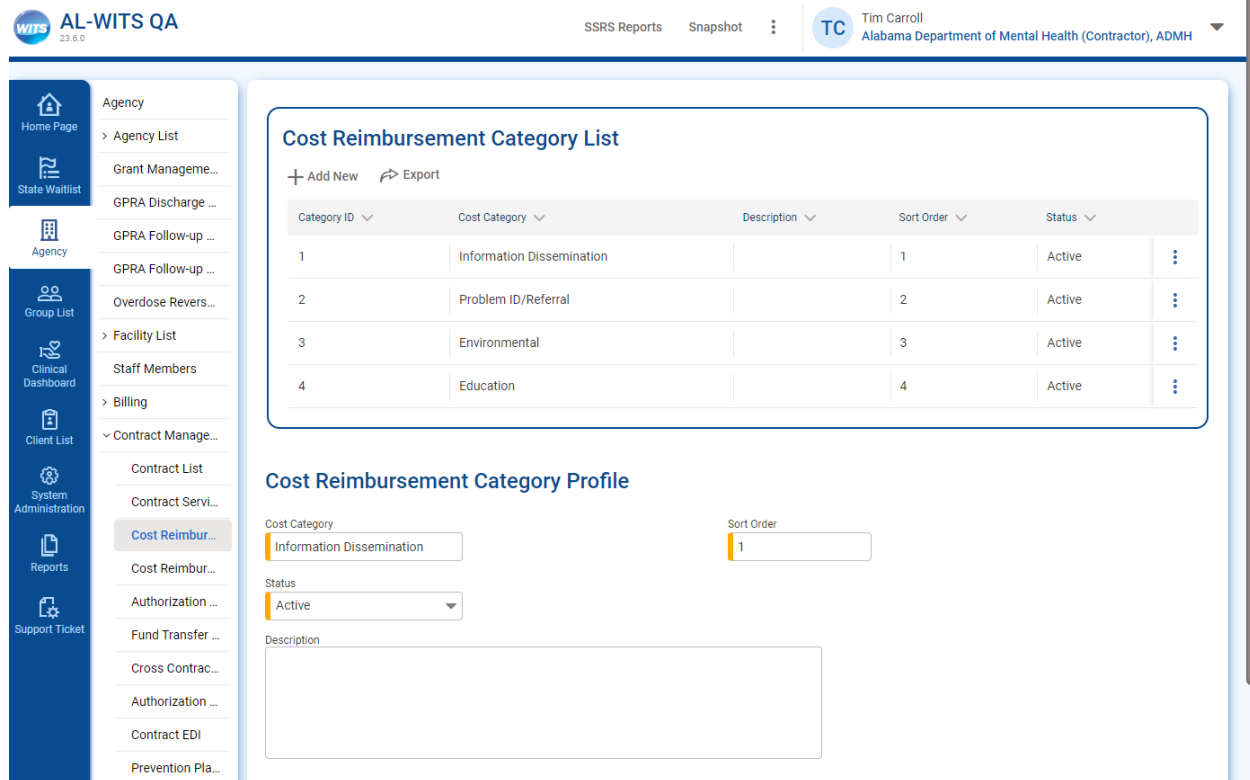
- Version: 24.2 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract Service Rate.
- Click the +Add New Contract Rate button on the Contract Service Rate List.
- Create and save Rates for Services for each group under which the service is payable.
- Test creating multiple rates for the same service, group, and priority.

4.3. Cost Reimbursement Setup

Categories and Line Items must be created to test Cost Reimbursement functionality.

4.3.1. Cost Reimbursement Category

Cost Reimbursement Categories represent the grouping of line items used in a Cost Reimbursement Tier for a provider contract.



The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.6.0, and user information for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains a menu with options like Home Page, Agency List, Grant Management, GPRA Discharge, GPRA Follow-up, Overdose Reversal, Facility List, Staff Members, Billing, Contract Management, Contract List, Contract Services, Cost Reimbursement, Cost Reimbursement, Authorization, Fund Transfer, Cross Contract, Authorization, Contract EDI, and Prevention Plan. The main content area is titled "Cost Reimbursement Category List" and includes a table with columns for Category ID, Cost Category, Description, Sort Order, and Status. Below the table is a "Cost Reimbursement Category Profile" section with fields for Cost Category, Sort Order, Status, and Description.

Category ID	Cost Category	Description	Sort Order	Status
1	Information Dissemination		1	Active
2	Problem ID/Referral		2	Active
3	Environmental		3	Active
4	Education		4	Active

Cost Reimbursement Category Profile

Cost Category: Information Dissemination

Sort Order: 1

Status: Active

Description:

Figure 62: Cost Reimbursement Category List and Profile

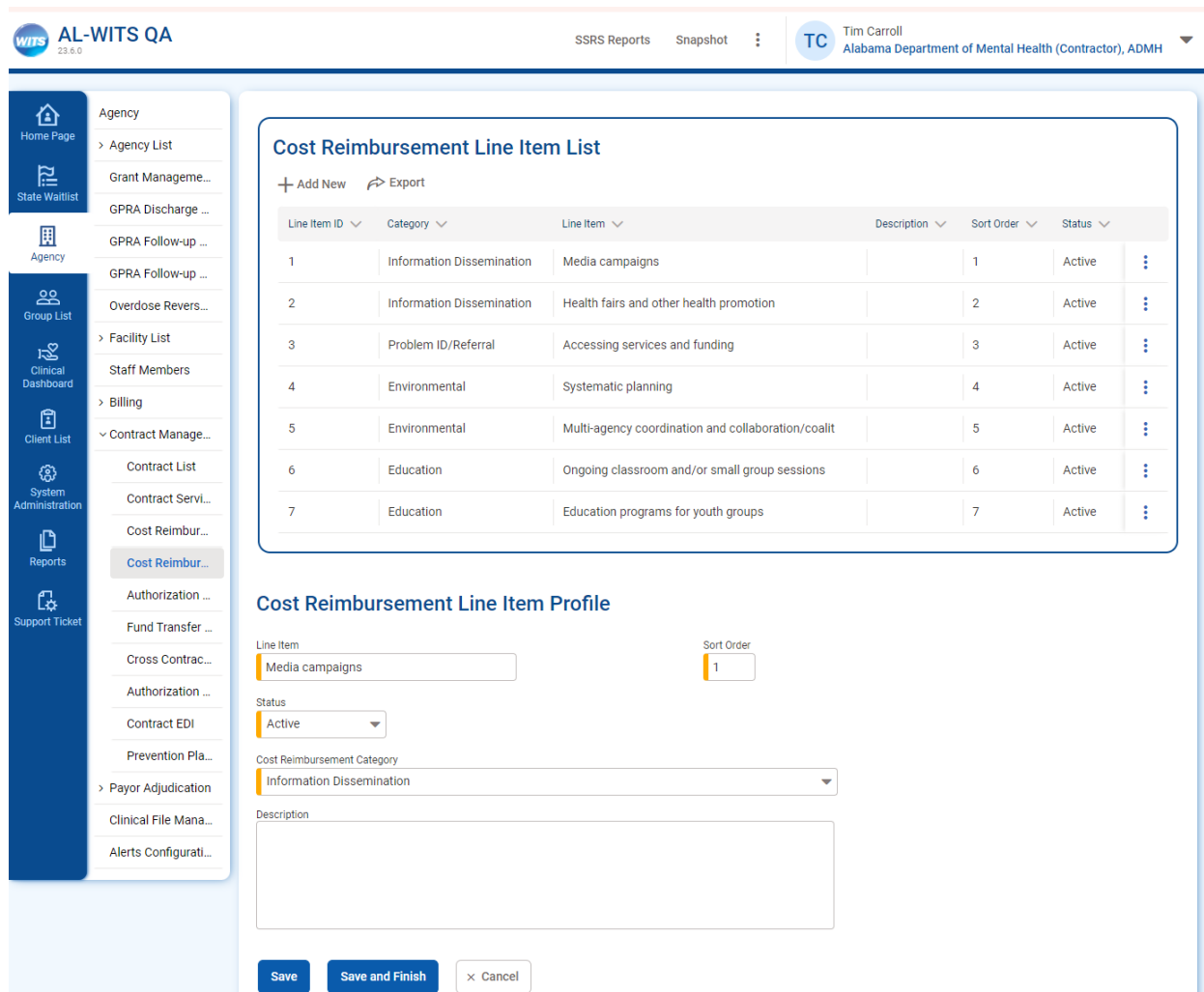
→TEST

- Version: 23.7 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/ Cost Reimbursement Category.
- Create category records as needed. Only active categories may be added to Cost Reimbursement Tiers in a provider contract.

Note: The categories shown in the screenshot are examples from Prevention.

4.3.2. Cost Reimbursement Line Item

Cost Reimbursement Line Items are used in the Cost Reimbursement Tier for a provider contract. Providers submit invoices for line items under the applicable category.



The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.6.0, and user information for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains various navigation options, with 'Cost Reimbur...' highlighted under the 'Contract Manage...' section. The main content area is divided into two sections: 'Cost Reimbursement Line Item List' and 'Cost Reimbursement Line Item Profile'.

Cost Reimbursement Line Item List

Line Item ID	Category	Line Item	Description	Sort Order	Status	
1	Information Dissemination	Media campaigns		1	Active	⋮
2	Information Dissemination	Health fairs and other health promotion		2	Active	⋮
3	Problem ID/Referral	Accessing services and funding		3	Active	⋮
4	Environmental	Systematic planning		4	Active	⋮
5	Environmental	Multi-agency coordination and collaboration/coalit		5	Active	⋮
6	Education	Ongoing classroom and/or small group sessions		6	Active	⋮
7	Education	Education programs for youth groups		7	Active	⋮

Cost Reimbursement Line Item Profile

Line Item: Sort Order:

Status:

Cost Reimbursement Category:

Description:

Buttons:

Figure 63: Cost Reimbursement Line Item List and Profile

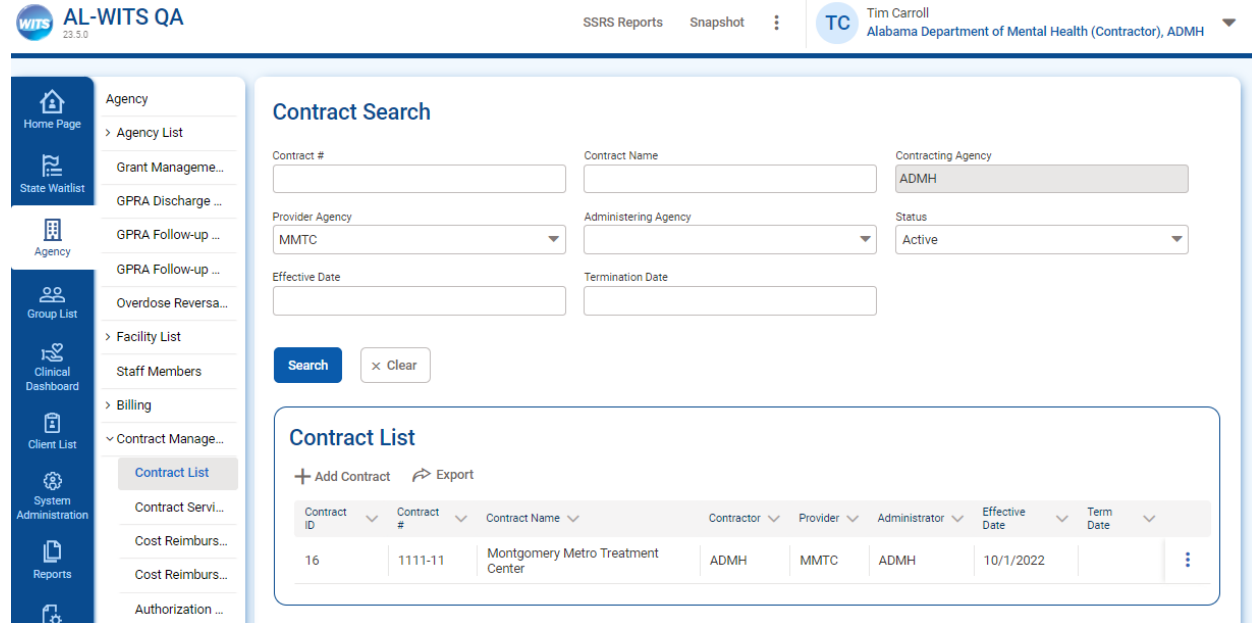
→TEST

- Version: 23.7 and later.
 - Account role(s): Contract Management (Full Access)
 - Select the ADMH agency.
 - Navigate to Agency/Contract Management/ Cost Reimbursement Line Item.
 - Create Line Item records as needed along with the appropriate Category. Only active line items may be added to Cost Reimbursement Tiers in a provider contract.
- Note: The line items shown in the screenshot are examples from Prevention.

4.4. Provider Contracts

One active contract should be created for each provider. The contract may include both the treatment and prevention domains. Alternately, two contracts may be created for the same provider if the domain is different.

An active contract cannot overlap another active contract for the same provider and domain.



The screenshot shows the WITS 23.5.0 AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.5.0, and the user profile 'Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH'. The left sidebar contains various navigation options: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Authorization. The main content area is titled 'Contract Search' and includes several input fields: Contract #, Contract Name, Contracting Agency (set to ADMH), Provider Agency (set to MMTC), Administering Agency, Status (set to Active), Effective Date, and Termination Date. A 'Search' button and a 'Clear' button are present. Below the search fields is a 'Contract List' section with a table showing one active contract.

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	Term Date
16	1111-11	Montgomery Metro Treatment Center	ADMH	MMTC	ADMH	10/1/2022	

Figure 64: Active Contract List for one provider

Agency

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

Agency

- > Agency List
- Grant Manage...
- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Reversa...
- > Facility List
- Staff Members
- > Billing
- > Contract Manage...
- Contract List**
- Contract Servi...
- Cost Reimburs...
- Cost Reimburs...
- Authorization ...
- Fund Transfer ...
- Cross Contrac...
- Authorization ...
- Contract EDI
- Prevention Pla...
- > Payor Adjudication
- Clinical File Mana...
- Alerts Configurati...

✖ An Active contract exists with the selected Agency and Domain. ✖

Contract Profile

^ Hide Context Information

Contract ID	Contract Type	Administering Agency	
Created By	Created Date	Updated By	Updated Date

Contract #

2222-22

Contract Name

MMTC

Effective Date

1/1/2023

Termination Date

Status

Active

Contracting Agency

ADMH

Contracting Agency Contact

Contracting Agency Contact Email

Provider Agency

MMTC

Remit Payment To

Provider Agency Contact

Provider Agency Contact Email

Monthly Cap

Email to Contractor on Provider Submit

☐ On ☒ Off

Domains

Prevention

Selected Domains

Treatment

Save

Save and Finish

✖ Cancel

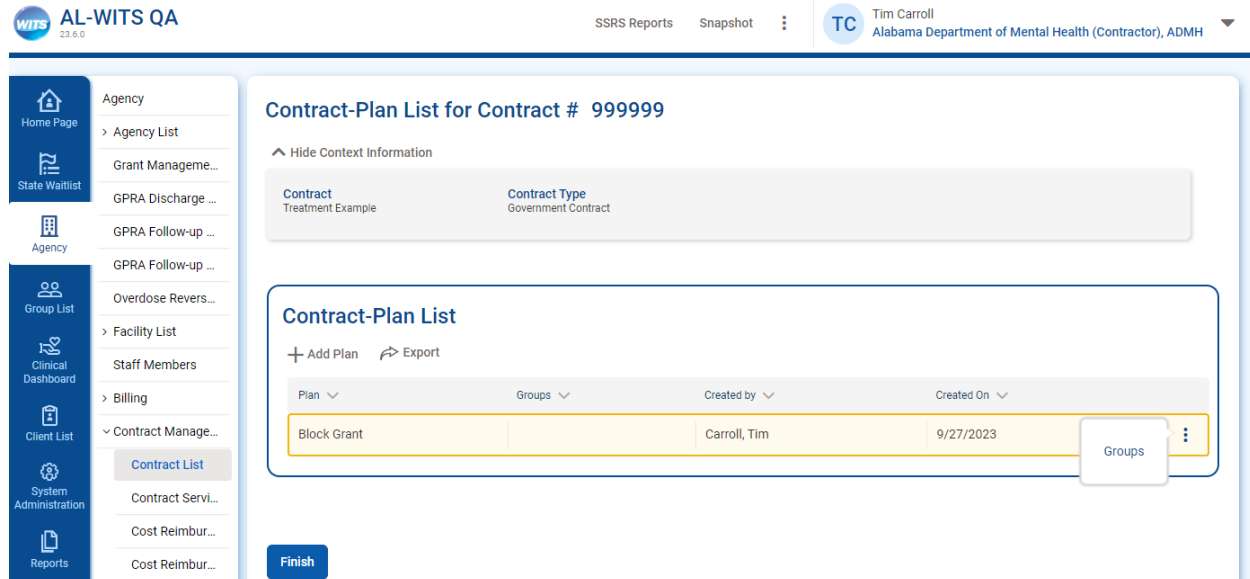
Figure 65: Error Message on overlapping active contracts

→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Search for an active contract and note the selected domain(s) on the profile.
- Click the +Add Contract button on the Contract List.
- Enter an overlapping contract for the same provider and domain with Active status.
- Click the Save button and note error message:
"An Active contract exists with the selected Agency and Domain."
- Change the status to Pending and click the Save button.
- The contract is saved without error.

4.4.1. Associated Plans

Plan(s) and group(s) must be associated to a contract.



Contract-Plan List for Contract # 999999

Hide Context Information

Contract	Contract Type
Treatment Example	Government Contract

Contract-Plan List

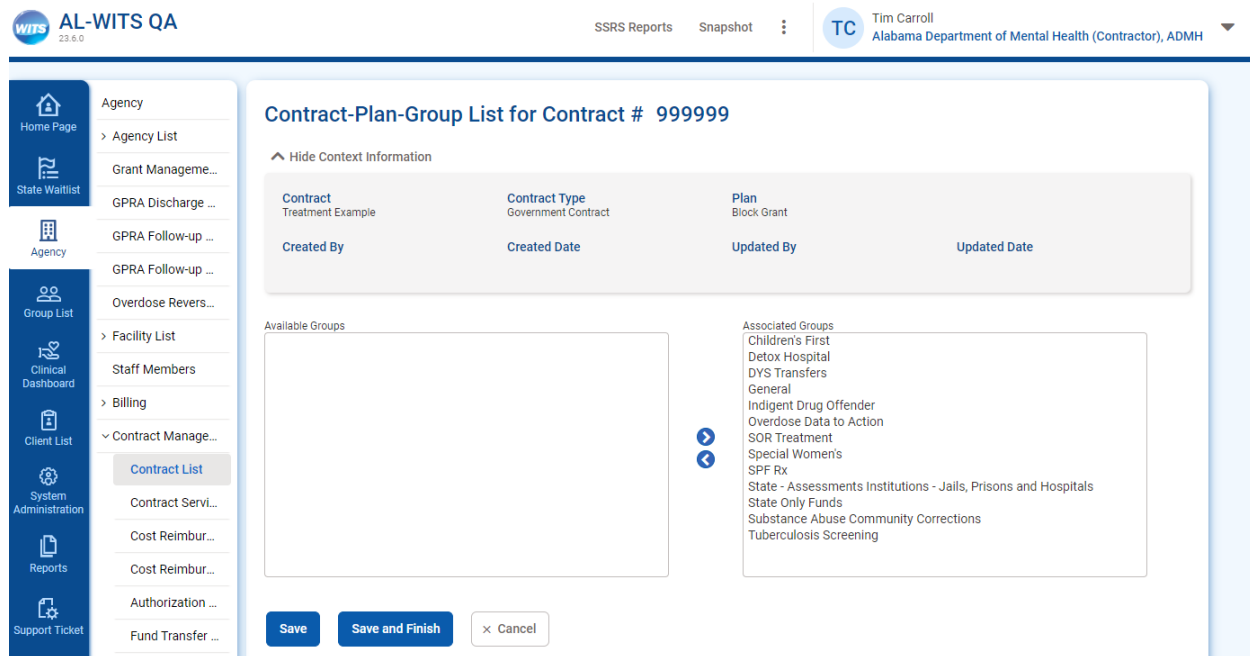
+ Add Plan Export

Plan	Groups	Created by	Created On
Block Grant		Carroll, Tim	9/27/2023

Groups

Finish

Figure 66: Contract Plan List



Contract-Plan-Group List for Contract # 999999

Hide Context Information

Contract	Contract Type	Plan
Treatment Example	Government Contract	Block Grant

Created By	Created Date	Updated By	Updated Date

Available Groups

Associated Groups

- Children's First
- Detox Hospital
- DYS Transfers
- General
- Indigent Drug Offender
- Overdose Data to Action
- SOR Treatment
- Special Women's
- SPF Rx
- State - Assessments Institutions - Jails, Prisons and Hospitals
- State Only Funds
- Substance Abuse Community Corrections
- Tuberculosis Screening

Save Save and Finish x Cancel

Figure 67: Contract Plan Group List

→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.

- Navigate to Agency/Contract Management/Contract List.
- Select a contract and view the profile.
- Click the Associated Plans button.
- Click the +Add Plan button.
- Select a plan from the dropdown that applies to the contract.
Note: Only Government Contract Payor Plans may be associated to a contract. See the Government Contract Payor Plans section under Setup for additional information.
- Click the Save button.
- Select the Groups button from the ellipsis on the Plan List.
- Select the Group(s) that apply to the contract and move them to the Associated Groups box.
Note: See the Government Contract Payor Plans section under Setup for additional information.
- Click the Save and Finish button.

4.4.2. Contracted Facilities

The provider facilities must be added to or excluded from the contract.

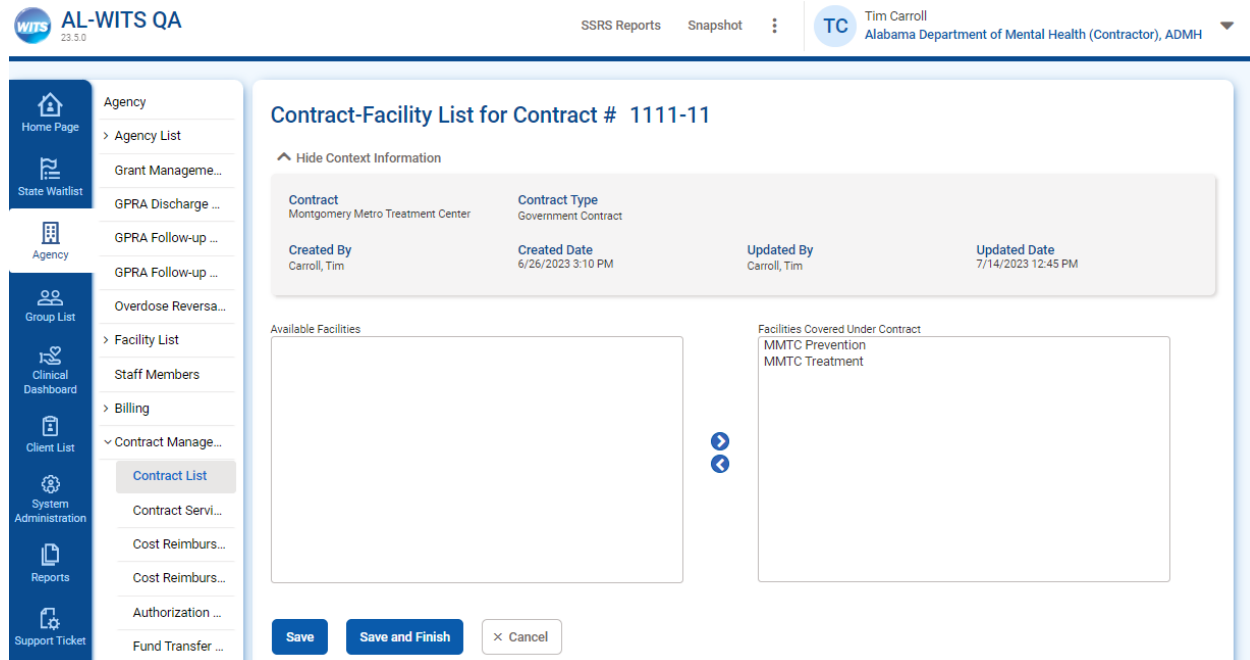


Figure 68: Contract Facility List

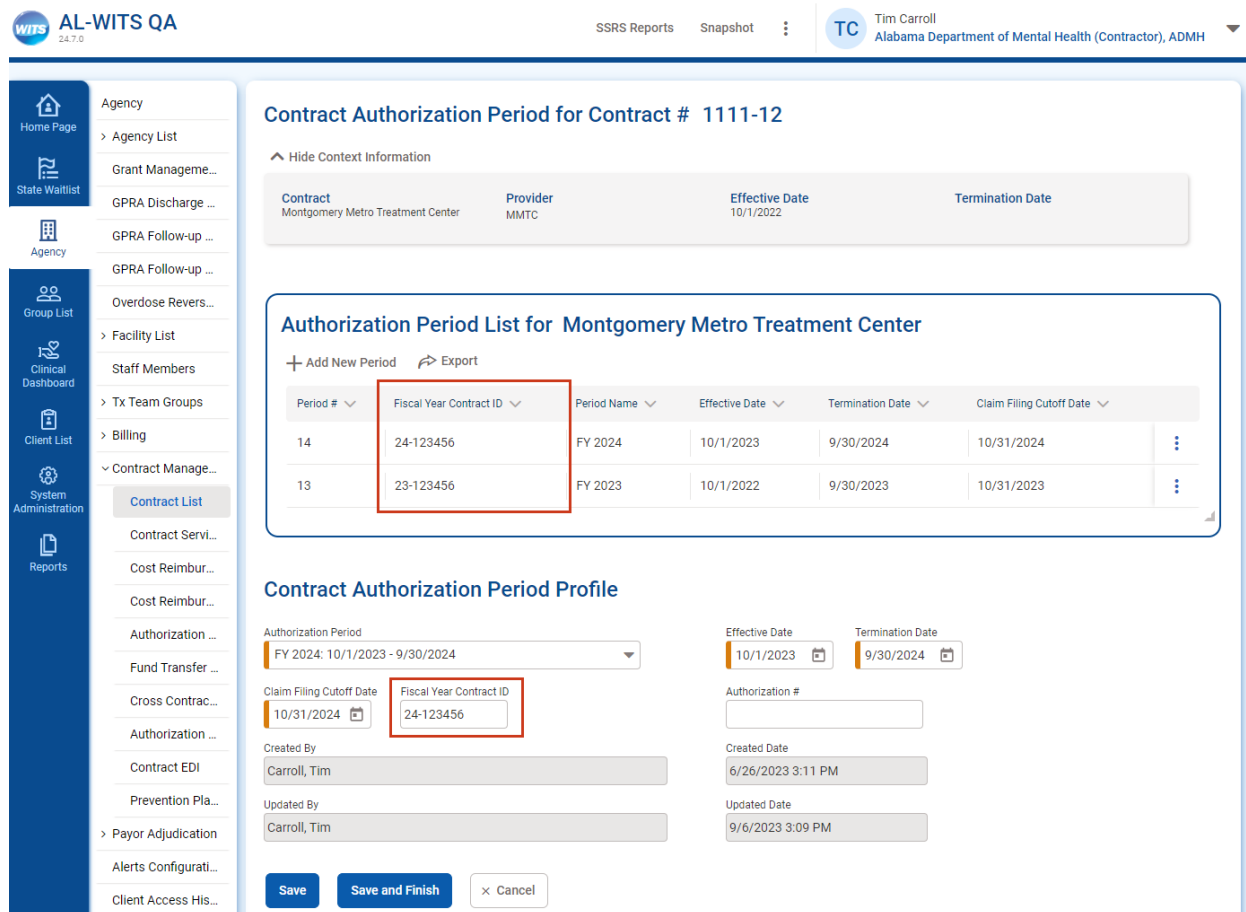
→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Select a contract and view the profile.
- Click the Contracted Facilities button.

- Select the facilities from the Available Facilities list and click the arrow to move them to the Facilities Covered Under the Contract list.
- Click the Save and Finish button.

4.4.3. Contract Authorization Period

Authorization Periods are associated to a contract for each fiscal year. Over time, the same contract will have multiple Authorization Periods. The Fiscal Year Contract ID was added to the period in the 23.6 release. This is an optional field. A similar field was added to the Tier to track the contract



The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.7.0, and user information for Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH. The left sidebar contains various navigation options, with 'Contract Management' selected. The main content area is titled 'Contract Authorization Period for Contract # 1111-12'. It features a table of authorization periods for the Montgomery Metro Treatment Center. The table has columns for Period #, Fiscal Year Contract ID, Period Name, Effective Date, Termination Date, and Claim Filing Cutoff Date. Two periods are listed: Period 14 (FY 2024) and Period 13 (FY 2023). The 'Fiscal Year Contract ID' column is highlighted with a red box. Below the table is the 'Contract Authorization Period Profile' section, which includes fields for Authorization Period, Effective Date, Termination Date, Claim Filing Cutoff Date, and Fiscal Year Contract ID. The 'Fiscal Year Contract ID' field is also highlighted with a red box. The profile section also includes fields for Created By, Updated By, Created Date, and Updated Date. At the bottom of the profile section are buttons for 'Save', 'Save and Finish', and 'Cancel'.

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date
14	24-123456	FY 2024	10/1/2023	9/30/2024	10/31/2024
13	23-123456	FY 2023	10/1/2022	9/30/2023	10/31/2023

Authorization Period	FY 2024: 10/1/2023 - 9/30/2024	Effective Date	10/1/2023	Termination Date	9/30/2024
Claim Filing Cutoff Date	10/31/2024	Fiscal Year Contract ID	24-123456	Authorization #	
Created By	Carroll, Tim	Created Date	6/26/2023 3:11 PM	Updated Date	9/6/2023 3:09 PM
Updated By	Carroll, Tim				

Figure 69: Contract Authorization Period List and Profile

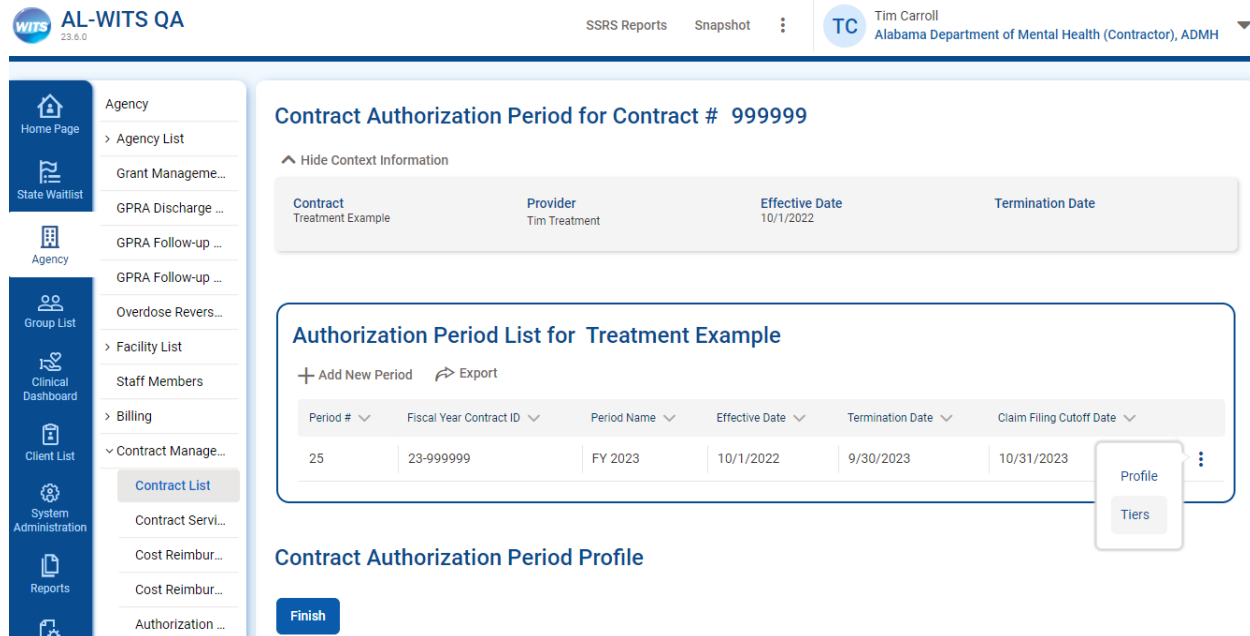
→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Select a contract and view the profile.
- Click the Authorization Period button.
- Note the Fiscal Year Contract ID column in the list.

- Select the Profile for a period in the list. If no periods exist, add one by clicking the +Add New Period button. Note: Authorization periods must be created prior to this step.
- Enter the required fields including Fiscal Year Contract ID for the selected period.
- Click the Save and Finish button.

4.4.3.1. Fee For Service Authorization Period Tiers

Tiers are added to Authorization Periods to reflect the funding by plan-group. Providers bill client services against Fee for Service Tiers. The FS Contract ID field on the tier must be setup correctly for Payment Voucher functionality.



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot

TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Authorization

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Billing
Contract Manage...
Contract List
Contract Servi...
Cost Reimbur...
Cost Reimbur...
Authorization ...

Contract Authorization Period for Contract # 999999

Hide Context Information

Contract	Provider	Effective Date	Termination Date
Treatment Example	Tim Treatment	10/1/2022	

Authorization Period List for Treatment Example

+ Add New Period Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date
25	23-999999	FY 2023	10/1/2022	9/30/2023	10/31/2023

Profile
Tiers

Contract Authorization Period Profile

Finish

Figure 70: Contract Authorization Period List

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

Facility List

Staff Members

Tx Team Groups

Billing

Contract Manage...

Contract List

Contract Servi...

Cost Reimburs...

Cost Reimburs...

Authorization ...

Fund Transfer ...

Cross Contrac...

Authorization ...

Contract EDI

Prevention Pla...

Payor Adjudication

Alerts Configurati...

Client Access His...

Prevention

Contract Tier Management for Contract # 999999

Hide Context Information

Contract Treatment Example	Provider Tim Treatment	Total Authorized \$425,000.00	Effective Date 10/01/2022
End Date 09/30/2023	Claim Filing Cutoff 10/31/2023		

Tier for Authorization Period FY 2023

+ Add New Tier Export

Tier #	Plan-Group	Tier Type	ASAM	FS Contract ID	Current Auth/ Budget Amount	Spent Amount	Status	
33	Block Grant-Children's First	Fee for Service		23ProviderCF	\$50,000.00	\$0.00	Active	
86	Block Grant-Detox Hospital	Fee for Service		23ProviderDetox	\$25,000.00	\$0.00	Active	
34	Block Grant-General	Fee for Service		23ProviderGen	\$250,000.00	\$0.00	Active	
35	Block Grant-Special Women's 2024	Fee for Service		23ProviderSW	\$100,000.00	\$0.00	Active	

Tier Profile

Plan-Group

Block Grant-Children's First

Initial Authorized Amount

\$50,000.00

Tier Type

Fee for Service

Status

Active

ASAM

Monthly Cap

FFS Equivalent

☐ Yes
☒ No

FS Contract ID

23ProviderCF

Created By

Carroll, Tim

Created Date

9/28/2023 9:25 AM

Updated By

Carroll, Tim

Updated Date

8/13/2024 9:09 AM

Save

Save and Finish

Cancel

Figure 71: Authorization Period Tier Profile: Fee for Service

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

Facility List

Staff Members

Tx Team Groups

Billing

Contract Manage...

Contract List

Contract Servi...

Cost Reimburs...

Cost Reimburs...

Authorization ...

Fund Transfer ...

Cross Contrac...

Authorization ...

Contract EDI

Prevention Pla...

Contract Tier Management for Contract # 999999

Hide Context Information

Contract Treatment Example	Provider Tim Treatment	Total Authorized \$425,000.00	Effective Date 10/01/2022
End Date 09/30/2023	Claim Filing Cutoff 10/31/2023		

Tier for Authorization Period FY 2023

+ Add New Tier Export

Tier #	Plan-Group	Tier Type	ASAM	FS Contract ID	Current Auth/ Budget Amount	Spent Amount	Status
33	Block Grant-Children's First	Fee for Service		23ProviderCF	\$50,000.00	\$0.00	Active
86	Block Grant-Detox Hospital	Fee for Service		23ProviderDetox	\$25,000.00	\$0.00	Active
34	Block Grant-General	Fee for Service		23ProviderGen	\$250,000.00	\$0.00	Active
35	Block Grant-Special Women's 2024	Fee for Service		23ProviderSW	\$100,000.00	\$0.00	Active

Tier Profile

Finish

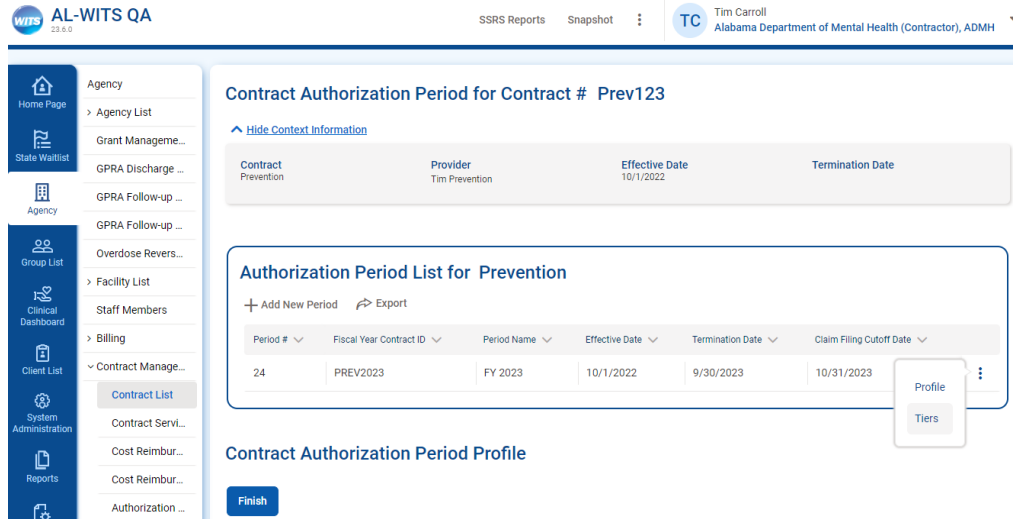
Figure 72: Authorization Period Tier List

→TEST

- Version: 24.8 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Select a contract and view the profile.
- Click the Authorization Period button.
- Select the Tiers button from the ellipsis on the Authorization Period List.
- Click the +Add New Tier button.
- Enter the required fields:
 - Select the Plan-Group.
 - Enter an initial authorized amount.
 - Select the Fee for Service Tier Type.
 - Select the Active Status.
 - Enter the FS Contract ID.
 - Click the Save and Finish button.
- Add additional authorization period tiers that apply to the provider contract.
- Click the Finish button.

4.4.3.2. Cost Reimbursement Authorization Period Tiers

Tiers are added to Authorization Periods to reflect the funding by plan-group. Providers submit invoices against Cost Reimbursement Tiers.



Contract Authorization Period for Contract # Prev123

[Hide Context Information](#)

Contract	Provider	Effective Date	Termination Date
Prevention	Tim Prevention	10/1/2022	

Authorization Period List for Prevention

[+ Add New Period](#) [Export](#)

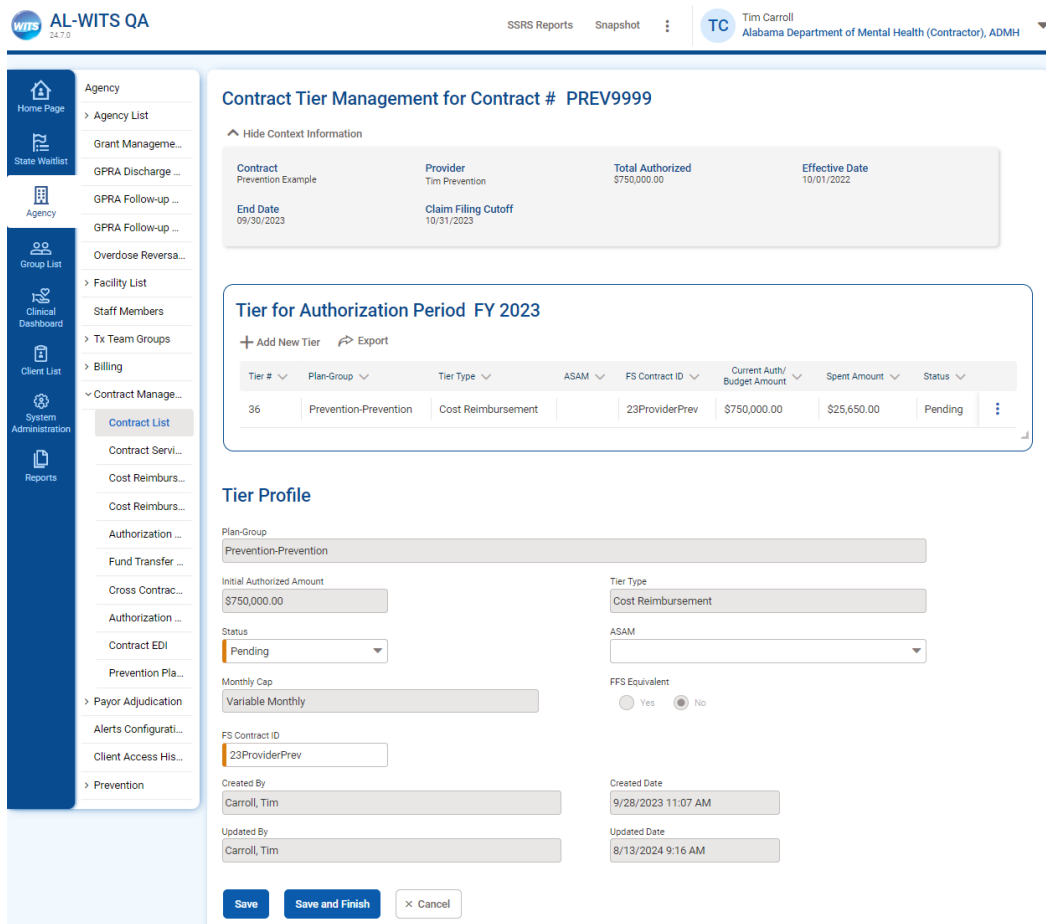
Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date
24	PREV2023	FY 2023	10/1/2022	9/30/2023	10/31/2023

[Profile](#) [Tiers](#)

Contract Authorization Period Profile

[Finish](#)

Figure 73: Contract Authorization Period List



Contract Tier Management for Contract # PREV9999

[Hide Context Information](#)

Contract	Provider	Total Authorized	Effective Date
Prevention Example	Tim Prevention	\$750,000.00	10/01/2022

End Date 09/30/2023 **Claim Filing Cutoff** 10/31/2023

Tier for Authorization Period FY 2023

[+ Add New Tier](#) [Export](#)

Tier #	Plan-Group	Tier Type	ASAM	FS Contract ID	Current Auth/Budget Amount	Spent Amount	Status
36	Prevention-Prevention	Cost Reimbursement		23ProviderPrev	\$750,000.00	\$25,650.00	Pending

Tier Profile

Plan-Group: Prevention-Prevention

Initial Authorized Amount: \$750,000.00

Status: Pending

Monthly Cap: Variable Monthly

FS Contract ID: 23ProviderPrev

Created By: Carroll, Tim

Updated By: Carroll, Tim

Tier Type: Cost Reimbursement

ASAM:

FFS Equivalent: ☐ Yes ☒ No

Created Date: 9/28/2023 11:07 AM

Updated Date: 8/13/2024 9:16 AM


[Save](#) [Save and Finish](#) [Cancel](#)

Figure 74: Authorization Period Tier Profile: Cost Reimbursement


→ TEST

- Version: 24.8 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Select a contract and view the profile.
- Click the Authorization Period button.
- Select the Tiers button from the ellipsis on the Authorization Period List.
- Click the +Add New Tier button.
- Enter the required fields:
 - Select the Plan-Group
 - Enter an initial authorized amount
 - Select the Cost Reimbursement Tier Type
 - Select the Pending Status
Note: A cost reimbursement tier must be created in the Pending Status.
 - Select the Variable Monthly Cap.
Note: The Fixed Monthly Cap may be used, but it limits provider invoices to billing up to 1/12th of the budgeted amount each month.
 - Select No for FFS Equivalent.
 - Enter the FS Contract ID.
 - Click the Save and Finish button.
 - Continue testing Invoice Budget below.

4.4.3.2.1. Invoice Budget


AL-WITS QA

SSRS Reports Snapshot :


TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Managem...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

< Contract Manage...

Contract List

Contract Servi...

Cost Reimbur...

Cost Reimbur...

Authorization ...

Contract Tier Management for Contract # PREV9999

^ Hide Context Information

Contract Prevention Example	Provider Tim Prevention	Total Authorized \$750,000.00	Effective Date 10/01/2022
End Date 09/30/2023	Claim Filing Cutoff 10/31/2023		


Tier for Authorization Period FY 2023

+ Add New Tier ➔ Export


Tier #	Plan-Group	Tier Type	ASAM	Current Auth/ Budget Amount	Spent Amount	Status
36	Prevention-Prevention	Cost Reimbursement		\$750,000.00	\$0.00	<div> Profile Invoice-Budget Delete </div>

Tier Profile

Figure 75: Authorization Period Tier List, Cost Reimbursement Tier


AL-WITS QA

Generate Report SSRS Reports Snapshot :


TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

Agency

> Agency List

Grant Managem...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

< Contract Manage...

Invoice Template/Budget Profile for Prevention Example - PREV9999 - FY 2023

^ Hide Context Information

Invoice Type Cost Reimbursement	Monthly Cap Variable Monthly
Created By	Created Date
Updated By	Updated Date


Categorize Invoice
☒ Yes ☐ No

Save

Save and Finish

× Cancel

Figure 76: Invoice Template/Budget Profile


AL-WITS QA

SSRS Reports Snapshot : **TC** Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Billing
Contract Manage...
Contract List

Line Item Budget Profile for Prevention Example - PREV9999 - FY 2023

Hide Context Information

Available Tier Budget \$750,000.00	Current Budget		
Created By	Created Date	Updated By	Updated Date

Line Item
Media campaigns


Original Budget
25000

Status
Active

Effective MM/YY
10/2022

Save Save and Finish × Cancel

Figure 77: Line Item Budget Profile


AL-WITS QA

Generate Report SSRS Reports Snapshot : **TC** Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Billing
Contract Manage...
Contract List
Contract Servi...
Cost Reimbur...
Cost Reimbur...
Authorization ...
Fund Transfer ...
Cross Contrac...
Authorization ...
Contract EDI
Prevention Pla...
> Payor Adjudication
Clinical File Mana...
Alerts Configurati...

Invoice Template/Budget Profile for Prevention Example - PREV9999 - FY 2023

Hide Context Information

Invoice Type Cost Reimbursement	Monthly Cap Variable Monthly		
Created By Carroll, Tim	Created Date 9/28/2023 11:16 AM	Updated By Carroll, Tim	Updated Date 9/28/2023 11:16 AM

Categorize Invoice
☒ Yes ☐ No

Save Save and Finish × Cancel

Invoice/Budget Line Items

+ Add ➔ Export

Line Item ID	Category	Line Item	Status	Effective	Original Budget	Current Budget	Amount Available
13	Information Dissemination	Media campaigns	Active	10/2022	\$25,000.00	\$25,000.00	\$25,000.00
15	Environmental	Multi-agency coordination and collaboration/coalit	Active	10/2022	\$25,000.00	\$25,000.00	\$25,000.00
14	Education	Ongoing classroom and/or small group sessions	Active	10/2022	\$50,000.00	\$50,000.00	\$50,000.00

Total Budget
\$100,000.00

Total Available
\$100,000.00


Figure 78: Invoice Template/Budget Line Items

→ TEST


- Version: 23.7 and later.
- Select the Invoice-Budget button from the ellipsis on the Tier List.
- Select Yes to Categorize Invoice.
Note: If No is selected, provider invoices will not be categorized by the Cost Reimbursement Category.
- Click the Save button.
- Click the +Add button in the Invoice/Budget Line Items List.
- Enter the required fields:
 - Select the Line Item.
 - Enter the Original Budget for the line item.
 - Select the Active Status.
 - Confirm the Effective month and year.
Note: This field defaults to the first month/year of the contract authorization period. When a later month/year is selected, the provider is prevented from submitting invoices prior to that date.
 - Click the Save and Finish button.
- Add additional Invoice/Budget Line Items that apply to the provider contract.
- Click the Save and Finish button.
- Select the Tier Profile from the ellipsis on the Tier List for the Authorization Period.
- Update the Status to Active.
Note: The status cannot be changed to Active until there is at least one Invoice Template/Budget Line Item.
- Click the Save and Finish button.
Note: Additional tiers may be added to the contract following the steps above.

4.4.4. Cross-Contract List

The Cross-Contract List provides a quick way to see the authorized and spent amounts for all providers and contract tiers. The list may be filtered by various criteria, including Funding Source and Authorization Period. The search results may be exported to Excel.


AL-WITS QA

SSRS Reports Snapshot :


TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
> Billing
> Contract Manage...
Contract List
Contract Servi...
Cost Reimbur...
Cost Reimbur...
Authorization ...
Fund Transfer ...
Cross Contrac...
Authorization ...
Contract EDI
Prevention Pla...
> Payor Adjudication

Cross-Contract Search

Funding Source
Contracting Agency
ADMH
Population
Provider Agency
Authorization Period
FY 2024
Administering Agency
% Available
ASAM Level of Care

Search x Clear

Contract Tier

Export

Contract ID	Contract #	Contract Name	Plan	Group	ASAM	Auth Amt	Spent Amt	FY
16	1111-11	Montgomery Metro Treatment Center	Block Grant	Children's First		\$5,000.00	\$0.00	FY 2024
32	TIMTESTPROVIDER	Tim's Test Provider	Block Grant	Children's First		\$50,000.00	\$0.00	FY 2024
33	123-11	CGE	Block Grant	Children's First		\$10,000.00	\$0.00	FY 2024
35	BRC001	Birmingham Recovery Center	Block Grant	Children's First		\$50,000.00	\$0.00	FY 2024
16	1111-11	Montgomery Metro Treatment Center	Block Grant	Detox Hospital		\$100.00	\$100.00	FY 2024
32	TIMTESTPROVIDER	Tim's Test Provider	Block Grant	Detox Hospital		\$75,000.00	\$0.00	FY 2024
32	TIMTESTPROVIDER	Tim's Test Provider	Block Grant	DYS Transfers		\$75,000.00	\$0.00	FY 2024
32	TIMTESTPROVIDER	Tim's Test Provider	Block Grant	General		\$210,000.00	\$0.00	FY 2024

Figure 79: Cross-Contract List filtered for FY 2024

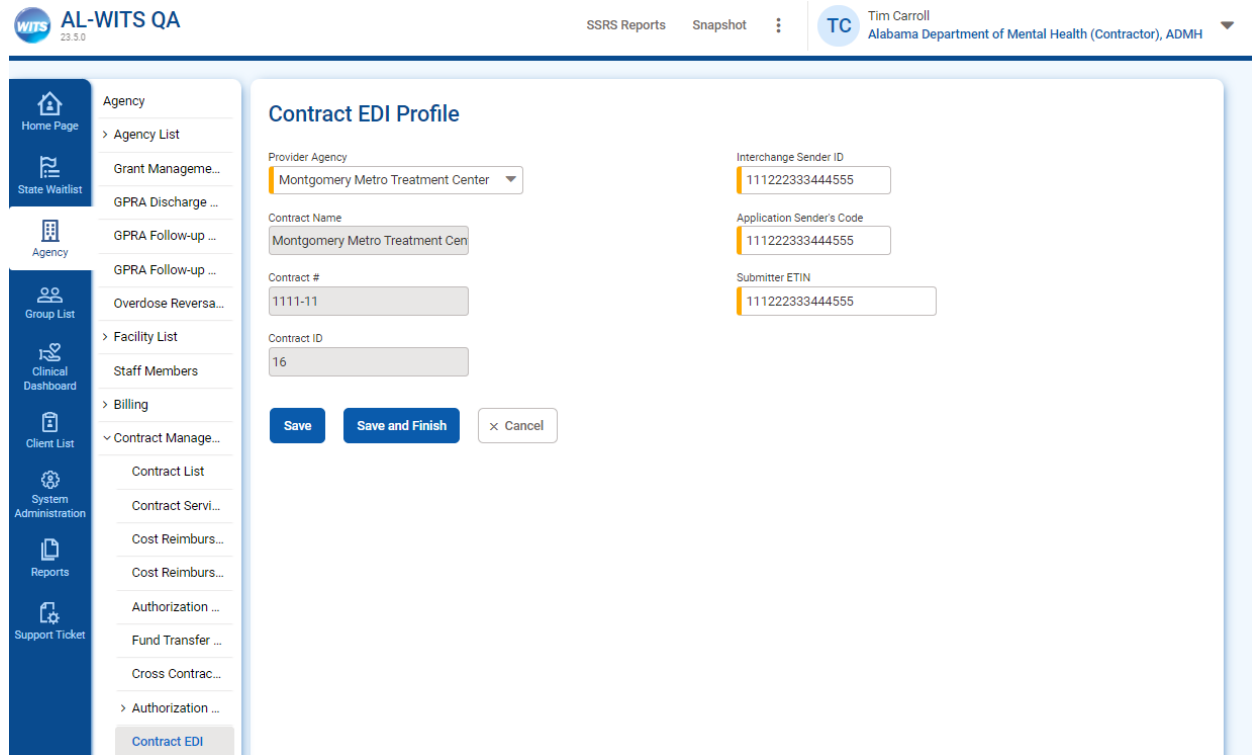
→TEST

- Version: 23.7 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Cross Contract List.
- Enter search criteria and click the Search button.
- View the resulting Contract Tier List.
- Click the Export button to export the results to Excel.

4.5. Provider Billing Setup

4.5.1. Contract EDI

The Contract EDI record is used to validate inbound 837s and to create the outbound 835. ADMH must create a Contract EDI record for all providers, even if they do not submit 837 files.



The screenshot shows the WITS 23.5.0 AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH". The left sidebar contains a menu with options like "Home Page", "State Waitlist", "Agency", "Group List", "Clinical Dashboard", "Client List", "System Administration", "Reports", and "Support Ticket". The main content area is titled "Contract EDI Profile" and contains the following fields:

- Provider Agency:** Montgomery Metro Treatment Center (dropdown menu)
- Interchange Sender ID:** 111222333444555
- Contract Name:** Montgomery Metro Treatment Cen
- Application Sender's Code:** 111222333444555
- Contract #:** 1111-11
- Submitter ETIN:** 111222333444555
- Contract ID:** 16

At the bottom of the form are three buttons: "Save", "Save and Finish", and "Cancel".

Figure 80: Contract EDI Profile (ADMH Agency)

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

Agency

- > Agency List
- Grant Manage...
- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Reversa...
- > Facility List
- Staff Members
- > Billing
- > Contract Manage...
- Contract List
- Contract Servi...
- Cost Reimburs...
- Cost Reimburs...
- Authorization ...
- Fund Transfer ...
- Cross Contrac...
- Contract EDI

Contract EDI Profile

Contracting Agency	Provider Agency
Alabama Department of Mental He	Montgomery Metro Treatment Center
Interchange Sender ID	Contract Name
111222333444555	Montgomery Metro Treatment Cen
Application Sender's Code	Contract #
111222333444555	1111-11
Submitter ETIN	Contract ID
111222333444555	16
Receiver Name	Interchange Receiver ID
ADMH	300002373
Application Receiver's Code	Receiver ETIN
300002373	300002373
Payor Name	Payor ID
ADMH	300002373

Finish

Figure 81: Contract EDI Profile (Provider Agency)

Note: The receiver and payor names and IDs are entered on the ADMH Agency Profile.

→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract EDI.
- Click the +Add Contract EDI button.
- Enter the required fields.
Note: ADMH should assign unique values for each provider, and it is recommended to use the same value for all three fields. Values are limited to 15 characters (837P requirement).
- Click the Save and Finish button.

4.5.2. Government Contract Payor Plan, Agency Profile

ADMH must complete the Agency Profile for each Government Contract Payor Plan for each agency. The information on this screen is required, but the values are not used in the billing process.

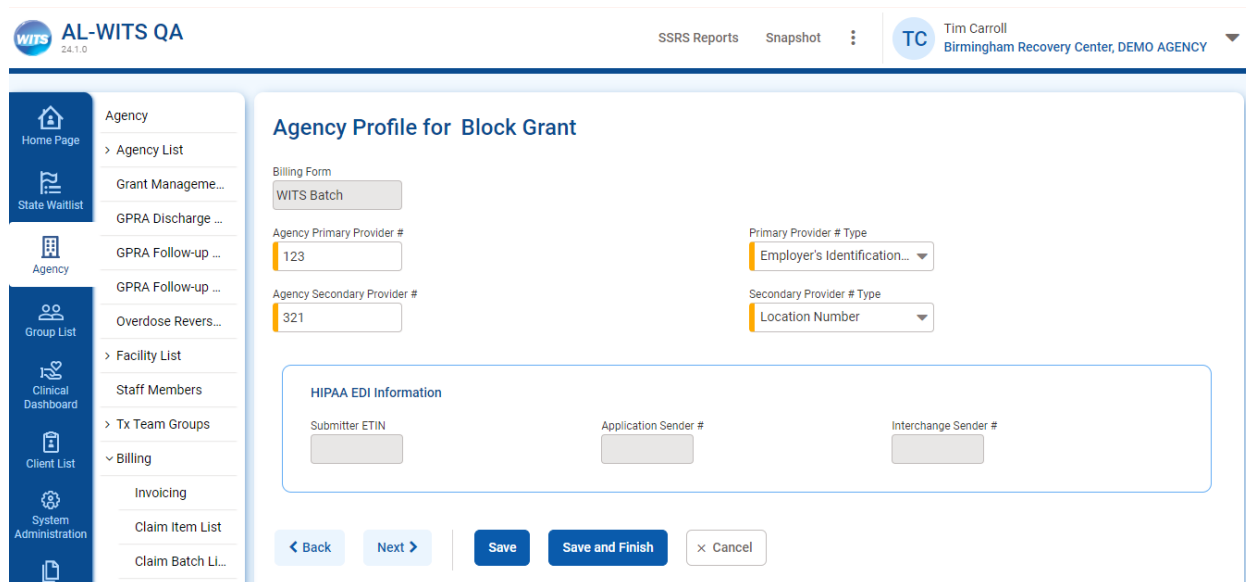


Figure 82: Government Contract Payor Plan, Agency Profile (Provider Agency)

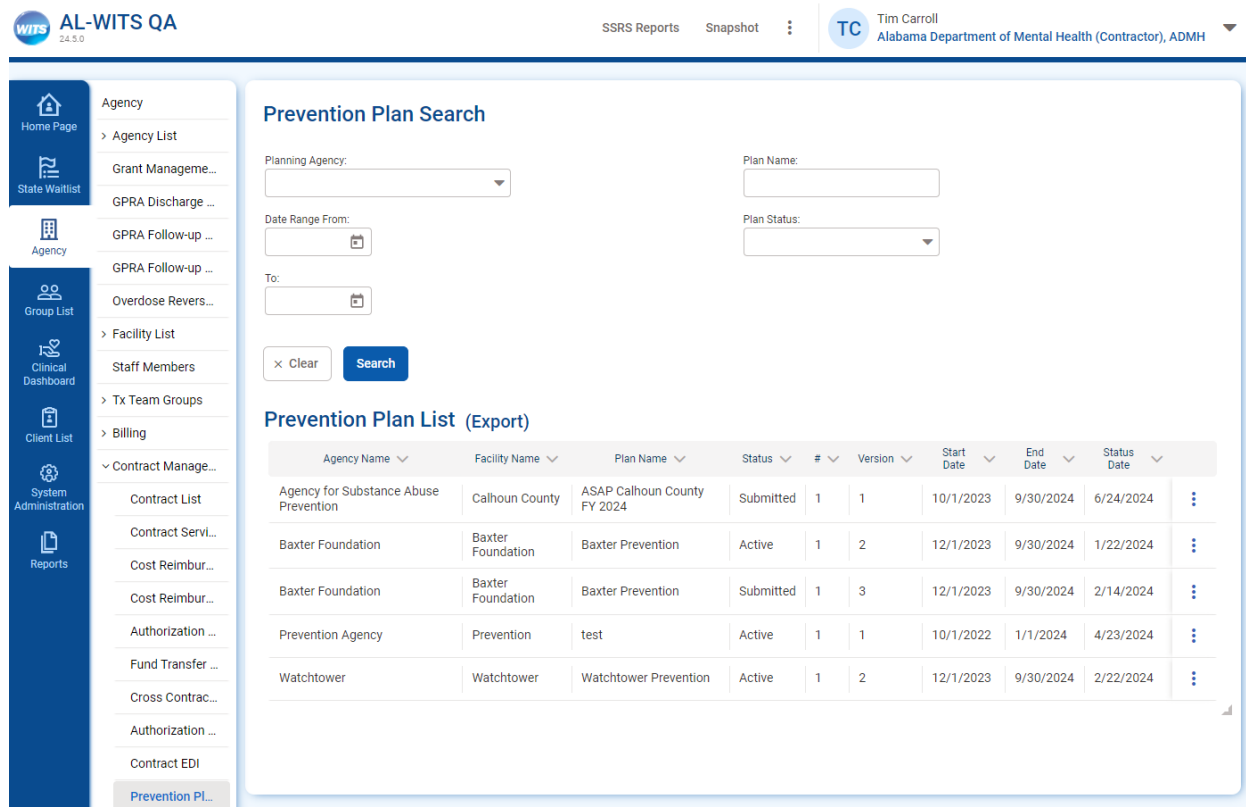
→TEST

- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access), Agency Billing OR WITS Billing Administrator
- Select the Provider agency.
- Navigate to Agency/Billing/Payor Plan List.
- Search for Plan Type = Government Contract.
- Select the Profile button under the ellipsis and click the Next button twice to get to the Agency Profile for [Payor Plan].
- Enter the four required fields (any value may be entered for the provider numbers).
- Click the Save and Finish button.
- Repeat for each Government Contract payor plan and each agency.

4.6. Prevention Plans

ADMH reviews and approves prevention plans from the Contract Management menu. See the Prevention Management section below for provider responsibilities.

4.6.1. Review Submitted Plan



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, the text "AL-WITS QA 24.5.0", and user information "TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH". The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Prevention Plan Search" and includes search filters for Planning Agency, Plan Name, Date Range From, To, and Plan Status. Below the search filters is a "Prevention Plan List (Export)" table.

Agency Name	Facility Name	Plan Name	Status	#	Version	Start Date	End Date	Status Date	
Agency for Substance Abuse Prevention	Calhoun County	ASAP Calhoun County FY 2024	Submitted	1	1	10/1/2023	9/30/2024	6/24/2024	⋮
Baxter Foundation	Baxter Foundation	Baxter Prevention	Active	1	2	12/1/2023	9/30/2024	1/22/2024	⋮
Baxter Foundation	Baxter Foundation	Baxter Prevention	Submitted	1	3	12/1/2023	9/30/2024	2/14/2024	⋮
Prevention Agency	Prevention	test	Active	1	1	10/1/2022	1/1/2024	4/23/2024	⋮
Watchtower	Watchtower	Watchtower Prevention	Active	1	2	12/1/2023	9/30/2024	2/22/2024	⋮

Figure 83: Contract/Prevention Plans List

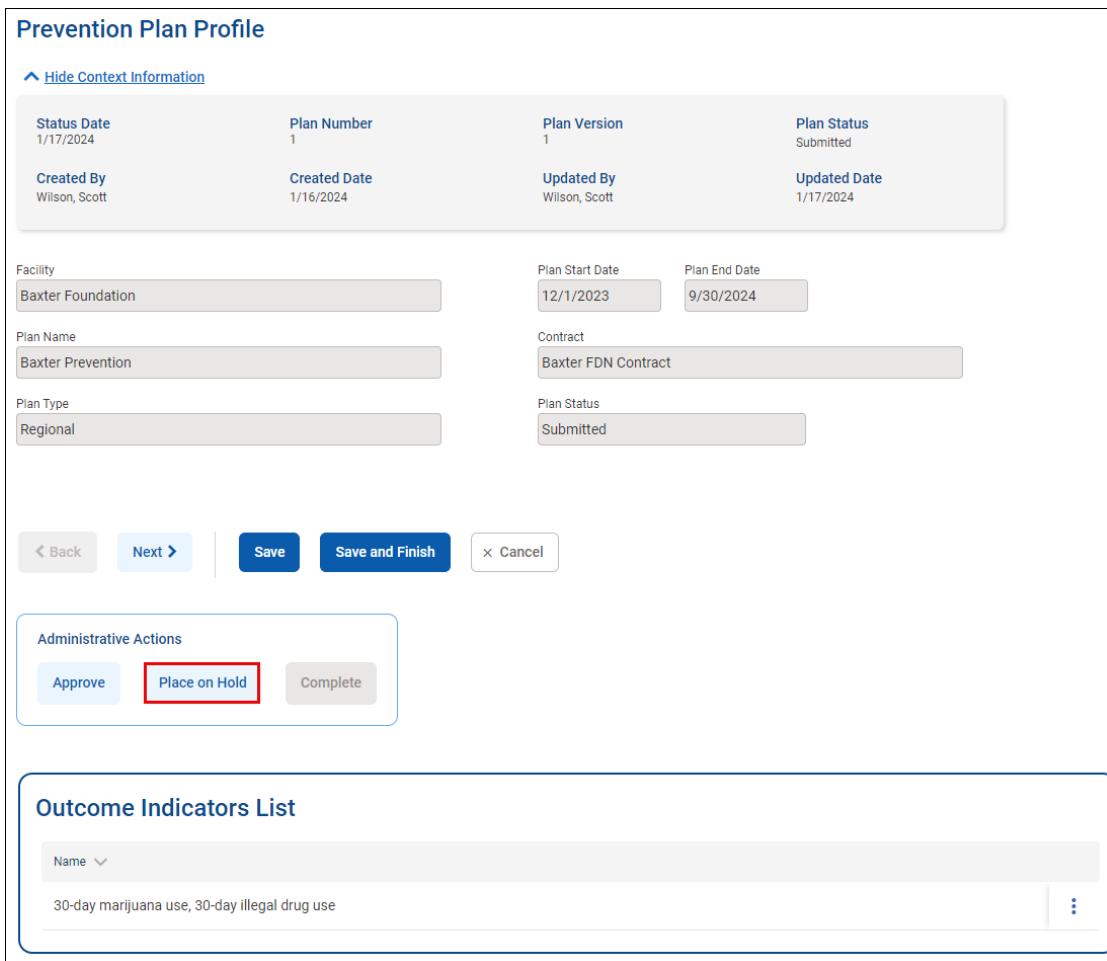
→TEST

- Version: 23.6 and later.
 - Account role(s): Contract Management (Full Access), Prevention (Full Access), Prevention Plan (Full Access).
 - Prerequisite: Create and submit a Prevention Plan from a Prevention Agency. See the Prevention section below for additional information.
 - Select the ADMH Agency.
 - Select the Plan for review.
- Note: There are two ways to locate the submitted plan:
- 1) Navigate to Agency/Contract Management/Prevention Plans.
 - Search for the submitted plan using one or more search criteria.
 - Click the Review button on the ellipsis for the selected plan.
 - 2) Navigate to Agency/Contract Management/Contract List

- Search for the contract with the prevention agency.
- Click the Profile button on the ellipsis for the selected contract.
- Click the Prevention Plans button in the Administrative Actions section of the Contract Profile.
- Click the Review button on the ellipsis for the selected plan.
- Review each section using the Review button in each list.
 - Click the Next button from the Profile to view the Plan Outline.
 - Click the Next button from the Outline to view the Planned Strategies.

4.6.2. Hold Plan

After reviewing the plan, ADMH may need to send it back to the submitting provider for adjustments. This is done by placing the plan in the on-hold status.



Prevention Plan Profile

[Hide Context Information](#)

Status Date 1/17/2024	Plan Number 1	Plan Version 1	Plan Status Submitted
Created By Wilson, Scott	Created Date 1/16/2024	Updated By Wilson, Scott	Updated Date 1/17/2024

Facility:
 Plan Start Date:
 Plan End Date:

Plan Name:
 Contract:

Plan Type:
 Plan Status:

Administrative Actions

Outcome Indicators List

Name

Figure 84: Prevention Plan, Place on Hold

Continued from Review Submitted Plan section above.

- Click the Place on Hold button in the Administrative Actions section of the Prevention Plan Profile.
- Add an On Hold Reason Note.
- Click the Save and Finish button.

- Note the Status is On Hold.
- Navigate to the provider agency.
- Navigate to Agency/Prevention/Plan
- Locate the prevent plan and note the Status is On Hold.
- Click the Review button on the ellipsis.
- View the On Hold Reason.

4.6.3. Approve Plan

Prevention Plan Profile

^ Hide Context Information

Status Date 1/23/2024	Plan Number 1	Plan Version 1	Plan Status Submitted
Created By Wilson, Scott	Created Date 1/23/2024	Updated By Wilson, Scott	Updated Date 1/23/2024

Facility
Watchtower

Plan Start Date
12/1/2023

Plan End Date
9/30/2024

Plan Name
Watchtower Prevention

Contract
Watchtower Prevention

Plan Type
Regional

Plan Status
Submitted

Back
Next

Save
Save and Finish
Cancel

Administrative Actions

Approve
Place on Hold
Complete

Figure 85: Prevention Plan, Approve

→TEST

Continued from Review Submitted Plan section above.

- Click the Approve button in the Administrative Actions section of the Prevention Plan Profile.
- Note the Status is Active.

5. CLIENT MANAGEMENT

Client records are created in the provider agencies.

Note: Client records may be created in the ADMH agency for testing purposes; however, clients must be created in the provider agencies to test the complete billing workflow and mirror a production environment.

5.1. Client Profile

The client record exists under the provider agency:

Agency	Facility	Program
		

Figure 86: Simplified Clinical Workflow, Client record

RA

ADULT, Robert

41

987 65th St
Birmingham, Alabama 11111

2/2/1982
DOB

Male
SEX

PREFERRED METHOD OF CONTACT

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Client List

Client Profile

Alternate Nam...

Additional Info...

Contact Info

Collateral Cont...

Other Numbers

History

Client Group E...

Employment

Client External...

Linked Consents

Non-Episode Cont...

Activity List

Episode List

Hide Context Information

Unique Client Number
Q663636HE252544

State Client ID

State Client ID

Created By
Carroll, Tim

Created Date
12/7/2023 10:15 AM

Updated By
Carroll, Tim

Updated Date
12/7/2023 10:15 AM

First Name
Robert

Middle Name

Last Name
Adult

Mother's Maiden Name

Suffix

Sex at Birth
Male

Gender Identity

DOB
2/2/1982

SSN
002-02-1982

Provider Client ID

Driver's License

Has paper file
☒ Yes ☐ No

Upload Profile Image

No File Selected... Browse Upload

< Back

Next >

Save

Save and Finish

× Cancel

Alternate Names

+ Add

Currently, there are no results to display for Alternate Names.

Addresses

+ Add

Address Type	Address	Confidential	Created	Updated	
Client Home	987 65th St, Birmingham, AL 11111	No	12/7/2023	12/7/2023	⋮

Figure 87: Client Profile

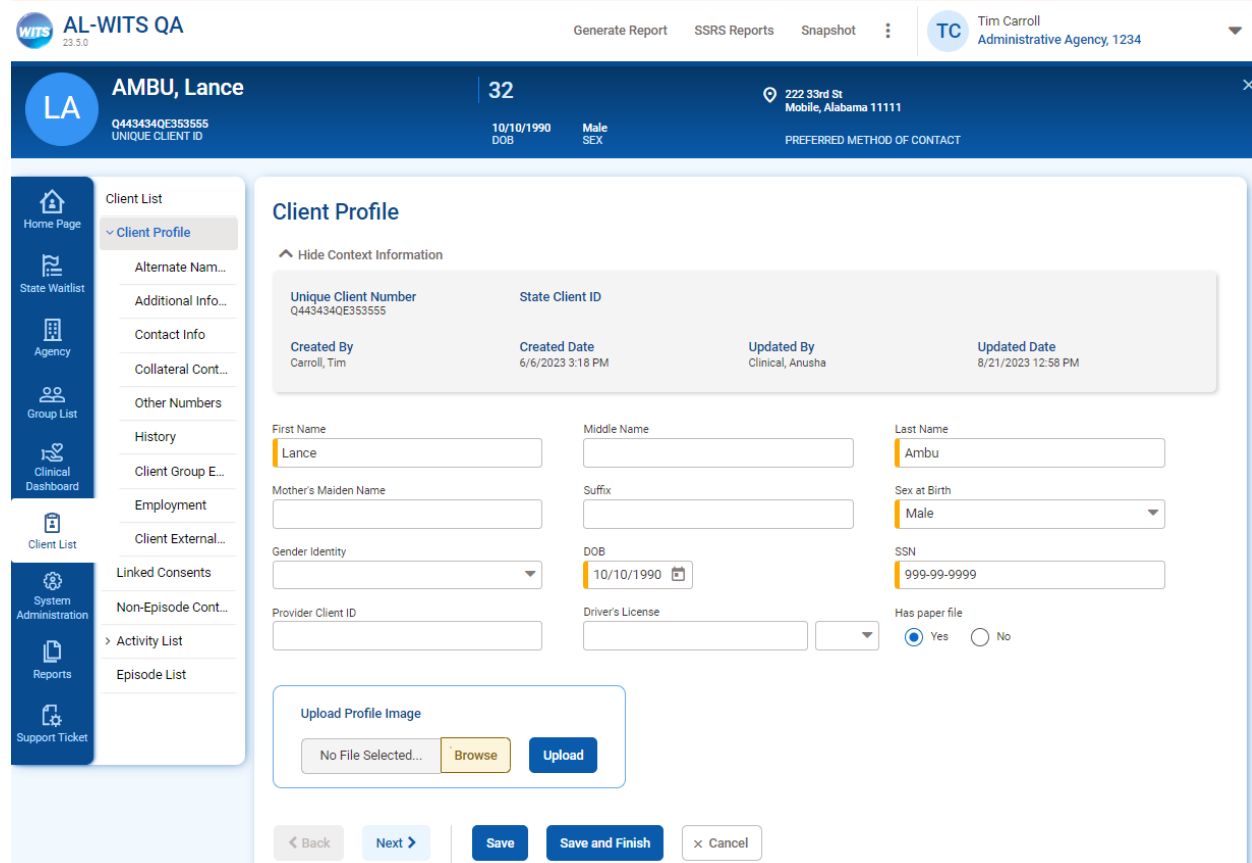
→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List.
- Click the +Add Client button
- Enter the required fields on each screen (client profile, additional information, and contact info.
- Click the Save and Finish button.
- Navigate to Activity List and view the Client activity (viewing the activity list requires an Intake. See the Treatment Episode section below for additional information).

5.1.1. Additional Client Profile testing

The client profile was updated as follows:

- SSN 999-99-9999 may be entered for multiple clients without triggering the unique SSN check.
- The “Sex” label was changed to “Sex at Birth.”
- Available Sex at Birth values are Male and Female.



WITS AL-WITS QA 23.5.0 Generate Report SSRS Reports Snapshot TC Tim Carroll Administrative Agency, 1234

LA AMBU, Lance **32** **10/10/1990** **Male** **222 33rd St Mobile, Alabama 11111**

Q443434QE353555 **10/10/1990** **DOB** **Male** **SEX** **222 33rd St Mobile, Alabama 11111** **PREFERRED METHOD OF CONTACT**

Client Profile

Hide Context Information

Unique Client Number	State Client ID
Q443434QE353555	32

Created By	Created Date	Updated By	Updated Date
Carroll, Tim	6/6/2023 3:18 PM	Clinical, Anusha	8/21/2023 12:58 PM

First Name: Middle Name: Last Name:

Mother's Maiden Name: Suffix: Sex at Birth:

Gender Identity: DOB: SSN:

Provider Client ID: Driver's License: Has paper file: ☒ Yes ☐ No

Upload Profile Image

No File Selected...

Figure 88: Client Profile showing SSN 999-99-9999 and Sex at Birth field

WITS AL-WITS QA 23.5.0 SSRS Reports Snapshot TC Tim Carroll Administrative Agency, 1234

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

- Client List
- > Client Profile
- Linked Consents
- Non-Episode Cont...
- > Activity List
- Episode List

Client Search

Facility: First Name: Last Name: Unique Client Number:
 SSN: DOB: AL-WITS QA Client Id: Provider Client ID:
 Agency: Primary Care Staff: Treatment Staff: Intake Staff:
 Case Status: Number Type: Other Number: Include Only Active Consents: ☒ Yes ☐ No

Client List

+ Add Client

Full Name	Unique Client #	SSN
T1 1, Test 9/7/2000 Female	J314412D5894644	999-99-9999
LA AMBU, Lance 10/10/1990 Male	Q443434QE353555	999-99-9999
TA ANN, Test 8/2/2000 Female	J264433RE334644	999-99-9999

Figure 89: Client List showing multiple clients with SSN 999-99-9999

WITS AL-WITS QA 23.5.0 Generate Report SSRS Reports Snapshot TC Tim Carroll Administrative Agency, 1234

T1

1, Test

23

9/7/2000 DOB

Female SEX

Alabama 22222

PREFERRED METHOD OF CONTACT

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

- Client List
- > Client Profile
- Alternate Nam...
- Additional Info...
- Contact Info
- Collateral Cont...
- Other Numbers
- History
- Client Group E...
- Employment
- Client External...
- Linked Consents
- Non-Episode Cont...
- > Activity List
- Episode List

The Social Security Number is not unique.

Client Profile

Hide Context Information

Unique Client Number: J314412D5894644
 State Client ID:
 Created By: emirineni, anusha
 Created Date: 9/27/2021 3:52 PM
 Updated By: Pan, Ran
 Updated Date: 8/14/2023 1:14 PM

First Name: Middle Name: Last Name:
 Mother's Maiden Name: Suffix: Sex at Birth:
 Gender Identity: DOB: SSN:
 Provider Client ID: Driver's License: Has paper file: ☒ Yes ☐ No

Figure 90: Client Profile showing duplicate SSN error message and Sex at Birth field

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List.
- Test adding multiple clients with SSN 999-99-9999.
 - Click the +Add Client button
 - Enter a client record with SSN 999-99-9999.
 - Enter remaining required fields.
 - Observe Sex at Birth label and values Male, Female.
 - Click the Save and Finish button
 - Follow steps above and enter another client with SSN 999-99-9999.
 - Observe multiple client records with SSN 999-99-9999 can be saved without error.
- Test multiple clients with the same SSN (not 999-99-9999).
 - Follow steps above to enter multiple clients with the same SSN (not 999-99-9999).
 - Observe error message when saving a client record with the same SSN as another client in the agency.
- Navigate to Activity List and view the Client activity.

5.1.2. Collateral Contacts

Collateral contacts may be added to the client record to keep track of family members, parole officers, teachers, etc.

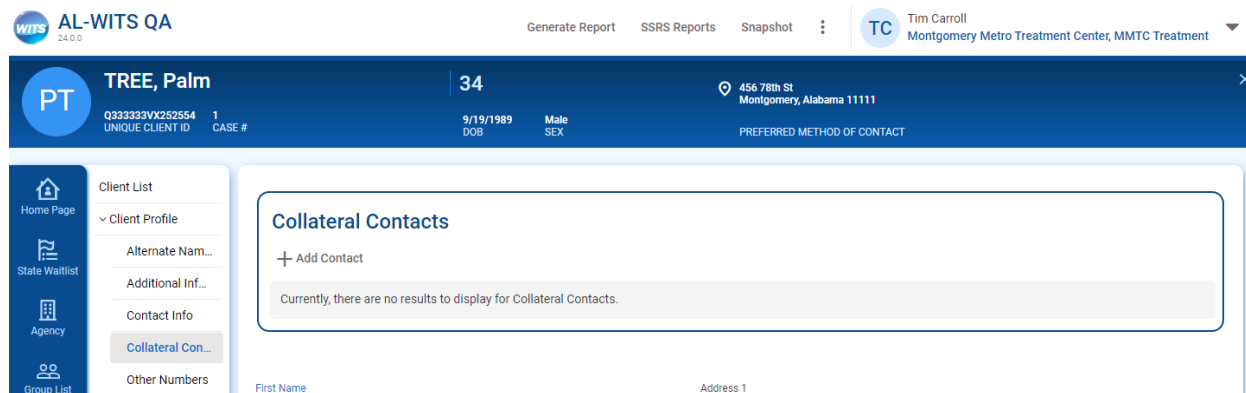


Figure 91: Client Collateral Contacts

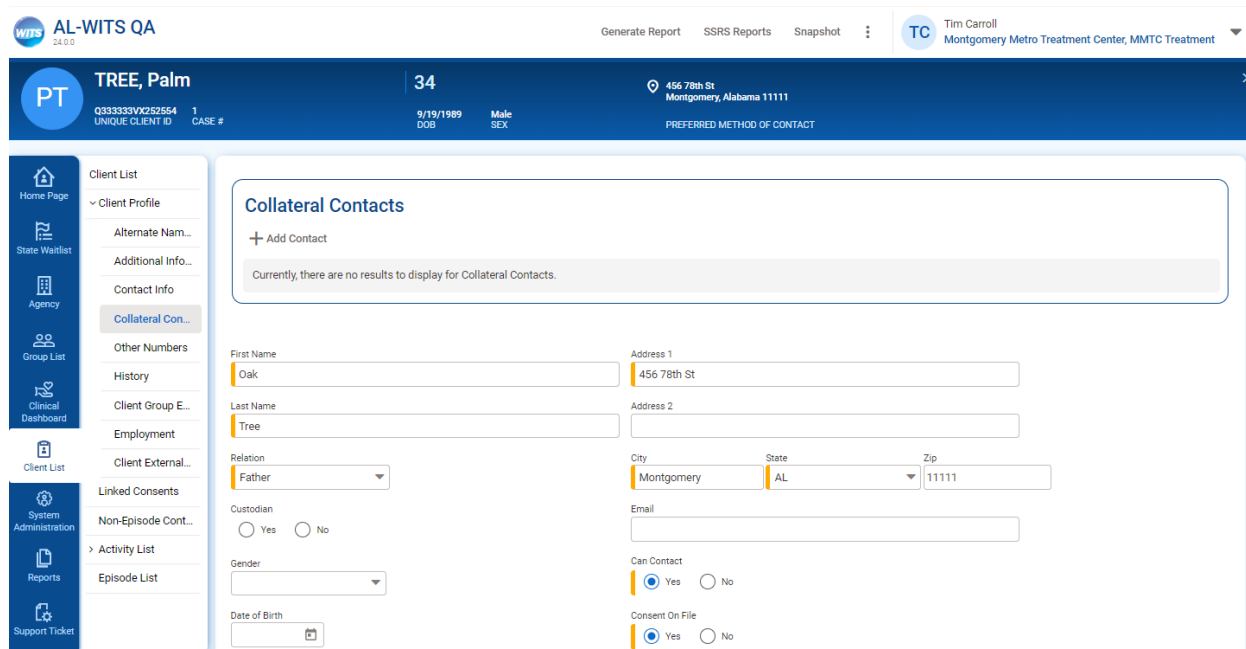


Figure 92: Collateral Contact Profile

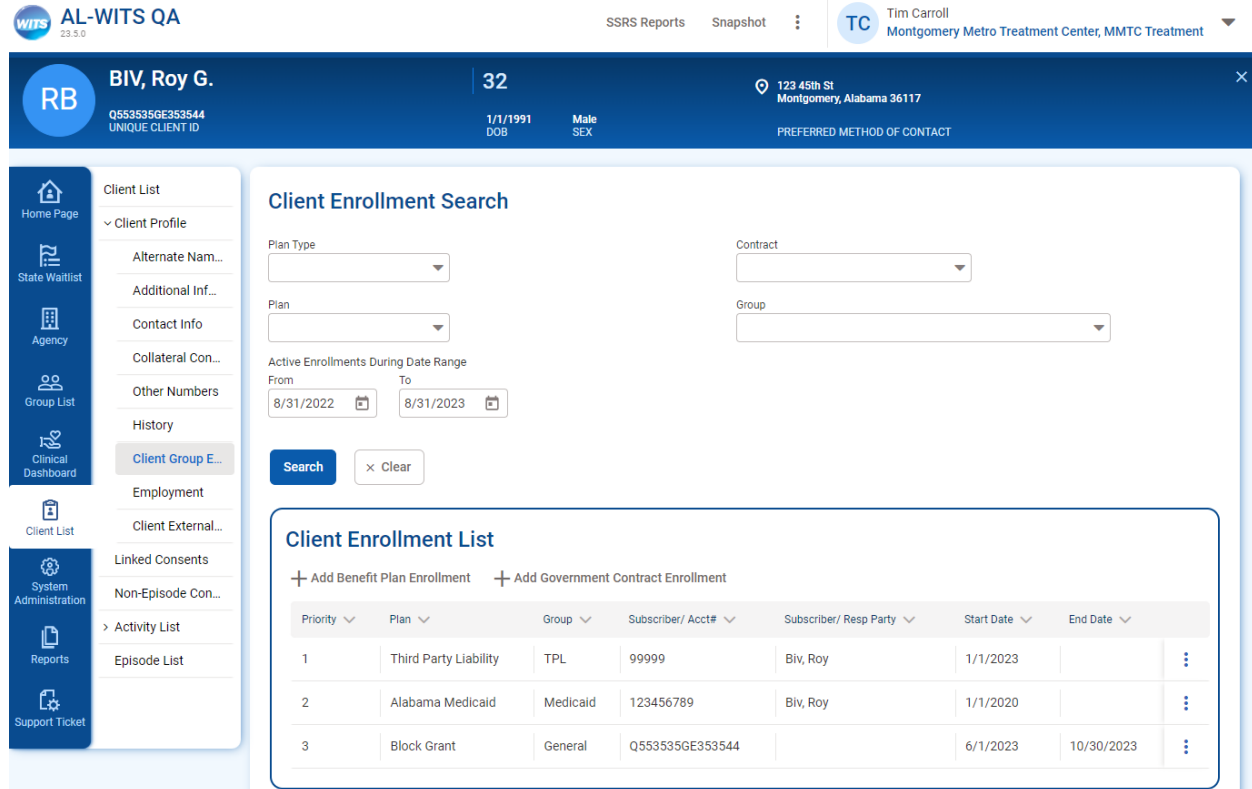
→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Create a client record or select an existing record.
- Navigate to Client/Collateral Contacts.
- Click the +Add Contact button.

- Enter the required fields and click the Save and Finish button.
- Enter additional collateral contacts as needed.

5.2. Client Group Enrollment (CGE)

Clients will have multiple CGE records based on their eligibility.



The screenshot displays the WITS AL-WITS QA interface. At the top, the header shows 'AL-WITS QA' with version '23.5.0', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Montgomery Metro Treatment Center, MMTC Treatment'. Below the header, a client profile for 'BIV, Roy G.' is shown with a unique client ID 'Q553535GE353544', DOB '1/1/1991', and sex 'Male'. The address is '123 45th St, Montgomery, Alabama 36117'. The preferred method of contact is listed as 'PREFERRED METHOD OF CONTACT'.

The main content area is divided into two sections. On the left is a 'Client List' sidebar with various navigation options. The main area is titled 'Client Enrollment Search' and contains several dropdown menus for 'Plan Type', 'Contract', 'Plan', and 'Group'. Below these are date range selectors for 'Active Enrollments During Date Range' from '8/31/2022' to '8/31/2023'. A 'Search' button and a 'Clear' button are also present.

Below the search section is the 'Client Enrollment List' table. It includes links to 'Add Benefit Plan Enrollment' and 'Add Government Contract Enrollment'. The table has columns for Priority, Plan, Group, Subscriber/ Acct#, Subscriber/ Resp Party, Start Date, and End Date. The data rows are as follows:

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
1	Third Party Liability	TPL	99999	Biv, Roy	1/1/2023	
2	Alabama Medicaid	Medicaid	123456789	Biv, Roy	1/1/2020	
3	Block Grant	General	Q553535GE353544		6/1/2023	10/30/2023

Figure 93: Client Group Enrollment List

5.2.1. Medicaid CGE

The client must have a Medicaid CGE to create a Medicaid claim. Medicaid CGEs may be entered manually, but they are created automatically through the 270/271 process

Benefit Plan/Private Pay Billing Information

Payor-Type <input type="text" value="Medicaid"/>	Plan-Group <input type="text" value="Alabama Medicaid-Medicaid"/>
Payor Priority Order <input type="text" value="2"/>	Policy # <input type="text"/>
Coverage Start <input type="text" value="1/1/2020"/>	Payment Scale <input type="text"/>
End <input type="text"/>	Relationship to Subscriber/Responsible Party <input type="text" value="Self"/>
Eligibility Category <input type="text"/>	

Subscriber/Responsible Party

First Name <input type="text" value="Roy"/>	Middle Name <input type="text" value="G"/>	Last Name <input type="text" value="Biv"/>
Birthdate <input type="text" value="1/1/1991"/>	Gender <input type="text" value="Male"/>	Subscriber # <input type="text" value="123456789"/>
Address 1 <input type="text" value="123 45th St"/>		
Address 2 <input type="text"/>		
City <input type="text" value="Montgomery"/>	State <input type="text" value="Alabama"/>	
Zip <input type="text" value="36117"/>		

Figure 94: Medicaid Client Group Enrollment

5.2.1.1. Manual Data Entry

Medicaid CGE records may be created manually. For example, a provider may verify Medicaid eligibility when the client is admitted.

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Create a client record or select an existing record.
- Navigate to Client/Client Group Enrollment.
- Click the +Add Benefit Plan Enrollment button.
- Select Medicaid Payor-Type and the Alabama Medicaid Plan-Group.

- Select Self as Relationship to Subscriber. Note that subscriber fields populate from client profile and may be edited to reflect the payor's data.
- Enter the remaining required fields and click the Save button.

5.2.1.2. Automatic Creation from Inbound 271

Medicaid CGE records are created automatically from the inbound 271. For more information, refer to the Outbound 270 and Inbound 271 sections under Billing Management/Medicaid EDI below.

5.2.2. Third Party Liability CGE

The client must have a TPL CGE to create a TPL claim. TPL CGE records must be created manually.

Benefit Plan/Private Pay Billing Information

Payor-Type <input type="text" value="Group Insurance"/>		Plan-Group <input type="text" value="Third Party Liability-TPL"/>	
Payor Priority Order <input type="text" value="1"/>		Policy # <input type="text" value="ABC1234567890"/>	
Coverage Start <input type="text" value="1/1/2023"/>	End <input type="text"/>	Payment Scale <input type="text"/>	
Eligibility Category <input type="text"/>		Relationship to Subscriber/Responsible Party <input type="text" value="Self"/>	

Subscriber/Responsible Party

First Name <input type="text" value="Roy"/>	Middle Name <input type="text" value="G"/>	Last Name <input type="text" value="Biv"/>
Birthdate <input type="text" value="1/1/1991"/>	Gender <input type="text" value="Male"/>	Subscriber # <input type="text" value="A1B2C3D4E5F6"/>
Address 1 <input type="text" value="123 45th St"/>		
Address 2 <input type="text"/>		
City <input type="text" value="Montgomery"/>	State <input type="text" value="Alabama"/>	
Zip <input type="text" value="36117"/>		

Figure 95: TPL Client Group Enrollment

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Create a client record or select an existing record.

- Navigate to Client/Client Group Enrollment.
- Click the +Add Benefit Plan Enrollment button.
- Select Group Insurance Payor-Type and the Third-Party Liability Plan-Group.
- Select Self as Relationship to Subscriber. Note that subscriber fields populate from client profile and may be edited to reflect the payor's data.
- Enter the remaining required fields and click the Save button.

5.2.3. Government Contract CGE

Review and complete the following sections prior to testing this functionality:

- System Management/System Administration/Code tables:
 - Age Group Specific Treatment
 - Covered Population
 - Gender Specific Treatment
- Billing Management/Payor Plan Setup/Government Contract
- Contract Management

WITS generates government contract client group enrollment (CGE) records for the current authorization period when the intake record is created. The CGE records are created based on the contract authorization period tiers and the following logic:

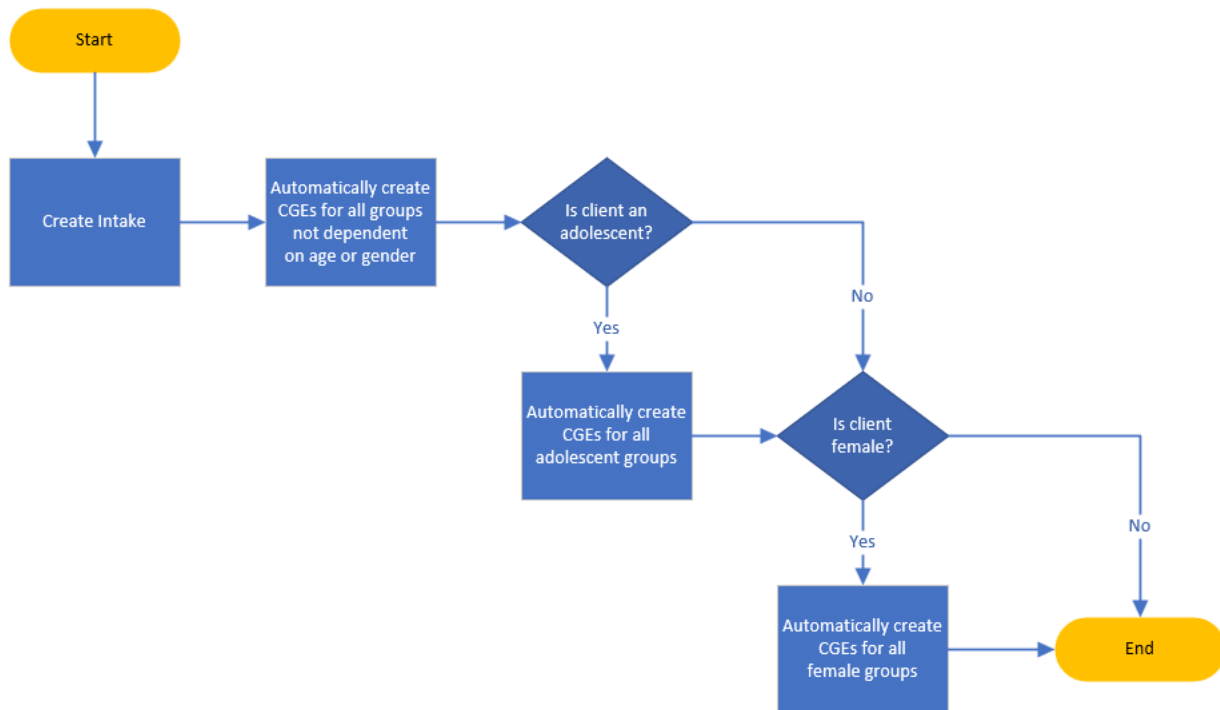


Figure 96: CGE Creation Workflow

AF

FEMALE, Adolescent

14

123 asdf, Alabama 11111

J334343IJ564644

9/9/2009

Female

UNIQUE CLIENT ID

DOB

SEX

PREFERRED METHOD OF CONTACT

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Client List

Client Profile

Alternate Nam...

Additional Inf...

Contact Info

Collateral Con...

Other Numbers

History

Client Group E...

Employment

Client External...

Linked Consents

Non-Episode Con...

Activity List

Episode List

Client Enrollment Search

Plan Type

Government Contract

Contract

Plan

Group

Active Enrollments During Date Range

From

10/26/2022

To

10/26/2023

Search

Clear

Client Enrollment List

Add Benefit Plan Enrollment

Add Government Contract Enrollment

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
	Block Grant	General	J334343IJ564644		10/26/2023	9/30/2024	
	Block Grant	Children's First	J334343IJ564644		10/26/2023	9/30/2024	
	Block Grant	Detox Hospital	J334343IJ564644		10/26/2023	9/30/2024	
	Block Grant	Overdose Data to Action	J334343IJ564644		10/26/2023	9/30/2024	
	Block Grant	DYS Transfers	J334343IJ564644		10/26/2023	9/30/2024	

Figure 97: Government Contract Group Enrollment List

→ TEST WITH INTAKE DATE DURING CURRENT AUTHORIZATION PERIOD

- Version: 23.7 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency with an active ADMH contract that includes a current authorization period with fee for service tiers.
Current authorization period FY2024 (10/1/2023 – 9/30/2024)
- Create a client record.
- Create an intake record with intake during the FY2024 authorization period.
- Navigate to Client/Client Group Enrollment.
- Select “Government Contract” for the Plan Type and click the Search button.
- Review the CGE records in the list and compare them to the contract authorization period tiers and the client demographics (age and sex).

- Repeat test for the following conditions:

CGE is created for Contract Authorization Period Tier with Plan/Group:				
Age	Sex	Age Group = Adolescent	Gender Specific = Female	Not age or gender specific
<18	Male	Y	N	Y
<18	Female	Y	Y	Y
≥18	Male	N	N	Y
≥18	Female	N	Y	Y

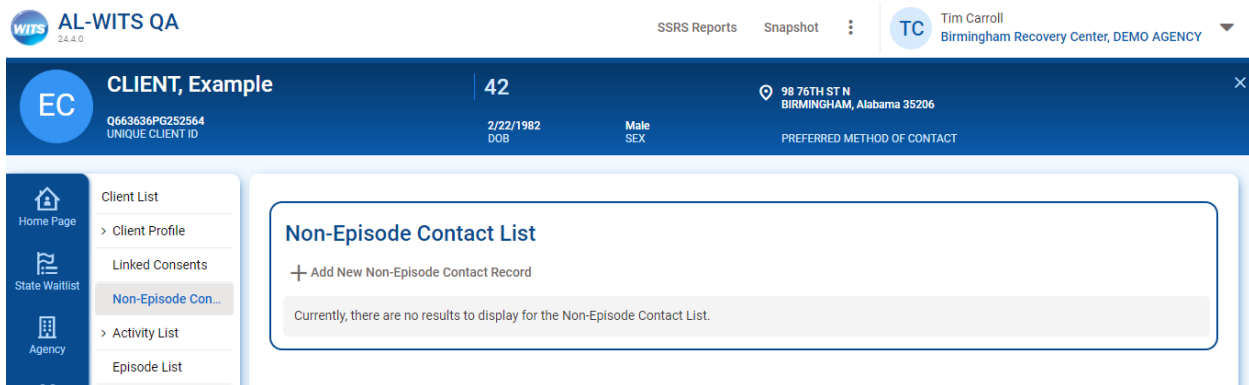
- Repeat test for a 17-year-old client who turns 18 during the contract authorization period. In this case, the adolescent CGEs will expire on the day prior to the client's 18th birthday.

→TEST WITH INTAKE DATE DURING PRIOR AUTHORIZATION PERIOD

- Version: 23.7 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency with an active ADMH contract that includes a both current and prior authorization periods with fee for service tiers.
Current authorization period FY2024 (10/1/2023 – 9/30/2024)
Prior authorization period FY2023 (10/1/2022 – 9/30/2023)
- Create a client record.
- Create an intake record with intake during the FY2023 authorization period.
- Navigate to Client/Client Group Enrollment.
- Select “Government Contract” for the Plan Type and click the Search button.
- Note that CGE records are created for the current authorization period only. CGE records for prior authorization periods must be entered manually.

5.3. Non-Episode Contact

The Non-Episode Contact screen is used to collect client contacts that take place prior to an intake or after a discharge. For example, a provider may use this screen to document a contact with a client that results in a referral to another agency or entity rather than an intake.



The screenshot displays the WITS AL-WITS QA interface. At the top, the header includes the WITS logo, version 24.4.0, and navigation links for SSRS Reports and Snapshot. A user profile for Tim Carroll at Birmingham Recovery Center, DEMO AGENCY is shown. Below the header, a client profile card for 'CLIENT, Example' (EC) is visible, showing age 42, DOB 2/22/1982, Male, and address 98 76TH ST N, BIRMINGHAM, Alabama 35206. The left sidebar contains navigation options: Home Page, State Waitlist, Agency, Client List, Client Profile, Linked Consents, Non-Episode Con..., Activity List, and Episode List. The main content area is titled 'Non-Episode Contact List' and includes a button to '+ Add New Non-Episode Contact Record'. A message states: 'Currently, there are no results to display for the Non-Episode Contact List.'

Figure 98: Non-Episode Contact List

WITS

AL-WITS QA

24.4.0

SSRS Reports

Snapshot

TC

Tim Carroll

Birmingham Recovery Center, DEMO AGENCY

EC

CLIENT, Example

42

98 76TH ST N

BIRMINGHAM, Alabama 35206

Q663636PG252564

UNIQUE CLIENT ID

2/22/1982

DOB

Male

SEX

PREFERRED METHOD OF CONTACT

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Client List

Client Profile

Linked Consents

Non-Episode Con...

Activity List

Episode List

Non-Episode Contact Note

Contact Date

5/30/2024

Contact Reason

Seeking admission

If Other, Specify

Start Time

9:30 AM

End Time

10:00 AM

Duration

30

Minutes

Location

Office

Contacted By

Carroll, Tim

Contact Type

Walk-in

Severity Rating

Referral

Referring Agency

Referred By - First Name

Referred By - Last Name

Referred By - Phone

Created Date

5/30/2024 12:15 PM

Signed Notes

Signed by Carroll, Tim, 5/30/2024 12:16:14 PM:

Example notes

Outcome

Proceed to screening

Reason for Ineligibility

Follow-Up

Follow-Up Steps

API

Clinic

Drug treatment

FMH

Law enforcement

Follow-Up Steps Selected

Alcohol treatment

Save

Save and Finish

Cancel

Figure 99: Non-Episode Contact Note

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List, identify a client, and select Profile from the ellipsis.
- Navigate to Non-Episode Contact.
 - Click the +Add New Non-Episode Contact Record button.
 - Enter the required fields.
 - Enter a note and click the Sign Note button.
 - Click the Save and Finish button.

5.4. Treatment Episode

The episode is defined by the intake and discharge dates (close intake). Over time, clients may have multiple episodes of care within the same facility. Clients have multiple activities within each episode. Activities are described below and include such things as Screening, Assessment, Outcome Measure, Program Enrollment, Diagnosis, Encounter, Consent, Referral, Discharge, etc.

The Episode List is the last menu item under the Client. When a client has multiple intakes, the Episode List is used to view client activities within each episode.

5.4.1. Intake

A client intake record is created for a facility. The intake is a client activity and defines the beginning of the episode. Intakes have a Case Number visible in the client header.

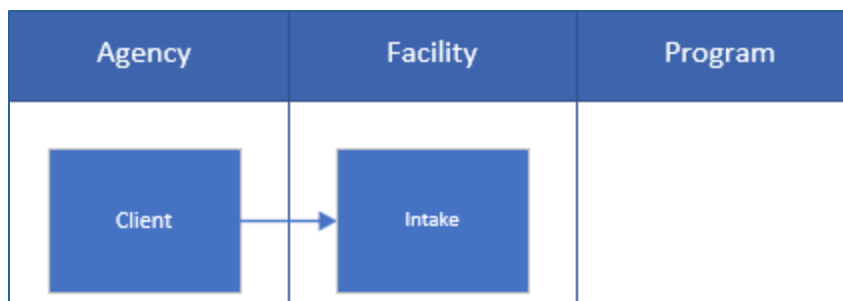
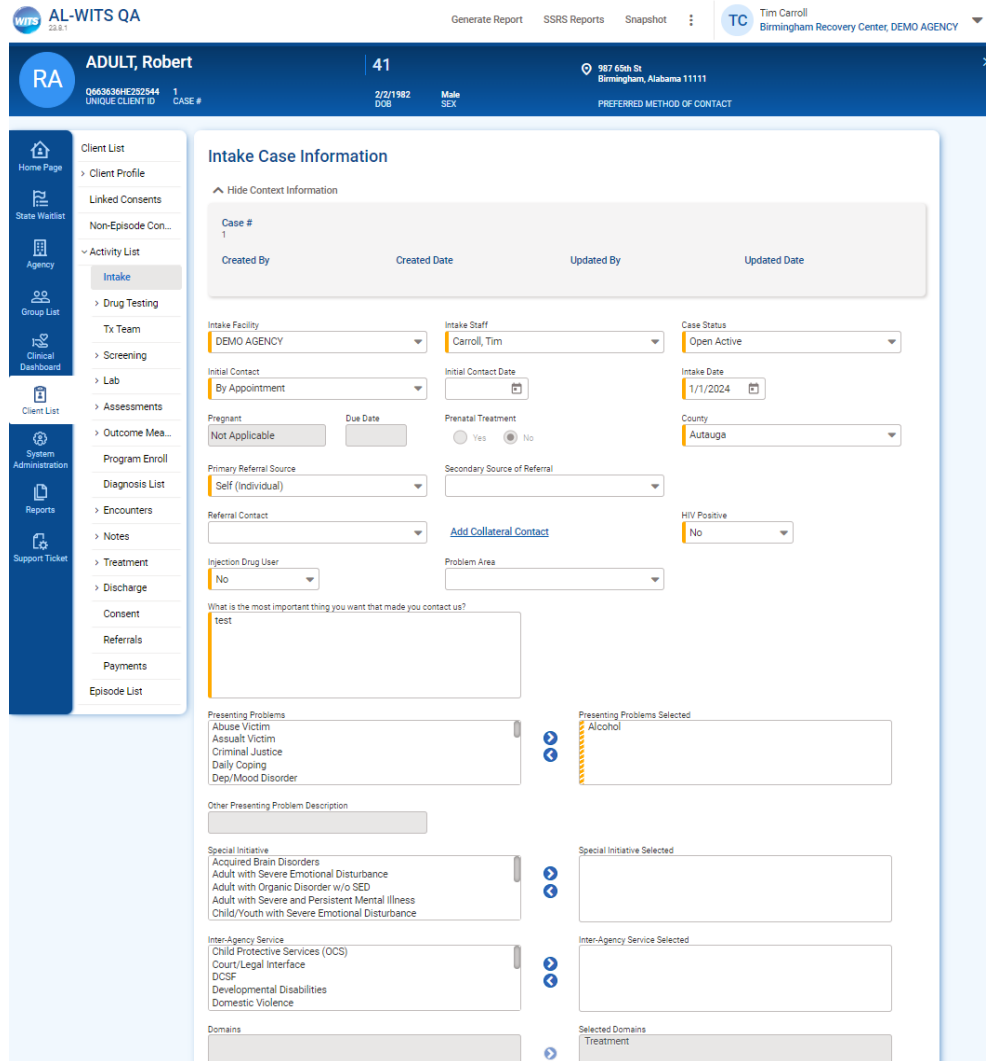


Figure 100: Simplified Clinical Workflow, Intake



WITS 23.6.1 AL-WITS QA

Generate Report SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 41 987 65th St Birmingham, Alabama 11111

0M3636HE282544 1 CASE # 2/2/1982 DOB Male SEX 987 65th St Birmingham, Alabama 11111

RA

Client List

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Client Profile

Linked Consents

Non-Episode Con...

Activity List

Intake

Drug Testing

Tx Team

Screening

Lab

Assessments

Outcome Mea...

Program Enroll

Diagnosis List

Encounters

Notes

Treatment

Discharge

Consent

Referrals

Payments

Episode List

Intake Case Information

Hide Context Information

Case #	Created By	Created Date	Updated By	Updated Date
1				

Intake Facility: DEMO AGENCY Intake Staff: Carroll, Tim Case Status: Open Active

Initial Contact: By Appointment Initial Contact Date: Intake Date: 1/1/2024

Pregnant: Not Applicable Due Date: Prenatal Treatment: Yes No County: Autauga

Primary Referral Source: Self (Individual) Secondary Source of Referral:

Referral Contact: Add Collateral Contact HIV Positive: No

Injection Drug User: No Problem Area:

What is the most important thing you want that made you contact us?

test

Presenting Problems: Abuse Victim, Assault Victim, Criminal Justice, Daily Coping, Dep/Mood Disorder

Presenting Problems Selected: Alcohol

Other Presenting Problem Description:

Special Initiative: Acquired Brain Disorders, Adult with Severe Emotional Disturbance, Adult with Organic Disorder w/o SED, Adult with Severe and Persistent Mental Illness, Child/Youth with Severe Emotional Disturbance

Special Initiative Selected:

Inter-Agency Service: Child Protective Services (OCS), Court/Legal Interface, DCSF, Developmental Disabilities, Domestic Violence

Inter-Agency Service Selected:

Domains: Selected Domains Treatment:

Figure 101: Client Intake

→TEST

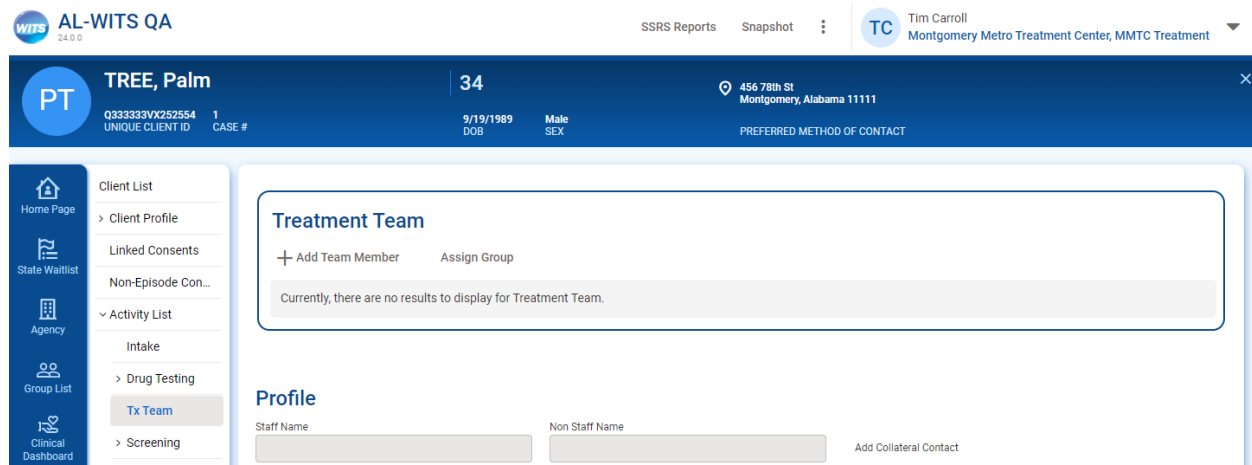
- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client (or create a new one).
- Navigate to Activity List for the selected client
- Click the +Start New Episode button in the Episode List.
- Enter the required fields on the intake.
- Click the Save and Finish button.
- Navigate to Activity List and view the Intake activity.

5.4.2. Treatment Team

Staff members may be assigned to the client's treatment team individually or in a group. See the System Management/Agency/Treatment Team Groups section to create groups. Non-staff members such as a family member, teacher, parole officer, etc., may be assigned to a treatment team.

At least one staff member must be assigned to the client's treatment team to complete the Treatment Plan.

5.4.2.1. Assign Treatment Team Member, Staff



AL-WITS QA 24.0.0

SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

PT TREE, Palm 34 456 78th St Montgomery, Alabama 11111

Q333333VX252554 1 CASE # 9/19/1989 DOB Male SEX

PREFERRED METHOD OF CONTACT

Treatment Team

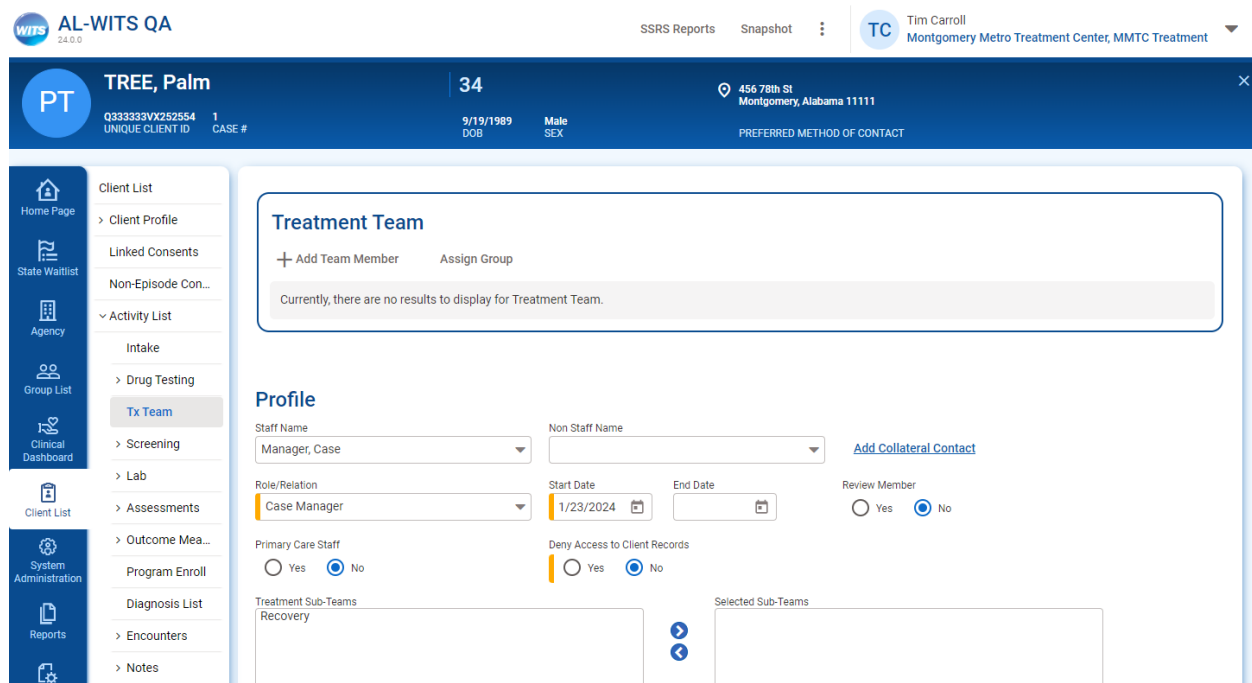
+ Add Team Member Assign Group

Currently, there are no results to display for Treatment Team.

Profile

Staff Name Non Staff Name Add Collateral Contact

Figure 102: Treatment Team



AL-WITS QA 24.0.0

SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

PT TREE, Palm 34 456 78th St Montgomery, Alabama 11111

Q333333VX252554 1 CASE # 9/19/1989 DOB Male SEX

PREFERRED METHOD OF CONTACT

Treatment Team

+ Add Team Member Assign Group

Currently, there are no results to display for Treatment Team.

Profile

Staff Name Non Staff Name Add Collateral Contact

Role/Relation Start Date End Date Review Member

Case Manager 1/23/2024 Yes No

Primary Care Staff Deny Access to Client Records

Yes No Yes No

Treatment Sub-Teams Selected Sub-Teams

Recovery

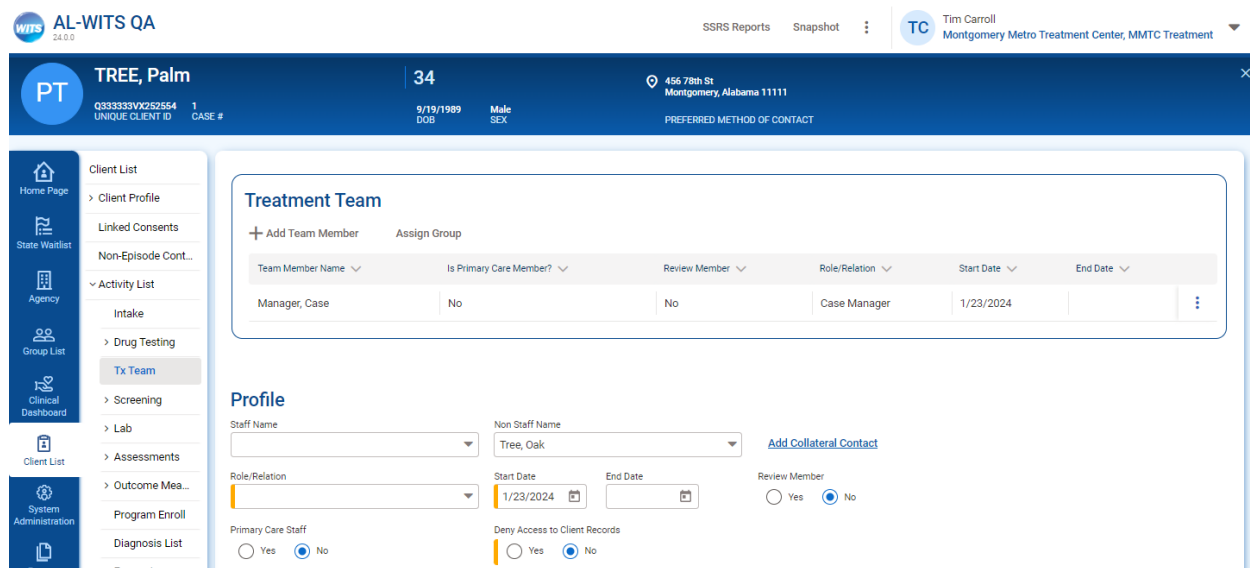
Figure 103: Treatment Team: Add Staff Member

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client (or create a new one).
- Create the intake as described above.
- Navigate to Activity List/Tx Team.
- Click the +Add Team Member button
- Select the Staff Name from the dropdown, Start Date, and Role/Relation.
- Click the Save button.
- Add additional team members by clicking the +Add Team Member button.

5.4.2.2. Assign Treatment Team Member, Non-Staff

Collateral Contacts may be added to the Treatment Team. This is useful when a parent, spouse, or other contact regularly provides input to the team.



The screenshot displays the WITS AL-WITS QA interface. At the top, the user is logged in as Tim Carroll at the Montgomery Metro Treatment Center. The client profile for PT (34) is shown, including their date of birth (9/19/1989) and sex (Male). The left sidebar contains navigation links for Client List, Activity List, and Tx Team. The main area is titled 'Treatment Team' and features a table with the following data:

Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date
Manager, Case	No	No	Case Manager	1/23/2024	

Below the table is a 'Profile' section with the following fields:

- Staff Name: [Dropdown]
- Non Staff Name: Tree, Oak
- Role/Relation: [Dropdown]
- Start Date: 1/23/2024
- End Date: [Calendar]
- Review Member: ☐ Yes ☒ No
- Primary Care Staff: ☐ Yes ☒ No
- Deny Access to Client Records: ☐ Yes ☒ No

An 'Add Collateral Contact' link is also visible.

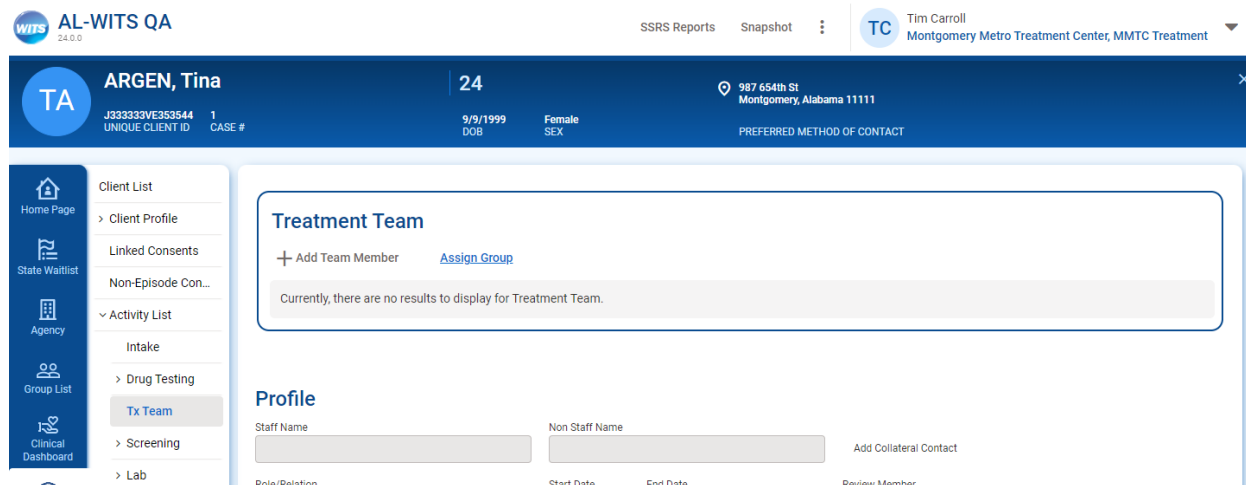
Figure 104: Treatment Team: Add Non-Staff Member

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client (or create a new one).
- Navigate to Client/Collateral Contacts and add contact(s).
- Create the intake as described above.
- Navigate to Activity List/Tx Team.

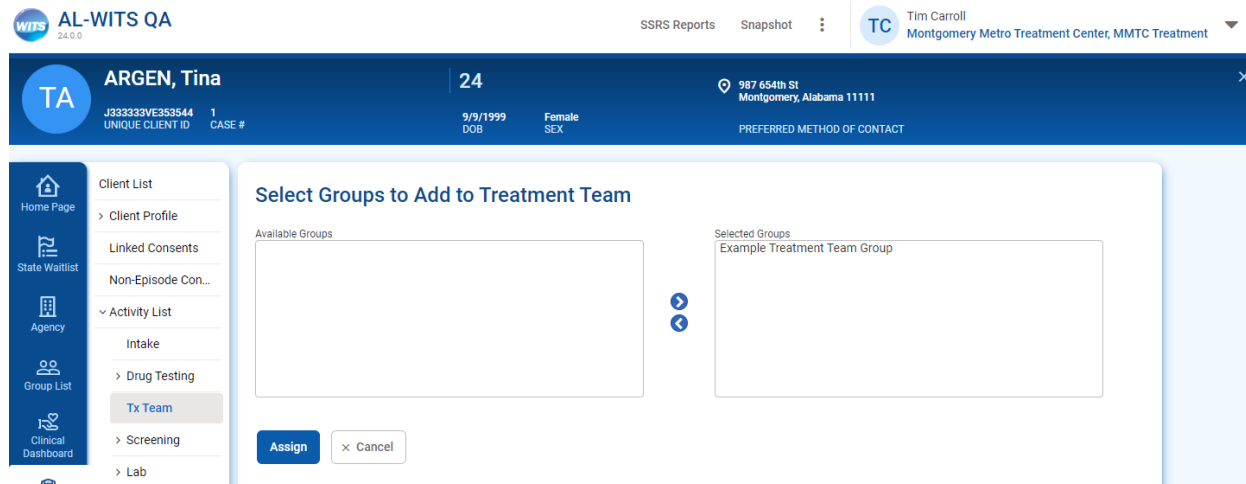
- Click the +Add Team Member button
- Select the Non-Staff Name from the dropdown of Collateral Contacts.
Note: If a collateral contact has not been entered, click the Add Collateral Contact button.
- Enter the Start Date and Role/Relation.
- Click the Save button.
- Add additional team members by clicking the +Add Team Member button.

5.4.2.3. Assign Treatment Team Group




The screenshot shows the WITS AL-WITS QA interface. At the top, there's a header with the WITS logo, "AL-WITS QA", and user information for Tim Carroll. Below the header, a client profile for "ARGEN, Tina" is displayed, including her unique client ID, case number, date of birth, sex, and address. The left sidebar contains navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, Linked Consents, Non-Episode Con..., Activity List, Intake, Drug Testing, Tx Team (selected), Screening, and Lab. The main content area is titled "Treatment Team" and includes a button to "Add Team Member" and a link to "Assign Group". Below this, a message states "Currently, there are no results to display for Treatment Team." The "Profile" section below has fields for Staff Name, Non Staff Name, Add Collateral Contact, Role/Relation, Start Date, End Date, and Review Member.

Figure 105: Treatment Team




This screenshot shows the "Select Groups to Add to Treatment Team" screen. The layout is similar to the previous one, but the main content area is titled "Select Groups to Add to Treatment Team". It features two boxes: "Available Groups" on the left and "Selected Groups" on the right. The "Selected Groups" box contains "Example Treatment Team Group". Between the boxes are arrows for moving items. At the bottom, there are "Assign" and "Cancel" buttons.

Figure 106: Treatment Team: Select Groups


AL-WITS QA

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment


ARGEN, Tina
J2323232VE353544
UNIQUE CLIENT ID 1 CASE #

24
9/9/1999
DOB Female
SEX

987 654th St
Montgomery, Alabama 11111
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard

Client List
> Client Profile
Linked Consents
Non-Episode Con...
Activity List
Intake
> Drug Testing
Tx Team
> Screening

Treatment Team

+ Add Team Member Assign Group

Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date	
Manager, Case	No	No	Case Manager	1/23/2024		⋮
Team, Lead	No	No	Team Lead	1/23/2024		⋮

Figure 107: Assigned Treatment Team

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client (or create a new one).
- Create the intake as described above.
- Navigate to Activity List/Tx Team.
- Click the Assign Group button.
- Select the group or groups to add to the team and click the Assign button.
- View the assigned team and make edits as needed.
- Add additional team members by clicking the +Add Team Member button.

5.4.3. Screener

Screenings are client activities and are entered under a client treatment intake.

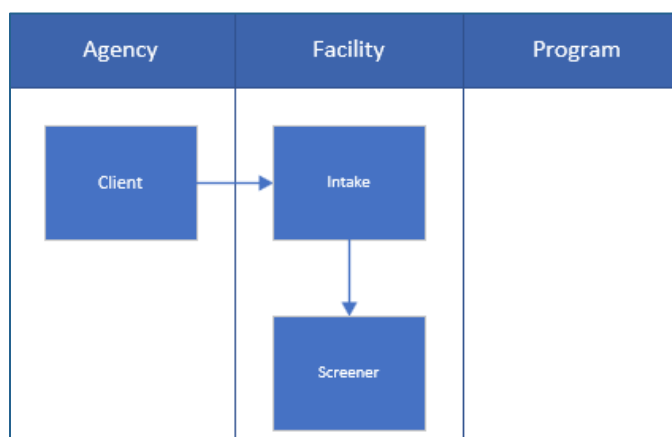
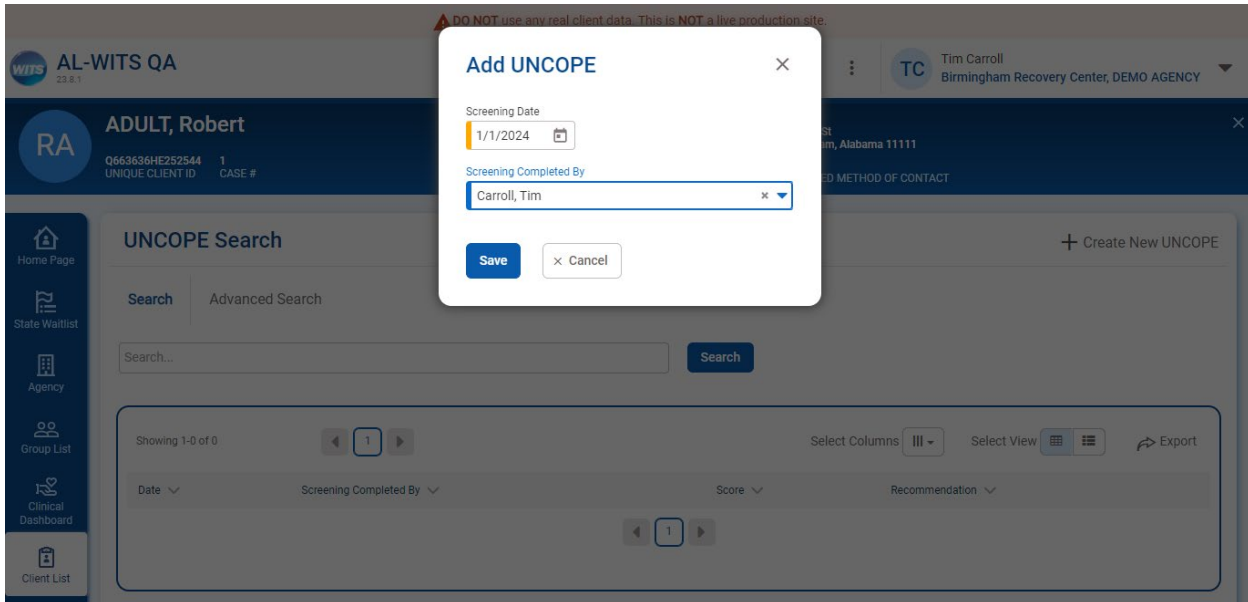


Figure 108: Simplified Clinical Workflow, Screener

Alabama WITS has two custom screeners (UNCOPE and CRAFFT). Additional screeners are available on the Screening menu.



WITS AL-WITS QA 23.8.1

ADULT, Robert
Q663636HE252544 1 CASE #
UNIQUE CLIENT ID

UNCOPE Search

Search Advanced Search

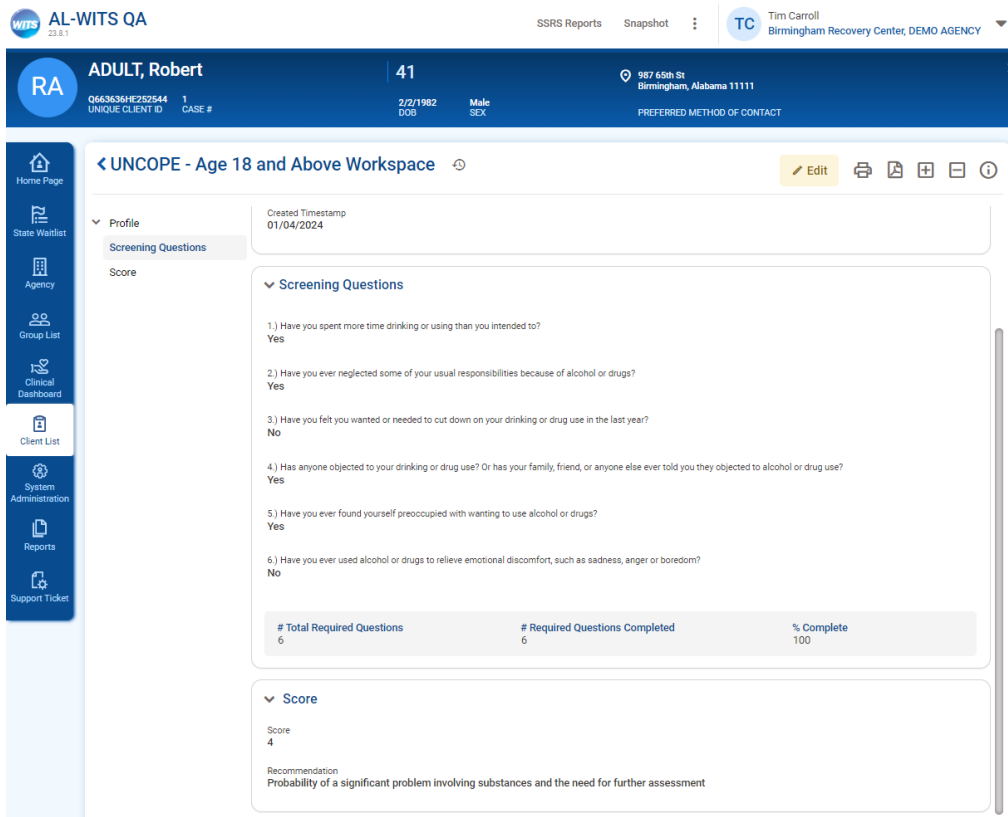
Search... Search

Showing 1-0 of 0

Select Columns Select View Export

Date Screening Completed By Score Recommendation

Figure 109: UNCOPE Screener add modal



WITS AL-WITS QA 23.8.1

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 41
Q663636HE252544 1 CASE #
UNIQUE CLIENT ID
2/2/1982 DOB Male SEX
967 65th St Birmingham, Alabama 11111
PREFERRED METHOD OF CONTACT

< UNCOPE - Age 18 and Above Workspace Edit Print Copy Paste Undo Redo

Profile Created Timestamp 01/04/2024

Screening Questions Score

Screening Questions

- 1.) Have you spent more time drinking or using than you intended to?
Yes
- 2.) Have you ever neglected some of your usual responsibilities because of alcohol or drugs?
Yes
- 3.) Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
No
- 4.) Has anyone objected to your drinking or drug use? Or has your family, friend, or anyone else ever told you they objected to alcohol or drug use?
Yes
- 5.) Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
Yes
- 6.) Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?
No

# Total Required Questions	# Required Questions Completed	% Complete
6	6	100

Score

Score 4

Recommendation
Probability of a significant problem involving substances and the need for further assessment

Figure 110: UNCOPE Workspace showing Score Panel

→ TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select an adult client (or create a new one).
- Create the intake as described above.
- Navigate to Client/Activity List/Screening/UNCOPE.
- Click the +Create New UNCOPE button.
- Enter the required fields in the add modal and click the Save button. The screener workspace is displayed.
- Click the Edit button and answer the six required questions.
- Note the score and recommendation in the bottom panel.
- Click the Done Editing button at the top of the screener.
- Navigate to Activity List and view the screener activity.
- Repeat the test for an adolescent client using the CRAFFT screener.

5.4.4. Assessment

Assessments are client activities and are entered under a client treatment intake.

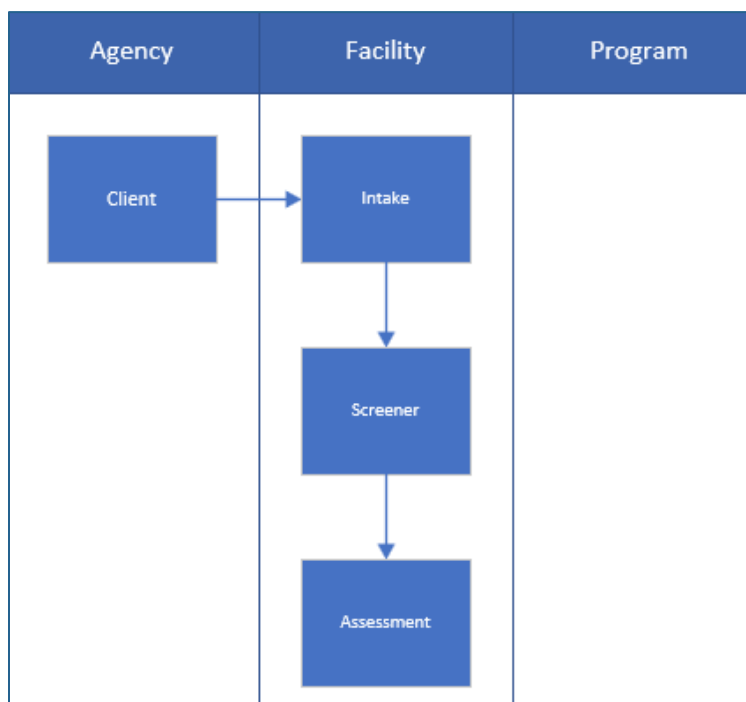
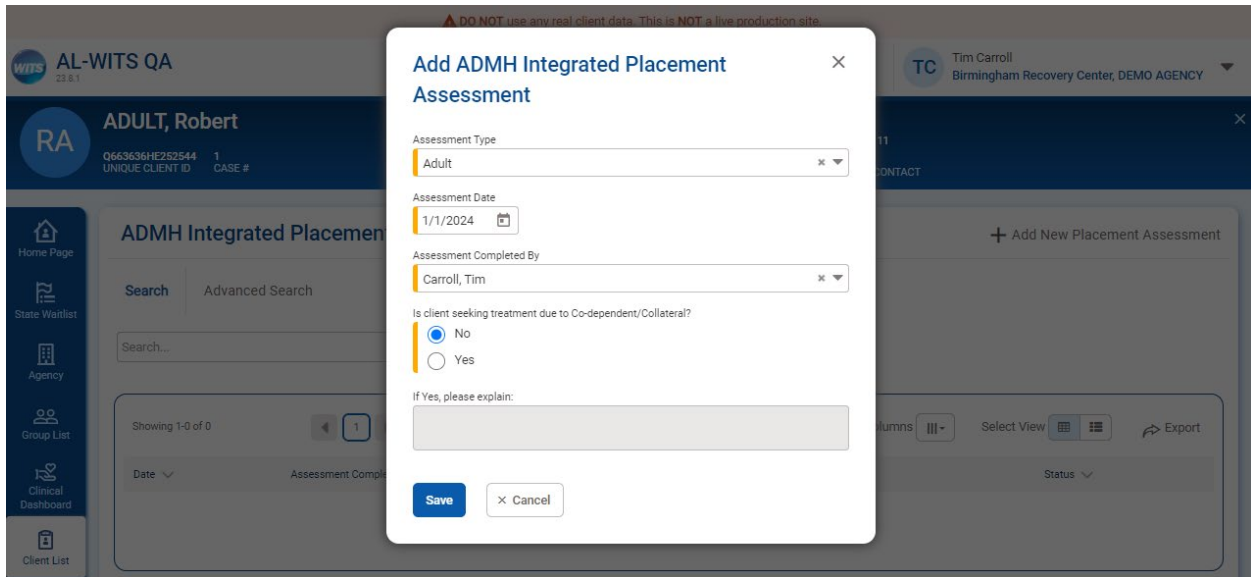


Figure 111: Simplified Clinical Workflow, Assessment

Alabama WITS has two custom assessments (Placement and Update). Each assessment has Adolescent and Adult types.

5.4.4.1. Placement Assessment



Add ADMH Integrated Placement Assessment

Assessment Type: Adult

Assessment Date: 1/1/2024

Assessment Completed By: Carroll, Tim

Is client seeking treatment due to Co-dependent/Collateral?

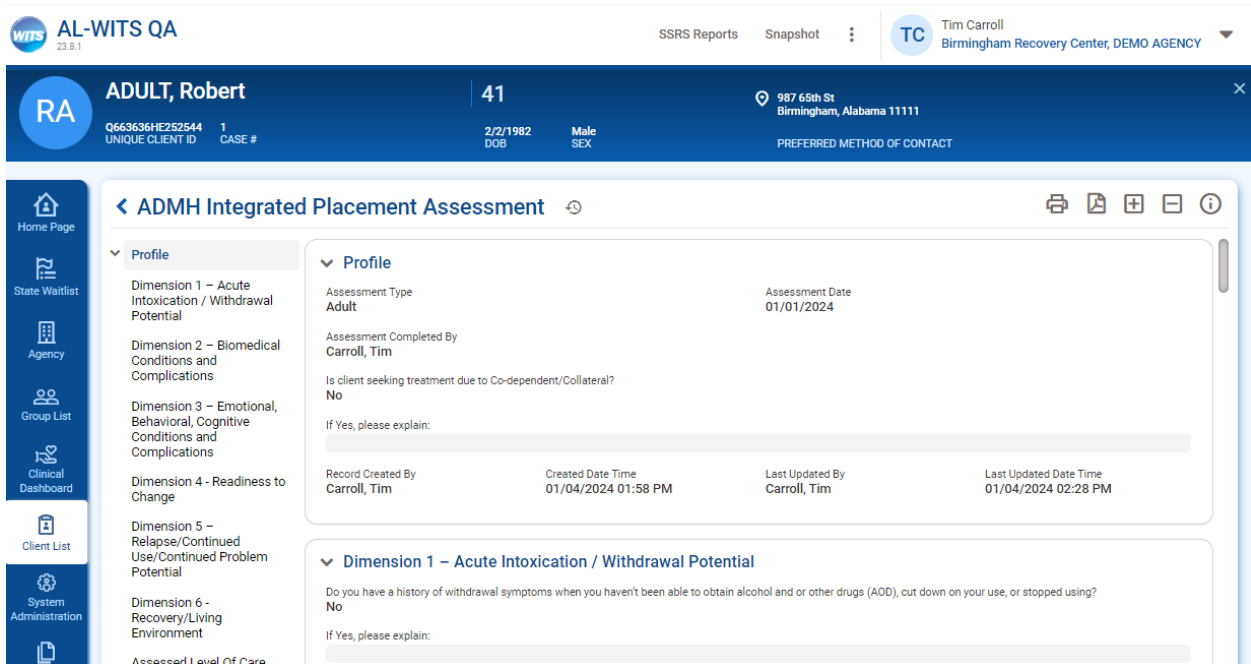
☒ No

☐ Yes

If Yes, please explain:

Save Cancel

Figure 112: Placement Assessment add modal



ADMH Integrated Placement Assessment

Profile

Dimension 1 – Acute Intoxication / Withdrawal Potential

Dimension 2 – Biomedical Conditions and Complications

Dimension 3 – Emotional, Behavioral, Cognitive Conditions and Complications

Dimension 4 - Readiness to Change

Dimension 5 – Relapse/Continued Use/Continued Problem Potential

Dimension 6 - Recovery/Living Environment

Assessed Level Of Care

Profile

Assessment Type: Adult

Assessment Date: 01/01/2024

Assessment Completed By: Carroll, Tim

Is client seeking treatment due to Co-dependent/Collateral?

No

If Yes, please explain:

Record Created By	Created Date Time	Last Updated By	Last Updated Date Time
Carroll, Tim	01/04/2024 01:58 PM	Carroll, Tim	01/04/2024 02:28 PM

Dimension 1 – Acute Intoxication / Withdrawal Potential

Do you have a history of withdrawal symptoms when you haven't been able to obtain alcohol and or other drugs (AOD), cut down on your use, or stopped using?

No

If Yes, please explain:

Figure 113: Placement Assessment workspace

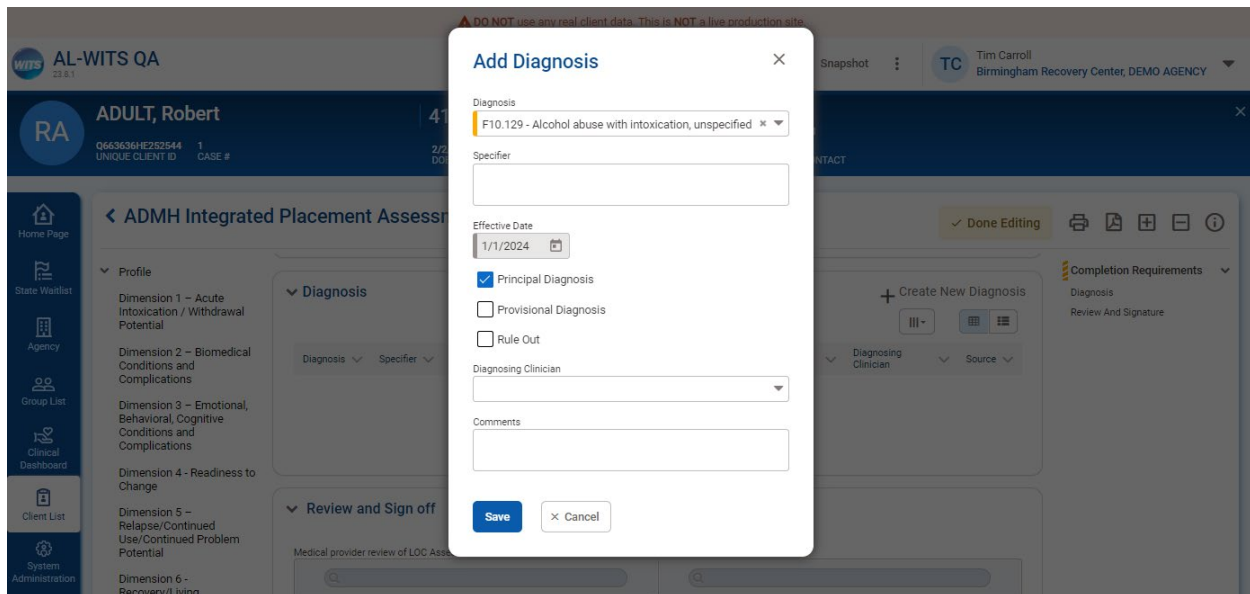


Figure 114: Placement Assessment Diagnosis add modal

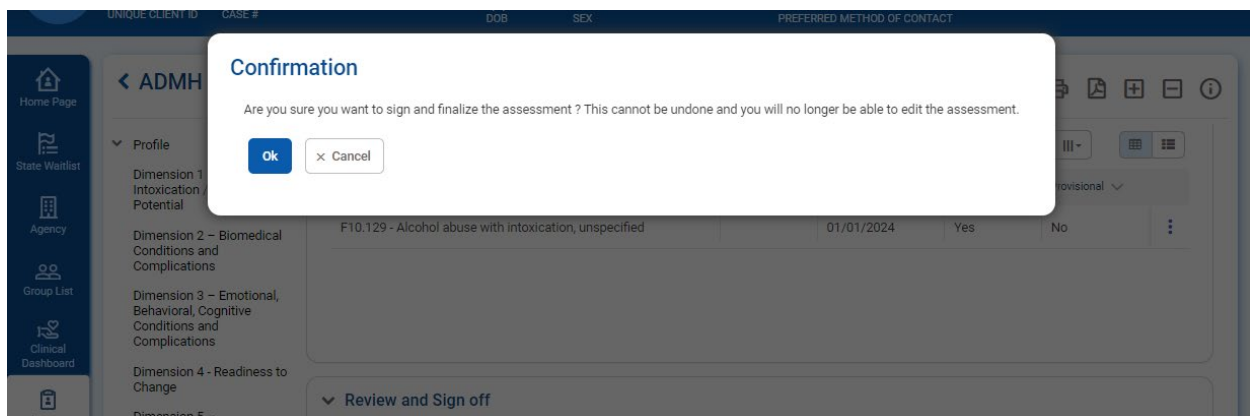


Figure 115: Placement Assessment Sign and Finalize confirmation modal

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select an adult client (or create a new one).
- Create the intake and screener as described above.
- Navigate to Client/Activity List/Assessments/ADMH Placement Assessment.
- Click the +Add New Placement Assessment button.
- Enter the required fields in the add modal and click the Save button. The assessment workspace is displayed.
- Click the Edit button and answer all required questions for Dimensions 1-6 and Assessed Level of Care.

- **Diagnosis**
 - Click the +Create New Diagnosis button in the diagnosis panel.
 - Enter the required fields and click the Save button.
- **Review and Sign off**
 - Enter the required fields.
 - Click the Sign and Finalize button.
 - Click the OK button on the confirmation modal.
- Navigate to Client/Activity List/Diagnosis List and view the diagnosis record.
- Navigate to Activity List and view the placement assessment and diagnosis activities.
- Repeat the test for an adolescent client screener.

5.4.4.2. Update Assessment

The update assessment is completed after the client has been in treatment. Typically, the update assessment is used to update the placed level of care. Test the Outcome Measure, Program Enrollment, and Encounter prior to testing the Update Assessment.

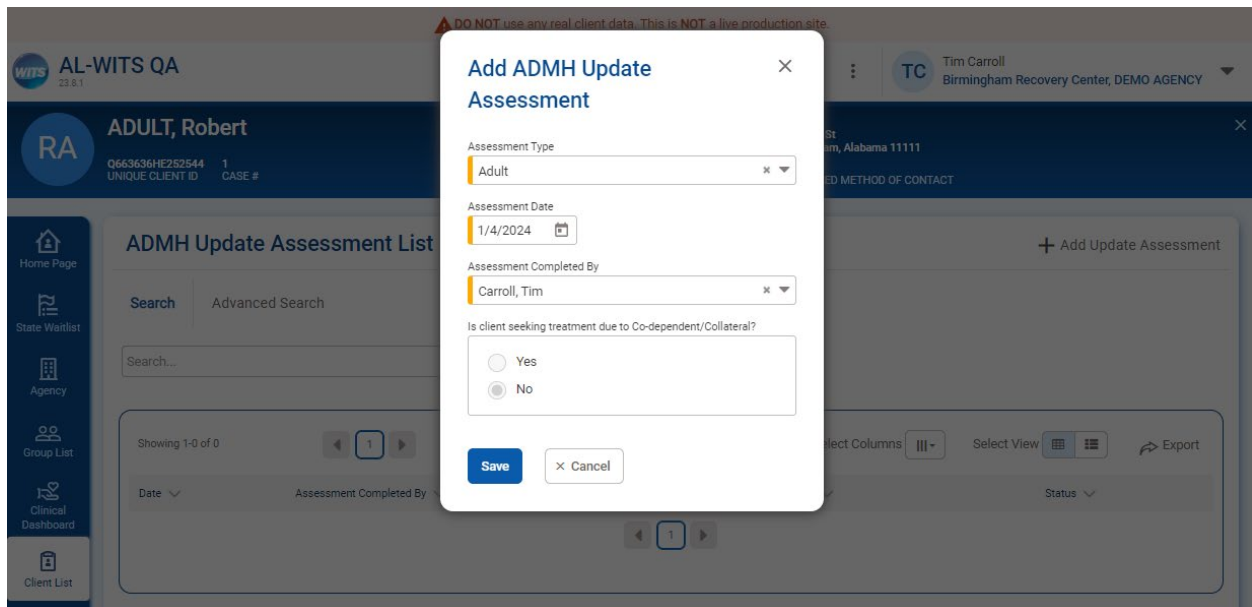





Figure 116: Update Assessment add modal


AL-WITS QA

SSRS Reports
Snapshot


Tim Carroll
Birmingham Recovery Center, DEMO AGENCY


ADULT, Robert
Q663636HE252544
UNIQUE CLIENT ID

41
2/2/1982
DOB

Male
SEX

987 65th St
Birmingham, Alabama 11111
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

ADMH Integrated Update Assessment

Profile

Client Info, Characteristics, and Services
Substance Use
Criteria Questions
Level Of Care Risk Rating
Assessed Level of Care
Diagnosis
Review/Sign-off

Profile

Assessment Type: Adult
Assessment Date: 1/4/2024
Screening Completed By: Carroll, Tim
Created By: Carroll, Tim
Created Timestamp: 01/04/2024 03:05 PM
Is client seeking treatment due to Co-dependent/Collateral?: No

Client Info, Characteristics, and Services

Amount of Completed School?: Grade 12
Source of Financial Support:
Health Insurance:
Source of Payment:
Is the Client participating in MAT for OUD?:

Completion Requirements
Client Info
Criteria Questions
LOC Risk Rating
Assessed Level Of Care

Done Editing

Figure 117: Update Assessment workspace

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select an adult client (or create a new one).
- Create the intake, screener and placement assessment as described above.
- Navigate to Client/Activity List/Assessments/ADMH Update Assessment.
- Click the +Add Update Assessment button.
- Enter the required fields in the add modal and click the Save button. The assessment workspace is displayed with some answers prepopulated from the placement assessment.
- Answer all required questions.
- Diagnosis
 - Click the +Create New Diagnosis button in the diagnosis panel.
 - Enter the required fields and click the Save button.
- Review and Sign off
 - Click the Sign and Finalize button in the Review/Sign-off panel
 - Click the OK button on the confirmation modal.

- Navigate to Client/Activity List/Diagnosis List and view the diagnosis record.
Note: expired diagnoses may be viewed by clicking the Filter tab in the search area, unchecking "Show Only Active Diagnoses," and clicking the Filter button.
- Navigate to Activity List and view the update assessment and diagnosis activities.
- Repeat the test for an adolescent client screener.

5.4.5. Outcome Measure

The Outcome Measure is a client activity and is entered under a client treatment intake. The Outcome Measure record is based on data entered in the assessment and is reported to TEDS.

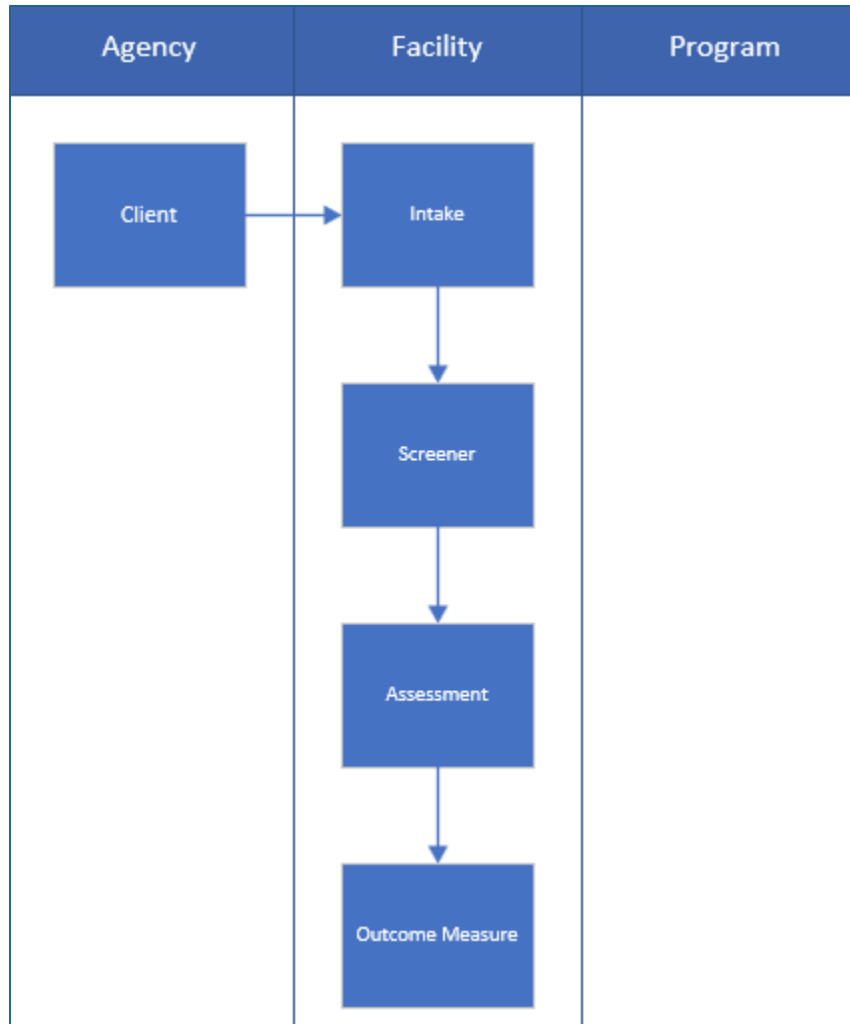

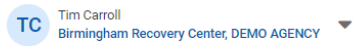
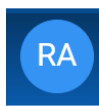


Figure 118: Simplified Clinical Workflow, Outcome Measure



AL-WITS QA

SSRS Reports
Snapshot




ADULT, Robert

41



Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration

Client List
Client Profile
Linked Consents
Non-Episode Cont...
Activity List
Intake
Drug Testing
Tx Team
Screening
Lab
Assessments
Outcome Mea...
Client Status
Program E...

Outcome Measures - Client Status

Date: 1/1/2024
Type: Initial

Pregnant: Not Applicable
Due Date:

Domains:
Selected Domains: Substance Use

Profile

Codependent/Collateral: ☐ Yes ☒ No
Co-Occurring SA and MH Problem:
of Prior SA Tx Episodes:

Medication Assisted Tx:
SMI/SED Status:

of times the client has attended a self-help program in the 30 days preceding the date of reference (admission or discharge) to treatment services. Includes attendance at SA, MH, and other

Figure 119: Outcome Measures – Client Status

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select an adult client (or create a new one).
- Create the intake, screener, and assessment as described above.
- Navigate to Client/Activity List/Outcome Measures.
- Click the +Add New button.
- Note the fields prepopulated from the assessment.
- Enter the required fields and click the Save and Finish button.
- Navigate to Activity List and view the outcome measures activity.

5.4.6. Program Enrollment

The Program Enrollment is a client activity and is entered under a client treatment intake. The Program Enrollment collects additional data that is reported to TEDS.

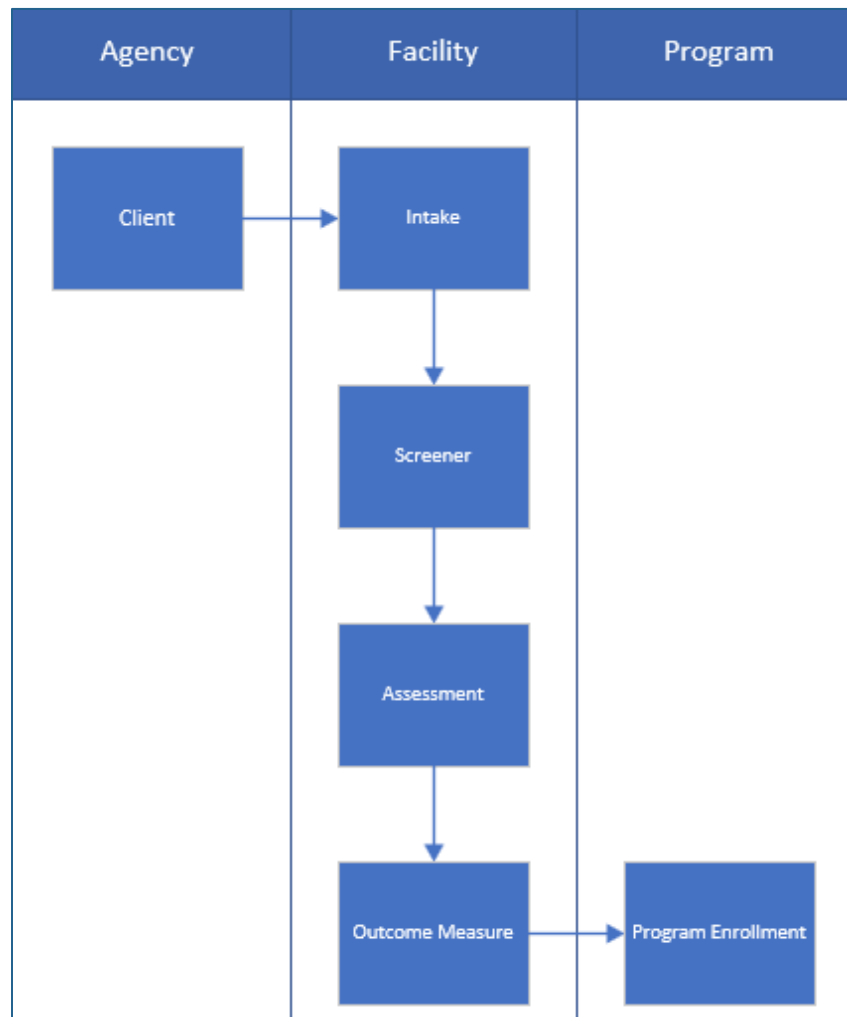





Figure 120: Simplified Clinical Workflow, Program Enrollment


AL-WITS QA
23.8.1


[SSRS Reports](#)
[Snapshot](#)


TC Tim Carroll
 Birmingham Recovery Center, DEMO AGENCY


RA


ADULT, Robert
Q663636HE252544
UNIQUE CLIENT ID
1
CASE #

41
2/2/1982
DOB
Male
SEX


987 65th St
Birmingham, Alabama 11111
PREFERRED METHOD OF CONTACT

[Home Page](#)
[State Waitlist](#)
[Agency](#)
[Group List](#)
[Clinical Dashboard](#)
[Client List](#)
[System Administration](#)
[Reports](#)
[Support Ticket](#)

[Client List](#)
[Client Profile](#)
[Linked Consents](#)
[Non-Episode Cont...](#)
[Activity List](#)
[Intake](#)
[Drug Testing](#)
[Tx Team](#)
[Screening](#)
[Lab](#)
[Assessments](#)
[Outcome Mea...](#)
[Program Enroll](#)
[Diagnosis List](#)
[Encounters](#)
[Notes](#)
[Treatment](#)


 The enrollment admission status values are collected on Outcome Measure screens.

Program Enrollment Profile

Facility
 DEMO AGENCY

Domain
 Substance Use

Days on Wait List

Start Date
 1/1/2024

Program Name
 Intensive Outpatient

Program Staff
 Carroll, Tim

Termination Reason

Notes

End Date

Date of Last Contact

Save

Save and Finish

Cancel

Figure 121: Program Enrollment

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select an adult client (or create a new one).
- Create the intake, screener, assessment, and outcome measure as described above.
- Navigate to Client/Activity List/Program Enroll.
- Click the +Add Enrollment button.
- Enter the required fields, including the Days on Wait List.
- Note the informational message at the top of the screen, "The enrollment admission status values are collected on Outcome Measure screens."
- Click the Save and Finish button.
- Navigate to Activity List and view the Client Program Enrollment activity.

5.4.7. GPRA Assessment

The GPRA Assessment menu item is displayed on the Client Activity List when the client is enrolled in a SOR program.

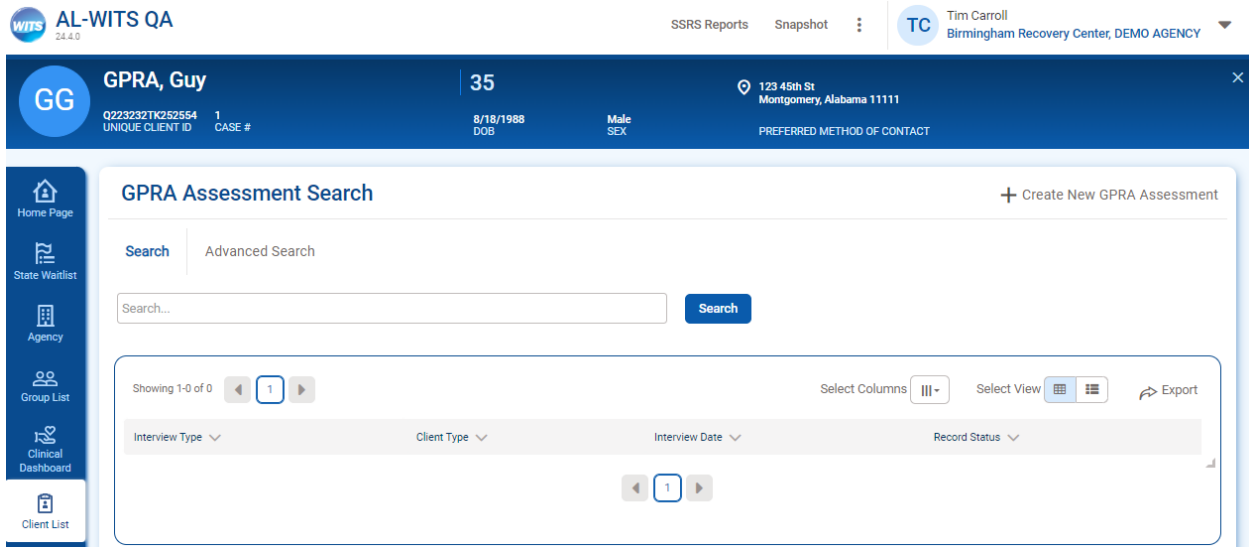


Figure 122: GPRA Assessment Search/List

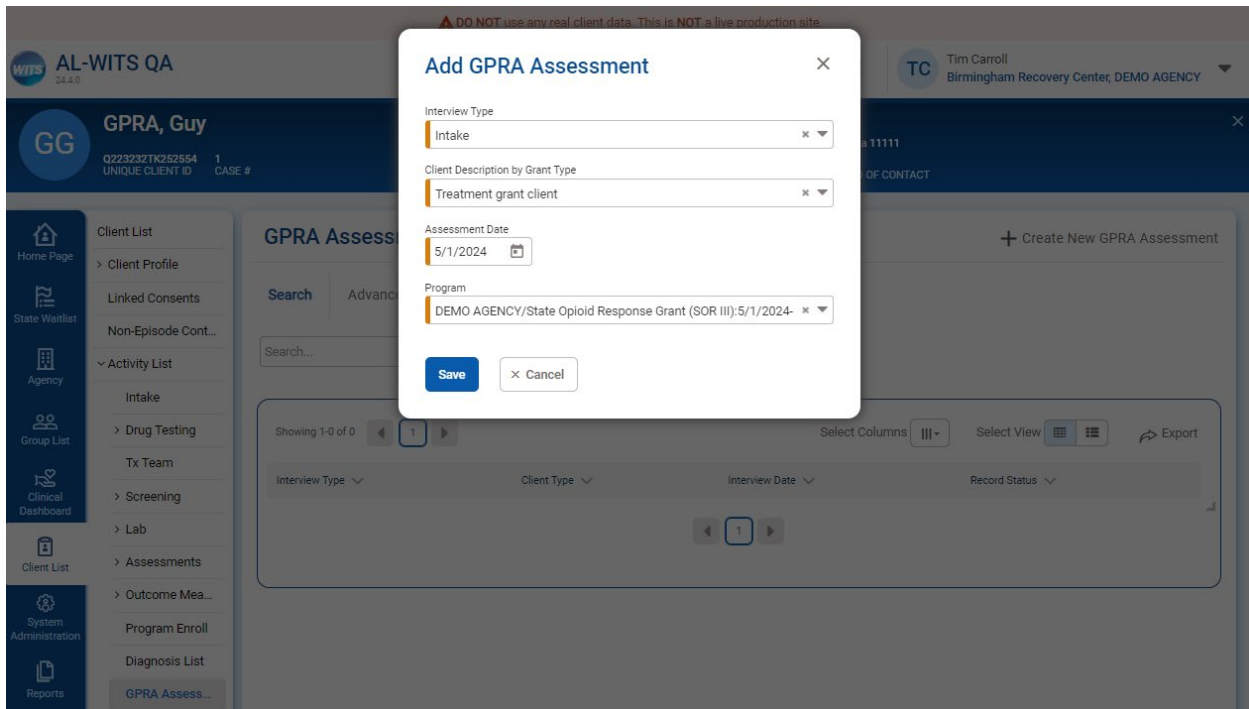





Figure 123: GPRA Assessment Add Modal


AL-WITS QA

SSRS Reports Snapshot :


Tim Carroll
Birmingham Recovery Center, DEMO AGENCY


GPRA, Guy
Q223232TK252554
UNIQUE CLIENT ID

35
8/18/1988
DOB

Male
SEX

123 45th St
Montgomery, Alabama 11111
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Client List
> Client Profile
Linked Consents
Non-Episode Cont...
> Activity List
Intake
> Drug Testing
Tx Team
> Screening
Lab
> Assessments
> Outcome Mea...
Program Enroll
Diagnosis List
GPRA Assess...
Expired GPRA
> Encounters
> Notes
> Treatment
> Discharge
Consent
Referrals
Payments
Episode List

GPRA Assessment

Done Editing

Record Management

A. Record Management - Demographics
B. Substance Use and Planned Services
C. Living Conditions
D. Education, Employment, and Income
E. Legal
F. Mental and Physical Health Problems and Treatment/Recovery
G. Social Connectedness
Complete Assessment

Client ID (UCN)
Q223232TK252554
Assessment Date
05/01/2024
Status
In Progress
Program
DEMO AGENCY/State Opioid Response Grant (SOR III):5/1/2024-
Created By
Carroll, Tim
Updated By
Carroll, Tim
Updated Timestamp
05/21/2024 02:45 PM
Upload Status
Upload Response Date

Contract/Grant ID
5H79T1085772-02
Interview Type
Intake
Sbirt Class
Not Applicable
Client Description by Grant Type
Treatment grant client
Created Timestamp
05/21/2024 02:44 PM
Upload Date
Upload Action
Number Of Upload Errors

Completion Requirements

A. Record Management - Demographics
B. Substance Use and Planned Services
C. Living Conditions
D. Education, Employment, and Income
E. Legal
F. Mental and Physical Health Problems and Treatment/Recovery
G. Social Connectedness

A. Record Management - Demographics

Next Question

Asked Only at Intake/Baseline

What is your Date of Birth?

Client refused to answer birth month and year?

Yes
No

Figure 124: GPRA Assessment Workspace

→TEST

- Version: 24.5 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency and facility with a SOR program.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
- Navigate to the Client List and create a new client.
- Create an Intake, Screener, Placement Assessment, and Outcome Measure as described above.
- Create a Program Enrollment for the SOR program.
- Navigate to Activity List/GPRA Assessment.
- Click the +Add New GPRA Assessment button and enter the data in the add modal.
- Enter the required fields in the workspace and click the Complete button in the bottom panel.

5.4.8. Expired GPRA

The GPRA Assessment menu item is displayed on the Client Activity List when the client is enrolled in a SOR program. This list displays the prior version of the GPRA in a read-only format. Records will be displayed in this list only via data migration (if migrated). It is not possible to enter new records for the expired GPRA.

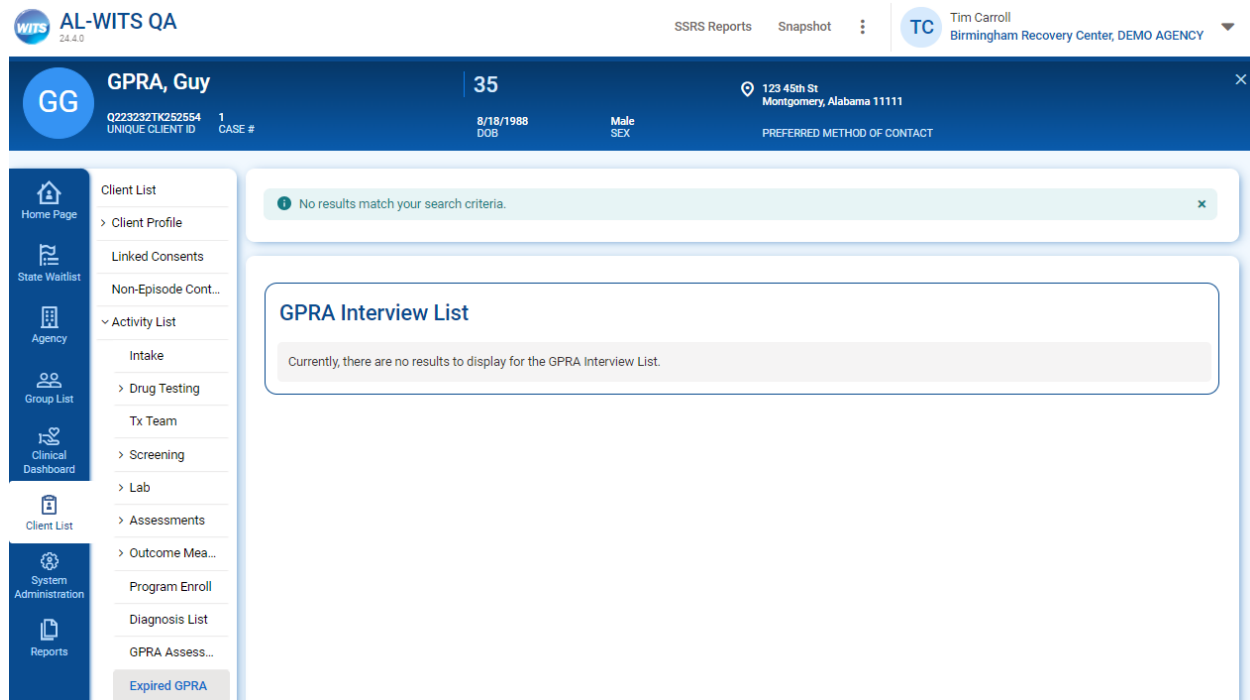


Figure 125: Expired GPRA

5.4.9. Encounter

Encounters document the client service. Billable encounters are released to billing to create the claim item.

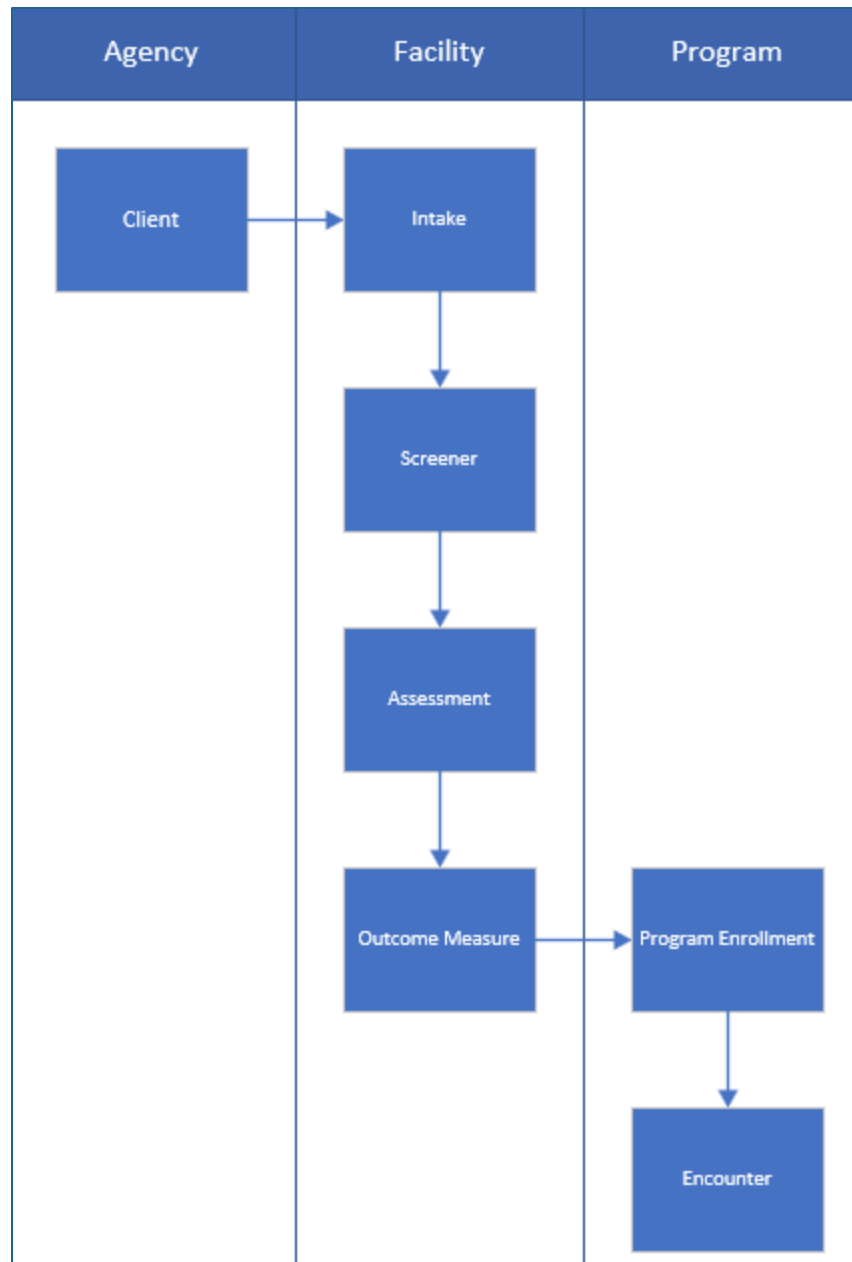




Figure 126: Simplified Clinical Workflow, Encounter


5.4.9.1. Encounter Profile

The encounter is used to collect clinical and billing information for a service delivered to the client. Encounters may be entered for non-billable services.



AL-WITS QA

[Generate Report](#)
[SSRS Reports](#)
[Snapshot](#)




BIV, Roy G.
Q5535359E353544 1 CASE #

32
1/1/1991 DOB Male SEX


123 45th St
Montgomery, Alabama 36117
PREFERRED METHOD OF CONTACT

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Client List

Client Profile

Linked Consents

Non-Episode Cont...

Activity List

Intake

Drug Testing

Tx Team

Screening

Lab

Assessments

Outcome Mea...

Program Enroll

Diagnosis List

Encounters

Profile

Encounter ...

Services

Notes

Treatment

Discharge

Consent

Referrals

Payments

Episode List

Encounter

Hide Context Information

ENC ID	Billing Service Event Key
Created By	Created Date
Updated By	Updated Date

Note Type
Progress Notes

Billable
☒ Yes ☐ No

Program Name
MMTC Treatment/Outpatient : 1/1/2023 -

Service
Case Management - Adult

Start Date
7/18/2023

End Date

Start Time

End Time

Duration

of Service Units / Sessions
1

Service Location
Office

Emergency
☐ Yes ☐ No

Pregnant
☐ Yes ☒ No

Diagnoses for this Service

Primary
F10.20 - Alcohol use disorder, Moderate

Secondary

Tertiary

Rendering Staff
Carroll, Tim

Secondary Staff

Supervising Staff

< Back

Next >

Save

Save and Finish

Cancel

Figure 127: Encounter Profile

→ TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client.
Note: The selected client must have an Intake, Assessment, Outcome Measure, Program Enrollment, and Diagnosis.
- Navigate to Client/Activity List/Encounters.
- Click the +Add Encounter button.
- Enter the required fields.
Note that the Service dropdown is filtered for the modality type of the selected Program Enrollment based on the Modality Approved Service code table.
- The primary diagnosis is read-only and populated from the Client Diagnosis List.
- Click the Next button to navigate to the Encounter Notes screen.

5.4.9.2. Encounter Notes

Current functionality requires a note for each encounter.

- Note templates may be created using the Service Note Type Code Table.
- Multiple notes may be entered with or without the template.
- If the client has a Treatment Plan effective on the encounter start date, then goals, objectives, and interventions may be included.

AL-WITS QA

23.8.5

Generate Report

SSRS Reports

Snapshot

TC

Tim Carroll

Montgomery Metro Treatment Center, MMTc Treatment

RB

BIV, Roy G.

32

123 45th St

Montgomery, Alabama 36117

05353536253544

1

1/1/1991

Male

DOB

SEX

PREFERRED METHOD OF CONTACT

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Client List

Client Profile

Linked Consents

Non-Episode Con...

Activity List

Intake

Drug Testing

Tx Team

Screening

Lab

Assessments

Outcome Mea...

Program Enroll

Diagnosis List

Encounters

Profile

Encounter ...

Services

Notes

Treatment

Discharge

Consent

Referrals

Payments

Episode List

Encounter Notes

Goal Progress

+

Add Goals

Currently, there are no results to display for Add Goals.

+

Add Objectives

Currently, there are no results to display for Add Objectives.

+

Add Interventions

Currently, there are no results to display for Add Interventions.

Unsigned Notes

Allow Disclosure

Yes

No

Add Note

Sign Note

Signed Notes

Signed by Carroll, Tim, 8/31/2023 9:36:30 AM:

Example note.

< Back

Next >

Save

Save and Finish

Cancel

Administrative Actions

Release to Billing

Figure 128: Encounter Notes

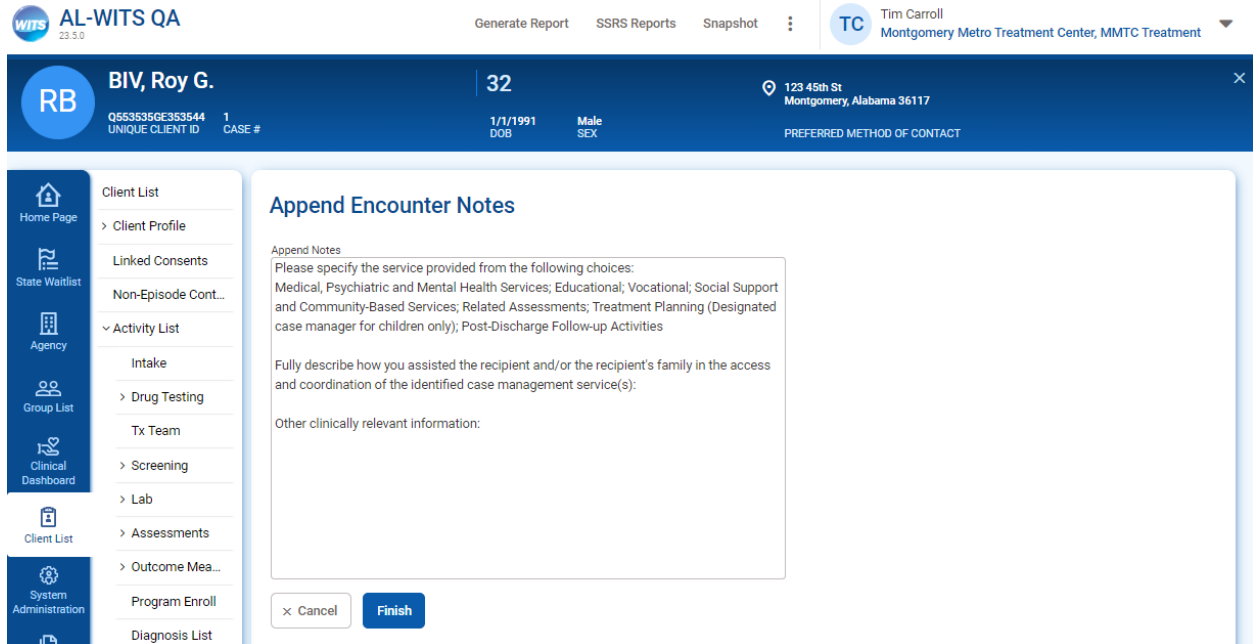


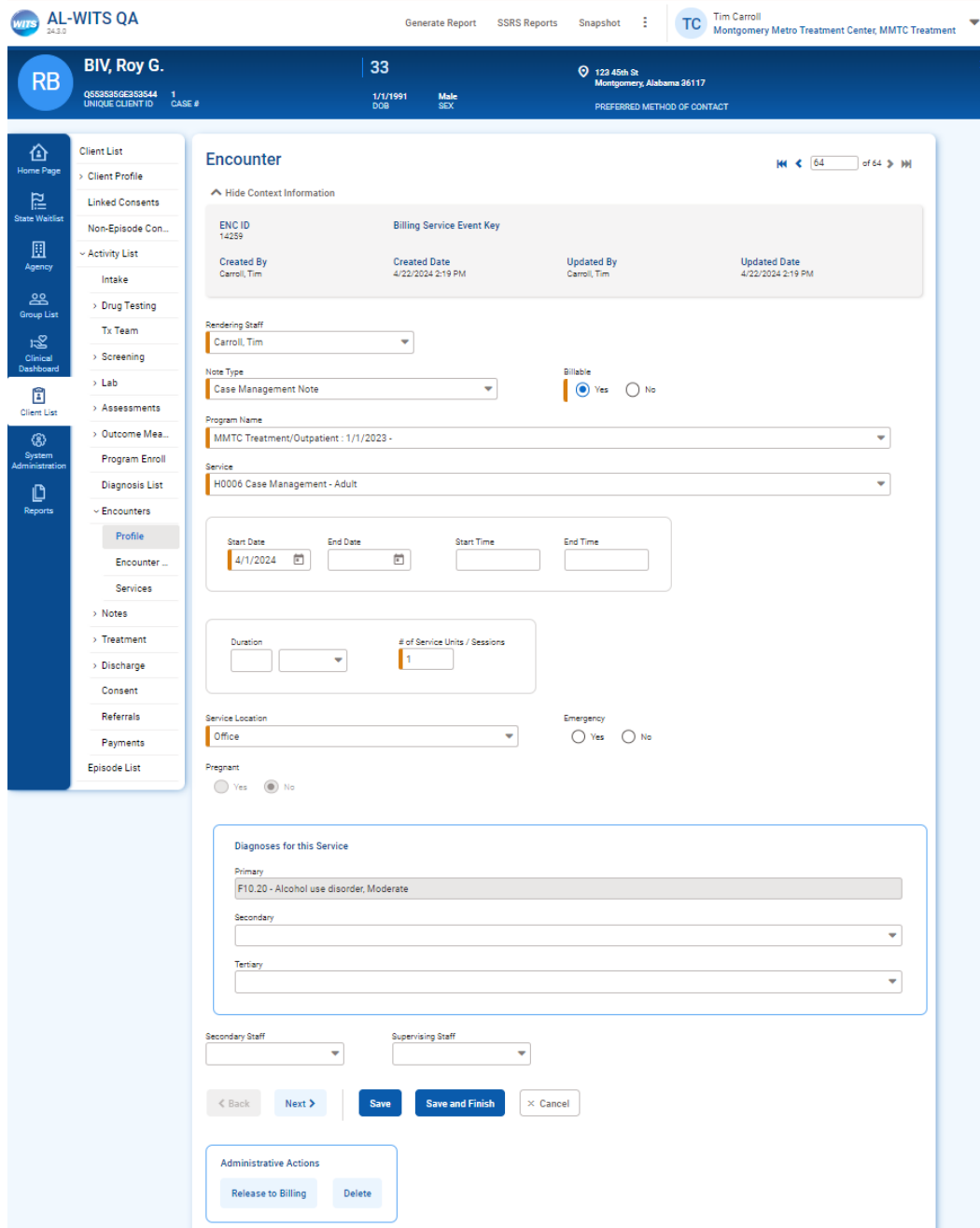
Figure 129: Encounter Notes Template (Append Encounter Notes)

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Start on the Encounter Note screen.
- Test the template for the selected note type:
 - Click the Add Note button.
 - Edit the text of the template.
Note: The selected note type must have a corresponding template in the Service Note Type code table. The note cannot be saved without making changes.
 - Click the Finish button. The note appears in the Unsigned Notes box. Additional edits may be made.
 - Click the Sign Note button, and the note moves to the Signed Notes box.
- Test the regular notes (no template):
 - Enter a note in the Unsigned Notes box.
 - Click the Sign Note button, and the note moves to the Signed Notes box.

5.4.9.3. Release To Billing

The Release to Billing button generates the claim item. The selected service must have a rate, and the client must have a CGE for the selected rate. Additional billing rules check against the maximum allowable units and the appropriate diagnosis before creating the claim item.



The screenshot displays the WITS QA interface for an encounter with client BIV, Roy G. (RB). The top navigation bar includes links for Generate Report, SSRS Reports, and Snapshot, along with a user profile for Tim Carroll. The client's information is shown in a header bar, including their name, age (33), address (123 45th St, Montgomery, Alabama 36117), and date of birth (1/1/1991). The left sidebar contains a navigation menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Encounter' and shows a list of encounters with a table containing columns for ENC ID, Billing Service Event Key, Created By, Created Date, Updated By, and Updated Date. The selected encounter (ENC ID 14259) is displayed in a form with fields for Rendering Staff (Carroll, Tim), Note Type (Case Management Note), Program Name (MMTC Treatment/Outpatient: 1/1/2023 -), Service (H0006 Case Management - Adult), Start Date (4/1/2024), End Date, Start Time, End Time, Duration, # of Service Units / Sessions (1), Service Location (Office), Emergency (Yes/No), and Pregnant (Yes/No). The 'Diagnoses for this Service' section includes Primary (F10.20 - Alcohol use disorder, Moderate), Secondary, and Tertiary dropdowns. At the bottom, there are buttons for '< Back', 'Next >', 'Save', 'Save and Finish', and 'Cancel'. An 'Administrative Actions' section at the bottom right contains a 'Release to Billing' button and a 'Delete' button.

Figure 130: Encounter Release to Billing

At RTB, the highest priority CGE/rate combination is selected automatically, and the claim item is created:

1. Private Insurance (TPL)
2. Medicaid
3. Government Contract by rate priority

→TEST

- Version: 24.4 and later.
- Account role(s): Clinical (Full Access), Release To Billing
- Click the Release to Billing button in the Administrative Actions section at the bottom of the encounter. The button may be clicked on the Encounter Profile or Encounter Note screens.
- Note the released status on the Encounter List.
- Navigate to Agency/Billing/Claim Item and search for the claim item by client name and Service Date.
- Note the Released status on the Claim Item List.
- Select the Profile button from the ellipsis.
- Note the Group Enrollment field indicating the expected payor.
- Repeat the test for the following scenarios:
 - Client with no CGE records.
 - Service with no rate.
 - Client with one or more CGE records that matches the service rate(s) (Medicaid and Government Contract).
 - Client with one or more CGE records that do not match the service rate.
 - Client with multiple CGE records.
 - Service with multiple rates (Medicaid and Government Contract).

5.4.9.4. Release To Billing, Maximum Billing Units

At Release to Billing, WITS calculates the billing units and compares them to the maximum billing units for the selected service. Billing units are calculated as follows:

- For a unit-based service, the Claim Item Billing Units on the claim item equal the “# of Service Units / Sessions” from the Encounter.
- For a duration-based service, the Claim Item Billing Units are calculated based on the encounter duration and the rate. For example, if the service/rate has a 15-minute unit, and 1 hour is entered on the encounter duration, the total billing units on the claim item will be 4.

See the Billing Management/Services section for additional setup instructions.

→TEST

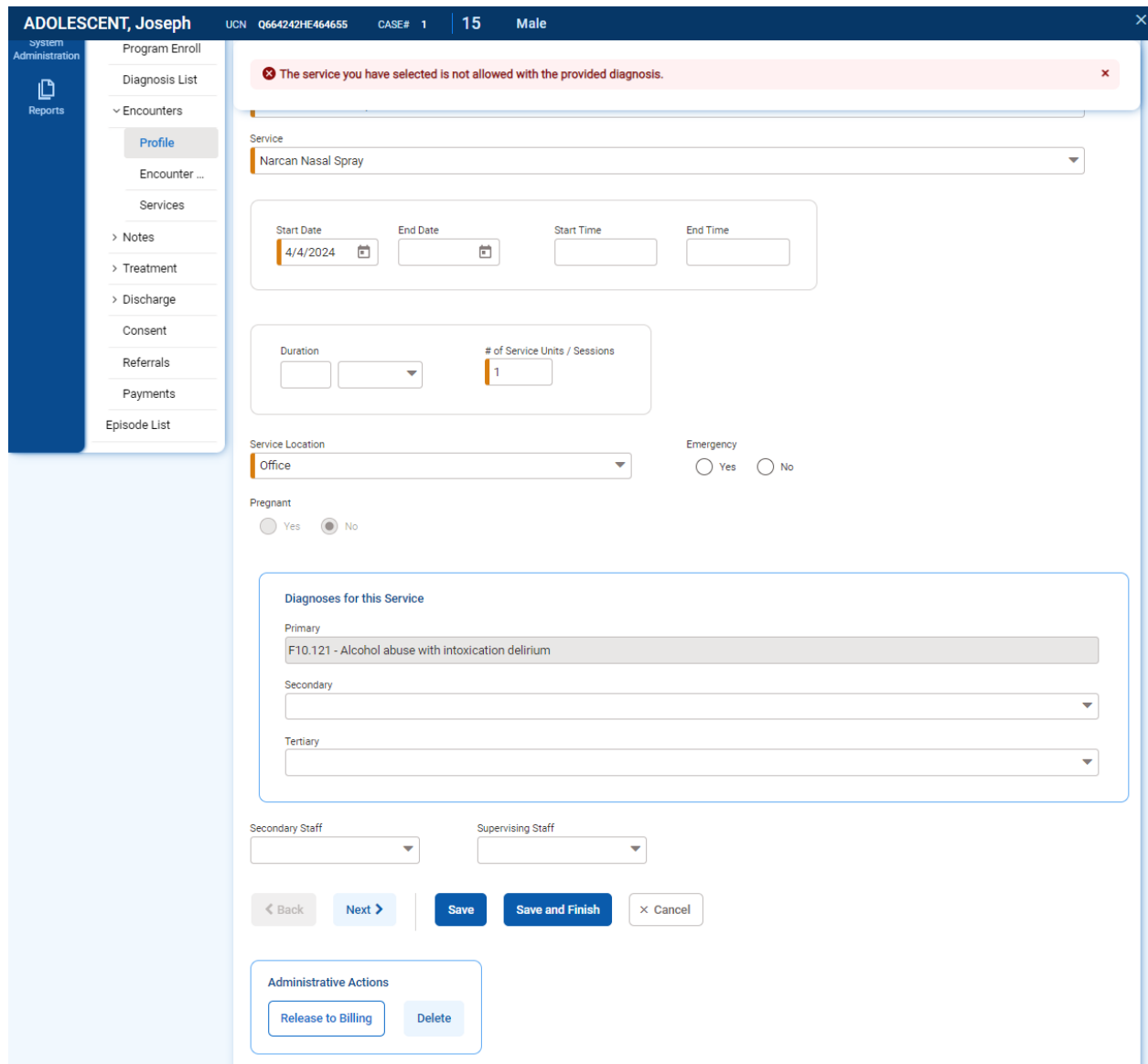
- Version: 24.4 and later
- Account role(s): Clinical (Full Access), Release To Billing.
- Identify a unit-based service with a maximum number of daily billing units.
Example: Individual Counseling, 90832/HF, max units = 1 per day.
- Notes:
 - The Service should have a Medicaid or Government Contract Rate.
 - The Client should have a CGE for the identified rate.
- Create an encounter using the identified service and 1 unit.
- Click the “Release to Billing” button.
- Note the released status on the Encounter List.
- Navigate to Agency/Billing/Claim Item and search for the claim item by client name and Service Date.
- Note the Released status on the Claim Item List.
- Select the Profile button from the ellipsis.
- Note the Group Enrollment field indicating the expected payor.
- Repeat the test for the following scenarios:
 - Enter >1 unit on the encounter.
Note: The encounter is not released, and an error is displayed.
 - Select a duration-based service with a maximum number of daily billing units.
Example: Medication Monitoring, H0034/HF, max units = 2 per day.
 - Select a service that does not have a maximum number of daily billing units.

5.4.9.5. Release to Billing, Diagnosis Category

At Release to Billing, WITS compares the Encounter Diagnosis to the Diagnosis Category for the selected service. If the selected service does not have a Diagnosis Category, then any diagnosis is acceptable for the service.

See the following sections for additional setup information:

- System Management/System Administration/Code Tables/Service Diagnosis Category.
- Billing Management/Services



ADOLESCENT, Joseph UCN Q664242HE464655 CASE# 1 15 Male

System Administration

- Program Enroll
- Diagnosis List
- Encounters
 - Profile
 - Encounter ...
- Services
- Notes
- Treatment
- Discharge
- Consent
- Referrals
- Payments
- Episode List

Service

Narcan Nasal Spray

Start Date: 4/4/2024 End Date: Start Time: End Time:

Duration: # of Service Units / Sessions: 1

Service Location: Office Emergency: ☐ Yes ☐ No

Pregnant: ☐ Yes ☒ No

Diagnoses for this Service

Primary: F10.121 - Alcohol abuse with intoxication delirium

Secondary:

Tertiary:

Secondary Staff: Supervising Staff:

< Back Next > Save Save and Finish × Cancel

Administrative Actions

Release to Billing Delete

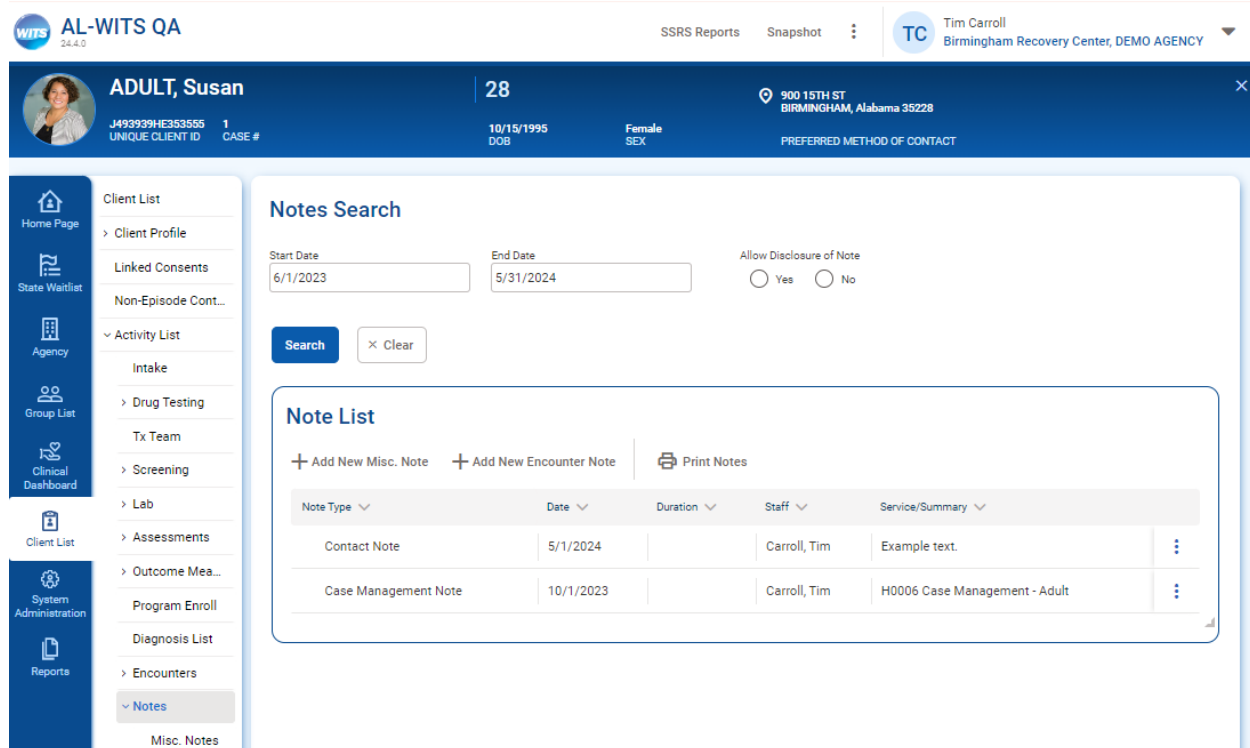
Figure 131: Encounter Release to Billing, Diagnosis Category

→ TEST

- Version: 24.5 and later
- Account role(s): Clinical (Full Access), Release To Billing.
- Identify a service that has a Diagnosis Category selected. See the Service Diagnosis Category section under Code Tables for additional information.
Example: Narcan Nasal Spray with the Opioid Use Disorder Category.
- Notes:
 - The Service should have a Medicaid or Government Contract Rate.
 - The Client should have a CGE for the identified rate.
 - The client diagnosis should be one that is not included in the Service Diagnosis Category.
Example: F10.121 as shown in the screenshot above.
- Create an encounter using the identified service.
- Click the “Release to Billing” button.
- Note the error, “The service you have selected is not allowed with the provided diagnosis.”
- Repeat the test for the following scenarios:
 - Select the Narcan Nasal Spray on the encounter for a client with a diagnosis that is included in the Service Diagnosis Category. Example: F11.10.
Note: The encounter should be released without displaying an error message.
 - Select a service that does not have a Diagnosis Category on the Service Profile.
Note: The encounter should be released without displaying an error message.

5.4.10. Notes

The Note List contains both Encounters and Miscellaneous Notes. Encounters may be added, edited, and viewed from both the Encounters and Notes menu items. Miscellaneous Notes may be added, edited, and viewed from only the Notes menu item.



WITS AL-WITS QA 24.4.0 SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Susan 28 900 15TH ST BIRMINGHAM, Alabama 35228

J493939HE353555 1 CASE # 10/15/1995 DOB Female SEX 10/15/1995 DOB Female SEX 900 15TH ST BIRMINGHAM, Alabama 35228

Notes Search

Start Date: 6/1/2023 End Date: 5/31/2024 Allow Disclosure of Note: ☐ Yes ☐ No

Search **Clear**

Note List

+ Add New Misc. Note + Add New Encounter Note Print Notes

Note Type	Date	Duration	Staff	Service/Summary
Contact Note	5/1/2024		Carroll, Tim	Example text.
Case Management Note	10/1/2023		Carroll, Tim	H0006 Case Management - Adult

Figure 132: Notes List showing an Encounter and a Miscellaneous Note

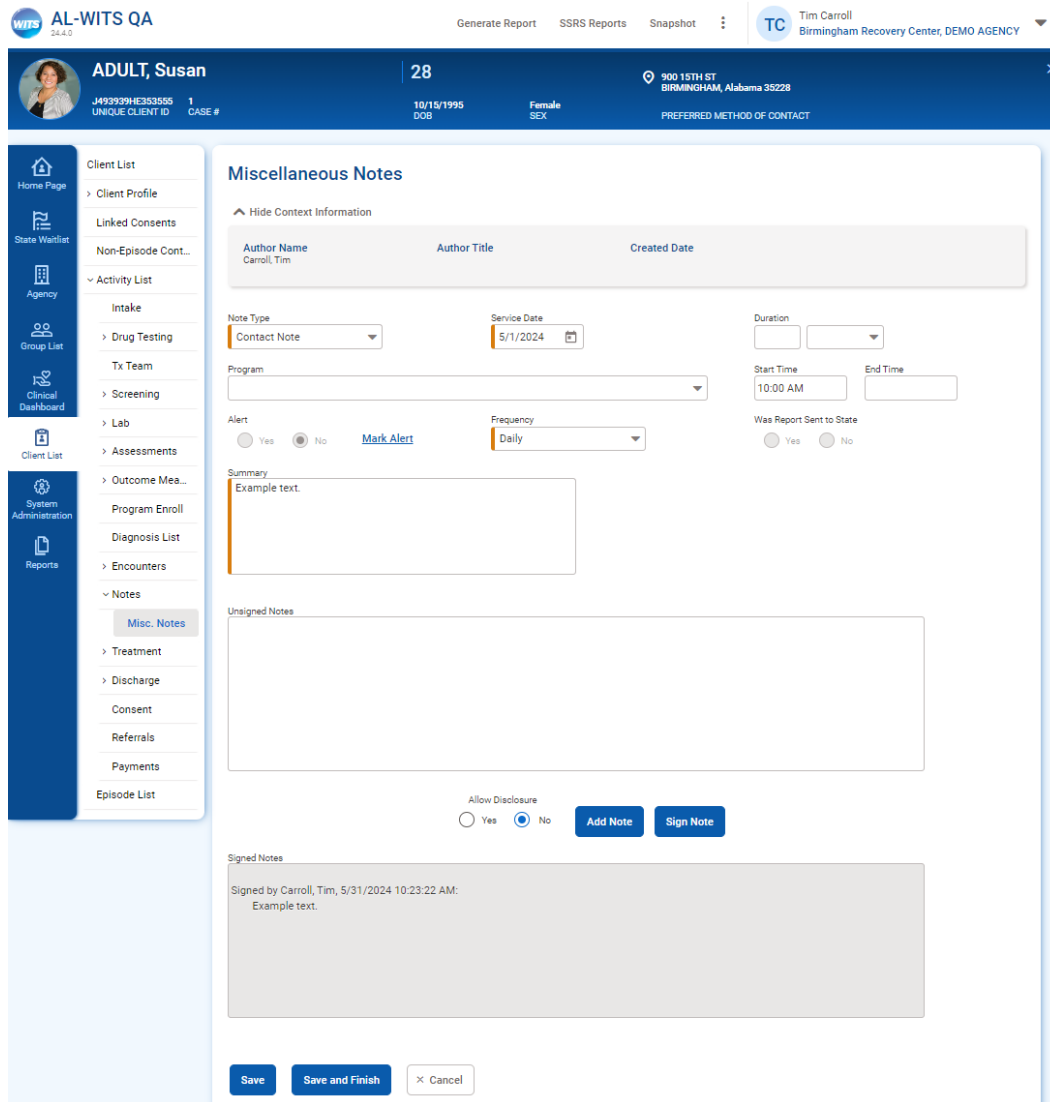
5.4.10.1. Encounters

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client.
Note: The selected client must have an Intake, Assessment, Outcome Measure, Program Enrollment, and Diagnosis.
- Navigate to Client/Activity List/Notes.
- Click the +Add New Encounter Note button
- Follow the above Encounter test instructions to create the Encounter.

5.4.10.2. Miscellaneous Notes

Providers may enter Miscellaneous Notes to document any contact with a client that does not require an Encounter. Miscellaneous Notes do not contain a service, so they are not billable.



WITS AL-WITS QA 24.4.0 Generate Report SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Susan | 28 | 900 15TH ST BIRMINGHAM, Alabama 35228

UNIQUE CLIENT ID: J492929HC353558 CASE #: 1 DOB: 10/15/1995 SEX: Female PREFERRED METHOD OF CONTACT:

Miscellaneous Notes

Hide Context Information

Author Name	Author Title	Created Date
Carroll, Tim		

Note Type: **Contact Note** Service Date: **5/1/2024** Duration:

Program: Start Time: **10:00 AM** End Time:

Alert: ☐ Yes ☒ No [Mark Alert](#) Frequency: **Daily** Was Report Sent to State: ☐ Yes ☐ No

Summary:

Unsigned Notes:

Allow Disclosure: ☐ Yes ☒ No [Add Note](#) [Sign Note](#)

Signed Notes: Signed by Carroll, Tim, 5/31/2024 10:23:22 AM:

[Save](#) [Save and Finish](#) [Cancel](#)

Figure 133: Miscellaneous Notes Profile

→ TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client.
Note: The selected client must have an Intake, but no additional records are required.
- Navigate to Client/Activity List/Notes

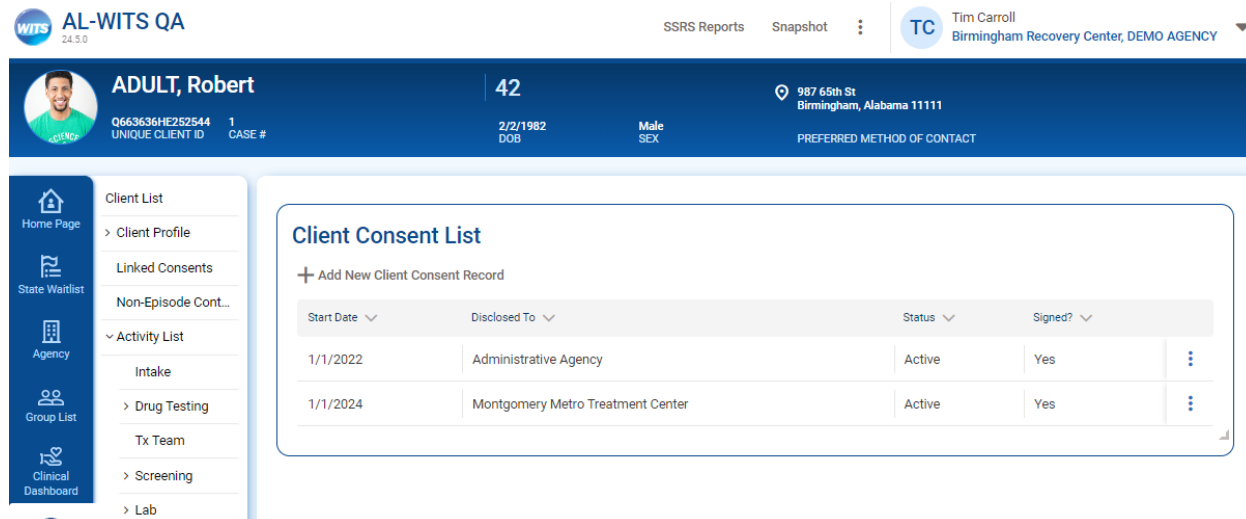
- Click the +Add New Misc. Note button.
Alternately, navigate to Client/Activity List/Notes/Misc. Notes and click the +Add New Miscellaneous Notes Record button.
- Enter the required fields and any optional fields.
- Click the Save and Finish button.

5.4.11. Consent

The consent is a formal process adhering to 42 CFR Part 2, which governs the sharing of client information between agencies and facilities using Alabama WITS. Additionally, the consent may be used to record the sharing of information with non-system entities such as an external physician, hospital, or other healthcare provider.

The disclosed client activities are visible to the receiving agency, and the client may revoke the consent at any time.

5.4.11.1. Enter Client Consent



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 42 987 65th St Birmingham, Alabama 11111

Q663636HE252544 1 CASE # 2/2/1982 DOB Male SEX

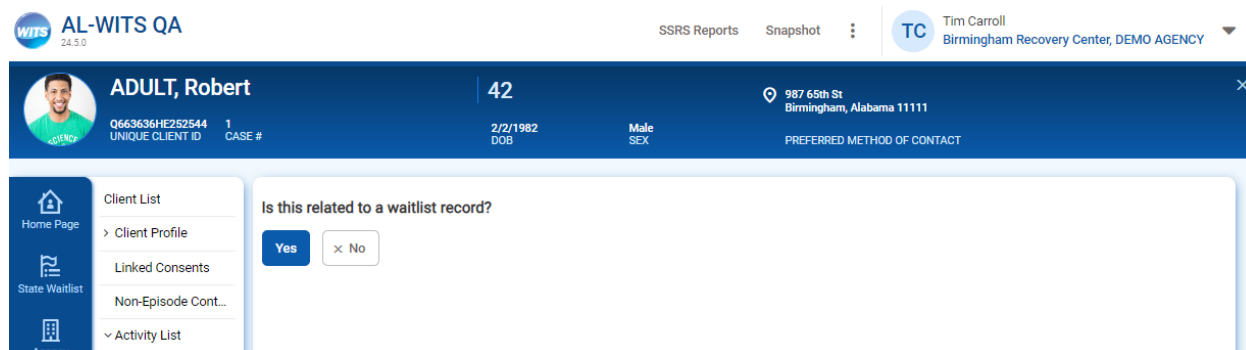
PREFERRED METHOD OF CONTACT

Client Consent List

+ Add New Client Consent Record

Start Date	Disclosed To	Status	Signed?
1/1/2022	Administrative Agency	Active	Yes
1/1/2024	Montgomery Metro Treatment Center	Active	Yes

Figure 134: Client Consent List



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 42 987 65th St Birmingham, Alabama 11111


Q663636HE252544 1 CASE # 2/2/1982 DOB Male SEX

PREFERRED METHOD OF CONTACT


Is this related to a waitlist record?









Yes No

Figure 135: Client Consent, Waitlist Confirmation


ADULT, Robert
Q663636HE252544
UNIQUE CLIENT ID 1
CASE #

42
2/2/1982
DOB Male
SEX

 987 65th St
Birmingham, Alabama 11111
PREFERRED METHOD OF CONTACT

 Home Page
 State Waitlist
 Agency
 Group List
 Clinical Dashboard
 Client List
 System Administration
 Reports

Client List
> Client Profile
Linked Consents
Non-Episode Con...
> Activity List
Intake
> Drug Testing
Tx Team
> Screening
> Lab
> Assessments
> Outcome Mea...
Program Enroll
Diagnosis List
> Encounters
> Notes
> Treatment
> Discharge
Consent
Referrals
Payments
Episode List

Client Disclosure Agreement

^ Hide Context Information

Note: Consented information may not be redisclosed.

Client Name Adult, Robert	Unique Client Number Q663636HE252544	Disclosed From Agency Birmingham Recovery Center
-------------------------------------	--	--

Entities with Disclosure Agreements

All Other Agencies

System Agency

☒ Yes ☐ No

Disclosed To Agency

Montgomery Metro Treatment Center

Facility

All Facilities

Disclosed To Entity (Non System Agency)

Purpose for Disclosure

Referral to Montgomery Metro

Earliest Date of Services to be Consented

1/1/2024

Has the client signed the paper agreement form

☒ Yes ☐ No

Date Client Signed Consent

7/1/2024

Client Information To Be Consented

*Expiration type is required for disclosure activities.

Expiration Type

*Expiration type is required for Disclosure activities.

Client Information Options

Admission
ANSA Assessment
ASAM
ATR Eligibility Screen
Behavioral Health Assessment
CAGE-AID Screening
Client Screening
CONTINUUM Triage™ Assessment
CONTINUUM™
Court Living Situation
Court Medication Assisted Treatment

Disclosure Selection

ADMH Placement Assessment (DS, +90)
ADMH Update Assessment (DS, +90)
Client Information (Profile) (DS, +90)
Consent (DS, +90)
CRAFT (DS, +90)
Diagnosis List (DS, +90)
Encounter Detail (DS, +90)
Intake Transaction (DS, +90)
Treatment Plan (DS, +90)
UNCOPE (DS, +90)

Comments

Other Disclosures

Save Save and Finish Cancel

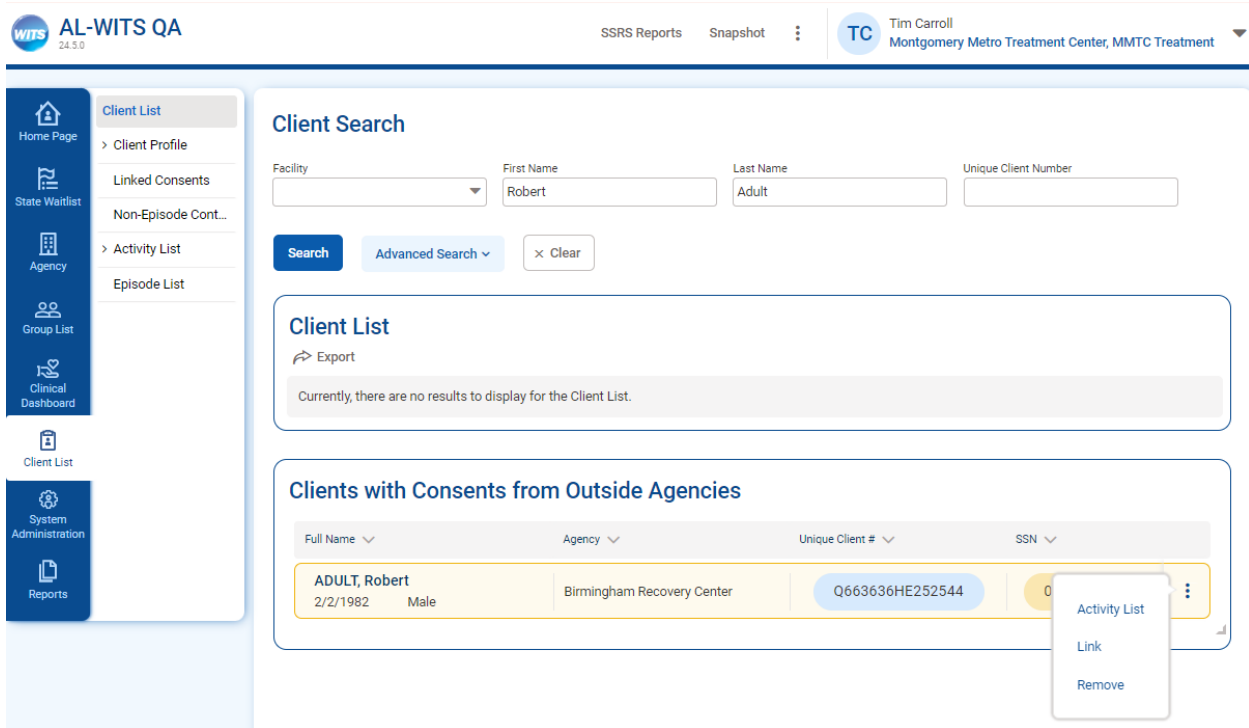
Figure 136: Client Consent, Client Disclosure Agreement

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client with an open episode. Select a client with a mix of activities, including a screening, assessment, and encounters.
- Navigate to Client List/Activity List/Consent.
- Click the +Add New Client Consent Record button.
- Select Yes or No on the Waitlist Confirmation screen.
- Select the template from the “Entities with Disclosure Agreements” dropdown to pre-populate the Client Information to be Consented.
Note: This is an optional field. See the Disclosure Template section under System Management/Agency for additional information.
- Select the Disclosed to Agency/Facility.
Note: A consent may be entered for a non-system agency by selecting “No” for System Agency and enter the non-system agency name. Make sure to select a WITS agency for this test.
- Enter the remaining required fields.
- Review the Client Information to be Consented section which was pre-populated from the selected template. Client activities may be selected or removed as needed.
- Click the Save button to continue testing the Referral.
Note: The screen becomes read-only. Click the + Create Referral Using this Disclosure Agreement button and skip down to the Referrals section to continue testing.
- Alternately, click the or click the Save and Finish button to return to the Consent list.

5.4.11.2. Review Disclosed Records

The disclosed records are available in the receiving agency. Note: The user must have the “View Consented Clients” role to see consented records.



The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and the text "AL-WITS QA". On the right, there are links for "SSRS Reports" and "Snapshot", and a user profile for "TC Tim Carroll" with the role "Montgomery Metro Treatment Center, MMTC Treatment".

The left sidebar contains a menu with the following items: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List (highlighted), System Administration, and Reports.


The main content area is titled "Client Search" and includes search filters for Facility, First Name (Robert), Last Name (Adult), and Unique Client Number. Below the filters are buttons for "Search", "Advanced Search", and "Clear".

The "Client List" section shows a message: "Currently, there are no results to display for the Client List." Below this is a section titled "Clients with Consents from Outside Agencies" which displays a table of clients.


Full Name	Agency	Unique Client #	SSN
ADULT, Robert 2/2/1982 Male	Birmingham Recovery Center	Q663636HE252544	0

A context menu is open over the first row of the table, showing options: "Activity List", "Link", and "Remove".

Figure 137: Client List, Clients with Consents


AL-WITS QA
24.5.0

SSRS Reports Snapshot :


Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Consented: **ADULT, Robert** UCN: Q663636HE252544 LOCATION: Birmingham Recovery Center

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Client List

> Client Profile

Linked Consents

Non-Episode Cont...

< Activity List

Episode List

Consented Activities

Hide Context Information

PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT:
This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Finish

Consented Activity List

Activity	Activity Date	Created Date	Status	
Encounter Detail	4/5/2024	5/2/2024	Completed	⋮
Encounter Detail	4/1/2024	4/25/2024	Completed	⋮
Encounter Detail	4/1/2024	4/25/2024	Completed	⋮
Encounter Detail	3/3/2024	4/25/2024	Completed	⋮
Encounter Detail	3/1/2024	4/25/2024	Completed	⋮
Encounter Detail	3/1/2024	4/25/2024	Completed	⋮
Encounter Detail	3/1/2024	3/26/2024	Completed	⋮
Encounter Detail	2/1/2024	4/25/2024	Completed	⋮
ADMH Update Assessment	1/4/2024	1/4/2024	Finalized	⋮
Diagnosis List	1/4/2024	1/4/2024	Completed	⋮

Figure 138: Consented Activities List


→TEST

Continued from above.

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access), View Consented Clients
- Select a provider agency.
- Navigate to the Client List and search for the client used in the prior section. The client should display in the bottom list, "Clients with Consents from Outside Agencies."
- Click the Activity List button from the ellipsis to view the Consented Activities List.
- Review the consented activities.
Note: Activities open in a new browser tab.
- Click the Return to Consented Activity List button to view the list again.


5.4.11.3. Revoke Client Consent

A client may revoke a consent at any time.


AL-WITS QA


[Generate Report](#)
[SSRS Reports](#)
[Snapshot](#)




ADULT, Robert

42


987 65th St
Birmingham, Alabama 11111


Home Page



State Waitlist


Agency


Group List


Clinical Dashboard


Client List


System Administration


Reports

Client List

Client Profile

Linked Consents

Non-Episode Con...

Activity List

Intake

Drug Testing

Tx Team

Screening

Lab

Assessments

Outcome Mea...

Program Enroll

Diagnosis List

Encounters

Notes

Treatment

Discharge

Consent

Referrals

Payments

Episode List

Client Disclosure Agreement

+ Create Referral Using this Disclosure Agreement

Hide Context Information

Note: Consented information may not be redisclosed.

Client Name	Unique Client Number	Disclosed From Agency
Adult, Robert	Q6696264E252544	Birmingham Recovery Center

Entities with Disclosure Agreements

All Other Agencies

System Agency

Yes

Disclosed To Agency

Montgomery Metro Treatment Center

Disclosed To Entity (Non System Agency)

Purpose for Disclosure

Referral to Montgomery Metro

Earliest Date of Services to be Consented

1/1/2024

Has the client signed the paper agreement form

Yes

Date Client Signed Consent

7/1/2024

Facility

All Facilities

Client Information To Be Consented

*Expiration type is required for disclosure activities.

Expiration Type

Client Information Options

Admission
ANSA Assessment
ASAM
ATR Eligibility Screen
Behavioral Health Assessment
CAGE-AID Screening
Client Screening
CONTINUUM Triage™ Assessment
CONTINUUM™
Court Living Situation
Court Medication Assisted Treatment

Disclosure Selection

ADMH Placement Assessment (DS, 9/29/2024)
ADMH Update Assessment (DS, 9/29/2024)
Client Information (Profile) (DS, 9/29/2024)
Consent (DS, 9/29/2024)
CRAFT (DS, 9/29/2024)
Diagnosis List (DS, 9/29/2024)
Encounter Detail (DS, 9/29/2024)
Intake Transaction (DS, 9/29/2024)
Treatment Plan (DS, 9/29/2024)
UNCOPE (DS, 9/29/2024)

Comments

Other Disclosures

Finish

Revoke

Figure 139: Read-only Consent showing Revoke button

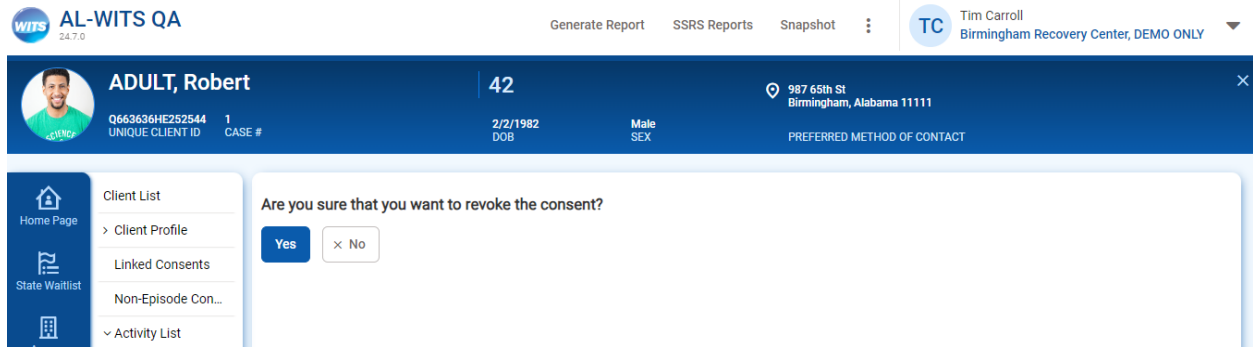
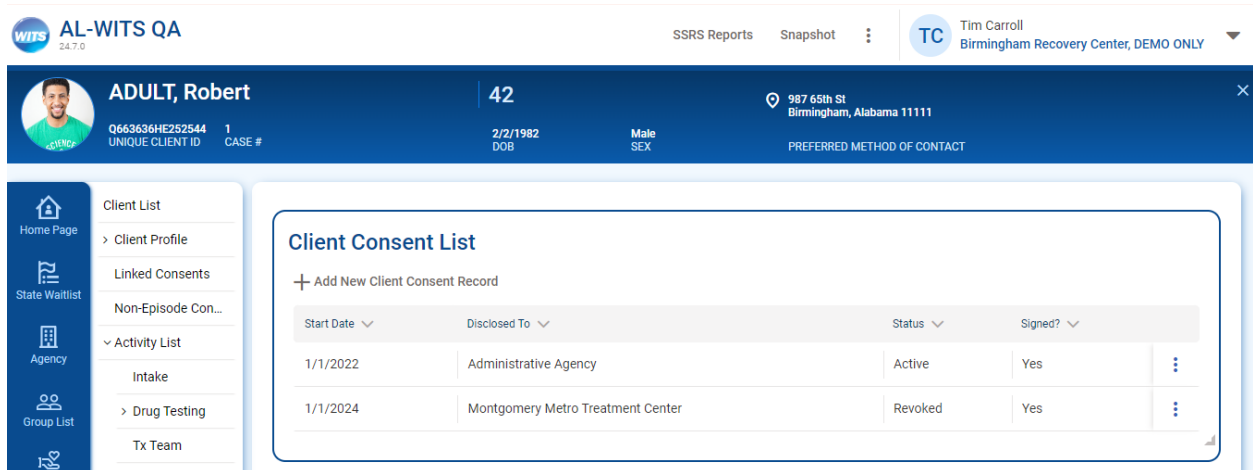


Figure 140: Revoke Consent Confirmation Screen



Start Date	Disclosed To	Status	Signed?
1/1/2022	Administrative Agency	Active	Yes
1/1/2024	Montgomery Metro Treatment Center	Revoked	Yes

Figure 141: Consent List showing a Consent with a Revoked Status


→TEST

Continued from above.


- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client with a signed Consent.
- Navigate to Client List/Activity List/Consent.
- Click the Review button on the ellipsis to view the read-only consent.
- Click the Revoke button.
- Click the Yes button on the Confirmation Screen.
- Navigate back to Client List/Activity List/Consent.
- Review the Revoked status of the revoked Consent in the Client Consent List.
- Follow the instructions in the Review Disclosed Records section above and search for the client in the receiving agency. The client and previously consented records are not displayed in the list, "Clients with Consents from Outside Agencies."

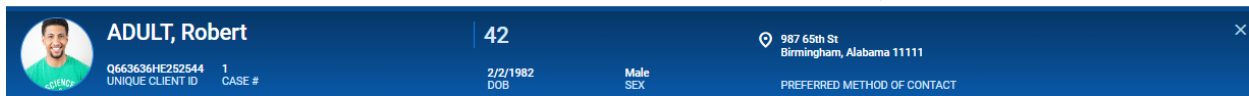
5.4.12. Referrals

Clients may be referred to another agency to receive services. This process creates the client profile in the receiving agency. Referrals require a signed consent record.


AL-WITS QA

SSRS Reports Snapshot





Home Page
State Waitlist
Agency
Group List
Clinical Dashboard

Client List
> Client Profile
Linked Consents
Non-Episode Cont...
Activity List
Intake
> Drug Testing
Tx Team
> Screening

Client Referral List

+ Add New Client Referral Record

Name	Referred To Agency	Referred To Facility	Non System Agency	Referred To Modality	Referral Status	
Adult, Robert	Administrative Agency	Administrative Unit		Ambulatory- Non-Intensive Outpatient	Referral Created/Pending	⋮
Adult, Robert	Montgomery Metro Treatment Center	MMTC Treatment		Ambulatory- Non-Intensive Outpatient	Referral Created/Pending	⋮

Figure 142: Client Referral List


ADULT, Robert
42

Q663636HE252544
UNIQUE CLIENT ID CASE #

2/2/1982
DOB

Male
SEX

987 65th St
Birmingham, Alabama 11111

PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Client List
Client Profile
Linked Consents
Non-Episode Cont...
Activity List
Intake
Drug Testing
Tx Team
Screening
Lab
Assessments
Outcome Mea...
Program Enroll
Diagnosis List
Encounters
Notes
Treatment
Discharge
Consent
Referrals
Payments
Episode List

Referral

Referred By

Agency
Birmingham Recovery Center

Facility
DEMO AGENCY

Staff Member
Carroll, Tim

Program
DEMO AGENCY/Intensive Outpatient : 1/1/2...

State Reporting Category

Reason
Service not available at this facility

If Other

Is Consent Verification Required?
☒ Yes ☐ No

Is Consent Verified?
☒ Yes ☐ No

Continue This Episode of Care?
☒ Yes ☐ No

Comments

Referral Status

Referral Created/Pending

Projected End Date

Created Date

7/1/2024 2:07 PM

Save Save and Finish Cancel

Referred To

Signed Consents
Montgomery Metro Treatment Center

Agency
Montgomery Metro Treatment Center

Facility
MMTC Treatment

Staff Member

Program
Outpatient (-202)

State Reporting Category

Non-System Agency

Non-System Modality

Non-System Specifier

Appt Date
Undetermined

Consents Granted

Consent Date: 1/1/2024
Disclosure Domains:
ADMH Placement Assessment (DS, 9/29/2024)
ADMH Update Assessment (DS, 9/29/2024)
Consent (DS, 9/29/2024)
CRAFT (DS, 9/29/2024)
Diagnosis List (DS, 9/29/2024)

Figure 143: Client Referral

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client with a consent record.
Note: Use the same client from the Consent test above.

- Navigate to Client List/Activity List/Referrals.
- Click the +Add New Client Referral Record button.
- Review the Referral screen:
 - The left side contains information from and about the Referred By Agency.
 - The right side contains information about the Referred To Agency.
- Enter the required fields on the left side panel, Referred By.
- Enter the required fields on the right side panel, Referred To.

Note: If the Referral record was created from the Consent, the first two fields are pre-populated.
- Click the Save and Finish button.

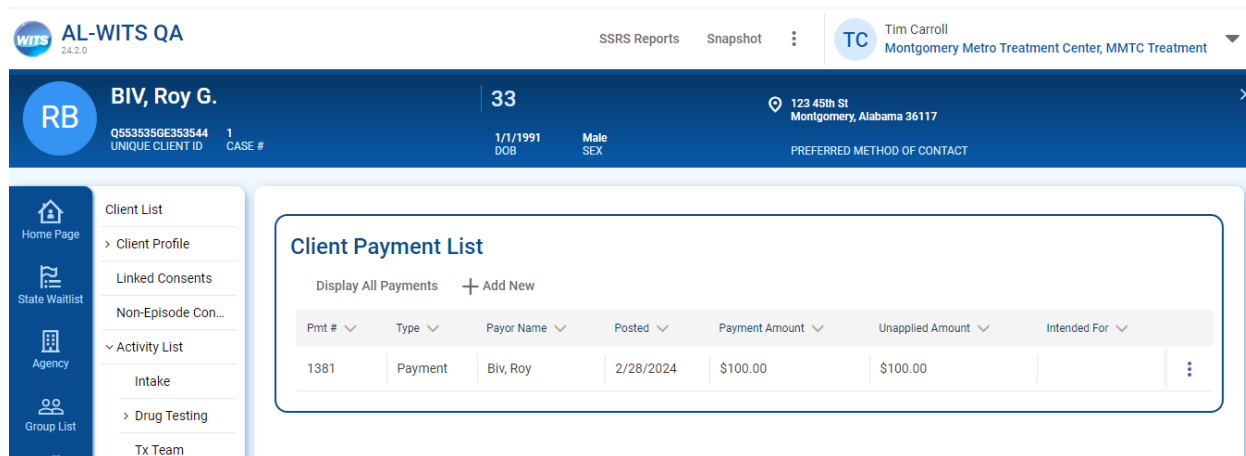
5.4.13. Payments

Users who have access to the client record may enter payments on the Client Activity List. Additionally, billing staff may enter client payments on the Agency/Billing/Payment List.

Note: Payments may be applied to claims items from the Agency/Billing/Payment List only.

See the following sections for more information:


- Billing Management/Payment Management/EOB Transaction, Client Payment
- System Management/System Administration/Code Tables/Payment Intent




The screenshot displays the WITS AL-WITS QA interface. At the top, the header includes the WITS logo, version 24.2.0, and navigation links for SSRS Reports and Snapshot. A user profile for Tim Carroll at Montgomery Metro Treatment Center is shown. Below the header, a client profile for BIV, Roy G. is displayed, including a unique client ID, case number, date of birth, sex, and address. The main content area shows the 'Client Payment List' for this client. It includes a table with columns for Payment Number, Type, Payor Name, Posted Date, Payment Amount, Unapplied Amount, and Intended For. A single payment record is visible: Payment 1381, Type Payment, Payor Biv, Roy, Posted 2/28/2024, Payment Amount \$100.00, and Unapplied Amount \$100.00.


Pmt #	Type	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For
1381	Payment	Biv, Roy	2/28/2024	\$100.00	\$100.00	

Figure 144: Client Payment List


AL-WITS QA

SSRS Reports Snapshot


Tim Carroll
Montgomery Metro Treatment Center, MMTCT Treatment


BIV, Roy G.
Q553535GE353544
UNIQUE CLIENT ID 1
CASE #

33
1/1/1991
DOB Male
SEX

123 45th St
Montgomery, Alabama 36117
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Client List
> Client Profile
Linked Consents
Non-Episode Con...
> Activity List
Intake
> Drug Testing
Tx Team
> Screening
> Lab
> Assessments
> Outcome Mea...
Program Enroll
Diagnosis List
> Encounters
> Notes
> Treatment

Payment Profile

Payment #

Receipt Date

Created Date

Created By

Payment Amount

Unapplied Amount

Intended For

Posted Date

Client Name

Transaction Type

Reference

Comment

Check/EFT Date

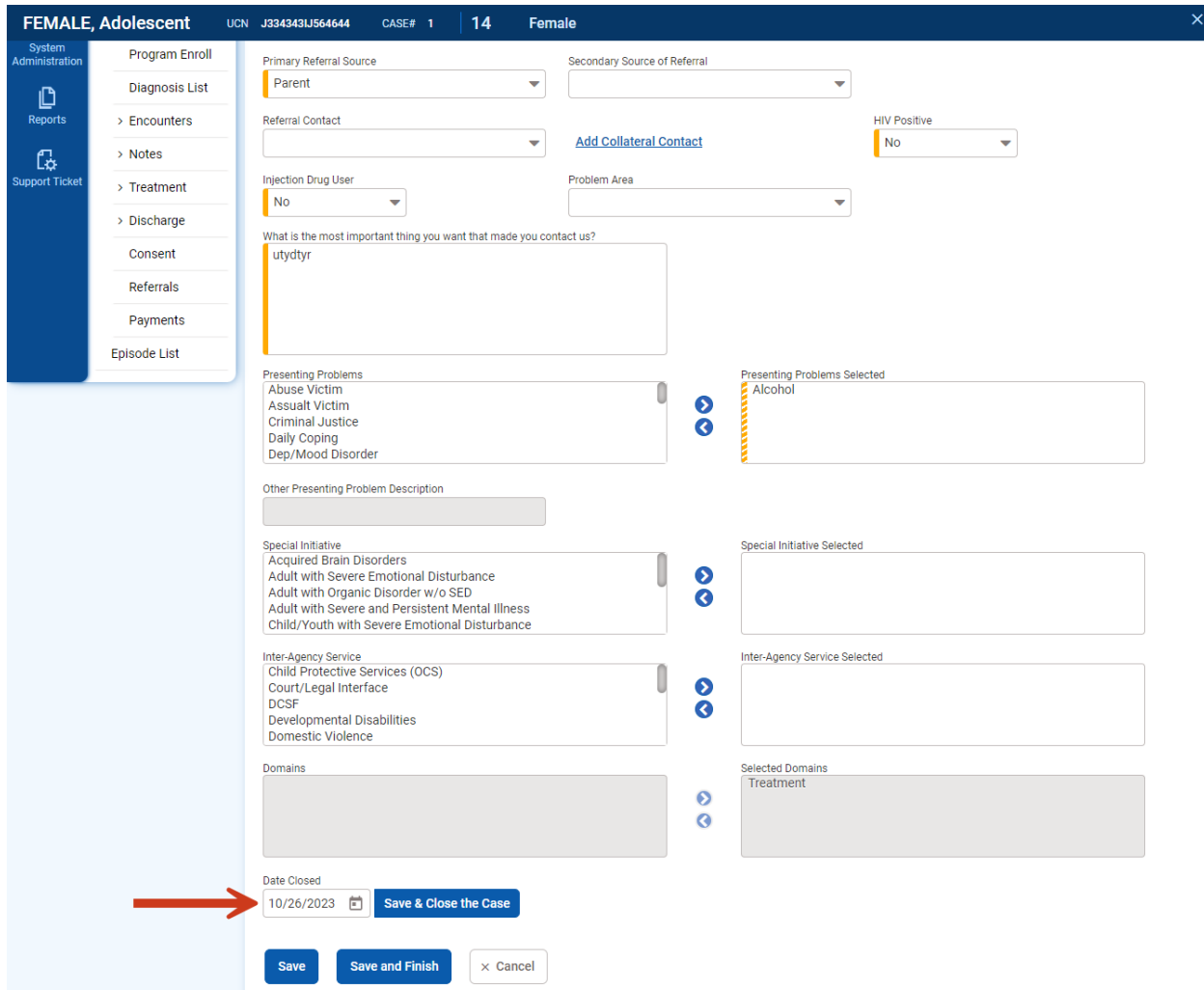
Figure 145: Payment Profile

→TEST

- Version: 24.3 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client with an active Intake.
- Navigate to Activity List/Payments.
- Click the +Add New button.
- Enter the required fields.
Note: The Intended For dropdown is optional. Values may be added in the Payment Intent Code Table.
- Click the Save and Finish button.
- Navigate to Agency/Billing/Payment List and search for the client's name.
Note: This step requires the Agency Billing OR WITS Billing Administrator roles.
- View the payments entered from the Client Activity List.
Note: Client payments may be applied to the encounter balance. See the Payment/EOB, Client Payment section for more information.

5.4.14. Close Intake

When the case is closed, any active CGE records are also closed.



FEMALE, Adolescent UCN J334343IJ564644 CASE# 1 14 Female

System Administration

- Program Enroll
- Diagnosis List
- > Encounters
- > Notes
- > Treatment
- > Discharge
- Consent
- Referrals
- Payments
- Episode List

Primary Referral Source: Parent

Secondary Source of Referral:

Referral Contact:

Injection Drug User: No

Problem Area:

HIV Positive: No

What is the most important thing you want that made you contact us?

utydyr

Presenting Problems:

- Abuse Victim
- Assault Victim
- Criminal Justice
- Daily Coping
- Dep/Mood Disorder

Other Presenting Problem Description:

Special Initiative:

- Acquired Brain Disorders
- Adult with Severe Emotional Disturbance
- Adult with Organic Disorder w/o SED
- Adult with Severe and Persistent Mental Illness
- Child/Youth with Severe Emotional Disturbance

Inter-Agency Service:

- Child Protective Services (OCS)
- Court/Legal Interface
- DCSF
- Developmental Disabilities
- Domestic Violence

Domains:

Date Closed: 10/26/2023

Save & Close the Case

Save **Save and Finish** **Cancel**


Presenting Problems Selected: Alcohol

Special Initiative Selected:


Inter-Agency Service Selected:


Selected Domains: Treatment

Figure 146: Intake, Close Case


AL-WITS QA

SSRS Reports
Snapshot




FEMALE, Adolescent

14

123
asdf, Alabama 11111

J334343IJ564644
UNIQUE CLIENT ID

1
CASE #

9/9/2009
DOB

Female
SEX

PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Client List
Client Profile
Alternate Nam...
Additional Inf...
Contact Info
Collateral Con...
Other Numbers
History
Client Group E...
Employment
Client External...
Linked Consents
Non-Episode Con...
Activity List
Episode List

Client Enrollment Search

Plan Type
Contract

Plan
Group

Active Enrollments During Date Range
From: 10/26/2022 To: 10/26/2023


Search Clear

Client Enrollment List

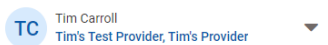
+ Add Benefit Plan Enrollment + Add Government Contract Enrollment


Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date	
	Block Grant	General	J334343IJ564644		10/26/2023	10/26/2023	
	Block Grant	Children's First	J334343IJ564644		10/26/2023	10/26/2023	
	Block Grant	Detox Hospital	J334343IJ564644		10/26/2023	10/26/2023	
	Block Grant	Overdose Data to Action	J334343IJ564644		10/26/2023	10/26/2023	
	Block Grant	DYS Transfers	J334343IJ564644		10/26/2023	10/26/2023	

Figure 147: Closed CGE records


AL-WITS QA

SSRS Reports
Snapshot




FEMALE, Adolescent

14

123
asdf, Alabama 11111

J334343IJ564644
UNIQUE CLIENT ID

1
CASE #

9/9/2009
DOB

Female
SEX

PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List

Client List
Client Profile
Linked Consents
Non-Episode Con...
Activity List
Episode List

Please select a case, or click Start New Episode.

Episode List

+ Start New Episode

Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains	
1	Closed	Tim's Provider	Carroll, Tim	10/26/2023	10/26/2023		Treatment	

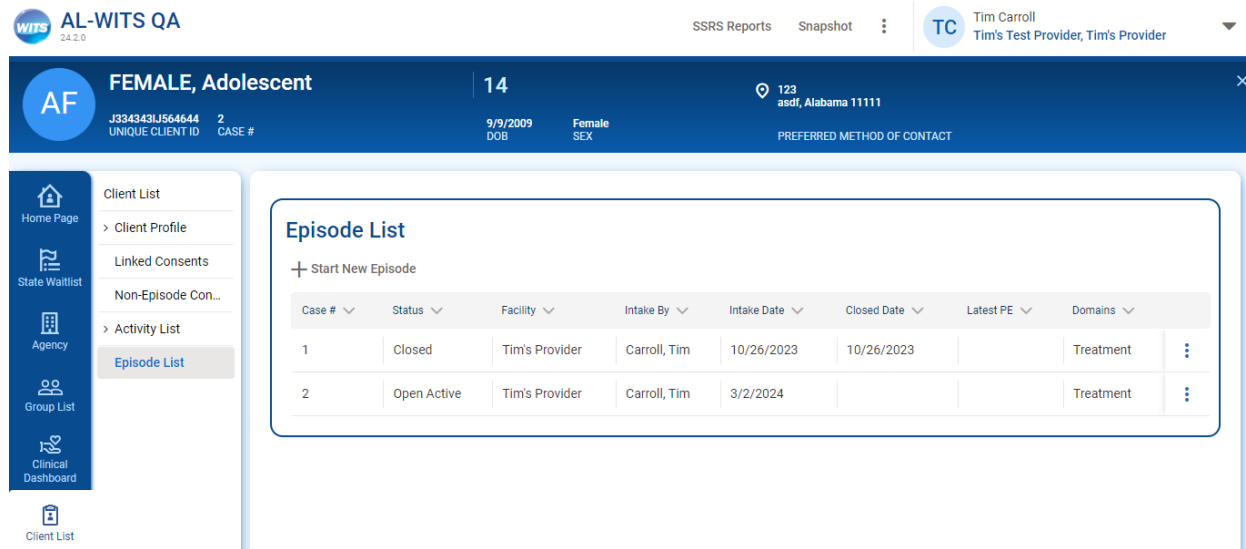
Figure 148: Episode List, One Closed Episode

→TEST

- Version: 23.7 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client with active CGE records.
- Navigate to Client Profile/Client Group Enrollment and verify the client has active CGE records.
Note: CGE records may be open-ended or ended at a future date.
- Navigate to Activity List/Intake.
- Enter the Date Closed and click the Save & Close the Case button.
- Note the Intake becomes read-only.
- Navigate to Client Profile/Client Group Enrollment and view the end date on each CGE.
- Navigate to Client Episode List and view the closed episode.
Note: For a client with a closed case, the Activity List button on the Client List navigates to the Episode List. For a client with a closed case and an open case, the Activity List button on the Client List navigates to the Activity List for the open episode.

5.5. Episode List

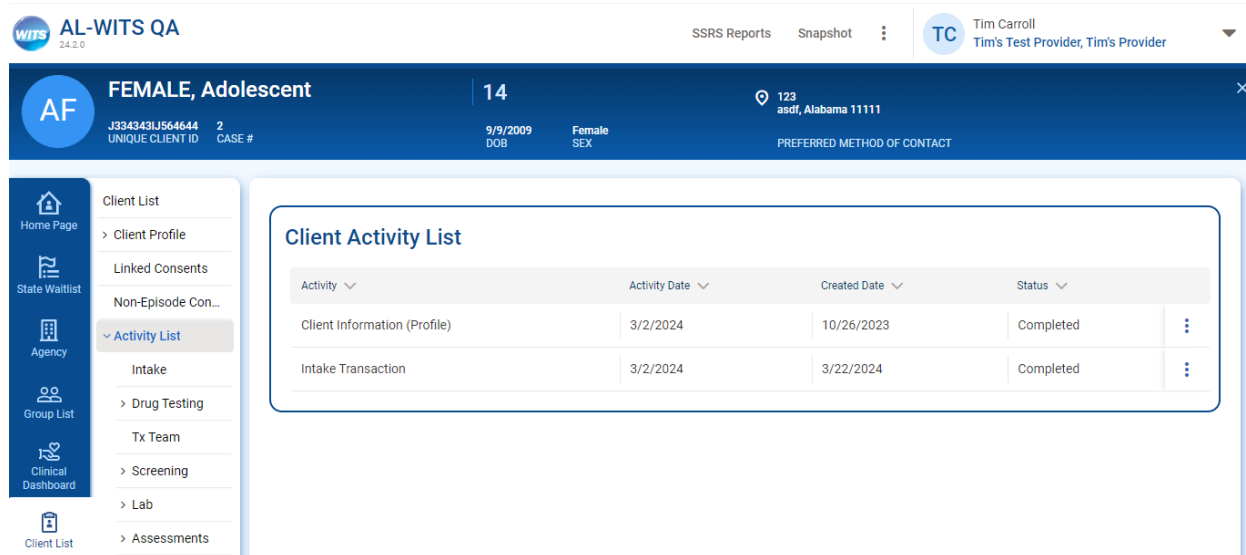
The Episode List shows all client treatment episodes. Episodes have a case number visible in the list and in the client header to the right of the UCN. Episodes contain all client activities (screeners, assessments, encounters, etc.) between the Intake open and close dates.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll". The client header displays "FEMALE, Adolescent", "14", "J334343J564644", "2", "9/9/2009", "Female", and "123 asdf, Alabama 11111". The left sidebar contains a "Client List" menu with options like "Client Profile", "Linked Consents", "Non-Episode Con...", "Activity List", and "Episode List". The main content area shows the "Episode List" with a table of episodes.

Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains
1	Closed	Tim's Provider	Carroll, Tim	10/26/2023	10/26/2023		Treatment
2	Open Active	Tim's Provider	Carroll, Tim	3/2/2024			Treatment

Figure 149: Episode List, Multiple Episodes



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll". The client header displays "FEMALE, Adolescent", "14", "J334343J564644", "2", "9/9/2009", "Female", and "123 asdf, Alabama 11111". The left sidebar contains a "Client List" menu with options like "Client Profile", "Linked Consents", "Non-Episode Con...", "Activity List", and "Episode List". The main content area shows the "Client Activity List" with a table of activities.

Activity	Activity Date	Created Date	Status
Client Information (Profile)	3/2/2024	10/26/2023	Completed
Intake Transaction	3/2/2024	3/22/2024	Completed

Figure 150: Client Activity List, Case #2

→TEST

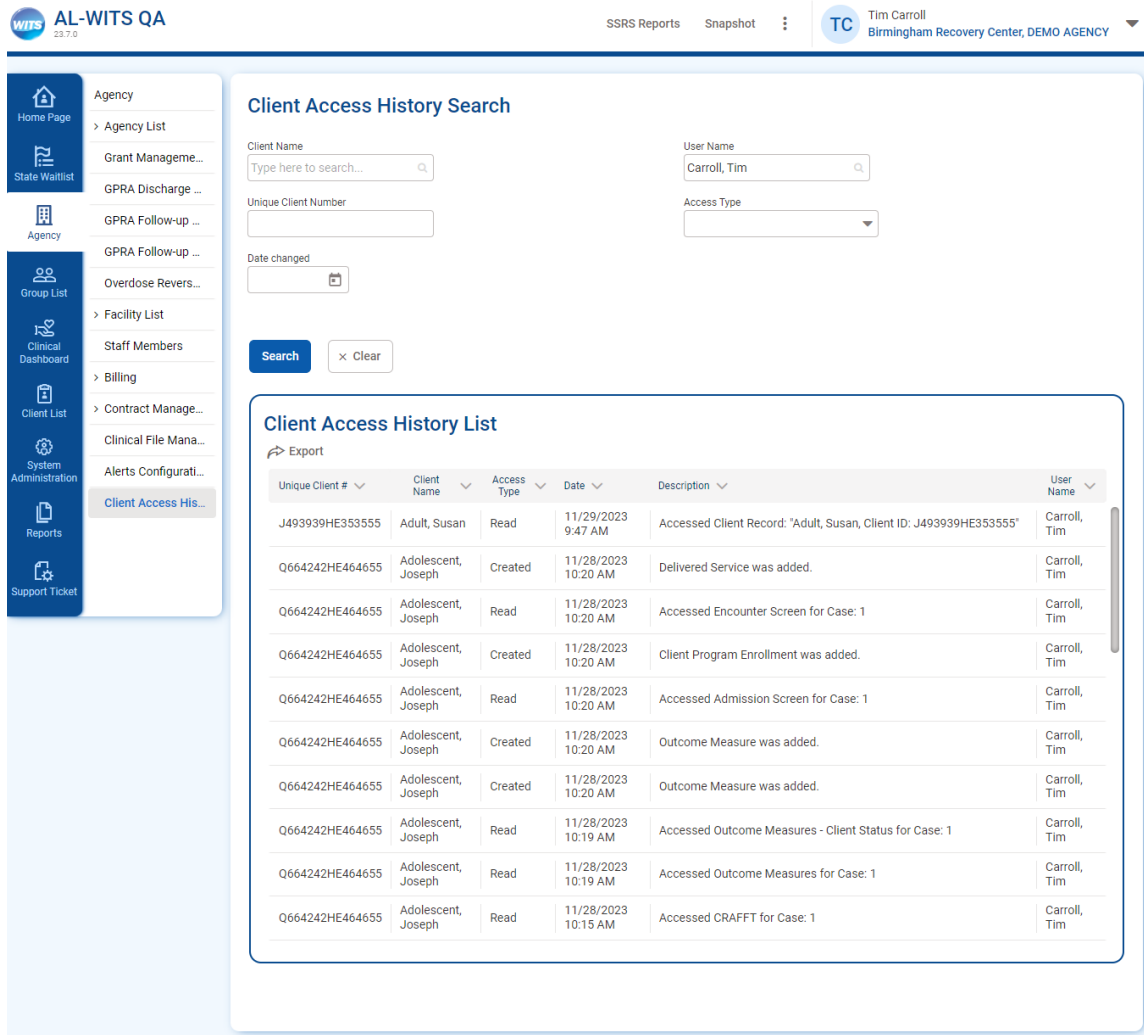
- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List.

- Use Advanced Search and select Clients with Closed Cases from the Case Status dropdown.
- Select the Activity List button for a client in the list.
Note: If a client with a closed case cannot be found, select a client with an open case and follow the Close Intake instructions above.
- View the Episode list with the closed episode.
- Click the +Start New Episode button to open the Intake screen for the new Intake (Case #2).
- Follow the Intake instructions above to create the Intake.
- View the Activity List (Case #2).
Note: At this point, the Case #2 Activity List contains the Client Profile and the second Intake. Client activities from Case #1 are not visible in the list.
- Navigate to Client/Episode List.
- Click the Review button for the closed Case #1.
- View the client activities for Case #1.

5.6. Audit

Several screens show access to and modifications of client records.

5.6.1. Client Access History (Agency Level)



The screenshot displays the WITS 23.7.0 AL-WITS QA interface. The top navigation bar includes links for SSRS Reports, Snapshot, and a user profile for Tim Carroll at the Birmingham Recovery Center, DEMO AGENCY. The left sidebar contains a menu with options like Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled 'Client Access History Search' and includes search filters for Client Name, User Name, Unique Client Number, and Access Type. Below the search filters is a 'Search' button and a 'Clear' button. The 'Client Access History List' section features an 'Export' button and a table with the following data:


Unique Client #	Client Name	Access Type	Date	Description	User Name
J493939HE353555	Adult, Susan	Read	11/29/2023 9:47 AM	Accessed Client Record: 'Adult, Susan, Client ID: J493939HE353555'	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Created	11/28/2023 10:20 AM	Delivered Service was added.	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Read	11/28/2023 10:20 AM	Accessed Encounter Screen for Case: 1	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Created	11/28/2023 10:20 AM	Client Program Enrollment was added.	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Read	11/28/2023 10:20 AM	Accessed Admission Screen for Case: 1	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Created	11/28/2023 10:20 AM	Outcome Measure was added.	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Created	11/28/2023 10:20 AM	Outcome Measure was added.	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Read	11/28/2023 10:19 AM	Accessed Outcome Measures - Client Status for Case: 1	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Read	11/28/2023 10:19 AM	Accessed Outcome Measures for Case: 1	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Read	11/28/2023 10:15 AM	Accessed CRAFFT for Case: 1	Carroll, Tim

Figure 151: Client Access History


→TEST


- Version: 23.6 and later.
- Account role(s): Audit Report plus WITS Administrator or Agency Administrator
- Navigate to Agency/Client Access History.
- Search for a client name, UCN, or user name.
- View results.
- Click the Export button to export to Excel.

5.6.2. Client History (Client Level)


AL-WITS QA

SSRS Reports Snapshot :


Tim Carroll
Birmingham Recovery Center, DEMO AGENCY


ADOLESCENT, Joseph
Q664242HE464655
UNIQUE CLIENT ID

14
12/12/2008
DOB

Male
SEX

123 45TH ST S
BIRMINGHAM, Alabama 35222
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Client List
▼ Client Profile
Alternate Nam...
Additional Inf...
Contact Info
Collateral Con...
Other Numbers
History
Client Group E...
Employment
Client External...
Linked Consents
Non-Episode Con...
> Activity List
Episode List

Client History

Export


Date Changed	System Account	Description of Changes
12/6/2023 8:10 AM	Carroll, Tim	• Accessed Client Profile Screen
12/6/2023 8:10 AM	Carroll, Tim	• Accessed Client Record: "Adolescent, Joseph, Client ID: Q664242HE464655"
11/30/2023 10:47 AM	Pan, Ran	• Accessed Client Profile Screen
11/30/2023 10:39 AM	Pan, Ran	• Accessed Client Record: "Adolescent, Joseph, Client ID: Q664242HE464655"
11/29/2023 4:00 PM	Pan, Ran	• Accessed Intake Screen for Case: 1
11/29/2023 3:59 PM	Pan, Ran	• Accessed Client Record: "Adolescent, Joseph, Client ID: Q664242HE464655"
11/28/2023 10:20 AM	Carroll, Tim	• Delivered Service was added.
11/28/2023 10:20 AM	Carroll, Tim	• Accessed Encounter Screen for Case: 1
11/28/2023 10:20 AM	Carroll, Tim	• Client Program Enrollment was added.
11/28/2023 10:20 AM	Carroll, Tim	• Accessed Admission Screen for Case: 1
11/28/2023 10:20 AM	Carroll, Tim	• Outcome Measure was added.
11/28/2023 10:20 AM	Carroll, Tim	• Outcome Measure was added.
11/28/2023 10:19 AM	Carroll, Tim	• Accessed Outcome Measures - Client Status for Case: 1
11/28/2023 10:19 AM	Carroll, Tim	• Accessed Outcome Measures for Case: 1
11/28/2023 10:15 AM	Carroll, Tim	• Accessed CRAFT for Case: 1

Figure 152: Client History


→TEST


- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only)
- Navigate to Client List and select a client.
- Navigate to Client/Client Profile/History.
- View results.

5.6.3. Screener/Assessment History (Record Level)


AL-WITS QA

SSRS Reports
Snapshot




ADOLESCENT, Joseph

14

123 45TH ST S
BIRMINGHAM, Alabama 35222

Q664242HE464655
UNIQUE CLIENT ID
1
CASE #
12/12/2008
DOB
Male
SEX
PREFERRED METHOD OF CONTACT

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

< ADMH Integrated Placement Assessment

Profile

Dimension 1 – Acute Intoxication / Withdrawal Potential
Dimension 2 – Biomedical Conditions and Complications
Dimension 3 – Emotional, Behavioral, Cognitive Conditions and Complications
Dimension 4 - Readiness to Change
Dimension 5 – Relapse/Continued Use/Continued Problem Potential
Dimension 6 - Recovery/Living Environment
Assessed Level Of Care
Diagnosis
Review and Sign off

Profile

Assessment Type
Adolescent
Assessment Date
09/01/2023
Assessment Completed By
Carroll, Tim
Is client seeking treatment due to Co-dependent/Collateral?
No
If Yes, please explain:

Dimension 1 – Acute Intoxication / Withdrawal Potential

Do you have a history of withdrawal symptoms when you haven't been able to obtain alcohol and or other drugs (AOD), cut down on your use, or stopped using?
Yes
Are you experiencing any of the following?
Runny nose / watery eyes
If Yes, please explain:

Record Created By
Carroll, Tim
Created Date Time
11/28/2023 11:16 AM
Last Updated By
Carroll, Tim
Last Updated Date Time
11/28/2023 11:19 AM

Figure 153: Placement Assessment showing History icon

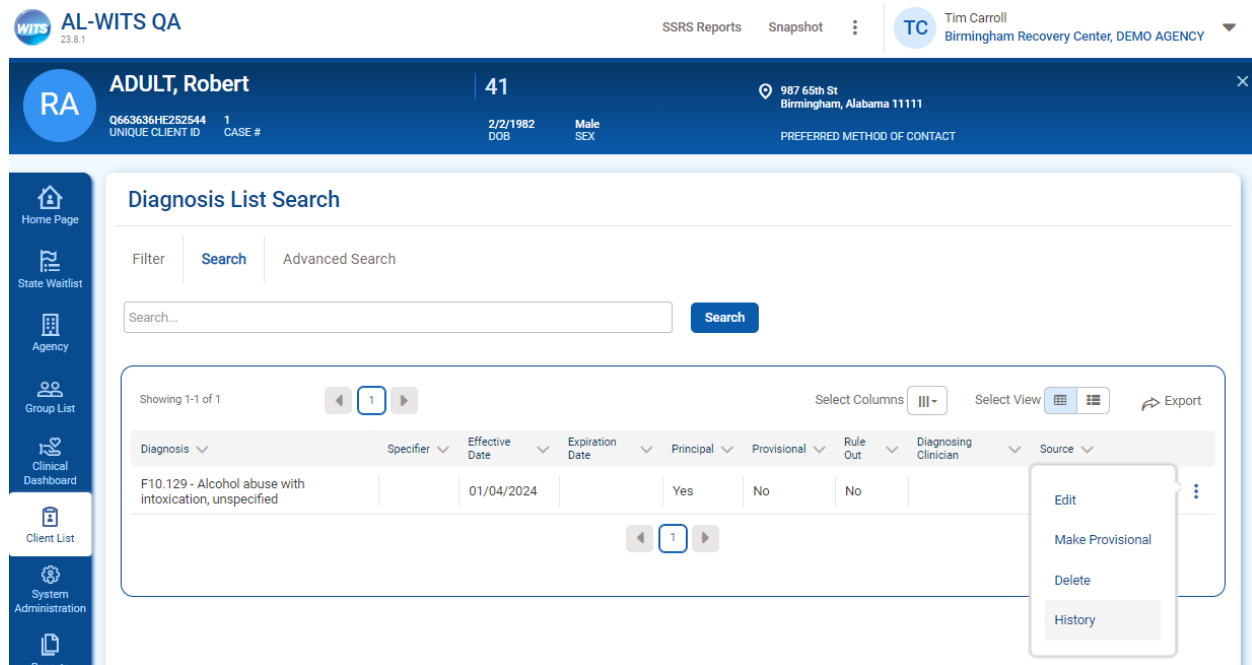
History						
Showing 1-50 of 203					Previous 1 2 3 4 5 Next	
Operation Timestamp	User Name	Entity Name	Operation Name	Context		
11/28/2023 11:19:34 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Finalize	Staff Member = Carroll, Tim		
11/28/2023 11:19:31 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = Complete		
11/28/2023 11:19:30 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	IsReleaseAppropriate = True, medicalProviderReview = System.Collections.Generic.List`1[Wits.Domain.AssessmentsModu		
11/28/2023 11:19:26 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Review And Sign Off	Status = In Progress		
11/28/2023 11:19:12 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = In Progress		
11/28/2023 11:19:11 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment, coOccurringDisor explanationToIncludeOutcomeComments = x, IOCReasonForDiffer		
11/28/2023 11:19:09 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	Status = In Progress		
11/28/2023 11:19:08 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment, coOccurringDisor IOCReasonForDifference = Not Applicable, placedLevelOfCare = 1 -		
11/28/2023 11:19:06 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	Status = In Progress		
11/28/2023 11:19:06 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment, disposition = 1. A Outpatient Treatment		
11/28/2023 11:19:03 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	Status = In Progress		
11/28/2023 11:19:03 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment, IOCReasonForDif		
11/28/2023 11:19:01 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	Status = In Progress		
11/28/2023 11:19:01 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment		
11/28/2023 11:19:01 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	Status = In Progress		
11/28/2023 11:19:00 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	dimensionSummaryDescription = x, educationStatus = Grade 8, em hasBeenArrestedIn30Days = False, hasDependentChildren = False, isCurrentlyInvolvedInCourtCase = False, isRegisteredSexOffender = False, qualityOfFamilyInteractionDescription = x, sARatingForD transportationDescription = x		
11/28/2023 11:18:58 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Dimension6 Data	Status = In Progress		
11/28/2023 11:18:58 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	educationStatus = Grade 8, employmentStatus = Student, hasBeen/ hasDependentChildren = False, hasEverBeenArrested = False, hasR isCurrentlyInvolvedInCourtCase = False, isRegisteredSexOffender = qualityOfFamilyInteractionDescription = x, sARatingForDimension6 transportationDescription = x		
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Dimension6 Data	Status = In Progress		

Figure 154: Placement Assessment History

→ TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only)
- Navigate to Client List and select a client.
- Navigate to Activity List/Assessments/ADMH Placement Assessment.
- Edit/View a placement assessment.
- Click the History button next to the title (indicated with an arrow in the figure above).
- View results.
- Note: This also works for any of the screens built in the Enhanced Architecture (EA), such as UNCOPE, CRAFTT, ADMH Update Assessment, Treatment Plan, Staff Member, and System Account.

5.6.4. Diagnosis History



AL-WITS QA 23.8.1

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 41 987 65th St Birmingham, Alabama 11111

0663636HE252544 1 CASE # 2/2/1982 DOB Male SEX

PREFERRED METHOD OF CONTACT

Diagnosis List Search

Filter Search Advanced Search

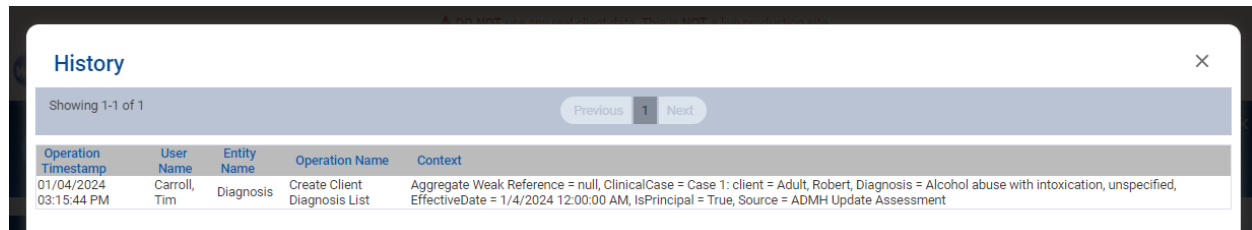
Search...

Showing 1-1 of 1

Diagnosis	Specifier	Effective Date	Expiration Date	Principal	Provisional	Rule Out	Diagnosing Clinician	Source
F10.129 - Alcohol abuse with intoxication, unspecified		01/04/2024		Yes	No	No		

History

Figure 155: Diagnosis List showing History Button



History

Showing 1-1 of 1

Operation Timestamp	User Name	Entity Name	Operation Name	Context
01/04/2024 03:15:44 PM	Carroll, Tim	Diagnosis	Create Client Diagnosis List	Aggregate Weak Reference = null, ClinicalCase = Case 1: client = Adult, Robert, Diagnosis = Alcohol abuse with intoxication, unspecified, EffectiveDate = 1/4/2024 12:00:00 AM, IsPrincipal = True, Source = ADMH Update Assessment

Figure 156: Diagnosis History

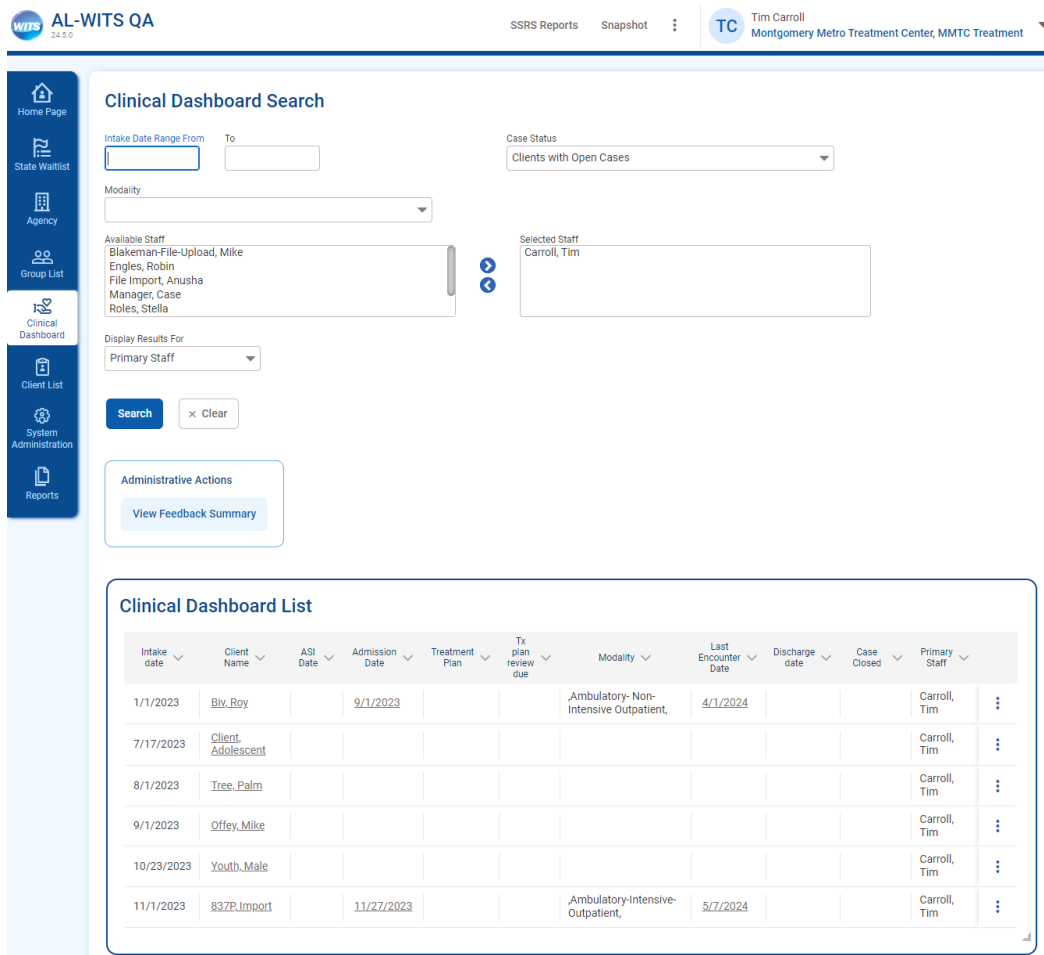
→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only)
- Navigate to Client List and select a client that has one or more diagnoses entered through the placement assessment.
- Navigate to Activity List/Diagnosis List.
- Select the History button from the ellipsis.
- View results.

5.7. Clinical Dashboard

The Clinical Dashboard provides a straightforward way to see a list of clients for a primary staff or treatment team and to navigate quickly to a particular record. See the System Management/Facilities/Primary Staff Set Up section above for additional information.

5.7.1. Clinical Dashboard Navigation and Review



AL-WITS QA 24.5.0 SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

Clinical Dashboard Search

Intake Date Range From To Case Status

Modality

Available Staff
Blakeman-File-Upload, Mike
Engles, Robin
File Import, Anusha
Manager, Case
Roles, Stella

Selected Staff
Carroll, Tim

Display Results For

Search

Administrative Actions
[View Feedback Summary](#)

Clinical Dashboard List

Intake date	Client Name	ASI Date	Admission Date	Treatment Plan	Tx plan review due	Modality	Last Encounter Date	Discharge date	Case Closed	Primary Staff	
1/1/2023	Biv. Roy		9/1/2023			Ambulatory- Non-Intensive Outpatient,	4/1/2024			Carroll, Tim	⋮
7/17/2023	Client Adolescent									Carroll, Tim	⋮
8/1/2023	Tree Palm									Carroll, Tim	⋮
9/1/2023	Offey Mike									Carroll, Tim	⋮
10/23/2023	Youth Male									Carroll, Tim	⋮
11/1/2023	837P.Import		11/27/2023			Ambulatory-Intensive-Outpatient,	5/7/2024			Carroll, Tim	⋮

Figure 157: Clinical Dashboard

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only)
- Navigate to Clinical Dashboard.
- Change the search criteria and click the Search button. By default, the Clinical Dashboard List displays clients for the user (selected staff).
- Click a client name to navigate to the client profile.
- Click a date in the Admission Date column to navigate to the program enrollment.
- Click a date in the Last Encounter Date column to navigate to the encounter.
- Continue testing below.

5.7.2. Clinical Dashboard Feedback, Clinical Supervisor

Clinical Supervisors may provide feedback to primary staff members.

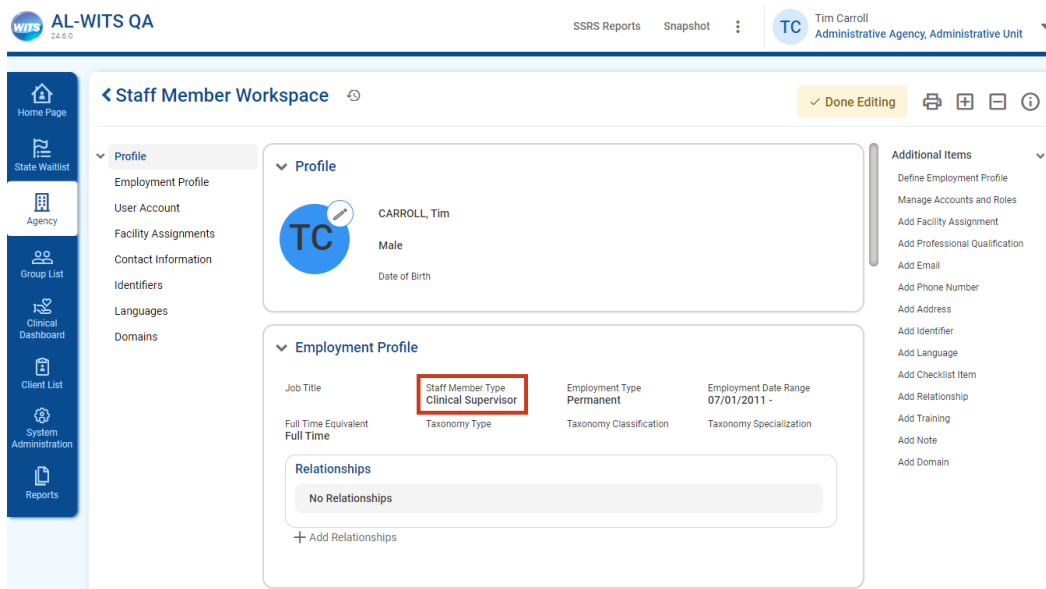


Figure 158: Staff Member Workspace, Clinical Supervisor

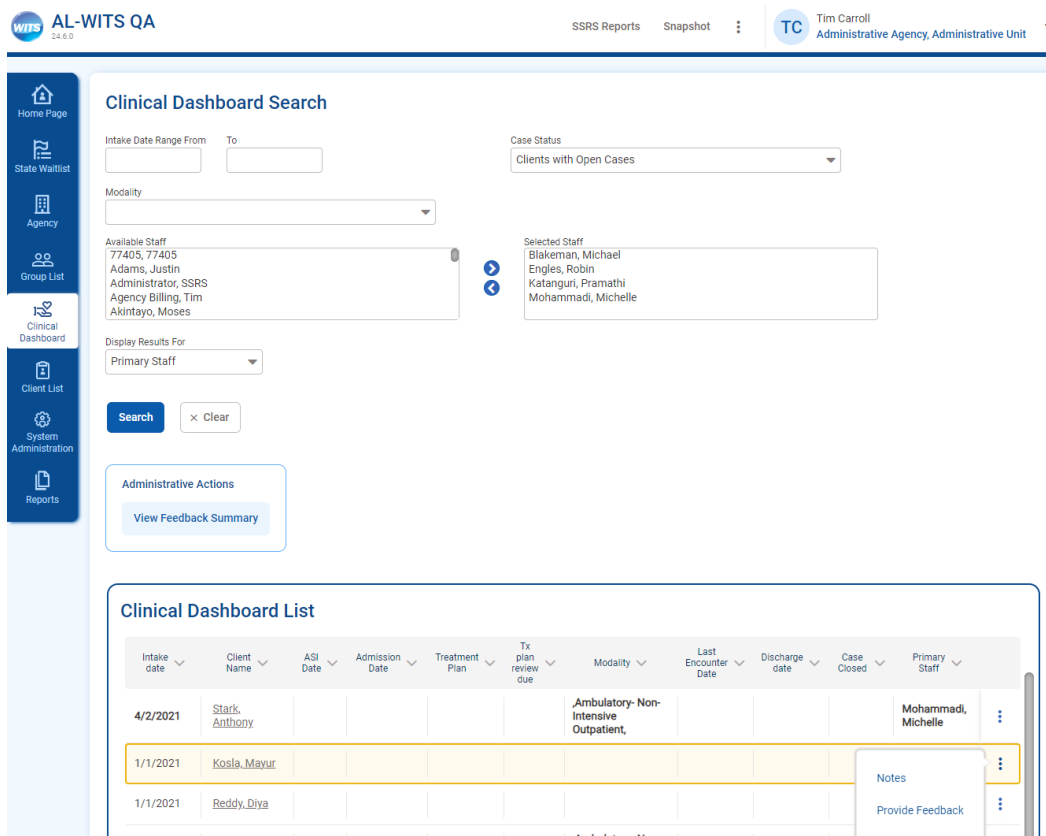


Figure 159: Clinical Dashboard with feedback (in bold), Clinical Supervisor

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Feedback List For Kosla, Mayur

Currently, there are no results to display for the Feedback List For Kosla, Mayur.

Feedback Profile

Client Name

Kosla, Mayur

For Staff

Katanguri, Pramathi

Note

Please contact me to discuss.

Status

Unread

Created By

Created Date

Updated By

Updated Date

Save

Save and Finish

× Cancel

Figure 160: Clinical Dashboard, Feedback List and Profile

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only).
- Navigate to Agency/Staff Members and locate your staff record.
- Update the Staff Member Type field to “Clinical Supervisor.”
- Logout and back in.
- Navigate to Clinical Dashboard.
- Enter search criteria and click the Search button.
- Click the Provide Feedback button on the ellipsis for a client to view the Feedback List and Profile.
- Enter a feedback note and click the Save and Finish button.
- Records with feedback appear in bold in the list (Modality and Primary Staff columns).
- The Primary Staff member receives a non-PHI email to alert them to the feedback (described below).
- Continue testing below.

5.7.3. Clinical Dashboard Feedback, non-Clinical Supervisor

When a clinical supervisor provides feedback, an email is sent to the primary staff member.

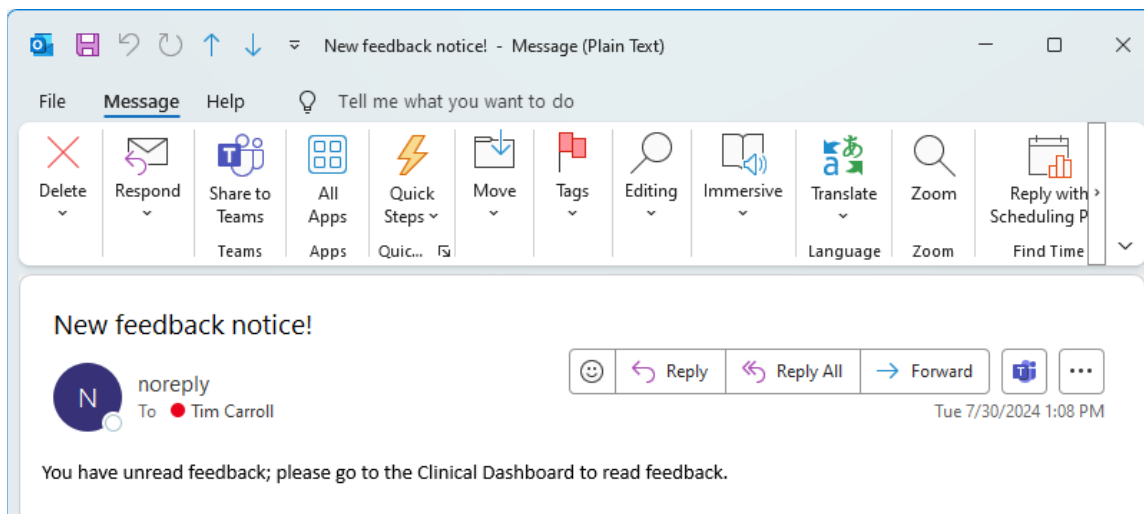


Figure 161: Feedback notice email

Staff members who are not clinical supervisors may read feedback on the Clinical Dashboard.

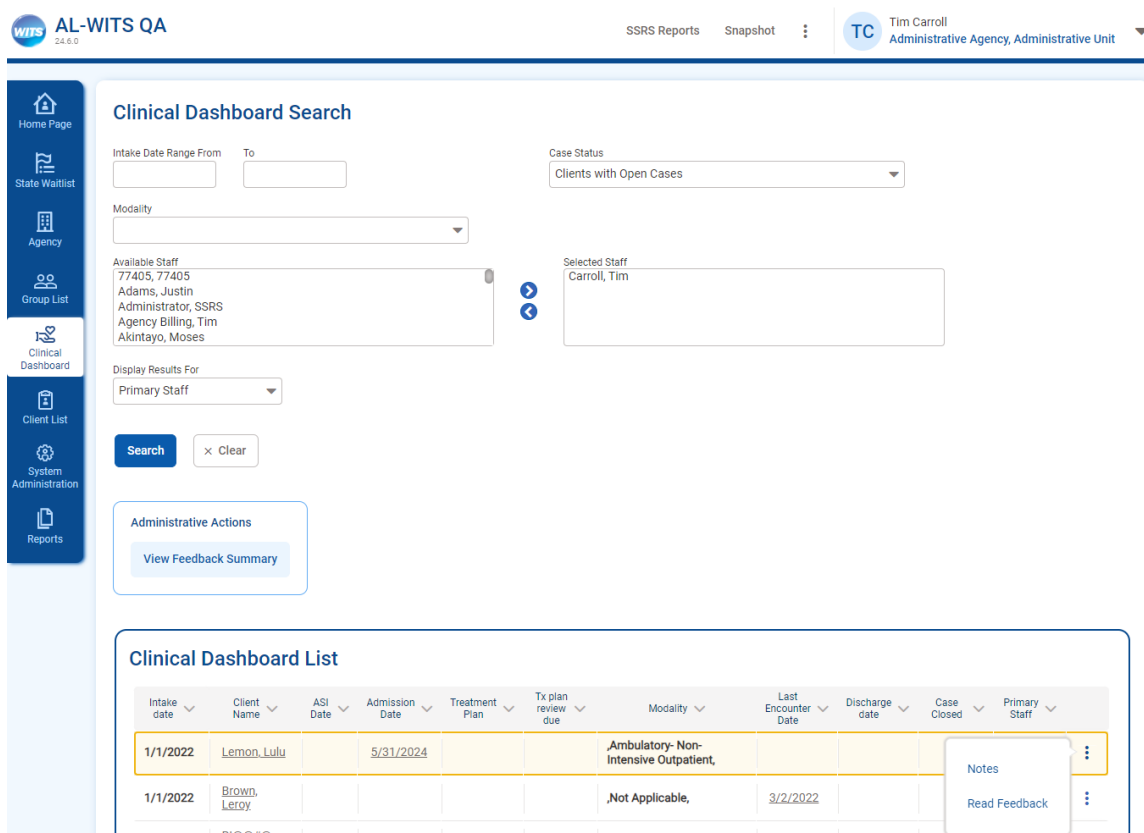


Figure 162: Clinical Dashboard with feedback (in bold), non-Clinical Supervisor

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Feedback List For Lemon, Lulu

+ Add New Feedback

For Staff	Status	Created Date	Updated Date
Carroll, Tim	Unread	7/30/2024	7/30/2024

Feedback Profile

Client Name

Lemon, Lulu

For Staff

Carroll, Tim

Note

abc

Status

Unread

Created By

Carroll, Tim

Created Date

7/30/2024 10:40 AM

Updated By

Carroll, Tim

Updated Date

7/30/2024 10:40 AM

Save

Save and Finish

Cancel

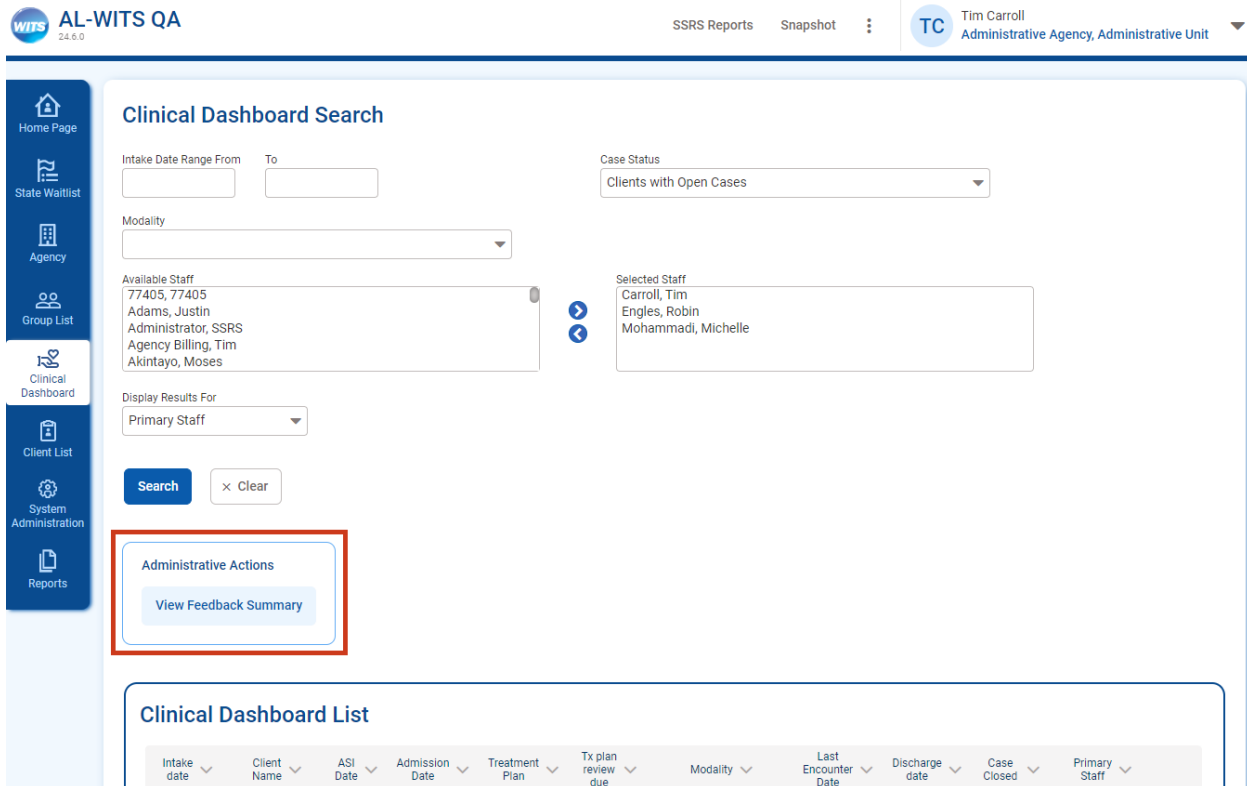
Figure 163: Feedback List and Profile

→TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only).
- The Primary Staff member receives a non-PHI email to alert them to the feedback.
- Navigate to Agency/Staff Members and locate your staff record.
- Update the Staff Member Type field to something other than “Clinical Supervisor.”
- Logout and back in.
- Navigate to Clinical Dashboard.
- Enter search criteria and click the Search button.
- Identify a client with feedback.
Note: Records with feedback appear in bold in the list (Modality and Primary Staff columns).
- Click the Read Feedback button on the ellipsis for a client to view the Feedback List and Profile.
Note: The feedback note is read-only.
- Change the status to Read and click the Save and Finish button.
Note: If there are multiple feedback records, they may be viewed from the Feedback List. The Modality and Primary Staff columns in the Clinical Dashboard are no longer bold when the feedback is Read.
- Continue testing below

5.7.4. Clinical Dashboard Feedback Summary Report

A feedback summary report is available to view feedback for one or more clients.



WITS AL-WITS QA 24.6.0 SSRS Reports Snapshot TC Tim Carroll Administrative Agency, Administrative Unit

Clinical Dashboard Search

Intake Date Range From To Case Status

Modality

Available Staff
77405, 77405
Adams, Justin
Administrator, SSRS
Agency Billing, Tim
Akintayo, Moses

Selected Staff
Carroll, Tim
Engles, Robin
Mohammadi, Michelle

Display Results For

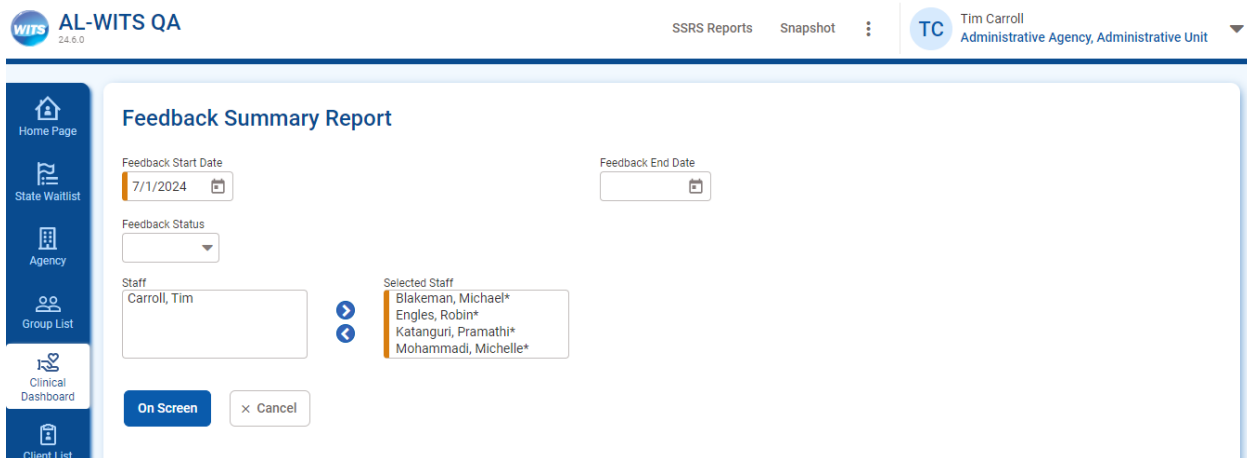
Search

Administrative Actions

Clinical Dashboard List

Intake date Client Name ASI Date Admission Date Treatment Plan Tx plan review due Modality Last Encounter Date Discharge date Case Closed Primary Staff

Figure 164: Clinical Dashboard showing View Feedback Summary button



WITS AL-WITS QA 24.6.0 SSRS Reports Snapshot TC Tim Carroll Administrative Agency, Administrative Unit

Feedback Summary Report

Feedback Start Date Feedback End Date

Feedback Status

Staff
Carroll, Tim

Selected Staff
Blakeman, Michael*
Engles, Robin*
Katanguri, Pramathi*
Mohammadi, Michelle*

On Screen

Figure 165: Feedback Summary Report criteria

FEEDBACK SUMMARY REPORT (7/1/2024 -)			
STAFF NAME: Katanguri, Pramathi		SUPERVISOR NAME: Carroll, Tim	
Feedback Date: 07/30/2024	Client: Kosla, Mayur	Intake Date: 01/01/2021	Status: Unread
Notes: Please contact me to discuss.			

Figure 166: Feedback Summary Report

→ TEST

- Version: 23.6 and later.
- Account role(s): Clinical (Full) or Clinical (Read-Only).
Note: Test with the Staff Member Type field of “Clinical Supervisor” and with something other than Clinical Supervisor.
- Navigate to Clinical Dashboard.
- Enter search criteria and click the Search button.
- Click the View Feedback Summary button in the Administrative Actions section.
- Enter a Feedback Start Date.
- Select staff members:
 - For Clinical Supervisors, the selected staff defaults to members who have feedback.
 - For non-Clinical supervisors, the selected staff defaults to the user.
- Click the On Screen button to view the report.
- The report is opened in a new browser tab with page breaks for each selected staff member.

6. CLINICAL FILE MANAGEMENT




6.1. Clinical File Import

Designated provider agencies may upload clinical files to create client records. Files may be uploaded to WITS or dropped in a SFTP folder.

The Clinical File Processor runs every 15 minutes in UAT as a scheduled task. It processes uploaded clinical files and creates the corresponding client record(s). Files must follow the naming convention for the dataset and use the .xml extension.

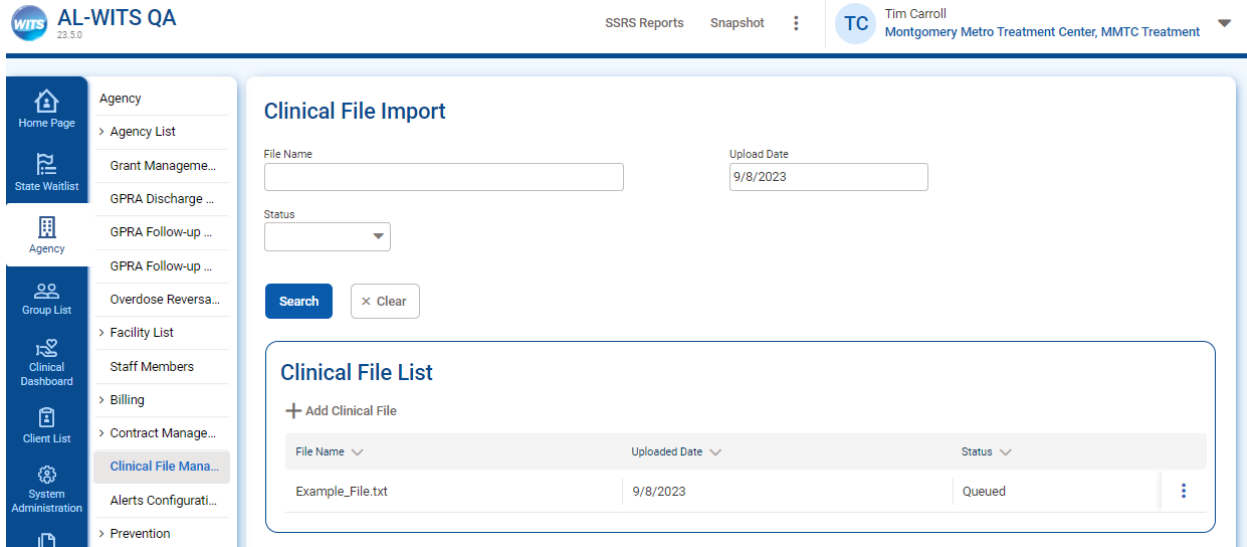
The following table provides additional information needed for testing clinical file import.

Table 6: Clinical Files

File	Description
 AL Vocabulary.xlsx	Clinical file vocabulary
 AL Client Profile Upload.xsd	Client Dataset XSD
 ALTreatmentEpisodeDataSet.xsd	Treatment Dataset XSD
Appendix A	Dataset Errors
Appendix B	Sample Client Dataset File
Appendix C	Sample Treatment Episode Dataset File

6.1.1. Clinical File Management/Import

Providers may upload clinical files using the Agency/Clinical File Management menu item.



AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Clinical File Import

File Name Upload Date

Status

Search **Clear**

Clinical File List

+ Add Clinical File

File Name	Uploaded Date	Status
Example_File.txt	9/8/2023	Queued

Figure 167: Clinical File Management/Import



AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Upload Clinical File


Contractor
Alabama Department of Mental Health (Contractor)

Upload a new Clinical File


Example_File.txt **Browse** **Upload**

Cancel

Figure 168: Upload Clinical File


AL-WITS QA

SSRS Reports Snapshot :


Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
> Billing
> Contract Manage...
Clinical File Mana...
Alerts Configurati...
> Prevention

Clinical File Profile

File Name Example_File.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contract	Upload Date 9/8/2023
Status Queued	Process Start Date
Provider Agency Montgomery Metro Treatment Center	Process End Date

Finish

Administrative Actions
Download

Errors

Export
Currently, there are no results to display for Errors.

Figure 169: Clinical File Profile

6.1.2. Clinical File SFTP

File import agencies may use Secure File Transfer Protocol (SFTP) to upload clinical files to WITS. See the SFTP section for additional information.

6.1.3. File Errors

6.1.3.1. File Name Errors

Files with names that do not meet the naming requirements cannot be uploaded.

→ TEST VALID FILE NAME

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create a test file using the name ClientDataSet_2024MMDD.xml (replace MMDD with the month and day). Note: This file name meets the naming requirements, but any file name may be used that begins with "ClientDataSet_" and uses the .xml extension.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.

- When the file passes the name validation, it is displayed in the Clinical File List with a status of Queued. Refer to the next section for name validation errors.
- View the profile by clicking the Profile button under the ellipsis.

→TEST VARIOUS FILE NAMES

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create/identify multiple test files. Test with file names using combinations of the following:
 - File names with the .xml extension
 - File names with other extensions such as .txt, .pdf, .docx, etc.
 - File names beginning with "ClientDataSet_".
 - File names that do not begin with "ClientDataSet_".
 - File names that contain spaces.
 - File names that contain other special characters such as %, \$, #, etc.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- If the file passes the name validation, it is displayed in the Clinical File List with a status of Queued.
- If the file does not pass name validation, an error or errors are displayed at the top of the screen:
 - That file name is invalid.
 - The file extension is invalid. The extension must be .xml

6.1.3.2. XML Schema/Syntax Errors

After the file name is validated, the file is further validated against the XML schema and for syntax.

→TEST

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create a test file that has one or more schema/syntax errors. For example:
 - Leave out the first line:
`<?xml version="1.0" encoding="utf-8"?>`
 - Leave out the start or end tag for an element:
`<StateCode>AL` instead of `<StateCode>AL</StateCode>`
 - Leave out the closing bracket ">" for an element such as BirthDate:
`<BirthDate>10/10/1981</BirthDate` instead of
`<BirthDate>10/10/1981</BirthDate>`

- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the Failed status.
- View the error list on the profile.

6.2. Client File

Designated providers may upload client dataset files to create client records. Client files must follow the naming convention: “ClientDataSet” plus “_”, plus any combination of letters, numbers, and underscore.

Example file names:

- ClientDataSet_20240208.xml
- ClientDataSet_ABC123.xml
- ClientDataSet_20240208_ABC.xml

The ClientDataSet XML file must be built using the XSD and vocabulary from the table in the Clinical File Management section. A sample client dataset XML file is provided in [Appendix B](#), and an annotated version is shown below:

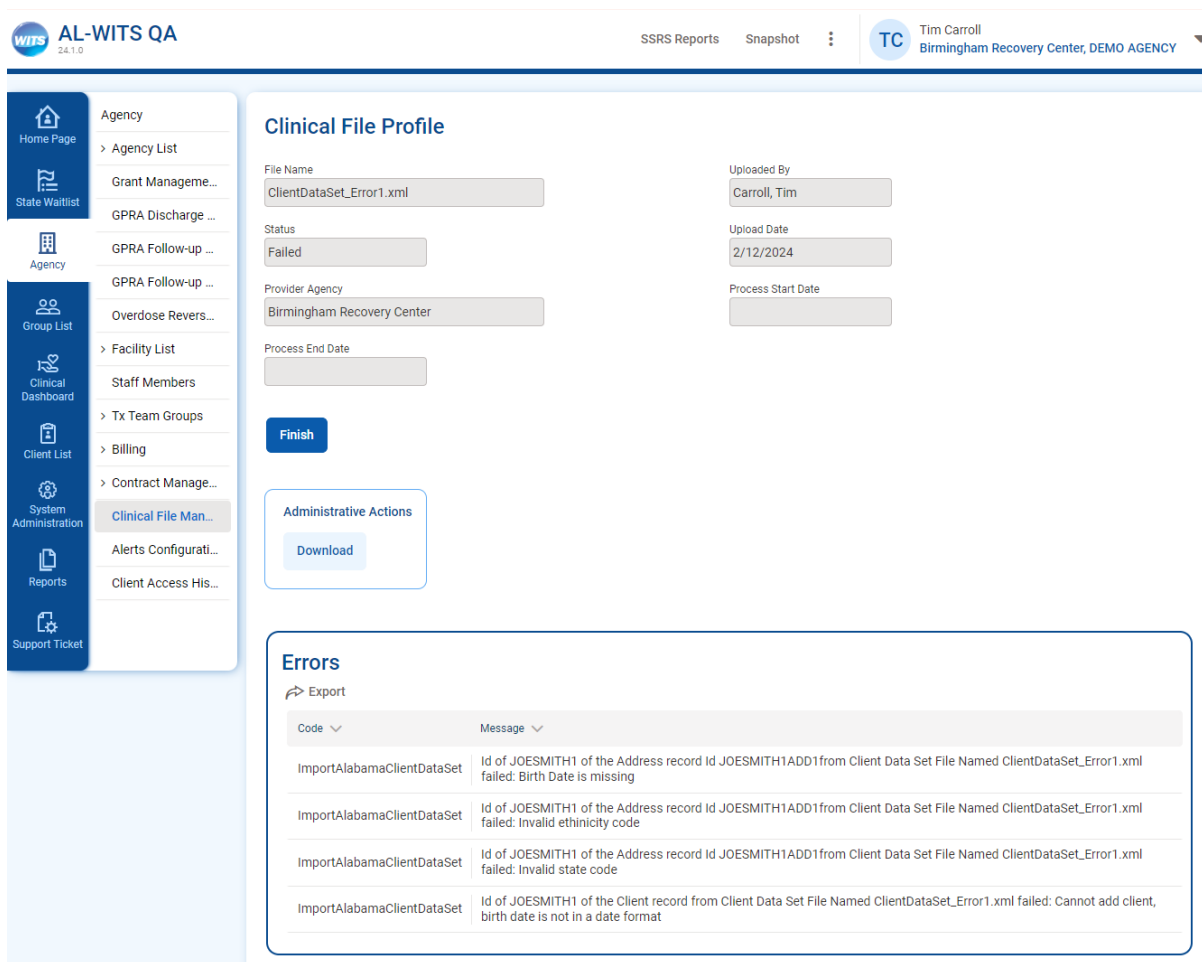
- Navigate to Client List.
- Open Advanced Search and search Number Type = External Record Id. Enter the External Record Id from the XML file in the Other Number field and click Search.
- View the Client Profile.
Note: The client profile is read-only when created from file import.

6.2.1. Client Record Errors

The processor checks each client record in the file for required fields and vocabulary. An error is displayed for each missing required field and for each invalid vocabulary code.

Example: A client record in the file is missing date of birth, uses an invalid state code of “XX”, and uses an invalid ethnicity code of “ABC”.

Errors are reported for the client record as shown below:



The screenshot shows the AL-WITS QA interface. The top navigation bar includes 'WITS 24.1.0', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Birmingham Recovery Center, DEMO AGENCY'. The left sidebar contains various navigation options, with 'Clinical File Management' highlighted. The main content area displays the 'Clinical File Profile' for 'ClientDataSet_Error1.xml'. The profile includes fields for 'File Name', 'Status' (Failed), 'Provider Agency' (Birmingham Recovery Center), and 'Upload Date' (2/12/2024). Below the profile is a section titled 'Errors' with an 'Export' button. The errors table lists four specific issues related to missing birth dates, invalid ethnicity codes, and invalid state codes.

Code	Message
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1 from Client Data Set File Named ClientDataSet_Error1.xml failed: Birth Date is missing
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1 from Client Data Set File Named ClientDataSet_Error1.xml failed: Invalid ethnicity code
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1 from Client Data Set File Named ClientDataSet_Error1.xml failed: Invalid state code
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Client record from Client Data Set File Named ClientDataSet_Error1.xml failed: Cannot add client, birth date is not in a date format

Figure 171: Failed Client Dataset file with errors

→ TEST

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create a test file using some or all the following scenarios:
 - A vocabulary code that does not match the vocabulary from [Table 4](#).
 - A missing field such as First Name or Veteran Status.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the Failed status.
- View the error list on the profile.

6.3. Treatment Episode File

Designated providers may upload treatment dataset files to create treatment records. Treatment files must follow the naming convention: "TreatmentEpisodeDataSet" plus "_", plus any combination of letters, numbers, and underscore.

Example file names:

- TreatmentEpisodeDataSet_20240208.xml
- TreatmentEpisodeDataSet_ABC123.xml
- TreatmentEpisodeDataSet_20240208_ABC.xml

The TreatmentEpisodeDataSet XML file must be built using the XSD and vocabulary from the table in the Clinical File Management section. A sample client dataset XML file is provided in [Appendix C](#).

6.3.1. Intake/Screener

A treatment file may contain just the intake and screener. An annotated version is shown below:

<?xml version="1.0" encoding="utf-8"?>	Stored/Lookup Data
<TreatmentEpisodeDataSet>	
<ClientTreatmentEpisodes>	
<ClientTreatmentEpisode>	
<ExternalClientRecordId>10001</ExternalClientRecordId>	10001
<ExternalClientIntakeRecordId>10001.1</ExternalClientIntakeRecordId>	10001.1
<IntakeAtUnitId>33</IntakeAtUnitId>	Facility ID 33
<CaseStatusCode>OA</CaseStatusCode>	Open Active
<InitialContactTypeCode>-102</InitialContactTypeCode>	By Appointment
<WitsIntakeDate>03/01/2024</WitsIntakeDate>	3/1/2024
<CountyCode>1</CountyCode>	Jefferson
<ReferralSourceCode>REF41</ReferralSourceCode>	Substance Use Disorder Treatment Agency
<IsHivPositive>F</IsHivPositive>	No
<InjectionDrugUser>-102</InjectionDrugUser>	Denies
<PresentingProblemDescription>Example text.</PresentingProblemDescription>	Example text.
<PresentingProblemCategories>	
<PresentingProblemCategory action="">	
<PresentingProblemCategoryCode>PPI02</PresentingProblemCategoryCode>	Alcohol
<ExternalClientPresentingProblemCategoryId>10001.1.PP1</ExternalClientPresentingProblemCategoryId>	10001.1.PP1
</PresentingProblemCategory>	
<PresentingProblemCategory action="">	
<PresentingProblemCategoryCode>PPI07</PresentingProblemCategoryCode>	Drug
<ExternalClientPresentingProblemCategoryId>10001.1.PP2</ExternalClientPresentingProblemCategoryId>	10001.1.PP2
</PresentingProblemCategory>	
<PresentingProblemCategory action="">	
<PresentingProblemCategoryCode>PPI15</PresentingProblemCategoryCode>	Social
<ExternalClientPresentingProblemCategoryId>10001.1.PP3</ExternalClientPresentingProblemCategoryId>	10001.1.PP3
</PresentingProblemCategory>	
</PresentingProblemCategories>	
</ClientTreatmentEpisode>	
</ClientTreatmentEpisodes>	
<CraftScreener>	
<CraftScreener action="">	
<ExternalCraftRecordId>10001.1.C1</ExternalCraftRecordId>	10001.1.C1
<CraftScreenerDate>03/01/2024</CraftScreenerDate>	3/1/2024
<CraftQuestion1>100.1.1.1</CraftQuestion1>	Yes
<CraftQuestion2>100.1.2.2</CraftQuestion2>	No
<CraftQuestion3>100.1.3.1</CraftQuestion3>	Yes
<CraftQuestion4>100.1.4.1</CraftQuestion4>	Yes
<CraftQuestion5>100.1.5.2</CraftQuestion5>	No
<CraftQuestion6>100.1.6.2</CraftQuestion6>	No
</CraftScreener>	
</CraftScreener>	
</TreatmentEpisodeDataSet>	

Figure 172: Annotated Treatment Dataset (Intake/Screener) XML

→ TEST HAPPY PATH

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Follow the instructions under Client File to create a client record
- Create a “clean” treatment episode test file for the intake and either the CRAFFT or UNCOPE screener including all required fields and using approved vocabulary. The treatment episode test file must use the same client External Record Id from the client file.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.

- Find the file in the list and note the Processed status.
- Navigate to Client List.
- Select client
 - Search by client name or
 - Open Advanced Search and search Number Type = External Record Id. Enter the External Record Id from the XML file in the Other Number field and click Search.
- View the Client Profile.
Note: The client profile is read-only when created from file import.
- Navigate to Activity List and view the Intake and Screener records.
Note: The Intake and Screener are read-only when created from file import.

6.3.1.1. Intake/Screener Errors

The processor checks each record in the treatment file for required fields, vocabulary, and other business rule requirements. An error is displayed for each missing required field, each invalid vocabulary code, and each business rule requirement that is not met.

Examples:

- Invalid vocabulary “REF99” is used for Primary Referral Source.
- The CRAFFT Screener date is prior to the Intake date.
- An UNCOPE Screener is reported after previously reporting a CRAFFT Screener.

Example Intake errors are shown below:

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Tx Team Groups

> Billing

> Contract Manage...

Clinical File Man...

Alerts Configurati...

Client Access His...

Clinical File Profile

File Name

TreatmentEpisodeDataSet_Tim_MCIntScrb_ERRC

Uploaded By

Carroll, Tim

Status

Processed with errors

Upload Date

5/28/2024

Provider Agency

Birmingham Recovery Center

Process Start Date

Process End Date

Finish

Administrative Actions

Download

Errors

Export

Code	Message
ImportAlabamaTreatmentDataSet	Id of MC of the intake record id MC1.1from Client Data Set File Named TreatmentEpisodeDataSet_Tim_MCIntScrb_ERROR.xml failed: A CRAFFT Screener already exists, UNCOPE cannot be created
ImportAlabamaTreatmentDataSet	Id of MC of the intake record id MC1.1from Client Data Set File Named TreatmentEpisodeDataSet_Tim_MCIntScrb_ERROR.xml failed: Uncope Screener date should be after the intake date

Figure 173: Failed Screening error records from Treatment Episode File

→TEST

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create test files using some or all the following scenarios:
 - A missing element, such as InjectionDrugUser.
 - A missing end tag, such as </ClientTreatmentEpisode>.
 - A vocabulary code that does not match the vocabulary from [Table 4](#).
 - A date in the future.
 - An invalid date, such as 05/32/2024.
 - A screener date that is prior to the intake date.
 - An UNCOPE screener reported after a CRAFFT screener was already reported.
 - A missing pregnant indicator for a female client.
 - A present pregnant indicator for a male client.
 - A presenting problem description without a presenting problem of "Other."

- A missing presenting problem description with a presenting problem of “Other.”
- A missing or invalid Facility (Unit) ID.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the status (either Failed or Processed with Errors).
- View the error list on the profile.

6.3.2. Placement Assessment

See [Appendix C](#) for a sample XML file that contains intake, screener, and placement assessment.

→TEST HAPPY PATH

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Follow the instructions under Client File to create a client record
- Create a “clean” treatment episode test file that includes:
 - Intake
 - Either the CRAFFT or UNCOPE screener including all required fields and using approved vocabulary.
 - A Placement Assessment including all required fields and using approved vocabulary.Note: The treatment episode test file must use the same client External Record ID from the client file.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the Processed status.
- Navigate to Client List.
- Select client
 - Search by client name or
 - Open Advanced Search and search Number Type = External Record Id. Enter the External Record Id from the XML file in the Other Number field and click Search.
- View the Client Profile.
Note: The client profile is read-only when created from file import.

- Navigate to Activity List and view the Intake, Screener, Placement Assessment, Outcome Measures, Program Enrollment, and Diagnosis records.
These records are read-only when created from file import.

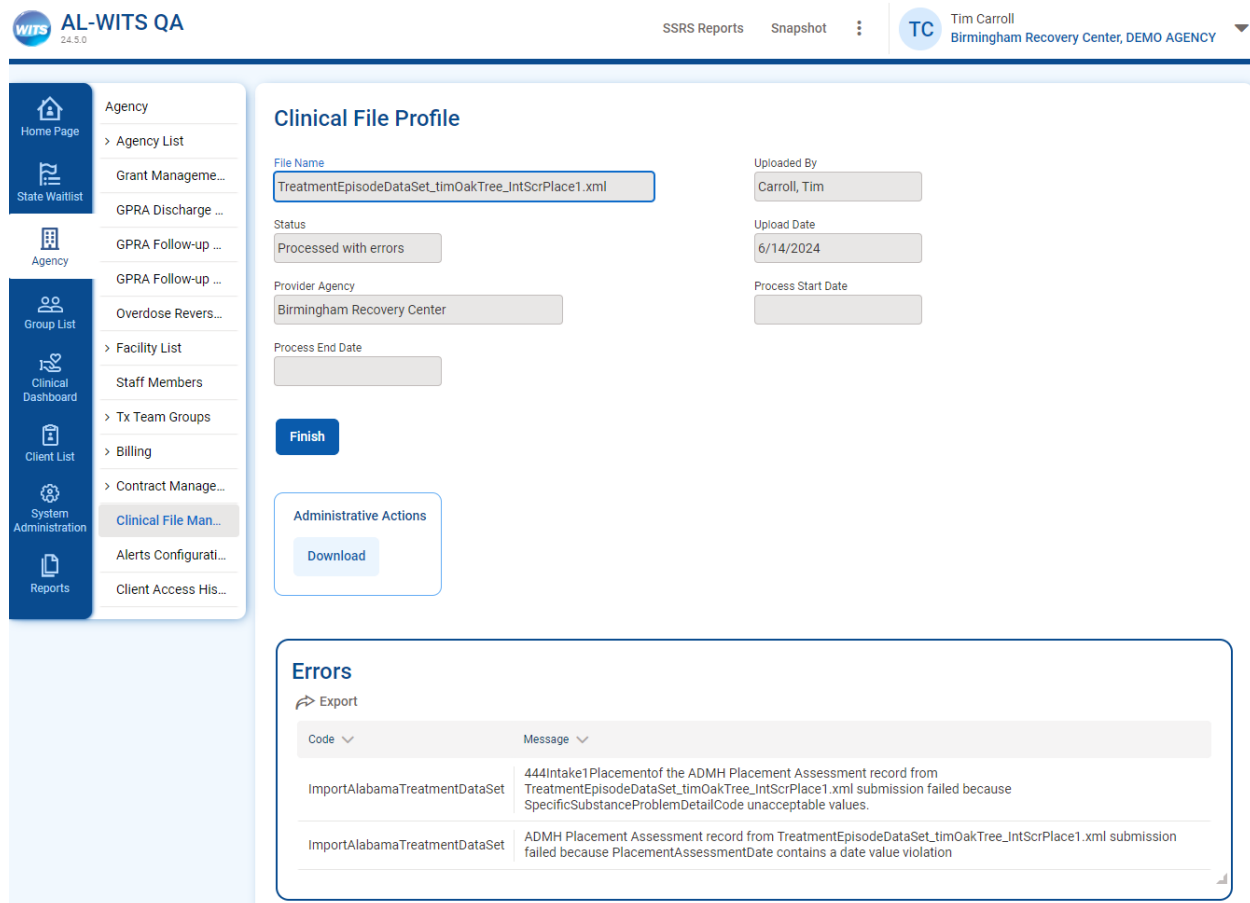
6.3.2.1. Placement Assessment Errors

The processor checks each record in the treatment file for required fields, vocabulary, and other business rule requirements. An error is displayed for each missing required field, each invalid vocabulary code, and each business rule requirement that is not met.

Examples:

- Invalid vocabulary “13.99” is used for Withdrawal Symptoms Code.
- The Placement Assessment date is prior to the Intake date.
- The Arrested Description is reported when “Has ever been arrested” = No.

Example Placement Assessment errors are shown below:



The screenshot shows the AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and user information for Tim Carroll at the Birmingham Recovery Center, DEMO AGENCY. The left sidebar contains navigation links for Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Clinical File Profile' and displays details for a file named 'TreatmentEpisodeDataSet_timOakTree_IntScrPlace1.xml'. The status is 'Processed with errors'. The provider agency is 'Birmingham Recovery Center'. The upload date is '6/14/2024'. Below the profile information, there is a 'Finish' button and an 'Administrative Actions' section with a 'Download' button. At the bottom, an 'Errors' section lists two errors:

Code	Message
ImportAlabamaTreatmentDataSet	444Intake1Placementof the ADMH Placement Assessment record from TreatmentEpisodeDataSet_timOakTree_IntScrPlace1.xml submission failed because SpecificSubstanceProblemDetailCode unacceptable values.
ImportAlabamaTreatmentDataSet	ADMH Placement Assessment record from TreatmentEpisodeDataSet_timOakTree_IntScrPlace1.xml submission failed because PlacementAssessmentDate contains a date value violation

Figure 174: Failed Placement Assessment record errors from Treatment Episode File

→TEST

- Version: 24.6 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create test files using some or all the following scenarios:
 - A missing element, such as EstimateAnnualIncomeAmount.
 - A missing end tag, such as </TedsDaysOnWaitList>.
 - A vocabulary code that does not match the vocabulary from [Table 4](#).
 - A date in the future.
 - An invalid date, such as 05/32/2024.
 - A Placement Assessment date prior to the intake date.
 - A missing or invalid Facility (Unit) ID.
 - An Arrested Description with Has Ever Been Arrested = No.
 - A missing Arrested Description with Has Ever Been Arrested = Yes.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the status (either Failed or Processed with Errors).
- View the error list on the profile.

6.3.3. Update Assessment

See [Appendix D](#) for a sample XML file that contains intake, screener, placement assessment, and update assessment.

→TEST HAPPY PATH

- Version: 24.7 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Follow the instructions under Client File to create a client record.
- Follow the instructions under Treatment Episode to create the Intake, Screener, Placement Assessment, Outcome Measures, Program Enrollment, and Diagnosis records. For easier testing, backdate the records by 1-3 months.
- Create a “clean” treatment episode test file that includes the Update Assessment, including all required fields and using approved vocabulary. For easier testing, use an assessment date that is at least a month after the placement assessment date.
Note: The treatment episode test file must use the following IDs to match the client and Intake:

- ExternalClientRecordId
- ExternalClientIntakeRecordId
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the Processed status.
- Navigate to Client List.
- Select client
 - Search by client name or
 - Open Advanced Search and search Number Type = External Record Id. Enter the External Record Id from the XML file in the Other Number field and click Search.
- View the Client Profile.
Note: The client profile is read-only when created from file import.
- Navigate to Activity List and view the Intake, Screener, Placement Assessment, Update Assessment, Outcome Measures, Program Enrollments, and Diagnosis records.
 - These records are read-only when created from file import.
 - If the placed level of care on the Update Assessment is different from the Placement Assessment, the original CPE will be closed, and a new CPE will be opened.

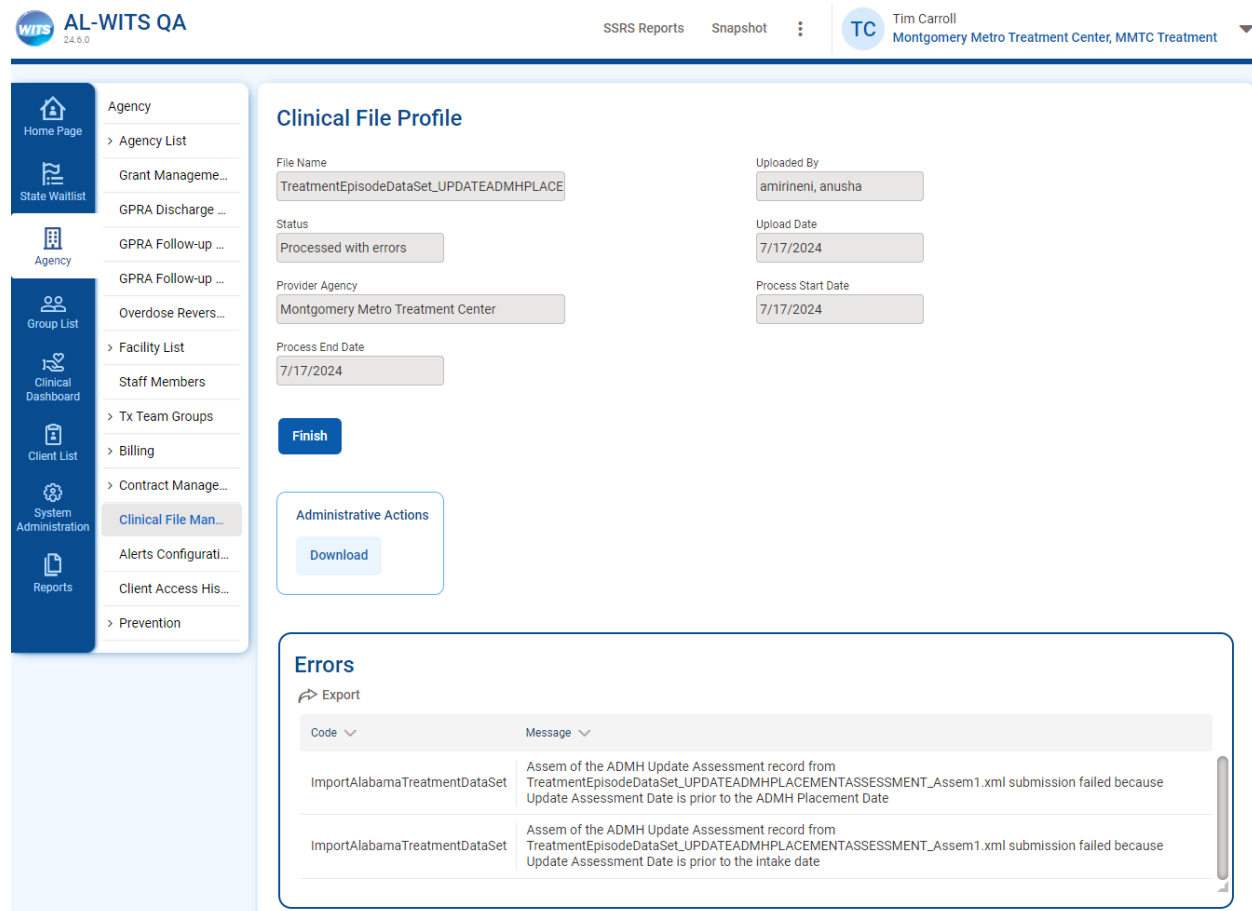
6.3.3.1. Update Assessment Errors

The processor checks each record in the treatment file for required fields, vocabulary, and other business rule requirements. An error is displayed for each missing required field, each invalid vocabulary code, and each business rule requirement that is not met.

Examples:

- Invalid vocabulary “11.9” is used for Assessment Type Code.
- The Update Assessment date is prior to the Intake date.
- The Update Assessment date is prior to the Placement Assessment date.

Example Update Assessment errors are shown below:



The screenshot shows the AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.8.0, and user information for Tim Carroll at Montgomery Metro Treatment Center. The left sidebar contains navigation links for Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Clinical File Profile' and displays the following information:

- File Name:** TreatmentEpisodeDataSet_UPDATEADMHPPLACE
- Uploaded By:** amirineni, anusha
- Status:** Processed with errors
- Upload Date:** 7/17/2024
- Provider Agency:** Montgomery Metro Treatment Center
- Process Start Date:** 7/17/2024
- Process End Date:** 7/17/2024

Below the profile information, there is a 'Finish' button and an 'Administrative Actions' section with a 'Download' button. At the bottom, an 'Errors' section is visible, containing a table of error messages:

Code	Message
ImportAlabamaTreatmentDataSet	Assem of the ADMH Update Assessment record from TreatmentEpisodeDataSet_UPDATEADMHPACEMENTASSESSMENT_Assem1.xml submission failed because Update Assessment Date is prior to the ADMH Placement Date
ImportAlabamaTreatmentDataSet	Assem of the ADMH Update Assessment record from TreatmentEpisodeDataSet_UPDATEADMHPACEMENTASSESSMENT_Assem1.xml submission failed because Update Assessment Date is prior to the intake date

Figure 175: Failed Update Assessment record errors from Treatment Episode File

→TEST

- Version: 24.7 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.

- Create test files using some or all the following scenarios:
 - A missing element, such as UpdateAssessmentTypeCode.
 - A missing end tag, such as </EmploymentCode>.
 - A vocabulary code that does not match the vocabulary from [Table 4](#).
 - A date in the future.
 - An invalid date, such as 05/32/2024.
 - An Update Assessment date prior to the intake date.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the status (either Failed or Processed with Errors).
- View the error list on the profile.

6.3.4. Discharge

See [Appendix E](#) for a sample XML file that contains the discharge.

→TEST HAPPY PATH

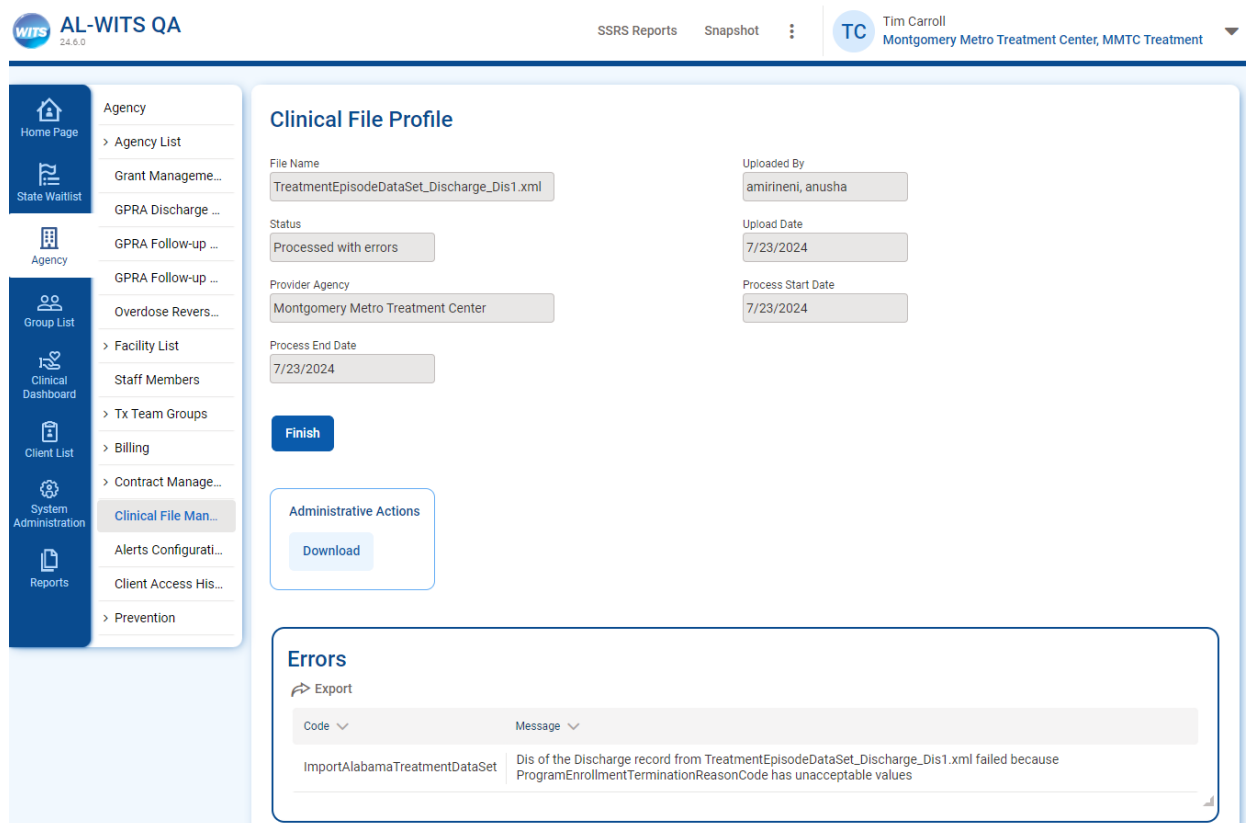
- Version: 24.7 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Follow the instructions under Client File to create a client record.
- Follow the instructions under Treatment Episode to create the Intake, Screener, Placement Assessment, Outcome Measures, Program Enrollment, and Diagnosis records. An update assessment may also be created.
- Create a “clean” treatment episode test file that includes the Discharge, including all required fields and using approved vocabulary. For easier testing, use a discharge date that is at after the last assessment date. Note any open program enrollment records.
Note: The treatment episode test file must use the following IDs to match the client and Intake:
 - ExternalClientId
 - ExternalClientIntakeRecordId
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the Processed status.
- Navigate to Client List.
- Select client
 - Search by client name or
 - Open Advanced Search and search Number Type = External Record Id. Enter the External Record Id from the XML file in the Other Number field and click Search.
- Navigate to Activity List and view the following records. Note these records are read-only when created from the file import.
 - The Intake record Date Closed field is the discharge date.
 - The previously open Program Enrollment record(s) are now closed, and the end date is the discharge date.
 - The Discharge record Discharged field is the discharge date.

6.3.4.1. Discharge Errors

The processor checks each record in the treatment file for required fields, vocabulary, and other business rule requirements. An error is displayed for each missing required field, each invalid vocabulary code, and each business rule requirement that is not met.

Examples:

- Invalid vocabulary “XYZ” is used for Program Enrollment Termination Reason Code.
- The Discharge date is prior to the Intake date.
- The Program Enrollment Last Contact Date is after the Discharge date.
- The referenced Intake is already closed.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.6.0, and the user name Tim Carroll, Montgomery Metro Treatment Center, MMTC Treatment. The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area displays the 'Clinical File Profile' for a file named 'TreatmentEpisodeDataSet_Discharge_Dis1.xml'. The profile includes fields for Status (Processed with errors), Upload Date (7/23/2024), Process Start Date (7/23/2024), and Process End Date (7/23/2024). Below the profile, there is a 'Finish' button and an 'Administrative Actions' section with a 'Download' button. At the bottom, an 'Errors' section shows a table with one error message: 'Dis of the Discharge record from TreatmentEpisodeDataSet_Discharge_Dis1.xml failed because ProgramEnrollmentTerminationReasonCode has unacceptable values'.

Figure 176: Failed Discharge record error from Treatment Episode File

→TEST

- Version: 24.7 and later.
- Account role(s): Clinical File Management (Full Access)
- Select a provider agency.
Note: The Clinical File Upload Agency must be set to Yes.
- Create test files using some or all the following scenarios:
 - A missing element, such as ExternalDischargeRecordId.

- A missing end tag, such as </ProgramEnrollmentLastContactDate>.
- A vocabulary code that does not match the vocabulary from [Table 4](#).
- A date in the future.
- An invalid date, such as 05/32/2024.
- A Discharge date prior to the intake date.
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list and note the status (either Failed or Processed with Errors).
- View the error list on the profile.

7. BILLING MANAGEMENT

7.1. Payor Plan Setup

Payor Plans represent the funding sources billed and paid by ADMH and its providers. Payor Plans are maintained by ADMH since they contain key data elements used for contract management, billing, and reporting.

Each Payor Plan must have at least one group. Payor Groups are the categories of funding that make up the funding source. For example, the Block Grant (BG) payor plan will have multiple groups based on funding allocation. Medicaid and Third-Party Liability (TPL) have only one group each.

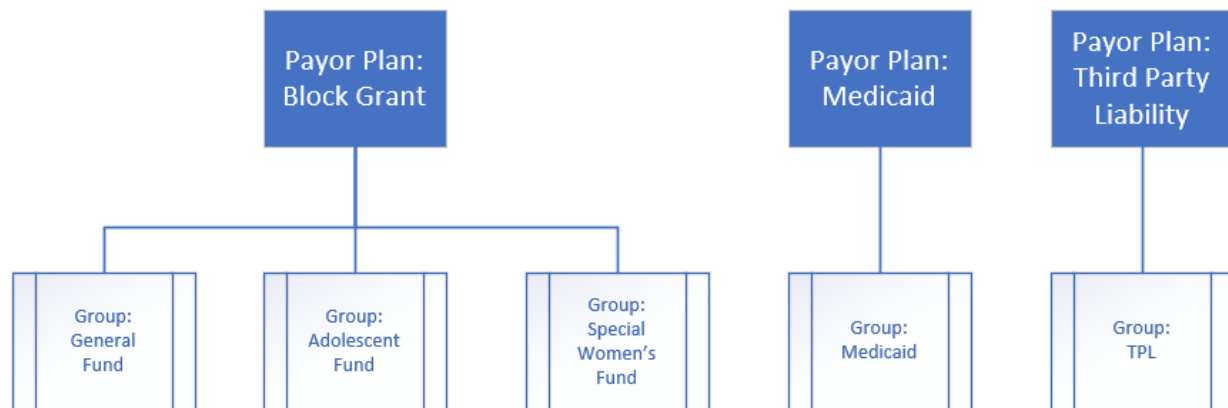
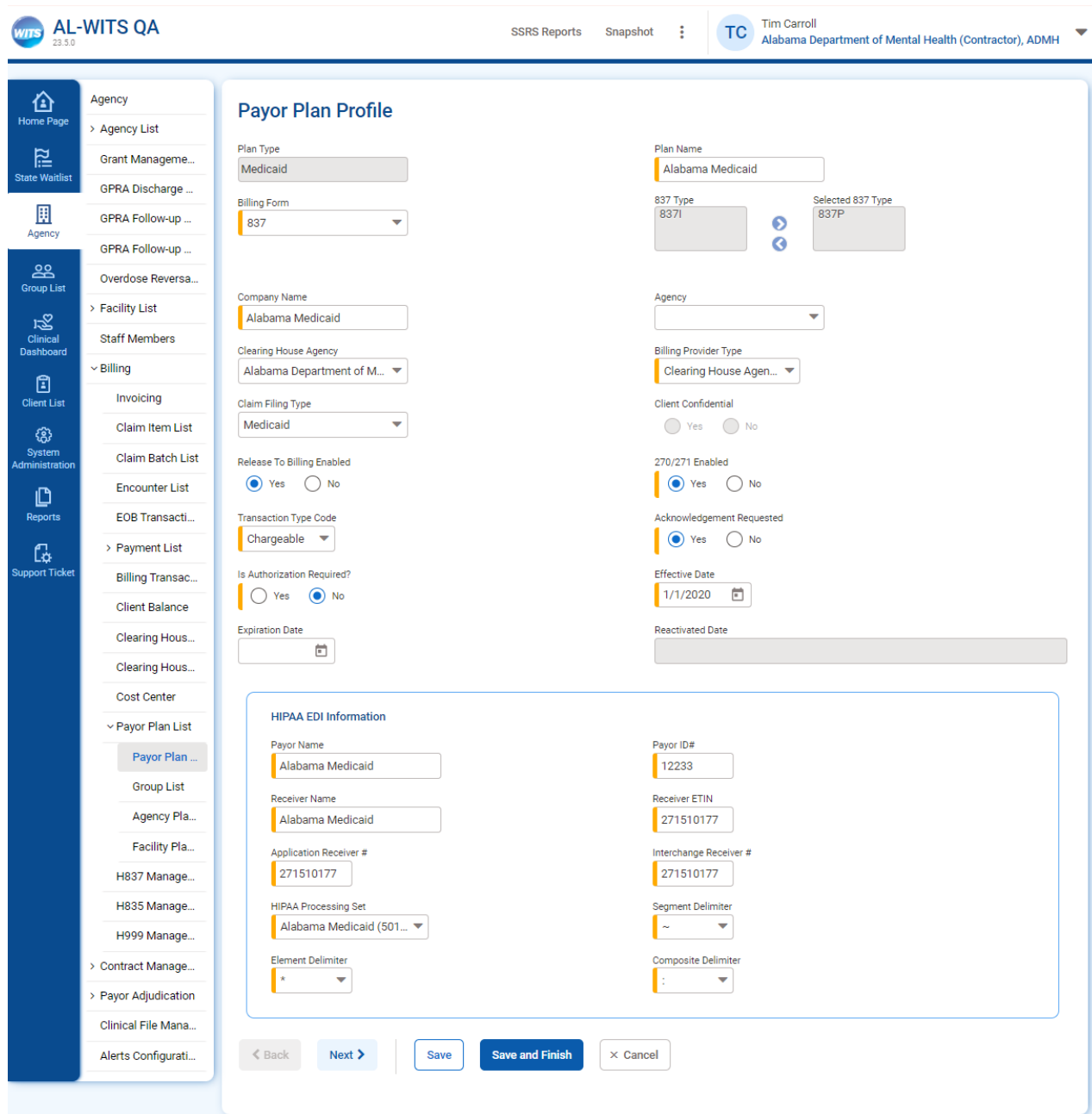


Figure 177: Example Payor Plan/Group Relationship

7.1.1.1. Medicaid

There should be only one Medicaid Payor Plan, and it must be setup correctly in the ADMH agency. This is a one-time setup, and it will ensure the 837P is generated correctly. Do not create a Medicaid plan in the provider agency.

7.1.1.1.1. Medicaid Payor Plan Profile



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Payor Plan Profile

Plan Type: Medicaid

Billing Form: 837

Plan Name: Alabama Medicaid

837 Type: 8371 Selected 837 Type: 837P

Company Name: Alabama Medicaid

Agency:

Clearing House Agency: Alabama Department of M...

Billing Provider Type: Clearing House Agen...

Claim Filing Type: Medicaid

Client Confidential: ☐ Yes ☒ No

Release To Billing Enabled: ☒ Yes ☐ No

270/271 Enabled: ☒ Yes ☐ No

Transaction Type Code: Chargeable

Acknowledgement Requested: ☒ Yes ☐ No

Is Authorization Required?: ☐ Yes ☒ No

Effective Date: 1/1/2020

Expiration Date:

Reactivated Date:

HIPAA EDI Information

Payor Name: Alabama Medicaid Payor ID#: 12233

Receiver Name: Alabama Medicaid Receiver ETIN: 271510177

Application Receiver #: 271510177 Interchange Receiver #: 271510177

HIPAA Processing Set: Alabama Medicaid (501... Segment Delimiter: ~

Element Delimiter: * Composite Delimiter: :

< Back Next > Save Save and Finish × Cancel

Figure 178: Alabama Medicaid Payor Plan Profile

The Medicaid Payor Plan should be setup as shown above.

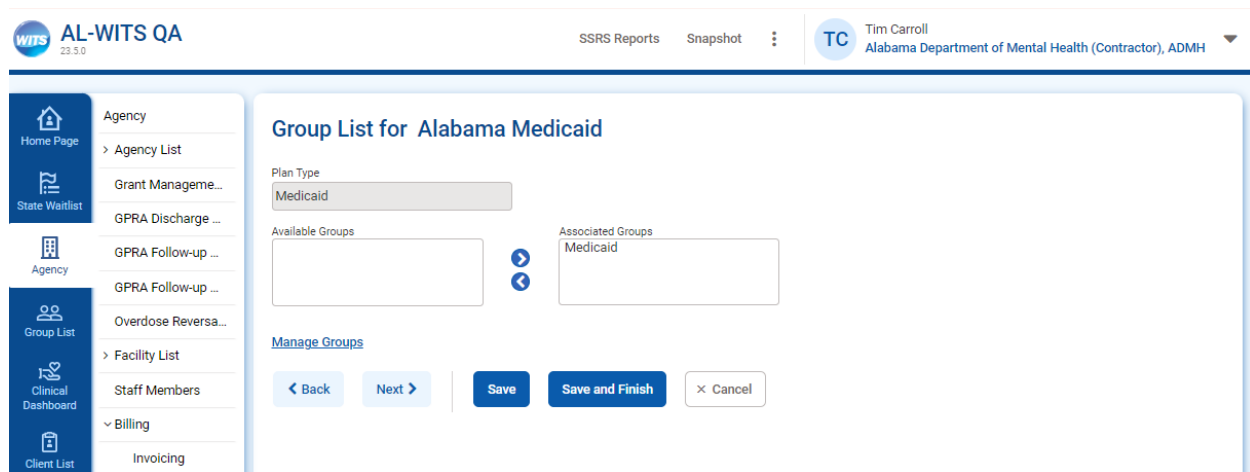
- Version: 23.6 and later.
- Plan Name = Alabama Medicaid (or just Medicaid)
- Billing form = 837
- Selected 837 Type = 837P
- Company Name = Alabama Medicaid (or just Medicaid)
- Clearing House Agency = Alabama Department of Mental Health
- Billing Provider Type = Clearing House Agency
Note: These two fields indicate that ADMH has the relationship with Medicaid.
- Claim Filing Type = Medicaid
- Release To Billing Enabled = Yes
- 270/271 Enabled = Yes
- Transaction Type Code = Chargeable
- Acknowledgement Requested = Yes
- Is Authorization Required = No
- Effective Date = [Date]
Note: This may be any date prior to go-live but should be backdated at least a year to allow for late claims.
- HIPAA EDI Information: The first six values below are assigned by Medicaid and should be confirmed by ADMH.
 - Payor Name = Alabama Medicaid
 - Payor ID# = 12233
 - Receiver Name = Alabama Medicaid
 - Receiver ETIN = 271510177
 - Application Receiver # = 271510177
 - Interchange Receiver # = 271510177
 - HIPAA Processing Set = Alabama Medicaid (5010)
 - Segment Delimiter = ~
 - Element Delimiter = *
 - Composite Delimiter = :

→TEST

- Version: 24.1 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to Agency/Billing/Payor Plan List.
- Confirm a payor plan exists for Alabama Medicaid with no expiration date
- Create a second Medicaid Payor Plan
 - Plan Type = Medicaid
 - HIPAA Processing Set = Alabama Medicaid (5010)
- Click the Save button and observe error message:
 “The record cannot be saved because it overlaps an existing Medicaid payor plan with the same HIPAA Processing Set.”

7.1.1.2. Medicaid Payor Plan, Group List

The Medicaid plan must have at least one Group. Suggested names: “Medicaid” or “General.”



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes 'WITS 23.5.0', 'AL-WITS QA', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH'. The left sidebar contains navigation links: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, and Client List. The main content area is titled 'Group List for Alabama Medicaid'. It features a 'Plan Type' dropdown menu set to 'Medicaid'. Below this are two lists: 'Available Groups' (empty) and 'Associated Groups' (containing 'Medicaid'). A 'Manage Groups' link is positioned between the two lists. At the bottom, there are five buttons: '< Back', 'Next >', 'Save', 'Save and Finish', and '× Cancel'.

Figure 179: Medicaid Group List

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Navigate to the Group List for the Medicaid Payor Plan as indicated in the step above.
- Confirm the Medicaid Payor Plan Group List has one associated group.
- Click Next to navigate to the Agency Profile.

7.1.1.3. Medicaid Payor Plan, Agency Profile

The Payor Plan Agency Profile collects the submitter values for the ADMH agency.



WITS 23.5.0 AL-WITS QA SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Agency Profile for Alabama Medicaid

Billing Form
837

HIPAA EDI Information

Submitter ETIN	Application Sender #	Interchange Sender #
300002373	300002373	300002373

< Back Next > Save Save and Finish × Cancel

Figure 180: Medicaid Payor Plan, Agency Profile

The values below are assigned by Medicaid and should be confirmed by ADMH:

- Submitter ETIN = 300002373
- Application Sender # = 300002373
- Interchange Sender # = 300002373

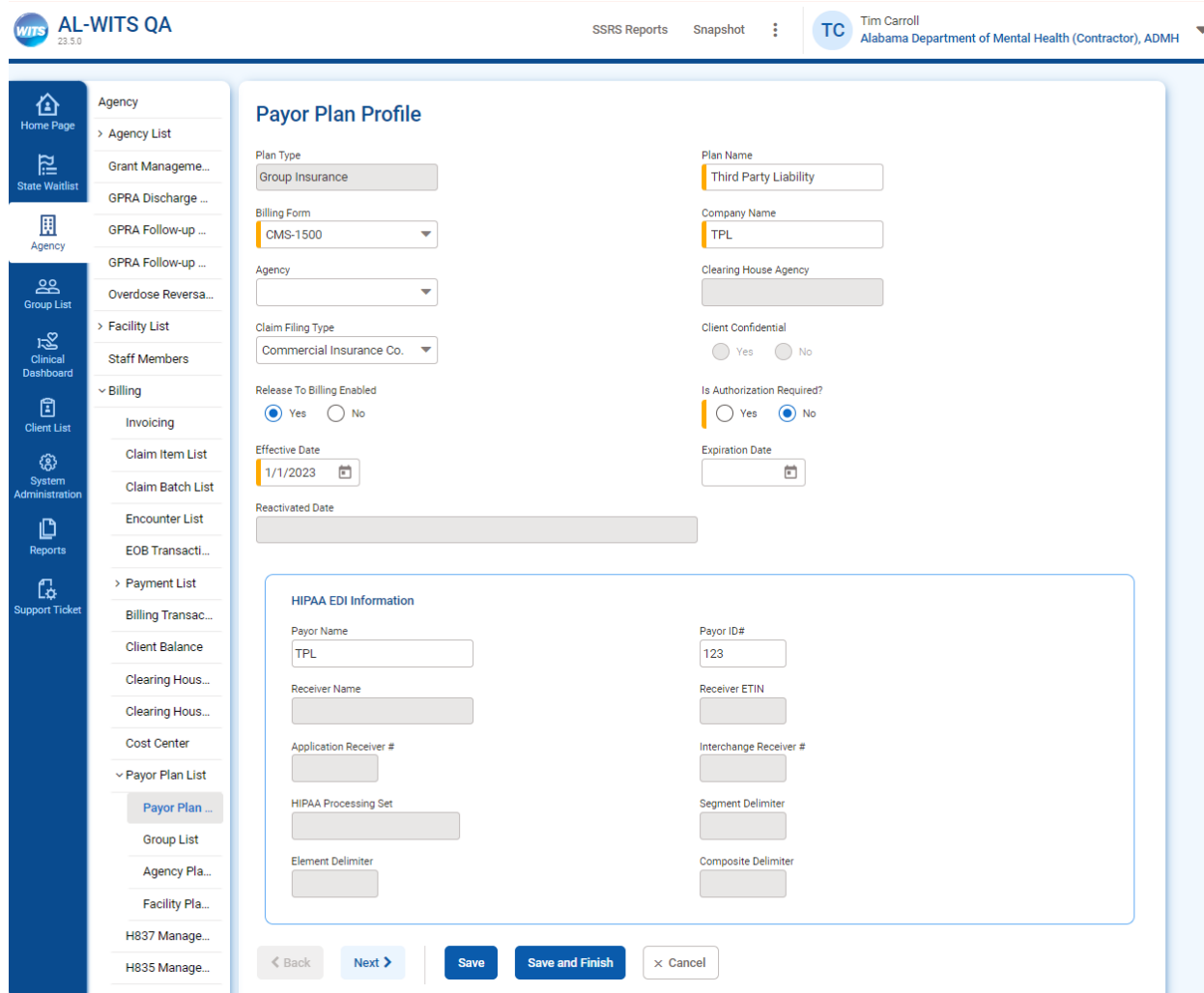
→ **TEST**

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Navigate to the Agency Profile for the Medicaid Payor Plan as indicated in the step above.
- Confirm the Agency Profile for the Medicaid Payor Plan is setup correctly as shown above.
- Click the Save and Finish button.

7.1.2. Third Party Liability (commercial insurance)

The TPL plan is a generic plan representing any insurance carrier. Providers bill specific insurance carriers external to Alabama WITS. TPL claims and batches are created to represent the claim sent to a specific carrier and to include the coordination of benefits (COB) on any subsequent Medicaid claims. The TPL Payor Plan must be setup correctly in the ADMH agency. It must be activated in each provider agency that bills TPL.

7.1.2.1. TPL Payor Plan Profile



WITS AL-WITS QA 23.5.0 SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Payor Plan Profile

Plan Type: Group Insurance

Billing Form: CMS-1500

Agency: [Empty]

Claim Filing Type: Commercial Insurance Co.

Plan Name: Third Party Liability

Company Name: TPL

Clearing House Agency: [Empty]

Client Confidential: ☐ Yes ☒ No

Is Authorization Required: ☐ Yes ☒ No

Expiration Date: [Empty]

Effective Date: 1/1/2023

Reactivated Date: [Empty]

HIPAA EDI Information

Payor Name: TPL

Payor ID#: 123

Receiver Name: [Empty]

Receiver ETIN: [Empty]

Application Receiver #: [Empty]

Interchange Receiver #: [Empty]

HIPAA Processing Set: [Empty]

Segment Delimiter: [Empty]

Element Delimiter: [Empty]

Composite Delimiter: [Empty]

Buttons: < Back, Next >, Save, Save and Finish, x Cancel

Figure 181: Third Party Liability Payor Plan Profile

The Third-Party Liability Payor Plan should be setup as shown above.

- Plan Name = Third Party Liability
- Billing form = CMS-1500
- Company Name = TPL (or Third-Party Liability)
- Agency = Null
- Clearing House Agency = Null

- Claim Filing Type = Commercial Insurance Co.
- Release To Billing Enabled = Yes
- Is Authorization Required = No
- Effective Date = [Date]
Note: This may be any date prior to go-live but should be backdated at least a year to allow for late claims.
- HIPAA EDI Information (these are example values):
 - Payor Name = TPL
 - Payor ID# = 123

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to Agency/Billing/Payor Plan List.
- Confirm the Third-Party Liability Payor Plan Profile contains the values shown above.
- Click Next to navigate to the Group List.

7.1.2.2. TPL Payor Plan, Group List

The TPL plan must have at least one Group. Suggested names: “TPL” or “General.”

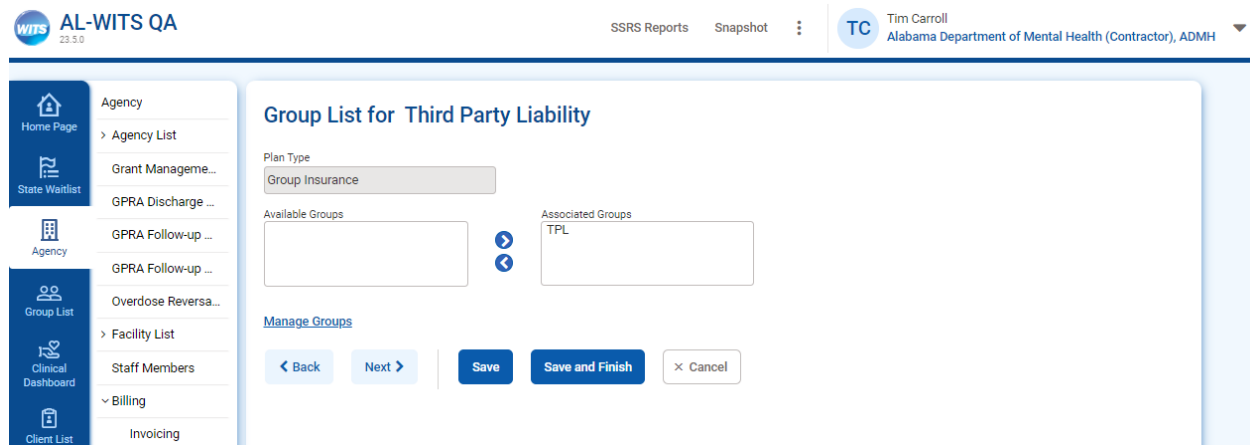


Figure 182: Third Party Liability Group List

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to the Group List for the Third-Party Liability Payor Plan as indicated in the step above.
- Confirm the Third-Party Liability Payor Plan Group List has one associated group.
- Click Next to navigate to the Agency Profile.

7.1.2.3. TPL Payor Plan, Agency Profile

The Payor Plan Agency Profile collects the submitter values, but like the TPL plan profile, they are generic values. Unlike the Medicaid plan, this screen must be entered for each agency that bills TPL.

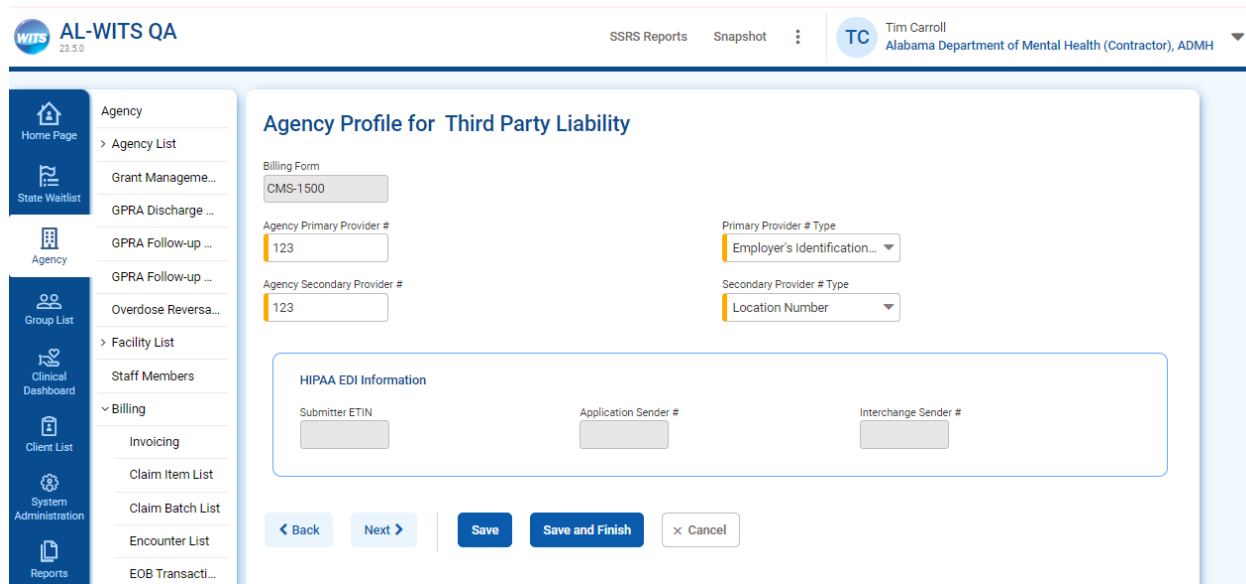


Figure 183: TPL Payor Plan, Agency Profile

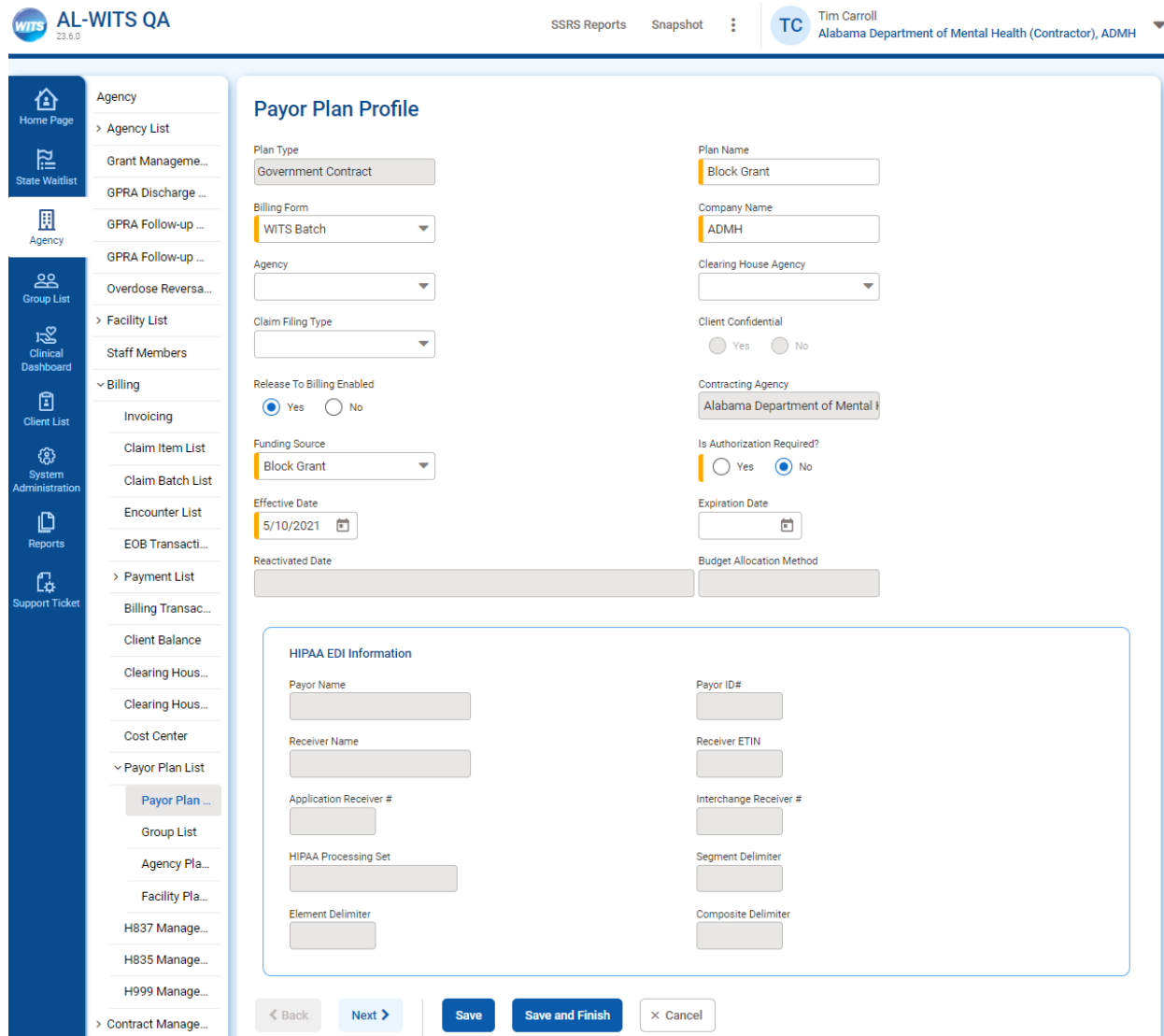
→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Select the ADMH Agency.
 - Navigate to the Agency Profile for the Third-Party Liability Payor Plan as indicated in the step above.
 - Confirm the Agency Profile for the TPL Payor Plan is setup correctly as shown above.
 - Click the Save and Finish button.
- Select a provider agency.
 - Navigate to the Agency Profile for the Third-Party Liability Payor Plan as indicated in the step above.
 - Confirm the Agency Profile for the TPL Payor Plan is setup correctly as shown above. If not, enter the required fields.
 - Click the Save and Finish button.
- Repeat for each provider agency.

7.1.3. Government Contract

A Government Contract payor plan is used for funding sources managed by ADMH such as Block Grant, State Funds, SOR, etc. Each plan requires at least one group, and examples include General, Special Women's, Children's First, etc.

7.1.3.1. Government Contract Payor Plan Profile



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Payor Plan Profile

Plan Type: Government Contract

Plan Name: Block Grant

Billing Form: WITS Batch

Company Name: ADMH

Agency: [Dropdown]

Clearing House Agency: [Dropdown]

Client Confidential: ☐ Yes ☒ No

Contracting Agency: Alabama Department of Mental Health

Is Authorization Required? ☐ Yes ☒ No

Effective Date: 5/10/2021

Expiration Date: [Dropdown]

Reactivated Date: [Dropdown]

Budget Allocation Method: [Dropdown]

HIPAA EDI Information

Payor Name: [Text Box] Payor ID#: [Text Box]

Receiver Name: [Text Box] Receiver ETIN: [Text Box]

Application Receiver #: [Text Box] Interchange Receiver #: [Text Box]

HIPAA Processing Set: [Text Box] Segment Delimiter: [Text Box]

Element Delimiter: [Text Box] Composite Delimiter: [Text Box]

< Back Next > Save Save and Finish X Cancel

Figure 184: Government Contract Payor Plan Profile

The Block Grant Payor Plan should be setup in the ADMH agency as shown above.

- Version: 23.7 and later.
- Plan Type = Government Contract
- Plan Name = Block Grant
- Billing form = WITS Batch

- Company Name = ADMH
- Release To Billing Enabled = Yes
- Contracting Agency = Alabama Department of Mental Health
- Funding Source = Block Grant
- Is Authorization Required = No
- Effective Date = [Date]
Note: This may be any date prior to go-live but should be backdated at least a year to allow for late claims.

The remainder of the fields should be left blank.

Note: Multiple Government Contract Payor Plans may be created. For example, ADMH may have plans for Block Grant, State Funds, SOR, etc. Plans should not be created for sub-categories of funding such as include General, Special Women's, Children's First, etc. See the following section for Groups.

→ TEST

- Account role(s): WITS Administrator OR WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to Agency/Billing/Payor Plan List.
- Create/update a Government Contract Block Grant Payor Plan using the values shown above.
- Click Next to navigate to the Group List.

7.1.3.2. Government Contract Payor Plan, Group List

The Government Contract Payor Plans may have multiple funding groups. The Group #, Template ID, and Program Code fields must be setup correctly for Payment Voucher functionality.

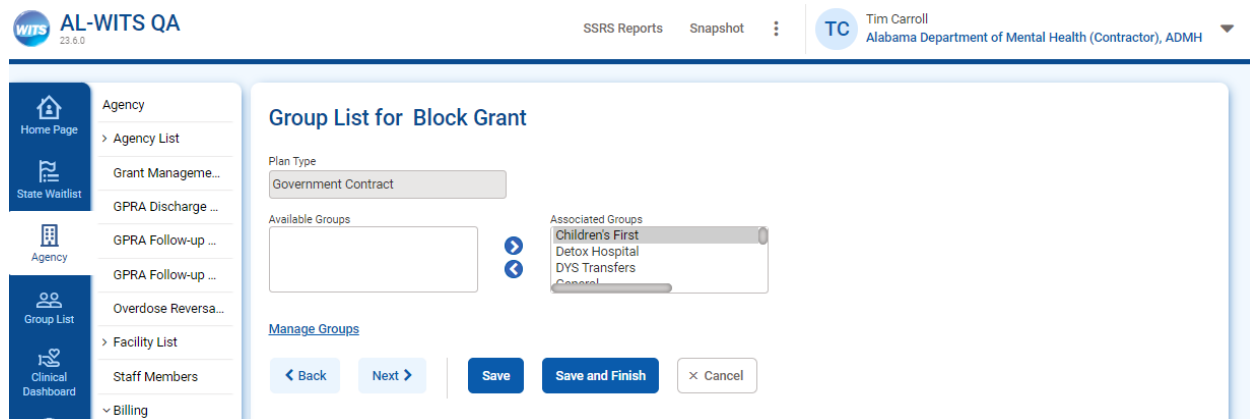


Figure 185: Group List for Block Grant

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Tx Team Groups

> Billing

Invoicing

Claim Item List

Claim Batch List

Encounter List

EOB Transacti...

> Payment List

Billing Transac...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Payor Plan ...

Group List

Agency Pla...

Facility Pla...

H837 Manage...

H835 Manage...

H999 Manage...

H270 Manage...

H271 Manage...

> Contract Manage...

> Payor Adjudication

Alerts Configurati...

Client Access His...

> Prevention

Group List for Block Grant

+ Add Group

Group Name	Number	Agency	Program Code	
Children's First	CF			⋮
Detox Hospital	DXH			⋮
DYS Transfers	DYS			⋮
Example Test	ExTest			⋮
General	GEN		100	⋮
Indigent Drug Offender	IDO			⋮
Overdose Data to Action	ODA			⋮
Prevention	PRV			⋮
SOR Treatment	STX			⋮
Special Women's 2024	1			⋮
SPF Rx	SPF			⋮
State - Assessments Institutions - Jails, Prisons and Hospitals	SAI			⋮
State Only Funds	SOF			⋮
Substance Abuse Community Corrections	SCC			⋮
Tuberculosis Screening	TBS			⋮

Group Name

Group #

Last Updated

Plan Type

Age Group

Template Id

Agency

Intervention Type

Last Updated By

Covered Population

Gender Specific

Program Code

Save
Save and Finish
Cancel

Figure 186: Group List for Block Grant, Children's First

→TEST

- Version: 24.8 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Navigate to the Group List for the Block Grant Payor Plan as indicated in the step above.
- Click the Manage Groups button.
- Setup the Children's First group:
 - Group Name = Children's First
 - Group # = [ADMH defined]

- Covered Population = Children's First
- Age Group = Adolescent
- Gender Specific = Not Specific
- Template Id = [appropriate ID]
- Program Code = [appropriate code]
- Setup the Special Women's Group:
 - Group Name = Special Women's
 - Group # = [ADMH defined]
 - Covered Population = Special Women's
 - Age Group = All Age Groups
 - Gender Specific = Female
 - Template Id = [appropriate ID]
 - Program Code = [appropriate code]
- Setup the General Group:
 - Group Name = General
 - Group # = [ADMH defined]
 - Covered Population = General
 - Age Group = All Age Groups
 - Gender Specific = Not Specific
 - Template Id = [appropriate ID]
 - Program Code = [appropriate code]
- Setup the remainder of the groups
- Click Next to navigate to the Agency Profile.

Note: Groups should not be shared between Government Contract Payor Plans. For example, if both Block Grant and State Funds plans use a "General" group, create separate groups for each plan:

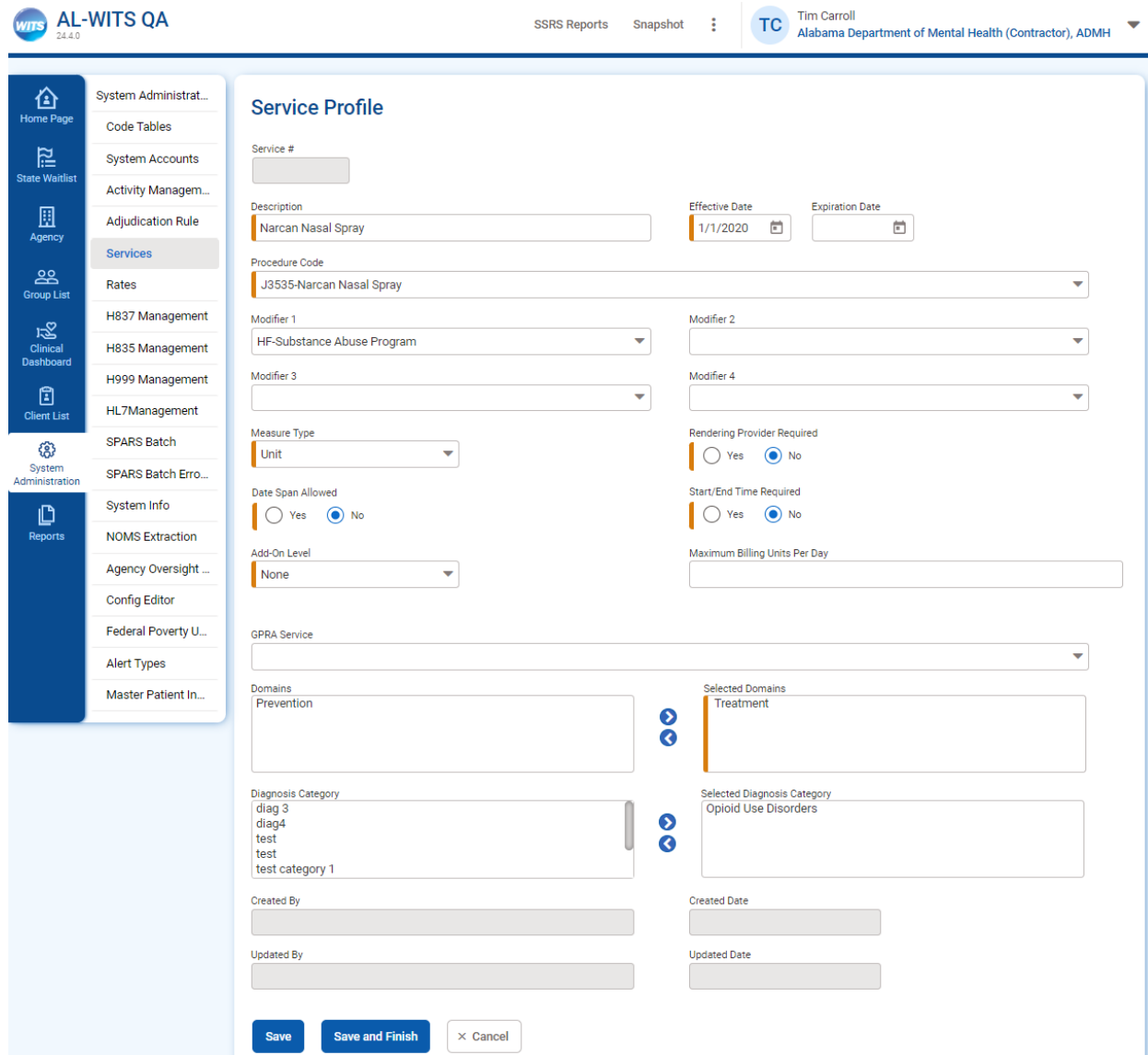
- Block Grant General
- State Funds General

7.1.3.3. Government Contract Payor Plan, Agency Profile

See the Provider Billing Setup section under Contract Management above for instructions.

7.2. Services

Services are created for each procedure/modifier combination. Services are maintained by ADMH since they contain key data elements used for contract management, billing, payor adjudication, and reporting. Services require a rate to be used for billing. Services may be created without rates for non-billable activities.



The screenshot shows the 'Service Profile' form in the WITS 24.4.0 application. The left sidebar contains navigation links for System Administration, Reports, and various management tools. The main form area is titled 'Service Profile' and contains the following fields and sections:

- Service #**: A text input field.
- Description**: A text input field containing 'Narcan Nasal Spray'.
- Effective Date**: A date picker showing '1/1/2020'.
- Expiration Date**: A date picker.
- Procedure Code**: A dropdown menu showing 'J3535-Narcan Nasal Spray'.
- Modifier 1**: A dropdown menu showing 'HF-Substance Abuse Program'.
- Modifier 2**: A dropdown menu.
- Modifier 3**: A dropdown menu.
- Modifier 4**: A dropdown menu.
- Measure Type**: A dropdown menu showing 'Unit'.
- Date Span Allowed**: Radio buttons for 'Yes' and 'No', with 'No' selected.
- Add-On Level**: A dropdown menu showing 'None'.
- Rendering Provider Required**: Radio buttons for 'Yes' and 'No', with 'No' selected.
- Start/End Time Required**: Radio buttons for 'Yes' and 'No', with 'No' selected.
- Maximum Billing Units Per Day**: A text input field.
- GPRA Service**: A dropdown menu.
- Domains**: A text input field showing 'Prevention'.
- Selected Domains**: A text input field showing 'Treatment'.
- Diagnosis Category**: A text input field showing 'diag 3', 'diag 4', 'test', 'test category 1'.
- Selected Diagnosis Category**: A text input field showing 'Opioid Use Disorders'.
- Created By**: A text input field.
- Created Date**: A date input field.
- Updated By**: A text input field.
- Updated Date**: A date input field.

At the bottom of the form are three buttons: 'Save', 'Save and Finish', and 'Cancel'.

Figure 187: Service Profile – Narcan Nasal Spray

The service profile contains fields used for billing and to control required fields on the Encounter:

- **Procedure Code:** These values are managed in the Procedure code table (described in the Code Tables section).
- **Modifiers 1-4:** These values are managed in the Procedure Modifier code table (described in the Code Tables section).

- Measure Type
 - Select “Duration” for services billed in time increments (e.g., 15 minutes)
 - Select “Unit” for services billed once per day (e.g., Methadone, bed days, etc.)
- Rendering Provider Required: Select “Yes” to require the rendering provider (staff member) on the Encounter.
- Date Span Allowed: Select “Yes” to allow date span on the Encounter (e.g., for bed days).
- Start/End Time Required: Select “Yes” to require the start and end time on the Encounter.
- Add-On Level = None. Note: Add-on functionality requires additional configuration.
- Maximum Billing Units: The value entered here indicates the maximum billing units for the service on one day. At encounter release to billing and 837P import, the system validates the calculated billing units against this field. This field may be left null when there is no daily maximum.
- Domain = Select a domain for the service. Note: Based on the Alabama workflow, all services should have the Treatment domain.
- Diagnosis Category = Select one or more categories. The encounter diagnosis must fall under one of the selected diagnosis categories for the selected service to allow Release to Billing (RTB). If no categories are selected, then the encounter may contain any diagnosis at RTB. These values are managed in the Service Diagnosis Category code table (described in the Code Tables section).

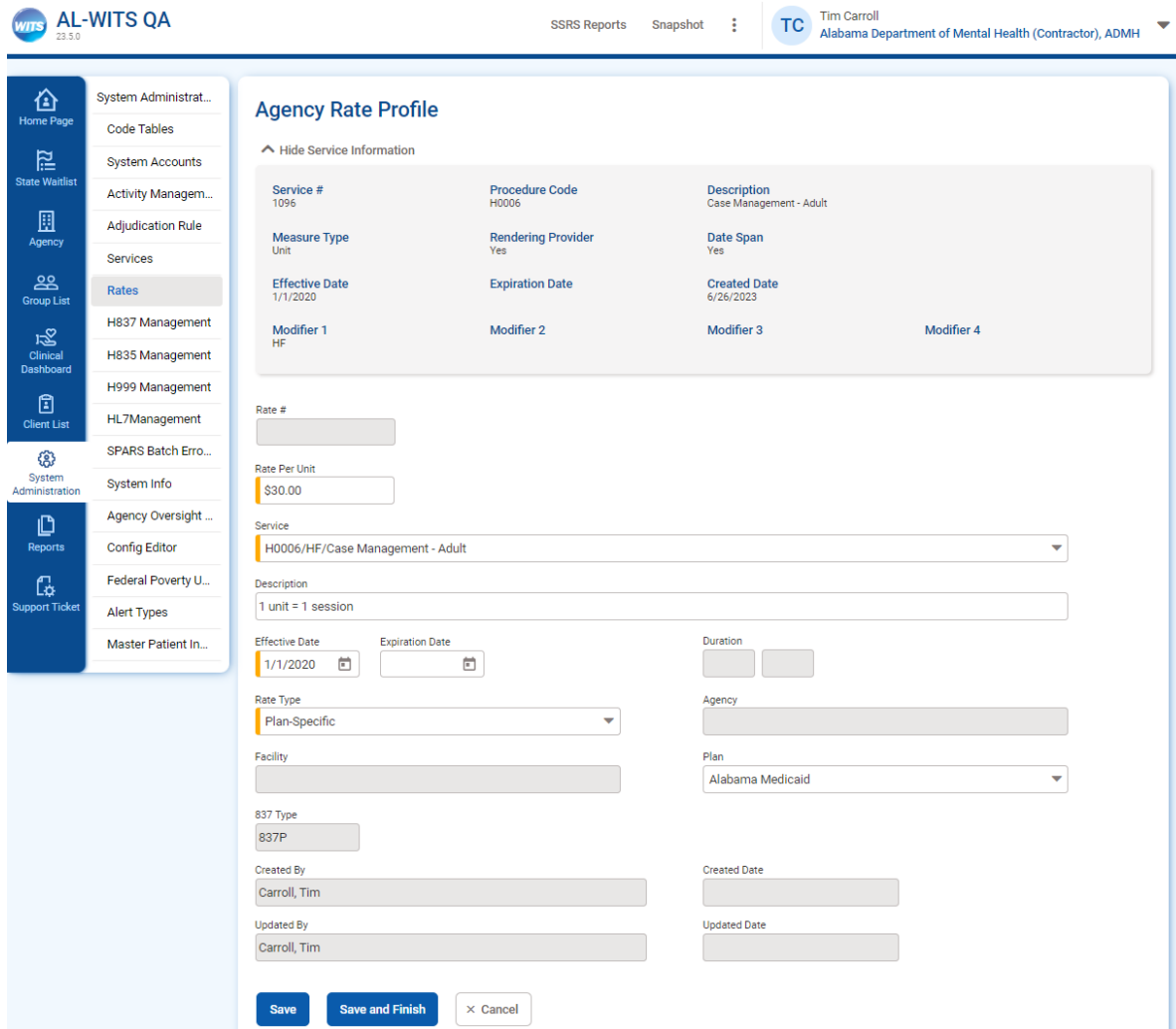
→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator
- Navigate to System Administration/Services.
- Click the +Add New Service button on the Service List.
- Create and save Services.

7.3. Rates

Rates are created for each service that is billable to Medicaid or Third-Party Liability (TPL). As a contrast, Contracts/Contract Service Rates are used for Government Contract Payor Plans/Groups.

Rates are maintained by ADMH since they contain key data elements used for billing and reporting.



The screenshot displays the 'Agency Rate Profile' form in the WITS AL-WITS QA system. The interface includes a top navigation bar with 'WITS AL-WITS QA 23.5.0', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH'. A left sidebar contains navigation links for System Administration, Code Tables, System Accounts, Activity Management, Adjudication Rule, Services, Rates (selected), H837 Management, H835 Management, H999 Management, HL7 Management, SPARS Batch Error, System Info, Agency Oversight, Config Editor, Federal Poverty Update, Alert Types, and Master Patient Index. The main form area is titled 'Agency Rate Profile' and includes a 'Hide Service Information' toggle. The form contains the following fields and values:

Service #	Procedure Code	Description
1096	H0006	Case Management - Adult

Measure Type	Rendering Provider	Date Span
Unit	Yes	Yes

Effective Date	Expiration Date	Created Date
1/1/2020		6/26/2023

Modifier 1	Modifier 2	Modifier 3	Modifier 4
HF			

Below the table are input fields for:

- Rate # (empty)
- Rate Per Unit: \$30.00
- Service: H0006/HF/Case Management - Adult (dropdown)
- Description: 1 unit = 1 session
- Effective Date: 1/1/2020 (calendar icon)
- Expiration Date (calendar icon)
- Duration (empty)
- Rate Type: Plan-Specific (dropdown)
- Agency (empty)
- Facility (empty)
- Plan: Alabama Medicaid (dropdown)
- 837 Type: 837P
- Created By: Carroll, Tim
- Created Date (empty)
- Updated By: Carroll, Tim
- Updated Date (empty)

At the bottom are three buttons: 'Save', 'Save and Finish', and 'Cancel'.

Figure 188: Rate Profile - Case Management – Adult, Alabama Medicaid

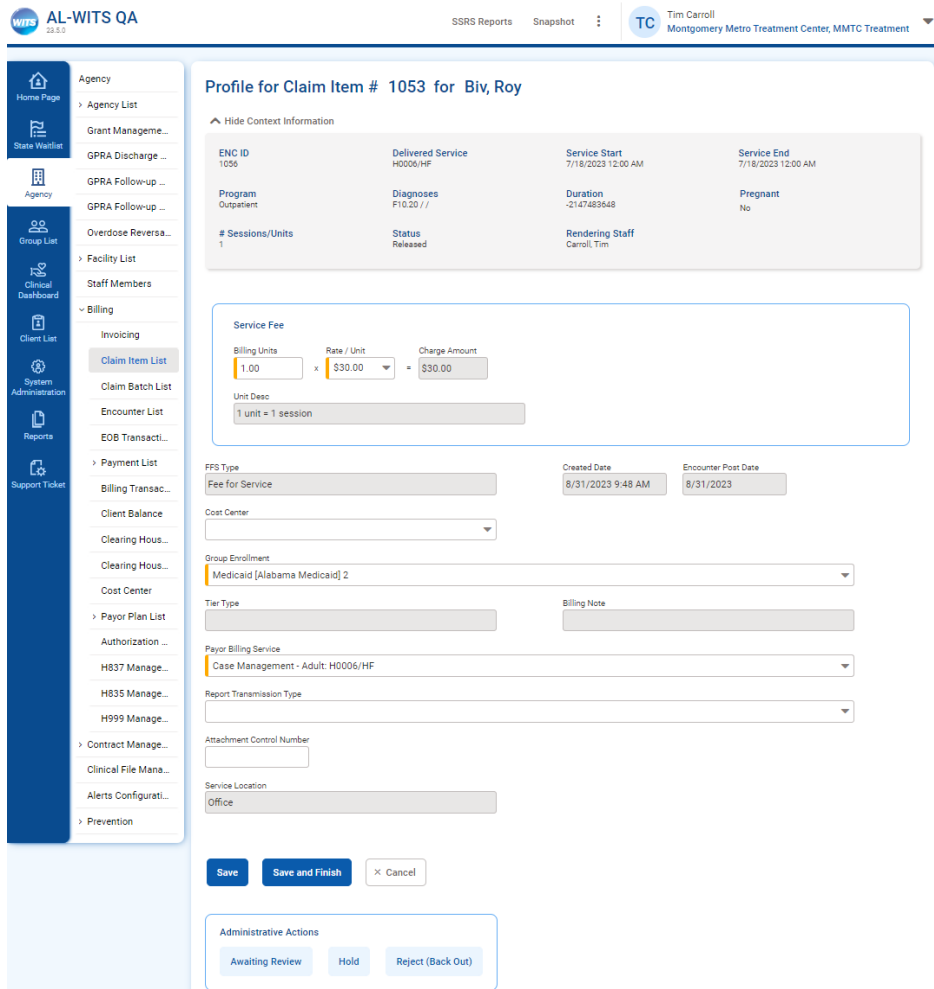
→TEST

- Version: 23.6 and later.
- Account role(s): WITS Administrator OR Rate (Full Access)
- Navigate to System Administration/Rates.
- Click the +Add Rate button on the Rate List.
- Create and save Rates for Services under the Medicaid and TPL plans.

7.4. Claim Management

7.4.1. Claim Item

This section applies to all Claim Items, regardless of payor. Claim Items are created in a Released status in the Provider agency. The status may be changed to Awaiting Review or Hold, or it may be rejected.



AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTTC Treatment

Profile for Claim Item # 1053 for Biv, Roy

Hide Context Information

ENC ID 1056	Delivered Service H0006/HF	Service Start 7/18/2023 12:00 AM	Service End 7/18/2023 12:00 AM
Program Outpatient	Diagnoses F10.20 //	Duration -2147483648	Pregnant No
# Sessions/Units 1	Status Released	Rendering Staff Carroll, Tim	

Service Fee

Billing Units 1.00	Rate / Unit \$30.00	Charge Amount \$30.00
-----------------------	------------------------	--------------------------

Unit Desc
1 unit = 1 session

FPS Type
Fee for Service

Created Date
8/31/2023 9:48 AM

Encounter Post Date
8/31/2023

Cost Center

Group Enrollment
Medicaid [Alabama Medicaid] 2

Tier Type

Billing Note

Payor Billing Service
Case Management - Adult: H0006/HF

Report Transmission Type

Attachment Control Number

Service Location
Office

Save Save and Finish Cancel

Administrative Actions

Awaiting Review Hold Reject (Back Out)

Figure 189: Medicaid Claim Item

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List
- Navigate to Agency/Billing/Claim Item List in the Provider Agency.
- Search for the new claim item and view the profile.
Claim item is created in Released status.
Note editable fields and actions. If the claim item is correct, no action is needed.
- Click the Save and Finish button.

7.4.2. Create Claim Batch

This section applies to all Claim Items, regardless of payor. The claim batch is created from the claim item list. Batches are created for released claim items at either the agency or facility level and are separated by month.

7.4.2.1. Manual Claim Batch Creation

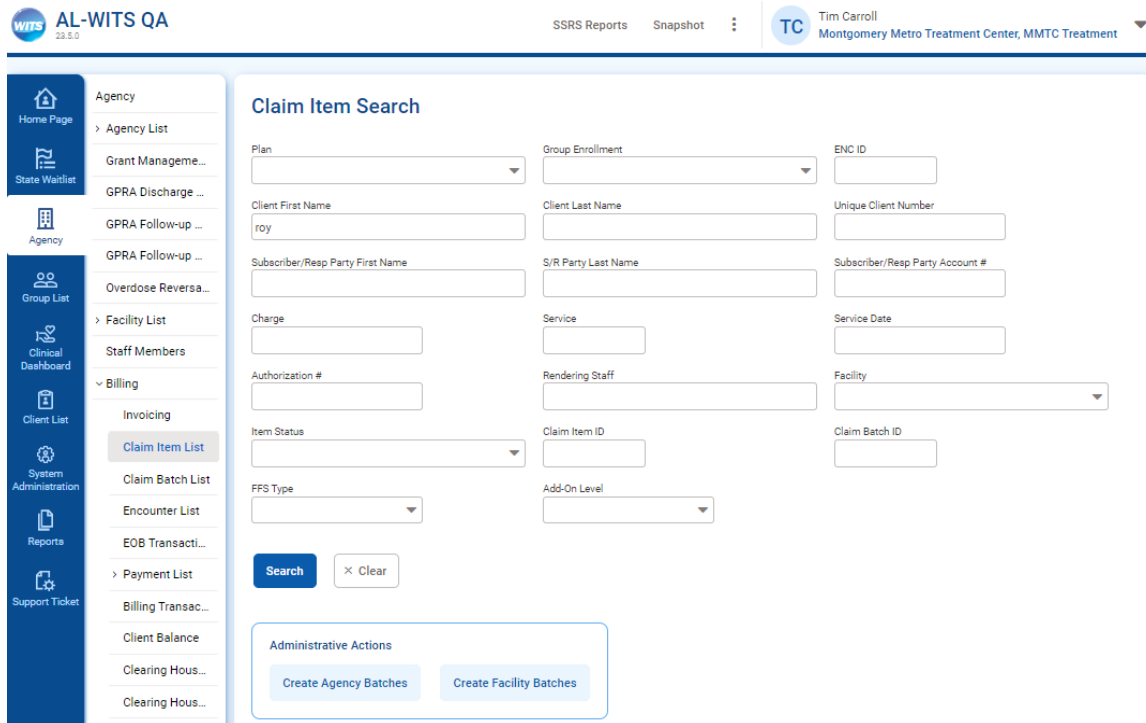


Figure 190: Claim Item Search/List

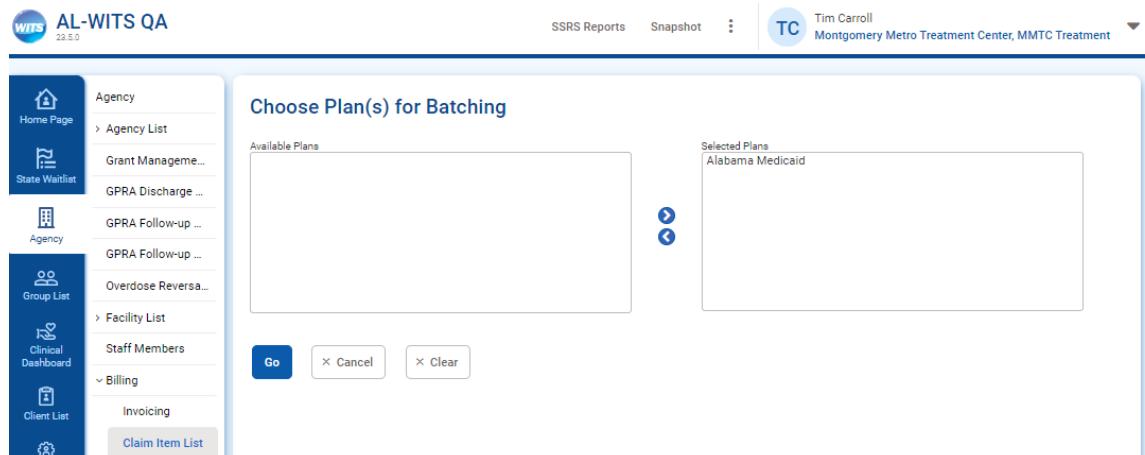


Figure 191: Choose Plan(s) for Batching Screen

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Item List.
- Click the Create Agency Batches button.
- On the Choose Plan(s) for Batching Screen, select the Alabama Medicaid Plan.
Note: In the 23.8 release, Medicaid claim batches are created automatically. They may still be created manually.
- Click the Go button.
- Note the information message at the top of the screen: “The claim items for the selected X plan(s) are being batched. This may take several minutes to complete.”
- Continue testing in the Claim Batch section below.

7.4.2.2. Automatic Claim Batch Creation

Claim batches are created each hour through a scheduled task.

→TEST


- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Create Claim Items as indicated above. Claim items must be in the Released status.
- Wait up to one hour for the task to run.
- Continue testing in the Claim Batch section below.

7.4.3. Claim Batch


Claim Batches are created in the Released status.

7.4.3.1. Medicaid Claim Batches

Medicaid Claim Batches must be sent to the Clearing House Agency (ADMH) where they are billed to Medicaid.


AL-WITS QA
23.5.0

[Generate Report](#)
[SSRS Reports](#)
[Snapshot](#)


Tim Carroll
Montgomery Metro Treatment Center, MMTTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance

Provider Claim Batch Profile

Hide Context Information

Batch # 45	Charge Amount \$60.00	Batch For Alabama Medicaid	Status Released
Transmit Date	Order Primary	Ignore Warnings No	Service Month/Year 7/1/2023
FFS Type Fee for Service	837 Type 837P	HIPAA Processing Set	837 File Status

Transmission Message

Created By Carroll, Tim	Created Date 8/31/2023 9:55 AM	Updated By Carroll, Tim	Updated Date 8/31/2023 9:55 AM
-----------------------------------	--	-----------------------------------	--

Save
Save and Finish
Cancel

Administrative Actions
Awaiting Review
Hold
Void
Send To Clearing House

Figure 192: Provider Medicaid Claim Batch Profile

→TEST MANUAL BATCH CREATION

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name). Note that it takes a couple of minutes to generate the batch.
- Select the Claim Batch Profile
- Click the Send to Clearing House button.
- Click the Finish button.
- Note the Status is Billed (to the Clearing House/ADMH).
- Note the Batch # for the next step.
- To continue testing, skip to the Clearing House Item section.

→TEST AUTOMATIC BATCH CREATION

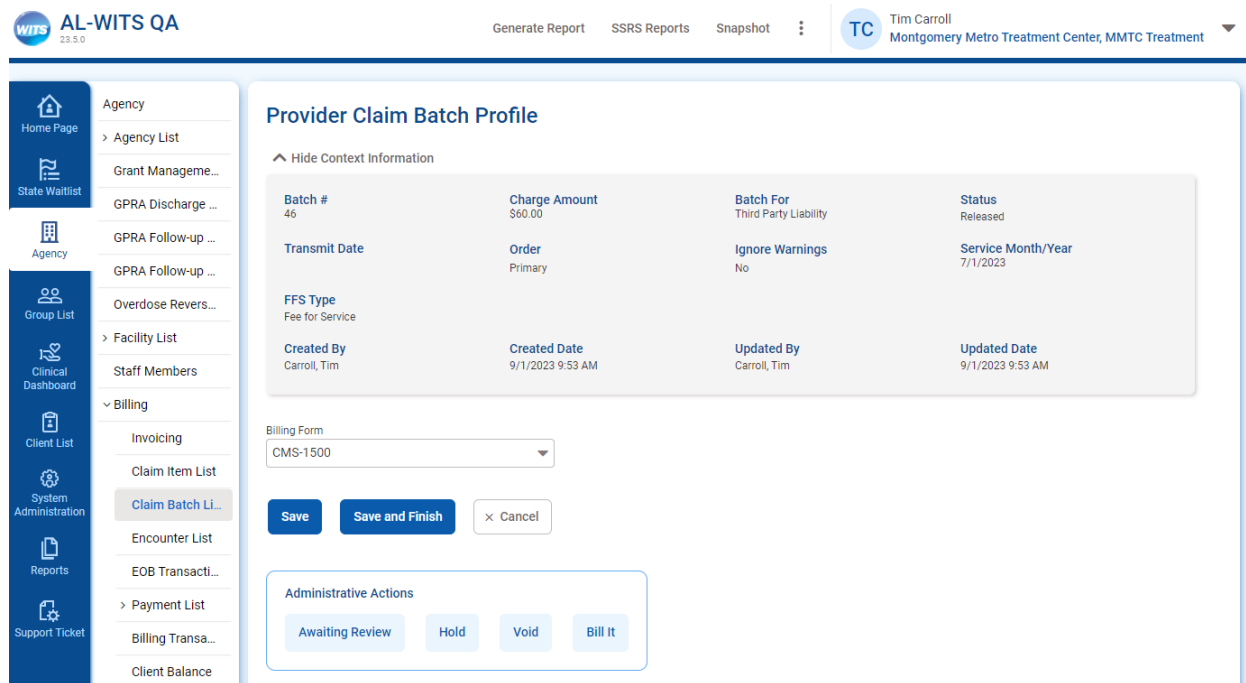
- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name).
- Note the Status is Billed (to the Clearing House/ADMH).

- Note the Batch # for the next step.

To continue testing, skip to the Clearing House Item section.

7.4.3.2. Third Party Liability Claim Batches

TPL Claim Batches are billed to generate the CMS-1500.



AL-WITS QA 23.5.0

Generate Report SSRS Reports Snapshot

TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Provider Claim Batch Profile

Hide Context Information

Batch # 46	Charge Amount \$60.00	Batch For Third Party Liability	Status Released
Transmit Date	Order Primary	Ignore Warnings No	Service Month/Year 7/1/2023
FFS Type Fee for Service			
Created By Carroll, Tim	Created Date 9/1/2023 9:53 AM	Updated By Carroll, Tim	Updated Date 9/1/2023 9:53 AM

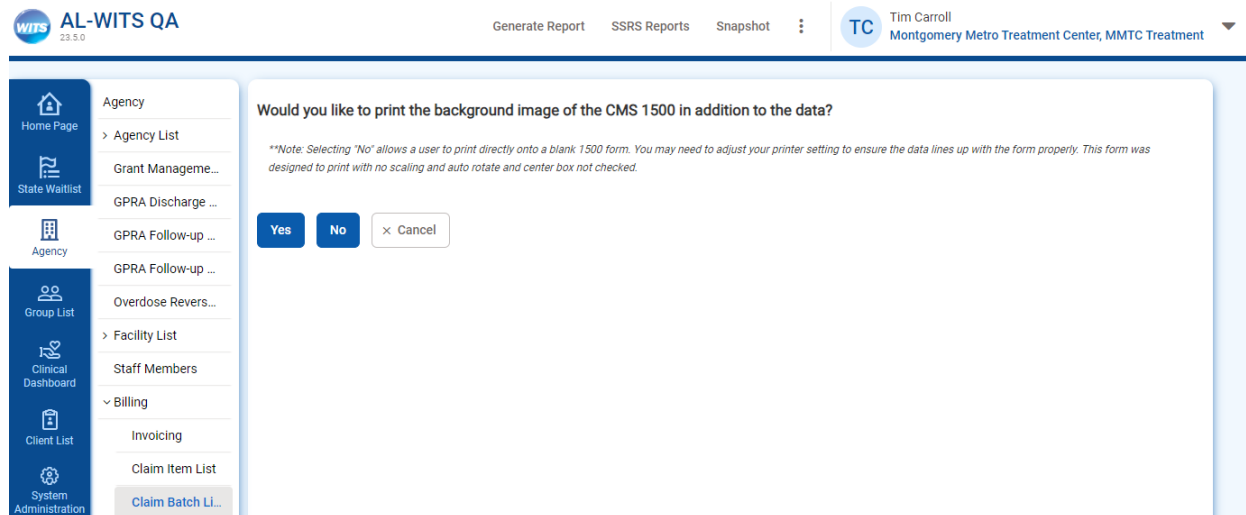
Billing Form
CMS-1500

Save Save and Finish Cancel

Administrative Actions

Awaiting Review Hold Void Bill It

Figure 193: Provider TPL Claim Batch Profile



AL-WITS QA 23.5.0

Generate Report SSRS Reports Snapshot

TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Would you like to print the background image of the CMS 1500 in addition to the data?

**Note: Selecting "No" allows a user to print directly onto a blank 1500 form. You may need to adjust your printer setting to ensure the data lines up with the form properly. This form was designed to print with no scaling and auto rotate and center box not checked.

Yes No Cancel

Figure 194: CMS-1500 Confirmation



Third Party Liability

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK LING <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare#) (Medicaid#) (ID#/Do#) (Member ID#) (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) A1B2C3D4E5F6	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Biv, Roy, G		3. PATIENT'S BIRTH DATE <input type="checkbox"/> SEX <input type="checkbox"/> MM DD YY M X F 01 01 1991 M X F	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Biv, Roy 7. INSURED'S ADDRESS (No., Street) 123 45th St CITY STATE Montgomery AL ZIP CODE TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File DATE 091823		11. INSURED'S POLICY GROUP OR FECA NUMBER ABC1234567890 a. INSURED'S DATE OF BIRTH <input type="checkbox"/> SEX <input type="checkbox"/> MM DD YY M X F 01 01 1991 M X F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME Third Party Liability d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)		15. OTHER DATE	
16. PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		17. PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	

Figure 195: Example CMS-1500 with form and data

Third Party Liability										
X					A1B2C3D4E5F6					
Biv, Roy, G	01	01	1991	X	Biv, Roy					
X					123 45th St					
					Montgomery					AL
					36117					
					ABC1234567890					
					01	01	1991	X		
					Third Party Liability					
Signature on File										
091823										
Signature on File										

Figure 196: Example CMS-1500 with data only

→TEST MANUAL BATCH CREATION

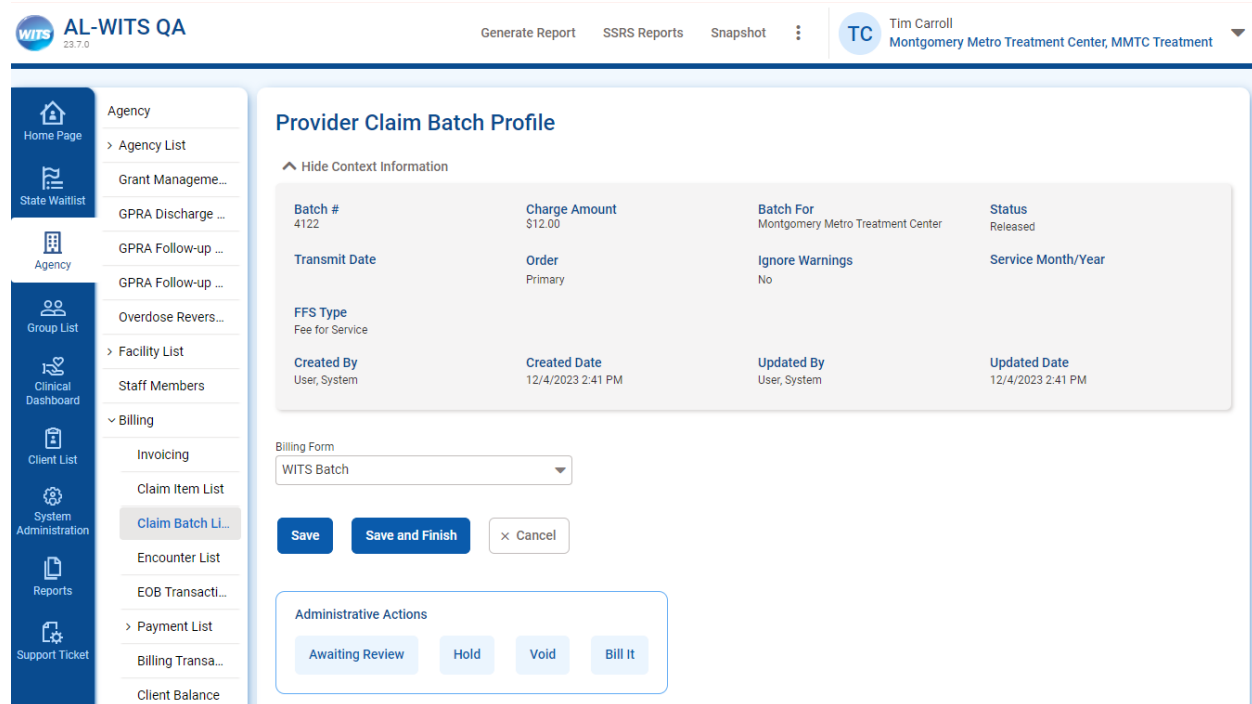
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name). Note that it takes a couple of minutes to generate the batch.
- Select the Claim Batch Profile
- Click the Bill It button.
- Click Yes or No on the CMS-1500 confirmation screen.
- View and print the CMS-1500 form.
- Once the EOB is received, click the Billing Process Complete button.
Note: The form may be reprinted as many times as necessary until the Billing Process Complete button is clicked.

→TEST AUTOMATIC BATCH CREATION

- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name).
- Note the Status is Billed.

7.4.3.3. Government Contract Claim Batches

Government Contract Claim Batches are billed to the ADMH Contractor Agency.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.7.0, and the text "AL-WITS QA". On the right, there are links for "Generate Report", "SSRS Reports", and "Snapshot". A user profile for "Tim Carroll" is shown, associated with "Montgomery Metro Treatment Center, MMTC Treatment".

The left sidebar contains a navigation menu with icons and labels for: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket.

The main content area is titled "Provider Claim Batch Profile". It includes a "Hide Context Information" toggle. Below this, a table displays the following information:

Batch # 4122	Charge Amount \$12.00	Batch For Montgomery Metro Treatment Center	Status Released
Transmit Date	Order Primary	Ignore Warnings No	Service Month/Year
FFS Type Fee for Service			
Created By User, System	Created Date 12/4/2023 2:41 PM	Updated By User, System	Updated Date 12/4/2023 2:41 PM

Below the table, there is a "Billing Form" dropdown menu set to "WITS Batch". At the bottom of the form, there are three buttons: "Save", "Save and Finish", and "Cancel".

At the bottom of the main content area, there is a section titled "Administrative Actions" with four buttons: "Awaiting Review", "Hold", "Void", and "Bill It".

Figure 197: Provider Government Contract Claim Batch Profile

→ TEST MANUAL BATCH CREATION

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name). Note that it takes a couple of minutes to generate the batch.
- Select the Claim Batch Profile.
- Click the Bill It button.
- Click the Save and Finish button.
- Note the Status is Billed.
- Note the Batch #.

Skip to the Payor Adjudication section to continue testing the workflow.

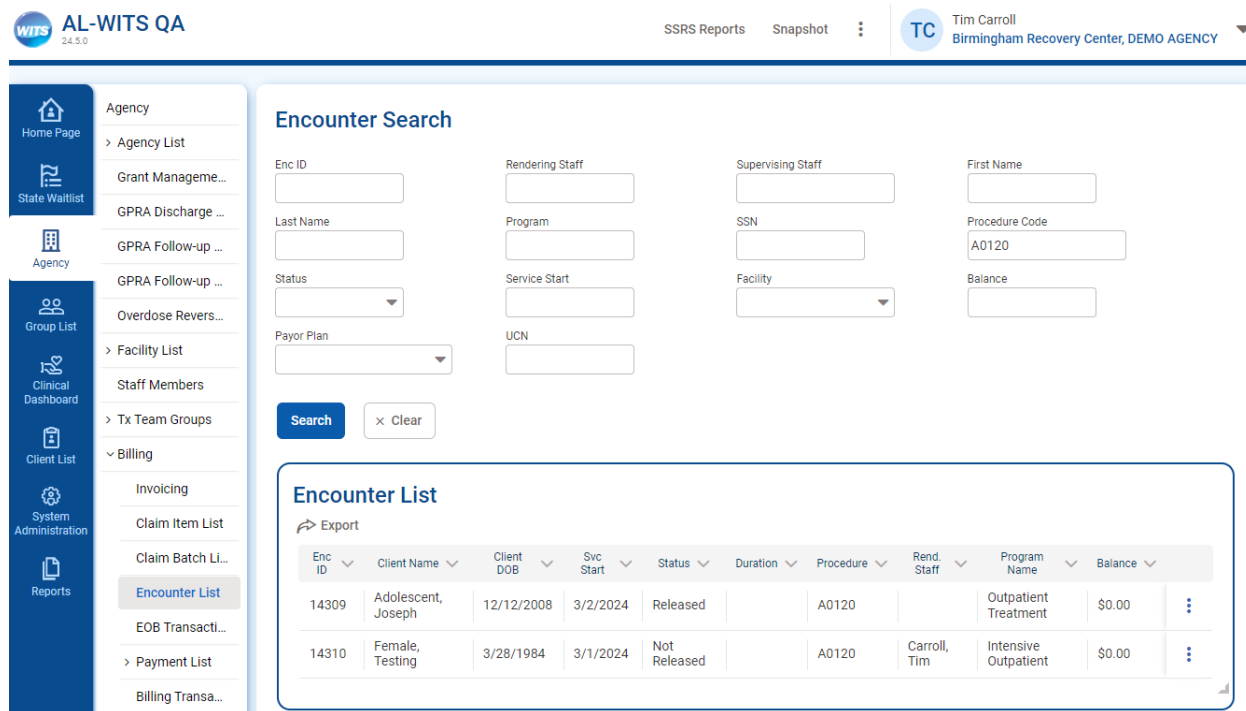
→ TEST AUTOMATIC BATCH CREATION

- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name).
- Note the Status is Billed (to the Clearing House/ADMH).
- Note the Batch # for the next step.

Skip to the Payor Adjudication section to continue testing the workflow.

7.4.4. Encounter List

The Billing/Encounter List provides a straightforward way for billing staff to view encounters for any client.



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

Encounter Search

Enc ID: Rendering Staff: Supervising Staff: First Name:

Last Name: Program: SSN: Procedure Code:

Status: Service Start: Facility: Balance:

Payor Plan: UCN:

Search

Encounter List

Export

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Rend. Staff	Program Name	Balance
14309	Adolescent, Joseph	12/12/2008	3/2/2024	Released		A0120		Outpatient Treatment	\$0.00
14310	Female, Testing	3/28/1984	3/1/2024	Not Released		A0120	Carroll, Tim	Intensive Outpatient	\$0.00

Figure 198: Billing Encounter List

→ TEST

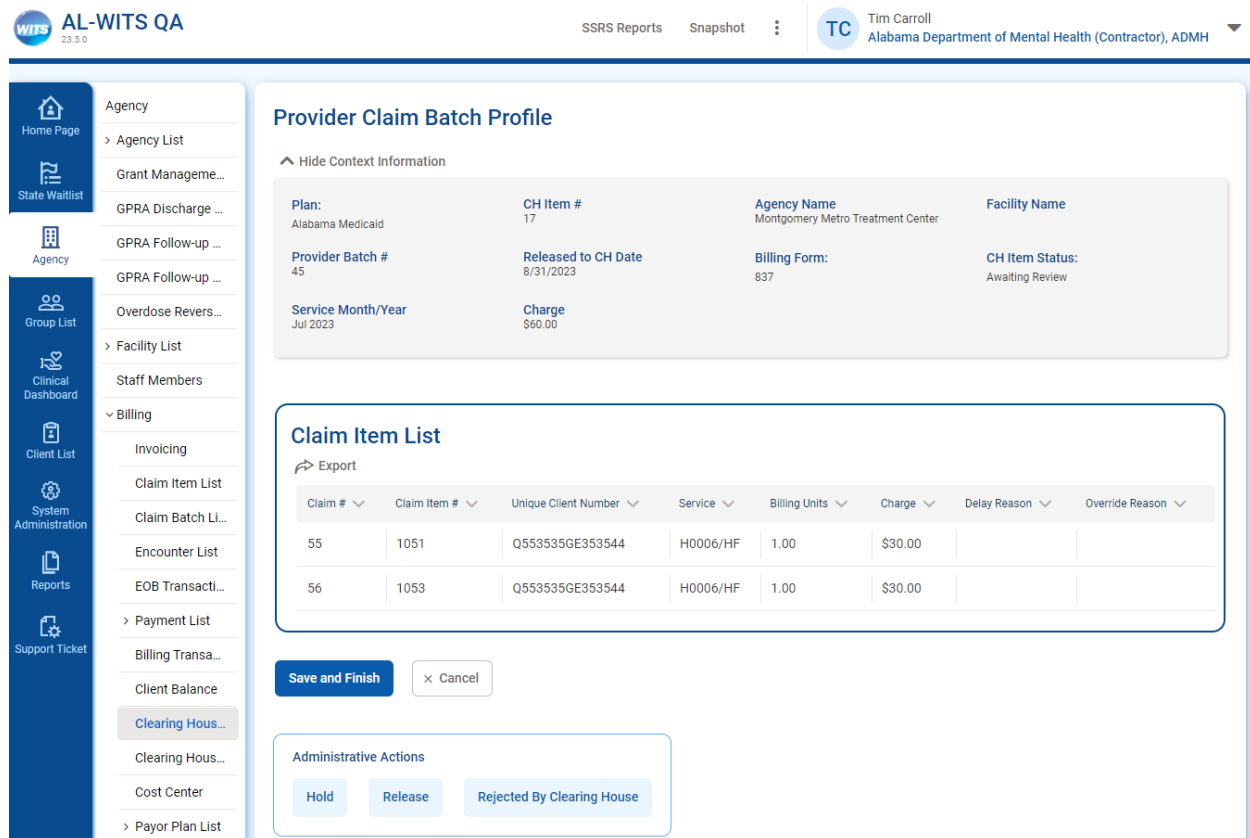
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List
- Select a provider agency.
- Navigate to Agency/Billing/Encounter List.
- Prerequisite: One or more client encounter must be entered in the provider agency. Encounters may be unreleased or released to billing.

- Search for an encounter using one, multiple, or no search criteria.
- Click the Profile button on the ellipsis to view the Encounter Profile.
- Click the Cancel button to return to the Encounter List.
- Click the Billing History button on the ellipsis to view the encounter, claim, and payment history for the encounter.

Note: The Billing History opens as a popup window and is covered in more detail in the Payment/EOB section below.

7.4.5. Clearing House Item

A Clearing House Item is created in the clearing house agency (ADMH) when the provider submits a Medicaid Claim Batch. Clearing House Items are created in Released status.



The screenshot shows the WITS 23.5.0 AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH". The left sidebar contains various navigation options, with "Billing" expanded to show "Clearing House..." selected. The main content area displays the "Provider Claim Batch Profile" and a "Claim Item List".

Provider Claim Batch Profile

Hide Context Information

Plan: Alabama Medicaid	CH Item # 17	Agency Name Montgomery Metro Treatment Center	Facility Name
Provider Batch # 45	Released to CH Date 8/31/2023	Billing Form: 837	CH Item Status: Awaiting Review
Service Month/Year Jul 2023	Charge \$60.00		

Claim Item List

Export

Claim #	Claim Item #	Unique Client Number	Service	Billing Units	Charge	Delay Reason	Override Reason
55	1051	Q553535GE353544	H0006/HF	1.00	\$30.00		
56	1053	Q553535GE353544	H0006/HF	1.00	\$30.00		

Buttons: Save and Finish, Cancel

Administrative Actions

Buttons: Hold, Release, Rejected By Clearing House

→ TEST MANUALLY CREATED CLEARING HOUSE ITEMS

- Version: 23.6 and later.
- Account role(s): WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to Agency/Billing/Clearing House Item.
- Search for the Clearing House Item (use Provider Batch # from prior step).
- Select the Clearing House Item Profile
- Click the Release button.

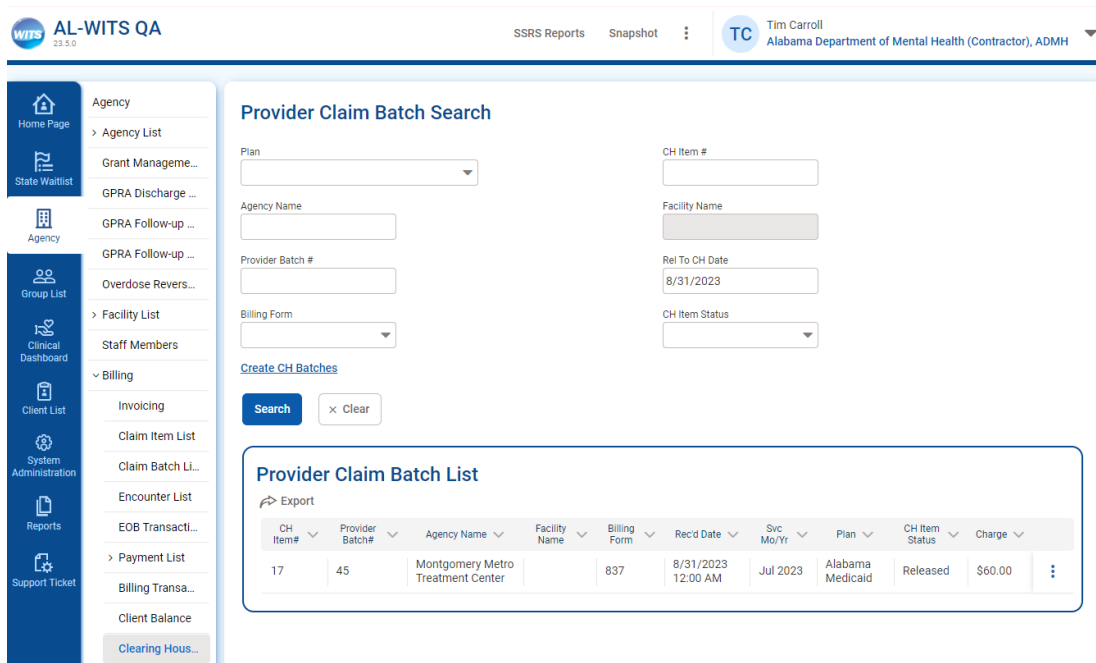
→ **TEST AUTOMATICALLY CREATED CLEARING HOUSE ITEMS**

- Version: 23.8 and later.
- Account role(s): WITS Billing Administrator
- Select the ADMH Agency.
- Navigate to Agency/Billing/Clearing House Item.
- Search for the Clearing House Item (use Provider Batch # from prior step).
- Note the Clearing House Item status is Released.

7.4.6. Create Clearing House Batch

The Clearing House Batch is created from the Clearing House Item list. Batches are created for released Clearing House Items.

7.4.6.1. Manual Clearing House Batch Creation



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH". The left sidebar contains various navigation options like "Home Page", "State Waitlist", "Agency", "Group List", "Clinical Dashboard", "Client List", "System Administration", "Reports", and "Support Ticket". The main content area is titled "Provider Claim Batch Search" and includes search filters for Plan, Agency Name, Provider Batch #, Billing Form, CH Item #, Facility Name, Rel To CH Date, and CH Item Status. Below the search filters is a "Create CH Batches" link and "Search" and "Clear" buttons. The "Provider Claim Batch List" section shows a table with columns for CH Item#, Provider Batch#, Agency Name, Facility Name, Billing Form, Rec'd Date, Svc Mo/Yr, Plan, CH Item Status, and Charge. A single row is visible with the following data: CH Item# 17, Provider Batch# 45, Agency Name Montgomery Metro Treatment Center, Facility Name, Billing Form 837, Rec'd Date 8/31/2023 12:00 AM, Svc Mo/Yr Jul 2023, Plan Alabama Medicaid, CH Item Status Released, and Charge \$60.00.

Figure 199: Clearing House Item (Provider Claim Batch) Search/List

→ **TEST**

- Version: 23.6 and later.
- Account role(s): WITS Billing Administrator
- Navigate to Agency/Billing/Clearing House Item.
- Click the Create CH Batches button.
- Note the information message at the top of the screen: "A batch has been created for plan Alabama Medicaid."

7.4.6.2. Automatic Clearing House Batch Creation

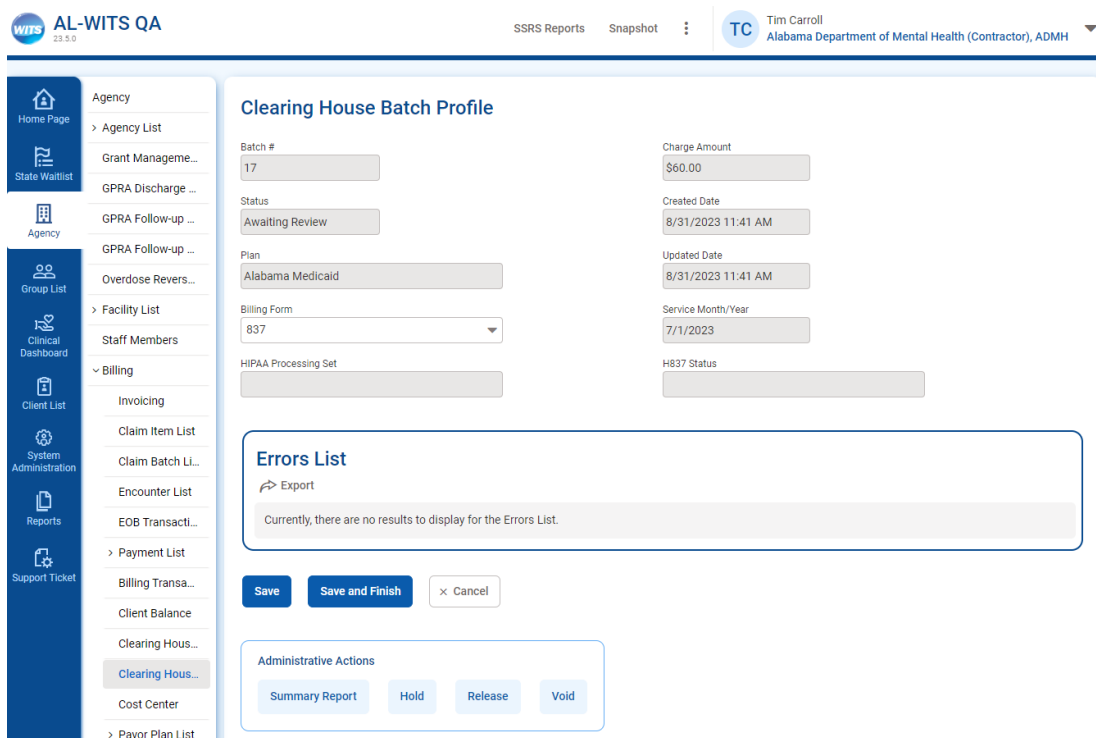
Clearing House Claim batches are created and the 837P is transmitted to Medicaid each hour through a scheduled task.

→ **TEST**

- Version: 23.8 and later.
- Account role(s): WITS Billing Administrator
- Create Clearing House items as indicated above. Clearing House items must be in the Released status.
- Wait up to one hour for the task to run.
- Continue testing in the Clearing House Batch section below.

7.4.7. Clearing House Batch

Clearing House Batches are Released and Billed automatically.



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Clearing House Batch Profile

Batch #	17	Charge Amount	\$60.00
Status	Awaiting Review	Created Date	8/31/2023 11:41 AM
Plan	Alabama Medicaid	Updated Date	8/31/2023 11:41 AM
Billing Form	837	Service Month/Year	7/1/2023
HIPAA Processing Set		H837 Status	

Errors List

Export


Currently, there are no results to display for the Errors List.

Save Save and Finish Cancel

Administrative Actions

Summary Report Hold Release Void

Figure 200: Clearing House Batch Profile (Awaiting Review status)


AL-WITS QA
23.5.0

SSRS Reports Snapshot : **TC** Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Payor Plan List

Clearing House Batch Profile

Batch # 17	Charge Amount \$60.00
Status Released	Created Date 8/31/2023 11:41 AM
Plan Alabama Medicaid	Updated Date 8/31/2023 11:46 AM
Billing Form 837	Service Month/Year 7/1/2023
HIPAA Processing Set	H837 Status

Errors List

Export
Currently, there are no results to display for the Errors List.


Save Save and Finish x Cancel

Administrative Actions
Summary Report Awaiting Review Hold Void Bill It


Figure 201: Clearing House Batch Profile (Released status)

→ TEST MANUAL BATCH CREATION

- Version: 23.6 and later.
- Account role(s): WITS Billing Administrator
- Navigate to Agency/Billing/Clearing House Batch.
- Search for the Clearing House batch (use Created Date and/or Plan Name).
- Select the Clearing House Batch Profile
- Click the Release button.
- Click the Bill It button.
- Click the Save and Finish button.
- Note the Status is Billed and the H837 Status is Queued.


AL-WITS QA

SSRS Reports
Snapshot


TC Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
< Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center

Clearing House Batch Profile

Batch #	1078	Charge Amount	\$30.00
Status	Billed	Created Date	3/13/2024 7:35 PM
Plan	Alabama Medicaid	Updated Date	3/13/2024 7:35 PM
Billing Form	837	Service Month/Year	1/1/2024
HIPAA Processing Set		H837 Status	Queued

Errors List

Export

Currently, there are no results to display for the Errors List.

Save
Save and Finish
Cancel

Administrative Actions
Summary Report

Figure 202: Clearing House Batch Profile (Billed status, H837 Status Queued)

→ TEST AUTOMATIC BATCH CREATION

- Version: 23.8 and later.
- Account role(s): WITS Billing Administrator
- Navigate to Agency/Billing/Clearing House Batch.
- Search for the Clearing House batch (use Created Date and/or Plan Name).
- Note the Status is Billed and the H837 Status is Queued.

7.4.8. Generate the 837P

The H837Generator runs every hour in UAT as a scheduled task. It generates the 837P and makes it available for download on the Clearing House Batch Profile. Once the Clearing House Batch status is Billed, the initial H837 Status is Queued. The H837 Status changes to Generated once the 837 is generated. When the 837P is successfully transmitted to Alabama Medicaid, the H837 Status change to Transmitted.

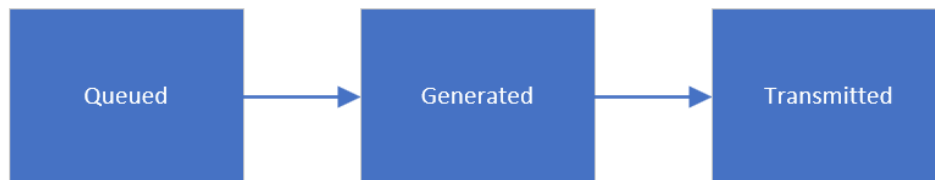
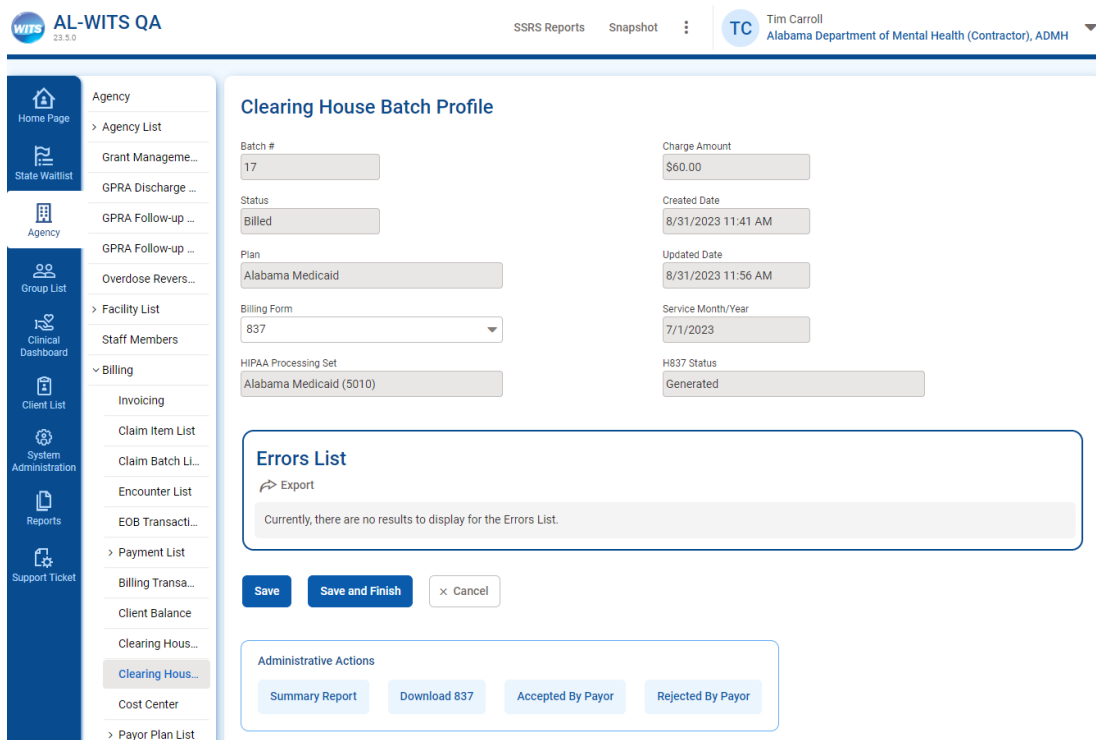


Figure 203: H837 Status Workflow



AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Clearing House Batch Profile

Batch #	17	Charge Amount	\$60.00
Status	Billed	Created Date	8/31/2023 11:41 AM
Plan	Alabama Medicaid	Updated Date	8/31/2023 11:56 AM
Billing Form	837	Service Month/Year	7/1/2023
HIPAA Processing Set	Alabama Medicaid (5010)	H837 Status	Generated

Errors List

Export

Currently, there are no results to display for the Errors List.

Save Save and Finish Cancel

Administrative Actions

Summary Report Download 837 Accepted By Payor Rejected By Payor

Figure 204: Clearing House Batch Profile (H837 status is Generated)

→TEST

- Version: 23.6 and later.
- Account role(s): WITS Billing Administrator
- Navigate to Agency/Billing/Clearing House Batch.
- Search for the Clearing House batch.

- Note the H837 Status is Generated.
- Click the Download 837 button to view the file.
- Click the Save and Finish button.

7.4.9. 837P EDI

The 837P is transmitted to Alabama Medicaid automatically. See the Medicaid EDI section below for additional information.

→TEST MEDICAID EDI

- Version: 24.3 and later.
- Account role(s): WITS Billing Administrator
- Navigate to Agency/Billing/Clearing House Batch.
- Search for the Clearing House batch (use Created Date and/or Plan Name).
- Note the Status is Billed and the H837 Status is Transmitted.

7.4.10. Reverse Claim Item (Void)

Paid claim items may be reversed (voided) when the claim should not have been billed. Reasons include:

- Client was ineligible to receive service
- Client did not receive the service
- Clinical documentation was insufficient to support billing

Additionally, paid claim items may be reversed when corrections are needed on the encounter that cannot be made on the claim item. Examples include:

- Claim item was billed under the wrong client
- Encounter location was incorrect
- Encounter diagnosis was incorrect

Note: Medicaid claim items billed on an 837P require the Medicaid PCCN from the 835. In UAT, the Reverse button is not visible for Medicaid claim items unless an 835 is uploaded with a PCCN for the claim.

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Managem...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Tx Team Groups

> Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Billing Transac...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Authorization ...

H837 Manage...

H835 Manage...

H999 Manage...

H270 Manage...

H271 Manage...

> Contract Manage...

Clinical File Mana...

Alerts Configurati...

Client Access His...

Profile for Claim Item # 7297 for Adult, Robert

^ Hide Context Information

ENC ID 14307	Delivered Service 90832/HF	Service Start 4/1/2024 12:00 AM	Service End 4/1/2024 12:00 AM
Program Intensive Outpatient	Diagnoses F11.10 / F10.151 /	Duration	Pregnant
# Sessions/Units 1	Status Batched	Rendering Staff	

Service Fee

Billing Units	x	Rate / Unit	=	Charge Amount
1.00	x	85.0700	=	\$85.07

Unit Desc

1 unit = 1 session

FFS Type	Created Date	Encounter Post Date
Fee for Service	4/25/2024 2:51 PM	4/25/2024
Cost Center		
Group Enrollment		
General [Block Grant, BRC001]		
Tier Type	Billing Note	
Fee for Service		
Payor Billing Service		
Individual Counseling - Adult - 16 minutes to 37 minutes: 90832/HF		
Report Transmission Type		
Attachment Control Number		
Service Location		
Office		

Claim Batch Information

Claim #	Batch #	Batch Created Date
4297	4203	4/25/2024 4:28 PM

Finish

Administrative Actions

Reverse Adjust Bill Another Payor

Figure 205: Claim Item Profile showing Reverse button

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Tx Team Groups

> Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Billing Transac...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Authorization ...

H837 Manage...

H835 Manage...

H999 Manage...

H270 Manage...

H271 Manage...

> Contract Manage...

Clinical File Mana...

Alerts Configurati...

Client Access Ma...

Profile for Claim Item # 7309 for Adult, Robert

^ Hide Context Information

ENC ID 14307	Delivered Service 90832/HF	Service Start 4/1/2024 12:00 AM	Service End 4/1/2024 12:00 AM
Program Intensive Outpatient	Diagnoses F11.10 / F10.151 /	Duration	Pregnant
# Sessions/Units 1	Status Released	Rendering Staff	

Service Fee


Billing Units		Rate / Unit		Charge Amount
-1.00	x	85.0700	=	-\$85.07

Unit Desc
1 unit = 1 session


FFS Type	Created Date	Encounter Post Date
Fee for Service	4/30/2024 8:34 AM	4/25/2024
Cost Center		
Group Enrollment	General [Block Grant, BRC001]	
Tier Type	Billing Note	
Fee for Service		
Payor Billing Service	Individual Counseling - Adult - 16 minutes to 37 minutes: 90832/HF	
Report Transmission Type		
Attachment Control Number		
Service Location	Office	

Finish

Figure 206: Reversed Claim Item


AL-WITS QA
24.3.0

SSRS Reports Snapshot :


TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversea...
> Facility List
Staff Members
> Tx Team Groups
> Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transac...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Payor Plan List
Authorization ...
H837 Manage...
H835 Manage...
H999 Manage...
H270 Manage...
H271 Manage...
> Contract Manag...

Claim Item Search

Plan
Group Enrollment
ENC ID
14307

Client First Name
Client Last Name
Unique Client Number

Subscriber/Resp Party First Name
S/R Party Last Name
Subscriber/Resp Party Account #

Service
Service Date

Authorization #
Rendering Staff
Facility

Item Status
Claim Item ID
Claim Batch ID

FFS Type
Add-On Level

Search x Clear

Administrative Actions
Create Agency Batches

Claim Item List

Export Update Status Reject

<input type="checkbox"/>	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
<input type="checkbox"/>	7297	Adult, Robert	FFS	None	4/1/2024	90832/HF		Batched	4/25/2024	\$85.07	⋮
<input type="checkbox"/>	7309	Adult, Robert	FFS	None	4/1/2024	90832/HF		Released	4/25/2024	-\$85.07	⋮

Figure 207: Claim Item List showing the original and reversed claim items for the encounter ID

→TEST

- Version: 24.4 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Identify a paid claim item and note the Encounter ID.
- Navigate to Agency/Billing/Claim Item List in the Provider Agency and search for the Encounter ID.
- View the profile
- Click the Reverse button.
- Click the Yes button on the confirmation screen, “Are you sure that you want to reverse this Claim Item?”
- A new claim item is displayed and is read-only. Note the negative Billing Units and Charge Amount.
- Click the Finish button.
- Search for the Encounter ID on the Claim Item List.

- Note a new Reversal claim item was created in the Released status. This claim item has a negative charge to update the encounter balance.
- The Reversal claim item will be included automatically in the next claim batch.

7.4.11. Adjust Claim Item (Replace)

Paid claim items may be adjusted (replaced) to make corrections to the original claim. Claims may be adjusted to correct:

- Billing units
- Service: Procedure code and Modifier(s)
- Subscriber information (from Client Group Enrollment)

If corrections are required for the following items, follow the instructions above to reverse the claim. Create a new encounter and claim item with the corrected information.

- Claim item was billed under the wrong client
- Encounter location was incorrect
- Encounter diagnosis was incorrect

Note: Medicaid claim items billed on an 837P require the Medicaid PCCN from the 835. In UAT, the Adjust button is not visible for Medicaid claim items unless an 835 is uploaded with a PCCN for the claim.

- Home Page
 - Agency
 - State Waitlist
 - Agency
 - Group List
 - Clinical Dashboard
 - Client List
 - System Administration
 - Reports
- Agency
 - > Agency List
 - Grant Manage...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Reversa...
 - > Facility List
 - Staff Members
 - > Tx Team Groups
 - > Billing
 - Invoicing
 - Claim Item List
 - Claim Batch Li...
 - Encounter List
 - EOB Transacti...
 - > Payment List
 - Billing Transac...
 - Client Balance
 - Clearing Hous...
 - Clearing Hous...
 - Cost Center
 - > Payor Plan List
 - Authorization ...
 - H837 Manage...
 - H835 Manage...
 - H999 Manage...
 - H270 Manage...
 - H271 Manage...
 - > Contract Manage...
 - Clinical File Mana...
 - Alerts Configurati...
 - Client Access His...

Profile for Claim Item # 5150 for Adult, Susan

Hide Context Information

ENC ID 5151	Delivered Service H0006/HF	Service Start 10/1/2023 12:00 AM	Service End 10/1/2023 12:00 AM
Program Outpatient Treatment	Diagnoses F10.20 / /	Duration	Pregnant
# Sessions/Units 1	Status Batched	Rendering Staff Carroll, Tim	

Service Fee

Billing Units	x	Rate / Unit	=	Charge Amount
1.00	x	15.0000	=	\$15.00

Unit Desc
1 unit = 1 session

FFS Type
Fee for Service

Created Date
11/28/2023 10:14 AM

Encounter Post Date
11/28/2023

Cost Center

Group Enrollment
General [Block Grant, BRC001]

Tier Type
Fee for Service

Billing Note

Payor Billing Service
H0006 Case Management - Adult: H0006/HF

Report Transmission Type

Attachment Control Number

Service Location
Office

Claim Batch Information

Claim #	Batch #	Batch Created Date
4132	4105	11/28/2023 10:23 AM

Finish

Administrative Actions

Reverse Adjust Bill Another Payor

Figure 208: Claim Item Profile showing Adjust button

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Tx Team Groups

> Billing

Invoicing

Claim Item List

Claim Batch List

Encounter List

EOB Transacti...

> Payment List

Billing Transac...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Authorization ...

H837 Manage...

H835 Manage...

H999 Manage...

H270 Manage...

H271 Manage...

> Contract Manage...

Clinical File Mana...

Alerts Configurati...

Profile for Claim Item # 7308 for Adult, Susan

^ Hide Context Information

ENC ID 5151	Delivered Service H0006/HF	Service Start 10/1/2023 12:00 AM	Service End 10/1/2023 12:00 AM
Program Outpatient Treatment	Diagnoses F10.20 //	Duration	Pregnant
# Sessions/Units 1	Status Released	Rendering Staff Carroll, Tim	

Service Fee

Billing Units	Rate / Unit	Charge Amount
1.00	x 15.0000	= \$15.00

 Unit Desc
 1 unit = 1 session

FFS Type Fee for Service	Created Date 4/30/2024 8:16 AM	Encounter Post Date 11/28/2023
Cost Center <div></div>		
Group Enrollment General [Block Grant, BRC001]		
Tier Type Fee for Service	Billing Note <div></div>	
Payor Billing Service H0006 Case Management - Adult: H0006/HF		
Report Transmission Type <div></div>		
Attachment Control Number <div></div>		
Service Location Office		

Save Save and Finish × Cancel

Figure 209: Adjusted Claim Item

[Home Page](#)

[State Waitlist](#)

[Agency](#)

[Group List](#)

[Clinical Dashboard](#)

[Client List](#)

[System Administration](#)

[Reports](#)

Claim Item Search

Plan

Group Enrollment

ENC ID

Client First Name

Client Last Name

Unique Client Number

Subscriber/Resp Party First Name

S/R Party Last Name

Subscriber/Resp Party Account #

Service

Service Date

Authorization #

Rendering Staff

Facility

Item Status

Claim Item ID

Claim Batch ID

FFS Type

Add-On Level

Administrative Actions

Claim Item List

<input type="checkbox"/>	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	
<input type="checkbox"/>	5150	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	\$15.00	⋮
<input type="checkbox"/>	7307	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Released	11/28/2023	-\$15.00	⋮
<input type="checkbox"/>	7308	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Released	11/28/2023	\$15.00	⋮

Figure 210: Claim Item List with original, reversed, and adjusted claim items for the encounter ID

→TEST

- Version: 24.4 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Identify a paid claim item and note the Encounter ID.
- Navigate to Agency/Billing/Claim Item List in the Provider Agency and search for the Encounter ID.
- View the profile
- Click the Adjust button.
- Click the Yes button on the confirmation screen, “Are you sure that you want to adjust this Claim Item?”
- A new claim item is displayed. Make updates to the billing units and/or the Payor Billing Service.
- Click the Save and Finish button.
- Search for the Encounter ID on the Claim Item List.
- Note two new claim items were created in the Released status.

- The first claim item is a Reversal of the original claim. This claim item has a negative charge and is only used to update the encounter balance.
- The second claim item is the Adjustment of the original claim.
- The claim items will be included automatically in the next claim batch. Note: The Reversal claim item is not sent to the payor.

7.4.12. Bill Another Payor (BAP)

See the Rebill Balance to Medicaid section below under Payment/EOB/Manual Payment/Third Party Liability.

7.4.13. Automatically Rebill Medicaid to Government Contract

After processing the Medicaid 835, WITS automatically creates a Bill Another Payor (BAP) claim item when the following conditions are met.

1. The original claim was billed to Medicaid.
2. Medicaid paid a portion or none of the total charge, resulting in a remaining encounter balance greater than \$0.
3. Medicaid returned one of the following CARC values in the 835 claim adjustment segment, CAS:
 - a. 4: The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 - b. 5: The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 - c. 16: Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
 - d. A1: Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
4. There is a Contract Service Rate for the service with type "Standard" or "Contract."
5. The client has a CGE for the group that matches the Contract Service Rate.

The new claim item is created in the Released status and is batched, billed, and adjudicated with other claim items. See the Claim Management sections above and the Payor Adjudication section below for additional information.

Billing History for Encounter # 14317 - Biv, Roy (Q553535GE353544)

Service
H0006 Case Management - Adult

Encounter Balance: \$0.00

Duration:

of Sessions
1

Program Name
MMTC Treatment/Outpatient : 1/1/2023 -

Rendering Staff
Blakeman, Michael

Service Start
1/8/2024 12:00 AM

Service End
1/8/2024 12:00 AM

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
7304	Alabama Medicaid	Primary	\$30.00	Batched	4/26/2024	Blakeman, Michael
7305	Block Grant	Primary	\$12.00	Batched	4/26/2024	User, System

Billing Transaction List

Id #	Type/Source	Charge	Credit	Share	Percentage	Adjustment Reason	Comment	Created Date	Created By
7671	Charge	\$30.00	\$0.00					4/26/2024	Blakeman, Michael
7672	Payment Application - Alabama Medicaid (Pymt # 1457)	\$0.00	\$0.00	Federal	80.05			4/26/2024	User, System
7673	Payment Application - Alabama Medicaid (Pymt # 1457)	\$0.00	\$0.00	State	19.95			4/26/2024	User, System
7674	Adjustment	-\$18.00	\$0.00					4/26/2024	User, System
7675	Payment Application - Block Grant (Pymt # 1458)	\$0.00	\$12.00					4/26/2024	User, System

EOB Transaction List

Id #	Plan Name Source	Type	Amount	Adjustment Reason	Comments	Created Date	Created By
1328	Alabama Medicaid (Pymt # 1457)	Payment	\$0.00			4/26/2024	User, System
1329	Alabama Medicaid (Pymt # 1457)	Other adjustments	\$30.00	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)		4/26/2024	User, System
1330	Block Grant (Pymt # 1458)	Payment	\$12.00			4/26/2024	User, System

Figure 211: Billing History of Encounter billed to Medicaid and Government Contract

→TEST

- Version: 24.4 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator.
- Identify a service that has both a Medicaid and Contract Service Rate for the service with type "Standard" or "Contract."
- Identify a client who has both a Medicaid CGE and Government Contract CGE that matches the Contract Service Rate.
- Follow the test instructions in the above sections to create an Encounter and Medicaid claim item in the Provider agency. Follow the remaining instructions to generate the Medicaid 837P. Note the Encounter ID.
- Build a test Medicaid 835 with a \$0 claim payment and a CAS segment with CARC 4, 5, 16, or A1.

- Follow the instructions in the Inbound Medicaid 835 section under Payment/EOB below to upload the test Medicaid 835.
- Wait for the 835 to process.
- Navigate to Agency/Billing/Claim Item List in the Provider Agency, clear the Item Status, and search for the Encounter ID noted above.
- View the Government Contract Claim Item.
- Navigate to the ADMH Agency and follow the steps below in the Payor Adjudication section to adjudicate the Government Contract Claim Item.
- Navigate to Agency/Billing/Encounter List in the provider agency and search for the encounter.
- Click the Billing History button in the ellipsis to view the claim/payment history for the encounter.

7.4.14. Additional Billing Instructions

7.4.14.1. Modifier 59, Distinct Procedural Service

WITS does not add modifier 59 to procedures automatically. The ADMH team determined there was no way for the system to know in advance which procedure requires modifier 59 because:

- Billing is automated, and claims are billed within a brief period after creation. As a result, the first service may be billed before the second service is entered, and only the user knows which service requires the modifier 59.
- Encounters may be created in any order, including retroactively.

When entering the encounter, the user must select the service with modifier 59 to ensure appropriate billing.

→TEST

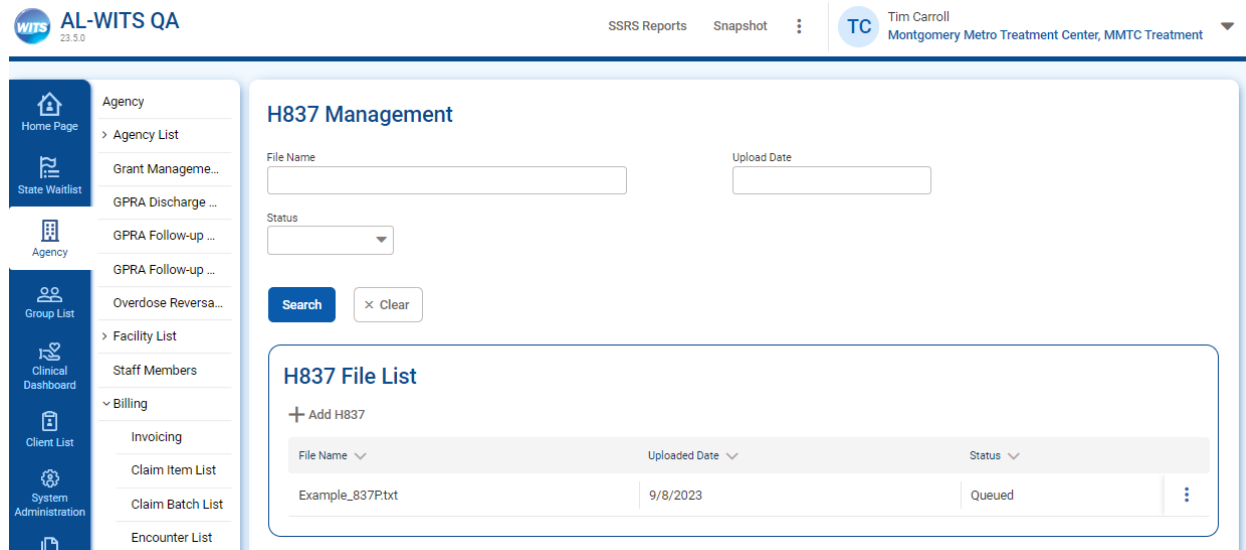
- Version: 23.6 and later.
- Account role(s): WITS Administrator, Agency Billing OR WITS Billing Administrator, Clinical (Full Access).
- Create service(s) with modifier 59.
See Billing Management/Services section above for additional information.
- Create rate for modifier 59 services.
See Billing Management/Rates section above for additional information.
- Include modifier 59 services in the modality approved services code table.
See System Management/System Administration/Code Tables/Modality Approved Services section above for additional information.
- Enter encounter with a service that includes modifier 59 and release it to billing.
See Client Management/Treatment Episode/Encounter section above for additional information.
- Follow claim management test cases above.

7.5. Inbound 837P

7.5.1. 837P Import

Designated provider agencies may upload 837P files to create encounters and claim items. Each provider that uploads files must have an active contract with a corresponding Contract EDI record. See the Contract EDI section under Contract Management for more information.

Alternately, providers may use Secure File Transfer Protocol (SFTP) to upload 837P files to WITS. See the SFTP section for additional information.



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

H837 Management

File Name Upload Date

Status

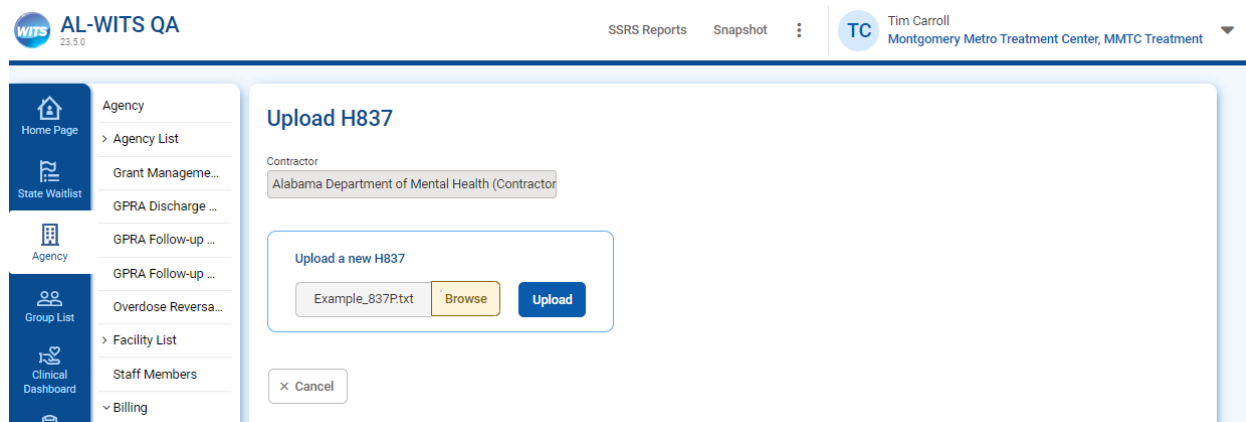
Search

H837 File List

+ Add H837

File Name	Uploaded Date	Status
Example_837P.txt	9/8/2023	Queued

Figure 212: H837 Management/Import



WITS AL-WITS QA 23.5.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment


Upload H837

Contractor
Alabama Department of Mental Health (Contractor)


Upload a new H837

Example_837P.txt

Figure 213: Upload 837P File


AL-WITS QA
23.5.0

SSRS Reports Snapshot :


Tim Carroll
Montgomery Metro Treatment Center, MMTTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
< Billing
Invoicing
Claim Item List
Claim Batch List
Encounter List
EOB Transacti...
> Payment List

H837 Profile

File Name Example_837P.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contract	Upload Date 9/8/2023
Status Queued	Process Start Date
Provider Agency Montgomery Metro Treatment Center	Process End Date

Finish

Errors

Export

Currently, there are no results to display for Errors.

Figure 214: H837P Profile

→TEST

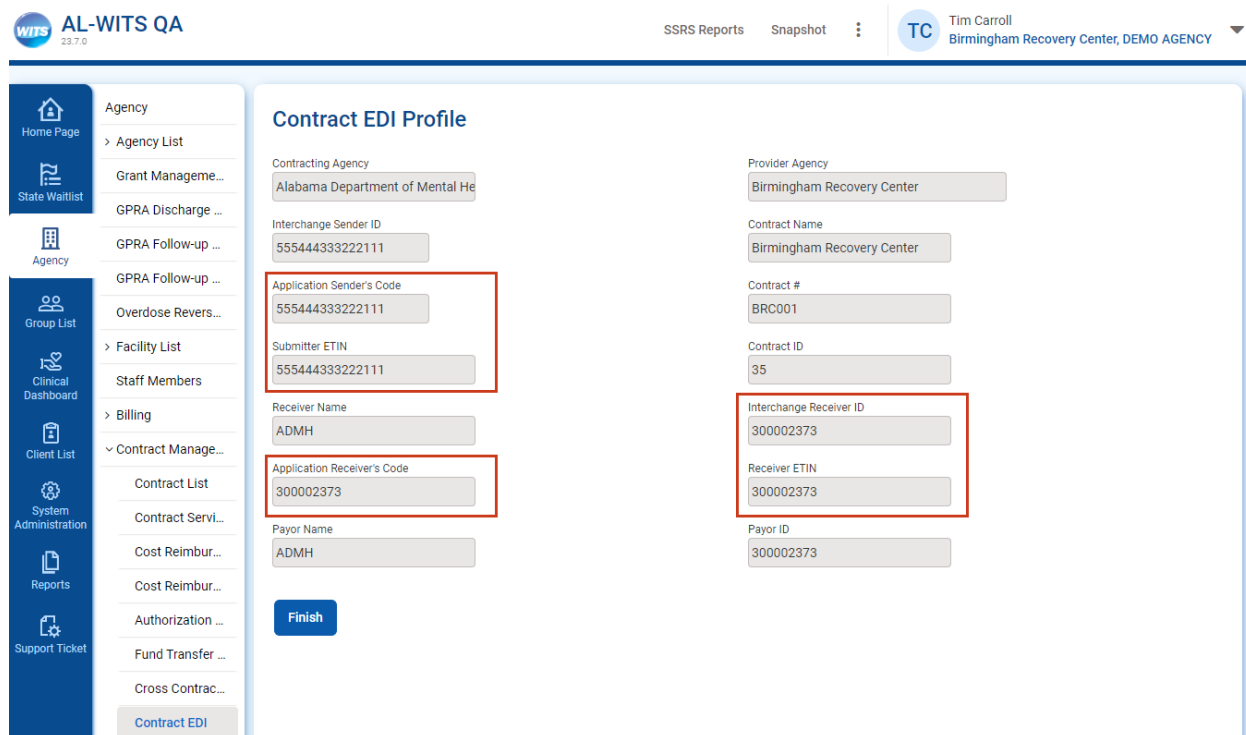
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/H837 Management.
- Click the +Add H837 button.
- On the upload screen, click the Browse button and select an 837P file.
Note: A sample 837P is provided in [Appendix F](#). Make sure the file contains the same values used in the Contract EDI record.
- Click the Upload button.
- If the file is uploaded successfully, the status is Queued.
Note: The Provider Claim Submission processor is scheduled to run every five minutes in UAT. Once the processor runs, the file status will be updated to one of the following:
 - Failed. See the Failed 837P section below for additional information on failed files.
 - Processed. See the 837P Processed section below.
 - Processed with Errors. See the 837P Processed with Errors section below.

7.5.2. 837P Failed

File error messages are displayed when there is a problem with the syntax/formatting or when a match to the sender/receiver IDs cannot be found in the Contract EDI screen. General errors result in the entire 837P file being rejected and a status of “Failed.” When the first file error is encountered, the processor stops and fails the file. The provider must correct the reported error and upload a new file. This process repeats until there are no remaining file errors.

7.5.2.1. File error: Invalid Sender/Receiver information (Contract EDI)

WITS validates the 837P file is from a known sender (provider agency) and that it is intended for ADMH. The 837P is rejected when the sender/receiver IDs do not match the Contract EDI Profile for the provider.



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

Contract EDI Profile

Contracting Agency
Alabama Department of Mental He

Provider Agency
Birmingham Recovery Center

Interchange Sender ID
555444333222111

Contract Name
Birmingham Recovery Center

Application Sender's Code
555444333222111

Contract #
BRC001

Submitter ETIN
555444333222111

Contract ID
35

Receiver Name
ADMH

Interchange Receiver ID
300002373

Application Receiver's Code
300002373

Receiver ETIN
300002373

Payor Name
ADMH

Payor ID
300002373

Finish

Figure 215: Contract EDI (Provider Agency view)

Home Page
 State Waitlist
 Agency
 Group List
 Clinical Dashboard
 Client List
 System Administration
 Reports
 Support Ticket

Agency
 > Agency List
 Grant Managemen...
 GPRA Discharge ...
 GPRA Follow-up ...
 GPRA Follow-up ...
 Overdose Revers...
 > Facility List
 Staff Members
 < Billing
 Invoicing
 Claim Item List
 Claim Batch Li...
 Encounter List
 EOB Transacti...
 > Payment List
 Billing Transa...

H837 Profile

File Name tim_BadHdr_BRC4.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contracto	Upload Date 12/6/2023
Status Failed	Process Start Date 12/6/2023
Provider Agency Birmingham Recovery Center	Process End Date 12/6/2023

Finish

Errors

Export

Code	Message
H837Processor	The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.

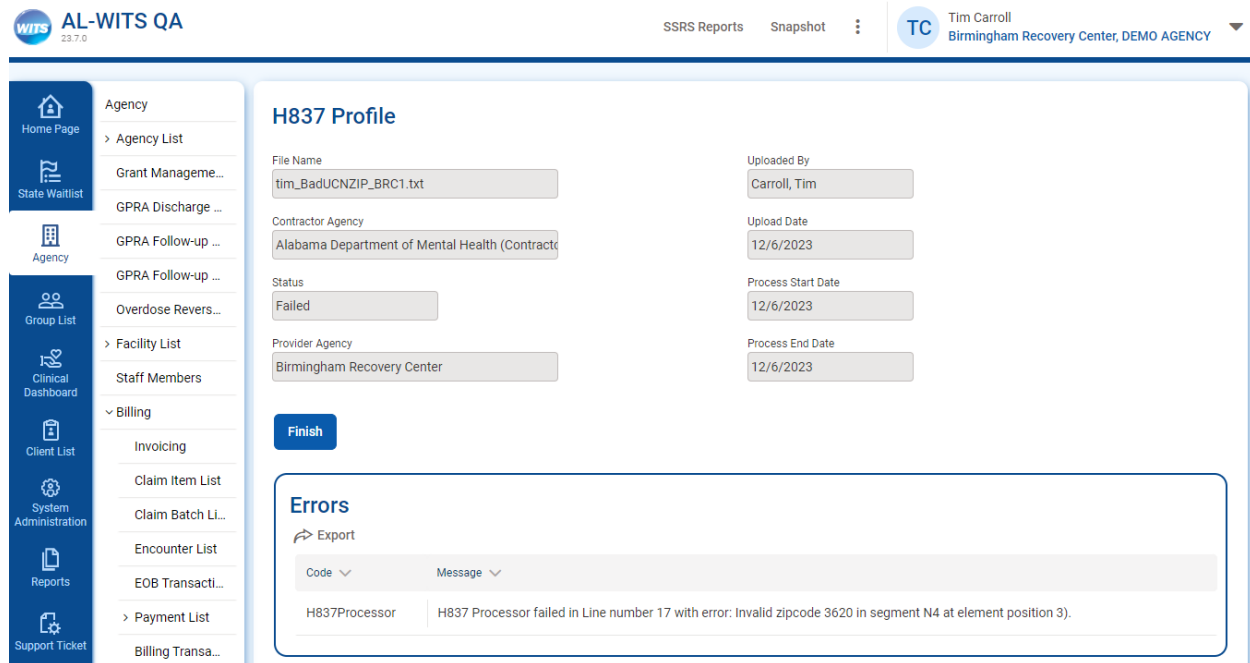
Figure 216: H837 Profile showing Sender/Receiver error

→TEST

- Select a provider agency with an active contract.
- Navigate to Agency/Contract Management/Contract EDI and note the sender/receiver IDs (identified in the figure above).
- Create an 837P file that uses invalid sender/receiver IDs.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
 “The 837 HIPAA sender and/or receiver data does not find any valid record in uploaded contractor agency.”
 Note: Another error may be displayed:
 “ISA08 does not match the contractor agency’s Interchange Receiver ID.”

7.5.2.2. File error: Invalid ZIP Code

WITS rejects the 837P file when values do not conform to the X12 standard. This includes ZIP codes.



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

H837 Profile

File Name tim_BadUCNZIP_BRC1.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contract...	Upload Date 12/6/2023
Status Failed	Process Start Date 12/6/2023
Provider Agency Birmingham Recovery Center	Process End Date 12/6/2023

Errors

Export

Code	Message
H837Processor	H837 Processor failed in Line number 17 with error: Invalid zipcode 3620 in segment N4 at element position 3).

Figure 217: H837 Profile showing invalid ZIP code error

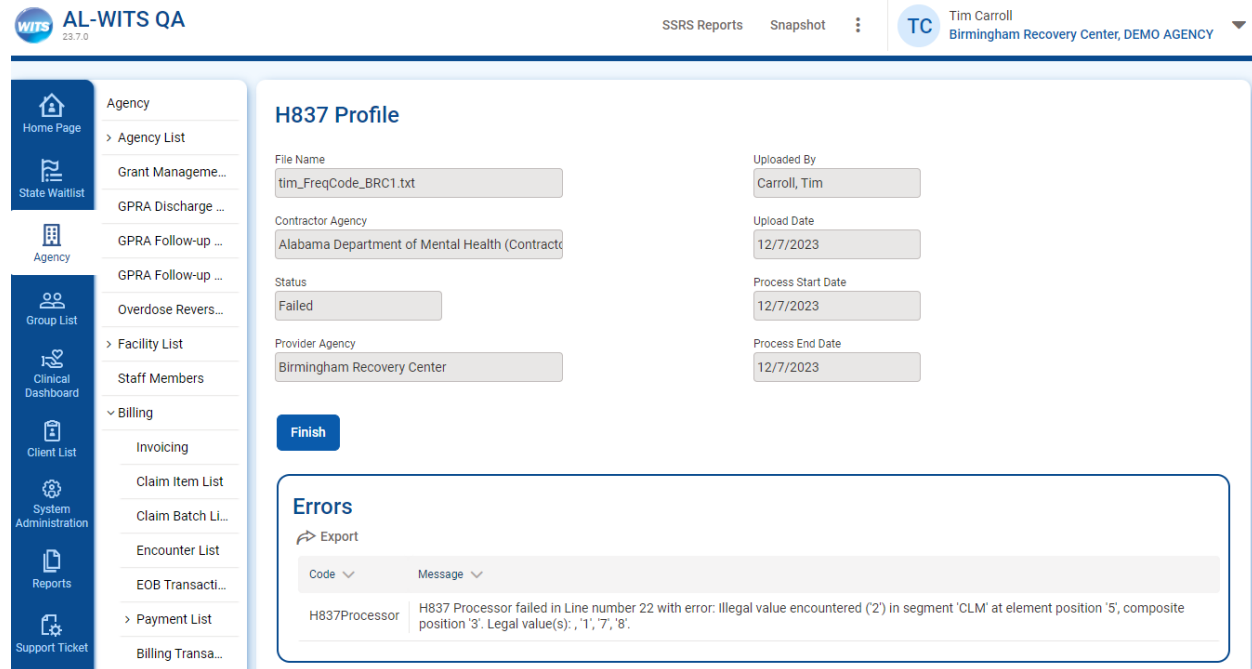
→TEST

- Select a provider agency with an active contract.
- Create an 837P file that uses a 4-digit ZIP code.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number:
“H837 Processor failed in Line number 17 with error: Invalid zipcode 3620 in segment N4 at element position 3).”
Note: This error message indicates a ZIP code “3620” was used.

7.5.2.3. File error: Invalid Claim Frequency Code

WITS rejects the 837P file when any claim includes an invalid or unsupported claim frequency code in CLM05:3. Valid claim frequency codes are:

- 1: Original Claim
- 7: Replacement Claim
- 8: Void Claim



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

H837 Profile

File Name: tim_FreqCode_BRC1.txt

Uploaded By: Carroll, Tim

Contractor Agency: Alabama Department of Mental Health (Contractor)

Upload Date: 12/7/2023

Status: Failed

Process Start Date: 12/7/2023

Provider Agency: Birmingham Recovery Center

Process End Date: 12/7/2023

Errors

Export

Code	Message
H837Processor	H837 Processor failed in Line number 22 with error: Illegal value encountered ('2') in segment 'CLM' at element position '5', composite position '3'. Legal value(s): , '1', '7', '8'.

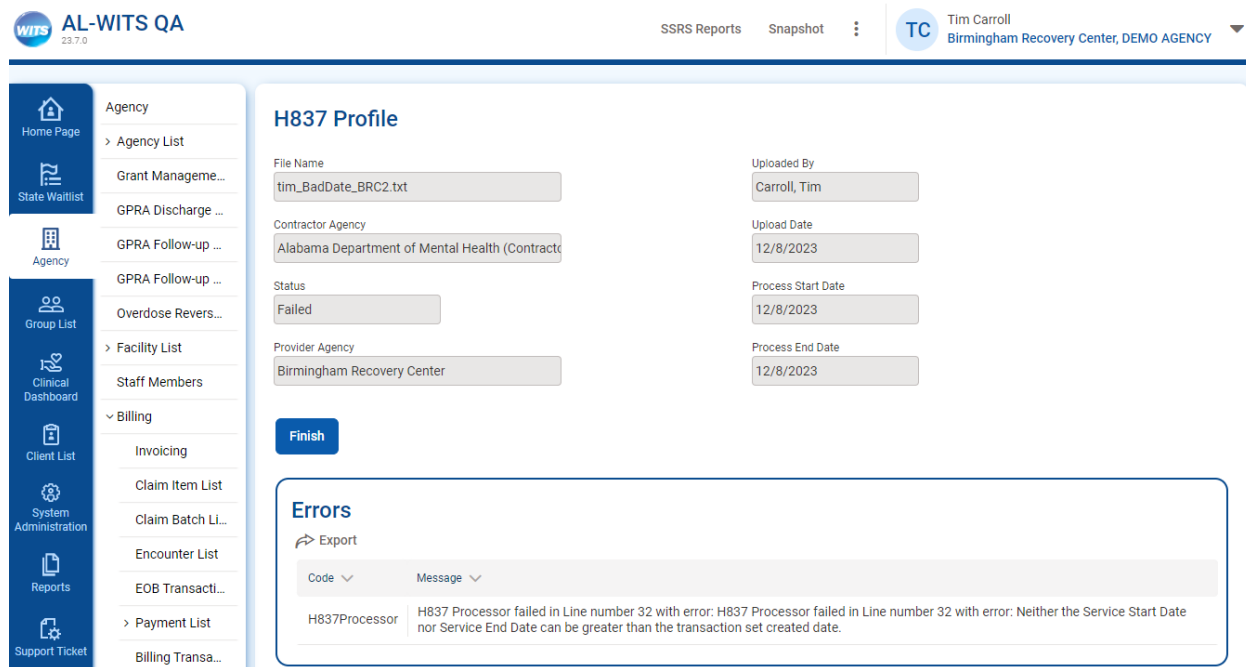
Figure 218: H837 Profile showing invalid claim frequency code error

→TEST

- Select a provider agency with an active contract.
- Create an 837P file that uses invalid claim frequency code 2.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:

“H837 Processor failed in Line number 22 with error: Illegal value encountered ('2') in segment 'CLM' at element position '5', composite position '3'. Legal value(s): , '1', '7', '8'.”

7.5.2.4. File error: Bad Date



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll" at "Birmingham Recovery Center, DEMO AGENCY". The left sidebar contains various navigation options like "Home Page", "State Waitlist", "Agency", "Group List", "Clinical Dashboard", "Client List", "System Administration", "Reports", and "Support Ticket". The main content area displays the "H837 Profile" for a file named "tim_BadDate_BRC2.txt". The profile includes fields for "Contractor Agency" (Alabama Department of Mental Health (Contract)), "Status" (Failed), and "Provider Agency" (Birmingham Recovery Center). It also shows "Upload Date" (12/8/2023), "Process Start Date" (12/8/2023), and "Process End Date" (12/8/2023). A "Finish" button is visible. Below the profile, an "Errors" section shows a message: "H837 Processor failed in Line number 32 with error: H837 Processor failed in Line number 32 with error: Neither the Service Start Date nor Service End Date can be greater than the transaction set created date."

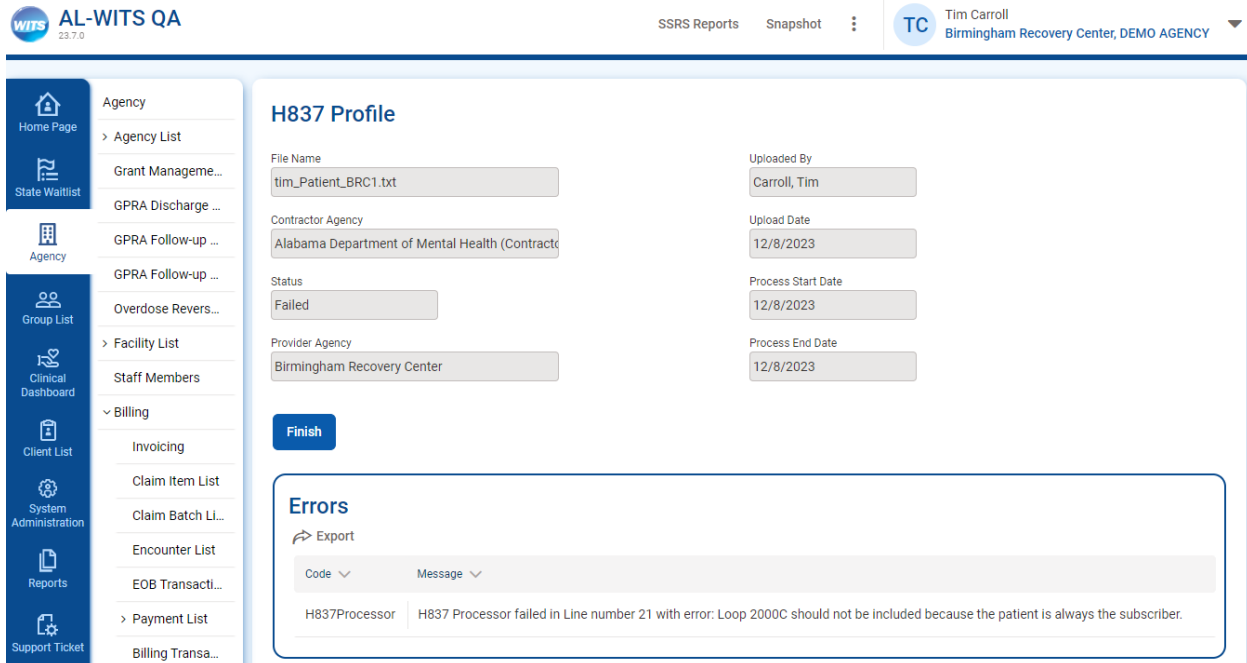
Figure 219: H837 Profile showing Date error

→TEST

- Select a provider agency with an active contract.
- Create an 837P file that includes a claim service line date (Loop 2400 DTP*472) that is after the transaction set date (ISA09).
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number:
 “H837 Processor failed in Line number 32 with error: H837 Processor failed in Line number 32 with error: Neither the Service Start Date nor Service End Date can be greater than the transaction set created date.”

7.5.2.5. File error: Invalid Patient Loop

WITS rejects the 837P file when it includes the patient loops 2000C and 2010CA. The patient is always the subscriber, so these loops should not be included.



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

H837 Profile

File Name tim_Patient_BRC1.txt	Uploaded By Carroll, Tim
Contractor Agency Alabama Department of Mental Health (Contractor)	Upload Date 12/8/2023
Status Failed	Process Start Date 12/8/2023
Provider Agency Birmingham Recovery Center	Process End Date 12/8/2023

Errors

Export

Code	Message
H837Processor	H837 Processor failed in Line number 21 with error: Loop 2000C should not be included because the patient is always the subscriber.

Figure 220: H837 Profile showing Patient Loop error

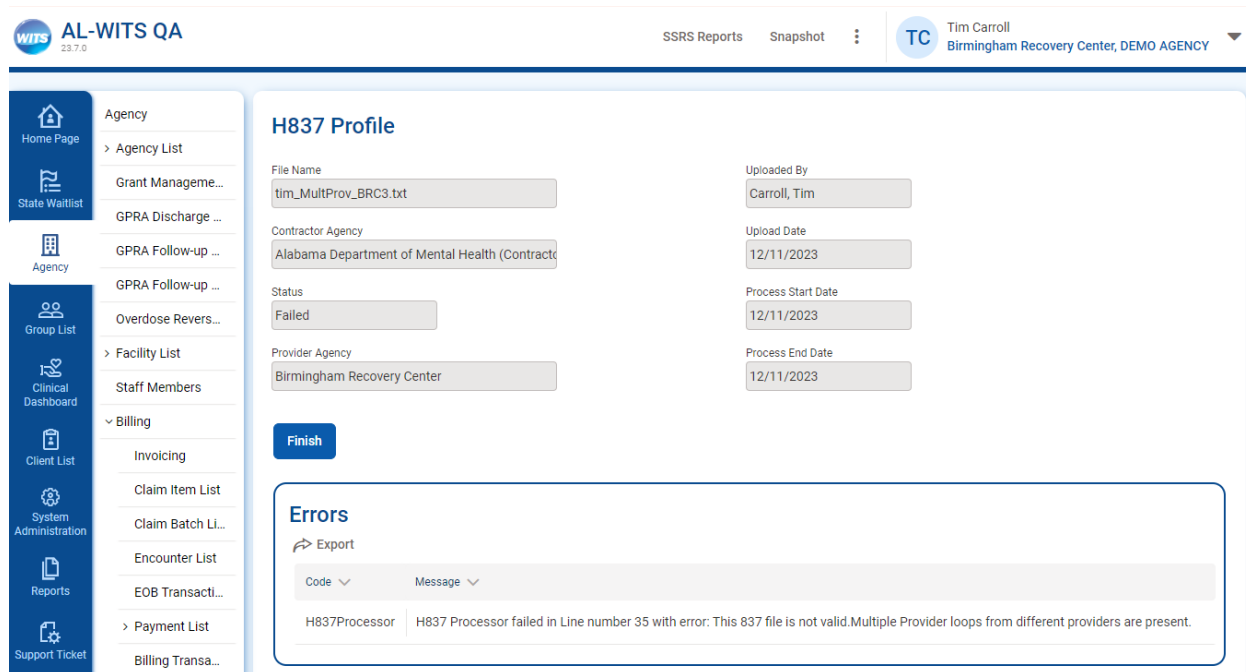
→TEST

- Select a provider agency with an active contract.
- Create an 837P file that includes the following:
 - Loop 2000C Patient Hierarchical Level
 - Loop 2010CA Patient Name
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number:

“H837 Processor failed in Line number 21 with error: Loop 2000C should not be included because the patient is always the subscriber.”

7.5.2.6. File error: Multiple Provider Loops

WITS rejects the 837P file when it contains multiple provider loops 2000A. Since the file is uploaded to a single provider agency, there can be only one provider loop.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.7.0, and the user profile for Tim Carroll at the Birmingham Recovery Center, DEMO AGENCY. The left sidebar contains various navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area displays the H837 Profile for the file 'tim_MultProv_BRC3.txt'. The profile includes fields for File Name, Contractor Agency (Alabama Department of Mental Health (Contract)), Status (Failed), Provider Agency (Birmingham Recovery Center), Upload Date (12/11/2023), Process Start Date (12/11/2023), and Process End Date (12/11/2023). A 'Finish' button is visible. Below the profile, an 'Errors' section shows a message: 'H837Processor failed in Line number 35 with error: This 837 file is not valid. Multiple Provider loops from different providers are present.'

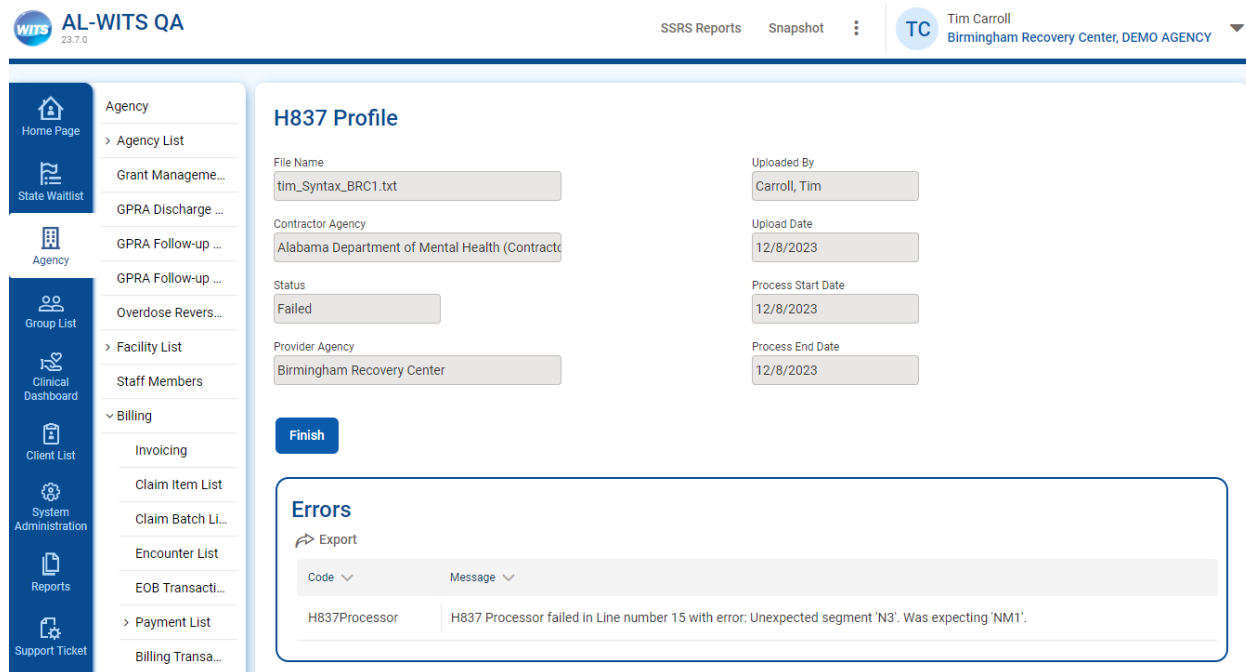
Figure 221: H837 Profile showing Provider Loop error

→TEST

- Select a provider agency with an active contract.
- Create an 837P file that includes multiple Billing Provider Loops 2000A
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number:
“H837 Processor failed in Line number 35 with error: This 837 file is not valid. Multiple Provider loops from different providers are present.”

7.5.2.7. File error: Invalid Syntax

WITS rejects the 837P file when expected segments are excluded, when unexpected segments are included, and when qualifiers or other elements are invalid. Various errors are reported when a file is rejected for these reasons.



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

H837 Profile

File Name: tim_Syntax_BRC1.txt

Uploaded By: Carroll, Tim

Contractor Agency: Alabama Department of Mental Health (Contractor)

Upload Date: 12/8/2023

Status: Failed

Process Start Date: 12/8/2023

Provider Agency: Birmingham Recovery Center

Process End Date: 12/8/2023

Errors

Export

Code	Message
H837Processor	H837 Processor failed in Line number 15 with error: Unexpected segment 'N3'. Was expecting 'NM1'.

Figure 222: H837 Profile showing example syntax error

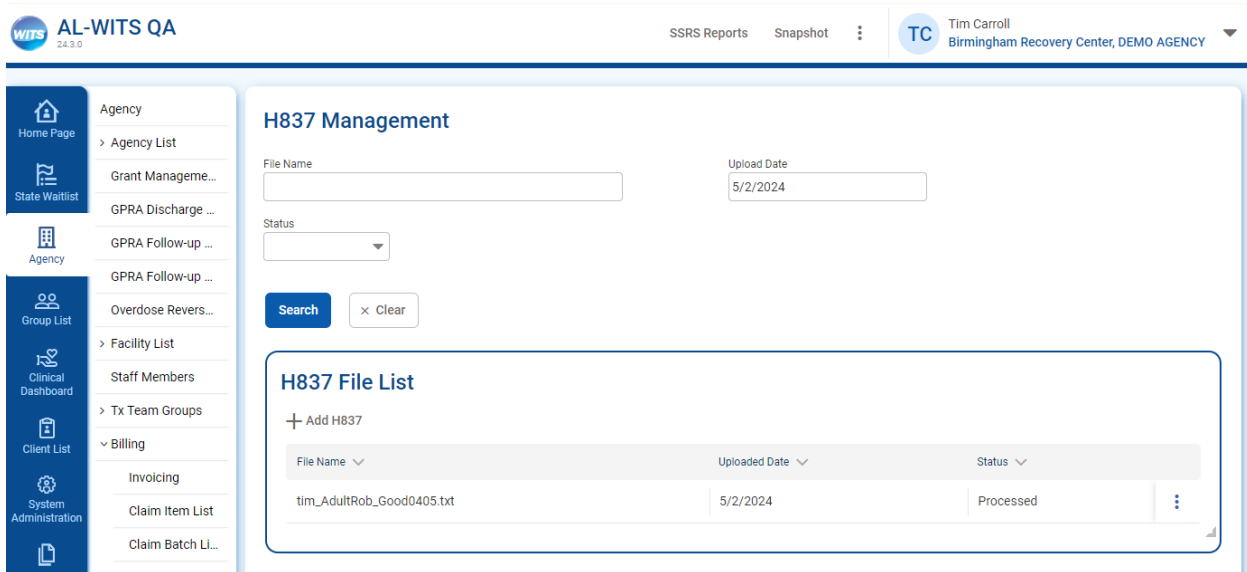
→TEST

- Select a provider agency with an active contract.
- Create an 837P file that excludes an expected segment or includes an unexpected segment.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number and segment depending on which was included or excluded:
“H837 Processor failed in Line number 15 with error: Unexpected segment 'N3'. Was expecting 'NM1'.”

Note: Additional syntax-related error messages may be displayed based.

7.5.3. 837P Processed

When the 837P status is Processed, all claims are accepted. A released encounter and released claim item are created for each claim in the 837P.



AL-WITS QA 24.3.0

SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

H837 Management

File Name Upload Date

Status

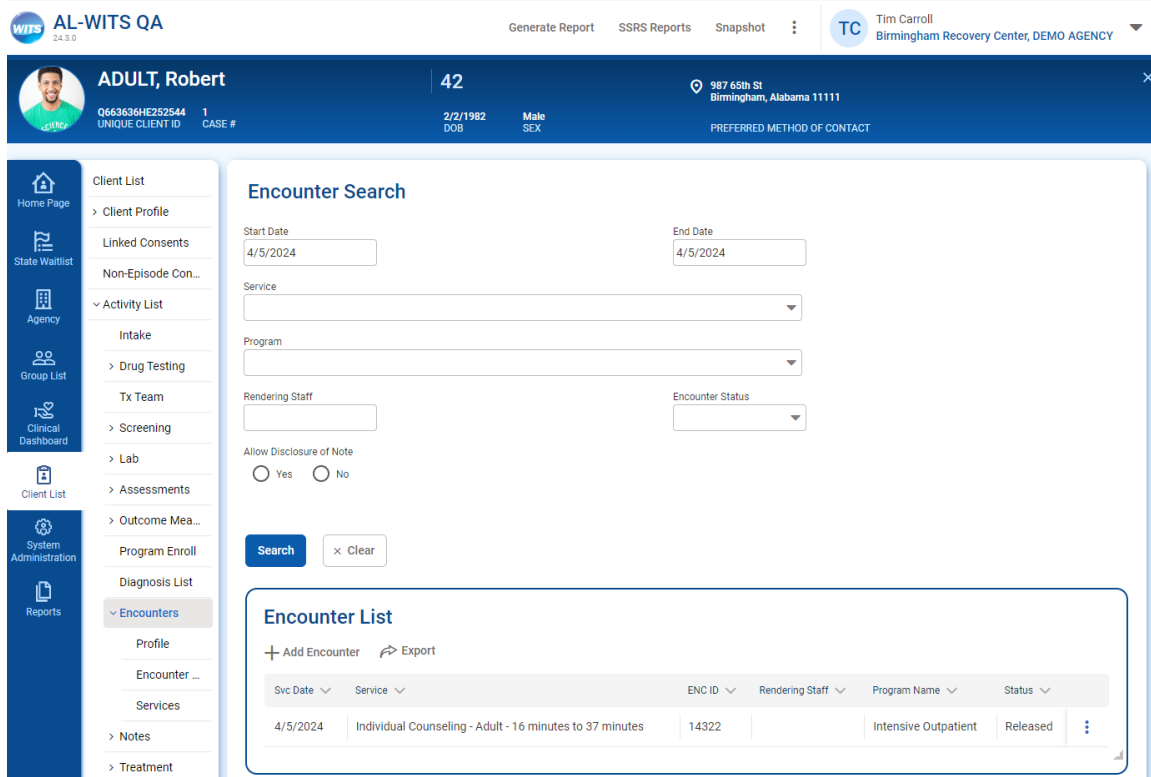
Search

H837 File List

+ Add H837

File Name	Uploaded Date	Status
tim_AdultRob_Good0405.txt	5/2/2024	Processed

Figure 223: 837P, Processed



AL-WITS QA 24.3.0

Generate Report SSRS Reports Snapshot TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

ADULT, Robert 42
987 65th St
Birmingham, Alabama 11111
2/2/1982 DOB Male SEX
PREFERRED METHOD OF CONTACT

Encounter Search

Start Date End Date

Service

Program

Rendering Staff Encounter Status

Allow Disclosure of Note
☐ Yes ☐ No

Search

Encounter List

+ Add Encounter Export

Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status
4/5/2024	Individual Counseling - Adult - 16 minutes to 37 minutes	14322		Intensive Outpatient	Released

Figure 224: Released Encounter created from 837P

WITS AL-WITS QA 24.3.0 SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

Home Page
State Worklist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Management...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
> Tx Team Groups
> Billing
Invoicing
Claim Item List
Claim Batch List
Encounter List
EOB Transacti...
> Payment List
Billing Transac...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Payor Plan List
Authorization ...
H837 Manage...
H835 Manage...
H999 Manage...
H270 Manage...

Claim Item Search

Plan Group Enrollment ENC ID
Client First Name Client Last Name Unique Client Number
Subscriber/Resp Party First Name S/R Party Last Name Subscriber/Resp Party Account #
Service Service Date
Authorization # Rendering Staff Facility
Item Status Claim Item ID Claim Batch ID
FFS Type Add-On Level

Administrative Actions

Claim Item List

Export

Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
<input type="checkbox"/> 7310	Adult, Robert	FFS	None	4/5/2024	90832/HF		Released	5/2/2024	\$85.07

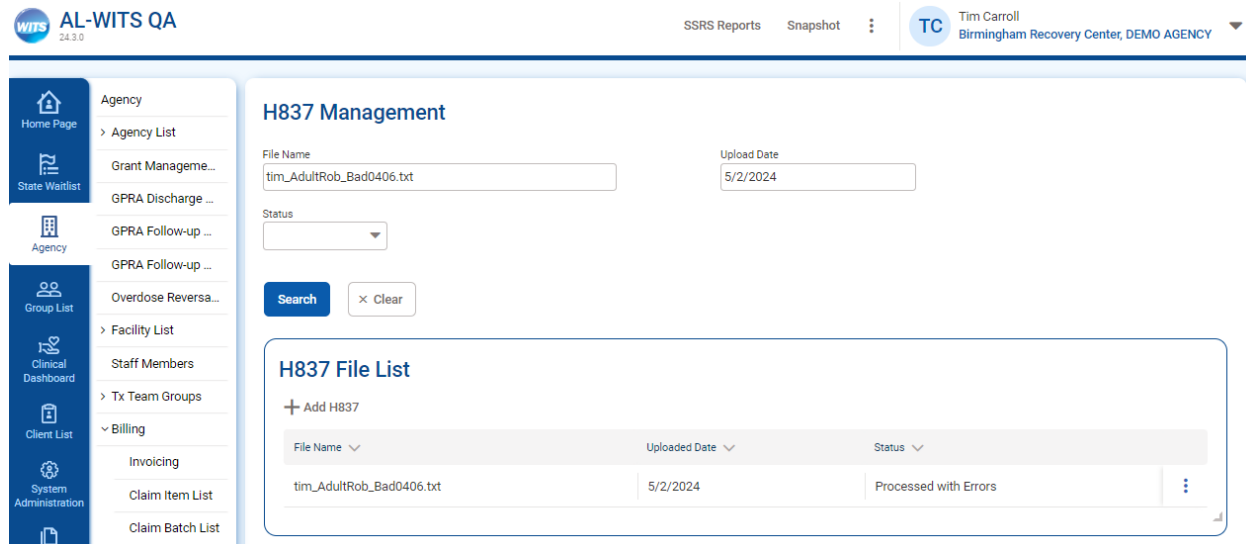
Figure 225: Released Claim Item created from 837P

→TEST

- Version: 24.4 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List, Clinical (Full Access).
- Select a provider agency.
- Follow the test instructions above to upload an 837P. Note the client(s) and claim date(s) in the file.
- Verify the status is Processed once the Provider Claim Submission processor runs.
- Navigate to the Client List, search for a client in the 837P, and select the Activity List from the ellipsis.
- Navigate to the Encounter List and search for the claim date.
- View the encounter profile and verify the data matches the claim data from the 837P.
- Navigate to Agency/Billing/Claim Item List and search for the client UCN and service date.
- View the claim item profile and verify the data matches the claim data from the 837P. The Group Enrollment field represents the highest priority expected payor plan/group for which the client is eligible.
- Note: The Released Claim Item will be batched automatically. See the Automatic Claim Batch Creation section below for additional information.

7.5.4. 837P Processed with Errors

When the 837P status is Processed with Errors, an error message is returned for each rejected claim. All other claims are accepted. See the 837P Processed Submissions section above for testing accepted claims. The encounter and claim item are not created for rejected claims.



WITS AL-WITS QA 24.3.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

H837 Management

File Name: Upload Date:

Status:

H837 File List

+ Add H837

File Name	Uploaded Date	Status
tim_AdultRob_Bad0406.txt	5/2/2024	Processed with Errors

Figure 226: 837P, Processed with Errors

After validating the 837P for file errors, WITS validates each claim for errors. When an 837P file contains claim errors, the resulting status is “Processed with Errors.” Claims are rejected when:

- A client match cannot be found in WITS.
- Clinical records are missing (intake, assessment, outcome measure, or program enrollment).
- The claim diagnosis is not valid.
- The claim procedure/modifiers are not valid.

Rejected claims are displayed in the error list on the H837 Profile. One 837P file may have multiple rejected claims. The error code indicates the Loop, Segment, and Claim ID. The message indicates the type of error encountered.

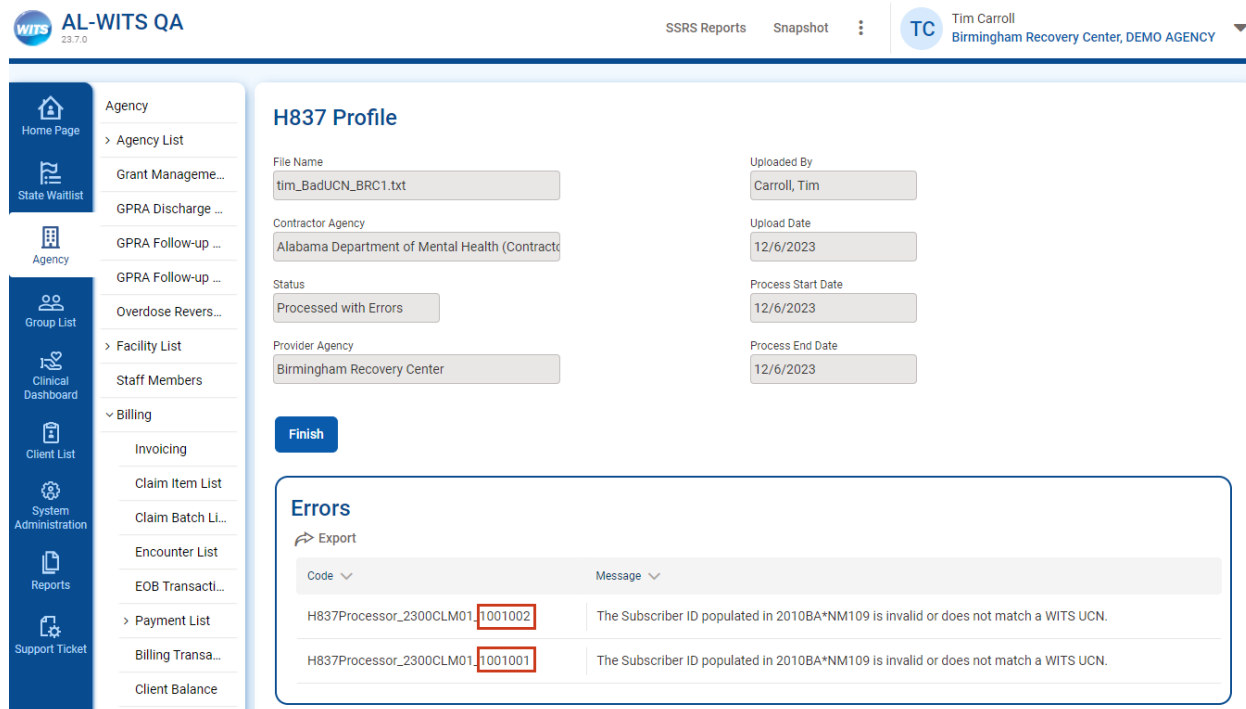
Code	Message
H837Processor_2300CLM01_1001002	The Subscriber ID populated in 2010BA*NM109 is invalid or does not match a WITS UCN.

Figure 227: Example Claim Error Code and Message

The Code column in the figure above indicates the Loop, Segment/Element, and Claim ID. In this case, Loop 2300 CLM01 = 1001002.

7.5.4.1. Claim error: Invalid UCN

WITS validates the claim subscriber ID in Loop 2010BA NM109 against the WITS UCN.



WITS AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

H837 Profile

File Name: tim_BadUCN_BRC1.txt

Contractor Agency: Alabama Department of Mental Health (Contractor)

Status: Processed with Errors

Provider Agency: Birmingham Recovery Center

Uploaded By: Carroll, Tim

Upload Date: 12/6/2023

Process Start Date: 12/6/2023

Process End Date: 12/6/2023

Errors

Export

Code	Message
H837Processor_2300CLM01.1001002	The Subscriber ID populated in 2010BA*NM109 is invalid or does not match a WITS UCN.
H837Processor_2300CLM01.1001001	The Subscriber ID populated in 2010BA*NM109 is invalid or does not match a WITS UCN.

Figure 228: H837P Profile with two claim Subscriber ID errors

→TEST

- Create an 837P file that uses one or more invalid UCNs in Loop 2010BA NM109.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
 “The Subscriber ID populated in 2010BA*NM109 is invalid or does not match a WITS UCN.”
 Note: Each rejected claim is reported as a separate error.

7.5.4.2. Claim error: Valid UCN with no Intake

→TEST

- Select a client in WITS that does not have an Intake.
- Create an 837P file that uses the UCN for the selected client.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
 “The client does not exist in the Provider Agency or does not have an Intake for the services billed.”

7.5.4.3. Claim error: Valid UCN with no Placement Assessment

→TEST

- Select a client in WITS that has an Intake and no other records.
- Create an 837P file that uses the UCN for the selected client.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The client does not exist in the Provider Agency or does not have an Assessment for the services billed.”

7.5.4.4. Claim error: Valid UCN with no Outcome Measure

For file import agencies, the Outcome Measure is created automatically when the assessment is uploaded.

→TEST

- Select a client in WITS that has an Intake and a Placement Assessment.
Note: The client may have a Screener, but it is not validated for the inbound 837P.
- Create an 837P file that uses the UCN for the selected client.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The client does not exist in the Provider Agency or does not have an Outcome Measure for the services billed.”

7.5.4.5. Claim error: Valid UCN with no Program Enrollment

For file import agencies, the Program Enrollment is created automatically when the assessment is uploaded.

→TEST

- Select a client in WITS that has an Intake, a Placement Assessment, and an Outcome Measure.
- Create an 837P file that uses the UCN for the selected client.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The client does not exist in the Provider Agency or does not have a Program Enrollment for the services billed.”

7.5.4.6. Claim error: Valid UCN with invalid Procedure/Modifier Combination (Service)

WITS validates the claim procedure/modifier combination against active services in the WITS service table. The claim is rejected if there is no match.

→TEST

- Select a client in WITS that has an Intake, Placement Assessment, Outcome Measure, and Program Enrollment.
- Create an 837P file that uses the UCN for the selected client and an invalid procedure/modifier combination.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The service billed does not match an active WITS service.”

7.5.4.7. Claim error: Valid UCN with invalid Service for Program Enrollment

WITS validates the claim procedure/modifier combination against services in the WITS modality approved service table. The claim is rejected if there is no match.

For example, if the provider bills a residential service and the client is enrolled in an outpatient program, the claim will be rejected.

→TEST

- Select a client in WITS that has an Intake, Placement Assessment, Outcome Measure, and Program Enrollment.
- Create an 837P file that uses the UCN for the selected client and an invalid procedure/modifier combination for the program enrollment.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The claim service does not contain an approved service for the Program Enrollment.”

7.5.4.8. Claim error: Valid UCN with invalid ICD-10 Diagnosis

WITS validates the claim diagnoses against active diagnoses in the WITS diagnosis table. The claim is rejected if there is no match.

→TEST

- Select a client in WITS that has an Intake, Placement Assessment, Outcome Measure, and Program Enrollment.
- Create an 837P file that uses the UCN for the selected client and an invalid diagnosis.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:
“The claim diagnosis does not match a valid ICD-10 diagnosis in WITS.”

7.5.4.9. Claim error: Valid UCN with invalid Diagnosis for Service

WITS validates the claim diagnoses against the diagnosis category for the service, and the claim is rejected if there is no match. See the Service Diagnosis Category section under Code Tables for additional information.

→TEST

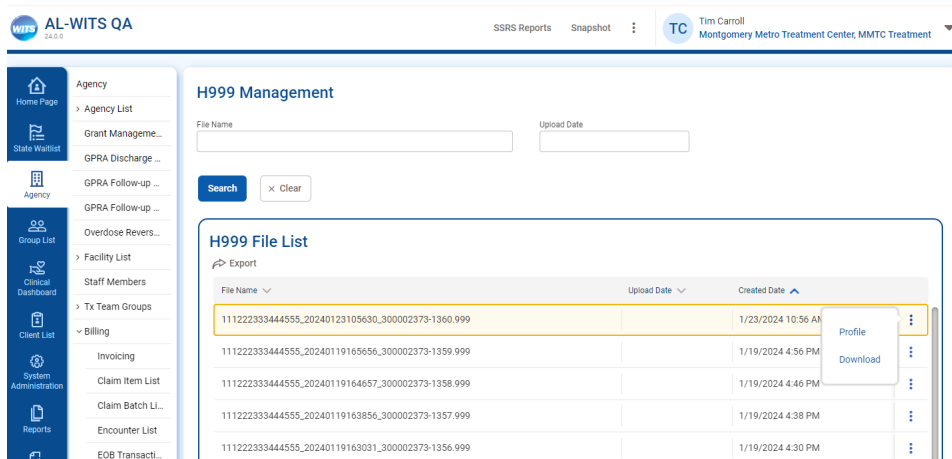
- Select a client in WITS that has an Intake, Placement Assessment, Outcome Measure, and Program Enrollment.
- Create an 837P file that uses:
 - The UCN for the selected client.
 - A procedure/modifier that corresponds to a valid service for the client’s program modality
 - An invalid diagnosis for the claim service line (procedure/modifiers).
 Example procedure: J3535 (Narcan Nasal Spray)
 Example invalid diagnosis: F10.121 (Alcohol abuse with intoxication delirium)
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile:

“The service you have selected is not allowed with the provided diagnosis.”

7.5.5. Outbound 999

A 999 file is generated for each processed 837P. Note: Rejected 837P files do not generate a 999. Instead, the file errors are displayed as indicated in the Inbound 837P/File Errors section above.

Alternately, providers may use Secure File Transfer Protocol (SFTP) to download 999 files. See the SFTP section for additional information.



WITS AL-WITS QA (24/01) SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTTC Treatment

H999 Management

File Name Upload Date

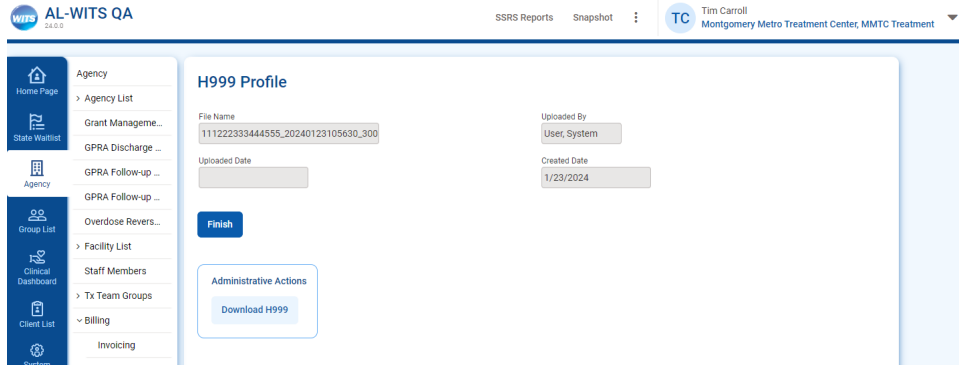
Search

H999 File List

Export

File Name	Upload Date	Created Date
111222333444555_20240123105630_300002373-1360.999		1/23/2024 10:56 AM
111222333444555_20240119165656_300002373-1359.999		1/19/2024 4:56 PM
111222333444555_20240119164657_300002373-1358.999		1/19/2024 4:46 PM
111222333444555_20240119163856_300002373-1357.999		1/19/2024 4:38 PM
111222333444555_20240119163031_300002373-1356.999		1/19/2024 4:30 PM

Figure 229: H999 Management List



WITS AL-WITS QA 24.8

SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTG Treatment

H999 Profile

File Name: 111222333444555_20240123105630_300

Uploaded By: User, System

Uploaded Date:

Created Date: 1/23/2024

Finish

Administrative Actions

Download H999

Figure 230: H999 Profile

→ TEST

- Version: 24.1 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Follow the instructions above to upload an 837P.
- Confirm the 837P status is “Processed.”
- Navigate to Agency/Billing/H999 Management.
- Search for the 999. The 999 may be downloaded from the list or profile.
 - Click the Download button on the ellipsis.
 - Click the Profile button on the ellipsis.
- Once the 999 is downloaded from WITS, the provider may upload it to their billing system.

7.6. Medicaid EDI

The Alabama Medicaid payor plan must be setup correctly for the EDI process to work. For additional information, see the Medicaid Payor Plan Profile section under Setup/Billing/Payor Plans/Medicaid.

The following files are exchanged automatically with Alabama Medicaid.

Table 7: Medicaid EDI Files

File	File Description	Direction
270	Health Care Eligibility Benefit Inquiry	Outbound
271	Health Care Eligibility Benefit Response	Inbound
835	Health Care Claim Payment/Advice	Inbound
837P	Health Care Claim: Professional	Outbound
999	Acknowledgment for Health Care Insurance	Outbound

The EDI process is covered below for each file.

7.6.1. Outbound 270

The 270 transaction is generated for the Medicaid Payor Plan with the following values:

- 270/271 indicator = Yes
- HIPAA Processing Set = Alabama Medicaid (5010)

See the Billing Management/Medicaid Payor Plan section above for additional information.

270 files are created for clients in provider agencies on the Agency/Billing/H270 Management screen.
270 files are sent to the Medicaid SFTP folder.

The H270 Management Search/List screen displays the 270 files for the agency, along with the created and transmitted dates.

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Billing Transa...

Client Balance

H270 Management Search

Plan Name

Agency

Batch #

Created Date

Transmit Date

Status

H270 Management List

Export

Batch #	Status	Plan Name	Created	Transmit	
9	Accepted	Alabama Medicaid	7/24/2024	7/24/2024	⋮
8	Accepted	Alabama Medicaid	7/1/2024	7/1/2024	⋮
7	Accepted	Alabama Medicaid	7/1/2024	7/1/2024	⋮
6	Accepted	Alabama Medicaid	6/28/2024	6/28/2024	⋮

Figure 231: H270 Management List

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Billing Transa...

Client Balance

H270 Management Profile

Hide Context Information

Batch # 9	Transmit Date 7/24/2024	Batch For Alabama Medicaid	Status Accepted
Created By Katanguri, Pramathi	Created Date 7/24/2024 1:23 PM	Updated By Katanguri, Pramathi	Updated Date 7/24/2024 1:23 PM

Errors List

Export

Currently, there are no results to display for the Errors List.

Administrative Actions

Download 270

Figure 232: H270 Management Profile

```

1  ISA*00*                *00*                *ZZ*200004121      *ZZ*271510177      *240724*1323*^*00501*000000009*0*T*:~
2  GS*HS*200004121*271510177*20240724*13235701*9*X*005010X279A1~
3  ST*270*0009*005010X279A1~
4  BHT*0022*13**20240724*13235735~
5  HL*1**20*1~
6  NMI*PR*2*Alabama Medicaid*****PI*12233~
7  HL*2*1*21*1~
8  NMI*1P*2*Alabama Department of Mental Health (Contractor)*****XX*1699828970~
9  PRV*BI~
10 HL*3*2*22*0~
11 TRN*1*14*1104481837~
12 NMI*IL*1~
13 REF*SY*343333344~
14 DMG*D8*19800302~
15 DTP*291*D8*20240724~
16 EQ*30~
17 SE*15*0009~
18 GE*1*9~
19 IEA*1*000000009~

```

Figure 233: Example 270 using SSN and DOB


```

1  ISA*00*                *00*                *ZZ*200004121      *ZZ*271510177      *240724*1323*^*00501*000000009*0*T*:~
2  GS*HS*200004121*271510177*20240724*13235701*9*X*005010X279A1~
3  ST*270*0009*005010X279A1~
4  BHT*0022*13**20240724*13235735~
5  HL*1**20*1~
6  NMI*PR*2*Alabama Medicaid*****PI*12233~
7  HL*2*1*21*1~
8  NMI*1P*2*Alabama Department of Mental Health (Contractor)*****XX*1699828970~
9  PRV*BI~
10 HL*3*2*22*0~
11 TRN*1*14*1104481837~
12 NMI*IL*1*****MI*ABC123DEF456~
13 DTP*291*D8*20240724~
14 EQ*30~
15 SE*13*0009~
16 GE*1*9~
17 IEA*1*000000009~

```

Figure 234: Example 270 using Medicaid ID

Once the 270 is generated, a record for the client is created in the H271 Management List prior to receipt of the 271.


AL-WITS
24.8.0

SSRS Reports Snapshot ⋮

TC

Tim Carroll
 Administrative Agency, Administrative Unit

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List
 Grant Manageme...
 GPRA Discharge ...
 GPRA Follow-up ...
 GPRA Follow-up ...
 Overdose Revers...
 > Facility List
 Staff Members
 > Billing
 Invoicing
 Claim Item List
 Claim Batch Li...
 Encounter List
 EOB Transacti...
 > Payment List
 Billing Transa...
 Client Balance
 Clearing Hous...
 Clearing Hous...

H271 Management Search

Plan Name

Alabama Medicaid

Inquiry Date

Response Date

Client First Name

Client Last Name

Subscriber/Resp Party First Name

Subscriber/Resp Party Last Name

Search

× Clear


H271 Management List

Export

Client Name	Plan	Inquiry Date	Response Date	
client_2, 270	Alabama Medicaid	7/24/2024		⋮
Test, 270	Alabama Medicaid	7/1/2024		⋮
Smith, Bill	Alabama Medicaid	7/1/2024		⋮
Front, Stone	Alabama Medicaid	7/1/2024		⋮

Figure 235: H271 Management List

At this point, the H271 Response Profile displays only the client information for the corresponding 270. Once the 271 is received, the H271 Response List will be populated along with any created CGE records or rejections.


AL-WITS
24.8.0

SSRS Reports Snapshot ⋮

TC

Tim Carroll
 Administrative Agency, Administrative Unit

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

< Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Billing Transa...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Authorization ...

H271 Response Profile

^ Hide Context Information

Inquiry Date 7/24/2024	Response Date	Response Upload Date
Client First Name 270	Client Last Name client_2	
Subscriber/Resp Party First Name		Subscriber/Resp Party Last Name

H271 Response List

Currently, there are no results to display for the H271 Response List.

Associated CGE List

Currently, there are no results to display for the Associated CGE List.

Rejection List

Currently, there are no results to display for the Rejection List.

Finish

Figure 236: H271 Response Profile

7.6.1.1. New Client Trigger

A 270 is generated for an individual client when the Intake is created.

Note: If a client is discharged and later returns to the same agency, the 270 will be generated when the new Intake is created.

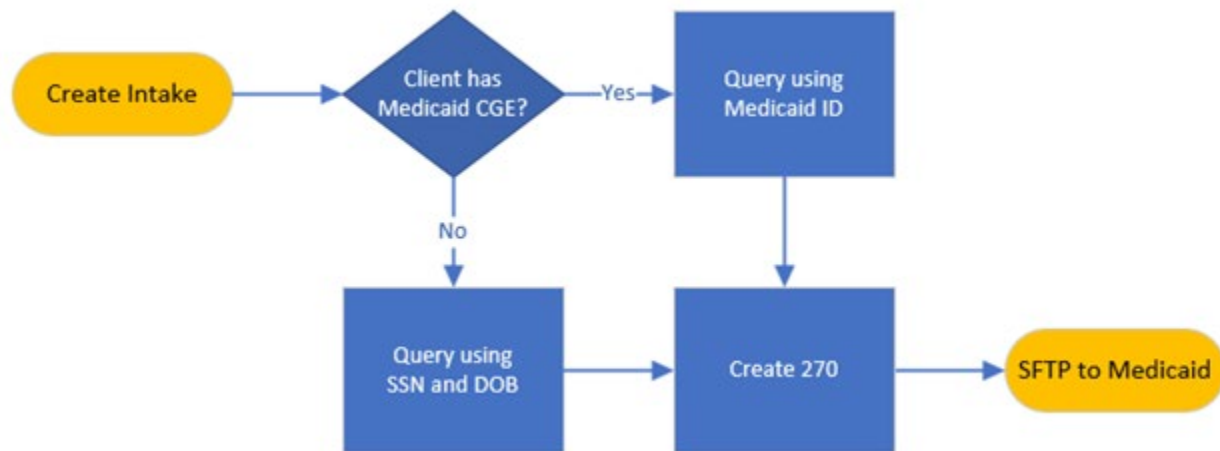


Figure 237: 270 Workflow for New Clients

→ TEST (NEW CLIENT WITHOUT MEDICAID CGE)

- Version: 24.1 and later.
- Account role(s): Clinical (Full Access) and Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Create a new client record as described in the Client Profile section above. Note the DOB and SSN.
- Navigate to Client/Activity List.
- Create and save an intake record as described in the Client/Treatment Episode/Intake section above. The 270 is created when the intake is saved.
- Navigate to Agency/Billing/H270 Management.
- Sort the list in reverse date order and locate the 270 Batch record.
- Select Profile from the ellipsis.
- Click the Download 270 button under the Administrative Actions and save the 270 file.
- Open the 270 and view the file.
 - Loop 2100C NM1 does not contain the Medicaid ID (NM1*IL*1*~).
 - Loop 2100C REF contains the Social Security Number from the client profile (REF*SY*#####~).
 - Loop 2100C DMG contains the Date of Birth from the client profile (DMG*D8*YYYYMMDD~).
- Navigate to Agency/Billing/H271 Management.
- Search for the client and select the Profile button from the ellipsis. The client's name and inquiry date are displayed at the top of the screen. The H271 Response List, Associated CGE List, and Rejection List are empty.

→ TEST (NEW CLIENT WITH MEDICAID CGE)

- Version: 24.1 and later.
- Account role(s): Clinical (Full Access) and Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Create a new client record as described in the Client Profile section above
- Create a Medicaid CGE record as indicated in the Client Group Enrollment/Medicaid CGE section above. Note the Medicaid ID.
- Navigate to Client/Episode List
- Create and save a new intake record.
Note: The 270 is created when the intake is saved.
- Navigate to Agency/Billing/H270 Management.
- Sort the list in reverse date order and locate the 270 Batch record.
- Select Profile from the ellipsis.
- Click the Download 270 button under the Administrative Actions and save the 270 file.
- Open the 270 and view the file.
 - Loop 2100C NM1 contains the Medicaid ID (NM1*IL*1*****MI*#####~).
 - Loop 2100C REF is not included.
 - Loop 2100C DMG is not included.
- Navigate to Agency/Billing/H271 Management.
- Search for the client and select the Profile button from the ellipsis. The client's name and inquiry date are displayed at the top of the screen. The H271 Response List, Associated CGE List, and Rejection List are empty.

7.6.1.2. Existing Client Trigger

A 270 is generated for all clients in the agency with an active program enrollment based on a scheduled task. Since Medicaid eligibility may change monthly, FEI recommends scheduling this task to run on the first day of each month.

- If the client has a Medicaid CGE, the 270 will contain the Medicaid ID.
- If the client does not have a Medicaid CGE, the 270 will contain the client's date of birth and social security number.

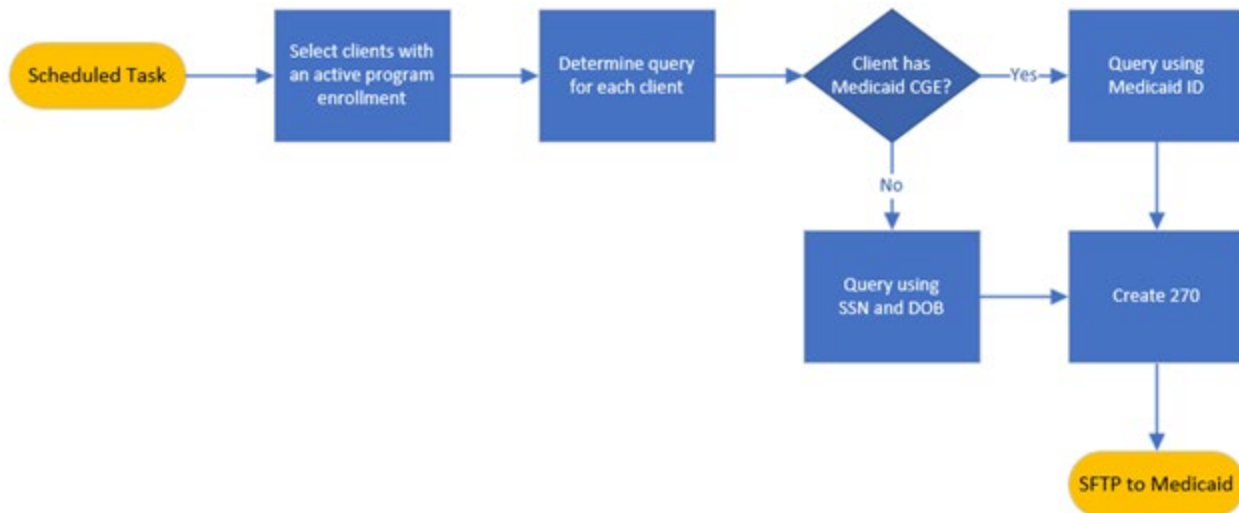


Figure 238: 270 Workflow for Existing Clients

→TEST

- Version: 24.1 and later.
- Account role(s): Clinical (Full Access) and Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Identify test clients:
 - Client 1
Select a client that has an open program enrollment and does not have a Medicaid CGE. Note the SSN and DOB.
 - Client 2
Select a client that has an open program enrollment and a Medicaid CGE. Note the Medicaid ID.
- Wait one day for the H270Generator to run in UAT.
Note: The generator is scheduled to run on the first day of each month in production.
- Navigate to Agency/Billing/H270 Management.
- Sort the list in reverse date order and locate the 270 Batch record that was created overnight.
- Select Profile from the ellipsis.
- Click the Download 270 button under the Administrative Actions and save the 270 file.
- Open the 270 and view the file. The 270 should contain subscriber loops for each client with an open program enrollment (not just the two clients identified above).
Note: The line numbers below assume the test client is the first in the file. If it is not, search the file for the test client's SSN.
 - Locate client one in the file. Search the file for the client's SSN.
 - Loop 2100C NM1 does not contain the Medicaid ID (NM1*IL*1*~).
 - Loop 2100C REF contains the Social Security Number from the client profile (REF*SY*#####~).
 - Loop 2100C DMG contains the Date of Birth from the client profile (DMG*D8*YYYYMMDD~).

- Locate client two in the file. Search the file for the client's Medicaid ID.
 - Loop 2100C NM1 contains the Medicaid ID (NM1*IL*1*****MI*#####~).
 - Loop 2100C REF (SSN) is not included.
 - Loop 2100C DMG (DOB) is not included.
- Navigate to Agency/Billing/H271 Management.
- Search for the clients and select the Profile button from the ellipsis. The client's name and inquiry date are displayed at the top of the screen. The H271 Response List, Associated CGE List, and Rejection List are empty.

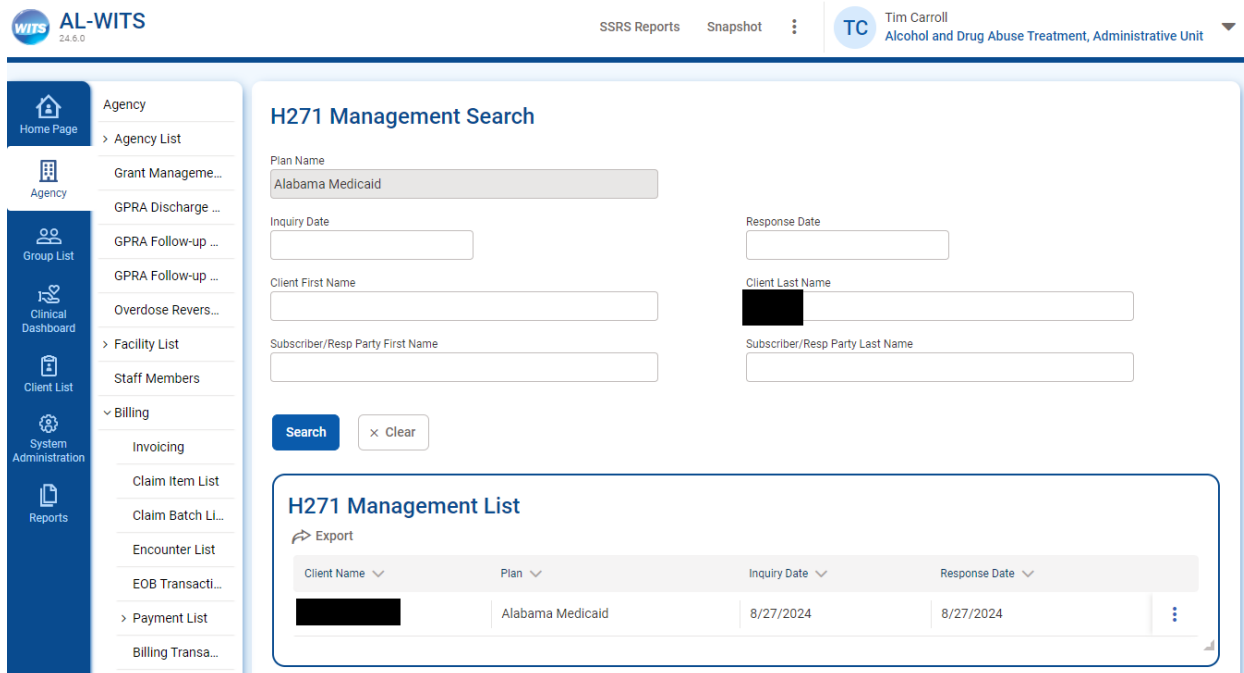
7.6.2. Inbound 271

WITS queries the Medicaid SFTP site on a scheduled task and downloads all available 271 files. The 271 files are processed, and Medicaid CGE records are created automatically for eligible clients.

A Medicaid CGE is created when the 271 is returned with the following values:

- EB01 = 1 (Active Coverage)
- EB02 = IND (Individual)
- EB03 = 30 (Health Benefit Plan Coverage) OR AI (Substance Abuse)
- EB04 = MC (Medicaid)

Coverage types displayed on the H271 Response Profile along with the associated CGE created as a result of the 271.



WITS AL-WITS 24.8.0

SSRS Reports Snapshot TC Tim Carroll Alcohol and Drug Abuse Treatment, Administrative Unit

H271 Management Search

Plan Name
Alabama Medicaid

Inquiry Date

Response Date

Client First Name

Client Last Name

Subscriber/Resp Party First Name

Subscriber/Resp Party Last Name

H271 Management List

Export

Client Name	Plan	Inquiry Date	Response Date
[Redacted]	Alabama Medicaid	8/27/2024	8/27/2024

Figure 239: H271 Management Search/List

Home Page

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

H271 Response Profile

Hide Context Information

Inquiry Date 8/27/2024	Response Date 8/27/2024	Response Upload Date 8/27/2024
Client First Name [REDACTED]	Client Last Name [REDACTED]	
Subscriber/Resp Party First Name [REDACTED]	Subscriber/Resp Party Last Name [REDACTED]	

H271 Response List

Showing 1 - 50 of 172

Status	Coverage	Service Type	Insurance Type	Message
Active Coverage	Individual	Medical Care	Medicaid	PLAN NAME RETURNED IS CURRENT PART D PLAN
Active Coverage	Individual	Health Benefit Plan Coverage	Medicaid	PLAN NAME RETURNED IS CURRENT PART D PLAN
Active Coverage	Individual	Chiropractic	Medicaid	PLAN NAME RETURNED IS CURRENT PART D PLAN
Active Coverage	Individual	Dental Care	Medicaid	PLAN NAME RETURNED IS CURRENT PART D PLAN
Active Coverage	Individual	Hospital	Medicaid	PLAN NAME RETURNED IS CURRENT PART D PLAN

Associated CGE List

Plan	Group	StartDate	EndDate	ActionTaken	Note
Alabama Medicaid	Medicaid	8/27/2024	8/31/2024	Created	Created for the dates 08/27/2024 to 08/31/2024

Rejection List

Currently, there are no results to display for the Rejection List.

Finish

Figure 240: H271 Response Profile

→TEST


Prerequisite: Test 270 creation as indicated in Outbound 270 above.

Note: The UAT site is not setup to exchange files with Medicaid, so testing must occur in the PHI UAT site.

- Version: 24.8 and later.
- Account role(s): Clinical (Full Access) and Agency Billing OR WITS Billing Administrator
- Select a provider agency where 270 files were previously created.
- Navigate to Agency/Billing/H271 Management.
- Search for the client
- Click the Profile button on the list to view the H271 Response Profile.
- Review the H271 Response List.
Note: This list contains all the coverage responses from Medicaid.

- Review the Associated CGE List.
Note: If the client has coverage as indicated above, a Medicaid CGE will be created for the date range.
- Continue testing below.

7.6.2.1. Medicaid CGE


AL-WITS
24.8.0

SSRS Reports Snapshot

TC Tim Carroll
Alcohol and Drug Abuse Treatment, Administrative Unit

SM [Redacted] 57 [Redacted] Female [Redacted]
UNIQUE CLIENT ID DOB SEX PREFERRED METHOD OF CONTACT

Home Page
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Client List
Client Profile
Alternate Name...
Additional Info...
Contact Info...
Collateral Con...
Other Numbers
History
Client Group E...
Employment
Linked Consents
Non-Episode Con...
Activity List
Episode List

Client Enrollment Search

Plan Type Contract
Plan Group
Medicaid

Active Enrollments During Date Range
From To
[Calendar] [Calendar]

Search Clear

Client Enrollment List

Add Benefit Plan Enrollment Add Government Contract Enrollment

Priority	Plan	Group	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
	Alabama Medicaid	Medicaid	[Redacted]	[Redacted]	8/27/2024	8/31/2024

Benefit Plan/Private Pay Billing Information

Payor Type Plan Group
Medicaid Alabama Medicaid-Medicaid

Payor Priority Order Policy #
[Dropdown] [Text Field]

Coverage Start End Payment Scale
8/27/2024 8/31/2024 [Text Field]

Eligibility Category Relationship to Subscriber/Responsible Party
[Text Field] Self

Subscriber/Responsible Party

First Name Middle Name Last Name
[Text Field] [Text Field] [Text Field]

Birthdate Gender Subscriber #
[Text Field] [Dropdown] [Text Field]

Address 1
[Text Field]

Address 2
[Text Field]

City State
FLORENCE Alabama

Zip
[Text Field]

Save Clear

Figure 241: Client Medicaid CGE

→TEST

Prerequisite: Test 270 creation as indicated in Outbound 270 above.

Note: The UAT site is not setup to exchange files with Medicaid, so testing must occur in the PHI UAT site.

- Version: 24.8 and later.
- Account role(s): Clinical (Full Access) and Agency Billing OR WITS Billing Administrator
- Select a provider agency where 270 files were previously created.
- Navigate to Agency/Billing/H271 Management.
- Search for the client
- Click the Profile button on the list to view the H271 Response Profile.
- Review the H271 Response List.
Note: This list contains all the coverage responses from Medicaid.
- Review the Associated CGE List.
Note: If the client has coverage as indicated above, a Medicaid CGE will be created for the date range.
- Navigate to Client List and search for the client.
- Select the Profile button from the ellipsis.
- Navigate to Client Profile/Client Group Enrollment and search for the Medicaid Plan Type.
Note: If needed, use the Active Enrollment From/To dates to narrow the search.
- Select the Edit button from the ellipsis for the Client Group Enrollment and review the profile.
Note: The Coverage Start/End dates and Subscriber/Responsible Party section reflect the information received in the 271.

7.6.3. Outbound 837P

The 837P is transmitted to Alabama Medicaid automatically. See the Claim Management/837P EDI section above for additional information.

7.6.4. Inbound 835

WITS queries the Medicaid SFTP site and downloads 835 files. Navigate to System Administration/H835 Management to view the files.

7.6.5. Inbound 999

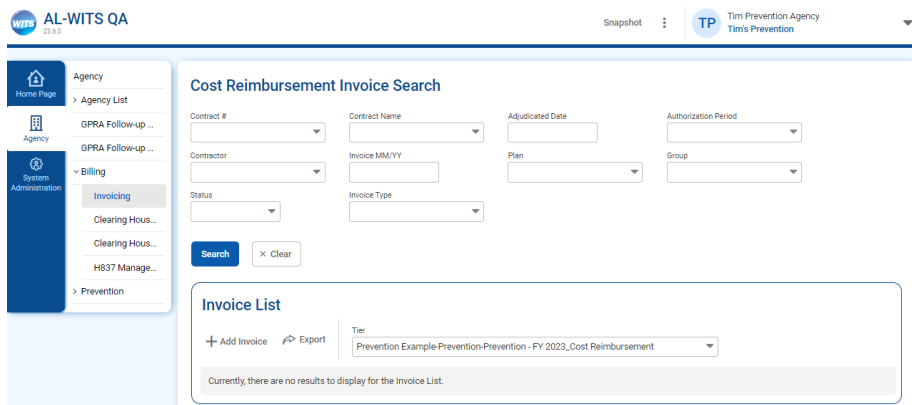
WITS queries the Medicaid SFTP site and downloads 999 files. Navigate to System Administration/H999 Management to view the files.

7.6.6. Outbound 835

See Payment Management/Outbound 835 below.

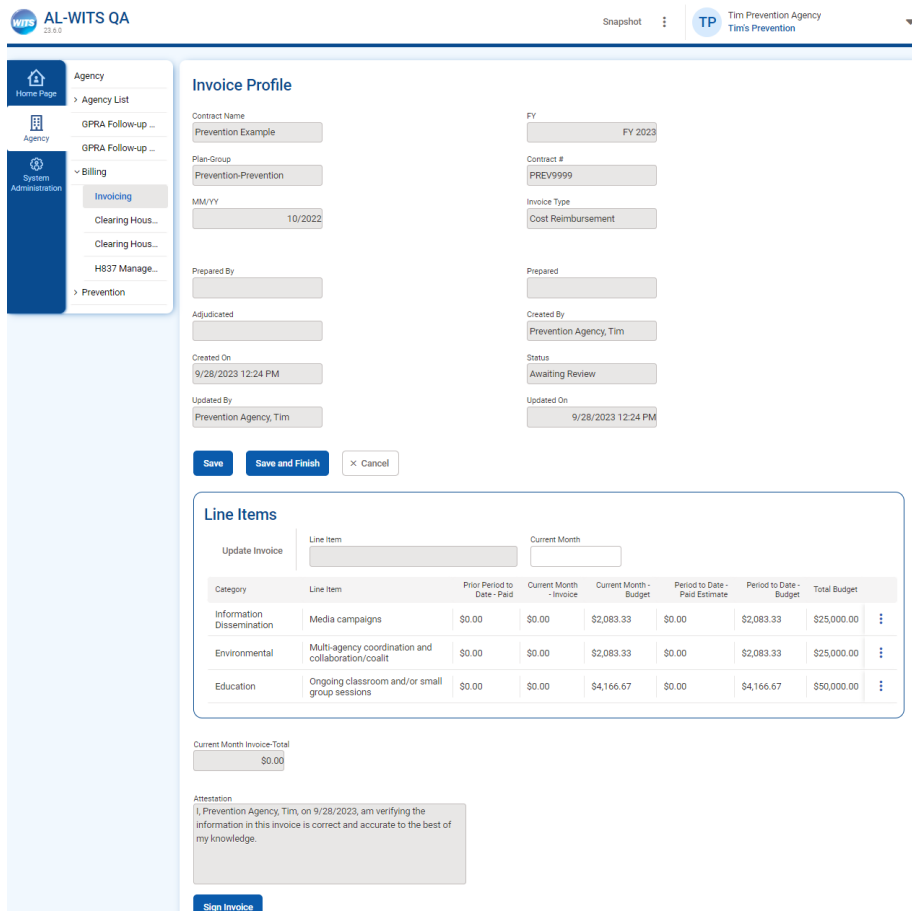
7.7. Provider Invoice Management

Providers submit monthly invoices for cost reimbursement on the Invoicing menu item under Billing.



The screenshot shows the 'Cost Reimbursement Invoice Search' interface. On the left is a navigation menu with 'Invoicing' selected under the 'Billing' section. The main area contains search filters for Contract #, Contract Name, Adjudicated Date, Authorization Period, Contractor, Invoice MM/YY, Plan, Group, Status, and Invoice Type. A 'Search' button and a 'Clear' button are present. Below the search filters is an 'Invoice List' section with '+ Add Invoice' and 'Export' buttons, and a dropdown menu showing 'Prevention Example-Prevention-Prevention - FY 2023_Cost Reimbursement'. A message at the bottom states: 'Currently, there are no results to display for the Invoice List.'

Figure 242: Cost Reimbursement Invoice Search/List



The screenshot shows the 'Invoice Profile' interface. On the left is the same navigation menu. The main area displays invoice details in two columns. The left column includes fields for Contract Name (Prevention Example), Plan-Group (Prevention-Prevention), MM/YY (10/2022), Prepared By, Adjudicated, Created On (9/28/2023 12:24 PM), and Updated By (Prevention Agency, Tim). The right column includes fields for FY (FY 2023), Contract # (PREV9999), Invoice Type (Cost Reimbursement), Prepared, Created By (Prevention Agency, Tim), Status (Awaiting Review), and Updated On (9/28/2023 12:24 PM). Below these fields are 'Save', 'Save and Finish', and 'Cancel' buttons. A 'Line Items' table is shown with columns: Category, Line Item, Prior Period to Date - Paid, Current Month - Invoice, Current Month - Budget, Period to Date - Paid Estimate, Period to Date - Budget, and Total Budget. The table contains three rows: Information Dissemination (Media campaigns), Environmental (Multi-agency coordination and collaboration/coalit), and Education (Ongoing classroom and/or small group sessions). Below the table, the 'Current Month Invoice Total' is \$0.00. An 'Attestation' section contains a text box with the statement: 'I, Prevention Agency, Tim, on 9/28/2023, am verifying the information in this invoice is correct and accurate to the best of my knowledge.' and a 'Sign Invoice' button.

Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget
Information Dissemination	Media campaigns	\$0.00	\$0.00	\$2,083.33	\$0.00	\$2,083.33	\$25,000.00
Environmental	Multi-agency coordination and collaboration/coalit	\$0.00	\$0.00	\$2,083.33	\$0.00	\$2,083.33	\$25,000.00
Education	Ongoing classroom and/or small group sessions	\$0.00	\$0.00	\$4,166.67	\$0.00	\$4,166.67	\$50,000.00

Figure 243: Unedited Invoice Profile

Invoice Profile

Contract Name	Prevention Example	FY	FY 2023
Plan-Group	Prevention-Prevention	Contract #	PREV9999
MM/YY	10/2022	Invoice Type	Cost Reimbursement
Prepared By		Prepared	
Adjudicated		Created By	Prevention Agency, Tim
Created On	9/28/2023 12:24 PM	Status	Awaiting Review
Updated By	Prevention Agency, Tim	Updated On	9/28/2023 12:58 PM

Line Items

Update Invoice	Line Item	Current Month						
Category	Line Item	Prior Period to Date - Paid	Current Month - Invoice	Current Month - Budget	Period to Date - Paid Estimate	Period to Date - Budget	Total Budget	
Information Dissemination	Media campaigns	\$0.00	\$3,000.00	\$2,083.33	\$3,000.00	\$2,083.33	\$25,000.00	⋮
Environmental	Multi-agency coordination and collaboration/coalit	\$0.00	\$1,500.00	\$2,083.33	\$1,500.00	\$2,083.33	\$25,000.00	⋮
Education	Ongoing classroom and/or small group sessions	\$0.00	\$4,000.00	\$4,166.67	\$4,000.00	\$4,166.67	\$50,000.00	⋮

Current Month Invoice-Total
\$8,500.00

Attestation
I, Prevention Agency, Tim, on 9/28/2023, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Figure 244: Edited Invoice Profile

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Invoicing (Full Access), Invoice Attestation.
- Select a provider agency with a contract that includes Cost Reimbursement tiers.
- Navigate to Agency/Billing/Invoicing in the Provider Agency.
- Select a Cost Reimbursement Tier from the dropdown.
- Click the +Add Invoice button on the Invoice List.
- Click the Save button on the Invoice Profile.
 - The MM/YY field in the Invoice Profile is updated to the first month of the period.

- The Line Items list displays a template of available line items from the Contract Authorization Period Cost Reimbursement Tier.
- The Current Month Budget column displays 1/12th of the annual budget. Providers may bill over this amount if the tier is Variable Monthly. Providers may bill up to this amount if the tier is Fixed Monthly.
- Select the Edit button from the ellipsis on for the first line item you wish to invoice.
Note: The selected Line Item appears in the read-only Line Item field at the top of the list.
- Enter an amount in the Current Month field.
- Click the Update Invoice button at the top of the list.
 - The Current Month Invoice column now displays the amount entered for the Line Item.
- Repeat the three main steps above for each additional Line Item to be invoiced.
- Once all line items are edited, click the Sign Invoice button.
- Click the Bill It button.
Note: This sends the invoice to the ADMH agency.
- Click the Save and Finish button.

8. PAYMENT MANAGEMENT

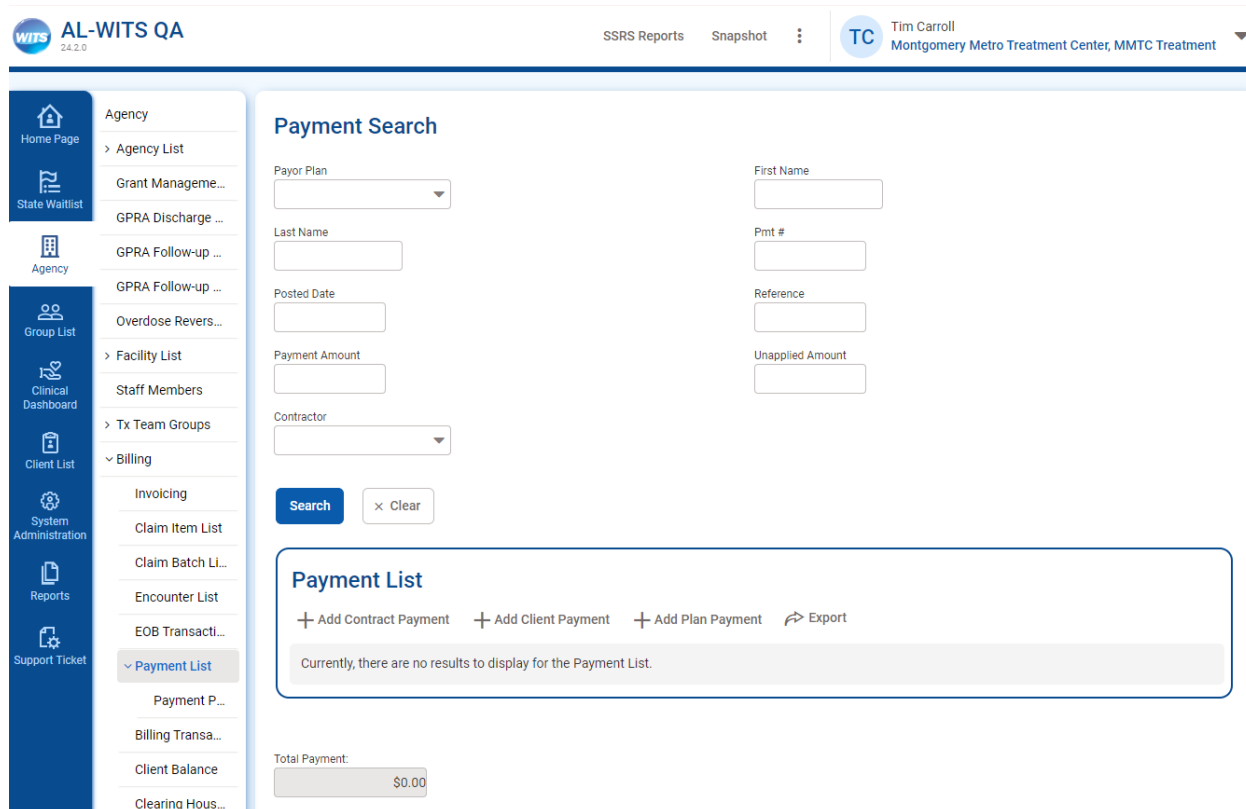
This section covers the processed used by the ADMH agency to pay/deny provider claims and invoices.

8.1. Manual Payments

8.1.1. Client Payments


Billing staff may record payments on the Agency/Billing/Payment List. Additionally, client payments may be entered on the Client Activity List by users who have access to the client record

See the Client Management/Treatment Episode/Payments section for more information.



The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, the text "AL-WITS QA 24.2.0", and user information for "Tim Carroll" at the "Montgomery Metro Treatment Center, MMTC Treatment". The left sidebar contains a menu with options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled "Payment Search" and includes several input fields: Payor Plan (dropdown), Last Name, Posted Date, Payment Amount, Contractor (dropdown), First Name, Pmt #, Reference, and Unapplied Amount. There are "Search" and "Clear" buttons. Below the search fields is a "Payment List" section with links to "Add Contract Payment", "Add Client Payment", "Add Plan Payment", and an "Export" button. A message states "Currently, there are no results to display for the Payment List." At the bottom, a "Total Payment:" field shows "\$0.00".

Figure 245: Payment List


AL-WITS QA

SSRS Reports
Snapshot

TC
Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
< Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
< Payment List
Payment P...

Selection for Payment

Client First Name
Roy

Client Last Name
Biv

SSN

DOB

Unique Client Number

Provider Client ID


Search
x Clear

Client List

Export

Unique Client #	Full Name	DOB	SSN	
Q553535GE353544	Biv, Roy	1/1/1991	001-01-1991	Select

Figure 246: Select Client


AL-WITS QA

SSRS Reports
Snapshot

TC
Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
< Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
< Payment List
Payment P...
Billing Transa...
Client Balance

Payment Profile

Payment #

Posted Date
3/12/2024

Receipt Date
3/10/2024

Client Name
Biv, Roy

Created Date

Transaction Type
Payment

Created By

Reference

Payment Amount
15.50

Comment

Unapplied Amount

Check/EFT Date

Intended For
On Account

Save
Save and Finish
x Cancel

Administrative Actions

Show Payment Application
Apply Payment

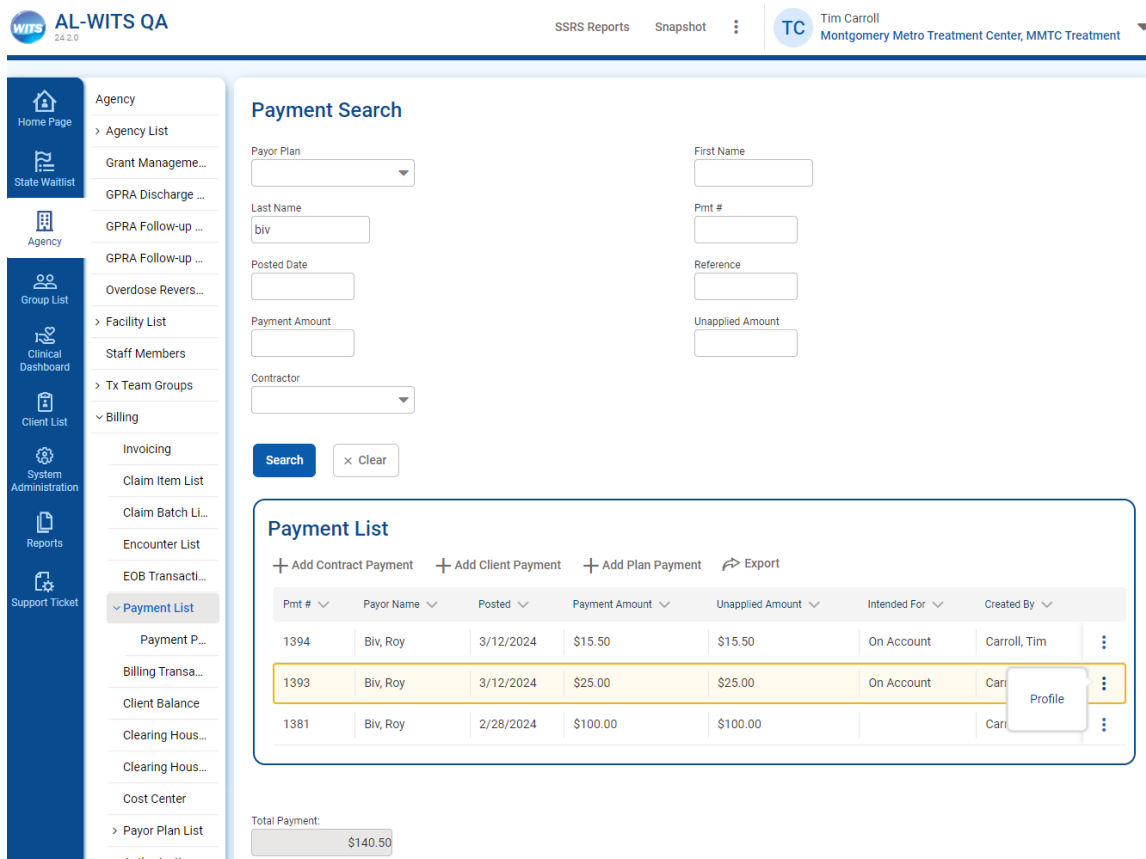
Figure 247: Payment Profile

→TEST

- Version: 24.3 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Select a provider agency
- Navigate to Agency/Billing/Payment List.
- Search the Payment List for the client's name to determine if the payment was entered previously.
- Click the +Add Client Payment button.
- Search for the client on the Selection for Payment screen.
- Select the client from the list.
- Enter the required fields.
Note: The Intended For dropdown is optional. Values may be added in the Payment Intent Code Table.
- Click the Save button.
- Click the Apply Payment button.
- Continue testing Payment Application below.

8.1.1.1. Client Payment Application

Client payments may be applied to encounters with an outstanding balance.



WITS AL-WITS QA 24.2.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTTC Treatment

Payment Search

Payor Plan: First Name:

Last Name: Pmt #:

Posted Date: Reference:

Payment Amount: Unapplied Amount:

Contractor:

Search

Payment List

+ Add Contract Payment + Add Client Payment + Add Plan Payment Export

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
1394	Biv, Roy	3/12/2024	\$15.50	\$15.50	On Account	Carroll, Tim
1393	Biv, Roy	3/12/2024	\$25.00	\$25.00	On Account	Carroll, Tim
1381	Biv, Roy	2/28/2024	\$100.00	\$100.00		Carroll, Tim

Total Payment: \$140.50

Figure 248: Payment List

AL-WITS QA

SSRS Reports
Snapshot

TC Tim Carroll
Montgomery Metro Treatment Center, MMTc Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
~ Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
~ Payment List
Payment P...
Billing Transa...
Client Balance

Payment Profile

Payment #
1381

Receipt Date
2/28/2024

Created Date
2/28/2024 11:49 A

Created By
Carroll, Tim

Payment Amount
\$100.00

Unapplied Amount
\$100.00

Intended For

Posted Date
2/28/2024

Client Name
Bliv, Roy

Transaction Type
Payment

Reference

Comment

Check/EFT Date

Save Save and Finish Cancel

Administrative Actions
Show Payment Application Apply Payment

Figure 249: Payment Profile

AL-WITS QA

SSRS Reports
Snapshot

TC Tim Carroll
Montgomery Metro Treatment Center, MMTc Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Manageme...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
~ Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
~ Payment List
Payment P...

Payment Application Encounter Search

Payment #
1381

Client Name
Bliv, Roy

Service Start Date
10/24/2023

Enc Balance

Unapplied Amount
\$100.00

Encounter #

Service

Finish Search Clear

Payment Application Encounter List

Paid in Full

<input type="checkbox"/> Enc #	Service	Billed Company	Charge	Enc Balance	DOS	
<input type="checkbox"/> 5160	H0006/HF	Alabama Medicaid	\$30.00	\$30.00	10/24/2023	

Figure 250: Payment Application Encounter List

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Paid In Full Confirmation

Payment #
1381

Posted Date
2/28/2024

Receipt Date
2/28/2024

Reference

Client Name
Blv, Roy

Payment Amount
\$100.00

Unapplied Amount
\$100.00

Selected Claims

Enc #	Service	Billed Company	Charge	Enc Balance	DOS
5160	H0006/HF	Alabama Medicaid	\$30.00	\$30.00	10/24/2023

Total to be paid:
\$30.00

Current payment balance:
\$100.00

New payment balance:
\$70.00

Cancel
Confirm

Figure 251: Payment Confirmation

→TEST

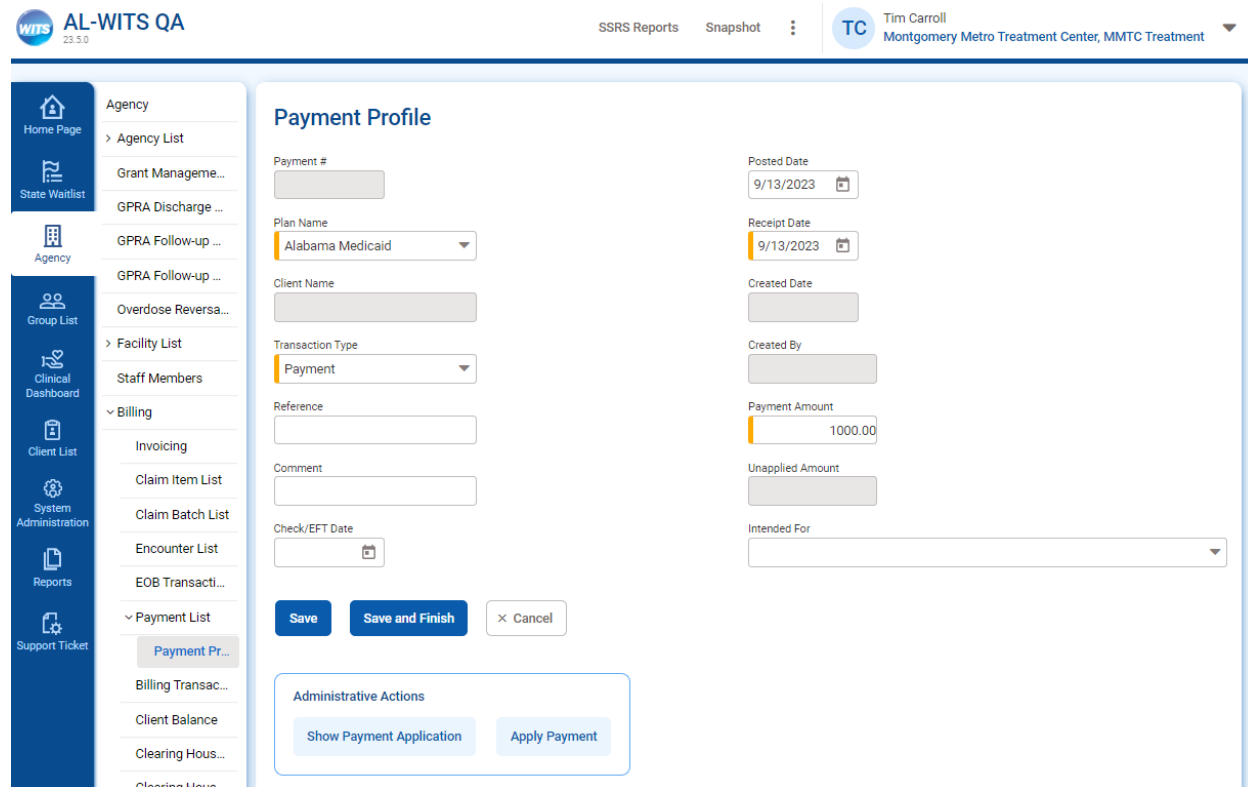
- Version: 24.3 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Select a provider agency
- Navigate to Agency/Billing/Payment List.
- Search the Payment List for the client's payment and click the Profile button.
- Click the Apply Payment button on the Payment Profile.
- Search for the encounter.
- Click the checkbox, then click the Paid in Full button at the top of the list.
- Click the Confirm button on the Payment Confirmation screen.

8.1.2. Manual Medicaid and TPL Payments

8.1.2.1. Manual Medicaid Payments

A manual Medicaid payment may be entered to mimic the payment from an 835. In production, the payment will be created automatically from the inbound 835.

The first step is to enter a Medicaid payment based on the amount paid in the EOB.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.5.0, and user information for Tim Carroll at Montgomery Metro Treatment Center. The left sidebar contains various navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area displays the 'Payment Profile' form. The form has two columns of fields. The left column includes Payment #, Plan Name (Alabama Medicaid), Client Name, Transaction Type (Payment), Reference, Comment, Check/EFT Date, and buttons for Save, Save and Finish, and Cancel. The right column includes Posted Date (9/13/2023), Receipt Date (9/13/2023), Created Date, Created By, Payment Amount (1000.00), Unapplied Amount, and Intended For. At the bottom, there is an 'Administrative Actions' section with buttons for Show Payment Application and Apply Payment.

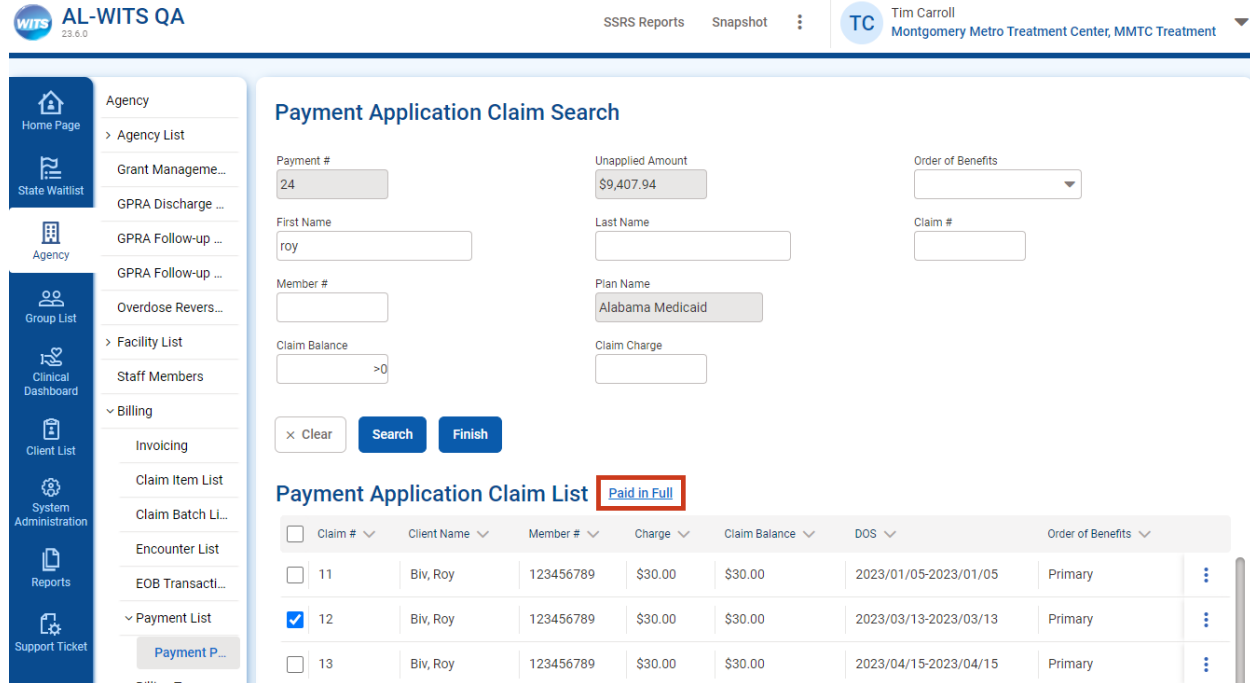
Figure 252: Medicaid Payment

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Navigate to Agency/Billing/Payment List in the Provider Agency where the Medicaid claim was billed.
- Click the +Add Plan Payment button.
- Select the Medicaid Plan.
- Select the Payment Transaction Type.
- Enter the remaining required fields.
- Click the Save button.
- Click the Apply Payment button.
- Continue testing Payment Application below.

8.1.2.1.1. Apply Medicaid Payment (Paid in Full)

Test applying a full payment to the claim. There are two methods to apply a full payment. The quick method is shown below. For the longer method, follow the steps described in the next section, “\$0 or Partial Payment” but enter a full payment EOB transaction.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.6.0, and user information for Tim Carroll at Montgomery Metro Treatment Center, MMTC Treatment. The left sidebar contains various navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled "Payment Application Claim Search" and contains several input fields for searching claims, including Payment #, Unapplied Amount, Order of Benefits, First Name, Last Name, Claim #, Member #, Plan Name, Claim Balance, and Claim Charge. Below the search fields are buttons for Clear, Search, and Finish. The "Payment Application Claim List" is displayed below the search area, with a "Paid in Full" button highlighted. The table lists claims with columns for Claim #, Client Name, Member #, Charge, Claim Balance, DOS, and Order of Benefits. Claim 12 is selected with a checkmark.

Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits
<input type="checkbox"/> 11	Biv, Roy	123456789	\$30.00	\$30.00	2023/01/05-2023/01/05	Primary
<input checked="" type="checkbox"/> 12	Biv, Roy	123456789	\$30.00	\$30.00	2023/03/13-2023/03/13	Primary
<input type="checkbox"/> 13	Biv, Roy	123456789	\$30.00	\$30.00	2023/04/15-2023/04/15	Primary

Figure 253: Medicaid Payment Application (Paid in Full)

→TEST

- Version: 23.7 and later.
- Follow the test instructions above to enter a Medicaid payment and clicking the Apply Payment button.
- Enter search criteria and click the Search button.
- Click the check box for the claim(s) to pay in full
- Click the Paid in Full button.
- Continue testing below.

Home Page

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Agency

Group List

Clinical Dashboard

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Reports

Support Ticket

Paid In Full Confirmation

Payment #
24

Posted Date
9/13/2023

Alabama Medicaid

Receipt Date
9/13/2023

Client Name

Reference

Amount
\$10,000.00

Unapplied Amount
\$9,407.94

Selected Claims

Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits
12	Biv, Roy	123456789	\$30.00	\$30.00	2023/03/13-2023/03/13	Primary

Total to be paid:
\$30.00

Current Unapplied Amount:
\$9,407.94

New Unapplied Amount:
\$9,377.94

Cancel
Confirm


Figure 254: Confirm Paid in Full

→TEST


- (Continued from prior section.)
- Review the claim(s) to be marked Paid in Full on the Confirmation screen.
- Click the Confirm button.
- Review the applied payment in the “Review Applied Payment” section below to see the state and federal share.

8.1.2.1.2. Apply Medicaid Payment (\$0 or Partial Payment)

Test applying a \$0 or partial payment to the claim.


AL-WITS QA

SSRS Reports Snapshot


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Billing Transa...
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Clearing Hous...
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> Payor Plan List
Authorization ...
H837 Manage...
H835 Manage...
H999 Manage...
> Contract Manage...

Payment Application Claim Search

Payment #
24

Unapplied Amount
\$9,347.94

Order of Benefits

First Name
FOX

Last Name

Claim #

Member #

Plan Name
Alabama Medicaid

Claim Balance
>0

Claim Charge

Clear Search Finish


Payment Application Claim List Paid in Full

<input type="checkbox"/>	Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits	
<input type="checkbox"/>	43	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/16-2023/07/16	Primary	
<input type="checkbox"/>	50	Biv, Roy	123456789	\$30.00	\$30.00	2023/08/04-2023/08/04	Secondary	
<input type="checkbox"/>	55	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/17-2023/07/17	Primary	
<input type="checkbox"/>	56	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/18-2023/07/18	Primary	
<input type="checkbox"/>	3096	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/15-2023/10/15	Primary	
<input type="checkbox"/>	3097	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/14-2023/10/14	Primary	
<input type="checkbox"/>	3098	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/13-2023/10/13	Primary	
<input type="checkbox"/>	3099	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/12-2023/10/12	Primary	
<input type="checkbox"/>	3111	Biv, Roy	123456789	\$30.00	\$20.00	2023/10/18-2023/10/18	Primary	
<input type="checkbox"/>	3113	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/20-2023/10/20	Primary	Select


Figure 255: Medicaid Payment Application, select claim

→TEST

- Version: 23.7 and later.
- Follow the test instructions above to enter a Medicaid payment and clicking the Apply Payment button.
- Enter search criteria and click the Search button.
- Select the claim item from the list.
- Continue testing below.


AL-WITS QA
23.6.0

SSRS Reports Snapshot :


TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

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GPRA Follow-up ...

Overdose Revers...

> Facility List

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Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Payment Application Claim Profile

[Hide Context Information](#)

Payment # 24	Plan Name Alabama Medicaid	Claim Charge Amt \$30.00	Claim # 3113
Client Name Biv, Roy	Claim Balance \$30.00	Member # 123456789	Order of Benefits Primary
Unapplied Amt \$9,347.94			

Payment Application Claim Item List for Claim # 3113

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount	
4111	H0006/HF	10/20/2023	\$30.00	\$30.00	\$30.00	<div> <div>Select</div> <div>Billing History</div> </div>

Figure 256: Medicaid Payment Application to Claim Item

→TEST

- Version: 23.6 and later.
- Select the claim item from the Payment Application Claim Item List.
- Continue below.

Unless the claim is paid in full, two EOB transactions must be entered:

- 1) \$0 (or partial) payment
- 2) Balance adjustment for the remainder

A partial payment is used below, but a \$0 payment follows the same process. Enter the partial payment first.

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Clearing Hous...

Clearing Hous...

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Payor Plan List

Authorization ...

H837 Manage...

H835 Manage...

H999 Manage...

Contract Manage...

Clinical File Mana...

Alerts Configurati...

Prevention

Payment Application Claim Profile

Hide Context Information

Payment # 24	Plan Name Alabama Medicaid	Claim Charge Amt \$30.00	Claim # 3113
Client Name Biv, Roy	Claim Balance \$30.00	Member # 123456789	Order of Benefits Primary
Unapplied Amt \$9,347.94			

Payment Application Claim Item List for Claim # 3113

+ Bill Another Payor

Item #	Service	Service Date	Charge	End Balance	Unpaid Amount
4111	H0006/HF	10/20/2023	\$30.00	\$30.00	\$30.00

EOB Transactions for Item # 4111

+ Add EOB Transaction

Currently, there are no results to display for EOB Transactions for Item # 4111.

Amount

Allowed Amount

Procedure Code

Procedure Modifier

Procedure Modifier

Reason

Comment

Type

Paid Unit Count

Procedure Modifier

Procedure Modifier

Save

Save and Finish

Cancel

Figure 257: Medicaid EOB Payment transaction

→TEST

- Click the +Add EOB Transaction button and enter a partial payment. In the example above, a partial payment of \$10 is used.
- Enter the required fields with the Payment Type selected.
- Click the Save and Finish button.
- Continue testing below.

Next enter the balance adjustment for the remainder. Usually this is reported on the EOB as a contractual obligation with a reason.

WITS 23.6.0

AL-WITS QA

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:

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H837 Manage...

H835 Manage...

H999 Manage...

> Contract Manage...

Clinical File Mana...

Alerts Configurati...

> Prevention

Payment Application Claim Profile

Hide Context Information

Payment # 24	Plan Name Alabama Medicaid	Claim Charge Amt \$30.00	Claim # 3113
Client Name Biv. Roy	Claim Balance \$20.00	Member # 123456789	Order of Benefits Primary
Unapplied Amt \$9,337.94			

Payment Application Claim Item List for Claim # 3113

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
4111	H0006/HF	10/20/2023	\$30.00	\$20.00	\$20.00

EOB Transactions for Item # 4111

+ Add EOB Transaction

Amount	Type	Reason	Comment	Date
\$10.00	Payment			10/30/2023
\$20.00	Contractual Obligations	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)		10/30/2023

Amount

\$20.00

Type

Contractual Obligations

Reason

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangem...

Comment

Save

Save and Finish

Cancel

Figure 258: Medicaid EOB Contractual Obligations transaction

→TEST

- Version: 23.6 and later.
- Click the +Add EOB Transaction button and enter a \$[Balance] (\$20 shown above).
- Select Contractual Obligation Type.
- Select a Reason.
- Click the Save and Finish button.
- Continue testing below.

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Payment Application Claim Profile

Hide Context Information

Payment # 24	Plan Name Alabama Medicaid	Claim Charge Amt \$30.00	Claim # 3113
Client Name Biv. Roy	Claim Balance \$20.00	Member # 123456789	Order of Benefits Primary
Unapplied Amt \$9,337.94			

Payment Application Claim Item List for Claim # 3113

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
4111	H0006/HF	10/20/2023	\$30.00	\$20.00	\$20.00

EOB Transactions for Item # 4111

+ Add EOB Transaction

Amount	Type	Reason	Comment	Date
\$10.00	Payment			10/30/2023
\$20.00	Contractual Obligations	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)		10/30/2023

Amount

Type

Reason

Comment

[Finish](#)

Figure 259: Medicaid EOB Transactions balanced to the total charge

→TEST

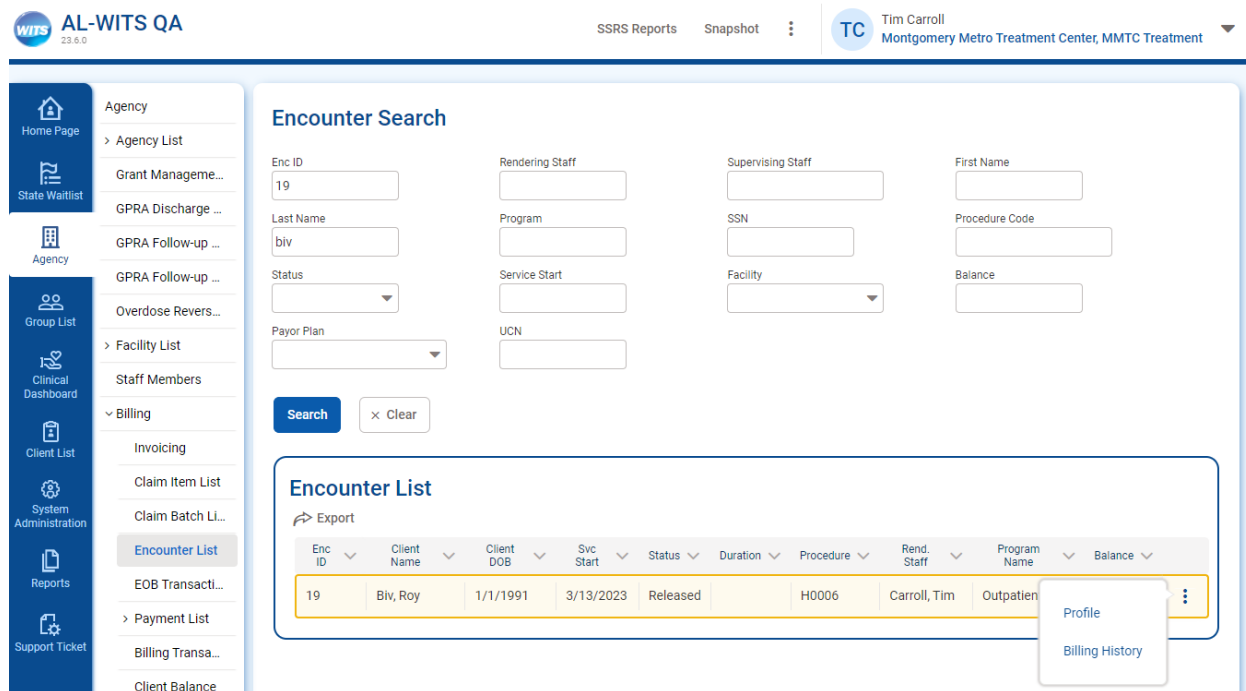
- Version: 23.6 and later.
- Confirm the EOB Transactions balance to the total charge.
- Review the applied payment in the “Review Applied Payment” section below to see the state and federal share.

8.1.2.1.3. Review Applied Payment

Medicaid payments are applied based on the Federal/State percentages from the Aid Type code table. The

8.1.2.1.3.1 Review Billing History

The Billing History screen displays all claim items, charges, payments, and EOB information for an encounter. The Billing History screen may be accessed from the Billing/Encounter List:



WITS AL-WITS QA 23.6.0 SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

Encounter Search

Enc ID: 19 Rendering Staff: Supervising Staff: First Name:

Last Name: biv Program: SSN: Procedure Code:

Status: Service Start: Facility: Balance:

Payor Plan: UCN:

Search **x Clear**

Encounter List

Export

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Rend. Staff	Program Name	Balance
19	Biv, Roy	1/1/1991	3/13/2023	Released		H0006	Carroll, Tim	Outpatient	

Profile
Billing History

Figure 260: Billing/Encounter List

Billing History for Encounter # 19 - Biv, Roy (Q553535GE353544)

Service Case Management - Adult	
Encounter Balance: \$0.00	Service Start 3/13/2023 12:00 AM
Duration: [] []	Service End 3/13/2023 12:00 AM
# of Sessions 1	
Program Name MMTC Treatment/Outpatient : 1/1/2023 -	
Rendering Staff Carroll, Tim	

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
12	Alabama Medicaid	Primary	\$30.00	Batched	7/27/2023	Carroll, Tim

Billing Transaction List

Id #	Type/Source	Charge	Credit	Share	Percentage	Adjustment Reason	Comment	Created Date	Created By
16	Charge	\$30.00	\$0.00					7/27/2023	Carroll, Tim
4196	Payment Application - Alabama Medicaid (Pymt # 24)	\$0.00	\$18.04	Federal	60.14			10/26/2023	Carroll, Tim
4197	Payment Application - Alabama Medicaid (Pymt # 24)	\$0.00	\$11.96	State	39.86			10/26/2023	Carroll, Tim

EOB Transaction List

Id #	Plan Name Source	Type	Amount	Adjustment Reason	Comments	Created Date	Created By
1104	Alabama Medicaid (Pymt # 24)	Payment	\$30.00			10/26/2023	Carroll, Tim

Figure 261: Encounter Billing History (Medicaid)


→TEST

- (Continued from prior sections.)
- Version: 23.7 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Navigate to Billing/Encounter List.
- Enter search criteria and click the Search button.
- Select Billing History for the encounter. This opens a popup window.
- Observe the two applied Medicaid payment transactions in the Billing Transaction List.
 - The first payment displays the federal share and percentage.
 - The second payment displays the state share and percentage.


Note: The percentage payments are calculated from the FFP% field on the Aid Type code table based on the aid type record that contains the encounter start date. Only the FFP% field is used to calculate federal and state share. This ensures the total payment is accurate in the off chance the Aid Type record percentages do not add up to 100%. Billing Transactions are broken out between federal and state for Medicaid payments only.

8.1.2.1.3.2 Review Billing Transaction List Payment

Billing Transactions may be viewed in a separate list.


AL-WITS QA

SSRS Reports
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Tim Carroll
Montgomery Metro Treatment Center, MMTCT Treatment

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Staff Members
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Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Downr Plan L...

Billing Transaction Search

Encounter #
19

Payment #

First Name

Last Name

Service Start

Posted Date

Adjustment Reason

Cost Center

Transaction Type

Search
Clear

Billing Transaction List

Export

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #	
19	3/13/2023	Biv, Roy		7/27/2023	Charge	\$30.00	\$0.00				
19	3/13/2023	Biv, Roy	Alabama Medicaid	9/13/2023	Payment Application	\$0.00	\$18.04	Federal	60.14	24	
19	3/13/2023	Biv, Roy	Alabama Medicaid	9/13/2023	Payment Application	\$0.00	\$11.96	State	39.86	24	

Figure 262: Billing Transaction List

→TEST

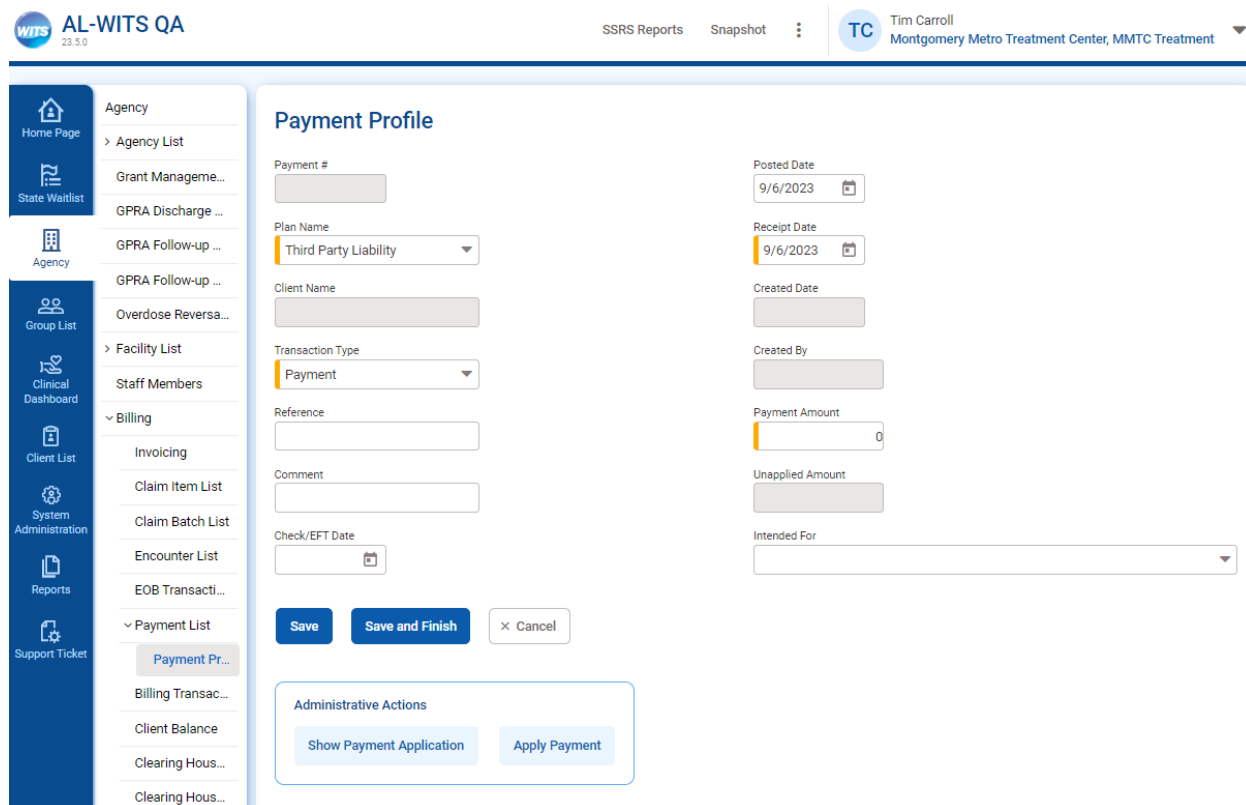
- (Continued from prior sections.)
- Version: 23.7 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Navigate to Billing/Billing Transaction List
- Enter search criteria and click the Search button.
- Observe the two applied Medicaid payment transactions:
 - The first payment displays the federal share and percentage.
 - The second payment displays the state share and percentage.

8.1.2.2. Manual Third Party Liability Payments

Third Party Liability payments and adjustments must be entered manually for claims that are rebilled to Medicaid. When a TPL claim is rebilled to Medicaid, the TPL payment and EOB Attachment Control Number are included on the Medicaid 837P.

This process requires the provider to upload the TPL EOB to Medicaid and receive an Attachment Control Number.

The first step is to enter a TPL payment based on the amount paid in the EOB. For testing purposes, assume TPL paid \$0 on the claim and adjusted the balance because the service was not covered.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 23.5.0, and user information for Tim Carroll at Montgomery Metro Treatment Center. The left sidebar contains various navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area displays the 'Payment Profile' form. The form has two columns of fields. The left column includes Payment #, Plan Name (set to 'Third Party Liability'), Client Name, Transaction Type (set to 'Payment'), Reference, Comment, and Check/EFT Date. The right column includes Posted Date (9/6/2023), Receipt Date (9/6/2023), Created Date, Created By, Payment Amount (0), Unapplied Amount, and Intended For. At the bottom of the form are buttons for 'Save', 'Save and Finish', and 'Cancel'. Below these buttons is a section titled 'Administrative Actions' with buttons for 'Show Payment Application' and 'Apply Payment'.

Figure 263: TPL Payment


→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Navigate to Agency/Billing/Payment List in the Provider Agency where the TPL claim was billed.
- Click the +Add Plan Payment button.
- Select the TPL Plan.
- Select the Payment Transaction Type.
- Enter the remaining required fields.
- Click the Save button.

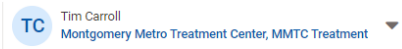
- Click the Apply Payment button.
- Continue testing Payment Application below.

8.1.2.2.1. Apply TPL Payment

The next step is to apply the \$0 payment to the claim.


AL-WITS QA

SSRS Reports Snapshot :



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Clinical Dashboard
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GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
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Claim Item List
Claim Batch List
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> Payment List
Payment Pr...
Billing Transac...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Payor Plan List
Authorization ...
H837 Manage...
H835 Manage...
H999 Manage...
> Contract Manage...

Payment Application Claim Search

Payment #
23

Unapplied Amount
\$0.00

Order of Benefits

First Name

Last Name

Claim #

Member #

Plan Name
Third Party Liability

Claim Balance
>0

Claim Charge

Clear Search Finish

Payment Application Claim List

Paid in Full

<input type="checkbox"/> Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits	
<input type="checkbox"/> 14	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$20.00	2023/08/01-2023/08/01	Primary	⋮
<input type="checkbox"/> 18	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/02-2023/08/02	Primary	⋮
<input type="checkbox"/> 44	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/29-2023/08/29	Primary	⋮
<input type="checkbox"/> 45	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/28-2023/08/28	Primary	⋮
<input type="checkbox"/> 49	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/04-2023/08/04	Primary	⋮
<input type="checkbox"/> 51	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/05-2023/08/05	Primary	⋮
<input type="checkbox"/> 52	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/06-2023/08/06	Primary	⋮
<input type="checkbox"/> 54	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/25-2023/08/25	Primary	⋮
<input type="checkbox"/> 57	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/07/19-2023/07/19	Primary	⋮
<input type="checkbox"/> 58	Bliv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/07/20-2023/07/20	Primary	⋮

Select

Figure 264: TPL Payment Application

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Search for the claim and select it from the list.
- Continue testing below.

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Agency

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Payment Application Claim Profile

[Hide Context Information](#)

Payment # 23	Plan Name Third Party Liability	Claim Charge Amt \$30.00	Claim # 58
Client Name Blv, Roy	Claim Balance \$30.00	Member # A1B2C3D4E5F6	Order of Benefits Primary
Unapplied Amt \$0.00			

Payment Application Claim Item List for Claim # 58

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
1055	H0006/HF	7/20/2023	\$30.00	\$30.00	\$30.00

Amount

Type

Reason

Comment

Figure 265: TPL Payment Application to Claim Item

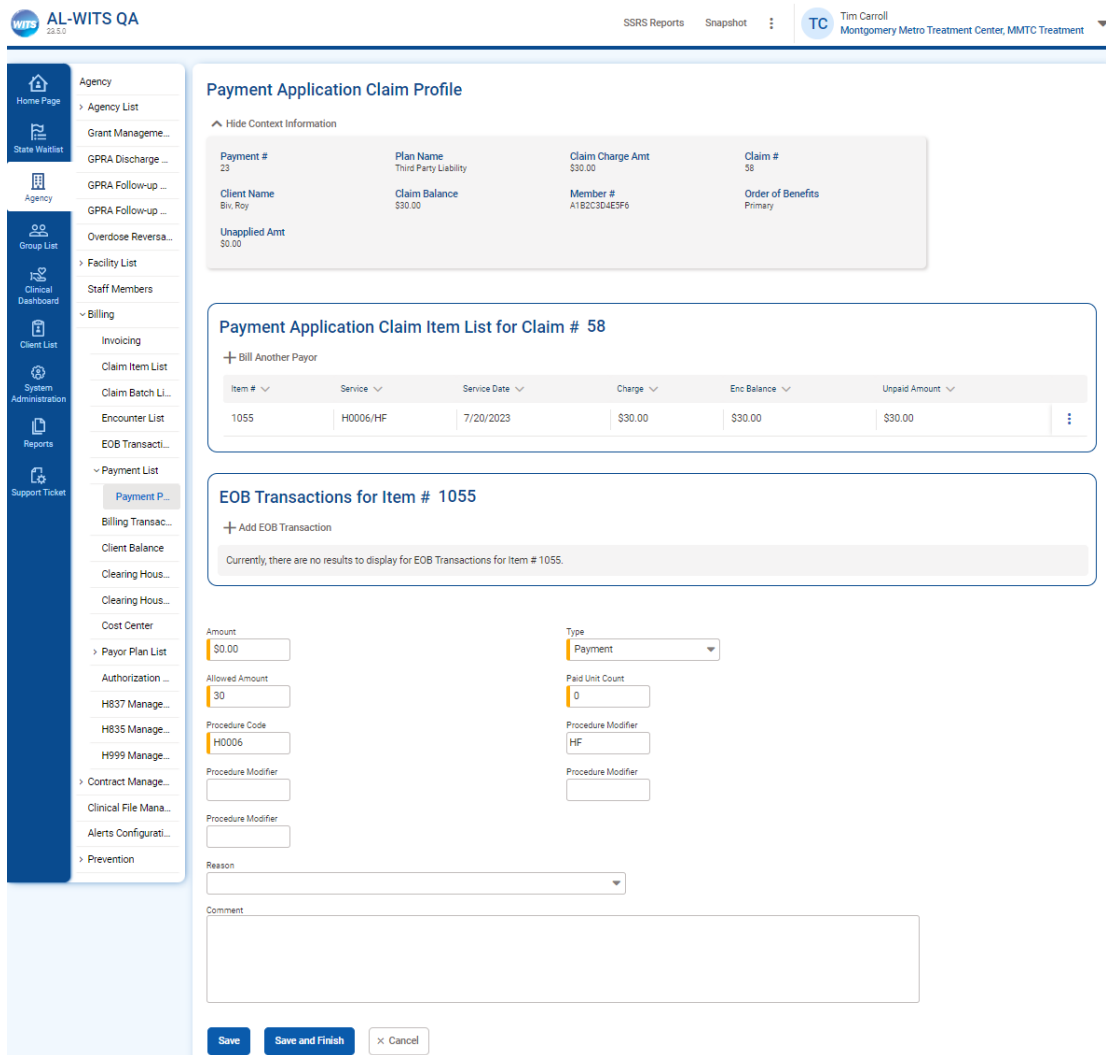
→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select the claim item from the Payment Application Claim Item List.
- Continue testing below.

Unless the claim is paid in full, two EOB transactions must be entered:

- 3) \$0 (or partial) payment
- 4) Balance adjustment for the remainder

A \$0 payment is used below, but partial payment follows the same process. Enter the \$0 payment first.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes 'WITS 23.6.0', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Montgomery Metro Treatment Center, MMTC Treatment'. The left sidebar contains various navigation options like 'Home Page', 'Agency List', 'GRPA Discharge', 'GRPA Follow-up', 'Overdose Reverse', 'Facility List', 'Staff Members', 'Billing', 'Invoicing', 'Claim Item List', 'Claim Batch Li...', 'Encounter List', 'EOB Transact...', 'Payment List', 'Payment P...', 'Billing Transac...', 'Client Balance', 'Clearing Hous...', 'Clearing Hous...', 'Cost Center', 'Payor Plan List', 'Authorization ...', 'H837 Manage...', 'H835 Manage...', 'H999 Manage...', 'Contract Manage...', 'Clinical File Mana...', 'Alerts Configurati...', and 'Prevention'.

The main content area is titled 'Payment Application Claim Profile'. It displays the following information:

Payment # 23	Plan Name Third Party Liability	Claim Charge Amt \$30.00	Claim # 58
Client Name Biv. Roy	Claim Balance \$30.00	Member # A182C3D4E3F6	Order of Benefits Primary
Unapplied Amt \$0.00			

Below this is the 'Payment Application Claim Item List for Claim # 58'. It shows a table with one item:

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
1055	H0006/HF	7/20/2023	\$30.00	\$30.00	\$30.00

Below the table is the 'EOB Transactions for Item # 1055' section. It includes a '+ Add EOB Transaction' button and a message: 'Currently, there are no results to display for EOB Transactions for Item # 1055.' Below this is a form for adding a new EOB transaction.

The form fields are:

- Amount: \$0.00
- Type: Payment (dropdown)
- Allowed Amount: \$0
- Paid Unit Count: 0
- Procedure Code: H0006
- Procedure Modifier: HF
- Procedure Modifier: (empty)
- Reason: (dropdown)
- Comment: (text area)


At the bottom of the form are three buttons: 'Save', 'Save and Finish', and 'Cancel'.

Figure 266: TPL EOB Payment transaction

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Click the +Add EOB Transaction button and enter a \$0 payment as shown above.
- Enter the required fields with the Payment Type selected.
- Click the Save and Finish button.
- Continue testing below.

Next enter the balance adjustment for the remainder. Usually this is reported on the EOB as a contractual obligation with a reason.












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 Billing Transac...
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 Clearing Hous...
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 Authorization ...
 H837 Manage...
 H835 Manage...
 H999 Manage...
 > Contract Manage...
 Clinical File Mana...
 Alerts Configurati...
 > Prevention

Payment Application Claim Profile

⤴ Hide Context Information

Payment # 23	Plan Name Third Party Liability	Claim Charge Amt \$30.00	Claim # 58
Client Name Biv, Roy	Claim Balance \$30.00	Member # A1B2C3D4E5F6	Order of Benefits Primary
Unapplied Amt \$0.00			

Payment Application Claim Item List for Claim # 58

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
1055	H0006/HF	7/20/2023	\$30.00	\$30.00	\$30.00

EOB Transactions for Item # 1055

+ Add EOB Transaction

Amount	Type	Reason	Comment	Date
\$0.00	Payment			9/6/2023

Amount

Type

Contractual Obligations

Reason

Non-covered charge(s). At least one Remark Code must be provided (may be comprised ...

Comment

Save

Save and Finish

✕ Cancel

Figure 267: TPL EOB Contractual Obligations transaction

→TEST

- Version: 23.6 and later.
- Click the +Add EOB Transaction button and enter a \$[Balance] (\$30 shown above).
- Select Contractual Obligation Type.
- Select a Reason.
- Click the Save and Finish button.
- Continue testing below.

Confirm the EOB Transactions balance to the total charge.

WITS

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Montgomery Metro Treatment Center, MMTC Treatment

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Overdose Reversa...

> Facility List

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Claim Batch Li...

Encounter List

EOB Transacti...

> Payment List

Payment P...

Billing Transac...

Client Balance

Clearing Hous...

Clearing Hous...

Cost Center

> Payor Plan List

Authorization ...

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H835 Manage...

H999 Manage...

> Contract Manage...

Clinical File Mana...

Alerts Configurati...

> Prevention

Payment Application Claim Profile

Hide Context Information

Payment #

23

Plan Name

Third Party Liability

Claim Charge Amt

\$30.00

Claim #

58

Client Name

Blv, Roy

Claim Balance

\$30.00

Member #

A182C3D4E5F6

Order of Benefits

Primary

Unapplied Amt

\$0.00

Payment Application Claim Item List for Claim # 58

+ Bill Another Payor

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount	
1055	H0006/HF	7/20/2023	\$30.00	\$30.00	\$30.00	

EOB Transactions for Item # 1055

+ Add EOB Transaction

Amount	Type	Reason	Comment	Date	
\$0.00	Payment			9/6/2023	
\$30.00	Contractual Obligations	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.		9/6/2023	

Amount

Type

Reason

Comment

Finish

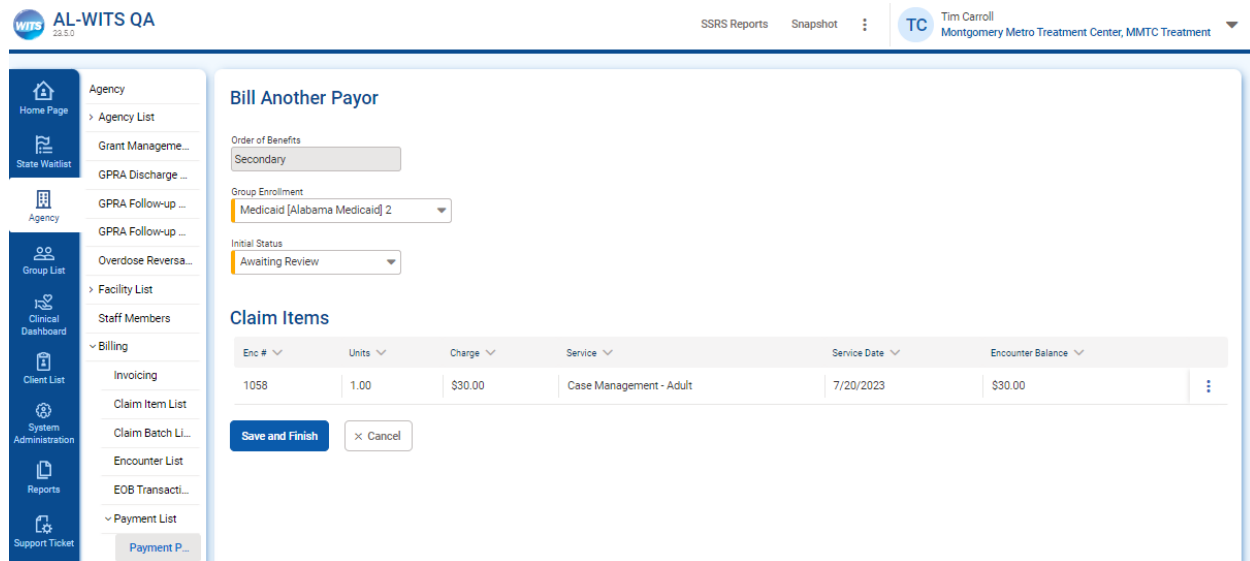
Figure 268: TPL EOB Transactions balanced to the total charge

→TEST

- Version: 23.6 and later.
- Confirm the EOB Transactions balance to the total charge.
- Continue below.

8.1.2.2.2. Rebill Balance to Medicaid

This process creates the Bill Another Payor (BAP) claim item for the Medicaid plan.



WITS AL-WITS QA 23.5.0 SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTC Treatment

Bill Another Payor

Order of Benefits: Secondary

Group Enrollment: Medicaid [Alabama Medicaid] 2

Initial Status: Awaiting Review

Claim Items

Enc #	Units	Charge	Service	Service Date	Encounter Balance
1058	1.00	\$30.00	Case Management - Adult	7/20/2023	\$30.00

Save and Finish **Cancel**


Figure 269: Bill Another Payor to Medicaid

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Click the +Bill Another Payor button on the Payment Application Claim Item List (prior step) to bill the balance to Medicaid.
- Select Secondary Order of Benefits.
- Select the Medicaid Group Enrollment.
Note: The client must have a Medicaid CGE.
- Select Awaiting Review for Initial Status.
- Click the Save and Finish button.

8.1.2.2.3. Update the Medicaid Claim Item

Update the Medicaid Claim Item to include the Attachment Control Number.





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[SSRS Reports](#)
[Snapshot](#)


TC


Tim Carroll
 Montgomery Metro Treatment Center, MMTC Treatment


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Status changes will affect all claim items on this claim.

Profile for Claim Item # 1057 for Biv, Roy

^ Hide Context Information

ENC ID 1058	Delivered Service H0006/HF	Service Start 7/20/2023 12:00 AM	Service End 7/20/2023 12:00 AM
Program Outpatient	Diagnoses F10.20 / /	Duration -2147483648	Pregnant No
# Sessions/Units 1	Status Awaiting Review	Rendering Staff Carroll, Tim	

Service Fee

Billing Units	x	Rate / Unit	=	Charge Amount
1.00		\$30.00		\$30.00

Unit Desc

1 unit = 1 session

FFS Type

Fee for Service

Created Date

9/6/2023 12:14 PM

Encounter Post Date

9/1/2023

Cost Center

Group Enrollment

Medicaid [Alabama Medicaid] 2

Tier Type

Billing Note

Payor Billing Service

Case Management - Adult: H0006/HF

Report Transmission Type

File Transfer

Attachment Control Number

ABCD1234

Service Location

Office

Save

Save and Finish

x Cancel

Administrative Actions

Hold

Release

Delete

Figure 270: Bill Another Payor to Medicaid Claim Item

→ TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Navigate to Agency/Billing/Claim Item List in the Provider Agency.
- Search for the new BAP claim item in Awaiting Review status and view the profile.
- Select the Report Transmission Type (File Transfer or By Fax).
- Enter the Attachment Control Number.
- Click the Save button.
- Click the Release button.
- Click the Save and Finish button.

Note: The claim item now follows the regular workflow starting with the Create Claim Batch section.

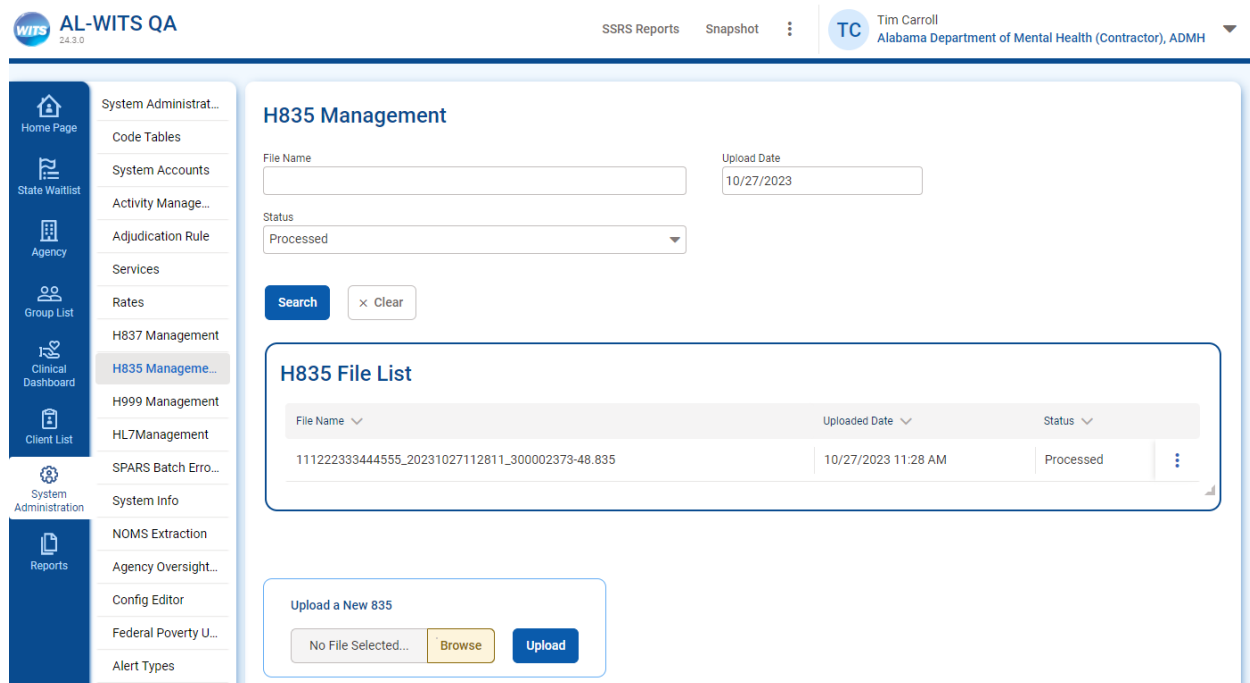
8.2. Automatic Payments

8.2.1. Government Contract Payments

Government Contract payments are created automatically through the Payor Adjudication process described below.

8.2.2. Inbound Medicaid 835 Payments

835 files are downloaded from Medicaid and processed automatically. The functionality may be tested as described below. See the Medicaid EDI section below for more information on the automated process.



WITS QA 24.3.0

SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

System Administration

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System Administration

Code Tables

System Accounts

Activity Manage...

Adjudication Rule

Services

Rates

H837 Management

H835 Manageme...

H999 Management

HL7Management

SPARS Batch Err...

System Info

NOMS Extraction

Agency Oversight...

Config Editor

Federal Poverty U...

Alert Types

H835 Management

File Name

Upload Date

10/27/2023

Status

Processed

Search

Clear

H835 File List

File Name	Uploaded Date	Status
111222333444555_20231027112811_300002373-48.835	10/27/2023 11:28 AM	Processed

Upload a New 835

No File Selected... Browse Upload

Figure 271: System Administration/H835 Management

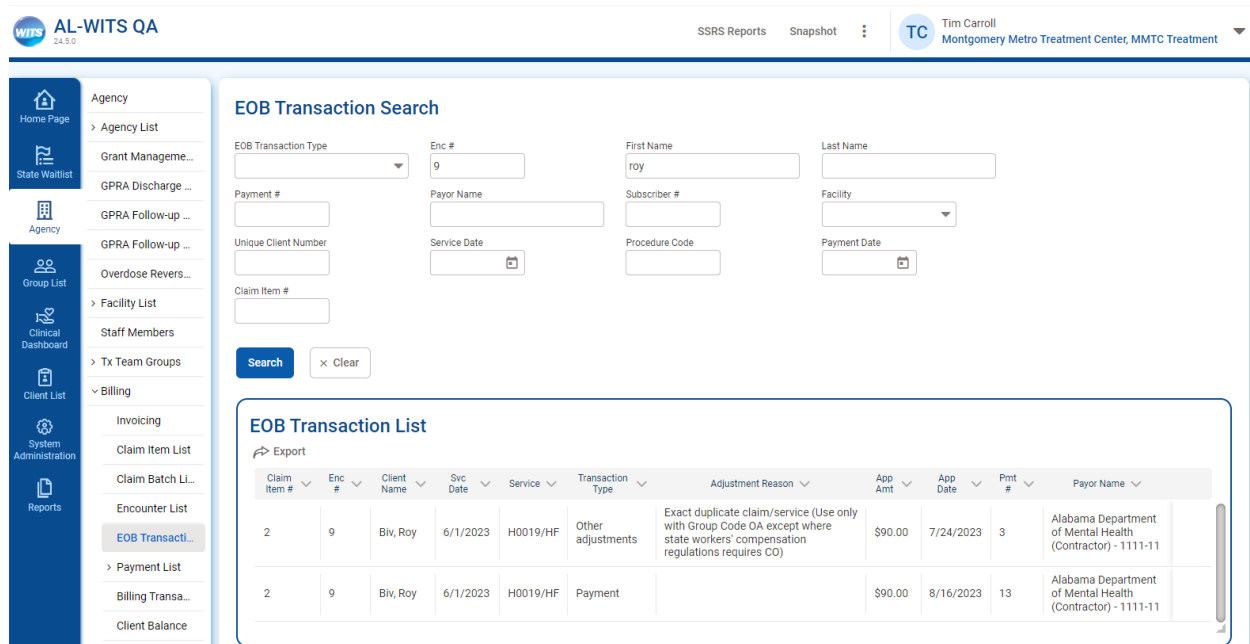
→TEST

- Version: 24.4 and later.
- Account role(s): WITS Administrator OR WITS Billing Administrator
- Navigate to System Administration/H835 Management.
Note: Inbound 835 files are uploaded under System Administration. Outbound Provider 835 files are displayed on the Agency/Billing menu.
- Click the Browse button in the Upload a New 835 section and select a test 835.
Note: This process requires an edited mock-Medicaid 835.
- Click the Upload button.
- If the file is uploaded successfully, the status is Queued.
Note: The 835 processor is schedule to run every hour in UAT. Once the processor runs, the file status will change to Processed or Failed. Contact the FEI implementation team if the 835 fails in UAT. Contact production support if the 835 fails in production.
- Navigate to Agency/Billing/Payment List in the Provider Agency where the Medicaid claim was billed. View the payment record. Click the Show Payment Application button to view paid claims.

8.3. Review Applied Payments

8.3.1. EOB Transaction

The EOB Transaction List displays all claim payments and adjustments (contractual obligations or patient responsibility, etc.). EOB Transactions are created automatically from the inbound Medicaid 835, manually entered payments, and Payment Adjudication for government contract claims. See those sections above for additional information.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and user information: Tim Carroll, Montgomery Metro Treatment Center, MMTC Treatment. The left sidebar contains various navigation options: Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "EOB Transaction Search" and contains several search criteria fields: EOB Transaction Type (dropdown), Enc # (text), First Name (text), Last Name (text), Payment # (text), Payor Name (text), Subscriber # (text), Facility (dropdown), Unique Client Number (text), Service Date (calendar), Procedure Code (text), and Payment Date (calendar). Below these fields are "Search" and "Clear" buttons. The "EOB Transaction List" section below the search fields displays a table of transactions. The table has columns for Claim Item #, Enc #, Client Name, Svc Date, Service, Transaction Type, Adjustment Reason, App Amt, App Date, Pmt #, and Payor Name. Two transactions are listed, both for claim item 2, enc 9, client Biv, Roy, service date 6/1/2023, and service H0019/HF. The first transaction is an "Other adjustments" with an adjustment reason of "Exact duplicate claim/service (Use only with Group Code 04 except where state workers' compensation regulations requires CO)" and an application amount of \$90.00. The second transaction is a "Payment" with an application amount of \$90.00. Both transactions were applied on 7/24/2023 and 8/16/2023 respectively, with payment numbers 3 and 13. The payor for both is the Alabama Department of Mental Health (Contractor) - 1111-11.

Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
2	9	Biv, Roy	6/1/2023	H0019/HF	Other adjustments	Exact duplicate claim/service (Use only with Group Code 04 except where state workers' compensation regulations requires CO)	\$90.00	7/24/2023	3	Alabama Department of Mental Health (Contractor) - 1111-11
2	9	Biv, Roy	6/1/2023	H0019/HF	Payment		\$90.00	8/16/2023	13	Alabama Department of Mental Health (Contractor) - 1111-11

Figure 272: EOB Transaction List

→TEST

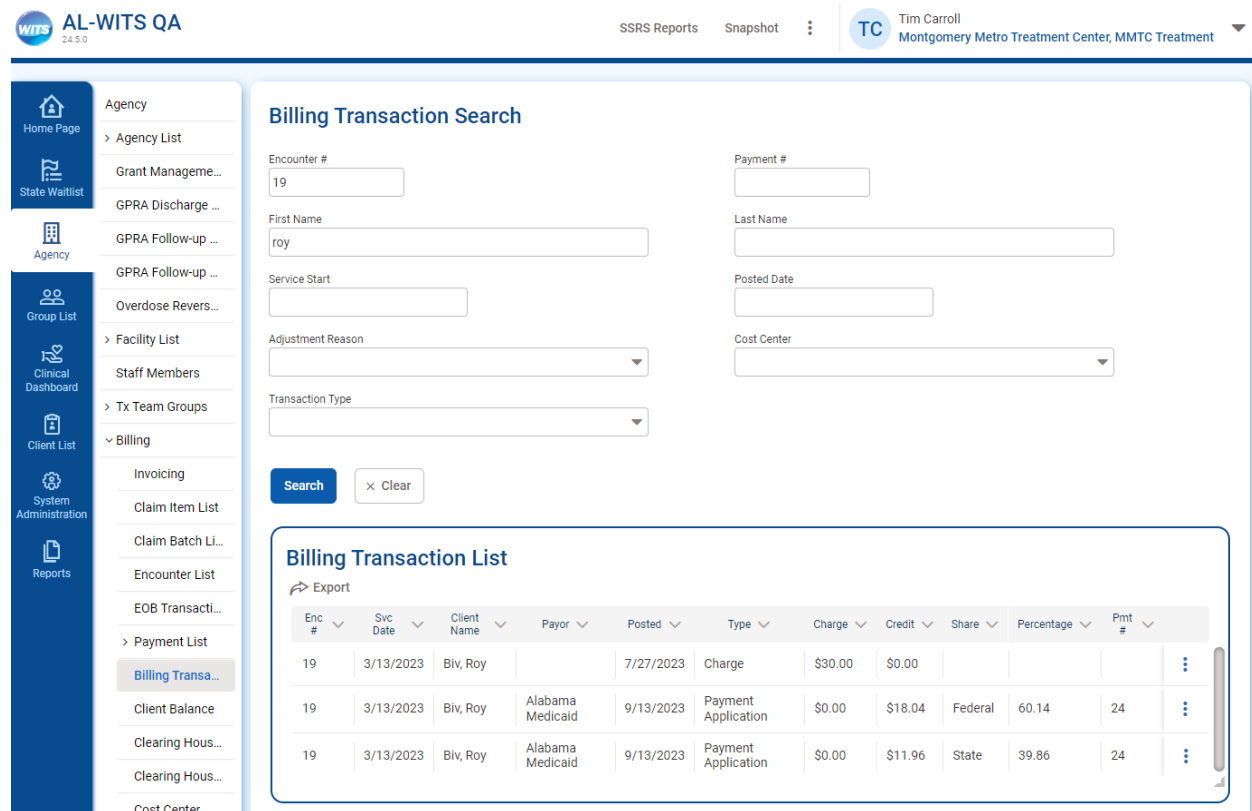
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/EOB Transaction List.
- Prerequisites:
 - One or more client encounter must be entered in the provider agency and released to billing.
 - One or more claim item(s) must be batched and billed.
 - One or more payments/denials must be applied to billed claim items.
- Search for an EOB transaction using one, multiple, or no search criteria.
- View the returned EOB Transaction List.
- Click the Export button to export the list to Excel.

8.3.2. Billing Transaction

The Billing Transaction List displays all claim charges, payments, and adjustments. This list also allows remaining balances to be adjusted off.

Billing Transactions are created automatically from the inbound Medicaid 835, manually entered payments, and Payment Adjudication for government contract claims. See those sections above for additional information.

Billing Transactions are also shown on the Billing History screen for a single encounter.



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes 'WITS 24.5.0', 'AL-WITS QA', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Montgomery Metro Treatment Center, MMTC Treatment'. The left sidebar contains a menu with options like 'Home Page', 'Agency', 'State Waitlist', 'Group List', 'Clinical Dashboard', 'Client List', 'System Administration', and 'Reports'. The main content area is titled 'Billing Transaction Search' and includes search criteria for Encounter # (19), Payment #, First Name (roy), Last Name, Service Start, Posted Date, Adjustment Reason, and Transaction Type. A 'Search' button and a 'Clear' button are present. Below the search area is the 'Billing Transaction List' with an 'Export' button. The list contains three rows of data:

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #
19	3/13/2023	Blv, Roy		7/27/2023	Charge	\$30.00	\$0.00			
19	3/13/2023	Blv, Roy	Alabama Medicaid	9/13/2023	Payment Application	\$0.00	\$18.04	Federal	60.14	24
19	3/13/2023	Blv, Roy	Alabama Medicaid	9/13/2023	Payment Application	\$0.00	\$11.96	State	39.86	24

Figure 273: Billing Transaction List

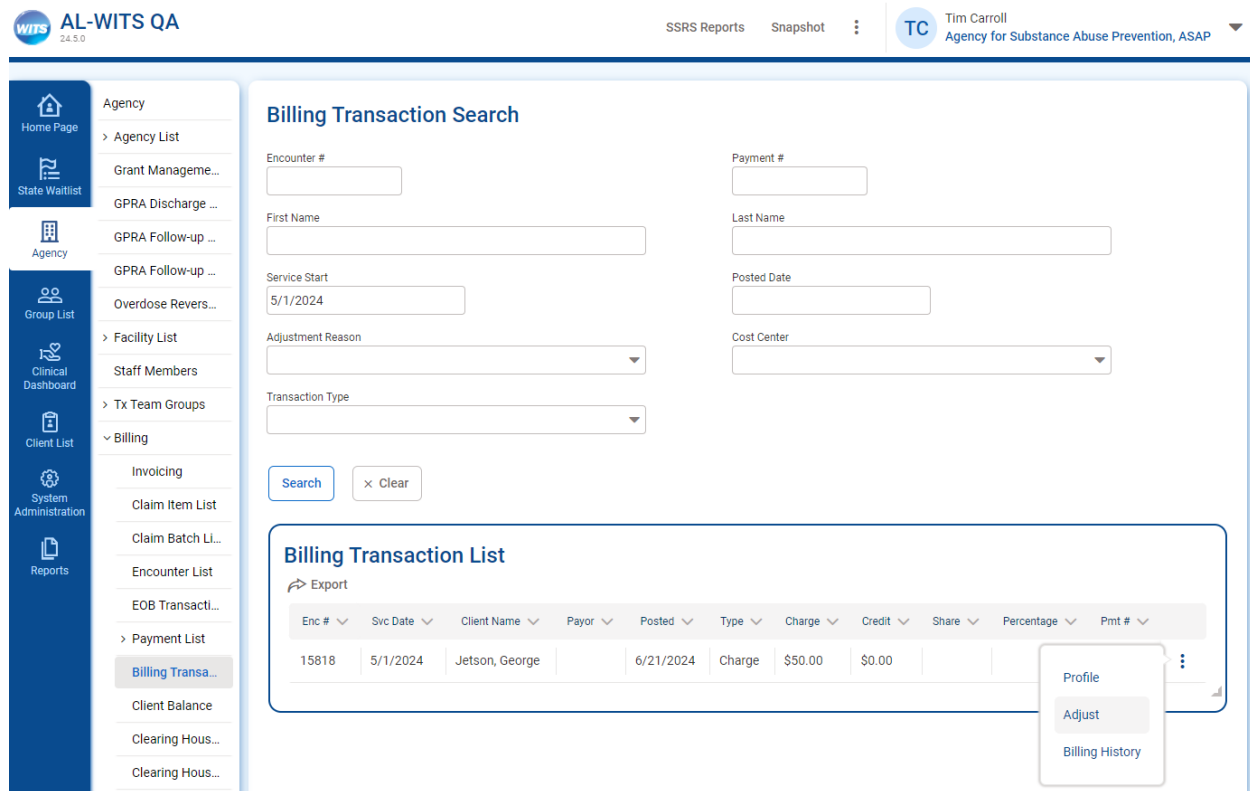
→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/Billing Transaction List.
- Prerequisites:
 - One or more client encounter must be entered in the provider agency and released to billing.
 - One or more claim item(s) must be batched and billed.
 - One or more payments/denials must be applied to billed claim items.
- Search for a billing transaction using one, multiple, or no search criteria.

- View the returned Billing Transaction List.
Note: The Federal and State percentages are displayed for Medicaid payments only.
- Click the Export button to export the list to Excel.
- Click the Profile button on the ellipsis to view the profile.
Note: The profile displays some additional information such as the created/updated user and dates.
- Click the Billing History button on the ellipsis for billing transactions with the Charge Type.
Note: The Billing History opens as a popup window and is covered in more detail in the Payment/EOB section above.

8.3.2.1. Adjust Billing Transaction

If it is determined that the remaining balance will not be paid, it may be adjusted off.



WITS AL-WITS QA 24.5.0 SSRS Reports Snapshot TC Tim Carroll Agency for Substance Abuse Prevention, ASAP

Billing Transaction Search

Encounter # Payment #

First Name Last Name

Service Start Posted Date


Adjustment Reason Cost Center

Transaction Type


Billing Transaction List

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #	
15818	5/1/2024	Jetson, George		6/21/2024	Charge	\$50.00	\$0.00				Profile Adjust Billing History

Figure 274: Billing Transaction List showing Adjust button


AL-WITS QA

SSRS Reports Snapshot :


TC Tim Carroll
Agency for Substance Abuse Prevention, ASAP

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GPRA Follow-up ...
GPRA Follow-up ...
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Encounter List
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> Payment List
Billing Transa...
Client Balance
Clearing Hous...

Billing Transaction Profile

Transaction #
9000

Encounter #
15818

Service Start
5/1/2024

Payment #

Charge
\$0.00

Cost Center

Comment
Write-off

Created By
Carroll, Tim

Updated By
Carroll, Tim

Client Name
Jetson, George

Transaction Type
Adjustment

Posted Date
6/21/2024

Payor

Credit
\$50.00


Adjustment Reason
Other adjustments

Created Date
6/21/2024 10:31 AM


Updated Date
6/21/2024 10:32 AM

Save Save and Finish x Cancel

Figure 275: Billing Transaction Profile, Adjustment


AL-WITS QA

SSRS Reports Snapshot :


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Agency for Substance Abuse Prevention, ASAP

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GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
< Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance
Clearing Hous...

Billing Transaction Search

Encounter #

First Name

Service Start
5/1/2024

Adjustment Reason

Transaction Type

Payment #

Last Name

Posted Date

Cost Center

Search x Clear

Billing Transaction List

Export

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #	
15818	5/1/2024	Jetson, George		6/21/2024	Charge	\$50.00	\$0.00				
15818	5/1/2024	Jetson, George		6/21/2024	Adjustment	\$0.00	\$50.00				

Figure 276: Billing Transaction List showing Charge and Adjustment transactions

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/Billing Transaction List.
- Prerequisites:
 - One or more client encounter must be entered in the provider agency and released to billing.
 - One or more claim item(s) must be batched and billed.
- Search for a billing transaction using one, multiple, or no search criteria.
Note the total charge.
- Click the Adjust button on the ellipsis, and the Billing Transaction Profile is displayed.
- Enter a credit to match the total charge.
- Select an Adjustment Reason and add an optional comment.
- Click the Save and Finish button to return to the Billing Transaction List.
Note: The charge and adjustment credit should equal \$0.
- Click the Billing History button on the ellipsis for the Charge Type billing transaction.
- View the \$0 Encounter Balance.

8.4. Payor Adjudication

Payor Adjudication occurs in the ADMH Contractor agency for billed Government Contract claim batches.

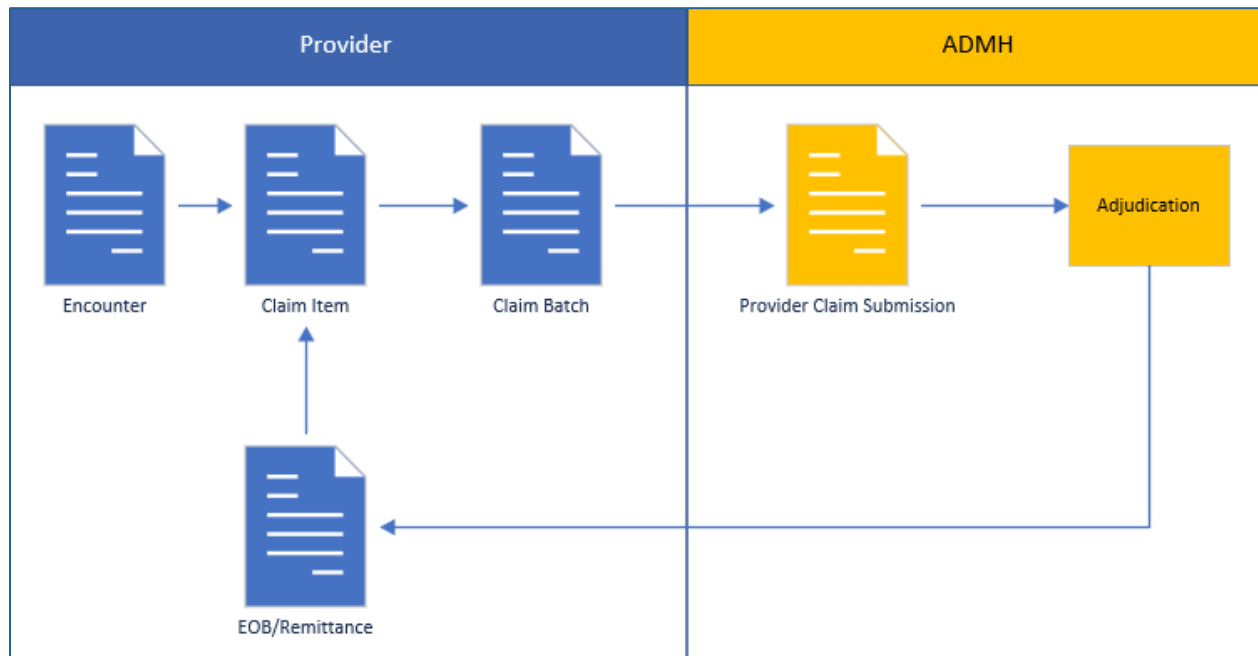


Figure 277: Payor Adjudication Overview

Claims are adjudicated automatically each hour through a scheduled task. Adjudication rules are set to deny. See the Adjudication Rules section below for additional information.

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Client List

System Administration

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Agency

> Agency List

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GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

> Contract Manage...

> Payor Adjudication

Claim Submis...

Adjudication B...

Payor Claim H...

Invoice Submi...

Paid Invoice H...

Clinical File Mana...

Alerts Configurati...

Provider Claim Submission Search

Contract

Provider Agency

Montgomery Metro Treatment C...

Received Date

Fully Adjudicated

Provider Batch #

4122

Processing Status

Pending Count

Contract Status

Active

Search

× Clear

Provider Claim Submission List

Claim Sub Id	Batch #	Contract Name	FFS Type	Provider Agency	Facility Name	Charge	Rec'd Date	Status	Fully Adjudicated	Pend Cnt	
1056	4122	Montgomery Metro Treatment Center	FFS	Montgomery Metro Treatment Center	MMTC Treatment, MMTC ZZZ Location	\$12.00	12/4/2023	Accepted	Yes	0	

Figure 278: Payor Adjudication: Provider Claim Submission

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

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Agency

> Agency List

Grant Manageme...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

> Contract Manage...

> Payor Adjudication

Claim Submis...

Adjudication B...

Payor Claim H...

Invoice Submi...

Paid Invoice H...

Clinical File Mana...

Provider Claim Submission Profile

Hide Context Information

Claim Status Accepted	Submission ID 1056	Type WITS	Contract Name Montgomery Metro Treatment Center
Claim Count 1	Service Count 1	Total Charge \$12.00	Received Date 12/4/2023
Control # 4122			

Pre-Adjudication Results

	Amount	Service Count
Pay	\$12.00	1
Deny	\$0.00	0
Pend	\$0.00	0

Save and Finish

Administrative Actions

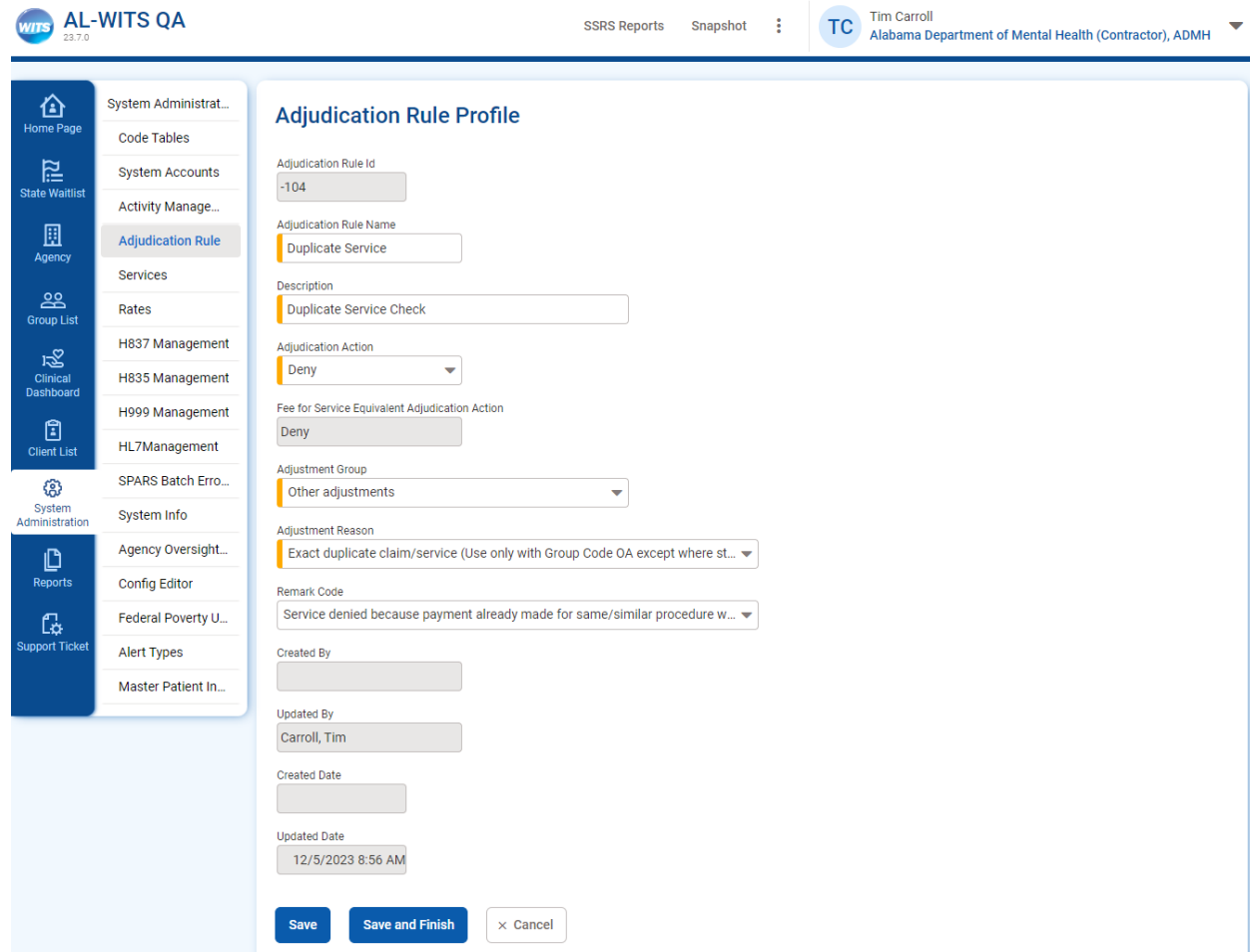
Adjudicate Contract Export Service List

Figure 279: Payor Adjudication: Provider Claim Submission Profile

8.4.1. Adjudication Rules

Adjudication rules are used by the ADMH Contractor Agency in the Payor Adjudication process to adjudicate claims. The rules determine when to pend or deny the claim. ADMH adjudication rules are set to deny since pending is not part of the ADMH workflow. Claims that do not trigger adjudication rules are paid.

Adjudication rules may be reviewed, but they should not be updated without confirming functionality with FEI. Adjudication rules are set to deny. If a rule is updated to pend, then any claims triggering the rule must be manually adjudicated by someone at the ADMH agency.



The screenshot displays the 'Adjudication Rule Profile' interface within the AL-WITS QA system. The left sidebar contains navigation links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area shows the profile for a rule with ID -104, named 'Duplicate Service'. The rule is set to 'Deny' and has a description 'Duplicate Service Check'. The adjustment group is 'Other adjustments' and the adjustment reason is 'Exact duplicate claim/service (Use only with Group Code OA except where st...)'. The remark code is 'Service denied because payment already made for same/similar procedure w...'. The rule was created by 'Carroll, Tim' on 12/5/2023 at 8:56 AM. At the bottom, there are buttons for 'Save', 'Save and Finish', and 'Cancel'.

AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Adjudication Rule Profile

Adjudication Rule Id: -104

Adjudication Rule Name: Duplicate Service

Description: Duplicate Service Check

Adjudication Action: Deny

Fee for Service Equivalent Adjudication Action: Deny

Adjustment Group: Other adjustments

Adjustment Reason: Exact duplicate claim/service (Use only with Group Code OA except where st...)

Remark Code: Service denied because payment already made for same/similar procedure w...

Created By: [Empty]

Updated By: Carroll, Tim

Created Date: [Empty]

Updated Date: 12/5/2023 8:56 AM

Save Save and Finish x Cancel

Figure 280: Example Adjudication Rule: Duplicate Service

8.4.2. Payment from Highest-Priority Tier

Government contract claims that do not trigger an adjudication rule are paid under the highest priority tier with available funds. See the following sections for additional information:

- Adjudication Rules under Setup/System Administration
- Contract Service Rates under Contract Management

→TEST

- Version: 23.8 and later.
- Account role(s): Contract Management (Full Access), Payor Adjudication (Full Access)
- From a provider agency, bill a Government Contract claim batch to ADMH as described under the Government Contract Claim Batches section above.
 - Note the provider agency and the claim batch number.
 - Note the client group enrollment on the claim item(s) in the batch.
- Select the ADMH agency.
- Navigate to Agency/Payor Adjudication/Claim Submission
- Search for the provider batch number from the provider agency.
- The batch should be fully adjudicated as shown above.
- Select Profile from the ellipsis in the Provider Claim Submission List
- View the profile.
- Click the Export Service List button to export claims/services to Excel.
- Note the tier from which the payment was applied. It should match the tier on the claim item(s).
- Note: There is no need to click the Adjudicate Contract button since adjudication happens automatically. Clicking this button just navigates to the Adjudication screen.
- Review the payment in the provider agency: see the “Government Contract” section under Payment above.

8.4.3. Payment from Next Eligible Tier

If the highest priority tier does not have available funds, government contract claims are paid under the next highest priority tier with available funds.


→TEST

- Version: 24.5 and later.
- Account role(s): Contract Management (Full Access), Payor Adjudication (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List and update a provider contract to have \$0 available funds in a high-priority tier. For this example, make the Children's First tier \$0. The contract should have a General tier with sufficient funds to pay the claims.
See the Contract Management section for additional information on updating a contract.
- Navigate to the provider agency with the updated contract.
- Create claim item(s) that would typically be paid from the highest priority tier (example: Children's First).
Note: Following the Children's First example, the selected service must have rates as follows:
 - Priority 1: Children's First
 - Priority 2: GeneralSee the Contract Service Rates section for additional information.
- Create and bill the Government Contract claim batch to ADMH as described under the Government Contract Claim Batches section above.
 - Note the provider agency and the claim batch number.
 - Note the client group enrollment on the claim item(s) in the batch (example: Children's First).
- Select the ADMH agency.
- Navigate to Agency/Payor Adjudication/Claim Submission
- Search for the provider batch number from the provider agency.
- The batch should be fully adjudicated as shown above.
- Select Profile from the ellipsis in the Provider Claim Submission List
- View the profile.
- Click the Export Service List button to export claims/services to Excel.
- Note the tier from which the payment was applied. If there were \$0 available funds in the Children's First tier, the payment tier should be General.
- Note: There is no need to click the Adjudicate Contract button since adjudication happens automatically. Clicking this button just navigates to the Adjudication screen.
- Review the payment in the provider agency: see the "Government Contract" section under Payment above.


8.4.4. Government Contract Payments

8.4.4.1. Review Government Contract Payments

After Payor Adjudication, Government Contract payments are displayed in the Payment List for the Provider Agency. They are created automatically during Payor Adjudication, so there is no need to create/edit payments manually.


AL-WITS QA

SSRS Reports Snapshot ⋮


TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Managem...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
< Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
< Payment List
Payment P...
Billing Transa...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center

Payment Search

Payor Plan

Last Name

Posted Date

Payment Amount

Contractor

First Name

Pmt #

Reference

Unapplied Amount

Search × Clear


Payment List

+ Add Contract Payment + Add Client Payment + Add Plan Payment Export

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
1352	Block Grant	12/5/2023	\$12.00	\$0.00		User, System

Total Payment: \$12.00

Figure 281: Provider Agency Payment List


AL-WITS QA
23.7.0

SSRS Reports Snapshot ⋮

TC

Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

< Billing

Invoicing

Claim Item List

Claim Batch Li...

Encounter List

EOB Transacti...

< Payment List

Payment P...

Billing Transa...

Client Balance

Clearing Hous...

Payment Profile

Payment #

1352

Plan Name

Block Grant

Client Name

Transaction Type

Payment

Reference

1363

Comment

Check/EFT Date

Posted Date

12/5/2023

Receipt Date

12/5/2023

Created Date

12/5/2023 8:22 AM

Created By

User, System

Payment Amount

\$12.00

Unapplied Amount

\$0.00

Intended For

Save

Save and Finish

Cancel

Administrative Actions

Show Payment Application

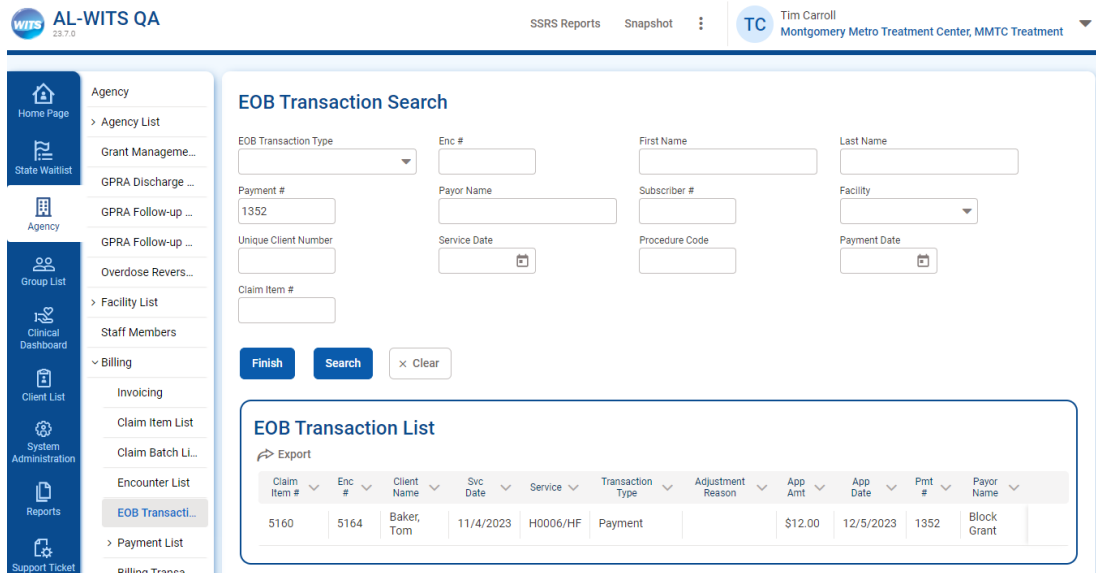
Apply Payment

Figure 282: Provider Agency Payment Profile

→TEST

- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Prerequisites:
 - Batch and bill government contract claim items to the ADMH agency as described in the Government Contract Claim Batches section above.
 - Confirm the claim submission is fully adjudicated as described in the Payor Adjudication section below.
- Select the provider agency.
- Navigate to Agency/Billing/Payment List in the Provider Agency where the government contract claim batch was billed.
- Search for the payment using the Posted Date as shown in the figure above.
- Select the Profile button from the ellipsis in the Payment List.
- Continue testing below.

8.4.4.2. Review Applied Payment



AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Agency

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

Agency List

- Grant Management...
- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Revers...
- Facility List
- Staff Members
- Billing
 - Invoicing
 - Claim Item List
 - Claim Batch LI...
 - Encounter List
 - EOB Transacti...**
 - Payment List
 - Billing Transa...

EOB Transaction Search

EOB Transaction Type: Enc #: First Name: Last Name:

Payment #: Payor Name: Subscriber #: Facility:

Unique Client Number: Service Date: Procedure Code: Payment Date:

Claim Item #:

Finish Search x Clear

EOB Transaction List

Export

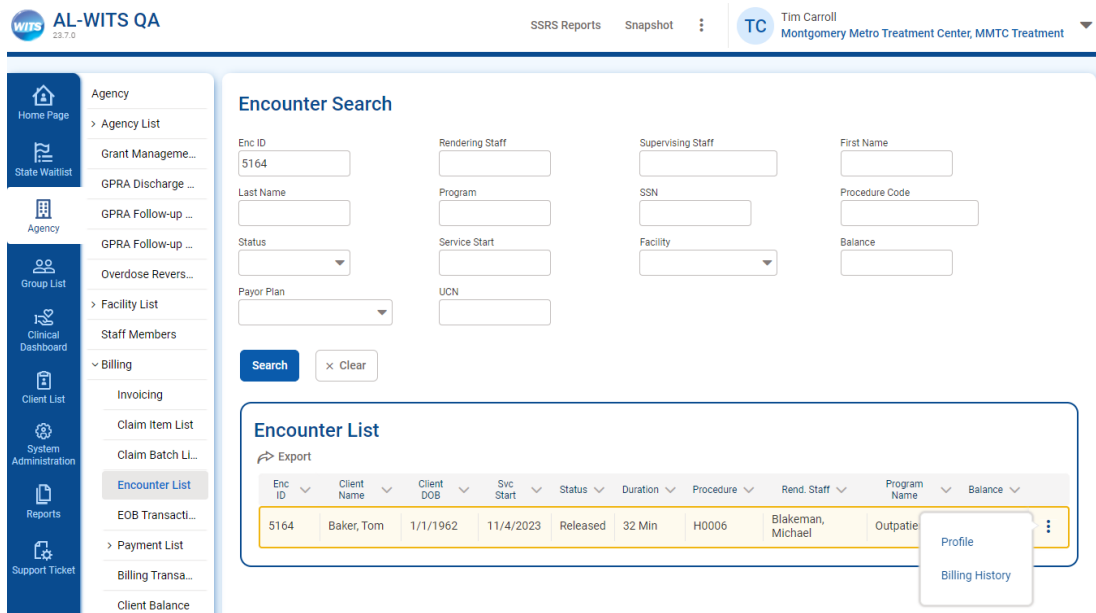
Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payor Name
5160	5164	Baker, Tom	11/4/2023	H0006/HF	Payment		\$12.00	12/5/2023	1352	Block Grant

Figure 283: EOB Transaction List (Payment Application)

→TEST (CONTINUED)

- Click the “Show Payment Application” button on the payment profile.
- The EOB Transaction List is displayed, filtered for the payment number.
Note: You can also access this screen by navigating to Agency/Billing/EOB Transaction List.
- This screen displays the payment applied to the claim item.
- Continue testing below.

8.4.4.2.1. Review Billing History



AL-WITS QA 23.7.0

SSRS Reports Snapshot TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Agency

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- System Administration
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Agency List

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- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Revers...
- Facility List
- Staff Members
- Billing
 - Invoicing
 - Claim Item List
 - Claim Batch LI...
 - Encounter List
 - EOB Transacti...
 - Payment List
 - Billing Transa...
 - Client Balance

Encounter Search

Enc ID: Rendering Staff: Supervising Staff: First Name:

Last Name: Program: SSN: Procedure Code:

Status: Service Start: Facility: Balance:

Payor Plan: UCN:

Search x Clear

Encounter List

Export

Enc ID	Client Name	Client DOB	Svc Start	Status	Duration	Procedure	Render Staff	Program Name	Balance
5164	Baker, Tom	1/1/1962	11/4/2023	Released	32 Min	H0006	Blakeman, Michael	Outpatient	

Profile Billing History

Figure 284: Billing Encounter List

Billing History for Encounter # 5164 - Baker, Tom (Q553681EF290544)

Service

H0006 Case Management - Adult

Encounter Balance:

\$0.00

Service Start

11/4/2023

10:33 AM

Duration:

32

Min

Service End

11/4/2023

11:05 AM

of Sessions

1

Program Name

MMTC Treatment/Outpatient : 11/2/2023 -

Rendering Staff

Blakeman, Michael

Claim Item List

Id #	Plan Name	Order of Benefits	Charge	Claim Item Status	Created Date	Created By
5160	Block Grant	Primary	\$12.00	Batched	12/4/2023	Blakeman, Michael

Billing Transaction List

Id #	Type/Source	Charge	Credit	Share	Percentage	Adjustment Reason	Comment	Created Date	Created By
5270	Charge	\$12.00	\$0.00					12/4/2023	Blakeman, Michael
5272	Payment Application - Block Grant (Pymt # 1352)	\$0.00	\$12.00					12/5/2023	User, System

EOB Transaction List


Id #	Plan Name Source	Type	Amount	Adjustment Reason	Comments	Created Date	Created By
1133	Block Grant (Pymt # 1352)	Payment	\$12.00			12/5/2023	User, System

Figure 285: Encounter Billing History (Government Contract)


→ **TEST (CONTINUED)**

- Navigate to Agency/Billing/Encounter List
- Search for an Encounter ID for a paid claim as shown in the figure above.
- Select the Billing History button from the ellipsis on the Encounter List.
- The Billing History popup screen opens. This screen displays the full history, including the EOB and Billing Transactions.
- Continue testing below.

8.4.4.2.2. Review Billing Transaction List


AL-WITS QA

SSRS Reports Snapshot :


Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment

Home Page
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Reports
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Agency
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GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
Billing
Invoicing
Claim Item List
Claim Batch Li...
Encounter List
EOB Transacti...
> Payment List
Billing Transa...
Client Balance
Clearing Hous...

Billing Transaction Search

Encounter #

Payment #

First Name

Last Name

Service Start

Posted Date

Adjustment Reason

Cost Center

Transaction Type

Billing Transaction List

Export

Enc #	Svc Date	Client Name	Payor	Posted	Type	Charge	Credit	Share	Percentage	Pmt #	
5164	11/4/2023	Baker, Tom	Block Grant	12/5/2023	Payment Application	\$0.00	\$12.00			1352	

Figure 286: Billing Transaction List

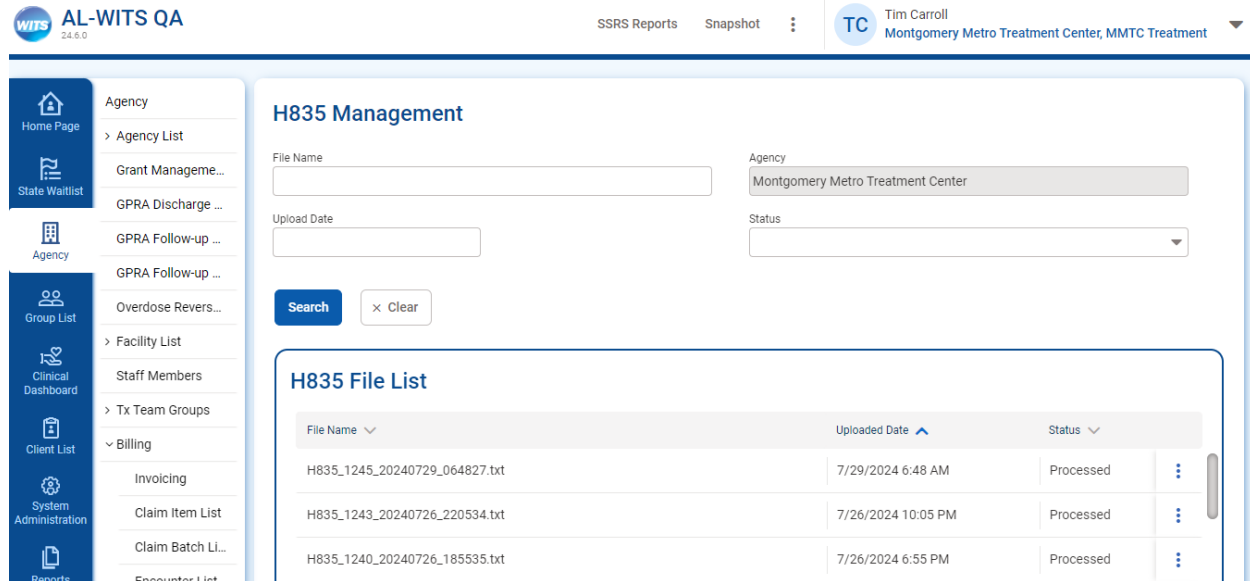
→TEST (CONTINUED)

- Navigate to Agency/Billing/Billing Transaction List
- Search for the billing transaction using the Payment # as shown in the figure above.
- A billing transaction is also created for each payment under government contract. The billing transaction is used to balance the charge from the encounter.

8.5. Outbound 835

An 835 file is generated on a schedule determined by ADMH. Because there is not a one-to-one relationship between the inbound 837P and outbound 835, claims from multiple 837P files may be paid/denied in one 835.

The 835 is available for download on the Agency/Billing menu. Providers may download the 835 manually or use Secure File Transfer Protocol (SFTP) to download 835 files. See the SFTP section for additional information.



WITS 24.8.0 AL-WITS QA SSRS Reports Snapshot TC Tim Carroll Montgomery Metro Treatment Center, MMTTC Treatment

H835 Management

File Name Agency

Upload Date Status

Search

H835 File List

File Name	Uploaded Date	Status	
H835_1245_20240729_064827.txt	7/29/2024 6:48 AM	Processed	⋮
H835_1243_20240726_220534.txt	7/26/2024 10:05 PM	Processed	⋮
H835_1240_20240726_185535.txt	7/26/2024 6:55 PM	Processed	⋮

Figure 287: Provider Agency H835 Management Screen

8.5.1. Outbound Medicaid 835

WITS processes the inbound Medicaid 835 and applies payments to claims in each provider agency. An outbound 835 is generated for each provider agency that submitted claims on an 837P.

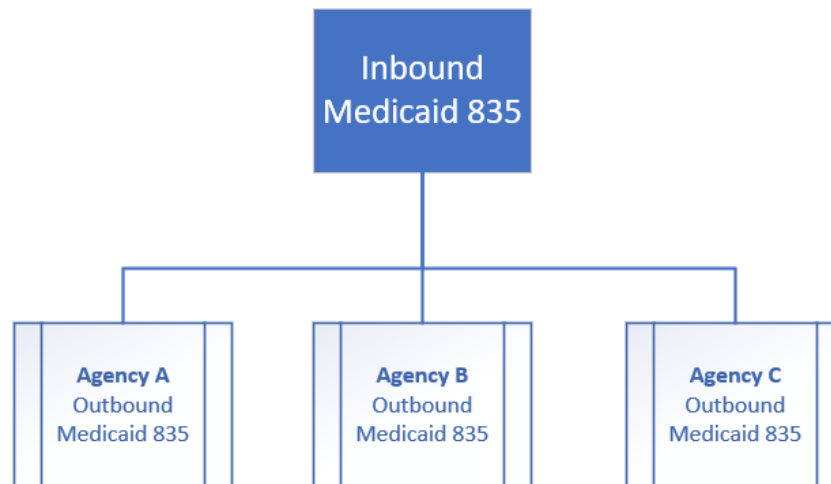


Figure 288: Medicaid 835 Process

→ **TEST**

- Version: 24.7 and later.
- Account role(s): Contract Management (Full Access), Payor Adjudication (Full Access), Agency Billing OR WITS Billing Administrator, Billing Encounter List
- Follow the Inbound 837P test instructions above to upload an 837P in a provider agency. Include a claim for a client who has a Medicaid CGE (no Government Contract or TPL).
 - The 837P file and claim should be processed.
 - Verify the Encounter is created and released to create a claim Item with a Medicaid Group Enrollment.
 - Verify the claim is batched and send to the ADMH agency.
 - Verify the Clearing House Item is batched and billed to Medicaid.
- Create a test Medicaid 835 to pay the claim and upload it on the System Administration/H835 Management menu.
- Wait for the 835 to process and generate the outbound 835.
- Select the provider agency.
- Navigate to Agency/Billing/H835 Management and find the 835 in the list.
- Download the 835 by clicking the Download button on the ellipsis.
Note: The 835 may be downloaded from the profile as well.
- The 835 is also available in the SFTP Billing/Out folder for the provider agency. See the SFTP section below for additional information.

8.5.2. Outbound Government Contract 835

At Payor Adjudication, WITS applies payments to claims in the appropriate provider agencies. It then generates an outbound Government Contract 835.


→TEST

- Version: 24.7 and later.
- Account role(s): Contract Management (Full Access), Payor Adjudication (Full Access), Agency Billing OR WITS Billing Administrator, Billing Encounter List
- Follow the Inbound 837P test instructions above to upload an 837P in a provider agency. Include a claim for a client who has a Government Contract CGE (no Medicaid or TPL).
 - The 837P file and claim should be processed.
 - Verify the Encounter is created and released to create a claim Item with a Government Contract Group Enrollment.
- Follow the Payor Adjudication test instructions above.
- Select the provider agency.
- Navigate to Agency/Billing/H835 Management and find the 835 in the list.
- Download the 835 by clicking the Download button on the ellipsis.
Note: The 835 may be downloaded from the profile as well.
- The 835 is also available in the SFTP Billing/Out folder for the provider agency. See the SFTP section below for additional information.


8.6. Invoice Management

8.6.1. Contractor Agency (ADMH): Accept and Adjudicate Invoice Submission

ADMH receives provider invoices in the Invoice Submission menu item under Payor Adjudication.


AL-WITS QA

SSRS Reports Snapshot ⋮


Tim Carroll
Alabama Department of Mental Health (Contractor), ADMH

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency

- > Agency List
- Grant Manage...
- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Revers...
- > Facility List
- Staff Members
- > Billing
- > Contract Manage...
- > Payor Adjudication
 - Claim Submis...
 - Adjudication B...
 - Payor Claim H...
 - Invoice Submi...**
 - Paid Invoice H...
 - Clinical File Mana...
 - Alerts Configurati...

Provider Invoice Submission Search

Contract

Received Date

Provider Agency

Invoice Type

Processing Status
Awaiting Review

Invoice MM/YY

Authorization Period

Contract Status
Active

Search Clear

Provider Invoice Submission List

Export

Submission ID	Contract Name	Contract Tier	Tier Type	Provider	Invoice Period (FY)	Invoice Amt	Pay/Paid Amt	Rec'd Date	Status	
4	Prevention (Prev123)	Prevention-Prevention	Cost Reimbursement	Prevention Agency	11/2022 (FY 2023)	\$8,150.00	\$8,150.00	9/28/2023	Awaiting Review	⋮
3	Prevention Example (PREV9999)	Prevention-Prevention	Cost Reimbursement	Tim's Prevention	10/2022 (FY 2023)	\$8,500.00	\$8,500.00	9/28/2023		Profile ⋮

Figure 289: Provider Invoice Submission Search/List

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

Agency

> Agency List

Grant Manageme...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Billing

> Contract Manage...

> Payor Adjudication

Claim Submis...

Adjudication B...

Payor Claim H...

Invoice Submi...

Paid Invoice H...

Clinical File Mana...

Alerts Configurati...

Provider Invoice Profile

Contract Name

Prevention Example

FY

FY 2023

Plan-Group

Prevention-Prevention

Contract #

PREV9999

MM/YY

10/2022

Invoice Type

Cost Reimbursement

Prepared By

Prevention Agency, Tim

Prepared On

9/28/2023

Current Month Actual - Total

\$8,500.00

Adjudicated By

Adjudicated On

Current Month Amount Paid - Total

\$8,500.00

Invoicing Item List

Category	Line Item	Prior Period to Date - Actual	Current Month - Actual	Current Month - Budget	Current Month - Amount Paid	Period to Date - Actual	Period to Date - Budget	Period to Date - Amount Paid	
Information Dissemination	Media campaigns	\$0.00	\$3,000.00	\$2,083.33	\$3,000.00	\$3,000.00	\$2,083.33	\$3,000.00	Deny
Education	Ongoing classroom and/or small group sessions	\$0.00	\$4,000.00	\$4,166.67	\$4,000.00	\$4,000.00	\$4,166.67	\$4,000.00	
Environmental	Multi-agency coordination and collaboration/coalit	\$0.00	\$1,500.00	\$2,083.33	\$1,500.00	\$1,500.00	\$2,083.33	\$1,500.00	

Save and Finish

Administrative Actions

Accept

Reject

Print Invoice

Export

Figure 290: Provider Invoice Profile

Invoice

Alabama Department of Mental Health
(Contractor)

Remit To: Tim's Prevention

Telephone:

Invoice #: 3

Contract #: PREV9999

Date: 9/29/2023

Contract Period: FY 2023

Invoice Period: 10/2022

Invoice Type: Cost Reimbursement

Prepared By: Prevention Agency, Tim

Prepared On: 9/28/2023

Plan-Group: Prevention - Prevention

Adjudicated By: Carroll, Tim

Adjudicated On: 9/29/2023

Budget Categories	Prior Period to Date	Current Month			Period to Date		
	Actual	Actual	Budget	Paid	Actual	Budget	Paid
Information Dissemination							
Media campaigns	\$0.00	\$3,000.00		\$0.00	\$3,000.00		\$0.00
Subtotal	\$0.00	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$0.00
Environmental							
Multi-agency coordination and collaboration/coalit	\$0.00	\$1,500.00	\$2,083.33	\$1,500.00	\$1,500.00	\$2,083.33	\$1,500.00
Subtotal	\$0.00	\$1,500.00	\$2,083.33	\$1,500.00	\$1,500.00	\$2,083.33	\$1,500.00
Education							
Ongoing classroom and/or small group sessions	\$0.00	\$4,000.00	\$4,166.67	\$4,000.00	\$4,000.00	\$4,166.67	\$4,000.00
Subtotal	\$0.00	\$4,000.00	\$4,166.67	\$4,000.00	\$4,000.00	\$4,166.67	\$4,000.00
Grand Total	\$0.00	\$8,500.00	\$6,250.00	\$5,500.00	\$8,500.00	\$6,250.00	\$5,500.00

I, Tim Prevention Agency, , on 9/28/2023, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

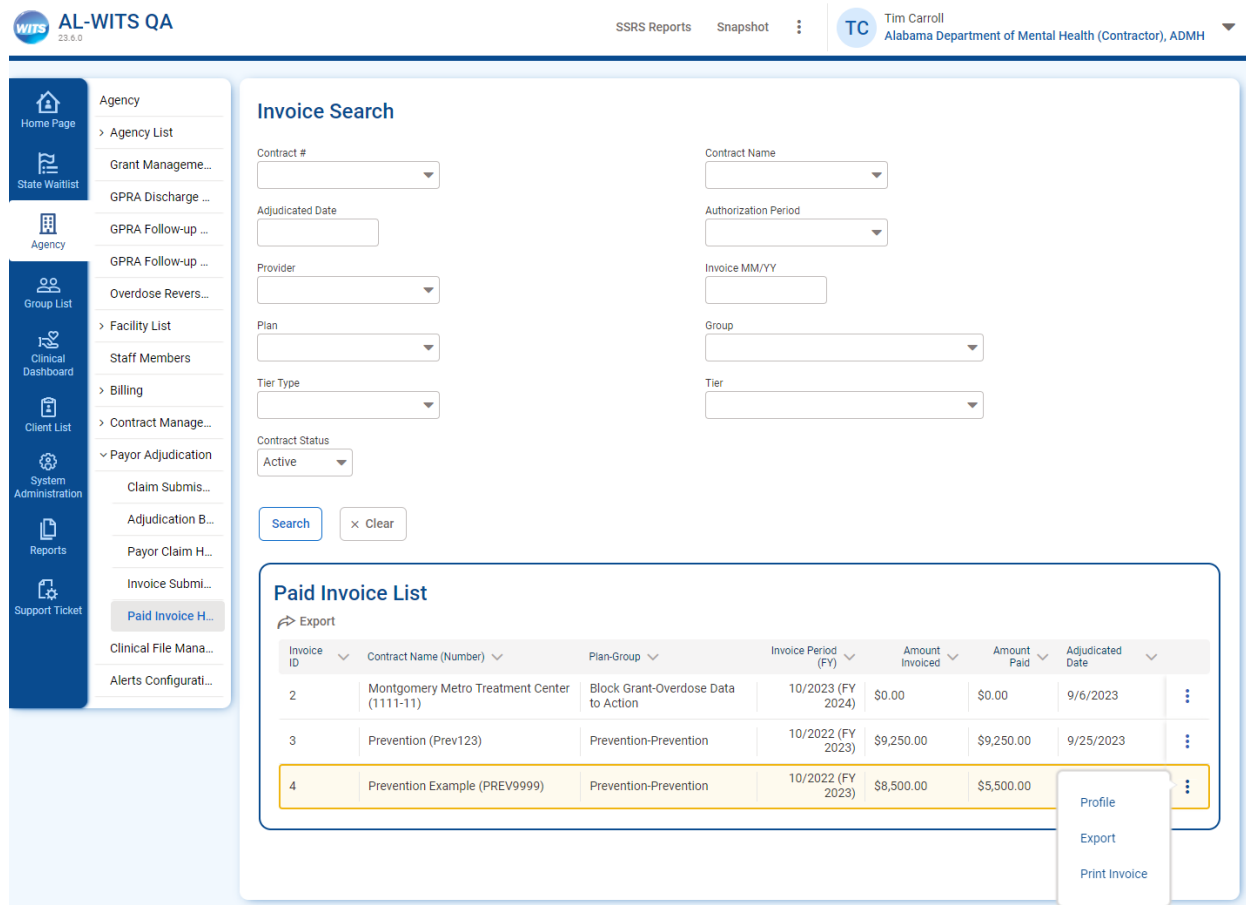
Figure 291: Invoice PDF Report showing one denied line item and two paid line items

→TEST

- Version: 23.6 and later.
- Account role(s): Payor Adjudication
- Select the ADMH Agency.
- Navigate to Agency/Payor Adjudication/Invoice Submission.
- The Provider Invoice Submission List defaults to the Awaiting Review Processing Status.
- Select the Profile for an invoice submission.
- Test the administrative actions (Accept, Reject, Request Information, Export).
- Once the invoice is accepted, line items may be marked to Deny or changed back to Pay.
- Click the Finalize Adjudication button.
- Print the invoice.
- Click the Save and Finish button.

8.6.2. Contractor Agency (ADMH): Paid Invoice History

Paid invoices may be viewed in the Paid Invoice History menu item under Payor Adjudication.



WITS 23.6.0 | SSRS Reports | Snapshot | **TC** Tim Carroll | Alabama Department of Mental Health (Contractor), ADMH

Agency

- Home Page
- State Waitlist
- Agency
 - > Agency List
 - Grant Managem...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Revers...
- Group List
- Clinical Dashboard
- Client List
- System Administration
 - Reports
 - Support Ticket

Payor Adjudication

- Claim Submis...
- Adjudication B...
- Payor Claim H...
- Invoice Submi...
- Paid Invoice H...**
- Clinical File Mana...
- Alerts Configurati...

Invoice Search

Contract # Contract Name

Adjudicated Date Authorization Period

Provider Invoice MM/YY

Plan Group

Tier Type Tier

Contract Status

Paid Invoice List

Export

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Period (FY)	Amount Invoiced	Amount Paid	Adjudicated Date	
2	Montgomery Metro Treatment Center (1111-11)	Block Grant-Overdose Data to Action	10/2023 (FY 2024)	\$0.00	\$0.00	9/6/2023	⋮
3	Prevention (Prev123)	Prevention-Prevention	10/2022 (FY 2023)	\$9,250.00	\$9,250.00	9/25/2023	⋮
4	Prevention Example (PREV9999)	Prevention-Prevention	10/2022 (FY 2023)	\$8,500.00	\$5,500.00		⋮

Profile
Export
Print Invoice

Figure 292: Paid Invoice List

→TEST

- Version: 23.6 and later.
- Account role(s): Payor Adjudication
- Select the ADMH Agency.
- Navigate to Agency/Payor Adjudication/Paid Invoice History.
- Search for the paid invoice.
- Select the Profile, Export, and Print Invoice options.

8.6.3. Contractor Agency (ADMH): View Contract

WITS AL-WITS QA 23.6.0 SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Billing

> Contract Manage...

Contract List

Contract Servi...

Cost Reimburs...

Cost Reimburs...

Authorization ...

Fund Transfer ...

Cross Contrac...

Authorization ...

Contract Search

Contract #

Contract Name

Contracting Agency
ADMH

Provider Agency
Tim Prevention

Administering Agency

Status
Active

Effective Date

Termination Date

Search
Clear

Contract List

Add Contract
Export

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	Term Date	
31	PREV9999	Prevention Example	ADMH	Tim Prevention	ADMH	10/1/2022		Profile Summary Clone Adjudicate

Figure 293: Contract List showing actions

WITS AL-WITS QA 23.6.0 SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Support Ticket

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Billing

> Contract Manage...

Contract List

Contract Servi...

Cost Reimburs...

Cost Reimburs...

Authorization ...

Fund Transfer ...

Cross Contrac...

Authorization ...

Financial Summary for Prevention Example

Authorization Period
FY 2023

Contract ID
31

Contract Type
Government Contract

Contract #
PREV9999

Contracting Agency
ADMH

Effective Date
10/1/2022

Provider Agency
Tim Prevention

Termination Date

Administering Agency
ADMH

Pre Paid Balance
\$0.00

Financial Summary Detail

Export

Associated Plan	Tier Type	Group	ASAM	Authorized/Budgeted	Encumbered	Expended	Total Spent	FFS Equivalent	Amount Available	Status	
Prevention	Cost Reimbursement	Prevention		\$750,000.00	\$0.00	\$5,500.00	\$5,500.00		\$744,500.00	Active	

Finish
Cancel


Figure 294: Contract Summary for Authorization Period

→TEST


- Version: 23.6 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract List.
- Search for the provider contract and select the Summary button from the ellipsis.
- Select the Authorization Period.
- View the Summary Detail amounts:
 - Authorized/Budgeted
 - Expended
 - Amount Available
- Click the Finish button
- Select the Profile button from the ellipsis.
- Click the Authorization Period button.
- Select the Tiers button from the ellipsis for the appropriate period.
- View the Authorized/Budgeted and Spent amounts.
- Select the Invoice-Budget button from the ellipsis for the appropriate tier.
- View the Budgeted and Amount Available columns for each Line Item.
- Click the Cancel/Finish buttons.

8.6.4. Provider Agency: Paid Invoice

Providers may view monthly invoices for cost reimbursement on the Invoicing menu item under Billing.


AL-WITS QA

SSRS Reports Snapshot :



Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
> Billing
Invoicing
Claim Item List
Claim Batch List
Encounter List
EOB Transacti...
> Payment List

Cost Reimbursement Invoice Search

Contract #
Contract Name
Adjudicated Date
Authorization Period
Contractor
Invoice MM/YY
Plan
Group
Status
Invoice Type

Search Clear

Invoice List

+ Add Invoice Export Tier

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Type	Invoice Period (FY)	Amount Invoiced	Amount Paid	Status
4	Prevention Example (PREV9999)	Prevention-Prevention	Cost Reimbursement	10/2022 (FY 2023)	\$8,500.00	\$5,500.00	Paid

Figure 295: Cost Reimbursement Invoice Search/List: Paid Invoice

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports
Support Ticket

Agency
> Agency List
Grant Managemen...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Reversa...
> Facility List
Staff Members
> Billing
Invoicing
Claim Item List
Claim Batch List
Encounter List
EOB Transacti...
> Payment List
Billing Transac...
Client Balance
Clearing Hous...
Clearing Hous...
Cost Center
> Payor Plan List
Authorization ...
H837 Manage...
H835 Manage...
H999 Manage...
> Contract Manage...
Clinical File Mana...
Alerts Configurati...

Provider Invoice Profile

Contract Name
Prevention Example

Plan-Group
Prevention-Prevention

MM/YY
10/2022

Prepared By
Prevention Agency, Tim

Current Month Actual - Total
\$8,500.00

Adjudicated On
9/29/2023

FY
FY 2023

Contract #
PREV9999

Invoice Type
Cost Reimbursement

Prepared On
9/28/2023

Adjudicated By
Carroll, Tim

Current Month Amount Paid - Total
\$5,500.00

Invoicing Item List

Category	Line Item	Prior Period to Date - Actual	Current Month - Actual	Current Month - Budget	Current Month - Amount Paid	Period to Date - Actual	Period to Date - Budget	Period to Date - Amount Paid
Information Dissemination	Media campaigns	\$0.00	\$3,000.00		\$0.00	\$3,000.00		\$0.00
Education	Ongoing classroom and/or small group sessions	\$0.00	\$4,000.00	\$4,166.67	\$4,000.00	\$4,000.00	\$4,166.67	\$4,000.00
Environmental	Multi-agency coordination and collaboration/coalit	\$0.00	\$1,500.00	\$2,083.33	\$1,500.00	\$1,500.00	\$2,083.33	\$1,500.00

Administrative Actions

Print Invoice
Export

Figure 296: Provider Invoice Profile

→TEST

- Version: 23.6 and later.
- Account role(s): Agency Invoicing (Full Access)
- Select a provider agency with a contract that includes Cost Reimbursement tiers.
- Navigate to Agency/Billing/Invoicing in the Provider Agency.
- Search for a paid invoice.
- Select the Profile button from the ellipsis to view the profile.
- Select the View Paid Invoice button from the ellipsis to view the profile.
 - Print the invoice.
 - Export the invoice to Excel.

8.7. Payment Voucher

The Payment Voucher screen creates an extract for the STAARS system for Medicaid and Government Contract payments.

Setup the following items prior to testing payment functionality:

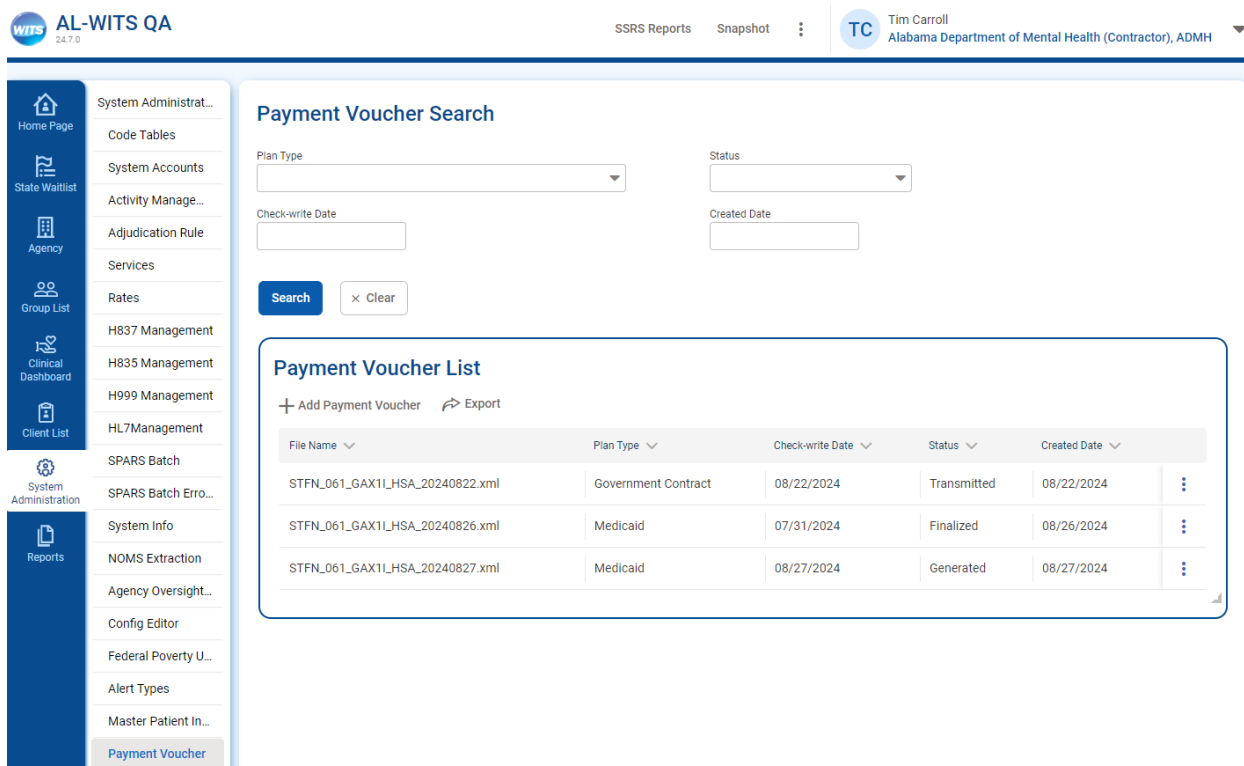
- Provider Address ID.
See System Management/Agencies/Agency Addresses/Phone for setup instructions.
- Group #, Template ID, and Program Code on Payor Plan Groups.
See Billing Management/Payor Plan Setup/Government Contract/ Government Contract Payor Plan, Group List for setup instructions.
- FS Contract ID on Authorization Period Tiers.
See Contract Management/Provider Contracts/Contract Authorization Period/Fe For Service/ Authorization Period Tiers for setup instructions.
- Fiscal Year Medicaid Contract # on the Provider Agency Identifiers.
See System Management/Agencies/Agency Identifiers for setup instructions.
- Medicaid Template IDs and Line numbers on the Aid Type code table.
See System Management/System Administration/Code Tables/Aid Type for setup instructions.

Apply payments to provider claims and/or invoices:

- Medicaid payments applied to claims AND/OR
- Government Contract payments applied to claims AND/OR
- Government Contract payments applied to invoices.

See the Payment Management section for additional information.

8.7.1. Generate Payment Voucher



WITS AL-WITS QA 24.7.0 SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Payment Voucher Search

Plan Type Status

Check-write Date Created Date

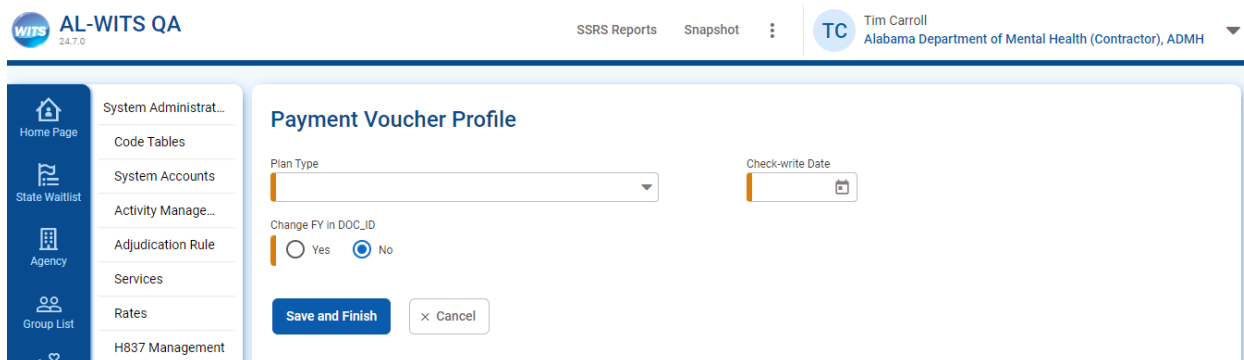
Search **Clear**

Payment Voucher List

[+ Add Payment Voucher](#) [Export](#)

File Name	Plan Type	Check-write Date	Status	Created Date	
STFN_061_GAX11_HSA_20240822.xml	Government Contract	08/22/2024	Transmitted	08/22/2024	
STFN_061_GAX11_HSA_20240826.xml	Medicaid	07/31/2024	Finalized	08/26/2024	
STFN_061_GAX11_HSA_20240827.xml	Medicaid	08/27/2024	Generated	08/27/2024	

Figure 297: Payment Voucher Search/List



WITS AL-WITS QA 24.7.0 SSRS Reports Snapshot TC Tim Carroll Alabama Department of Mental Health (Contractor), ADMH

Payment Voucher Profile

Plan Type Check-write Date

Change FY in DOC_ID ☐ Yes ☒ No

Save and Finish **Cancel**

Figure 298: Payment Voucher Add Screen

→TEST

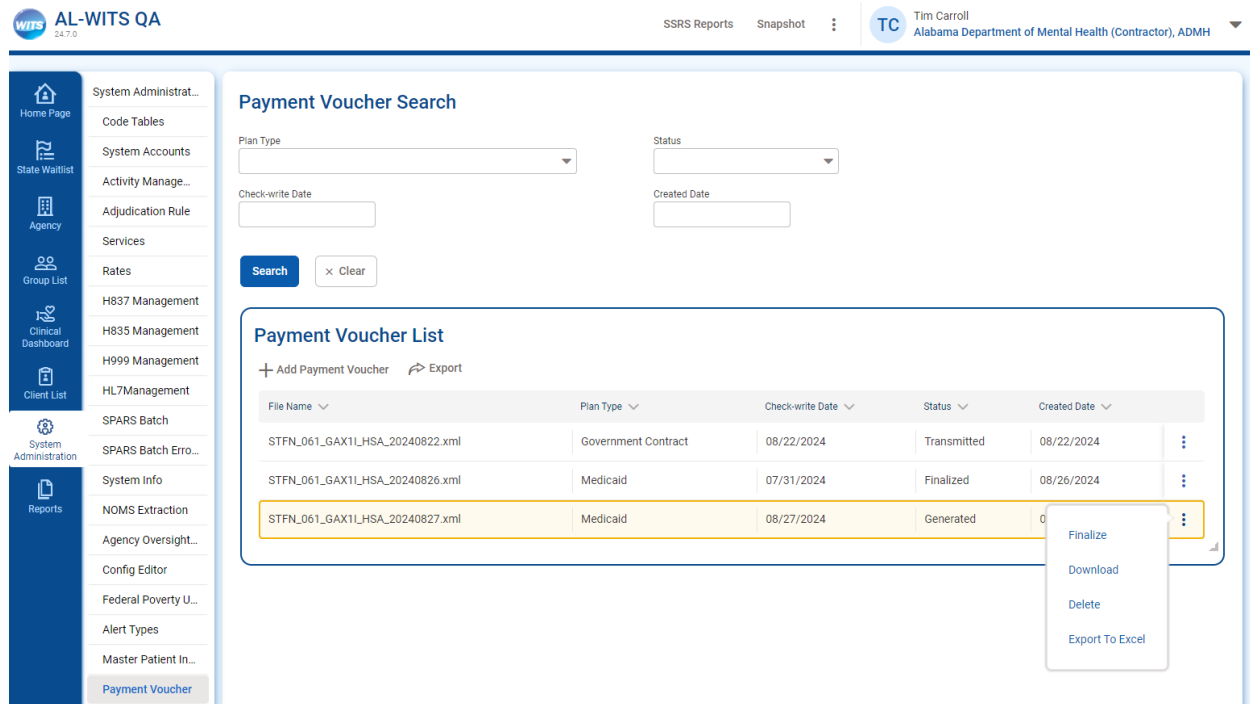
- Version: 24.8 and later.
- Account role(s): WITS Administrator.
- Prerequisites: See above lists to ensure setup is complete and payments are applied.
- Navigate to System Administration/Payment Voucher.
- Click the +Add Payment Voucher button.
- Select a Plan Type of Medicaid.
Note: Once Medicaid testing is complete, repeat test for Government Contract.

- Enter the Check-write Date.
- Use the default of “No” for Change FY in DOC_ID.
Note: Once testing is complete for no change in FY DOC_ID, repeat test using “Yes” for Change FY in DOC_ID.
- Click the Save and Finish button.
- Review the new record on the Payment Voucher List in Queued status.
The payment voucher record has a status of Generated.
- Wait up to one hour for the processor to run in the UAT site. Once complete, the status is Generated.
- Continue testing below.

8.7.2. Extract Actions

Once the extract record status is Generated, the following options are available on the Payment Voucher List:

- **Finalize**
Select this option once the extract has been reviewed and it has been deemed ready to send to the STAARS system.
- **Download**
Select this option to download and view the XML file.
- **Delete**
Select this option to delete the extract file.
- **Export to Excel**
Select this option to export the detail to Excel.



Payment Voucher Search

Plan Type: Status:

Check-write Date: Created Date:

Search **Clear**

Payment Voucher List

+ Add Payment Voucher Export

File Name	Plan Type	Check-write Date	Status	Created Date
STFN_061_GAX11_HSA_20240822.xml	Government Contract	08/22/2024	Transmitted	08/22/2024
STFN_061_GAX11_HSA_20240826.xml	Medicaid	07/31/2024	Finalized	08/26/2024
STFN_061_GAX11_HSA_20240827.xml	Medicaid	08/27/2024	Generated	08/27/2024

Finalize
Download
Delete
Export To Excel

Figure 299: Payment Voucher Search/List showing buttons

	A	B	C	D	E	F	G	H	I	J	K
1	PaymentVoucherId	PaymentVoucherRecordId	ClaimItemid	ReimburseInvoiceItemid	AgencyId	ExternalFundingSourceContractNumber	PayorPlanId	PayorGroupId	ExternalVendorCustomerNumber	VendorInvoiceNumber	AgencyName
2	81	7488		125	11	FS11001	14	16	MMTC12345		Montgomery Metro Trea
3	81	7489	4143		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
4	81	7490	5149		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
5	81	7491	5152		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
6	81	7492	5153		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
7	81	7493	5158		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
8	81	7494	5159		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
9	81	7495	5160		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
10	81	7496	5161		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
11	81	7497	5163		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
12	81	7498	5164		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
13	81	7499	5165		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
14	81	7500	5166		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
15	81	7501	5167		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
16	81	7502	5168		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
17	81	7503	5171		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
18	81	7504	5177		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea
19	81	7505	5179		11	FS1002	5	1	MMTC12345		Montgomery Metro Trea

Figure 300: Payment Voucher Export Detail (partial)

```

1 <AMS_DOC_XML_EXPORT_FILE xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:xsd="http://www.w3.org/2001/XMLSchema">
2 <AMS_DOCUMENT DOC_CAT="ABS" DOC_TYP="ABS" DOC_CD="GAX1I" DOC_DEPT_CD="061" DOC_ID="HSA240400001" DOC_VERS_NO="1" AUTO_DOC_NUM="False" DOC_IMPORT_MODE="OR">
3 <ABS_DOC_HDR>
4 <DOC_TYP>ABS</DOC_TYP>
5 <DOC_CD>GAX1I</DOC_CD>
6 <DOC_DEPT_CD>061</DOC_DEPT_CD>
7 <DOC_ID>HSA240400001</DOC_ID>
8 <DOC_VERS_NO>1</DOC_VERS_NO>
9 <DOC_BFY></DOC_BFY>
10 <DOC_FY_DC></DOC_FY_DC>
11 <DOC_PER_DC></DOC_PER_DC>
12 </ABS_DOC_HDR>
13 <ABS_DOC_VEND>
14 <DOC_CAT>ABS</DOC_CAT>
15 <DOC_TYP>ABS</DOC_TYP>
16 <DOC_CD>GAX1I</DOC_CD>
17 <DOC_DEPT_CD>061</DOC_DEPT_CD>
18 <DOC_ID>HSA240400001</DOC_ID>
19 <DOC_VERS_NO>1</DOC_VERS_NO>
20 <DOC_VEND_LN_NO>1</DOC_VEND_LN_NO>
21 <VEND_CUST_CD>MMTC12345</VEND_CUST_CD>
22 <AD_ID>ED15678</AD_ID>
23 <VEND_DISB_CAT>061</VEND_DISB_CAT>
24 <VEND_SNGL_CHK_FL>TRUE</VEND_SNGL_CHK_FL>
25 </ABS_DOC_VEND>
26 <ABS_DOC_ACTG>
27 <DOC_CAT>ABS</DOC_CAT>

```

Figure 301: Payment Voucher Download XML (partial)

→TEST

Continued from Generate Payment Voucher section above.

- Select the Export to Excel button from the ellipsis on the Payment Voucher List. Save the file to your computer and review the contents.
- Select the Download button from the ellipsis on the Payment Voucher List. Save the file to your computer and review the contents for accuracy.
- Select the Finalize button from the ellipsis on the Payment Voucher List. The status is Finalized.
- Wait up to one hour for the processor to run in the UAT site. Once complete, the status is Transmitted.
- Verify the Payment Voucher was submitted to the SFTP site.
- Verify the Payment Voucher was accepted and processed by the STAARS system.
- Note: There is no confirmation screen for delete. To delete the file, select the Delete button from the ellipsis on the Payment Voucher List.

9. PREVENTION MANAGEMENT

Alabama WITS has the standard Prevention functionality.

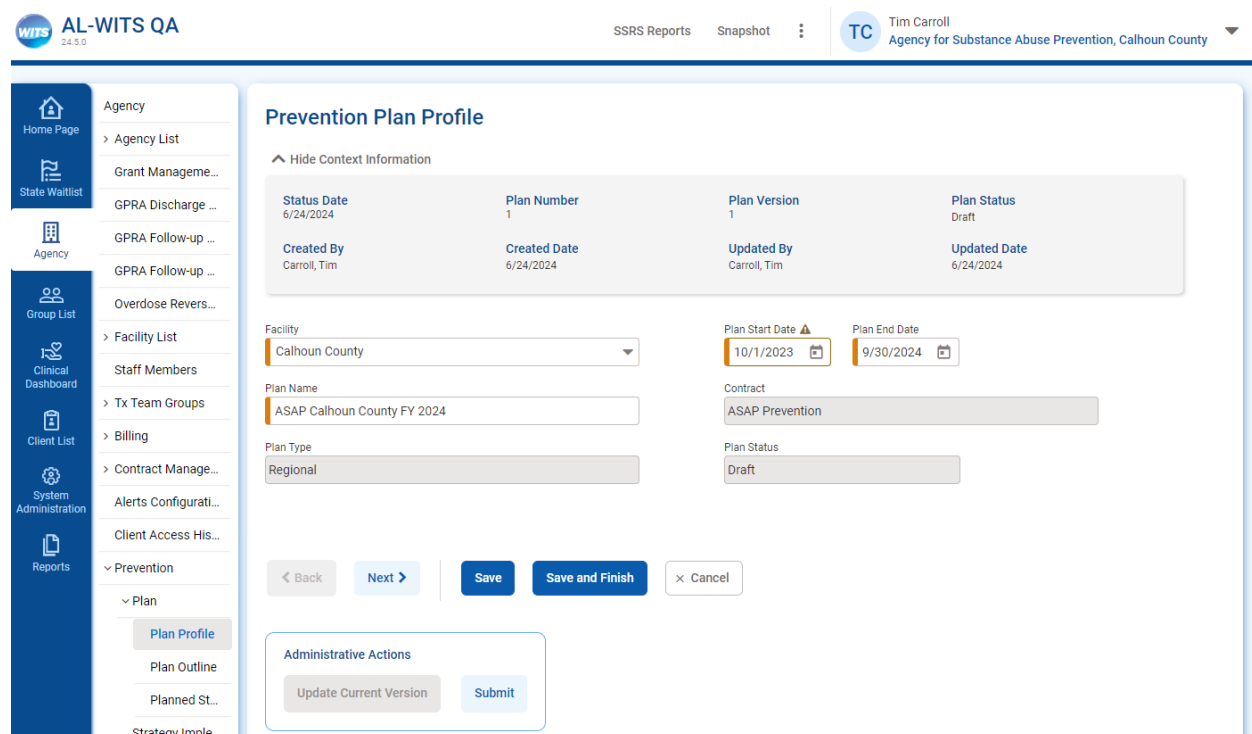
Prerequisites for this section:

- Update the Prevention code tables. See the System Functionality/ System Administration/Code Tables section above for more information.
- Create a prevention agency with at least one facility. See the System Functionality/Agency section above for more information.
- Create a contract between the ADMH agency and the Prevention agency. See the Contract Management section above for more information.

9.1. Prevention Plan

The Prevention Plan is entered in a Prevention agency. An active contract must exist between the ADMH Contractor agency and the Prevention agency.

9.1.1. Prevention Plan Profile



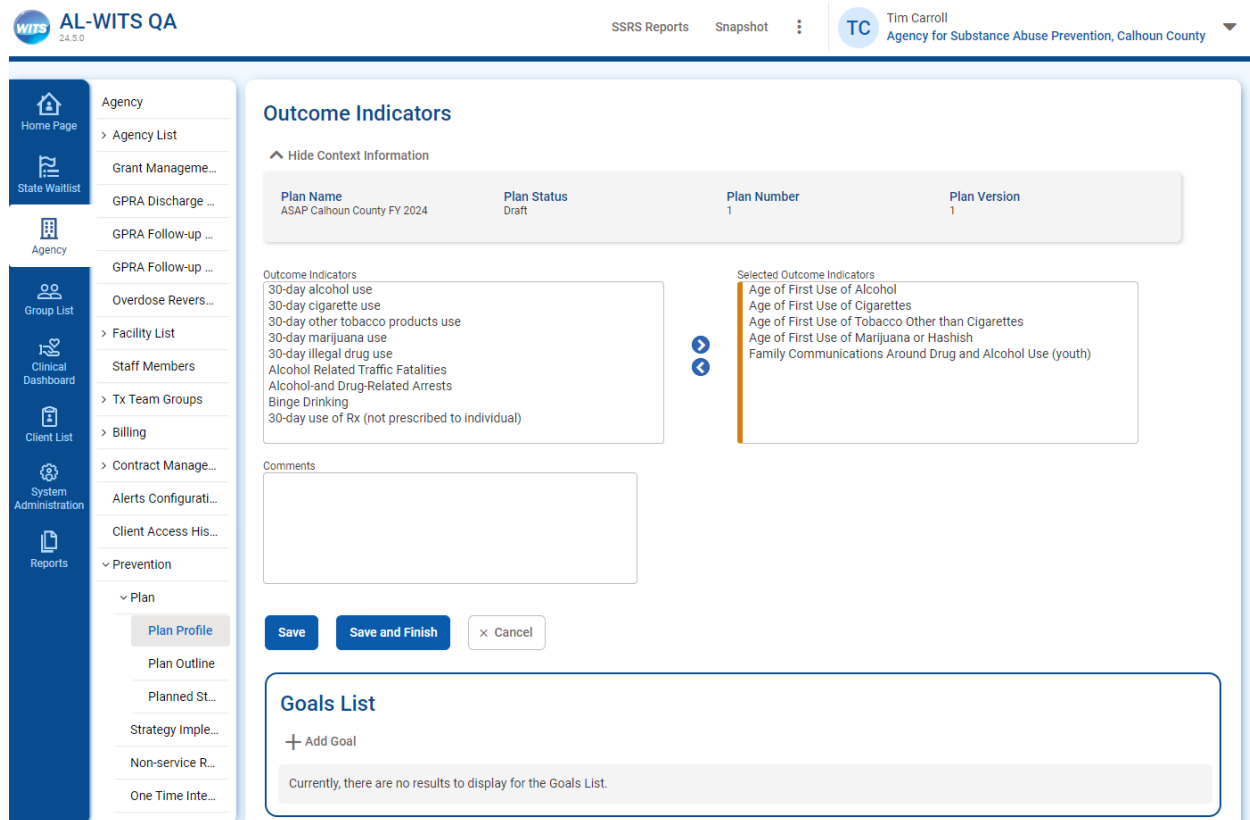
The screenshot shows the 'Prevention Plan Profile' form in the AL-WITS QA system. The interface includes a top navigation bar with the WITS logo, version 24.5.0, and user information for Tim Carroll. A left sidebar contains various navigation options like Home Page, Agency List, Grant Management, and Prevention. The main form area is titled 'Prevention Plan Profile' and includes a 'Hide Context Information' toggle. The form contains several fields: Status Date (6/24/2024), Plan Number (1), Plan Version (1), Plan Status (Draft), Created By (Carroll, Tim), Created Date (6/24/2024), Updated By (Carroll, Tim), and Updated Date (6/24/2024). Below these are fields for Facility (Calhoun County), Plan Name (ASAP Calhoun County FY 2024), Plan Start Date (10/1/2023), Plan End Date (9/30/2024), Contract (ASAP Prevention), Plan Type (Regional), and Plan Status (Draft). At the bottom, there are buttons for '< Back', 'Next >', 'Save', 'Save and Finish', and 'Cancel'. An 'Administrative Actions' section at the bottom right contains 'Update Current Version' and 'Submit' buttons.

Figure 302: Prevention Plan Profile

→TEST

- Version: 24.6 and later.
- Account role(s): Prevention (Full Access), Prevention Plan (Full Access), Complete Prevention Plans
- Select a Prevention provider agency.
- Navigate to Agency/Prevention/Plan.
- Click the +Add New Prevention Plan button.
- Enter the required fields on the profile and click the Save button.

9.1.2. Outcome Indicators



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and user information for Tim Carroll, Agency for Substance Abuse Prevention, Calhoun County. The left sidebar contains various navigation options like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Outcome Indicators" and includes a table with columns for Plan Name, Plan Status, Plan Number, and Plan Version. Below the table, there are sections for Outcome Indicators (a list of indicators), Selected Outcome Indicators (a list of selected indicators), and a Goals List section with an "Add Goal" button and a message stating "Currently, there are no results to display for the Goals List." At the bottom, there are buttons for Save, Save and Finish, and Cancel.


Figure 303: Prevention Plan Outcome Indicators

→TEST


Continued from Profile section above.

- Click the +Add Outcome Indicator button in the Outcome Indicators List.
- Select Outcome Indicators from the list and enter optional comments.
- Click the Save button and continue testing below.
Note: Click the Save and Finish button to return to the profile and add additional Outcome Indicators.

9.1.3. Goals


AL-WITS QA

SSRS Reports Snapshot ⋮


Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
> Billing
> Contract Manage...
Alerts Configurati...
Client Access His...
Prevention
Plan
Plan Profile
Plan Outline
Planned St...
Strategy Imple...
Non-service R...
One Time Inte...

Goals

^ Hide Context Information

Plan Name	Plan Status	Plan Number	Plan Version
ASAP Calhoun County FY 2024	Draft	1	1

Outcome Indicator(s)
Age of First Use of Alcohol, Age of First Use of Cigarettes, Age of First Use of Tobacco Other than Cigarettes, Age of First Use of Marijuana or Hashish, Family Communications Around Drug and Alcohol Use (youth)

Goal #
1

Name
Decrease number of adolescents trying drugs for the first time

Target Year
2024

Direction of Change
Decrease

Number
20

Type
Percent

Data Source
Community Assessment

Substances
Non-Prescription Methadone
Other
Other Amphetamines
Other Hallucinogens

Selected Substances
Alcohol
Barbiturates
Benzodiazepines
Cocaine/Crack

Target Population
Homeless
LGBTQ
Military Families
Students in College

Selected Target Population
High Risk Youth

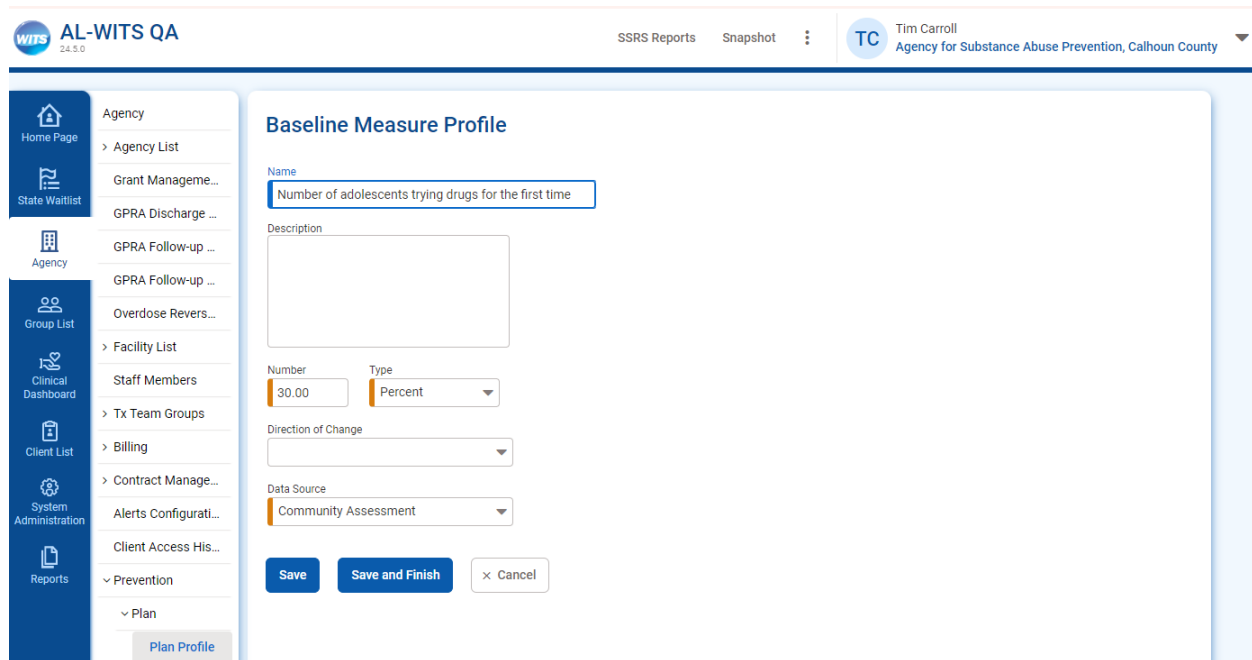
Figure 304: Prevention Plan Outcome Indicator Goals

→TEST

Continued from Outcome Indicators section above.

- Click the +Add Goal button in the Goals List.
- Enter the required fields and optional comments.
- Click the Save button and continue testing below.
Note: Click the Save and Finish button to return to the Outcome Indicators profile and add additional Goals.

9.1.4. Baseline Measure



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Agency for Substance Abuse Prevention, Calhoun County". The left sidebar contains various navigation options like "Home Page", "State Waitlist", "Agency", "Group List", "Clinical Dashboard", "Client List", "System Administration", and "Reports". The main content area is titled "Baseline Measure Profile". It includes a "Name" field with the text "Number of adolescents trying drugs for the first time", a "Description" text area, a "Number" input field set to "30.00", a "Type" dropdown set to "Percent", a "Direction of Change" dropdown, and a "Data Source" dropdown set to "Community Assessment". At the bottom are "Save", "Save and Finish", and "Cancel" buttons.

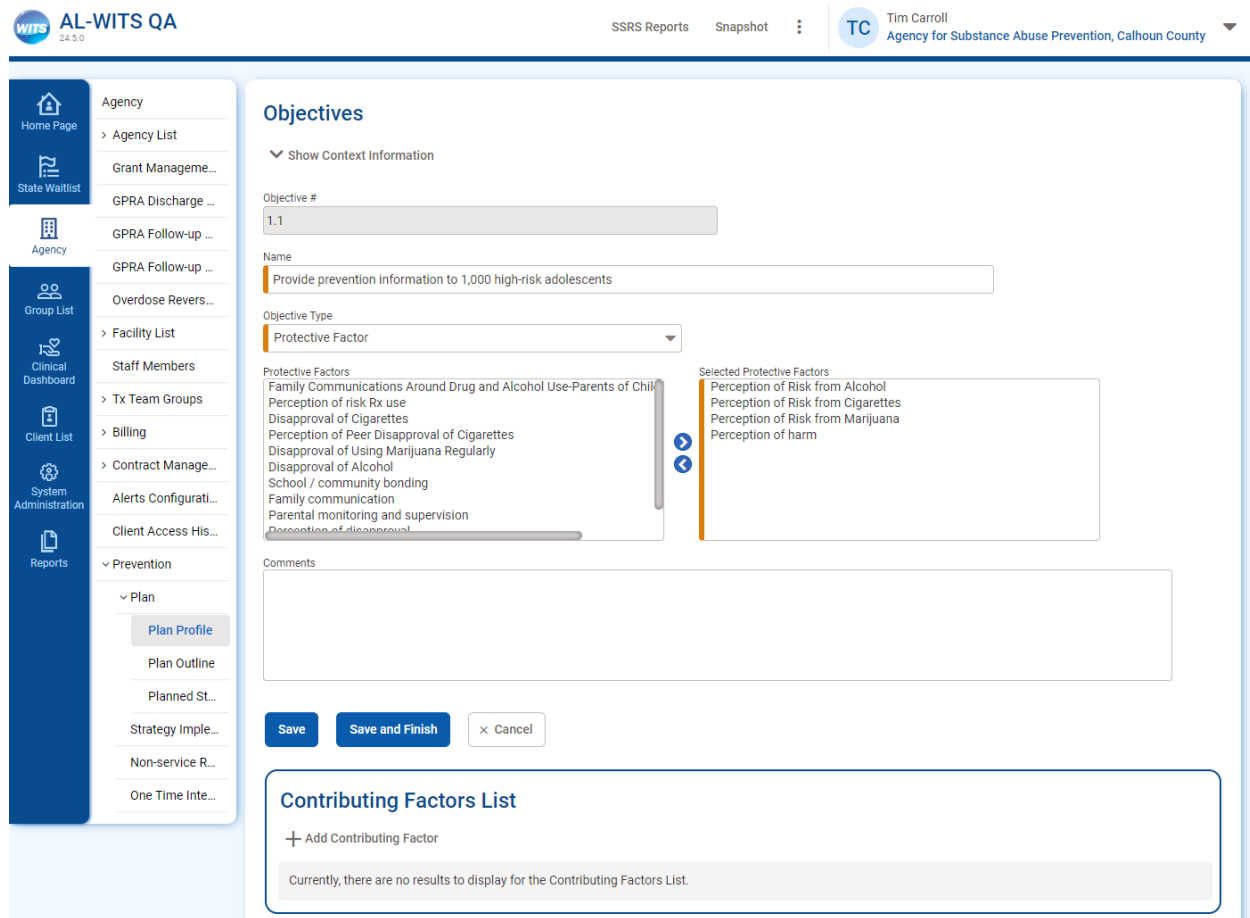
Figure 305: Prevention Plan Outcome Indicator Goal Baseline Measure

→ TEST

Continued from Goals section above.

- Click the +Add New Baseline Measure button in the Baseline Measures List.
 - Enter the required fields and optional comments.
 - Click the Save and Finish button and continue testing below.
- Note: Additional Baseline Measures may be added from the Goals profile.

9.1.5. Objectives



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Objectives

▼ Show Context Information

Objective #
1.1

Name
Provide prevention information to 1,000 high-risk adolescents

Objective Type
Protective Factor

Protective Factors

- Family Communications Around Drug and Alcohol Use-Parents of Child
- Perception of risk Rx use
- Disapproval of Cigarettes
- Perception of Peer Disapproval of Cigarettes
- Disapproval of Using Marijuana Regularly
- Disapproval of Alcohol
- School / community bonding
- Family communication
- Parental monitoring and supervision
- Perception of disapproval

Selected Protective Factors

- Perception of Risk from Alcohol
- Perception of Risk from Cigarettes
- Perception of Risk from Marijuana
- Perception of harm

Comments

Save Save and Finish x Cancel

Contributing Factors List

+ Add Contributing Factor

Currently, there are no results to display for the Contributing Factors List.


Figure 306: Prevention Plan Outcome Indicator Goal Objectives

→ TEST


Continued from Goals section above.

- Click the +Add Objective button in the Objectives List.
- Enter the required fields and optional comments.
- Click the Save button and continue testing below.
Note: Click the Save and Finish button to return to the Goal profile and add additional Objectives.

9.1.6. Contributing Factors


AL-WITS QA

SSRS Reports Snapshot ⋮


Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
> Agency List
Grant Manage...
GPRA Discharge ...
GPRA Follow-up ...
GPRA Follow-up ...
Overdose Revers...
> Facility List
Staff Members
> Tx Team Groups
> Billing
> Contract Manage...
Alerts Configurati...
Client Access His...
Prevention
Plan
Plan Profile
Plan Outline
Planned St...
Strategy Imple...
Non-service R...
One Time Inte...

Contributing Factors

Hide Context Information

Plan Name	Plan Status	Plan Number	Plan Version
ASAP Calhoun County FY 2024	Draft	1	1

Outcome Indicator(s)
Age of First Use of Alcohol, Age of First Use of Cigarettes, Age of First Use of Tobacco Other than Cigarettes, Age of First Use of Marijuana or Hashish, Family Communications Around Drug and Alcohol Use (youth)

Goal
Decrease number of adolescents trying drugs for the first time

Objective Name
Provide prevention information to 1,000 high-risk adolescents

Factor(s)
Perception of Risk from Alcohol, Perception of Risk from Cigarettes, Perception of Risk from Marijuana, Perception of harm

Contributing Factor #
1.1.1

Contributing Factors
Exposure to media messages promoting misuse
Lack of accessible healthcare
Lack of coping skills
Lack of transportation
Low self efficacy

Selected Contributing Factors
Exposure to poor modeling behavior
Lack of awareness

Comments

Save Save and Finish × Cancel

Figure 307: Prevention Plan Outcome Indicator Goal Objectives Contributing Factors

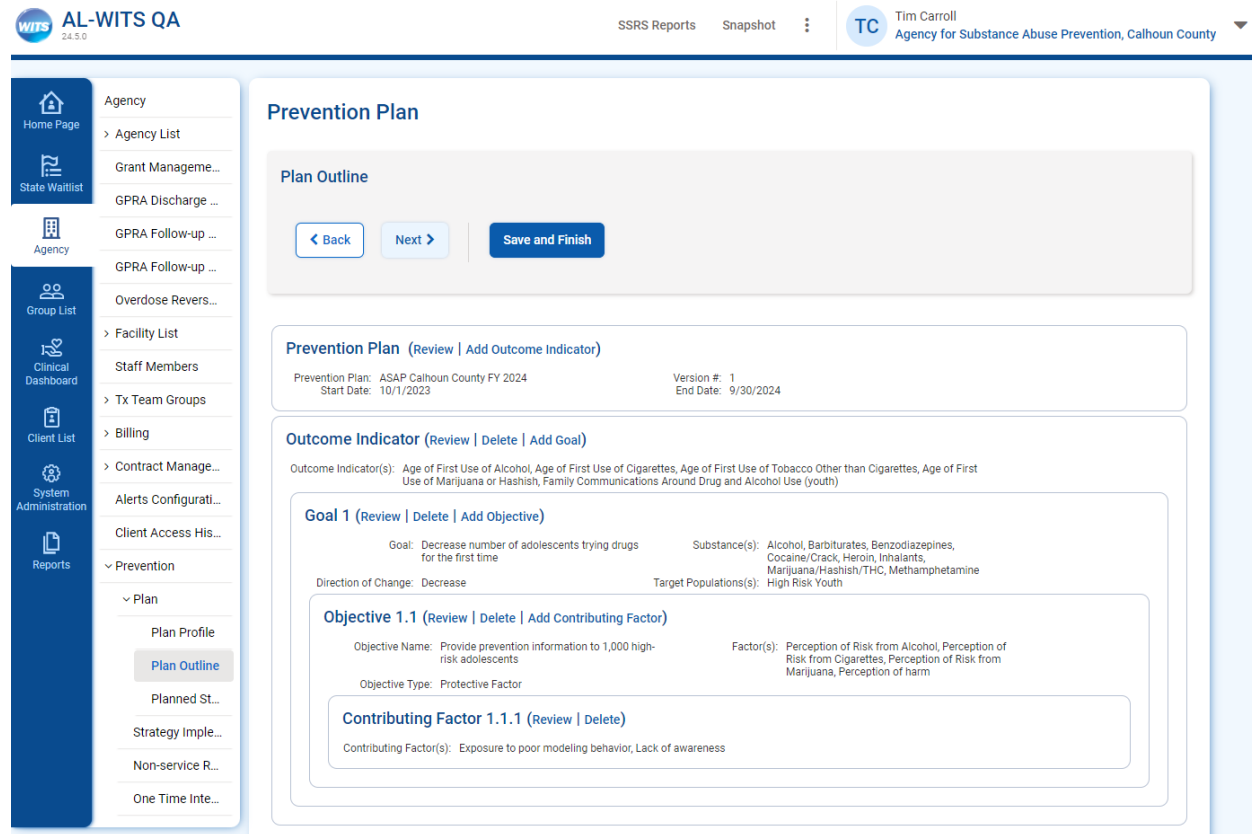
→TEST

Continued from the Objectives section above.

- Click the +Add Contributing Factor button in the Contributing Factors List.
- Enter the required fields and optional comments.
- Click the Save and Finish button to return to the Objectives profile and add additional Contributing Factors.

9.1.7. Plan Outline

The Plan Outline may be accessed at any time to facilitate data entry.



WITS 24.5.0 AL-WITS QA SSRS Reports Snapshot TC Tim Carroll Agency for Substance Abuse Prevention, Calhoun County

Prevention Plan

Plan Outline

[< Back](#) [Next >](#) [Save and Finish](#)

Prevention Plan (Review | Add Outcome Indicator)

Prevention Plan: ASAP Calhoun County FY 2024 Version #: 1
Start Date: 10/1/2023 End Date: 9/30/2024

Outcome Indicator (Review | Delete | Add Goal)

Outcome Indicator(s): Age of First Use of Alcohol, Age of First Use of Cigarettes, Age of First Use of Tobacco Other than Cigarettes, Age of First Use of Marijuana or Hashish, Family Communications Around Drug and Alcohol Use (youth)

Goal 1 (Review | Delete | Add Objective)

Goal: Decrease number of adolescents trying drugs for the first time Substance(s): Alcohol, Barbiturates, Benzodiazepines, Cocaine/Crack, Heroin, Inhalants, Marijuana/Hashish/THC, Methamphetamine
Direction of Change: Decrease Target Populations(s): High Risk Youth

Objective 1.1 (Review | Delete | Add Contributing Factor)

Objective Name: Provide prevention information to 1,000 high-risk adolescents Factor(s): Perception of Risk from Alcohol, Perception of Risk from Cigarettes, Perception of Risk from Marijuana, Perception of harm
Objective Type: Protective Factor

Contributing Factor 1.1.1 (Review | Delete)

Contributing Factor(s): Exposure to poor modeling behavior, Lack of awareness


Figure 308: Prevention Plan Outline

→TEST

Continued from Contributing Factors section above.

- Navigate to Agency/Prevention/Plan/Plan Outline
- View the plan outline.
- Click the buttons on the outline to review, delete, or add additional items.
- Click the Back button to navigate to the Profile.
- Click the Next button to navigate to Planned Strategies

9.1.8. Planned Strategies


AL-WITS QA

SSRS Reports
Snapshot

TC

Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manageme...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Tx Team Groups

> Billing

> Contract Manage...

Alerts Configurati...

Client Access His...

> Prevention

> Plan

Plan Profile

Plan Outline

Planned St...

Planned Strategies List

+ Add Strategy

Currently, there are no results to display for the Planned Strategies List.

< Back

Next >

Finish

Figure 309: Prevention Plan Planned Strategies List

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Managemen...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Tx Team Groups

> Billing

> Contract Manage...

Alerts Configurati...

Client Access His...

> Prevention

> Plan

Plan Profile

Plan Outline

Planned St...

Strategy Imple...

Non-service R...

One Time Inte...

Planned Strategy

Hide Context Information

Plan Name	Plan Status	Plan Number	Plan Version
ASAP Calhoun County FY 2024	Draft	1	1

Strategy

Community Mobilization

Description

Community Mobilization

Socio-ecological Domain

School

Service Population

Civic Groups/Coalitions

Evidence Based Type

Innovative

IOM Category

Indicated

Data Collection Method

Community

Geo Type

County Wide

Available Counties

Jefferson
Chambers
Cherokee
Chilton
Choctaw

CSAP Strategies

Alternatives
Community-Based Process
Environmental
Problem Identification and Referral

Risk Categories

Not Applicable
Abuse victims
Already using substances
Drop-outs
Mental health problems

Strategy #

1

Program Provider

Agency for Substance Abuse Prevention

Community Size

50,001 or more

Projected # of Participants

1000

Projected Start Date

10/1/2023

Projected End Date

9/30/2024

Selected Counties

Calhoun

Selected CSAP Strategies

Education
Information Dissemination

Selected Risk Categories

Children of substance abusers
Economically disadvantaged
Homeless and/or runaway youth

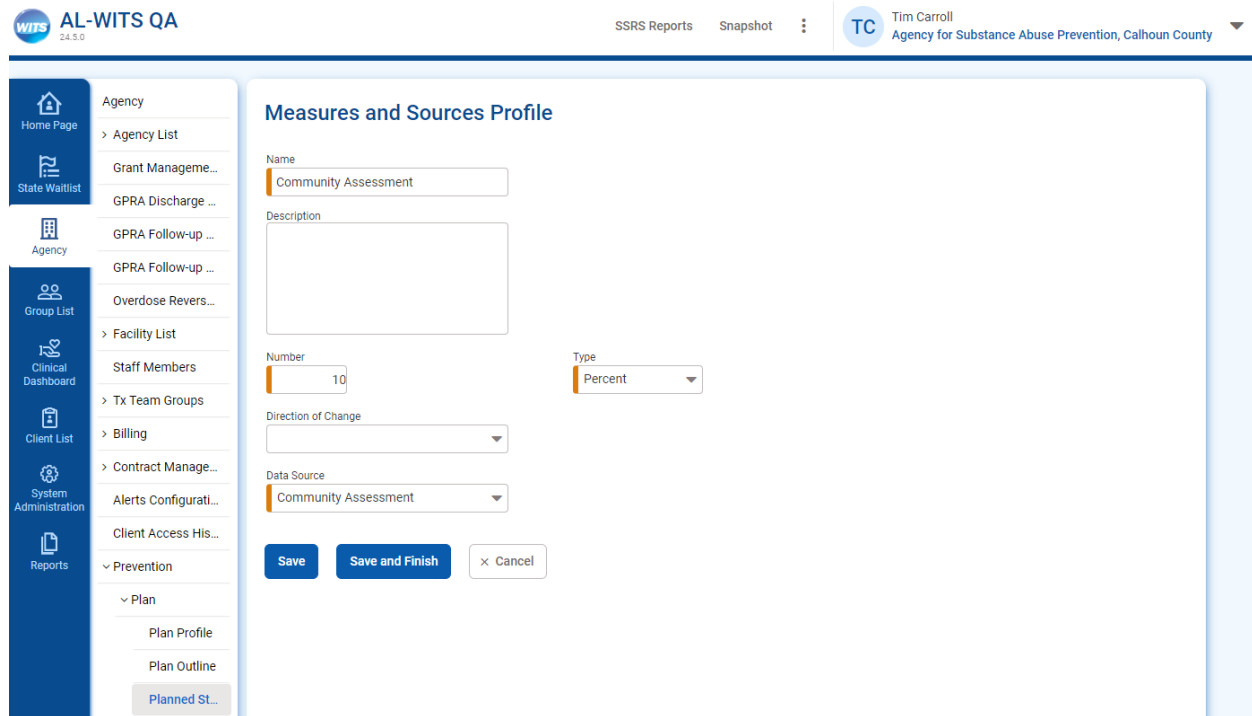
Figure 310: Prevention Plan Planned Strategy Profile

→TEST

Continued from Plan Outline section above.

- Navigate to Agency/Prevention/Plan/Planned Strategies
Note: A plan must be selected first.
- Click the +Add Strategy button.
- Enter the required fields and click the Save button.

9.1.9. Measures and Sources



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and the user profile for Tim Carroll, Agency for Substance Abuse Prevention, Calhoun County. The left sidebar contains various navigation options: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Measures and Sources Profile" and contains the following fields:

- Name:** Community Assessment
- Description:** (Empty text area)
- Number:** 10
- Type:** Percent
- Direction of Change:** (Dropdown menu)
- Data Source:** Community Assessment

At the bottom of the form are three buttons: "Save", "Save and Finish", and "Cancel".


Figure 311: Prevention Plan Planned Strategy Measures and Sources

→TEST

Continued from Outcome Indicators section above.

- Click the +Add Associated Objectives and Sources button in the Measures and Sources List.
- Enter the required fields and optional comments.
- Click the Save button and continue testing below.
Note: Click the Save and Finish button to return to the Planned Strategy profile and add additional Measures and Sources.

9.1.10. Associated Objectives


AL-WITS QA

SSRS Reports
Snapshot

TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency

- > Agency List
- Grant Manage...
- GPRA Discharge ...
- GPRA Follow-up ...
- GPRA Follow-up ...
- Overdose Revers...
- > Facility List
- Staff Members
- > Tx Team Groups
- > Billing
- > Contract Manage...
- Alerts Configurati...
- Client Access His...
- > Prevention
 - > Plan
 - Plan Profile
 - Plan Outline
 - Planned St...

Select Objectives

<input checked="" type="checkbox"/>	Name	Type	Factors	Goal
<input checked="" type="checkbox"/>	Provide prevention information to 1,000 high-risk adolescents	Protective Factor	Perception of harm, Perception of Risk from Alcohol, Perception of Risk from Cigarettes, Perception of Risk from Marijuana	Decrease number of adolescents trying drugs for the first time

Save and Finish
Cancel

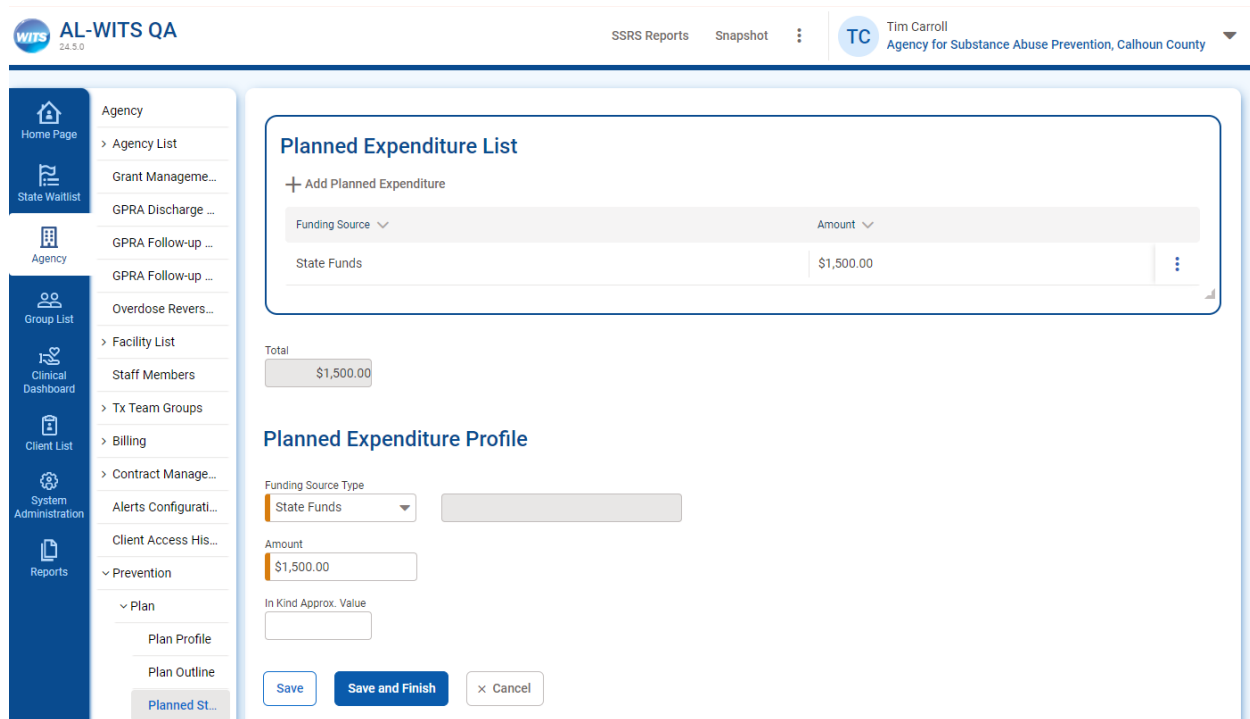
Figure 312: Prevention Plan Planned Strategy Associated Objectives

→TEST

Continued from Measures and Sources section above.

- Click the +Add Objectives button in the Associated Objectives List.
- Click the checkbox to select one or multiple objectives.
- Click the Save and Finish button to return to the Planned Strategy profile.

9.1.11. Planned Expenditure



The screenshot shows the WITS AL-WITS QA interface. The top navigation bar includes "WITS AL-WITS QA 24.5.0", "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll, Agency for Substance Abuse Prevention, Calhoun County". The left sidebar contains various navigation options: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Planned Expenditure List" and includes a "+ Add Planned Expenditure" button. Below this is a table with columns for "Funding Source" and "Amount". The table contains one entry: "State Funds" with an amount of "\$1,500.00". A "Total" box shows "\$1,500.00". Below the table is the "Planned Expenditure Profile" section, which includes a "Funding Source Type" dropdown set to "State Funds", an "Amount" field set to "\$1,500.00", and an "In Kind Approx. Value" field. At the bottom are "Save", "Save and Finish", and "Cancel" buttons.

Figure 313: Prevention Plan Planned Strategy Planned Expenditure

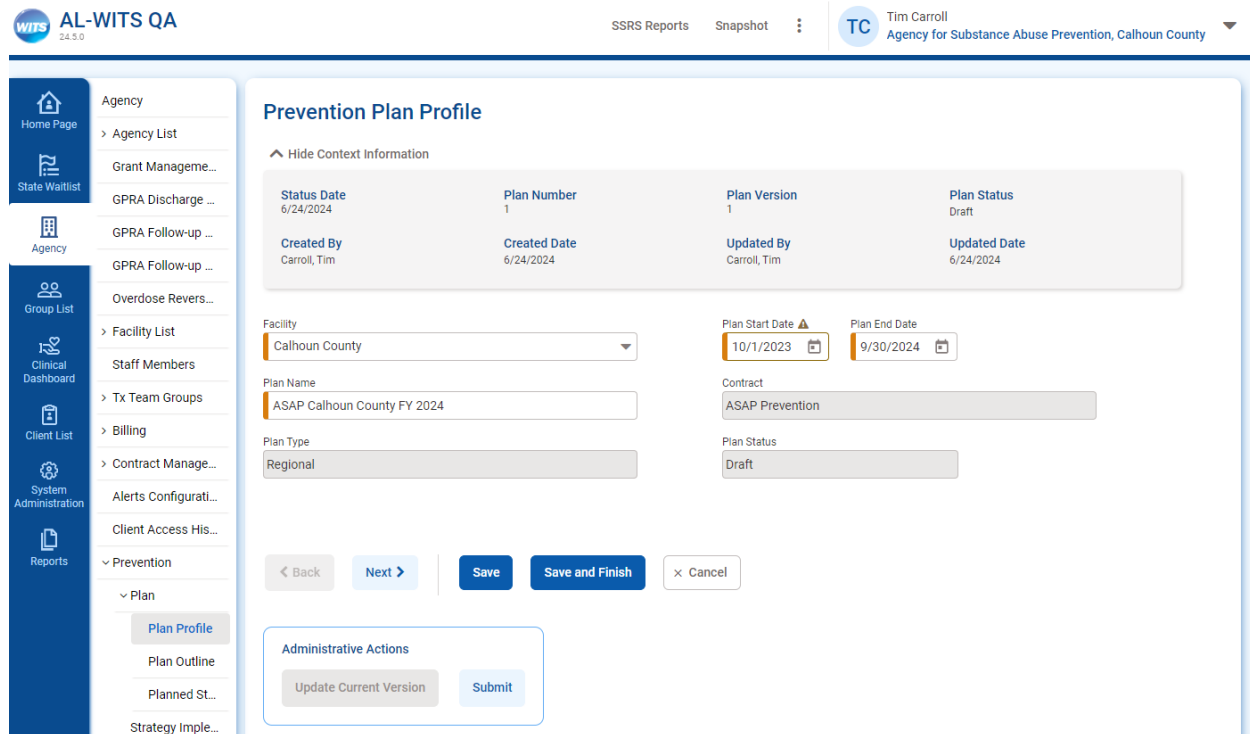
→TEST

Continued from Associated Objectives section above.

- Click the Planned Expenditure button in the Administrative Actions section at the bottom of the Planned Strategy profile.
- The Planned Expenditure list is displayed.
- Click the +Add Planned Expenditure button in the Planned Expenditure list.
- Enter the required fields and click the Save button.
- Repeat for each planned expenditure.
- Click the Save and Finish button to return to the Planned Strategy profile.

9.1.12. Submission

Once all sections are completed, the plan must be submitted to the ADMH Contractor agency.



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Prevention Plan Profile

Hide Context Information

Status Date 6/24/2024	Plan Number 1	Plan Version 1	Plan Status Draft
Created By Carroll, Tim	Created Date 6/24/2024	Updated By Carroll, Tim	Updated Date 6/24/2024

Facility: Calhoun County

Plan Name: ASAP Calhoun County FY 2024

Plan Type: Regional

Plan Start Date: 10/1/2023

Plan End Date: 9/30/2024

Contract: ASAP Prevention

Plan Status: Draft

Back Next Save Save and Finish Cancel

Administrative Actions

Update Current Version Submit

Figure 314: Prevention Plan Profile Submission

→TEST

Continued from sections above.

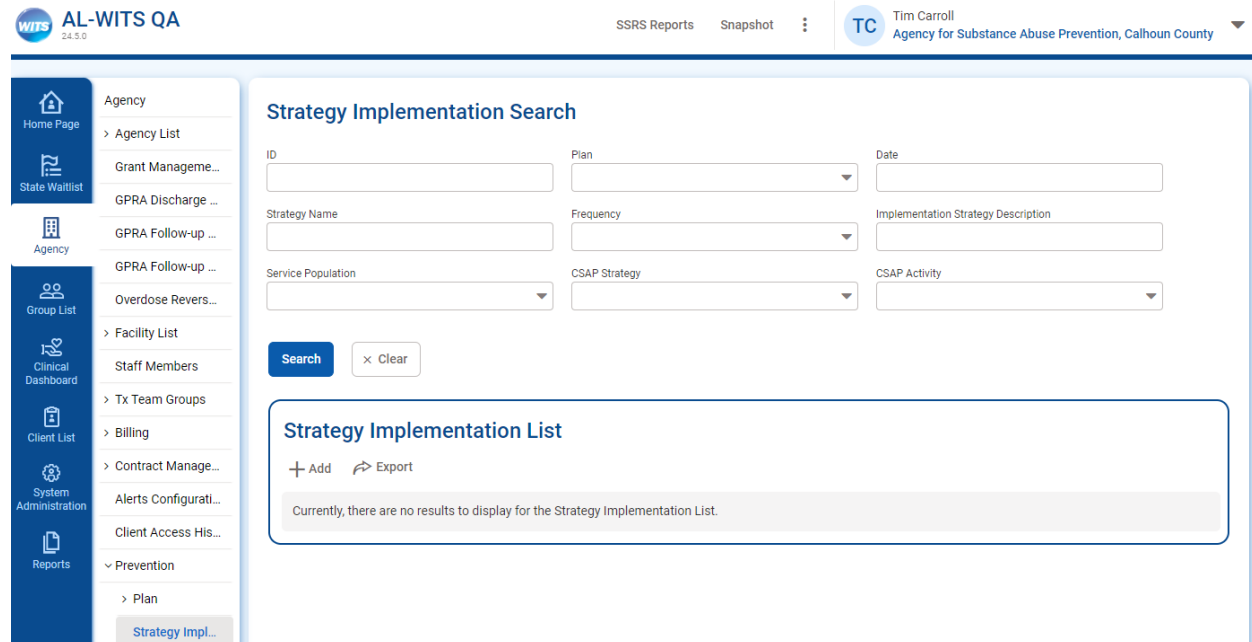
- Navigate to Agency/Prevention/Plan.
- Search for the plan in the list.
- Click the Review button from the ellipsis to view the plan profile.
Note the Plan Status is Draft.
- Click the Submit version in the Administrative Actions section at the bottom of the Plan profile.
- The plan becomes read-only, and the Plan Status is Submitted.
Note: Refer to the Contract Management/Prevention Plans section above for the ADMH process to approve submitted Prevention Plans.

9.2. Strategy Implementation

Once the plan is approved, the provider may enter the implemented strategies. The provider records information about the event, such as demographics and estimated cost expenditures.

Note: The implemented strategies do not bill the ADMH contractor agency automatically. Refer to the following sections for additional information:

- If using Cost Reimbursement, refer to the Billing/Provider Invoice Management section.
- If using Fee for Service, refer to the Billing/Claim Item section



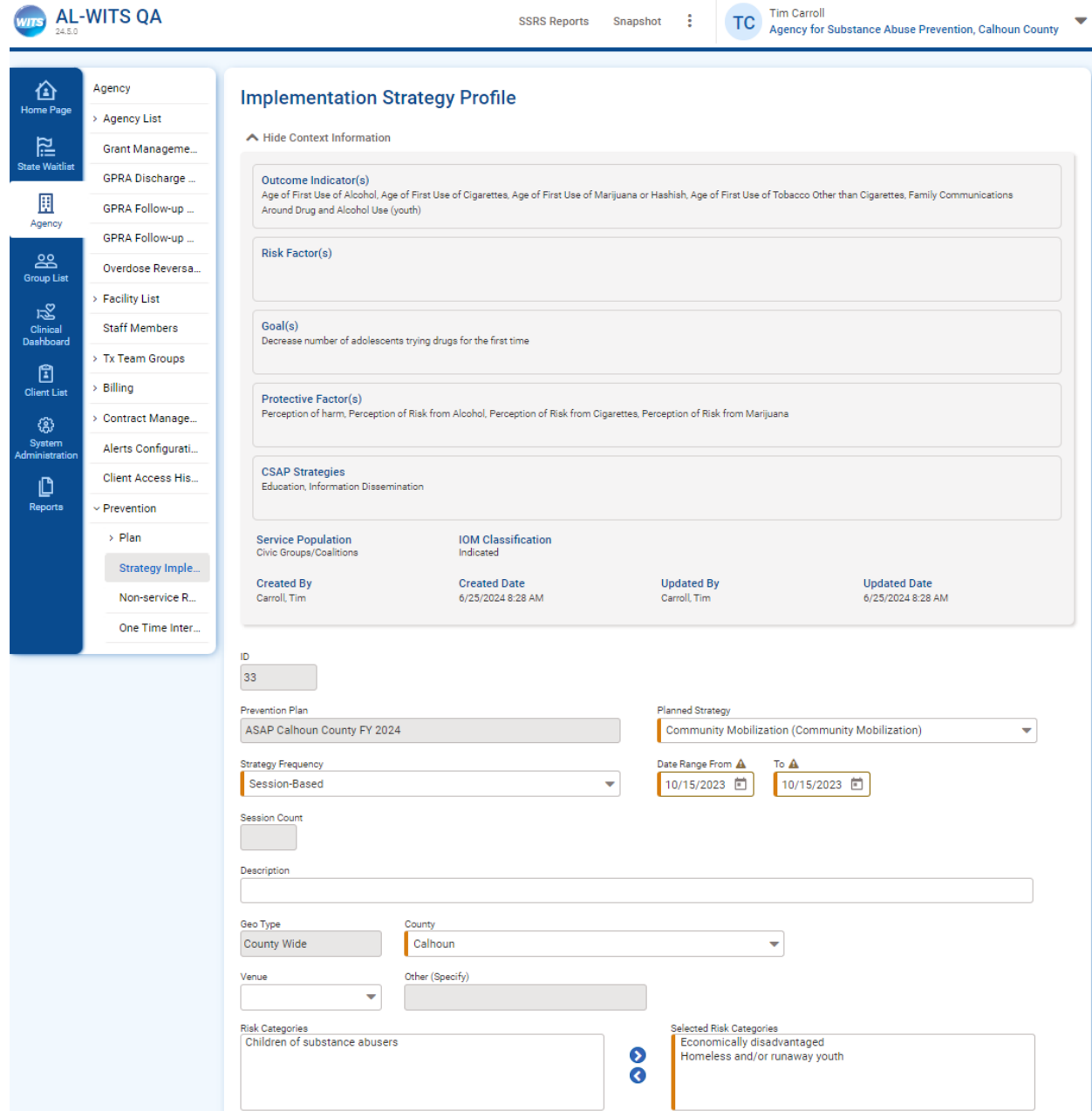
The screenshot displays the WITS AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and user information for Tim Carroll at the Agency for Substance Abuse Prevention, Calhoun County. The left sidebar contains a menu with categories like Agency, State Waitlist, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Strategy Implementation Search" and features a search form with fields for ID, Plan, Date, Strategy Name, Frequency, Implementation Strategy Description, Service Population, CSAP Strategy, and CSAP Activity. Below the search form are "Search" and "Clear" buttons. A section titled "Strategy Implementation List" includes "Add" and "Export" icons and a message stating, "Currently, there are no results to display for the Strategy Implementation List."

Figure 315: Prevention Strategy Implementation List

9.2.1. Strategy Implementation Profile

The Strategy Implementation Profile is a long screen. As with most screens, the Context Information section may be collapsed if needed. Note that the Context Information section is blank until a plan and strategy are selected.

Additionally, the required fields change based on the selection in the Strategy Frequency field.



WITS AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Implementation Strategy Profile

Hide Context Information

Outcome Indicator(s)
Age of First Use of Alcohol, Age of First Use of Cigarettes, Age of First Use of Marijuana or Hashish, Age of First Use of Tobacco Other than Cigarettes, Family Communications Around Drug and Alcohol Use (youth)

Risk Factor(s)

Goal(s)
Decrease number of adolescents trying drugs for the first time

Protective Factor(s)
Perception of harm, Perception of Risk from Alcohol, Perception of Risk from Cigarettes, Perception of Risk from Marijuana

CSAP Strategies
Education, Information Dissemination

Service Population	IOM Classification	Created By	Created Date	Updated By	Updated Date
Civic Groups/Coalitions	Indicated	Carroll, Tim	6/25/2024 8:28 AM	Carroll, Tim	6/25/2024 8:28 AM

ID: 33

Prevention Plan: ASAP Calhoun County FY 2024

Planned Strategy: Community Mobilization (Community Mobilization)

Strategy Frequency: Session-Based

Date Range From: 10/15/2023 To: 10/15/2023

Session Count:

Description:

Geo Type: County Wide County: Calhoun

Venue: Other (Specify):

Risk Categories: Children of substance abusers

Selected Risk Categories: Economically disadvantaged, Homeless and/or runaway youth

Figure 316: Implementation Strategy Profile (top section)

Approximate Cost

Travel

Material

Space

Labor

Other Other Description:

Total

Impacted Target Population

Total number of participants [Census Information](#)

Gender

Male

Female

Trans Man

Trans Woman

Gender Non-Conforming

Other

Not Available

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Unknown

Age

0-5

6-12

13-17

18-20

21-24

25-44

45-64

65-74

75 and over

Age Not Known

Race

White

Asian

Black/ African American

American Indian/ Alaskan Native

Native Hawaiian/ Other Pacific Islander

More than one race

Race unknown or other

Other items counted in this implementation

Save **Save and Finish**

Figure 317: Implementation Strategy Profile (bottom section)

→ TEST

- Version: 24.6 and later.
- Account role(s): Prevention (Full Access), Prevention Plan (Full Access), Complete Prevention Plans
- Select a Prevention provider agency with an approved Prevention Plan.
See the following sections above for additional information:
 - Prevention/Prevention Plan
 - Contract Management/Prevention Plans
- Navigate to Agency/Prevention/Strategy Implementation.
- Click the +Add button.
Note: Click the Search button to view any previously entered Strategy Implementations.
- Enter the required fields.
- Enter the Approximate Cost fields as needed.
- Click the Save button.
- Alternately, click the Save and Finish button to return to the list and add additional strategy implementations.

9.2.2. Strategy Implementation Sessions

Multiple sessions may be entered for each Strategy Implementation.

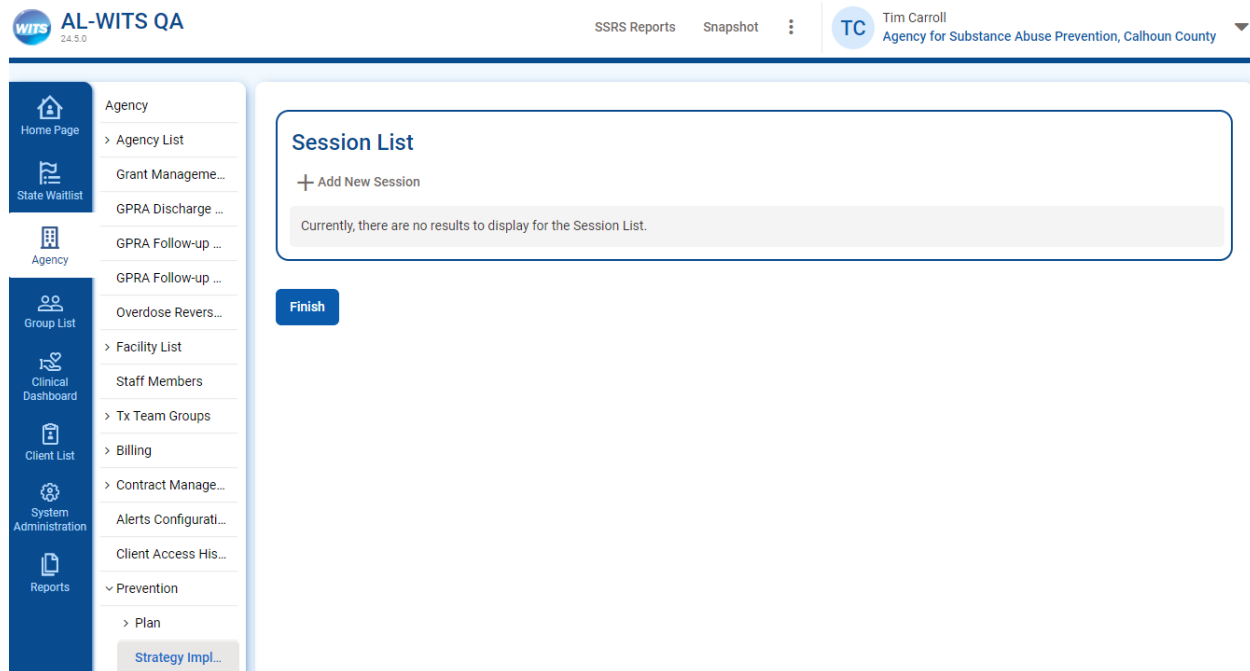


Figure 318: Strategy Implementation Session List

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manageme...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

> Facility List

Staff Members

> Tx Team Groups

> Billing

> Contract Manage...

Alerts Configurati...

Client Access His...

> Prevention

> Plan

Strategy Imple...

Non-service R...

One Time Inter...

Session Profile

Session # <input type="text" value="1"/>	Date <input type="text" value="6/25/2024"/>
Session Name <input type="text" value="Education"/>	Leader <input type="text" value="Tim Carroll"/>
Duration Units <input type="text" value="Hours"/>	Duration <input type="text" value="4"/>

Activity and Duration

Duration <input type="text"/>	Duration Type <input type="text"/>
<small>*Required for Selected CSAP Activities</small>	<small>*Required for Selected CSAP Activities</small>

CSAP Activities

Brochures
Clearinghouse/information resources centers
Health fairs and other health promotion, e.g., conferences, meetings, s
Information lines/Hot lines
Media campaigns
(Grouping, classroom, and/or small group sessions)

Selected CSAP Activities

Education programs for youth groups (1 Hrs)
Mentors (1 Hrs)
Peer leader/helper programs (1 Hrs)
Preschool ATOD prevention programs (1 Hrs)

Comments

Example comments.

Impacted Target Population

Total number of participants: [Census Information](#)

Gender

Male <input type="text" value="50"/>	Female <input type="text" value="50"/>
Trans Man <input type="text" value="0"/>	Trans Woman <input type="text" value="0"/>
Gender Non-Conforming <input type="text" value="0"/>	Other <input type="text" value="0"/>
Not Available <input type="text" value="0"/>	

Ethnicity

Hispanic or Latino <input type="text" value="25"/>	Not Hispanic or Latino <input type="text" value="60"/>
Unknown <input type="text" value="15"/>	

Age

0-5 <input type="text" value="0"/>	6-12 <input type="text" value="0"/>
13-17 <input type="text" value="95"/>	18-20 <input type="text" value="5"/>
21-24 <input type="text" value="0"/>	25-44 <input type="text" value="0"/>
45-64 <input type="text" value="0"/>	65-74 <input type="text" value="0"/>
75 and over <input type="text" value="0"/>	Age Not Known <input type="text" value="0"/>

Race

White <input type="text" value="35"/>	Asian <input type="text" value="5"/>
Black/ African American <input type="text" value="35"/>	American Indian/ Alaskan Native <input type="text" value="0"/>
Native Hawaiian/ Other Pacific Islander <input type="text" value="0"/>	More than one race <input type="text" value="15"/>
Race unknown or other <input type="text" value="10"/>	

Save

Save and Finish

× Cancel

Figure 319: Strategy Implementation Session Profile

→TEST

Continued from Strategy Implementation Profile section above.

- Click the Sessions button in the Administrative Actions section of the Strategy Implementation Profile.
- Click the +Add New Session button.
- Enter the required fields.
Note: The Session Name is optional, but it is recommended to enter a name. This makes it easier to find the appropriate session from the list.
- Activity and Duration section:
 - Select a duration and duration type
 - Select one value from the left CSAP Activity list and move it to the right Selected CSAP Activities list.
 - Repeat for each activity. The duration for the total selected activities cannot be more than the duration entered in the third row of the profile.
- Impacted Target Population section:
 - Enter a total number of participants.
 - The total entered for each of the following four sections must equal the total number of participants.
- Click the Save button.
Note: An error or errors will be displayed if the values for Impacted Target Population do not add up correctly.

9.2.3. Strategy Implementation Session Actual Expenditure

WITS 24.5.0

AL-WITS QA

SSRS Reports

Snapshot

TC

Tim Carroll

Agency for Substance Abuse Prevention, Calhoun County

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

Agency

> Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Reversa...

> Facility List

Staff Members

> Tx Team Groups

> Billing

> Contract Manage...

Alerts Configurati...

Client Access His...

> Prevention

> Plan

Strategy Imple...

Non-service R...

One Time Inter...

Actual Expenditure Allocation

Approximate Cost

Travel
\$100.00

Material
\$250.00

Space
\$0.00

Labor
\$1,000.00

Other
\$0.00

Other Description

Total
\$1,350.00

Notes

Cost Allocation

Funding Source	Amount
State Funds	\$1,350.00

Cost Allocation Profile

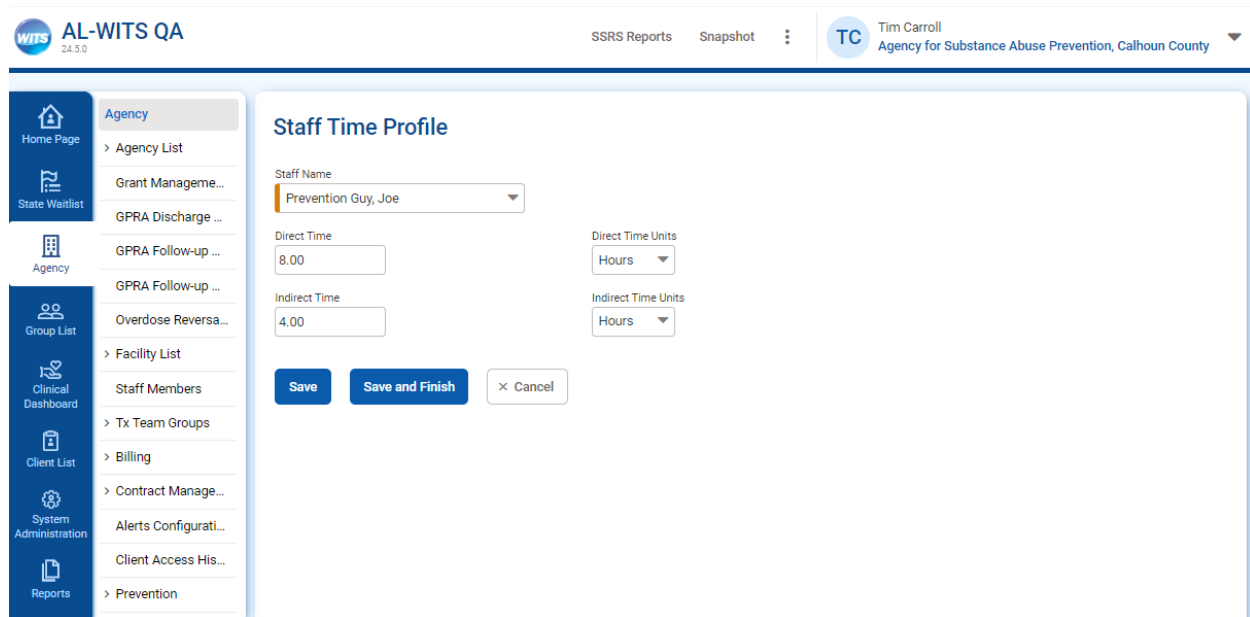
Amount
\$1,350.00

Figure 320: Strategy Implementation Session Actual Expenditure Profile

Continued from Strategy Implementation Sessions section above.

- Click the Actual Expenditure button in the Administrative Actions section of the Strategy Implementation Profile.
Note: The approximate costs are displayed from the Implementation Strategy Profile. These fields are read-only and cannot be edited from this screen.
- Click the Edit button from the ellipsis in the Cost Allocation List.
- Enter the actual expenditure in the Amount section of the Cost Allocation Profile at the bottom of the screen.
- Click the Save and Finish button to return to the Strategy Implementation Session Profile.

9.2.4. Strategy Implementation Session Staff Time



WITS 24.5.0 AL-WITS QA SSRS Reports Snapshot TC Tim Carroll Agency for Substance Abuse Prevention, Calhoun County

Staff Time Profile

Staff Name
Prevention Guy, Joe

Direct Time
8.00

Direct Time Units
Hours

Indirect Time
4.00

Indirect Time Units
Hours

Save Save and Finish X Cancel

Figure 321: Strategy Implementation Session Staff Time Profile

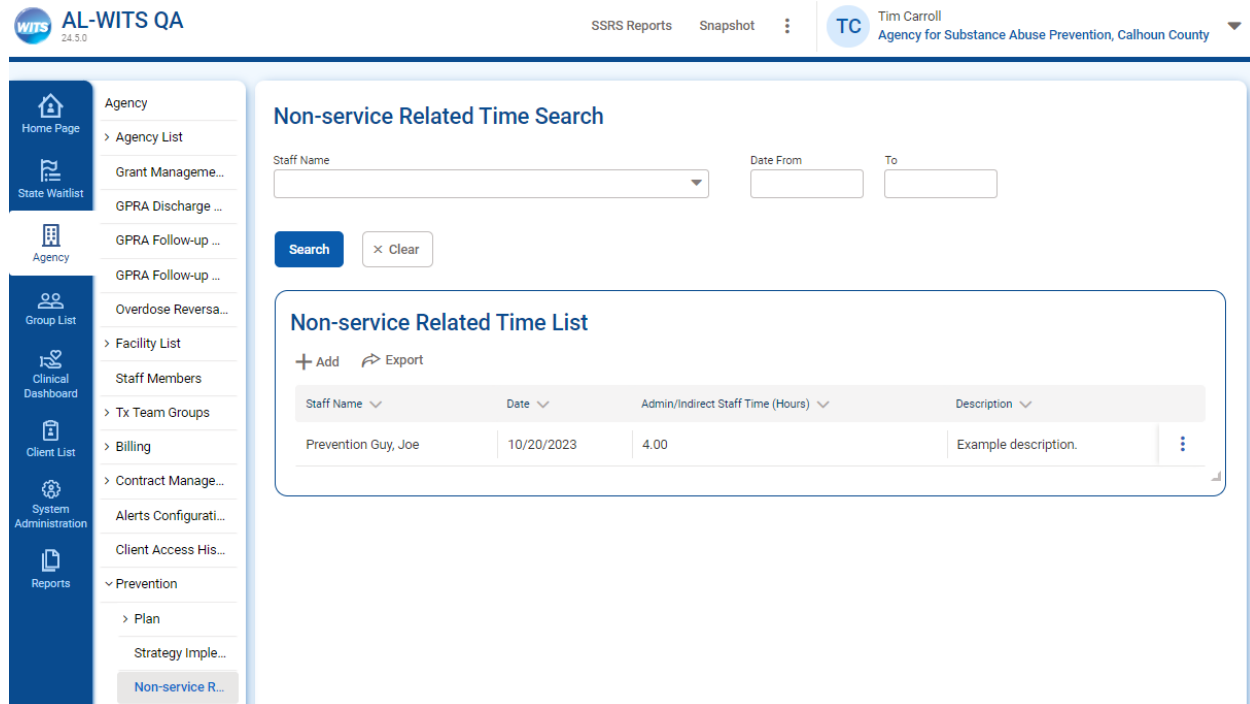
→TEST

Continued from Strategy Implementation Sessions section above.

- Click the +Add button in the Staff Time list on the Strategy Implementation Session Profile.
- Select a staff member from the dropdown.
Note: The dropdown displays staff members in the Prevention Agency.
- Enter Direct and/or Indirect time and units.
- Click the Save and Finish button to return to the Strategy Implementation Session Profile.
- Add additional staff time if needed.

9.3. Non-service Related Time

The Non-service Related Time screen collects time not associated with a Strategy Implementation.



AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Non-service Related Time Search

Staff Name Date From To

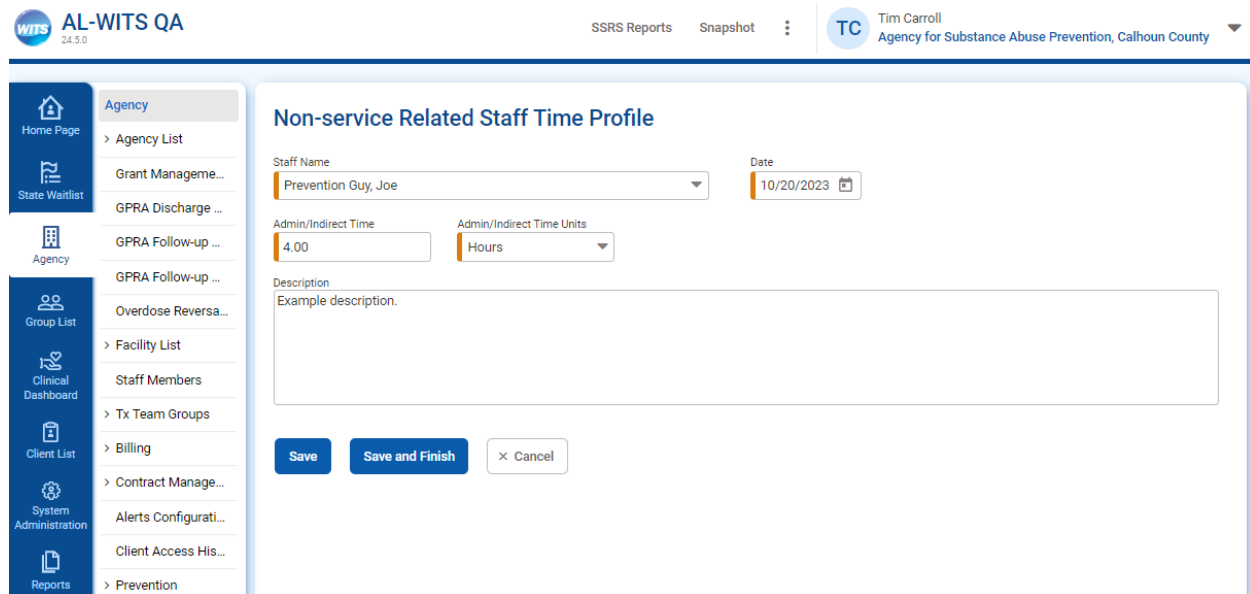
Search **×** Clear

Non-service Related Time List

+ Add **Export**

Staff Name	Date	Admin/Indirect Staff Time (Hours)	Description
Prevention Guy, Joe	10/20/2023	4.00	Example description.

Figure 322: Non-related Service Time List



AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Non-service Related Staff Time Profile

Staff Name Date

Admin/Indirect Time Admin/Indirect Time Units

Description

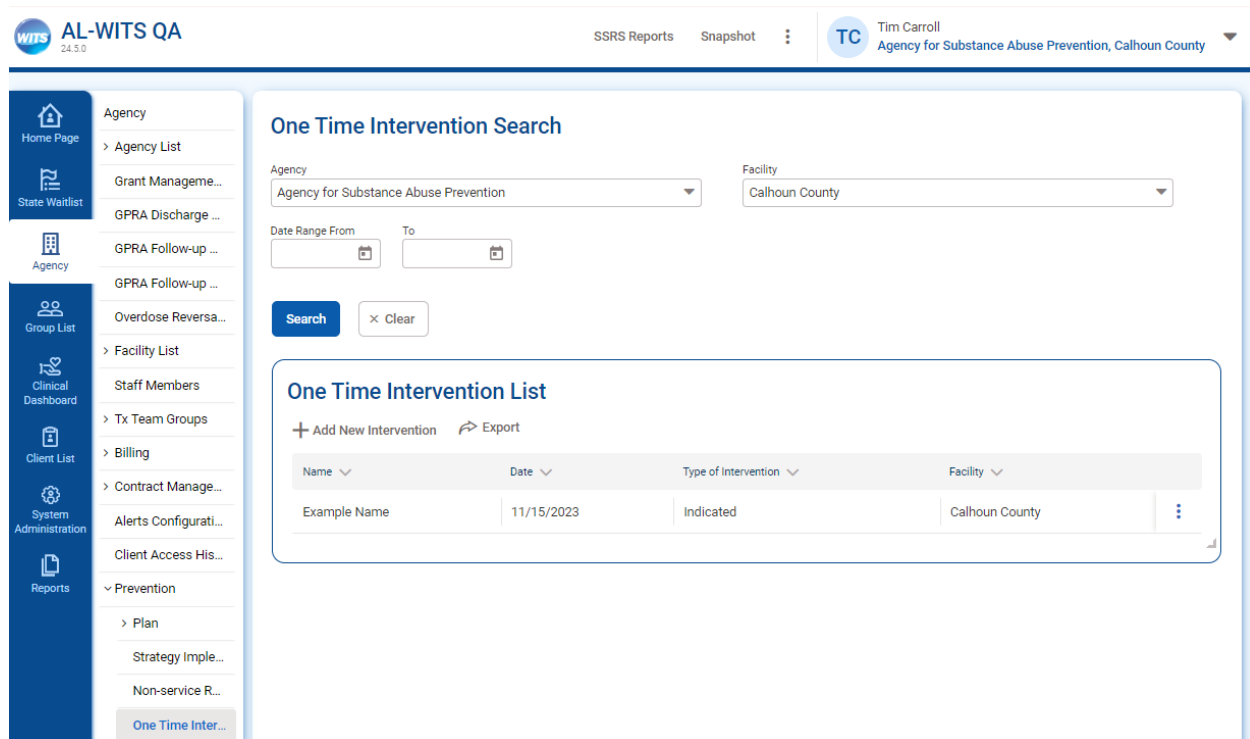
Save **Save and Finish** **×** Cancel

Figure 323: Non-related Service Time Profile

→ TEST

- Version: 24.6 and later.
- Account role(s): Prevention (Full Access), Prevention Plan (Full Access), Complete Prevention Plans
- Select a Prevention provider agency.
- Navigate to Agency/Prevention/Non-service Related Time.
- Click the +Add button.
Note: Click the Search button to view any previously entered Non-service Related Times. The search defaults to the last month. Clear the dates to search for all dates.
- Select a staff member from the dropdown.
Note: The dropdown displays staff members in the Prevention Agency.
- Enter Direct time and units.
- Optionally enter a description.
- Click the Save and Finish button to return to the Strategy Implementation Session Profile.
- Add additional Non-service Related Times if needed.

9.4. One Time Intervention



The screenshot displays the WITS 24.5.0 AL-WITS QA interface. The top navigation bar includes the WITS logo, version 24.5.0, and the user profile for Tim Carroll, Agency for Substance Abuse Prevention, Calhoun County. The left sidebar contains a menu with categories like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "One Time Intervention Search" and includes search filters for Agency (Agency for Substance Abuse Prevention), Facility (Calhoun County), and Date Range (From and To). A "Search" button and a "Clear" button are present. Below the search filters is a "One Time Intervention List" section with a table showing a single example entry.

Name	Date	Type of Intervention	Facility
Example Name	11/15/2023	Indicated	Calhoun County

Figure 324: One Time Intervention List

Home Page
State Waitlist
Agency
Group List
Clinical Dashboard
Client List
System Administration
Reports

Agency
 > Agency List
 Grant Manageme...
 GPRA Discharge ...
 GPRA Follow-up ...
 GPRA Follow-up ...
 Overdose Reversa...
 > Facility List
 Staff Members
 > Tx Team Groups
 > Billing
 > Contract Manage...
 Alerts Configurati...
 Client Access His...
 > Prevention
 > Plan
 Strategy Imple...
 Non-service R...
One Time Inte...

One Time Intervention Profile

Facility
Calhoun County

Name
Example Name

Date 📅
11/15/2023

Duration
8 Hrs

Evidence Based Criterion Strategy
Peer-reviewed journals

Evidence Based Indicator
☒ Yes ☐ No

Federal registry
[Dropdown]

Type of Intervention
Indicated

How much time was spent by staff outside of intervention?
[Input] [Dropdown]

Activity and Duration
*Duration and Duration Type are required for the CSAP Activity.

Duration
4

Duration Type
Hrs

CSAP Activities

- Accessing services and funding
- Brochures
- Clearinghouse/information resources centers
- Community and volunteer training, e.g., neighborhood acti
- Community drop-in centers
- Community service activities

Selected CSAP Activities

- Media campaigns (4 Hrs)
- Multi-agency coordination and collaboration/coalition (4 H

Risk Category

- Not Applicable
- Abuse victims
- Children of substance abusers
- Drop-outs
- Mental health problems

Selected Risk Category

- Already using substances
- Economically disadvantaged
- Homeless and/or runaway youth

Approximate Cost

Travel
\$50.00

Material
\$250.00

Space
\$0.00

Labor
\$1,000.00

Total
\$1,300.00

< Back
Next >
Save
Save and Finish
✕ Cancel

Figure 325: One Time Intervention Profile, page 1

Home Page

State Waitlist

Agency

Group List

Clinical Dashboard

Client List

System Administration

Reports

One Time Intervention Profile

Available Counties

Jefferson
Chambers
Cherokee
Chilton
Choctaw
Clarke

➔

➜

Selected Counties

Calhoun

City

Participant Demographics

Total number of participants

25

Gender

Male

15

Female

10

Trans Man

0

Trans Woman

0

Gender Non-Conforming

0

Other

0

Not Available

0

Ethnicity

Hispanic or Latino

10

Not Hispanic or Latino

10

Unknown

5

Age

0-5

0

6-12

0

13-17

15

18-20

10

21-24

0

25-44

0

45-64

0

65-74

0

75 and over

0

Unknown

0

Race

White

10

Black/ African American

10

Native Hawaiian/ Other Pacific Islander

0

Race unknown or other

0

Asian

0

American Indian/ Alaskan Native

0

More than one race

5

⬅ Back

Next ➔

Save

Save and Finish

✕ Cancel

Figure 326: One Time Intervention Profile, page 2

➔TEST

- Version: 24.6 and later.
- Account role(s): Prevention (Full Access), Prevention Plan (Full Access), Complete Prevention Plans
- Select a Prevention provider agency.
- Navigate to Agency/Prevention/One Time Intervention.
- Click the +Add New Intervention button.
- Enter the required fields.
Note: The Session Name is optional, but it is recommended to enter a name. This makes it easier to find the appropriate session from the list.
- Activity and Duration section:

- Select a duration and duration type
- Select one value from the left CSAP Activity list and move it to the right Selected CSAP Activities list.
- Repeat for each activity. The duration for the total selected activities cannot be more than the duration entered in the third row of the profile.
- Enter optional Approximate Cost fields.
- Click the Save button.
- Click the Next button to navigate to the second page.
- Enter the required fields and optional fields as needed.
- Participant Demographics section:
 - Enter a total number of participants.
 - The total entered for each of the following four sections must equal the total number of participants.
- Click the Save and Finish button.

Note: An error or errors will be displayed if the values for Participant Demographics do not add up correctly.
- Add additional One Time Interventions if needed.

10. GRANT MANAGEMENT

ADMH has indicated that WITS will not be used to collect GPRA assessments or report to SPARS. This functionality is provided in WITS should ADMH choose to use it in the future.

Completed GPRA assessments are automatically sent to SAMHSA's Performance Accountability and Reporting System (SPARS) based on configuration setup with production support.

The SOR workflow is shown below.

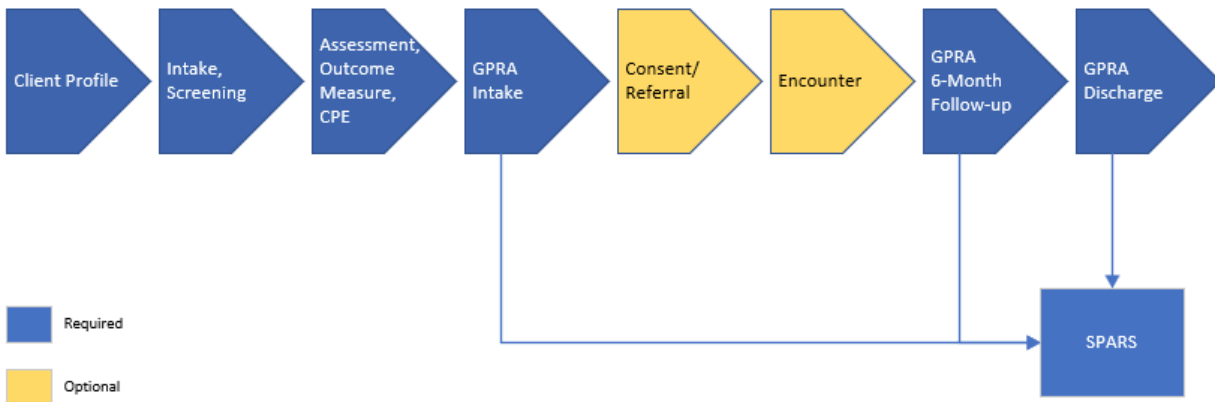


Figure 327: SOR Workflow

10.1. Grant Management Dashboard

The Grant Management Dashboard provides summary and detail client data based on GPRA assessments.



Figure 328: Grant Management Dashboard

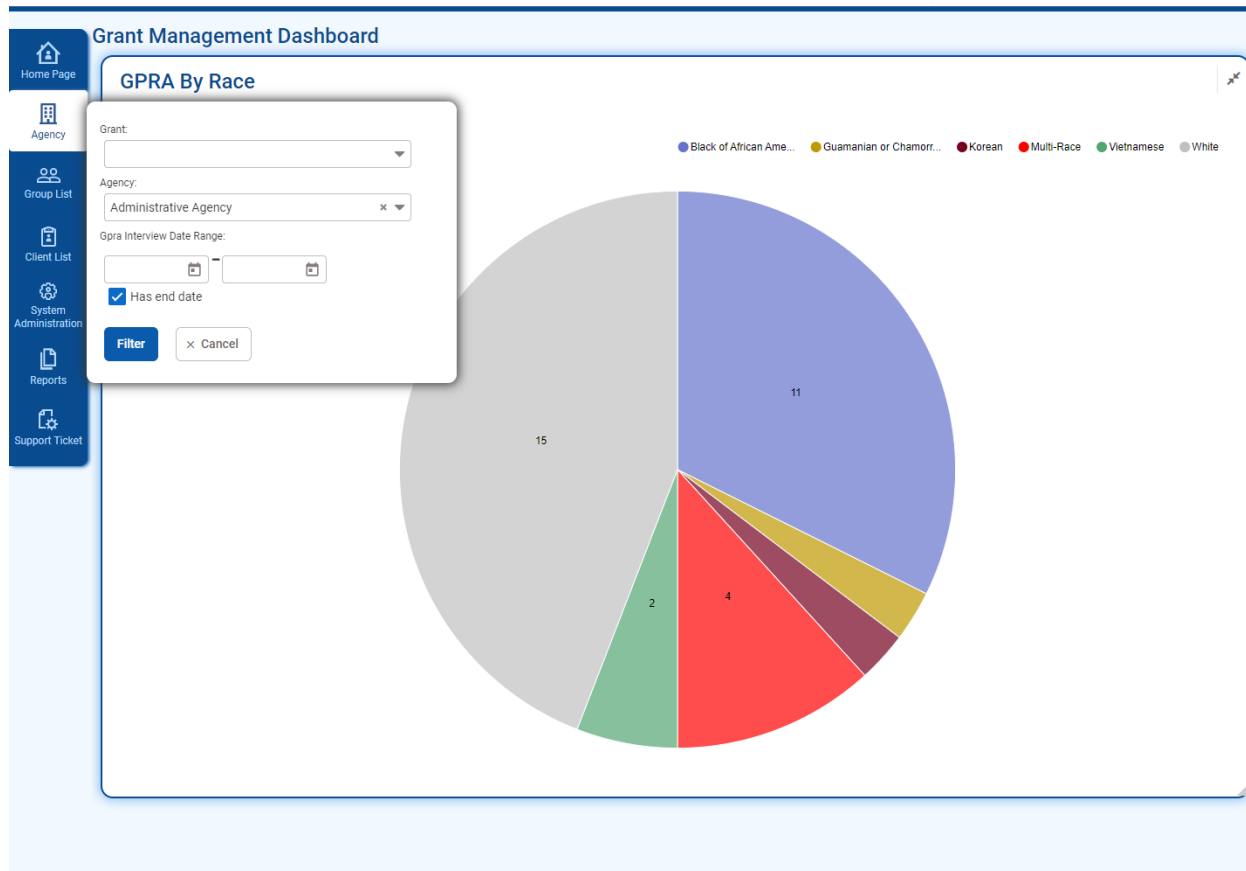


Figure 329: Dashboard with Expanded GPRA by Race Tile, showing Filter modal

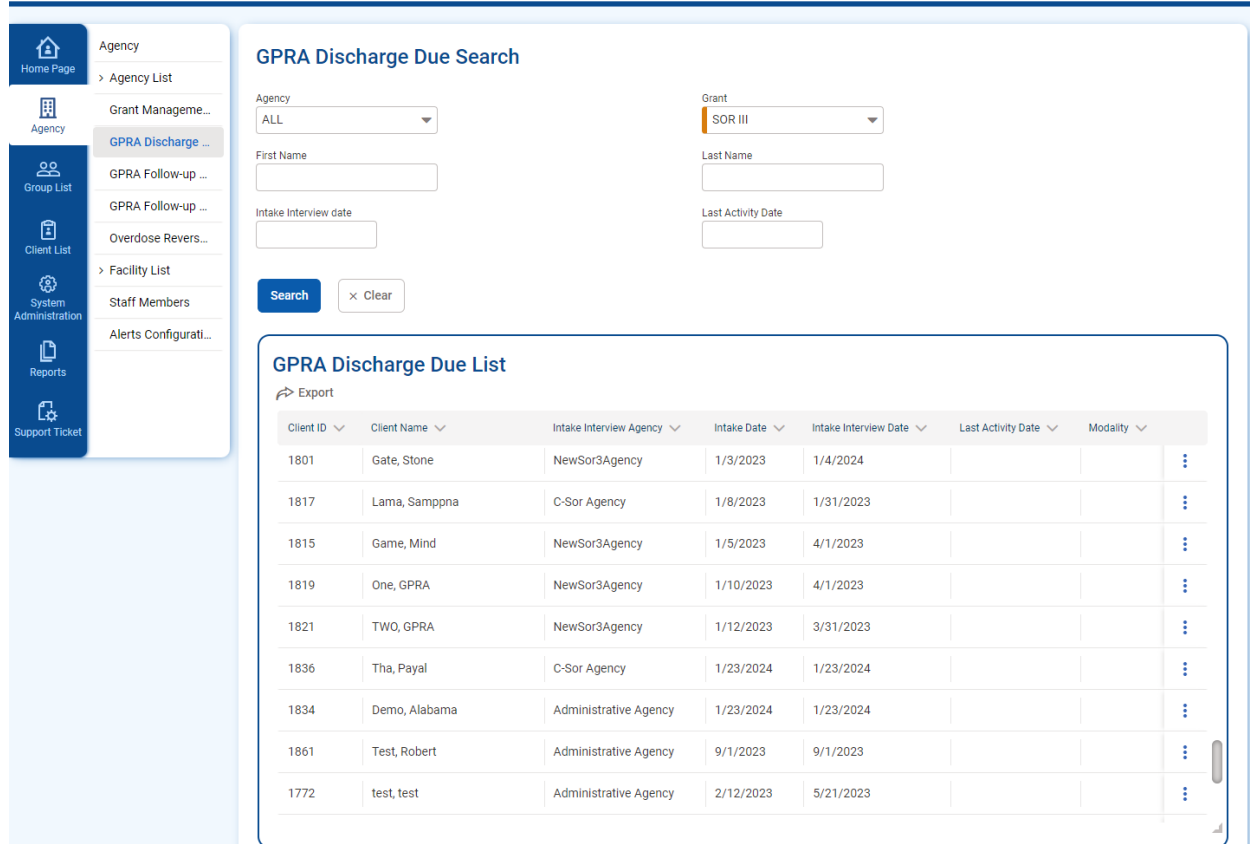
→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator or Agency Administrator
- Prerequisites:
 - Create a SOR Program in each agency as needed.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
 - Enter GPRA Assessment records for multiple clients
Note: See the GPRA Assessment section under Client/Treatment Episode for additional information.
- Navigate to Agency/Grant Management Dashboard.
- Drag/drop tiles to rearrange.
- Click the expand button on any tile to make it full screen.
- Click the Filter button on any tile to filter the displayed data.
- Hover over a slice in any pie chart to see the label and value.
- Click the Column button on any list to add/remove columns.
- Click the Panel button on any list to view data in panels rather than a table.

- Click the Table button on any list to view data in a table rather than panels.

10.2. GPRA Discharge Due

The GPRA Discharge Due screen displays a list of clients in the agency with a GPRA Intake interview date over 30 days old where the client has no encounter, or where the most recent encounter is 30+ days old. The list also shows the client intake interview and last client activity.



GPRA Discharge Due Search

Agency: Grant:

First Name: Last Name:

Intake Interview date: Last Activity Date:

GPRA Discharge Due List

[Export](#)

Client ID	Client Name	Intake Interview Agency	Intake Date	Intake Interview Date	Last Activity Date	Modality
1801	Gate, Stone	NewSor3Agency	1/3/2023	1/4/2024		
1817	Lama, Sampna	C-Sor Agency	1/8/2023	1/31/2023		
1815	Game, Mind	NewSor3Agency	1/5/2023	4/1/2023		
1819	One, GPRA	NewSor3Agency	1/10/2023	4/1/2023		
1821	TWO, GPRA	NewSor3Agency	1/12/2023	3/31/2023		
1836	Tha, Payal	C-Sor Agency	1/23/2024	1/23/2024		
1834	Demo, Alabama	Administrative Agency	1/23/2024	1/23/2024		
1861	Test, Robert	Administrative Agency	9/1/2023	9/1/2023		
1772	test, test	Administrative Agency	2/12/2023	5/21/2023		

Figure 330: GPRA Discharge Due Search/List

→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator or Agency Administrator
- Prerequisites:
 - Create a SOR Program in each agency as needed.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
 - Enter GPRA Assessment records for multiple clients
Note: See the GPRA Assessment section under Client/Treatment Episode for additional information.
- Navigate to Agency/GPRA Discharge Due.
- Select the SOR Grant and any other search criteria.

- Click the Search button.
- Select View from the ellipsis to navigate to the GPRA Assessment Search/List for the selected client.

10.3. GPRA Follow-up Due Summary

The GPRA Follow-up Due Summary screen displays a summary view of where an agency stands with their follow up interviews and includes the agency's compliance rate.

A GPRA Follow-up Interview must be completed with the client 6 months after the GPRA Intake Interview. There is a 3-month window to enter that follow-up interview in WITS and to follow the grant program's requirement. The compliance window opens 5 months after the GPRA Intake Interview and ends 8 months after the GPRA Intake Interview.

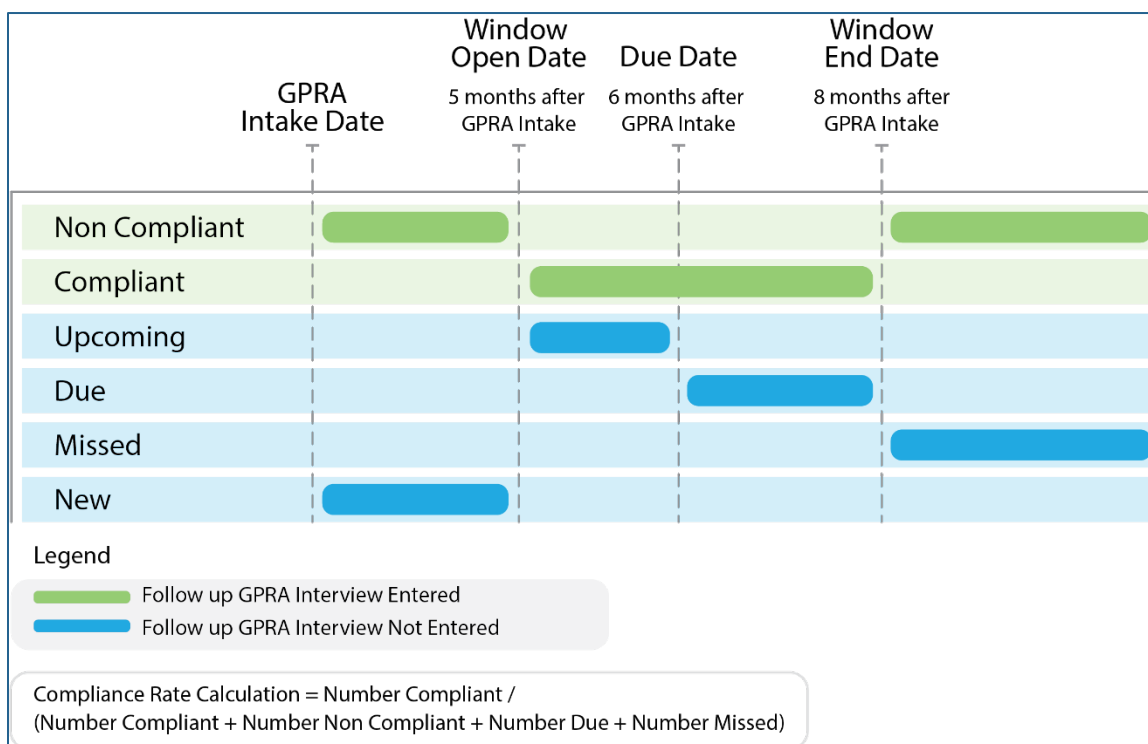


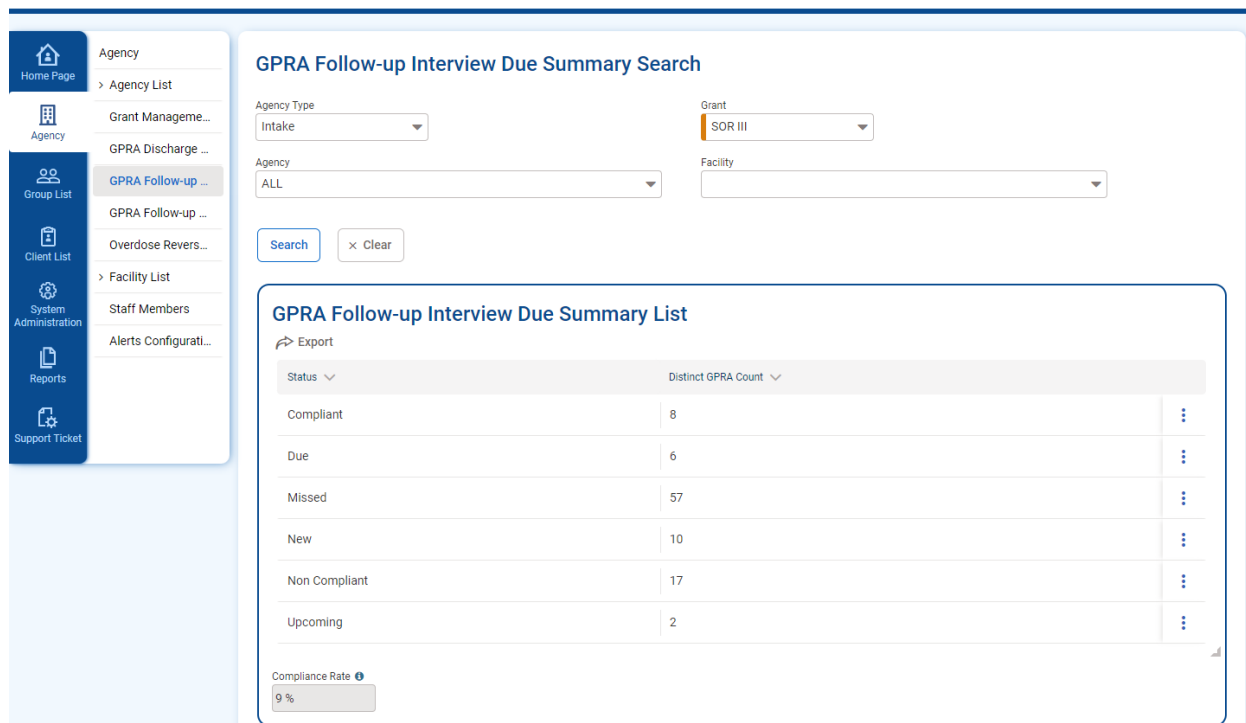
Figure 331: Grant Requirement, Follow-up GPRA Compliance

Table 8: Grant Requirement Terminology

Term	Meaning
Compliant	GPRA Follow-up Interviews entered into WITS during the compliance window specified above are considered compliant. The GPRA follow up interview must be conducted (Was the GPRA interview conducted = Yes) and the interview date must be within the window.
Non-Compliant	GPRA Follow-up Interviews entered into WITS outside of the compliance window specified above are considered non-compliant. This count also includes GPRA Follow-up records that are entered in the system but were not conducted (with no interview date, Was the GPRA interview conducted = No).
Upcoming	Clients with no follow-up interview who have a GPRA intake Interview dated between 5 and 6 months ago (for 6-month follow up) are part of the Upcoming count.

Term	Meaning
Due	Corresponds to the number of clients who have reached the due date (6 months) and do not yet have a GPRA Follow-up Interview record in WITS. This count does not consider the clients who have a corresponding GPRA Discharge Interview with a termination of “Death, Unknown” and “Death, Cause known.” This would cover a scenario where a client died before the follow-up became due.
Missed	The clients who do not have a GPRA Follow-up Interview in WITS after the end of the window are a part of the Missed count.
New	Clients are a part of the New count when they have a GPRA intake Interview, do not have a GPRA Follow-up Interview, and who are not yet in a follow up window.

The GPRA Follow-up Due Summary search results display a distinct count of GPRA interviews for each follow-up status available at the time of the search.



GPRA Follow-up Interview Due Summary Search

Agency Type: Intake Grant: SOR III

Agency: ALL Facility:

GPRA Follow-up Interview Due Summary List

Export

Status	Distinct GPRA Count
Compliant	8
Due	6
Missed	57
New	10
Non Compliant	17
Upcoming	2

Compliance Rate: 9%

Figure 332: GPRA Follow-up Due Summary Search/List

→TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator or Agency Administrator
- Prerequisites:
 - Create a SOR Program in each agency as needed.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
 - Enter GPRA Assessment records for multiple clients
Note: See the GPRA Assessment section under Client/Treatment Episode for additional information.

- Navigate to Agency/GPRA Follow-up Due Summary.
- Select the SOR Grant and any other search criteria.
- Click the Search button.
- Select Details from the ellipsis to navigate to the GPRA Follow-up Due Detail Search/List for the selected status.

10.4. GPRA Follow-up Due Detail

The GPRA Follow-up Due Detail screen displays a list of clients in the agency with information regarding the client GPRA interview status, GPRA intake date, due date, etc.

Home Page

Agency

Agency List

Grant Manage...

GPRA Discharge ...

GPRA Follow-up ...

GPRA Follow-up ...

Overdose Revers...

Facility List

Staff Members

Alerts Configurati...

System Administration

Reports

Support Ticket

GPRA Follow-up Interview Due Detail Search

Agency Type
Intake

Agency
ALL

First Name

GPRA Intake Date

Status
Non-Compliant

Grant
SOR III

Facility

Last Name

Due Date

Unique Client Number

Search
Clear

GPRA Follow-up Interview Due Detail List

Export

Unique Client Number	Client Name	Agency Name	Facility Name	Status	GPRA Intake Date	Due Date	Followup Open Date	Followup Close Date	
Q733424LX312544	Thapa, Rahul	Administrative Agency	Administrative Unit	Non Compliant	9/30/2022	3/30/2023	2/28/2023	5/30/2023	
J9644991V004644	Regression, GPRA	Administrative Agency	Administrative Unit	Non Compliant	6/13/2023	12/13/2023	11/13/2023	2/13/2024	
Q973835EW641554	Saxberg, Arnie	Administrative Agency	Administrative Unit	Non Compliant	5/23/2023	11/23/2023	10/23/2023	1/23/2024	
Q943457IN601574	Jefferson, George	SOR 3 Training	Smith Street	Non Compliant	5/30/2023	11/30/2023	10/30/2023	1/30/2024	
Q554435IX644644	Test, GPRA Consistency	Administrative Agency	Administrative Unit	Non Compliant	6/2/2023	12/2/2023	11/2/2023	2/2/2024	
Q563277GQ773544	McAdoo, Issac	SOR 3 Training	Smith Street	Non Compliant	5/31/2023	11/30/2023	10/31/2023	1/31/2024	
Q663277SV773544	Rojas, Dani	SOR 3 Training	Smith Street	Non Compliant	6/1/2023	12/1/2023	11/1/2023	2/1/2024	
J173720EW930554	Sailor, Meg	SOR 3 Training	Smith Street	Non Compliant	6/13/2023	12/13/2023	11/13/2023	2/13/2024	
Q553456IX353544	Test Client, Andrew's GPRA	Administrative Agency	Administrative Unit	Non Compliant	4/3/2023	10/3/2023	9/3/2023	12/3/2023	

Figure 333: GPRA Follow-up Due Detail Search/List

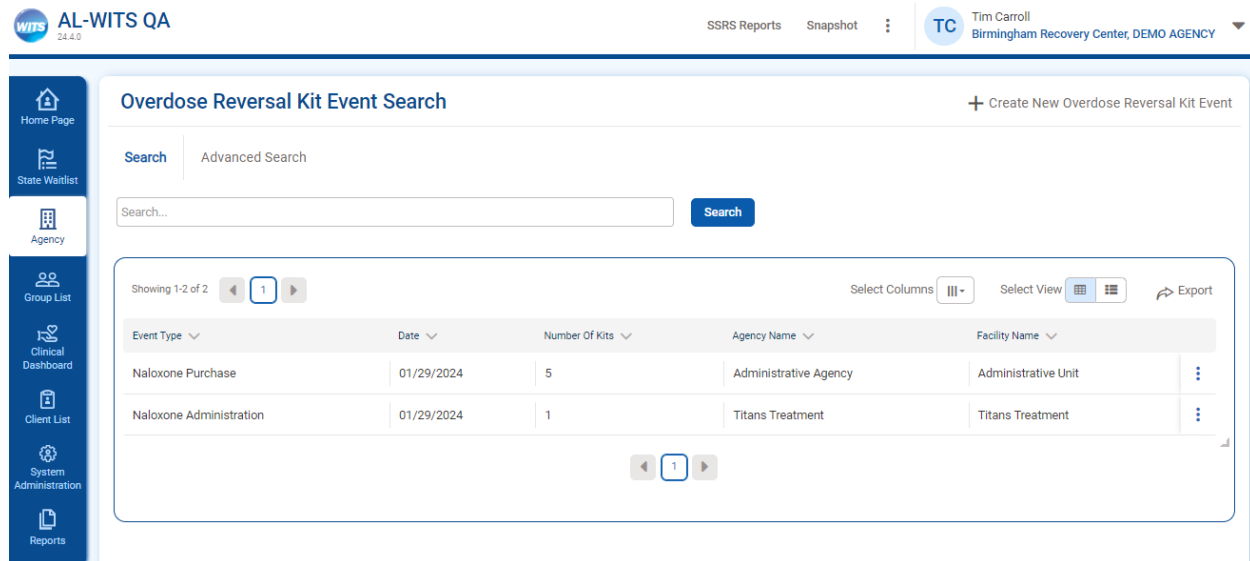
→ TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator or Agency Administrator
- Prerequisites:
 - Create a SOR Program in each agency as needed.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
 - Enter GPRA Assessment records for multiple clients
Note: See the GPRA Assessment section under Client/Treatment Episode for additional information.
- Navigate to Agency/GPRA Follow-up Due Detail.
- Select the SOR Grant and any other search criteria.
- Click the Search button.
- Select View from the ellipsis to navigate to the GPRA Assessment Search/List for the selected client.

10.5. Overdose Reversal Kits

Naloxone kits purchased and distributed with the SOR funds may be tracked by event type:

- Naloxone Purchase
- Naloxone Distribution
- Naloxone Administration



WITS AL-WITS QA 24.4.0 SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

Overdose Reversal Kit Event Search

[+ Create New Overdose Reversal Kit Event](#)

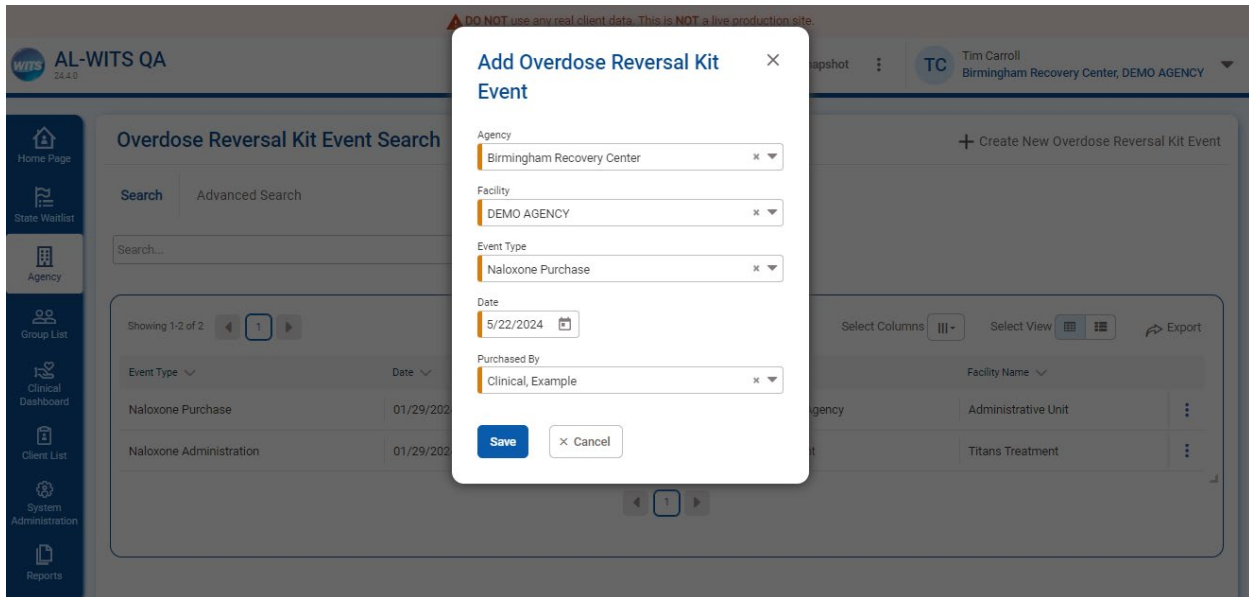
Search | Advanced Search

Search... **Search**

Showing 1-2 of 2 Select Columns Select View Export

Event Type	Date	Number Of Kits	Agency Name	Facility Name
Naloxone Purchase	01/29/2024	5	Administrative Agency	Administrative Unit
Naloxone Administration	01/29/2024	1	Titans Treatment	Titans Treatment

Figure 334: Overdose Reversal Kit Event Search/List



Add Overdose Reversal Kit Event

Agency: Birmingham Recovery Center

Facility: DEMO AGENCY

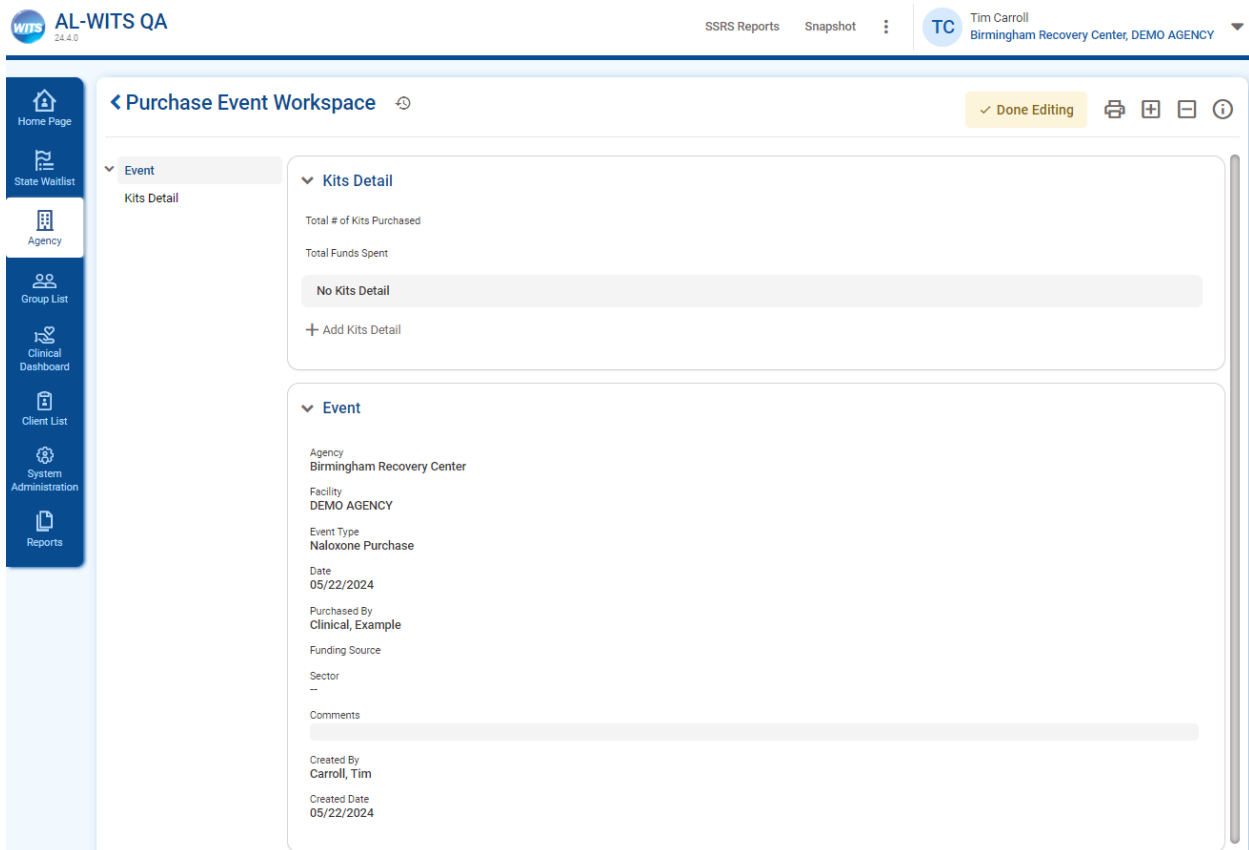
Event Type: Naloxone Purchase

Date: 5/22/2024

Purchased By: Clinical, Example

Save **Cancel**

Figure 335: Overdose Reversal Kit Event Add Modal



Purchase Event Workspace

Event

Kits Detail

Total # of Kits Purchased

Total Funds Spent

No Kits Detail

+ Add Kits Detail

Event

Agency: Birmingham Recovery Center

Facility: DEMO AGENCY

Event Type: Naloxone Purchase

Date: 05/22/2024

Purchased By: Clinical, Example

Funding Source

Sector

Comments

Created By: Carroll, Tim

Created Date: 05/22/2024

Figure 336: Overdose Reversal Kit Event Workspace

AL-WITS QA 24.4.0 SSRS Reports Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

< Purchase Event Workspace Done Editing

Event
Kits Detail

Event Type
Naloxone Purchase

Date
5/22/2024

Purchased By
Clinical, Example

Funding Source
SOR III

Sector

Search	Search
Coalitions	Criminal Justice
Emergency Medical Staff	
Family Member	
Fire Fighters	
Law Enforcement	

Comments

Created By
Carroll, Tim

Created Date
5/22/2024

Save Cancel

Figure 337: Overdose Reversal Kit Event Workspace, editing Event Panel

AL-WITS QA 24.4.0 Snapshot TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY

Overdose Reversal Kit Event Search

Search Advanced Search

Showing 1-3 of 3

Event Type	Date
Naloxone Purchase	01/29/2024
Naloxone Administration	01/29/2024
Naloxone Purchase	05/22/2024

Add Linked Distribution Event

Agency
Administrative Agency

Facility
Administrative Unit

Event Type
Naloxone Distribution

Date
5/22/2024

Staff Member
Carroll, Tim

Save Cancel

Figure 338: Overdose Reversal Kit Event, Add Linked Distribution Event Add Modal

→ TEST

- Version: 24.5 and later.
- Account role(s): WITS Administrator or Agency Administrator
- Prerequisites:
 - Create a SOR Program in each agency as needed.
Note: See the State Opioid Response (SOR) Grant section under Setup/Facilities/Programs for additional information.
 - Enter GPRA Assessment records for multiple clients
Note: See the GPRA Assessment section under Client/Treatment Episode for additional information.
- Navigate to Agency/Overdose Reversal Kits.
- Click the +Create New Overdose Reversal Kit Event.
- Enter the required fields on the Add Modal and click the Save button.
- Click the pencil icon on the Event Panel, enter any additional information and click the Save button.
- Click the back arrow to navigate to the Overdose Reversal Kit Event Search/List.
- Click the Add Naloxone Distribution Event button on the ellipsis for the record.
- Enter the required fields on the Add Modal and click the Save button.

10.6. SPARS Batch

The SPARS Batch screen allows ADMH to create new SPARS batches, view, and search for existing batches, and export the list of batches displayed on screen. The list displays the upload status, type of batch, process date, and response date. ADMH may choose to automate this process. Contact your Account Manager and WITS Production Support to configure and test the SPARS Batch.

10.6.1. SPARS Batch Errors

The SPARS Batch Errors screen displays a list of rejected batches and error messages. The list provides a Fix link which opens the Client List screen with the client's ID populated in the Unique Client Number search field. From there, the GPRA interview may be corrected. The updated GPRA interview will be uploaded with the next batch.

11. SSRS REPORT MANAGEMENT

11.1. Prevention Block Grant

The following standard Prevention Block Grant reports are available in SSRS:

- SABG Table 5a: Primary Prevention Expenditures Checklist
- SABG Table 5b: Primary Prevention Expenditures by Institute of Medicine (IOM) Categories
- SABG Table 9: Prevention Strategy Report - Risk Strategies
- SABG Table 31: Individual-Based Programs and Strategies; Measure: Number of Persons Served by Age, Gender, Race, and Ethnicity
- SABG Table 32: Population-Based Programs and Strategies; Measure: Number of Persons Served by Age, Gender, Race, and Ethnicity
- SABG Table 33 (Optional): Number of Persons Served by Type of Intervention
- SABG Table 34: Number of Evidence-Based Programs and Strategies by Type of Intervention
- SABG Table 35: Total Number of Evidence Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

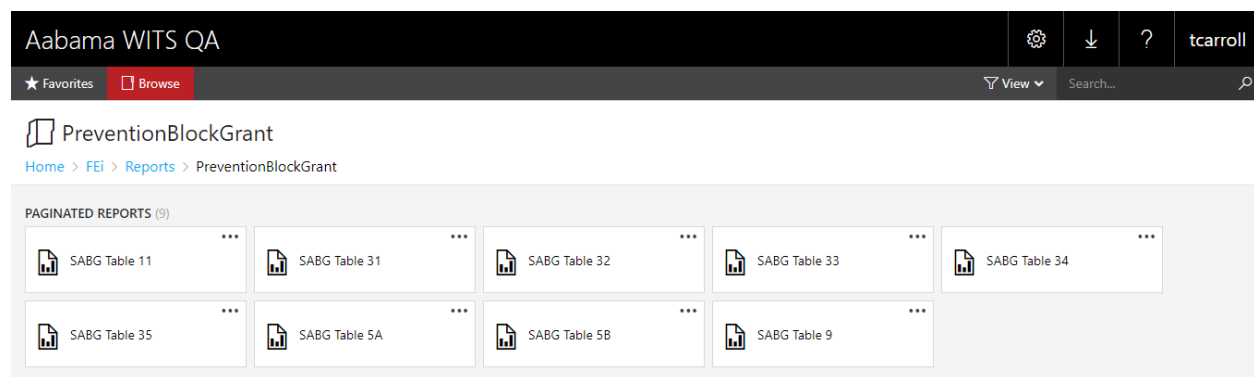
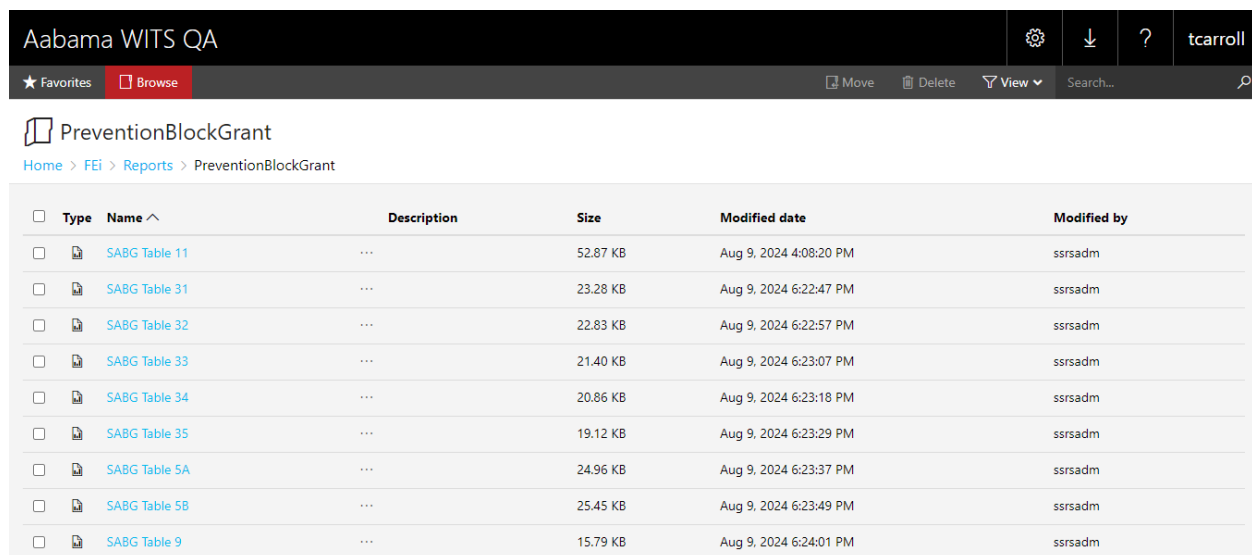


Figure 339: SSRS Reports, Prevention Block Grant folder (tile view)



Type	Name	Description	Size	Modified date	Modified by
	SABG Table 11	...	52.87 KB	Aug 9, 2024 4:08:20 PM	ssrsadm
	SABG Table 31	...	23.28 KB	Aug 9, 2024 6:22:47 PM	ssrsadm
	SABG Table 32	...	22.83 KB	Aug 9, 2024 6:22:57 PM	ssrsadm
	SABG Table 33	...	21.40 KB	Aug 9, 2024 6:23:07 PM	ssrsadm
	SABG Table 34	...	20.86 KB	Aug 9, 2024 6:23:18 PM	ssrsadm
	SABG Table 35	...	19.12 KB	Aug 9, 2024 6:23:29 PM	ssrsadm
	SABG Table 5A	...	24.96 KB	Aug 9, 2024 6:23:37 PM	ssrsadm
	SABG Table 5B	...	25.45 KB	Aug 9, 2024 6:23:49 PM	ssrsadm
	SABG Table 9	...	15.79 KB	Aug 9, 2024 6:24:01 PM	ssrsadm

Figure 340: SSRS Reports, Prevention Block Grant folder (list view)

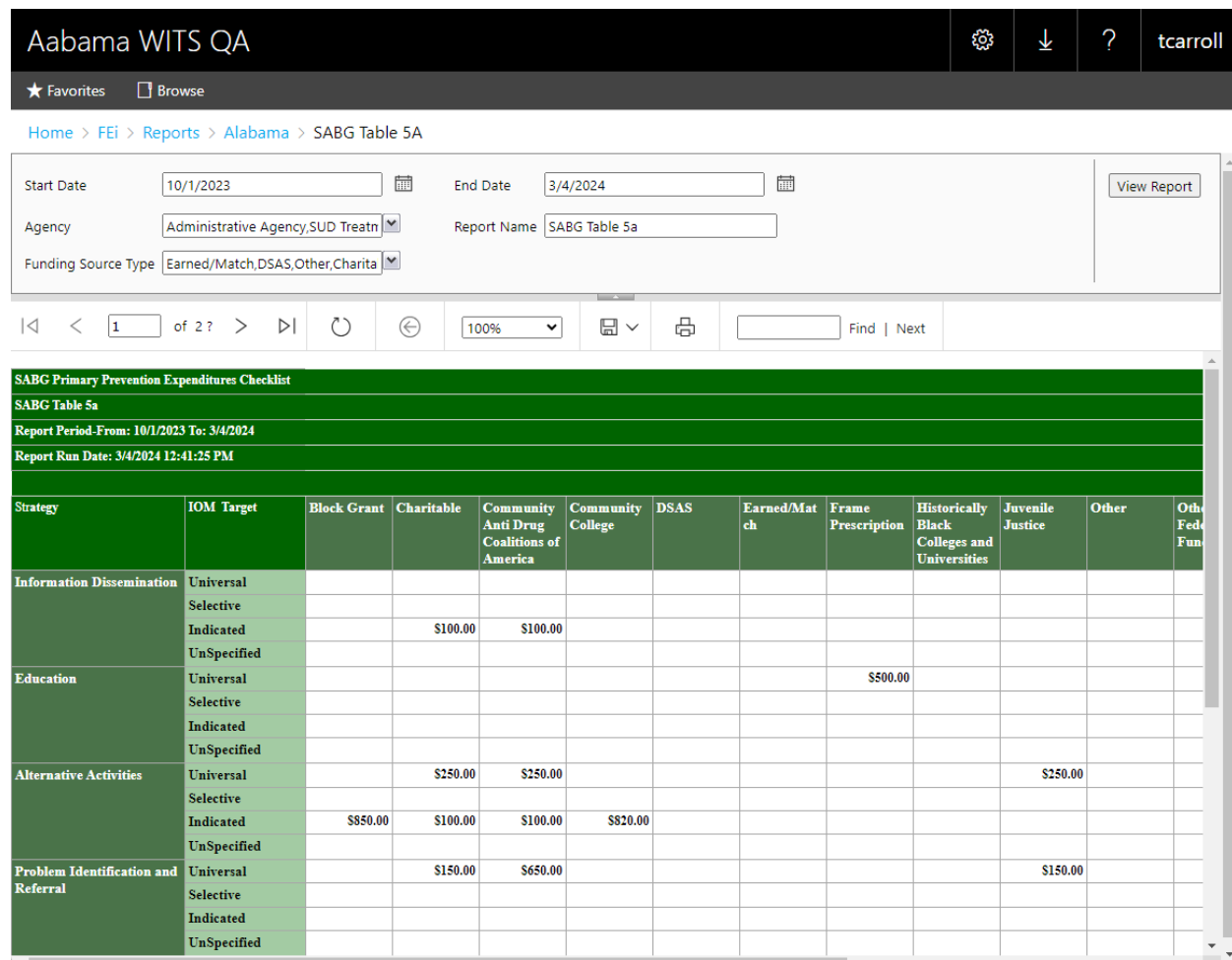


Figure 341: Example Prevention Block Grant Table 5A Report

→TEST

- Version: 24.2 and later.
- Account role(s): SSRS Administrator
- Select an agency.
- Click the SSRS Reports button in the header.
- The SSRS Reports screen opens as a new browser tab.
- Navigate to the FEI/Reports/PreventionBlockGrant folder.
Note: Toggle between the views by clicking the View button in the header and selecting either Tiles or List.
- Select a Prevention Block Grant report, enter the required fields. Note which agencies are available to a user with the SSRS Administrator role. Click the View Report button to run the report.
- Test for each report:
 - SABG Table 5a
 - SABG Table 5b
 - SABG Table 9

- SABG Table 31
- SABG Table 32
- SABG Table 33
- SABG Table 34
- SABG Table 35
- Test reports using an account in a prevention agency with the SSRS Agency Reader role.
- Test reports using an account in a prevention agency with the SSRS Cross Agency Reader role.

11.2. Treatment Block Grant

Standard Treatment Block Grant reports are available in SSRS, including the following reports:

- SABG Table 3: Expenditures by Service
- SABG Table 10: Treatment Utilization Matrix
- SABG Table 11: Unduplicated Count of Persons Served for Alcohol and Other Drug Use

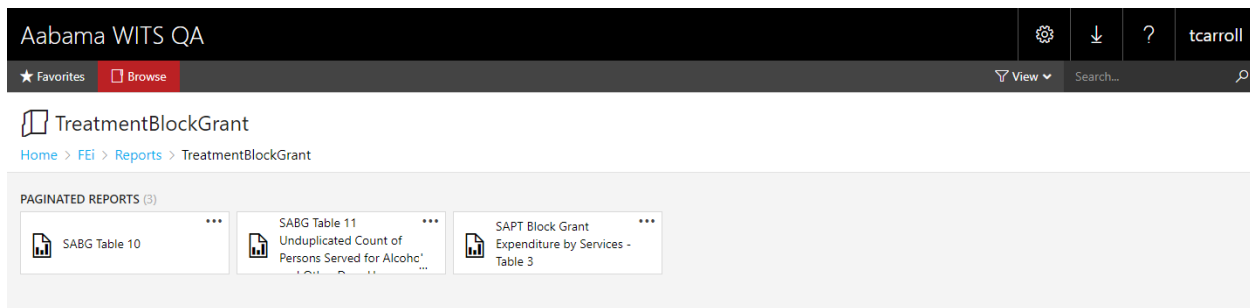
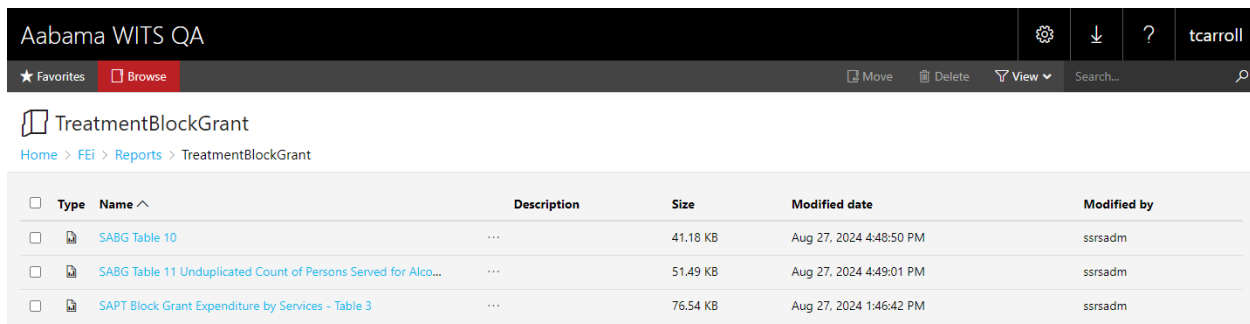


Figure 342: SSRS Reports, Treatment Block Grant folder (tile view)



<input type="checkbox"/>	Type	Name ^	Description	Size	Modified date	Modified by
<input type="checkbox"/>		SABG Table 10	...	41.18 KB	Aug 27, 2024 4:48:50 PM	ssrsadm
<input type="checkbox"/>		SABG Table 11 Unduplicated Count of Persons Served for Alco...	...	51.49 KB	Aug 27, 2024 4:49:01 PM	ssrsadm
<input type="checkbox"/>		SAPT Block Grant Expenditure by Services - Table 3	...	76.54 KB	Aug 27, 2024 1:46:42 PM	ssrsadm

Figure 343: SSRS Reports, Treatment Block Grant folder (list view)

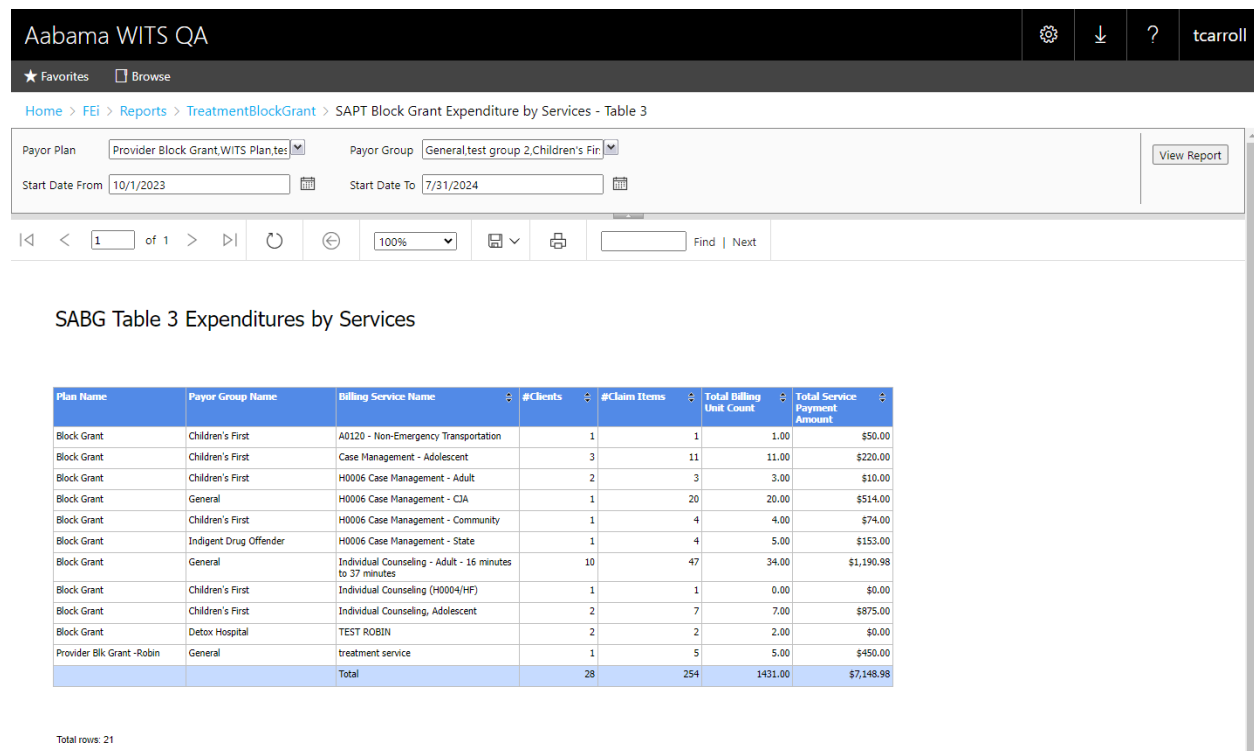


Figure 344: Example Treatment Block Grant Table 3 Report

→TEST

- Version: 24.8 and later.
- Account role(s): SSRS Administrator
- Select an agency.
- Click the SSRS Reports button in the header.
- The SSRS Reports screen opens as a new browser tab.
- Navigate to the FEI/Reports/TreatmentBlockGrant folder.
Note: Toggle between the views by clicking the View button in the header and selecting either Tiles or List.
- Select a Treatment Block Grant report, enter the required fields. Note which agencies are available to a user with the SSRS Administrator role. Click the View Report button to run the report.
- Test for each report:
 - SABG Table 3: Expenditures by Service
 - SABG Table 10: Treatment Utilization Matrix
 - SABG Table 11: Unduplicated Count of Persons Served for Alcohol and Other Drug Use
- Test reports using an account in a prevention agency with the SSRS Agency Reader role.
- Test reports using an account in a prevention agency with the SSRS Cross Agency Reader role.

12. SFTP

File import agencies may use Secure File Transfer Protocol (SFTP) to upload/download files. Provider SFTP credentials must be requested through FEI. Files must be uploaded/downloaded from the appropriate folder.

Providers are given access to their agency folder under each environment (UAT and Production). Each agency folder contains a Billing folder and a Clinical folder. The Billing folder contains In, Out, and Archive sub-folders. The Clinical folder contains In and Archive sub-folders. There is no Out folder for clinical files. See the folder structure in the figure below.

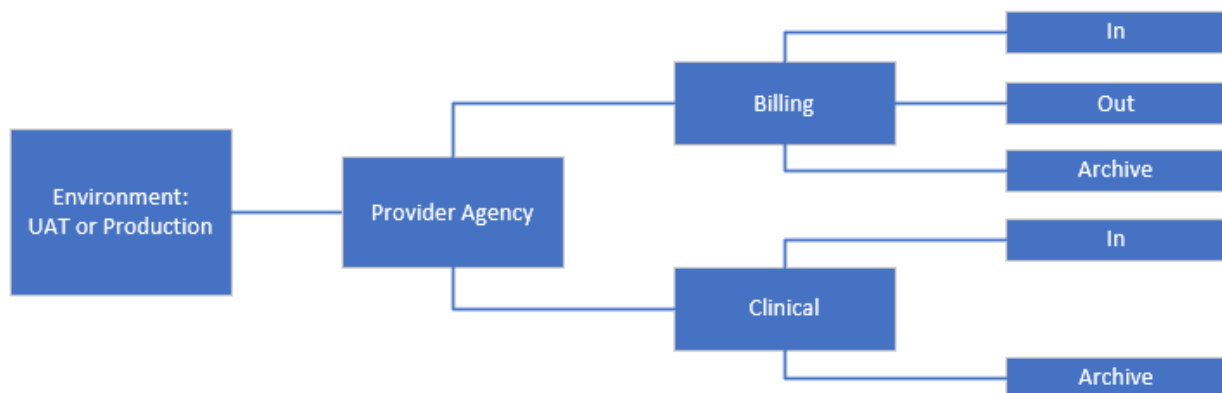


Figure 345: Billing/Clinical SFTP Folder Structure

The appropriate folder must be used to upload/download files. See the figure below for file types and folders.

Table 9: SFTP File Types and Folders

File Type	Folder	Action
Client Dataset	Environment/Agency/Clinical/In	Upload
Treatment Dataset	Environment/Agency/Clinical/In	Upload
837P	Environment/Agency/Billing/In	Upload
999	Environment/Agency/Billing/Out	Download
835	Environment/Agency/Billing/Out	Download

The polling processor uploads files in the In folders and moves the file to the Archive folder.

An email is sent to the agency contact for files that do not meet the naming convention or extension requirements. See the Setup/Agency/Agency Contacts/File Import Provider Agencies section for more information.

Providers should check the Clinical File Management and H837 Management screens for errors.

Note: SSRS reports may be created to display errors.

Appendix A: Dataset Error Messages

Validation	Validation Sub Type	Example	Error Message
File	File format (Xml)	File received type is .pdf	[Upload file] submission failed because file type is invalid
	File Name (Client Data Set_xxxxx....xml)	File received has space(s) " " in the name	[Upload file] submission failed because file name is invalid
Data	Invalid Data – data type	Element is xml file has incorrect data type. e.g.: date is sent as integer	[External Record ID] of the [External Record ID] of the [failed record name] record from [Upload file] submission failed because [field1], [field2],... had an incorrect data type.
	Invalid Data Format	Element is xml file has incorrect data type. e.g.: date is sent as "16th Nov, 2023"	[External Record ID] of the [External Record ID] of the [failed record name] record from the [Upload file] submission failed because [field1], [field2],...had an incorrect data format.
	Invalid Data - Length	Element is xml file has more length than defined.	[External Record ID] of the [External Record ID] of the [failed record name] record from the [Upload file] submission failed because [field1], [field2],...had an incorrect data format.
	Invalid Data - Special Characters (For SSN & Postal Code)	Element is xml file has value that contains an unacceptable special character	[External Record ID] of the [failed record name] record from the [Upload file] submission failed because [field1], [field2],...had unacceptable special character in value
	Invalid Data – Accepted values	Element is xml file has value that is not an acceptable value. e.g.: Ethnicity value is sent under gender element	[External Record ID] of the [failed record name] record from the [Upload file] submission failed because [field1], [field2],...had unacceptable values
	Missing Data validation	Element is xml file has value missing that is required or conditionally required. e.g.: Client First Name is blank	[External Record ID] of the [failed record name] record from the [Upload file] submission failed because [field1], [field2],...is missing
	Delete Data Validation	Element in xml file has delete request for a record. e.g.: Client Intake is requested for Delete that has a Screener dependency.	[External Record ID] of the [failed record name] record from the [Upload file] failed because [dependent record name] exists. [failed record name] cannot be deleted

Validation	Validation Sub Type	Example	Error Message
	Dependency Data Validation	Element in xml element has any dependency and the dependent record or xml element is missing. e.g.: Intake record is sent without client contact.	[External Record ID] of the [failed record name] record failed because field [name of field] is required when [dependency field name] = [value of dependency field name]
	Conditional Data validation	Element in Xml is missing and this element is required only if another element is sent. e.g.: When contact reason is sent as other, other reason element is required. Also, consent code is required when clients age is >17	[External Record ID] of the [failed record name] record was not created from [Upload file] submission . It depends on missing record [missing record name].
	Limited value validation	value sent in the xml element has more than the acceptable limit. This is only valid for elements that can be sent multiple times with multiple values. e.g.: race code can only have max of five values under client race entity per client	[External Record ID] of the [failed record name] record failed because field [name of field] exceeded the maximum number of entries
	Duplicate value validation	the value sent in the xml element must be unique (same element and same value cannot be sent twice). E.g.: Client Phone Type code must be unique. Two Client Phone elements cannot have the same Type Code	[External Record ID] of the [failed record name] record failed because field [name of field] contained a Duplicate value violation.
	Date value dependance	e.g., initial contact date field a cannot be in future.	[External Record ID] of the [failed record name] record failed because field [name of field] contained a date value violation
	Exact Duplicate	e.g.: client info from uploaded file already exists in the system	[External Record ID] of the [failed record name] record failed because client [Last Name, First Name] is considered an exact duplicate of client with UCNxxxxx. Dev Note: replace xxx with actual UCN number.
	Limited Record Validation	e.g.: A client has an active Intake record and submits new intake with a different "External Intake Record ID".	"[External Record ID] of the [failed record name] record failed because an active record already exists

Validation	Validation Sub Type	Example	Error Message
	Potential Duplicate	e.g.: first name or last name of a client from uploaded file matches with first name or last name of a client that already exists in the system	[External Record ID] of the [failed record name] record failed because client [Last Name, First Name] is considered a potential duplicate. Please refer to the Potential duplicate screen for more info

Appendix B: Sample XML: ClientDataSet

```
<?xml version="1.0" encoding="utf-8"?>
<ClientDataSet>
  <Clients>
    <Client action="">
      <FirstName>Banana</FirstName>
      <LastName>Pancake</LastName>
      <GenderCode>MA</GenderCode>
      <BirthDate>04/04/2014</BirthDate>
      <ExternalClientRecordId>10001</ExternalClientRecordId>
      <SocialSecurity>004042014</SocialSecurity>
      <EthnicityCode>MA</EthnicityCode>
      <VeteranStatusCode>TEDS02</VeteranStatusCode>
      <LanguageCode>ENG</LanguageCode>
      <HearingStatusCode>1</HearingStatusCode>
      <Races>
        <Race action="">
          <RaceCode>CAU</RaceCode>
          <ExternalClientRaceRecordId>10001Race1</ExternalClientRaceRecordId>
        </Race>
      </Races>
      <ClientPhysicalAddresses>
        <ClientPhysicalAddress action="">
          <ExternalClientAddressRecordId>10001Add1</ExternalClientAddressRecordId>
          <AddressTypeCode>CH</AddressTypeCode>
          <FirstStreetAddress>1210 10th Ave N</FirstStreetAddress>
          <CityName>Birmingham</CityName>
          <CountyCode>5</CountyCode>
          <StateCode>AL</StateCode>
          <PostalCode>35203</PostalCode>
        </ClientPhysicalAddress>
      </ClientPhysicalAddresses>
    </Client>
  </Clients>
</ClientDataSet>
```

Appendix C: Sample XML: TreatmentEpisodeDataSet (Intake, Screener, Placement Assessment)

```
<?xml version="1.0" encoding="utf-8"?>
<TreatmentEpisodeDataSet>
  <ClientTreatmentEpisodes>
    <ClientTreatmentEpisode>
      <ExternalClientRecordId>10001</ExternalClientRecordId>
      <ExternalClientIntakeRecordId>10001.1</ExternalClientIntakeRecordId>
      <IntakeAtUnitId>33</IntakeAtUnitId>
      <CaseStatusCode>0A</CaseStatusCode>
      <InitialContactTypeCode>-102</InitialContactTypeCode>
      <WitsIntakeDate>06/01/2024</WitsIntakeDate>
      <CountyCode>1</CountyCode>
      <ReferralSourceTypeCode>REF41</ReferralSourceTypeCode>
      <IsHivPositive>F</IsHivPositive>
      <InjectionDrugUser>-102</InjectionDrugUser>
      <PresentingProblemDescription>Example Text</PresentingProblemDescription>
      <PresentingProblemCategories>
        <PresentingProblemCategory action="">
          <PresentingProblemCategoryCode>PPI02</PresentingProblemCategoryCode>
          <ExternalClientPresentingProblemCategoryId>10001.1PP01</ExternalClientPresentingProblemCategoryId>
        </PresentingProblemCategory>
        <PresentingProblemCategory action="">
          <PresentingProblemCategoryCode>PPI07</PresentingProblemCategoryCode>
          <ExternalClientPresentingProblemCategoryId>10001.1PP02</ExternalClientPresentingProblemCategoryId>
        </PresentingProblemCategory>
        <PresentingProblemCategory action="">
          <PresentingProblemCategoryCode>PPI15</PresentingProblemCategoryCode>
          <ExternalClientPresentingProblemCategoryId>10001.1PP03</ExternalClientPresentingProblemCategoryId>
        </PresentingProblemCategory>
      </PresentingProblemCategories>
      <OtherPresentingProblemDescription>Example Text</OtherPresentingProblemDescription>
      <UncopeScreener>
        <UncopeScreener action="">
          <ExternalUncopeRecordId>10001.1Uncope1</ExternalUncopeRecordId>
          <UncopeScreenerDate>06/01/2024</UncopeScreenerDate>
          <UncopeQuestion1>100.1.1.1</UncopeQuestion1>
          <UncopeQuestion2>100.1.2.2</UncopeQuestion2>
          <UncopeQuestion3>100.1.3.1</UncopeQuestion3>
          <UncopeQuestion4>100.1.4.1</UncopeQuestion4>
          <UncopeQuestion5>100.1.5.1</UncopeQuestion5>
          <UncopeQuestion6>100.1.6.1</UncopeQuestion6>
        </UncopeScreener>
      </UncopeScreener>
    </ClientTreatmentEpisode>
  </ClientTreatmentEpisodes>
</TreatmentEpisodeDataSet>
```

```

<ADMHAAssessments action="">
  <ExternalADMHPlacementAssessmentRecordId>10001.1Place</ExternalADMHPlacementAssessmentRecordId>
  <PlacementAssessmentTypeCode>11.1</PlacementAssessmentTypeCode>
  <PlacementAssessmentDate>06/01/2024</PlacementAssessmentDate>
  <CoDependentCollateralTreatment>0</CoDependentCollateralTreatment>
  <EstimateAnnualIncomeAmount>20000</EstimateAnnualIncomeAmount>
  <TotalOfMarriage>1</TotalOfMarriage>
  <TedsDaysOnWaitList>0</TedsDaysOnWaitList>
  <Dimension1>
    <HasWithdrawalSymptoms>1</HasWithdrawalSymptoms>
    <ReasonWithdrawalSymptomDescription>Shakes</ReasonWithdrawalSymptomDescription>
    <HasLargerAmountsOfAodThenIntended>1</HasLargerAmountsOfAodThenIntended>
    <LargerAmountsOfAodDescription>Example Text</LargerAmountsOfAodDescription>
    <HasUnsuccessfulAodEfforts>1</HasUnsuccessfulAodEfforts>
    <UnsuccessfulAodEffortsDescription>Example Text</UnsuccessfulAodEffortsDescription>
    <HasSpentExcessiveTimeAod>1</HasSpentExcessiveTimeAod>
    <ExcessiveTimeAodDescription>Example Text</ExcessiveTimeAodDescription>
    <HasCravingsForAod>1</HasCravingsForAod>
    <CravingsForAodDescription>Example Text</CravingsForAodDescription>
    <HasNeglectedSocialObligations>1</HasNeglectedSocialObligations>
    <NeglectedSocialObligationsDescription>Example Text</NeglectedSocialObligationsDescription>
    <HasContinuedAfterNegativeConsequences>1</HasContinuedAfterNegativeConsequences>
    <NegativeConsequencesDescription>Example Text</NegativeConsequencesDescription>
    <HasContinuedAfterAffectedSocially>1</HasContinuedAfterAffectedSocially>
    <AffectedSociallyDescription>Example Text</AffectedSociallyDescription>
    <HasGivenUpEnjoyableActivities>1</HasGivenUpEnjoyableActivities>
    <EnjoyableActivitiesDescription>Example Text</EnjoyableActivitiesDescription>
    <HasBeenInDangerousSituations>1</HasBeenInDangerousSituations>
    <DangerousSituationsDescription>Example Text</DangerousSituationsDescription>
    <HasPhysicalOrPsychologicalProblems>1</HasPhysicalOrPsychologicalProblems>
    <PhysicalOrPsychologicalProblemsDescription>Example Text</PhysicalOrPsychologicalProblemsDescription>
    <HasNeededMoreToFeelEffects>1</HasNeededMoreToFeelEffects>
    <MoreToFeelEffectsDescription>Example Text</MoreToFeelEffectsDescription>
    <SARatingForDimension1Code>24.1</SARatingForDimension1Code>
    <DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
    <WithdrawalSymptoms action="">

    <ExternalADMHPlacementAssessmentWithdrawalSymptomsrecordId>10001.1PlaceWS1</ExternalADMHPlacementAssessmentWithdrawa
lSymptomsrecordId>
      <WithdrawalSymptomsCode>13.2</WithdrawalSymptomsCode>
    </WithdrawalSymptoms>
    <WithdrawalSymptoms action="">

    <ExternalADMHPlacementAssessmentWithdrawalSymptomsrecordId>10001.1PlaceWS2</ExternalADMHPlacementAssessmentWithdrawa
lSymptomsrecordId>

```

```

    <WithdrawalSymptomsCode>13.18</WithdrawalSymptomsCode>
  </WithdrawalSymptoms>
  <SubstanceUseHistory action="">
    <Substances action="">
      <Substance action="">
        <ExternalSubstanceUseHistoryrecordId>10001.1PlaceSUHx1</ExternalSubstanceUseHistoryrecordId>
        <SubstanceProblemTypeCode>14.1</SubstanceProblemTypeCode>
        <SpecificSubstanceProblemDetailCode>15.1</SpecificSubstanceProblemDetailCode>
        <RouteOfAdminCode>16.1</RouteOfAdminCode>
        <AgeofFirstUseNumber>18</AgeofFirstUseNumber>
        <DateLastUsed>5/30/2024</DateLastUsed>
        <HowLongUsedDescription>Year</HowLongUsedDescription>
        <FrequencyOfUseCode>17.5</FrequencyOfUseCode>
        <AgeOfRegularUseDescription>Example Text</AgeOfRegularUseDescription>
        <PeriodsOfAbstinenceDescription>Example Text</PeriodsOfAbstinenceDescription>
        <AmountOfRegularUseDescription>Example Text</AmountOfRegularUseDescription>
      </Substance>
    </Substances>
  </SubstanceUseHistory>
</Dimension1>
<Dimension2>
  <HasCurrentMedicalProblems>1</HasCurrentMedicalProblems>
  <CurrentMedicalProblemsDescription>Example Text</CurrentMedicalProblemsDescription>
  <IsClientPregnant>0</IsClientPregnant>
  <HasAllergies>1</HasAllergies>
  <AllergiesDescription>Pollen</AllergiesDescription>
  <HasHadTuberculosis>1</HasHadTuberculosis>
  <TuberculosisDescription>Example Text</TuberculosisDescription>
  <SARatingForDimension2Code>24.2</SARatingForDimension2Code>
  <DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
  <MedicalWithdrawalSymptoms action="">
    <ExternalMedicalWithdrawalSymptomrecordId>10001.1PlaceEMWS1</ExternalMedicalWithdrawalSymptomrecordId>
    <MedicalWithdrawalSymptomCode>33.4</MedicalWithdrawalSymptomCode>
  </MedicalWithdrawalSymptoms>
</Dimension2>
<Dimension3>
  <HasHadTrauma>1</HasHadTrauma>
  <TraumaDescription>Example Text</TraumaDescription>
  <HasMentalIllness>1</HasMentalIllness>
  <MentalIllnessDescription>Example Text</MentalIllnessDescription>
  <IsBeingSeenForMentalIllness>1</IsBeingSeenForMentalIllness>
  <BeingSeenForMentalIllnessDescription>Example Text</BeingSeenForMentalIllnessDescription>
  <HasMurderousThoughts>1</HasMurderousThoughts>
  <MurderousThoughtsDescription>Example Text</MurderousThoughtsDescription>
  <HasHadHallucinations>1</HasHadHallucinations>

```

```
<HallucinationsDescription>Example Text</HallucinationsDescription>
<SARatingForDimension3Code>24.2</SARatingForDimension3Code>
<DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
<Orientations action="">
  <ExternalOrientationrecordId>10001.1PlaceOrient1</ExternalOrientationrecordId>
  <OrientationCode>34.1</OrientationCode>
</Orientations>
<Orientations action="">
  <ExternalOrientationrecordId>10001.1PlaceOrient2</ExternalOrientationrecordId>
  <OrientationCode>34.2</OrientationCode>
</Orientations>
<GeneralAppearance>
  <Dresses action="">
    <ExternalDressrecordId>10001.1PlaceDress1</ExternalDressrecordId>
    <DressCode>35.1</DressCode>
  </Dresses>
  <Groomings action="">
    <ExternalGroomingrecordId>10001.1PlaceGroom1</ExternalGroomingrecordId>
    <GroomingCode>36.1</GroomingCode>
  </Groomings>
  <FacialExpressions action="">
    <ExternalFacialExpressionrecordId>10001.1FE1</ExternalFacialExpressionrecordId>
    <FacialExpressionCode>37.1</FacialExpressionCode>
  </FacialExpressions>
</GeneralAppearance>
<MoodAndAffect>
  <Moods action="">
    <ExternalMoodrecordId>10001.1PlaceMood1</ExternalMoodrecordId>
    <MoodCode>38.1</MoodCode>
  </Moods>
  <Affects action="">
    <ExternalAffectrecordId>10001.1PlaceAffect1</ExternalAffectrecordId>
    <AffectCode>39.1</AffectCode>
  </Affects>
</MoodAndAffect>
<Speech>
  <Speeches action="">
    <ExternalSpeechrecordId>10001.1PlaceSpeech1</ExternalSpeechrecordId>
    <SpeechCode>40.1</SpeechCode>
  </Speeches>
  <Speeches action="">
    <ExternalSpeechrecordId>10001.1PlaceSpeech2</ExternalSpeechrecordId>
    <SpeechCode>40.2</SpeechCode>
  </Speeches>
</Speech>
```

```
<Memory>
  <ImmediateMemorys action="">
    <ExternalImmediateMemoryrecordId>10001.1PlaceIM1</ExternalImmediateMemoryrecordId>
    <ImmediateMemoryCode>41.1</ImmediateMemoryCode>
  </ImmediateMemorys>
  <RecentMemorys action="">
    <ExternalRecentMemoryrecordId>10001.1PlaceRcM1</ExternalRecentMemoryrecordId>
    <RecentMemoryCode>41.1</RecentMemoryCode>
  </RecentMemorys>
  <RemoteMemorys action="">
    <ExternalRemoteMemoryrecordId>10001.1PlaceRmM1</ExternalRemoteMemoryrecordId>
    <RemoteMemoryCode>41.1</RemoteMemoryCode>
  </RemoteMemorys>
</Memory>
<ThoughtProcesses>
  <ThoughtProcess action="">
    <ExternalThoughtProcessrecordId>10001.1PlaceTP1</ExternalThoughtProcessrecordId>
    <ThoughtProcessCode>42.1</ThoughtProcessCode>
  </ThoughtProcess>
  <ThoughtProcess action="">
    <ExternalThoughtProcessrecordId>10001.1PlaceTP2</ExternalThoughtProcessrecordId>
    <ThoughtProcessCode>42.2</ThoughtProcessCode>
  </ThoughtProcess>
  <ThoughtContents action="">
    <ExternalThoughtContentrecordId>10001.1PlaceTP3</ExternalThoughtContentrecordId>
    <ThoughtContentCode>43.3</ThoughtContentCode>
  </ThoughtContents>
</ThoughtProcesses>
<JudgementAndInsight>
  <Judgments action="">
    <ExternalJudgementrecordId>10001.1PlaceJudge1</ExternalJudgementrecordId>
    <JudgmentCode>44.1</JudgmentCode>
  </Judgments>
  <Insights action="">
    <ExternalInsightrecordId>10001.1PlaceInsight1</ExternalInsightrecordId>
    <InsightCode>45.1</InsightCode>
  </Insights>
  <Insights action="">
    <ExternalInsightrecordId>10001.1PlaceInsight2</ExternalInsightrecordId>
    <InsightCode>45.2</InsightCode>
  </Insights>
</JudgementAndInsight>
</Dimension3>
<Dimension4>
  <WhyAreYouHereTodayDescription>Example Text</WhyAreYouHereTodayDescription>
```

```
<HasProblemWithSubstances>1</HasProblemWithSubstances>
<ProblemDescription>Example Text</ProblemDescription>
<HasOtherProblems>1</HasOtherProblems>
<OtherProblemDescription>Example Text</OtherProblemDescription>
<DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
<SARatingForDimension4Code>24.5</SARatingForDimension4Code>
<MHRatingForDimension4Code>24.2</MHRatingForDimension4Code>
</Dimension4>
<Dimension5>
  <HasFamilyMembersWithDrugProblems>1</HasFamilyMembersWithDrugProblems>
  <FamilyProblemsDescription>Example Text</FamilyProblemsDescription>
  <HasFamilyAlcoholProblems>1</HasFamilyAlcoholProblems>
  <FamilyAlcoholProblemsDescription>Example Text</FamilyAlcoholProblemsDescription>
  <HasFamilyMentalIllness>1</HasFamilyMentalIllness>
  <FamilyMentalIllnessDescription>Example Text</FamilyMentalIllnessDescription>
  <HasIllFamilyMembers>1</HasIllFamilyMembers>
  <IllFamilyMembersDescription>Example Text</IllFamilyMembersDescription>
  <TimesTreatedForAodProblemNumber>1</TimesTreatedForAodProblemNumber>
  <IsCurrentlyInOpioidReplacementRecovery>1</IsCurrentlyInOpioidReplacementRecovery>
  <HasHadPeriodsOfAbstinence>1</HasHadPeriodsOfAbstinence>
  <HowAbstinenceAchievedDescription>Example Text</HowAbstinenceAchievedDescription>
  <RelapseTriggersDescription>Example Text</RelapseTriggersDescription>
  <CauseOfRelapseDescription>Example Text</CauseOfRelapseDescription>
  <IsInSupportGroup>1</IsInSupportGroup>
  <SupportGroupDescription>Example Text</SupportGroupDescription>
  <HasSponsor>1</HasSponsor>
  <SelfHelpFrequencyCode>18.1</SelfHelpFrequencyCode>
  <SARatingForDimension5Code>24.2</SARatingForDimension5Code>
  <MHRatingForDimension5Code>24.1</MHRatingForDimension5Code>
  <DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
</Dimension5>
<Dimension6>
  <LivingArrangementCode>19.6</LivingArrangementCode>
  <IsLivingArrangementDrugFree>1</IsLivingArrangementDrugFree>
  <EmploymentStatusCode>20.2</EmploymentStatusCode>
  <EducationStatusCode>22.15</EducationStatusCode>
  <HasBeenArrestedIn30Days>1</HasBeenArrestedIn30Days>
  <TimesArrestedInLast30DaysNumber>0</TimesArrestedInLast30DaysNumber>
  <HasEverBeenArrested>1</HasEverBeenArrested>
  <ArrestedDescription>Example Text</ArrestedDescription>
  <HasBeenArrestedForDrugsOrAlcohol>1</HasBeenArrestedForDrugsOrAlcohol>
  <ArrestedForDrugsOrAlcoholDescription>Example Text</ArrestedForDrugsOrAlcoholDescription>
  <IsCurrentlyInvolvedInCourtCase>1</IsCurrentlyInvolvedInCourtCase>
  <InvolvedInCourtCaseDescription>Example Text</InvolvedInCourtCaseDescription>
  <IsRegisteredSexOffender>0</IsRegisteredSexOffender>
```

```

    <HasDependentChildren>1</HasDependentChildren>
    <DependentChildrenNumber>1</DependentChildrenNumber>
    <CustodyOfChildrenDescription>Example Text</CustodyOfChildrenDescription>
    <IsChildcareAvailable>0</IsChildcareAvailable>
    <QualityOfFamilyInteractionDescription>Example Text</QualityOfFamilyInteractionDescription>
    <SupportSystemSatisfactionDescription>Example Text</SupportSystemSatisfactionDescription>
    <HasReliableTransportation>1</HasReliableTransportation>
    <TransportationDescription>Example Text</TransportationDescription>
    <SARatingForDimension6Code>24.1</SARatingForDimension6Code>
    <MHRatingForDimension6Code>24.2</MHRatingForDimension6Code>
    <DimensionSummaryDescription>Example Text</DimensionSummaryDescription>
  </Dimension6>
  <AssessedLevelOfCare>
    <AssessedLevelOfCareCode>23.2</AssessedLevelOfCareCode>
    <PlacedLevelOfCareCode>23.2</PlacedLevelOfCareCode>
    <LocReasonForDifferenceCode>25.8</LocReasonForDifferenceCode>
    <DispositionCode>48.1</DispositionCode>
    <CoOccurringDisorderScreenPerformedCode>50.1</CoOccurringDisorderScreenPerformedCode>
    <ExplanationToIncludeOutcomeComments>Example Text</ExplanationToIncludeOutcomeComments>
  </AssessedLevelOfCare>
  <Diagnosis action="">
    <ExternalDiagnosisCodeRecordId>10001.1PlaceDx1</ExternalDiagnosisCodeRecordId>
    <DiagnosisIcdCode>100.2532</DiagnosisIcdCode>
    <EffectiveDate>06/01/2024</EffectiveDate>
    <IsPrincipal>1</IsPrincipal>
    <IsProvisional>0</IsProvisional>
    <IsRuleOut>0</IsRuleOut>
  </Diagnosis>
  <Diagnosis action="">
    <ExternalDiagnosisCodeRecordId>10001.1PlaceDx2</ExternalDiagnosisCodeRecordId>
    <DiagnosisIcdCode>100.41349</DiagnosisIcdCode>
    <EffectiveDate>06/01/2024</EffectiveDate>
    <IsPrincipal>0</IsPrincipal>
    <IsProvisional>1</IsProvisional>
    <IsRuleOut>0</IsRuleOut>
  </Diagnosis>
  <ReviewAndSignoff>
    <IsReleaseAppropriate>1</IsReleaseAppropriate>
  </ReviewAndSignoff>
</ADMHAssessments>
</ClientTreatmentEpisode>
</ClientTreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

Appendix D: Sample XML: TreatmentEpisodeDataSet (Update Assessment)

```
<?xml version="1.0" encoding="utf-8"?>
<TreatmentEpisodeDataSet>
  <ClientTreatmentEpisodes>
    <ClientTreatmentEpisode>
      <ExternalClientRecordId>10001</ExternalClientRecordId>
      <ExternalClientIntakeRecordId>10001.1</ExternalClientIntakeRecordId>
      <ADMHUpdateAssessments action="">
        <ExternalADMHUpdateAssessmentRecordId>10001.1Update1</ExternalADMHUpdateAssessmentRecordId>
        <UpdateAssessmentTypeCode>11.1</UpdateAssessmentTypeCode>
        <UpdateAssessmentDate>06/01/2024</UpdateAssessmentDate>
        <EstimateAnnualIncomeAmount>$10000</EstimateAnnualIncomeAmount>
        <TotalOfMarriage>1</TotalOfMarriage>
        <TedsDaysOnWaitList>1</TedsDaysOnWaitList>
        <ProgramEnrollmentLastContactDate>06/01/2024</ProgramEnrollmentLastContactDate>
        <ProgramEnrollmentTerminationReasonCode>TC</ProgramEnrollmentTerminationReasonCode>
      <ClientInfoAndServices>
        <EducationCode>22.14</EducationCode>
        <FinancialSupportCode>29.1</FinancialSupportCode>
        <InsuranceCode>26.4</InsuranceCode>
        <PaymentSourceCode>27.4</PaymentSourceCode>
        <MedicalTreatmentCode>30.1</MedicalTreatmentCode>
        <MaritalStatusCode>28.2</MaritalStatusCode>
        <EmploymentCode>20.2</EmploymentCode>
        <LivingArrangementCode>19.19</LivingArrangementCode>
        <CoOccurringDisordersAssessmentPerformedCode>50.1</CoOccurringDisordersAssessmentPerformedCode>
        <CoOccurringDisordersIdentifiedCode>31.1</CoOccurringDisordersIdentifiedCode>
        <CoOccurringDisordersScreenResultsCode>50.1</CoOccurringDisordersScreenResultsCode>
        <PriorEpisodesNumber>1</PriorEpisodesNumber>
        <Arrest30DaysPriorToInterview>1</Arrest30DaysPriorToInterview>
        <SelfHelpCode>18.4</SelfHelpCode>
      </ClientInfoAndServices>
    </CriteriaQuestions>
      <LargerAmountOfAodCode>2000.1</LargerAmountOfAodCode>
      <LargerAmountExplainNote>Example text</LargerAmountExplainNote>
      <PreviousEffortsAodCode>2000.1</PreviousEffortsAodCode>
      <PreviousEffortsExplainNote>Example text</PreviousEffortsExplainNote>
      <ActivitiesAodCode>2000.1</ActivitiesAodCode>
      <ActivitiesExplainNote>Example text</ActivitiesExplainNote>
      <StrongDesireOfAodCode>2000.1</StrongDesireOfAodCode>
      <StrongDesireExplainNote>Example text</StrongDesireExplainNote>
      <SocialObligationOfAodCode>2000.1</SocialObligationOfAodCode>
      <SocialObligationExplainNote>Example text</SocialObligationExplainNote>
    </CriteriaQuestions>
  </ClientTreatmentEpisode>
</ClientTreatmentEpisodes>
</TreatmentEpisodeDataSet>
```

```

    <NegativeConsequencesCode>2000.1</NegativeConsequencesCode>
    <NegativeConsequencesExplainNote>Example text</NegativeConsequencesExplainNote>
    <SocialAffectedOfAodCode>2000.1</SocialAffectedOfAodCode>
    <SocialAffectedExplainNote>Example text</SocialAffectedExplainNote>
    <SocialGiveUpOfAodCode>2000.1</SocialGiveUpOfAodCode>
    <SocialGiveUpExplainNote>Example text</SocialGiveUpExplainNote>
    <UnsafeSituationCode>2000.1</UnsafeSituationCode>
    <UnsafeSituationExplainNote>Example text</UnsafeSituationExplainNote>
    <PsychologicalProblemsCode>2000.1</PsychologicalProblemsCode>
    <PsychologicalProblemsExplainNote>Example text</PsychologicalProblemsExplainNote>
    <SameHighOrFeelOfAodCode>2000.1</SameHighOrFeelOfAodCode>
    <SameHighOrFeelExplainNote>Example text</SameHighOrFeelExplainNote>
  </CriteriaQuestions>
  <LevelOfCareRiskRating>
    <IntoxicationPotentialCode>24.5</IntoxicationPotentialCode>
    <IntoxicationPotentialInformationNote>Example text</IntoxicationPotentialInformationNote>
    <BiomedicalConditionCode>24.5</BiomedicalConditionCode>
    <BiomedicalConditionInformationNote>Example text</BiomedicalConditionInformationNote>
    <EmotionalComplicationCode>24.5</EmotionalComplicationCode>
    <EmotionalComplicationInformationNote>Example text</EmotionalComplicationInformationNote>
    <ReadinessToChangeCode>24.5</ReadinessToChangeCode>
    <ReadinessToChangeInformationNote>Example text</ReadinessToChangeInformationNote>
    <ContinueProblemCode>24.5</ContinueProblemCode>
    <ContinueProblemInformationNote>Example text</ContinueProblemInformationNote>
    <RecoveryCode>24.5</RecoveryCode>
    <RecoveryInformationNote>Example text</RecoveryInformationNote>
  </LevelOfCareRiskRating>
  <AssessedLOC>
    <AssessedLocCode>23.6</AssessedLocCode>
    <PlacedLocCode>23.5</PlacedLocCode>
    <DifferenceCode>25.3</DifferenceCode>
    <AppropriateCode>2000.1</AppropriateCode>
    <IndignantCode>2000.1</IndignantCode>
  </AssessedLOC>
</ADMHUpdateAssessments>
</ClientTreatmentEpisode>
</ClientTreatmentEpisodes>
</TreatmentEpisodeDataSet>

```

Appendix E: Sample XML: TreatmentEpisodeDataSet (Discharge)

```
<?xml version="1.0" encoding="utf-8"?>
<TreatmentEpisodeDataSet>
  <ClientTreatmentEpisodes>
    <ClientTreatmentEpisode>
      <ExternalClientRecordId>10001</ExternalClientRecordId>
      <ExternalClientIntakeRecordId>10001.1</ExternalClientIntakeRecordId>
      <Discharge>
        <ExternalDischargeRecordId>10001.1DC</ExternalDischargeRecordId>
        <DischargeDate>07/01/2024</DischargeDate>
        <ProgramEnrollmentLastContactDate>06/30/2024</ProgramEnrollmentLastContactDate>
        <ProgramEnrollmentTerminationReasonCode>TC</ProgramEnrollmentTerminationReasonCode>
      </Discharge>
    </ClientTreatmentEpisode>
  </ClientTreatmentEpisodes>
</TreatmentEpisodeDataSet>
```

Appendix F: Sample 837P

ISA*00* *00* *ZZ*111222333444555*ZZ*300002373 *230331*1200*^*00501*201309197*0*T*:~
GS*HC*111222333444555*300002373*20230331*1200*201309197*X*005010X222A1~
ST*837*000013*005010X222A1~
BHT*0019*00*8899890*20230331*1200*CH~
NM1*41*2*Example Provider*****46*111222333444555~
PER*IC*Contact Name*TE*5551112222~
NM1*40*2*DMHMR*****46*300002373~
HL*1**20*1~
NM1*85*2*Example Provider*****XX*9999999999~
N3*123 45th St~
N4*Oxford*AL*36203000~
REF*EI*5555555555~
HL*2*1*22*0~
SBR*P*18*****11~
NM1*IL*1*Client*Example****MI*01234567890123456789~
N3*1234 5th St~
N4*Oxford*IA*36203~
DMG*D8*19950905*F~
NM1*PR*2*ADMH*****PI*630506021~
N3*100 North Union St~
N4*Montgomery*AL*36130~
CLM*ABC1234*25***11:B:1*Y*A*Y*Y~
REF*EA*A1B2C3D~
HI*ABK:F111*ABF:F10151~
NM1*82*1*Example Provider*****XX*9999999999~
PRV*PE*PXC*251S00000X~
NM1*77*2*Example Facility*****XX*9999999999~
N3*321 E 12th St~
N4*Oxford*AL*36203~
LX*1~
SV1*HC:H0007*25*UN*1***1:2~
DTP*472*RD8*20230301-20230301~
REF*6R*1234~
SE*31*000013~
GE*1*201309197~
IEA*1*201309197~

Note: Highlighted values must match [Contract EDI](#) record for the provider contract.