

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

Version	Date	WITS	Author	Description of Change	
1.3	2/8/2024	24.1	Tim Carroll	3.4.1.1 3.5 3.5.1.13 5.1.2 5.3 5.4.4 6.1 6.2 6.4 7.1 7.4 10 10.4 Appx. A Appx. B Appx. C	Added second test instructions for version 24.1 Added new major section System Administration and made subsections of Code Tables, Adjudication Rules, Services, and Rates Added Team Member Role code table. Added Collateral Contacts subsection. Added Treatment Episode and subsections: Intake, Treatment Team, Screener, Assessment, Outcome Measure, Program Enrollment, Encounter (existing section), Close Intake (existing section). Added Diagnosis History to Audit section. Broke out import screen and SFTP into subsections and added addition instructions. Added details and test instructions. Added section for Treatment Episode File. Changed "Appendix A" reference to "Appendix B." Added details for Outbound 999. Added Medicaid EDI section. Added Outbound 270 details. Added Appendix A for Dataset Errors. Added Appendix B for Sample Client Dataset XML. Renamed Appendix A to C (Sample 837P).
1.4	3/4/2024	24.2	Tim Carroll	3.4.3.1 3.4.3.2 3.4.3.3 4.2 4.5 4.5.2 13	Added note about multiple Government Contract Payor Plans. Added note about sharing groups between Government Contract Payor Plans. Added reference. Added Contract Service Rate details. Created Provider Billing Setup section. Added Contract Management Provider Billing Setup. 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.
1.6	5/2/2024	24.4	Tim Carroll	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).
				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	3.1.1 Updated screenshot and test guidance, adding the "Clinical File Upload Agency" indicator. 3.1.2 Updated screenshot and test guidance, adding the "Clinical File Upload Agency" indicator. 3.1.4 Created new Grant Management section and subsections and moved SPARS Batch to this location from Setup. 3.2.2.1 Added SOR Program Setup. 3.3 Added the Scheduler section. 3.4 Added the Group List section. 3.5.1.2 Added note to test instructions. 3.5.1.10 Added the Discharge Disposition Type code table. 3.5.1.11 Added the Discharge Referral Type code table. 3.5.1.14 Added the Followup Step code table. 3.5.1.20 Added the Inter Agency code table. 3.5.1.23 Added the Nec Outcome code table. 3.5.1.24 Added the Non-Episode Contact Location Type code table. 3.5.1.26 Added the Presenting Problem code table. 3.5.1.38 Added the Problem Area code table. 3.5.1.47 Added the Service Diagnosis Category code table. 3.5.1.50 Added the Special Initiative Type code table. 5.3 Added the Non-Episode Contact section. 5.4.7 Added GPRA Assessment section. 5.4.8 Added Expired GPRA section. 5.4.9.5 Added RTB, Diagnosis Category section. 5.4.10 Added the Notes section with Encounter and Miscellaneous Notes subsections. 6.3.1 Updated instructions for Intake/Screener. 6.3.1.1 Added Intake/Screener errors from imported clinical files. 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. 7.5.4.9 Added section: Invalid Diagnosis for Service. 8 Created new ADMH Payment Management section and moved the following to subsections: Adjudication Rules, Payor Adjudication, Outbound 835, Invoice Management, and Payment Voucher. 8.1.1 Broke out and updated original test instructions to new section, Payment from Highest Priority Tier. 8.1.2 Added new section, Payment from Next Eligible Tier. 11 Renamed section SFTP.	

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

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

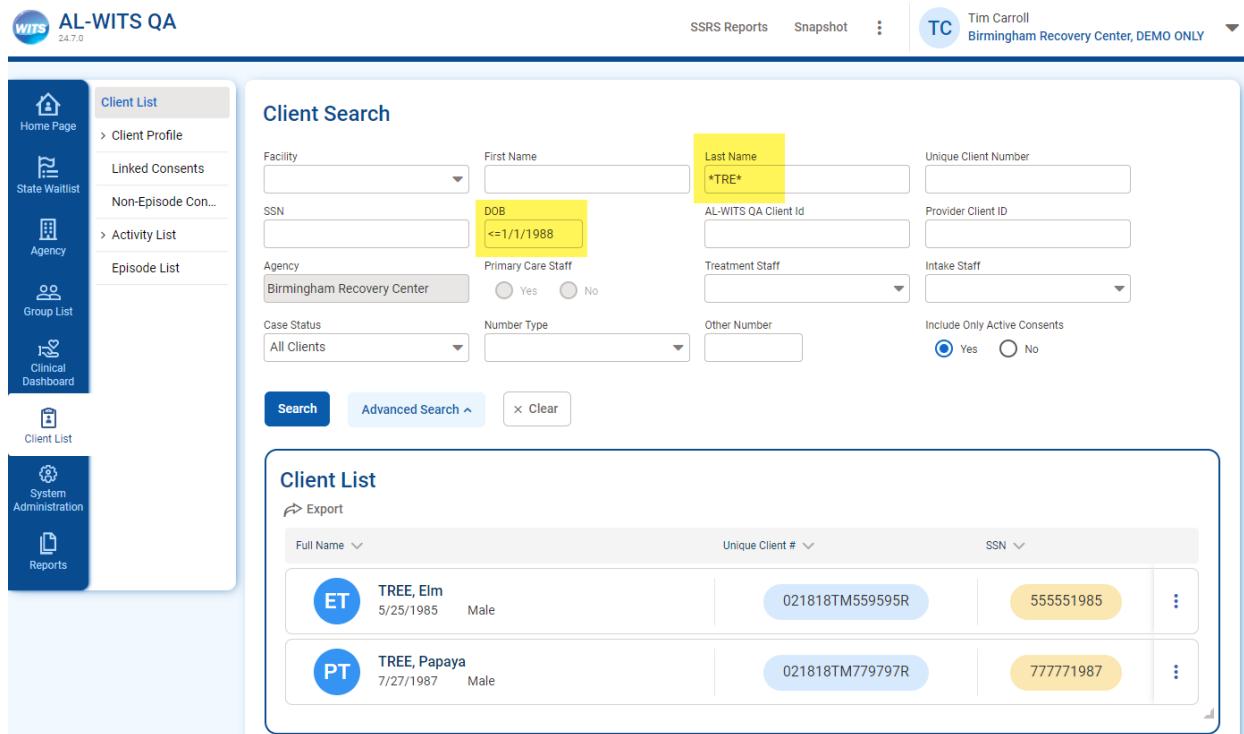
Certain features in WITS, such as Snapshot, Scheduler, and Billing History open in a separate browser window. Ensure the browser allows pop-ups for the WITS application to avoid functionality issues.

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.



Client Search

Facility: First Name: Last Name: *TRE*

SSN: DOB: <=1/1/1988

Agency: Primary Care Staff: AL-WITS QA Client Id: Unique Client Number: Provider Client ID: Intake Staff:

Case Status: All Clients: Number Type: Other Number: Treatment Staff: Include Only Active Consents: Yes (radio button selected)

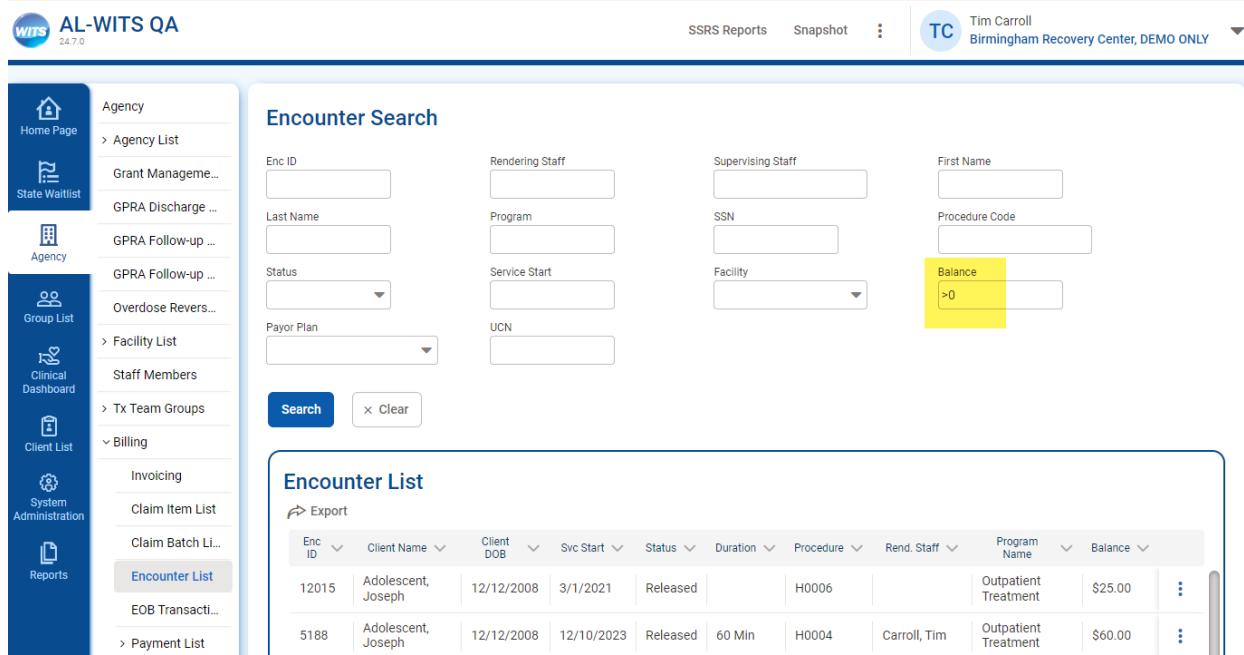
Client List

Full Name	Unique Client #	SSN
TREE, Elm 5/25/1985 Male	021818TM559595R	555551985
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.



The screenshot shows the AL-WITS QA software interface. The top navigation bar includes links for SSRS Reports, Snapshot, and a user profile for Tim Carroll (Birmingham Recovery Center, DEMO ONLY). The left sidebar contains a navigation menu with sections like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Reports' section is currently selected. The main content area is divided into two sections: 'Encounter Search' and 'Encounter List'.

Encounter Search: This section contains various search filters. The 'Balance' filter is set to '>0' and is highlighted with a yellow box. Other filters include Enc ID, Rendering Staff, Supervising Staff, First Name, Last Name, Program, SSN, Status, Service Start, Facility, Payor Plan, UCN, and a dropdown for 'Balance'.

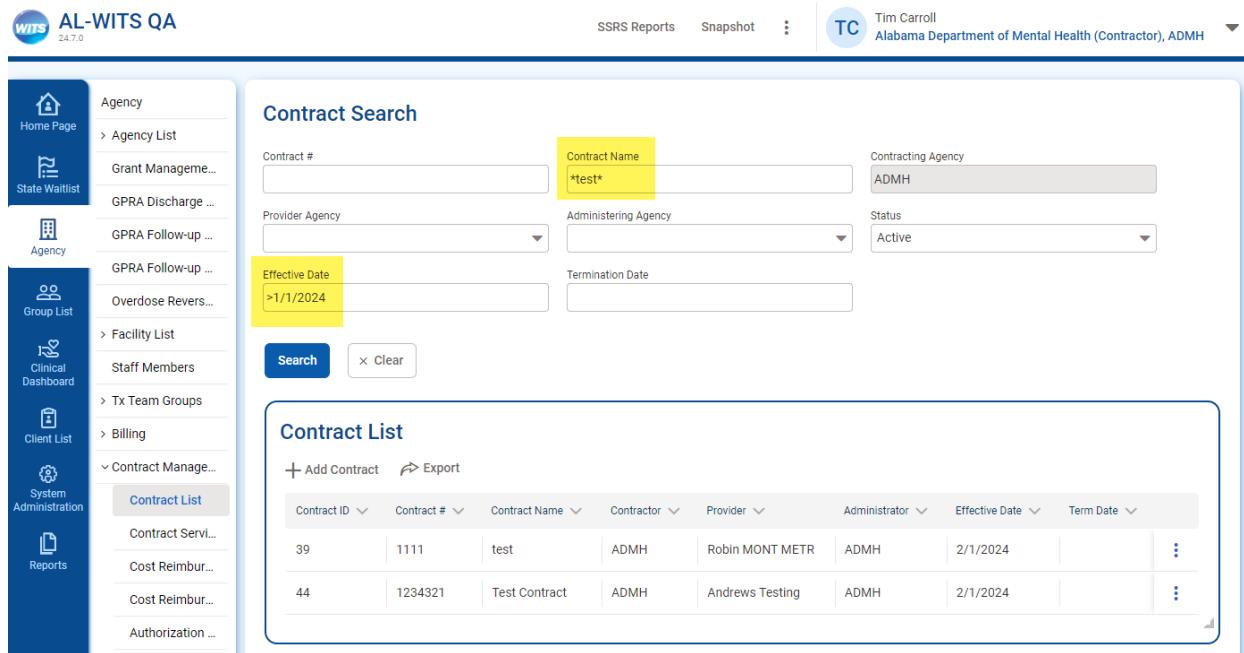
Encounter List: This section displays a table of search results. The table has columns for Enc ID, Client Name, Client DOB, Svc Start, Status, Duration, Procedure, Rend. Staff, Program Name, and Balance. Two rows of data are shown:

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 shows the AL-WITS QA interface for Contract Search. The search criteria are as follows:

- Contract # (empty)
- Contract Name: *test*
- Contracting Agency: ADMH
- Provider Agency (empty)
- Administering Agency (empty)
- Status: Active
- Effective Date: >1/1/2024
- Termination Date (empty)

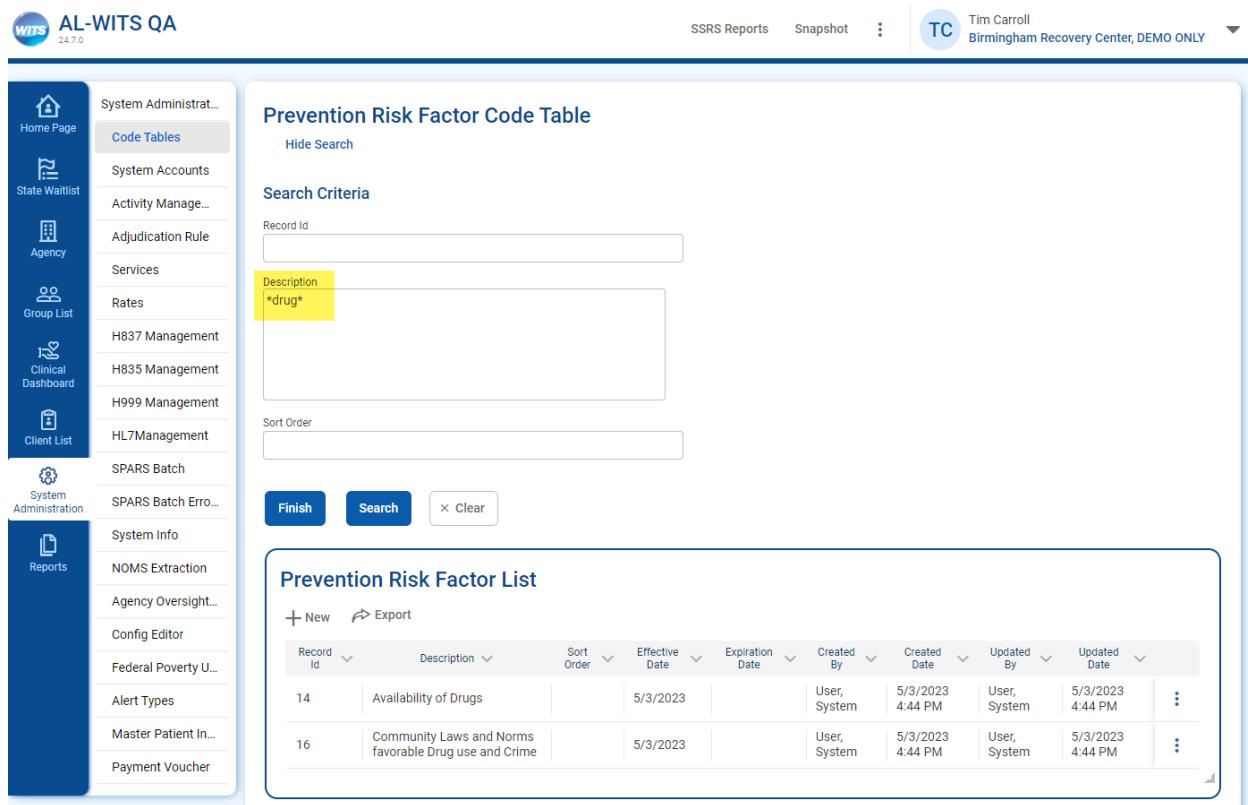
The search results table shows two contracts:

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 ⋮

Tim Carroll
Birmingham Recovery Center, DEMO ONLY

Prevention Risk Factor Code Table

Hide Search

Search Criteria

Record Id

Description: *drug*

Sort Order

Finish Search Clear

Prevention Risk Factor List

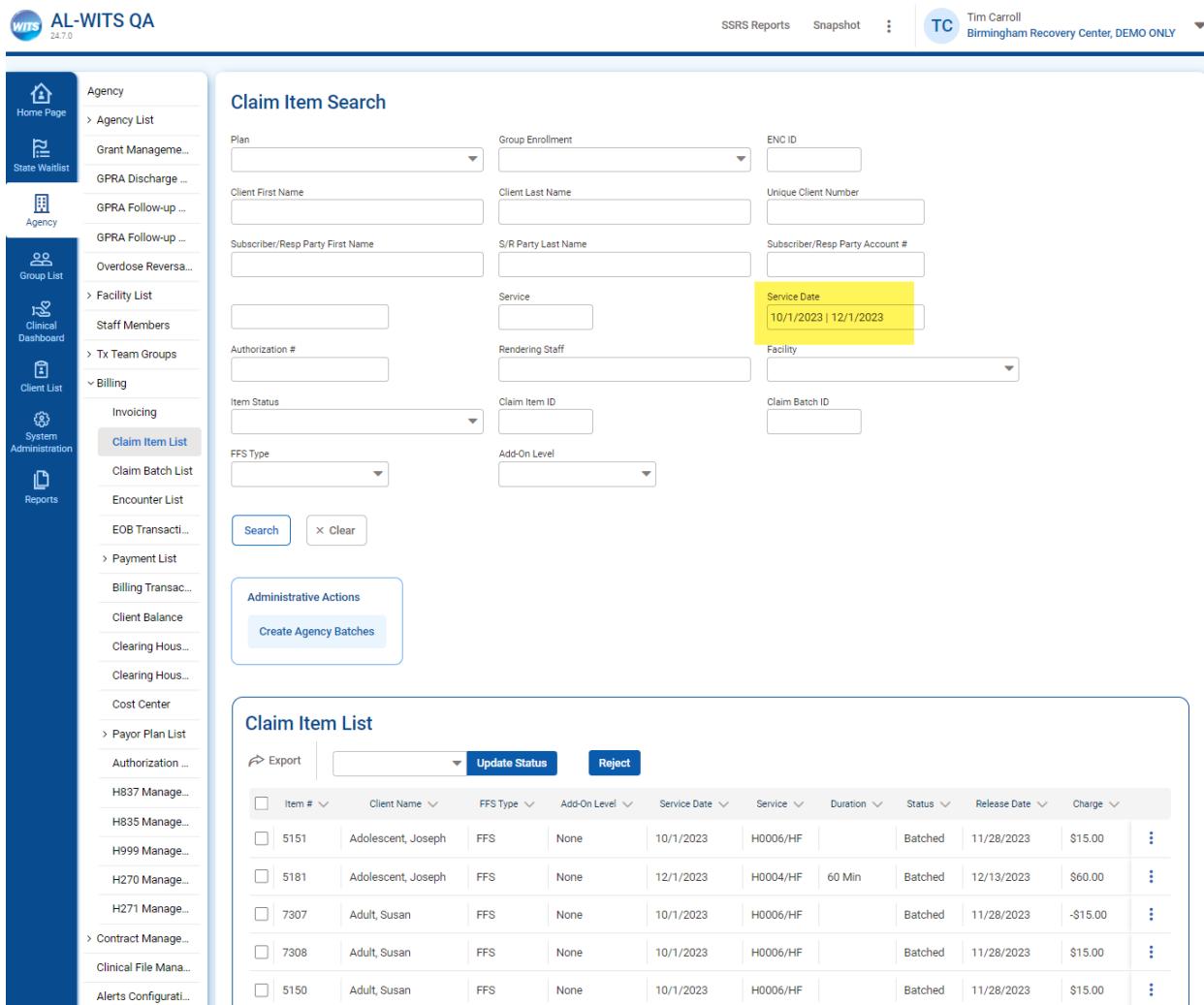
+ New Export

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”

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.



The screenshot shows the AL-WITS QA application interface. The left sidebar contains a navigation menu with various links such as Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is divided into two sections: 'Claim Item Search' and 'Claim Item List'.

Claim Item Search: This section contains several search fields. The 'Service Date' field is highlighted with a yellow box and contains the value '10/1/2023 | 12/1/2023'. Other fields include 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, Authorization #, Rendering Staff, Facility, Item Status, Claim Item ID, Claim Batch ID, FFS Type, and Add-On Level. Below these fields are 'Search' and 'Clear' buttons, and a 'Create Agency Batches' button in a separate box.

Claim Item List: This section displays a table of claim items. The table has columns for Item #, Client Name, FFS Type, Add-On Level, Service Date, Service, Duration, Status, Release Date, Charge, and a more options button. The data in the table is as follows:

Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	More
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

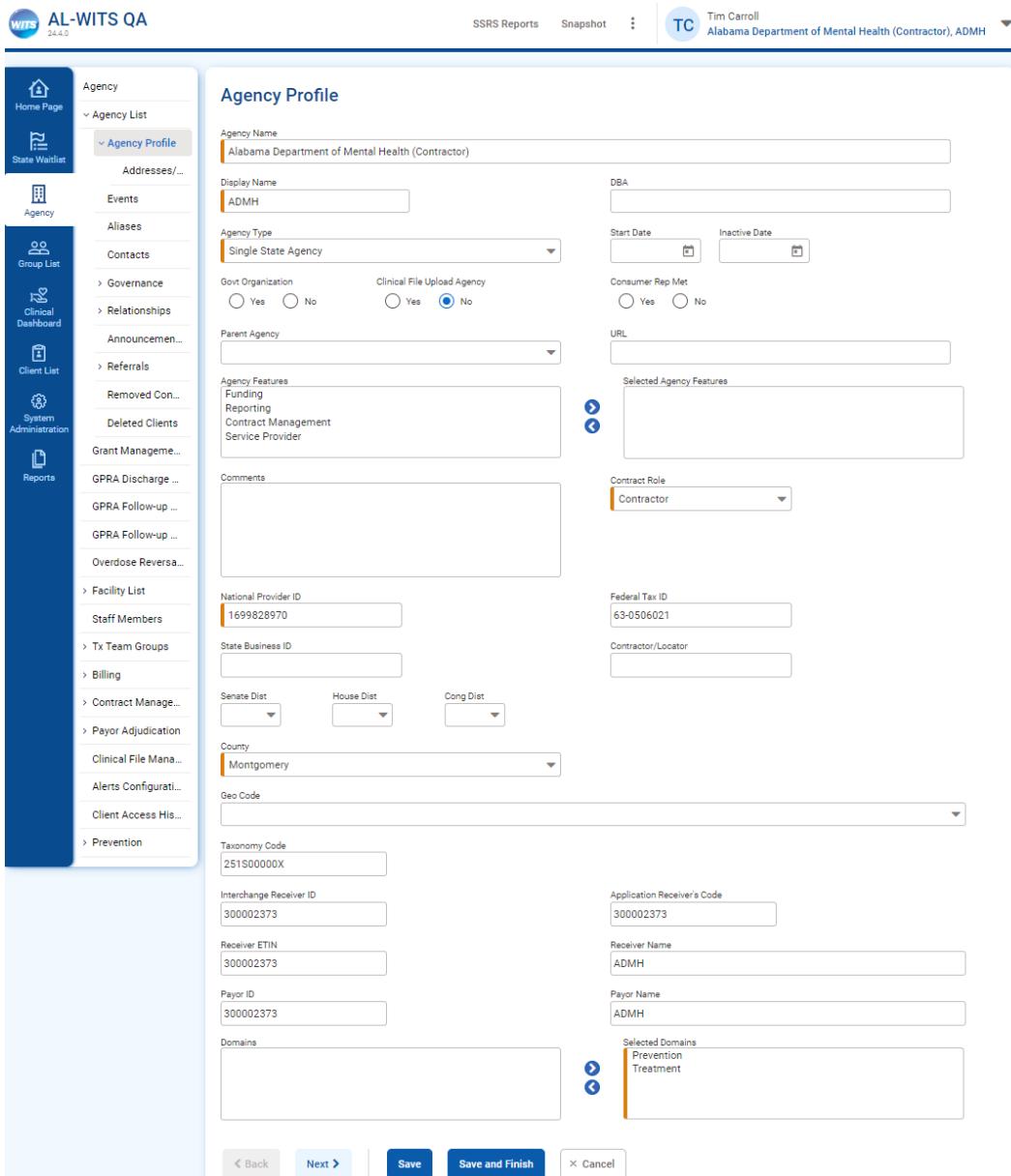
Complete this section prior to testing any other functionality.

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 shows the AL-WITS QA 24.0 interface with the following details:

- Header:** AL-WITS QA 24.0, SSRS Reports, Snapshot, Tim Carroll (Alabama Department of Mental Health (Contractor), ADMH)
- Left Sidebar (Agency Profile):**
 - Home Page
 - State Waitlist
 - Agency
 - Group List
 - Clinical Dashboard
 - Client List
 - System Administration
 - Reports
- Current Page: Agency Profile**
- Form Fields (Agency Profile):**
 - Agency Name: Alabama Department of Mental Health (Contractor)
 - Display Name: ADMH
 - DBA: (empty)
 - Agency Type: Single State Agency
 - Govt Organization: Yes (radio button)
 - Clinical File Upload Agency: No (radio button)
 - Start Date: (calendar icon)
 - Inactive Date: (calendar icon)
 - Consumer Rep Met: Yes (radio button)
 - Parent Agency: (dropdown menu)
 - URL: (text input)
 - Comments: (text area)
 - Contract Role: Contractor (dropdown menu)
 - National Provider ID: 1699828970
 - Federal Tax ID: 63-0506021
 - State Business ID: (text input)
 - Contractor/Locator: (text input)
 - Senate Dist: (dropdown menu)
 - House Dist: (dropdown menu)
 - Cong Dist: (dropdown menu)
 - County: Montgomery (dropdown menu)
 - Geo Code: (text input)
 - Taxonomy Code: 251S00000X
 - Interchange Receiver ID: 300002373
 - Application Receiver's Code: 300002373
 - Receiver ETIN: 300002373
 - Receiver Name: ADMH
 - Payer ID: 300002373
 - Payer Name: ADMH
 - Domains: Prevention, Treatment (selected)
- Buttons:** Back, Next, Save, Save and Finish, 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.

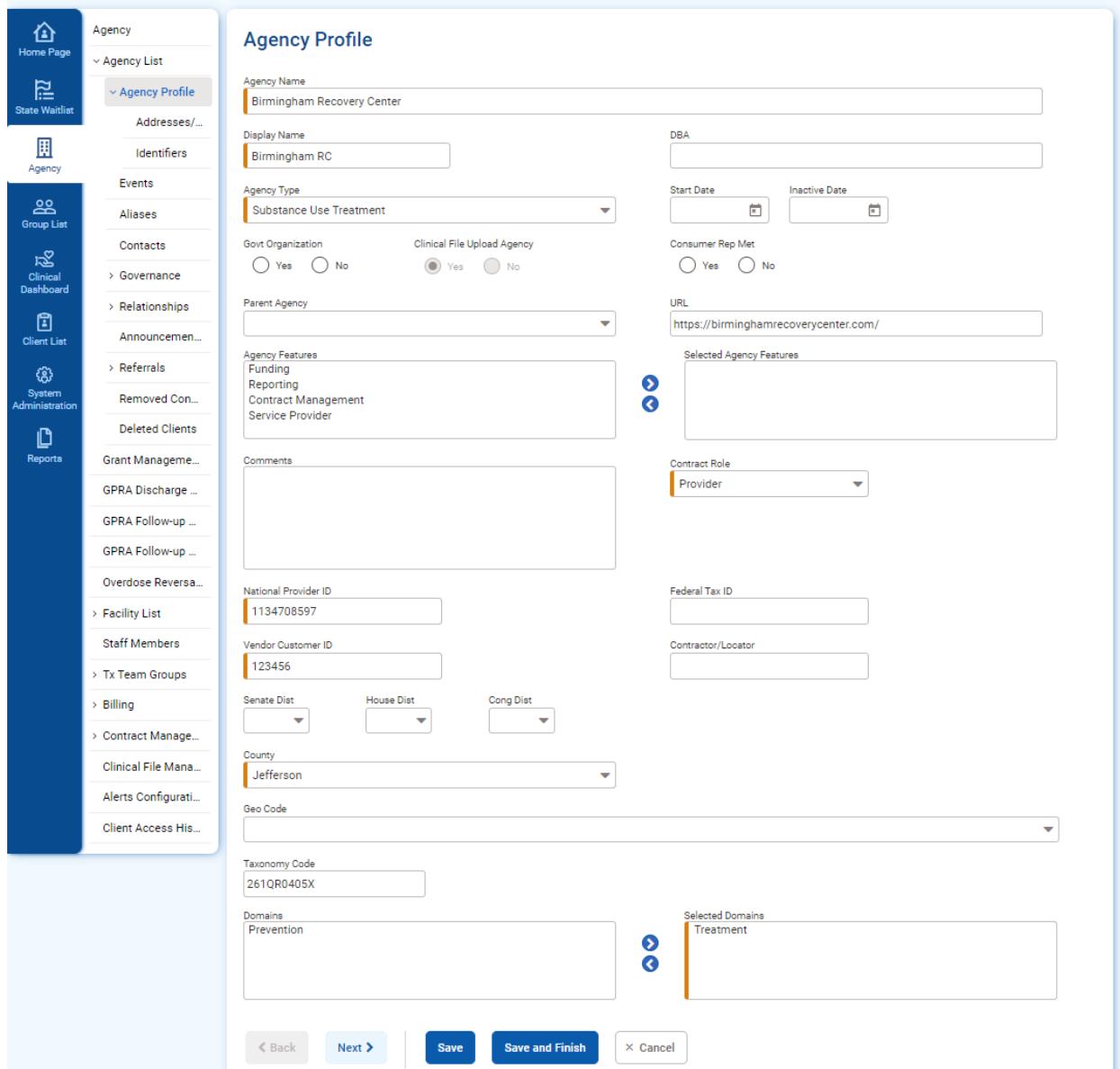
3.1.1.2. Provider Agency Profile

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

AL-WITS QA 24.7.0

SSRS Reports Snapshot 

Tim Carroll
Birmingham Recovery Center, DEMO ONLY 



Agency Profile

Agency Name: Birmingham Recovery Center

Display Name: Birmingham RC

DBA:

Agency Type: Substance Use Treatment

Start Date: Inactive Date:

Govt Organization: Yes No

Clinical File Upload Agency: Yes No

Consumer Rep Met: Yes No

Parent Agency:

URL: <https://birminghamrecoverycenter.com/>

Agency Features: Funding, Reporting, Contract Management, Service Provider

Selected Agency Features:

Comments:

Contract Role: Provider

National Provider ID: 1134708597

Federal Tax ID:

Vendor Customer ID: 123456

Contractor/Locator:

Senate Dist: House Dist: Cong Dist:

County: Jefferson

Geo Code:

Taxonomy Code: 261QR0405X

Domains: Prevention

Selected Domains: Treatment

Buttons: Back, Next, Save, Save and Finish, Cancel

Figure 7: Example Provider Agency Profile

→ 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.

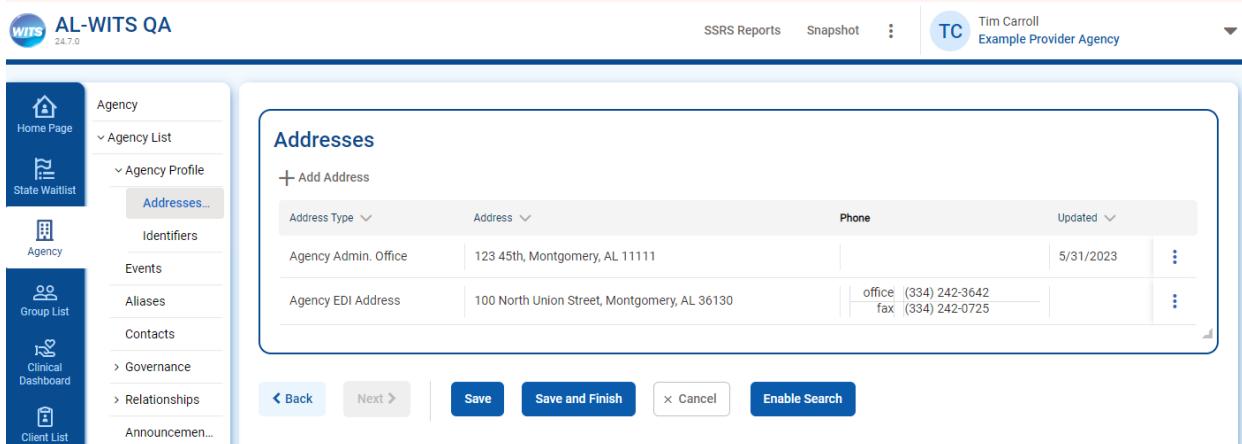


Figure 8: Agency Address/Phone List

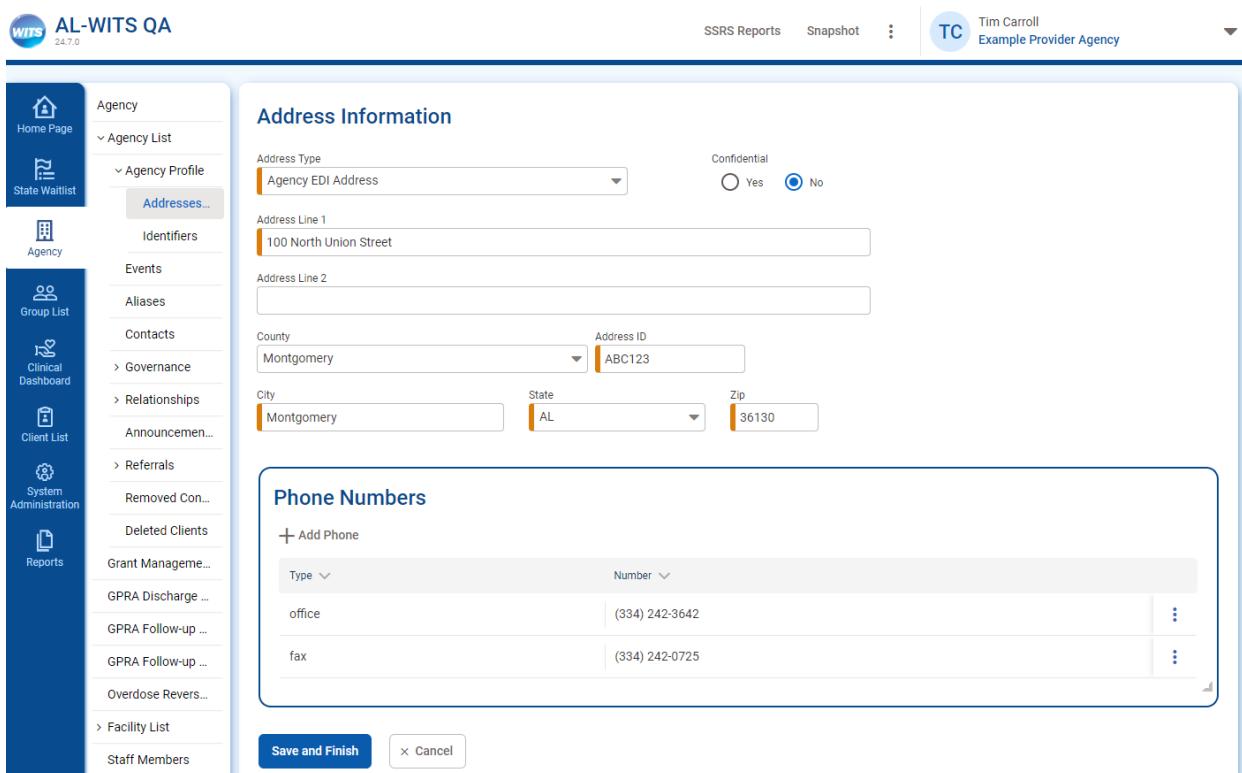


Figure 9: Agency EDI Address with Address ID

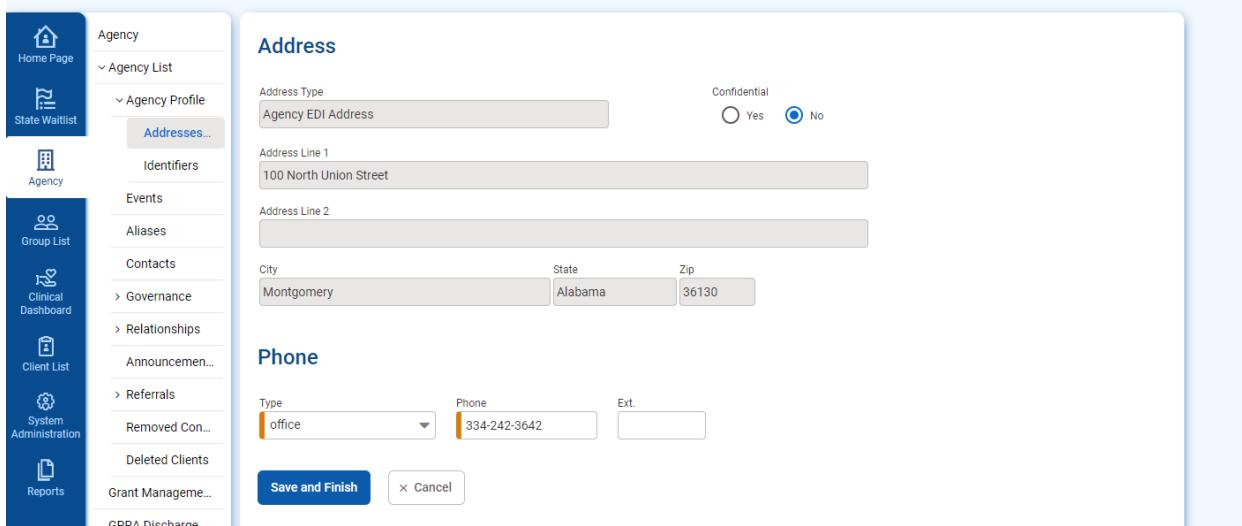


Figure 10: Phone record associated with an Agency Address

→ 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.

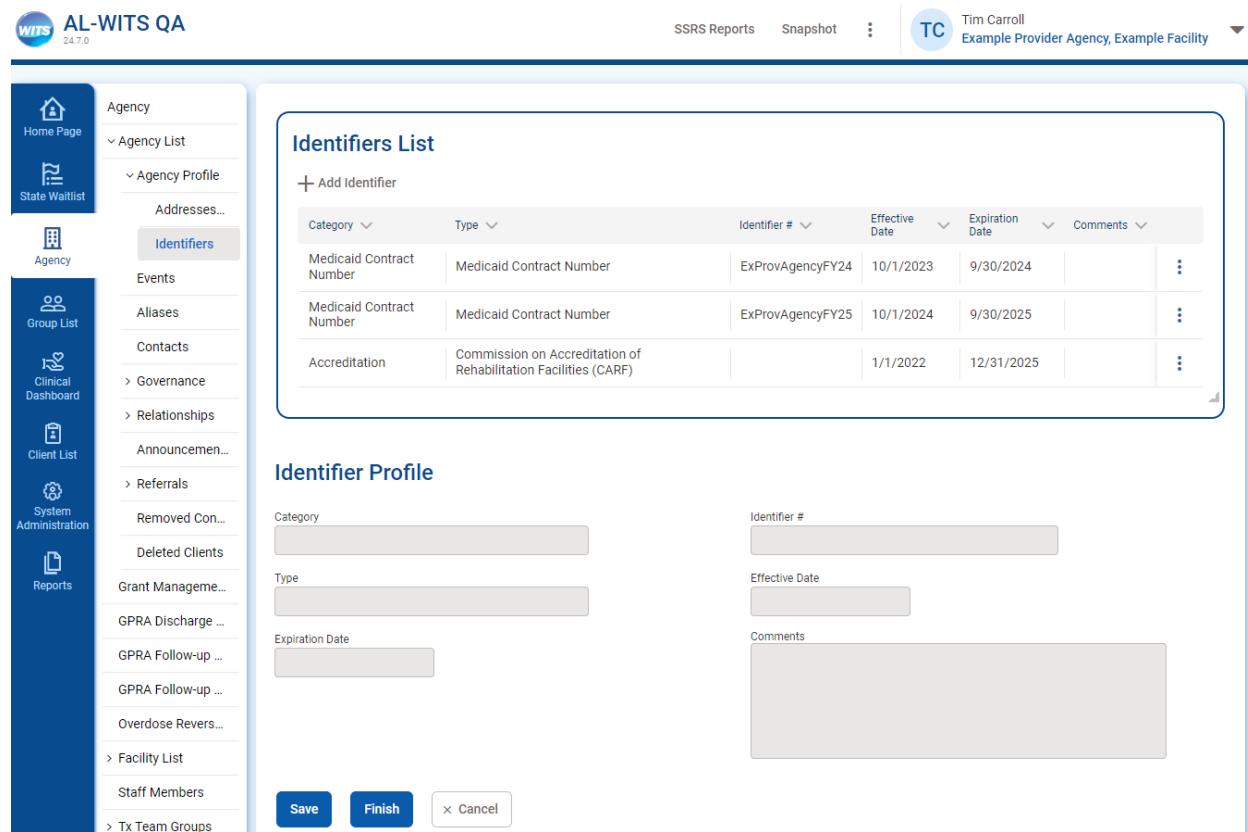
3.1.3. Agency Identifiers

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



The screenshot shows the AL-WITS QA software interface. The left sidebar contains navigation links for Home Page, Agency (with sub-links for Agency List, Agency Profile, Addresses..., Identifiers, Events, Aliases, Contacts, Governance, Relationships, Announcements, Referrals, Removed Clients, Deleted Clients, Grant Management, GPRA Discharge, GPRA Follow-up, Overdose Reversals, Facility List, Staff Members, and Tx Team Groups), Group List, Clinical Dashboard, Client List, System Administration, and Reports. The top right shows the user 'Tim Carroll' and the agency 'Example Provider Agency, Example Facility'. The main content area has a title 'Identifiers List' with a sub-section 'Identifiers Profile'. The 'Identifiers List' table shows three rows of data:

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	

The 'Identifier Profile' section contains fields for Category, Identifier #, Type, Effective Date, Expiration Date, and Comments, with 'Save', 'Finish', and 'Cancel' buttons at the bottom.

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.

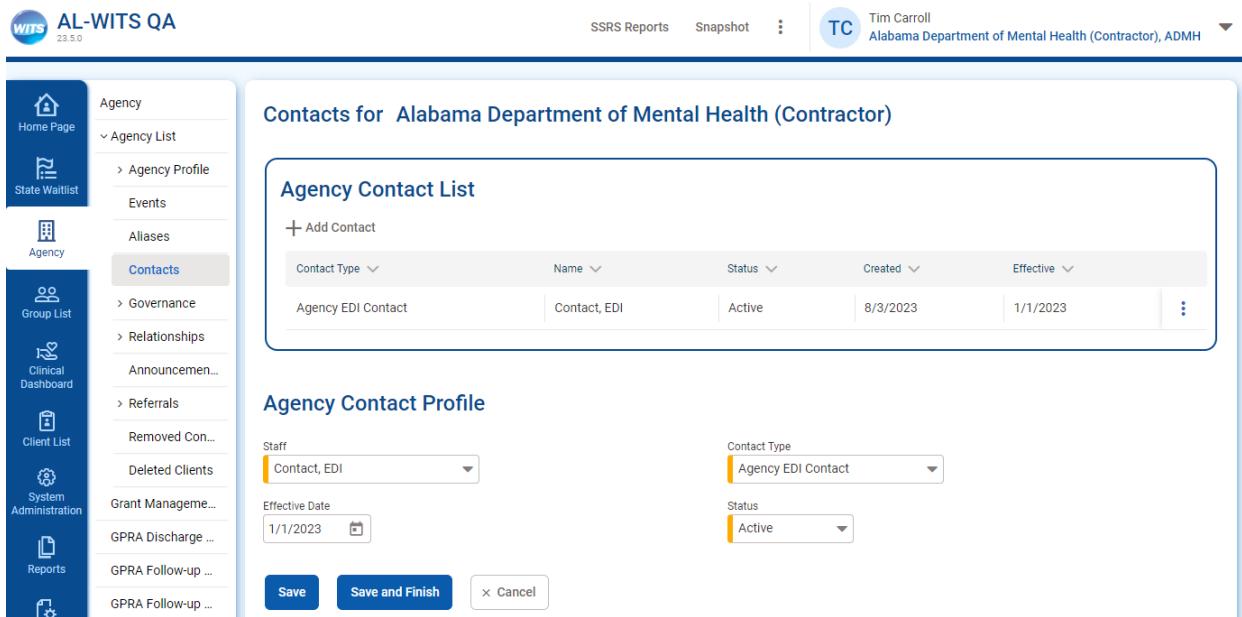


Figure 12: ADMH Agency EDI Contact

→ 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

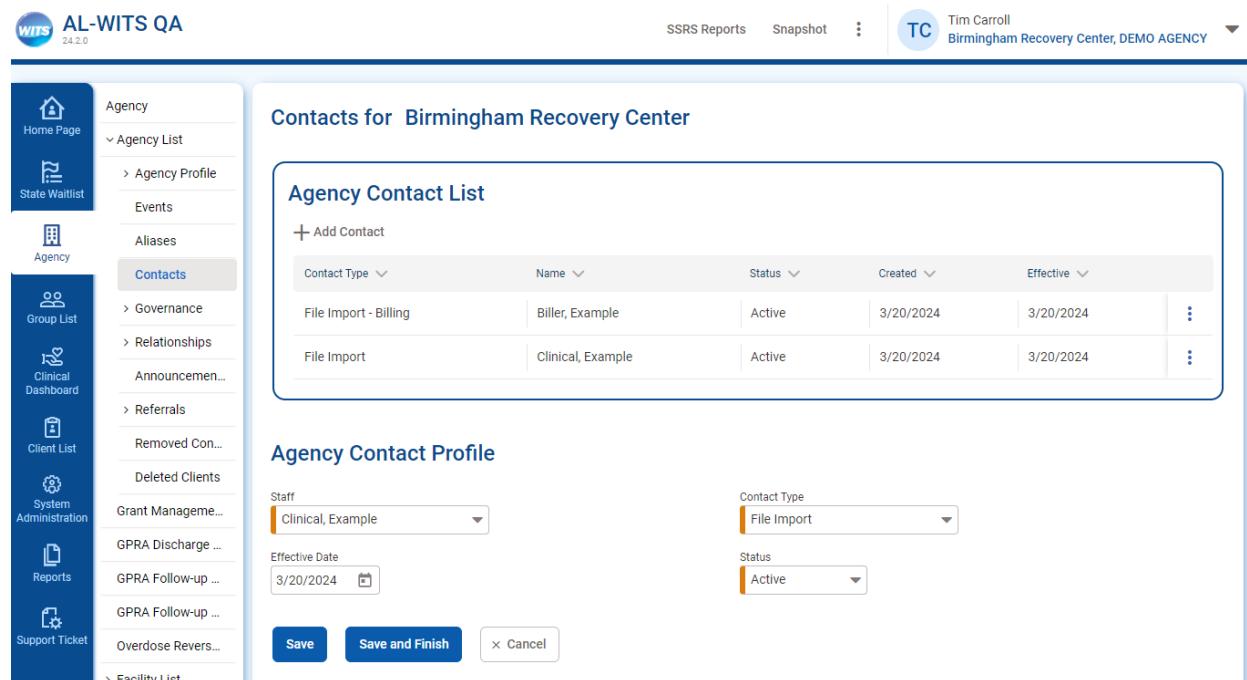
Note: The selected staff member does not need to be a real person, but the selected staff member profile must contain a telephone number and email address.
 - Select Agency EDI Contact for Contact Type.
 - Enter an effective date.
 - Select Active status.
- Click the Save and Finish button

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.



The screenshot shows the AL-WITS QA 24.2.0 software interface. The left sidebar has a 'Agency' section with 'Contacts' selected. The main content area shows the 'Contacts for Birmingham Recovery Center' and the 'Agency Contact List'. The 'Agency Contact List' table has two rows:

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

Below this is the 'Agency Contact Profile' section, which includes fields for Staff (selected as 'Clinical, Example'), Contact Type (selected as 'File Import'), Effective Date (3/20/2024), and Status (Active). Buttons for 'Save', 'Save and Finish', and 'Cancel' are at the bottom.

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.

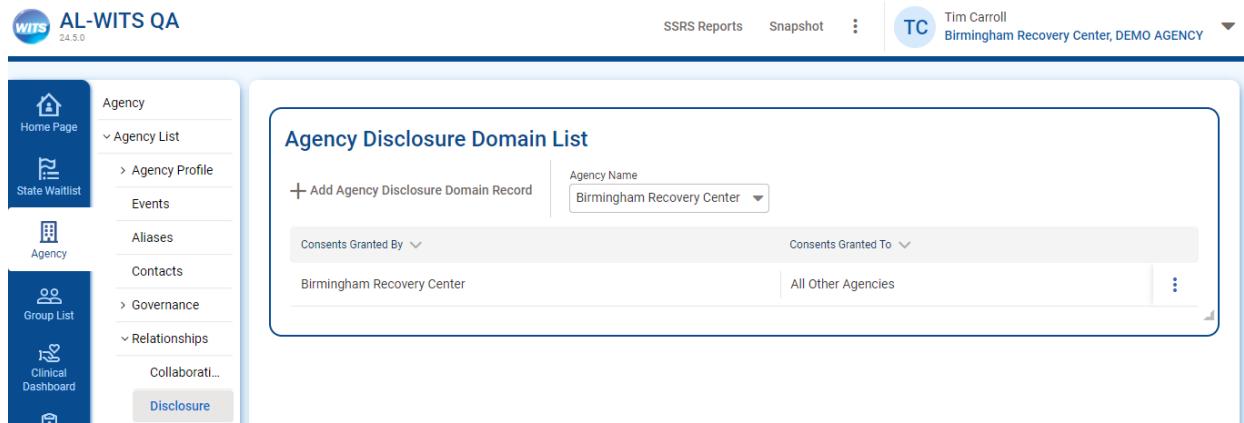
- Click the Save and Finish button
- Repeat for the File Import – Billing contact.

3.1.5. Disclosure Template

Disclosure templates may be setup for the 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



AL-WITS QA 24.0

SSRS Reports Snapshot ...

TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

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

Figure 14: Disclosure Template, Agency Disclosure Domain List

AL-WITS QA

SSRS Reports Snapshot 

Tim Carroll
Birmingham Recovery Center, DEMO AGENCY 

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, GACE AID Screening

Selected Options: ADMH Placement Assessment (DS, +90), ADMH Update Assessment (DS, +90), Client Information (Profile) (DS, +90), Consent (DS, +90), CRAFFT (DS, +90), Diagnosis List (DS, +90)

Comments

Buttons

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

Figure 15: Disclosure Template, Agency Disclosure Domain

→ TEST

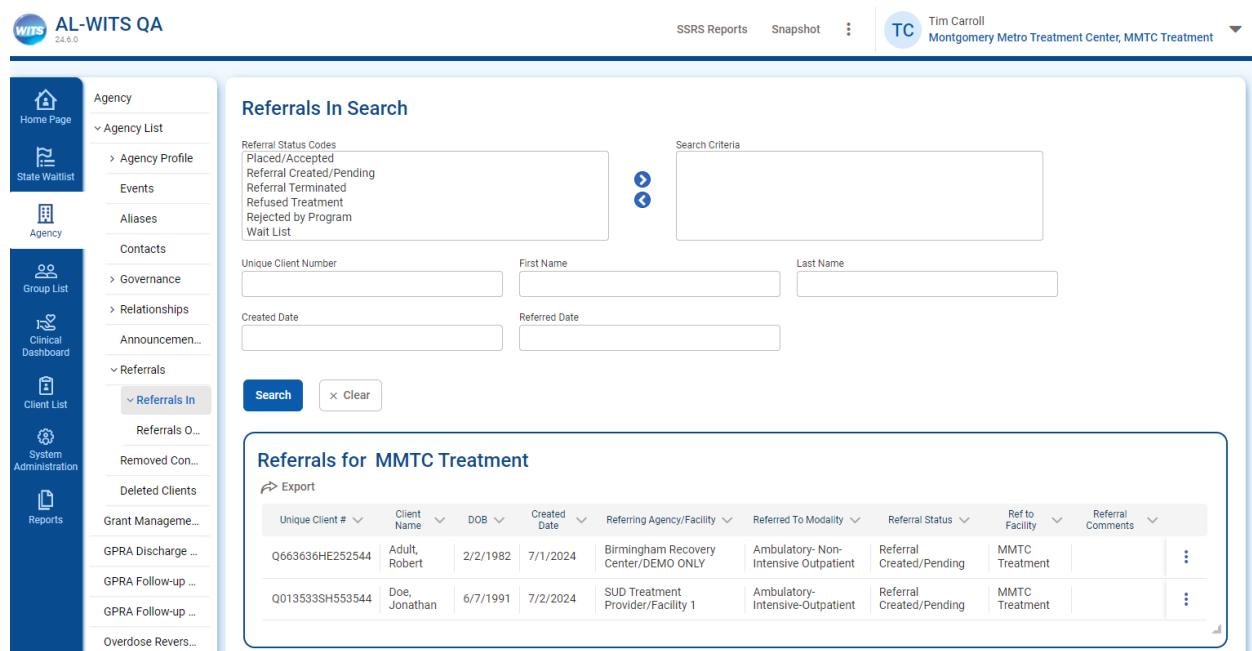
- Version: 24.3 and later.
- Account role(s): WITS Administrator OR Agency Administrator
- Select a provider Agency.
- Navigate to Agency List/Relationships/Disclosure.
- Click the +Add Agency Disclosure Domain Record button.
- Select the agency from the Disclosing Agency dropdown.
- Select “Global Policy 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.



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

Referrals for MMTC Treatment

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

ADULT, Robert 42

Q663636H2E252544
UNIQUE CLIENT ID

2/2/1982 DOB

Male SEX

987 65th St
Birmingham, Alabama 11111

PREFERRED METHOD OF CONTACT

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:

Referral Status: Placed/Accepted

Projected End Date:

Created Date: 7/1/2024 2:38 PM

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)
- CRAFFT (DS, 9/29/2024)
- Diagnosis List (DS, 9/29/2024)

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.

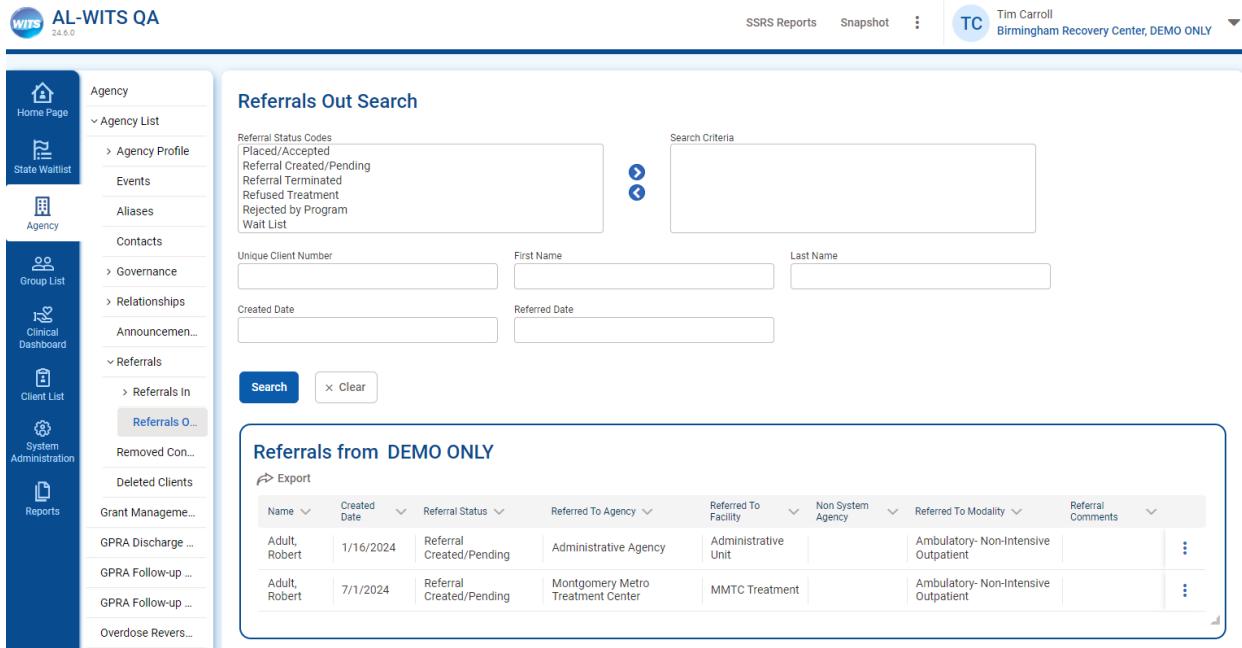


Figure 18: Referrals Out List/Search

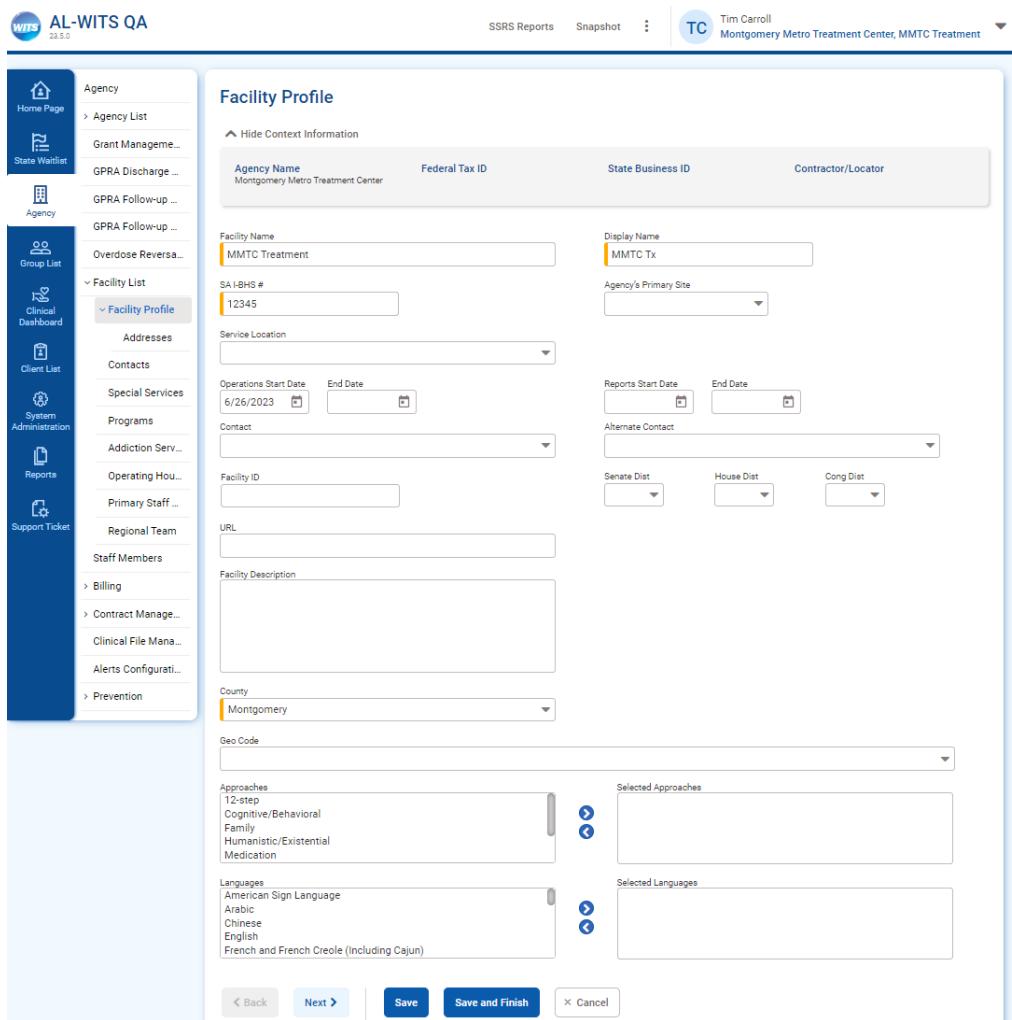
→ TEST

- 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



The screenshot shows the Facility Profile page in the AL-WITS QA 23.6.0 software. The left sidebar has a dark blue background with various icons and links. The main content area is titled 'Facility Profile' and contains several input fields and dropdown menus. The 'Agency' section shows 'Agency Name: Montgomery Metro Treatment Center', 'Federal Tax ID', 'State Business ID', and 'Contractor/Locator'. The 'Facility' section includes 'Facility Name: MMTC Treatment', 'Display Name: MMTC Tx', 'SA I-BHS #: 12345', 'Service Location', 'Operations Start Date: 6/26/2023', 'Reports Start Date', 'Facility ID', 'URL', 'Facility Description', 'County: Montgomery', 'Geo Code', 'Approaches: 12-step, Cognitive/Behavioral, Family, Humanistic/Existential, Medication', 'Languages: American Sign Language, Arabic, Chinese, English, French and French Creole (including Cajun)', and 'Contact' dropdowns for 'Agency's Primary Site', 'Alternate Contact', 'Senate Dist', 'House Dist', and 'Cong Dist'. At the bottom are buttons for 'Back', 'Next', 'Save', 'Save and Finish', and 'Cancel'.

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.

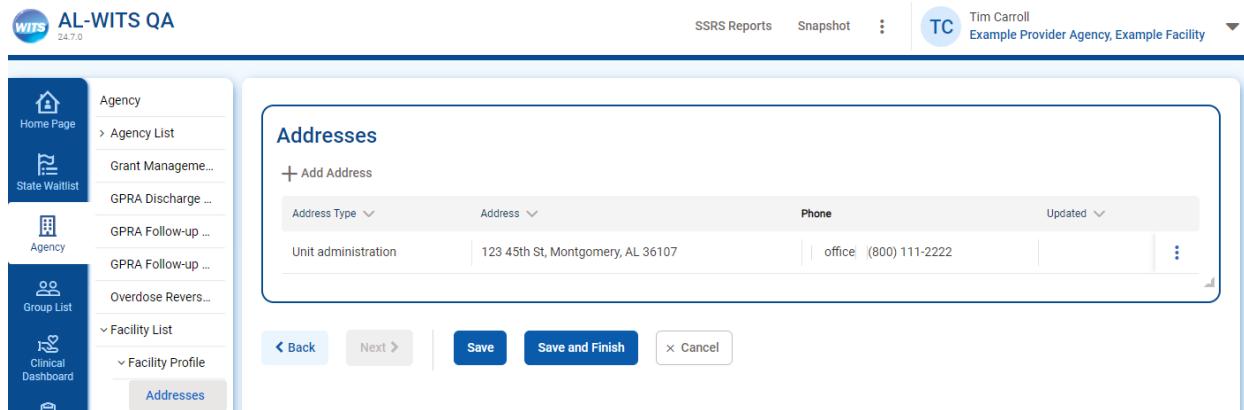


Figure 20: Facility Address/Phone List

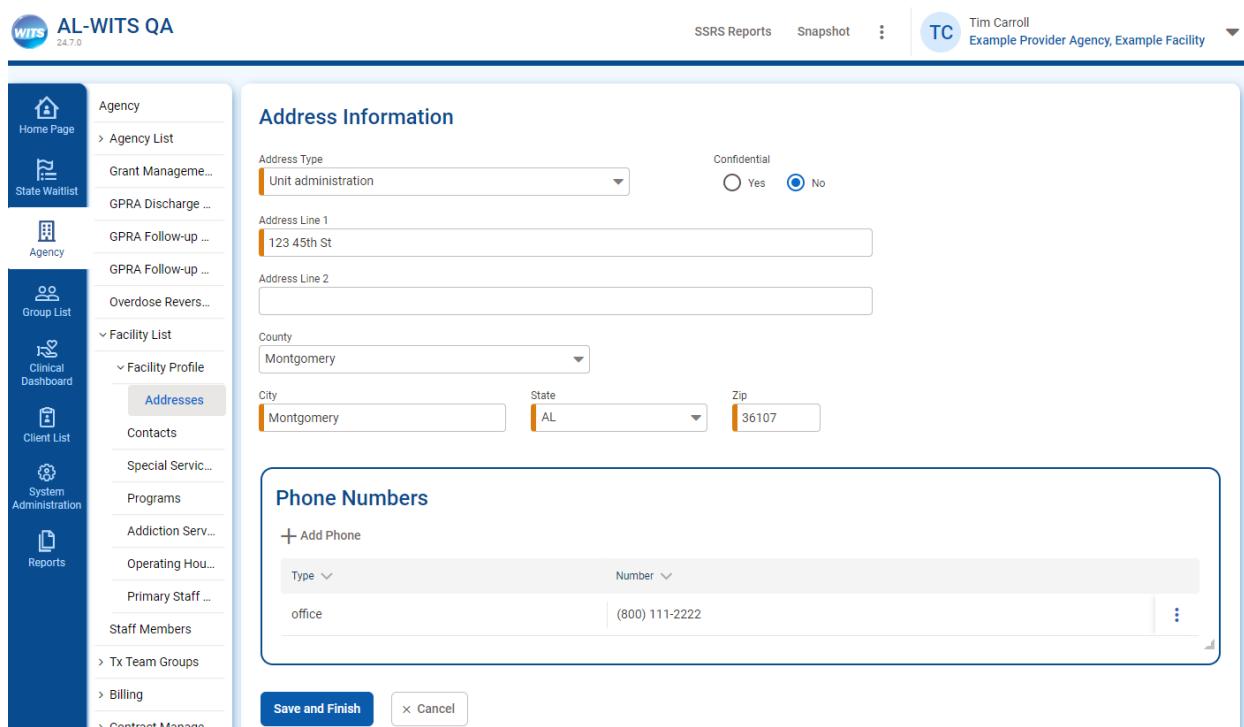


Figure 21: Facility Address

→ 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.

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

Display Name
OP

Domain
Substance Use

Program Start Date
1/1/2020

End Date

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

Treatment Specifier (Modality)

Level of care
1 - Outpatient Services?

Grant

Residence

Report to State
 Yes No

Report to TEDS
 Yes No

Available Reporting Guidelines
Example Reporting Guideline #1

Selected Reporting Guidelines

Age Group

Gender Specific

Waitlist Availability Type
Cross-agency

Available Evidence-Based Practices
None
Motivational Interviewing
Relapse Prevention
Other

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.

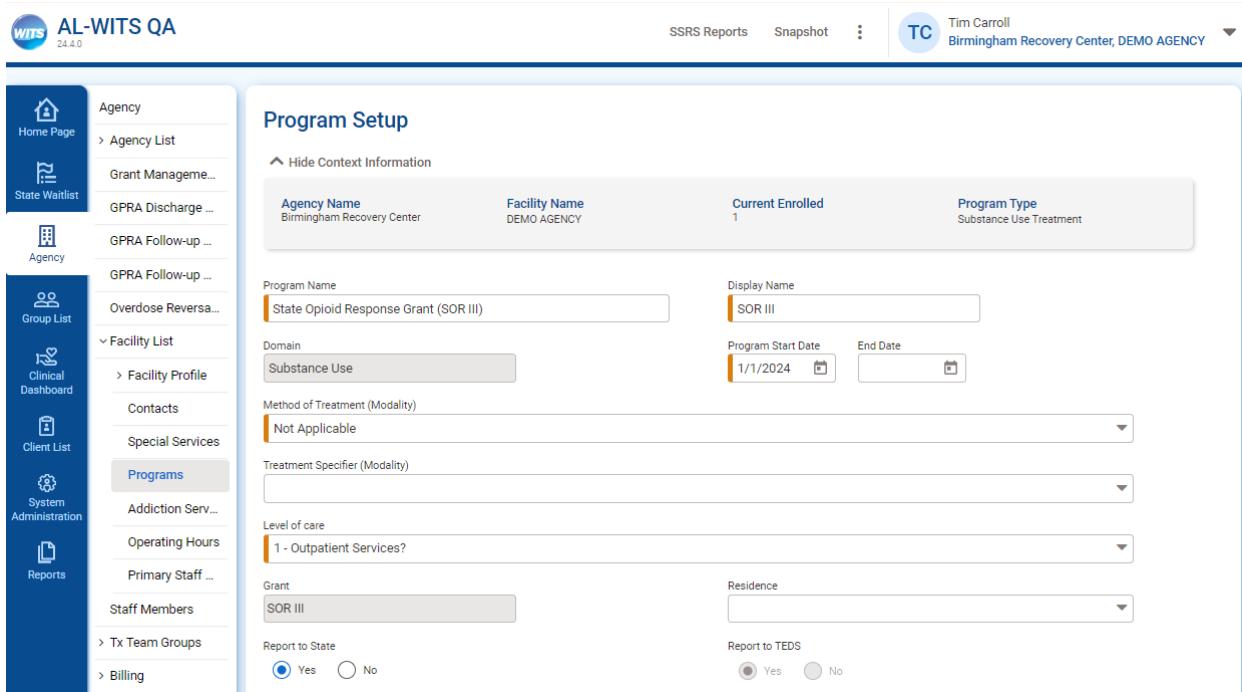


Figure 23: SOR Program Setup

→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.

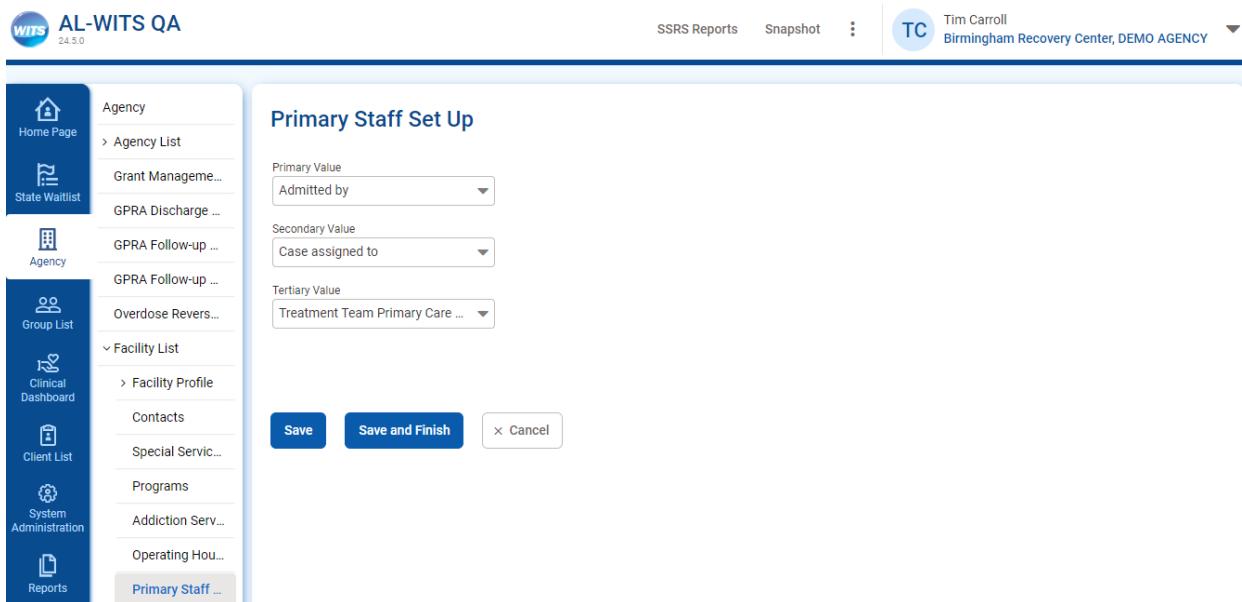


Figure 24: Primary Staff Set Up

→ 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.

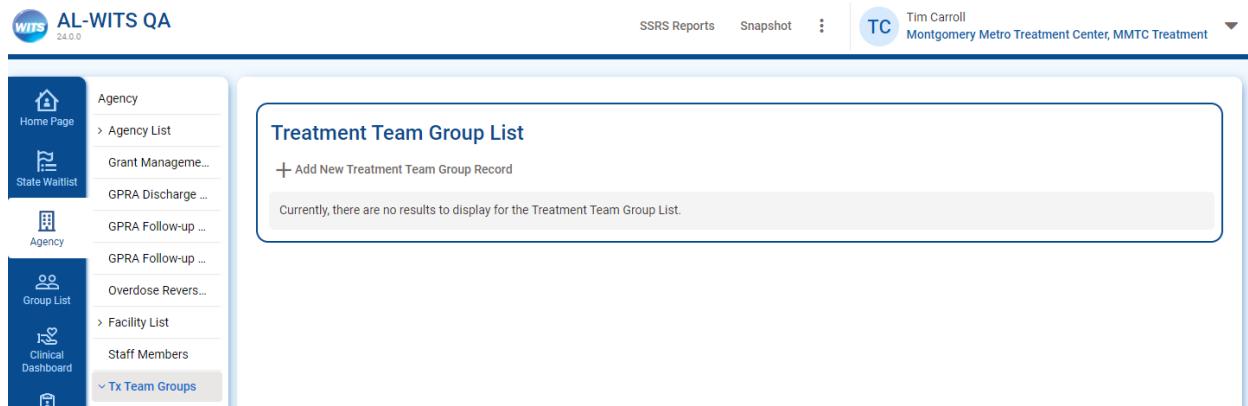


Figure 25: Treatment Team Group List

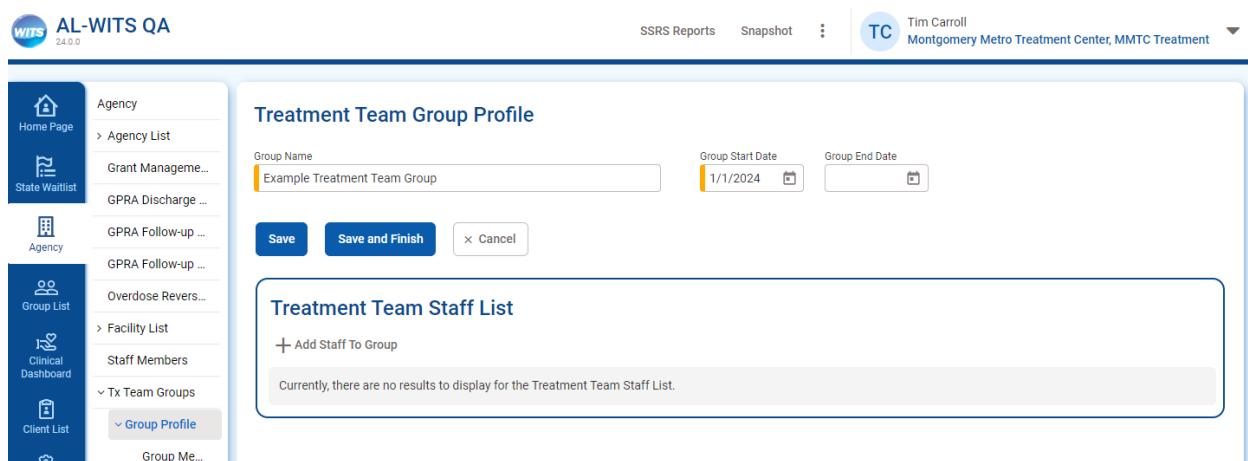


Figure 26: Add Treatment Team Group

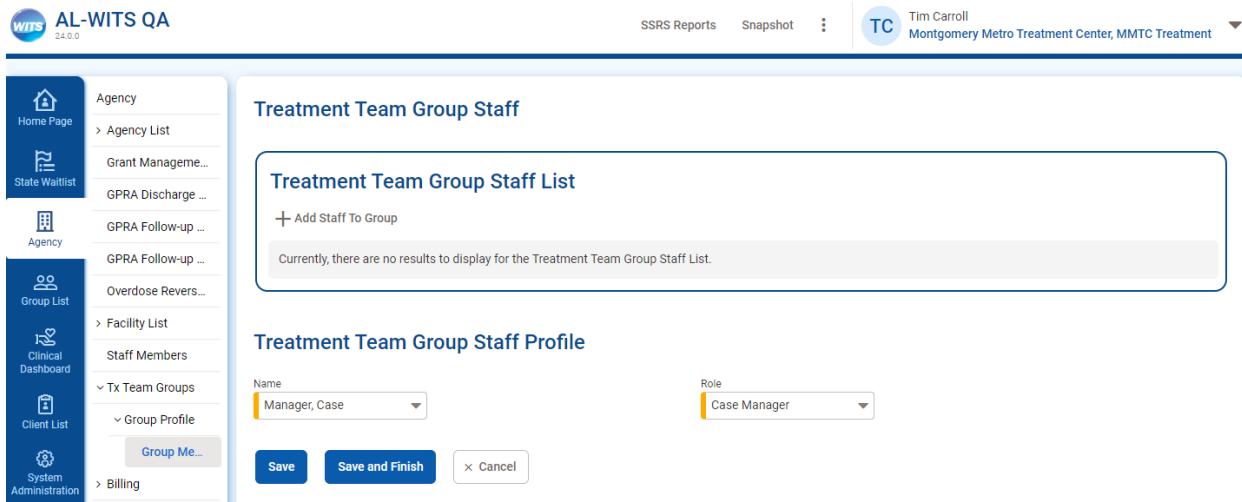


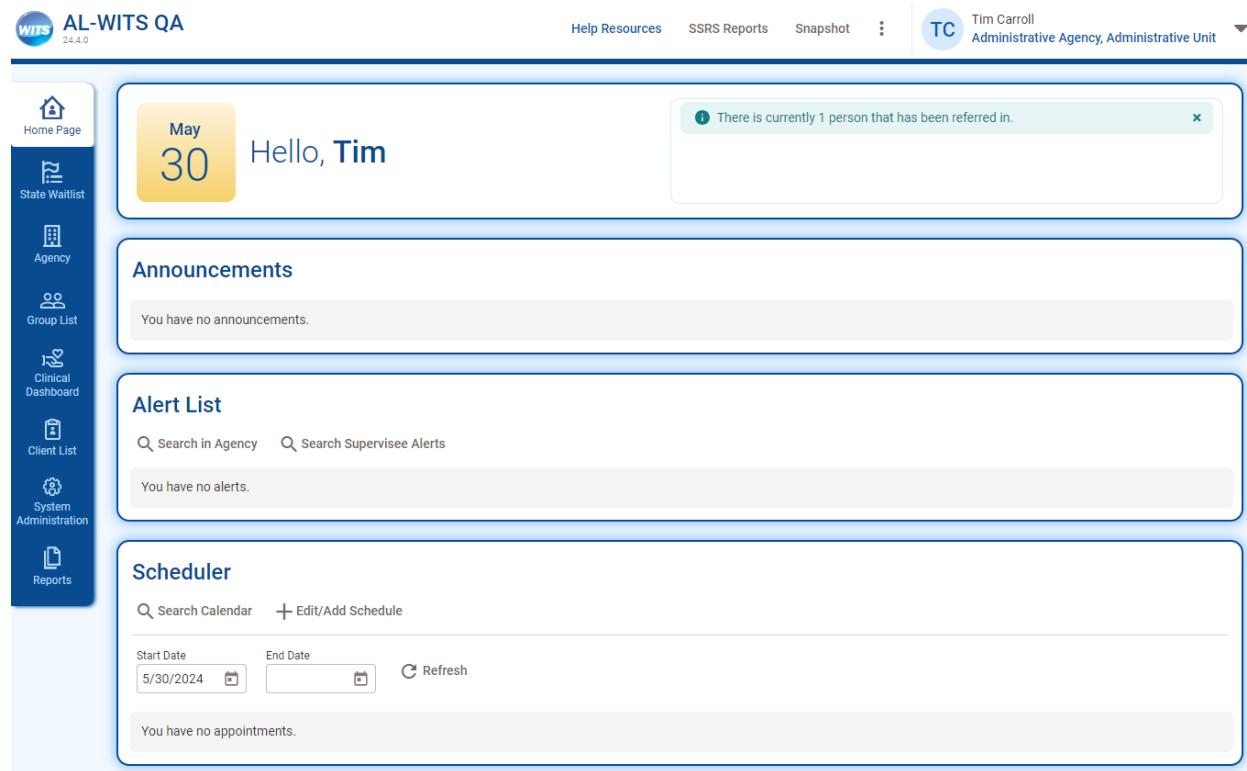
Figure 27: Add Staff to Treatment Team Group

→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 Gorup 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.



The screenshot shows the AL-WITS QA 24.4.0 Home Page. On the left, a vertical sidebar lists navigation options: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The Reports option is highlighted with a blue background. The main content area features a large yellow box with the date 'May 30' and the greeting 'Hello, Tim'. A message box indicates 'There is currently 1 person that has been referred in.' Below this are three panels: 'Announcements' (empty), 'Alert List' (empty), and 'Scheduler'. The Scheduler panel includes search fields for 'Search in Agency' and 'Search Supervisee Alerts', and date selection fields for 'Start Date' (5/30/2024) and 'End Date'. A 'Refresh' button is also present. A message box in the Scheduler panel states '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 and may be created from the scheduled client appointment.

3.4.1. Creating/Editing Appointments

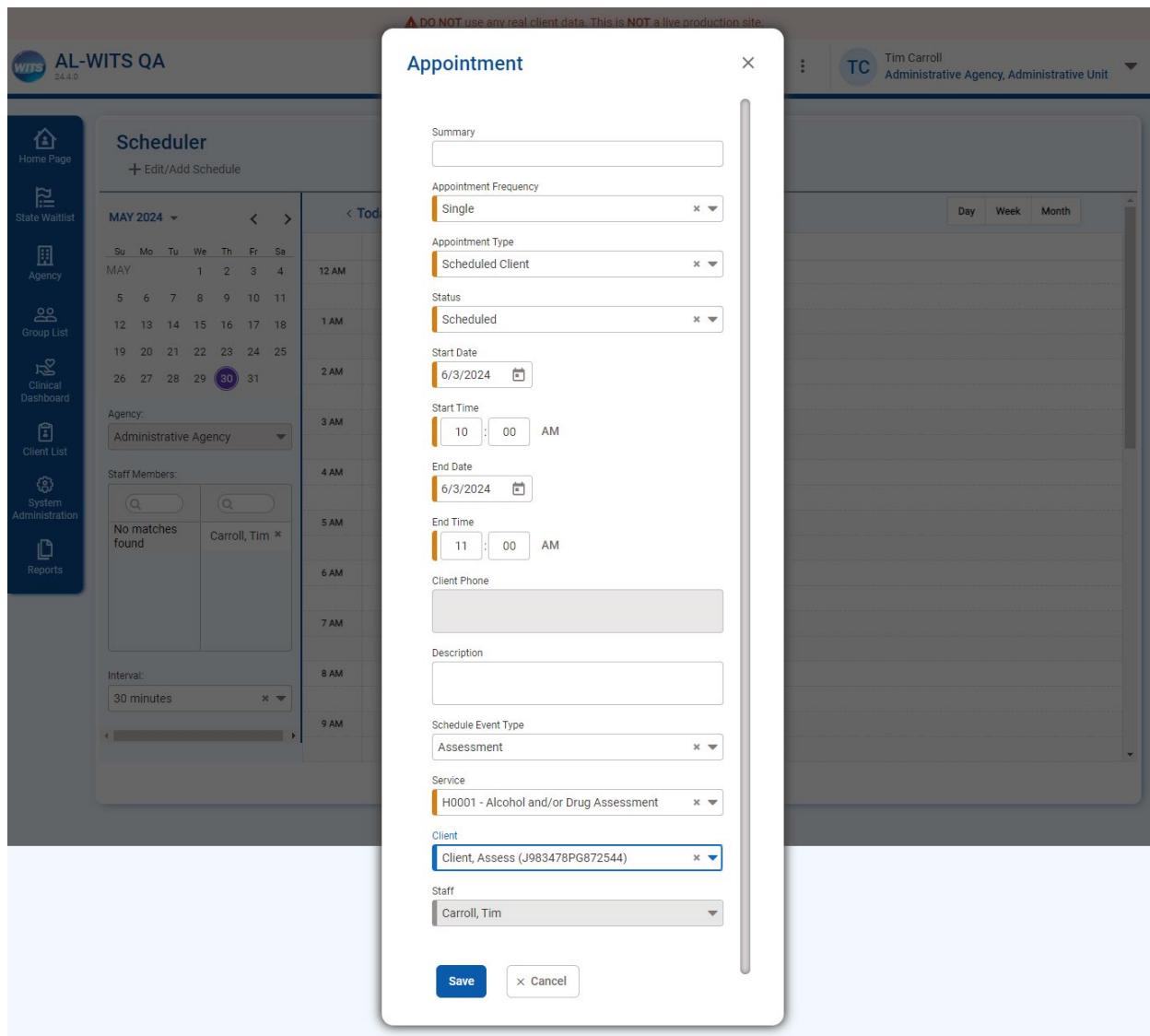
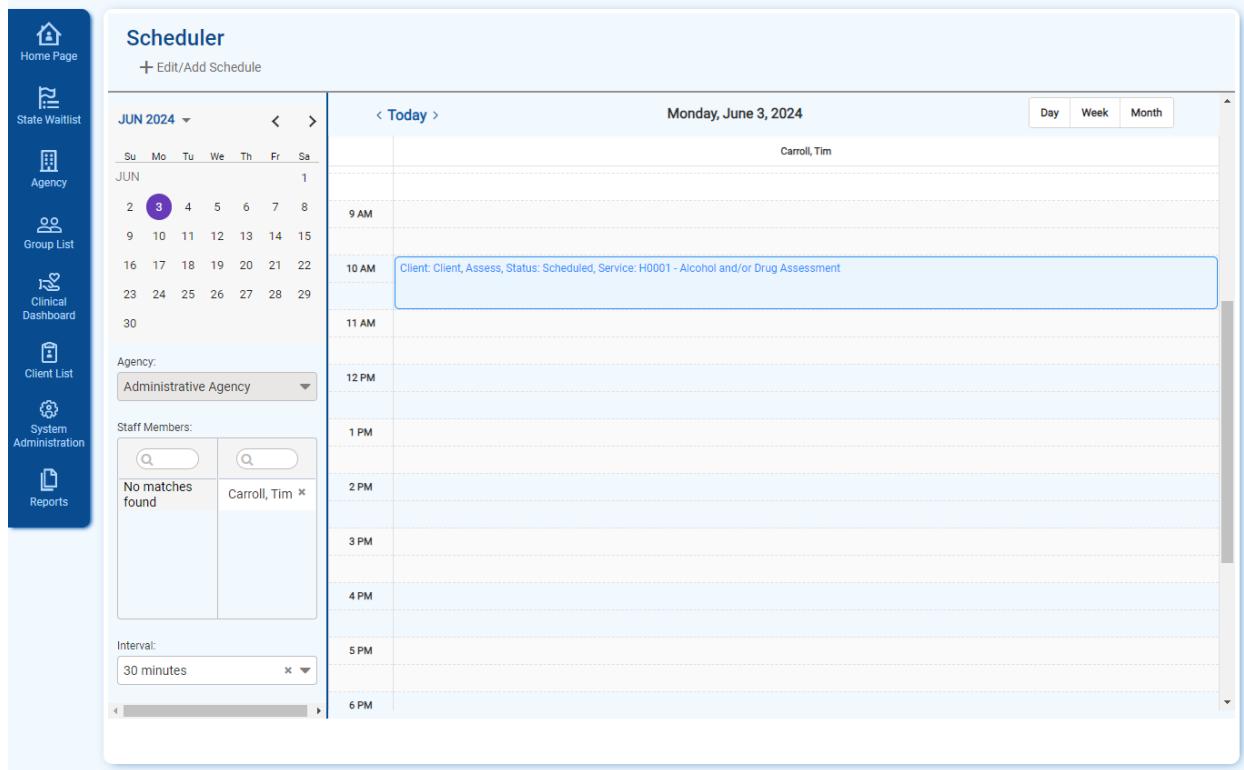


Figure 29: Scheduler Add Modal



Scheduler

+ Edit/Add Schedule

JUN 2024 **< >** **< Today >** **Monday, June 3, 2024** **Day Week Month**

Agency: **Administrative Agency**

Staff Members:

No matches found	Carroll, Tim

Interval: 30 minutes

9 AM

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

11 AM

12 PM

1 PM

2 PM

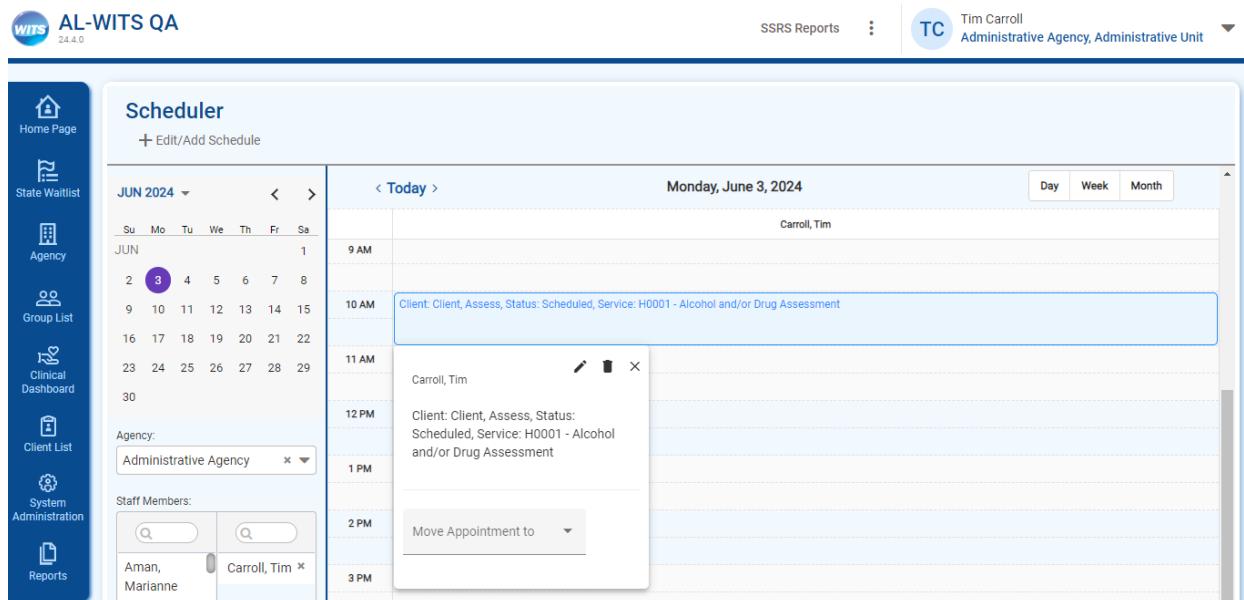
3 PM

4 PM

5 PM

6 PM

Figure 30: Appointment, Calendar Day View



Scheduler

+ Edit/Add Schedule

JUN 2024 **< >** **< Today >** **Monday, June 3, 2024** **Day Week Month**

Agency: **Administrative Agency**

Staff Members:

Aman, Marianne	Carroll, Tim

9 AM

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

11 AM **Carroll, Tim**

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

1 PM

2 PM

3 PM

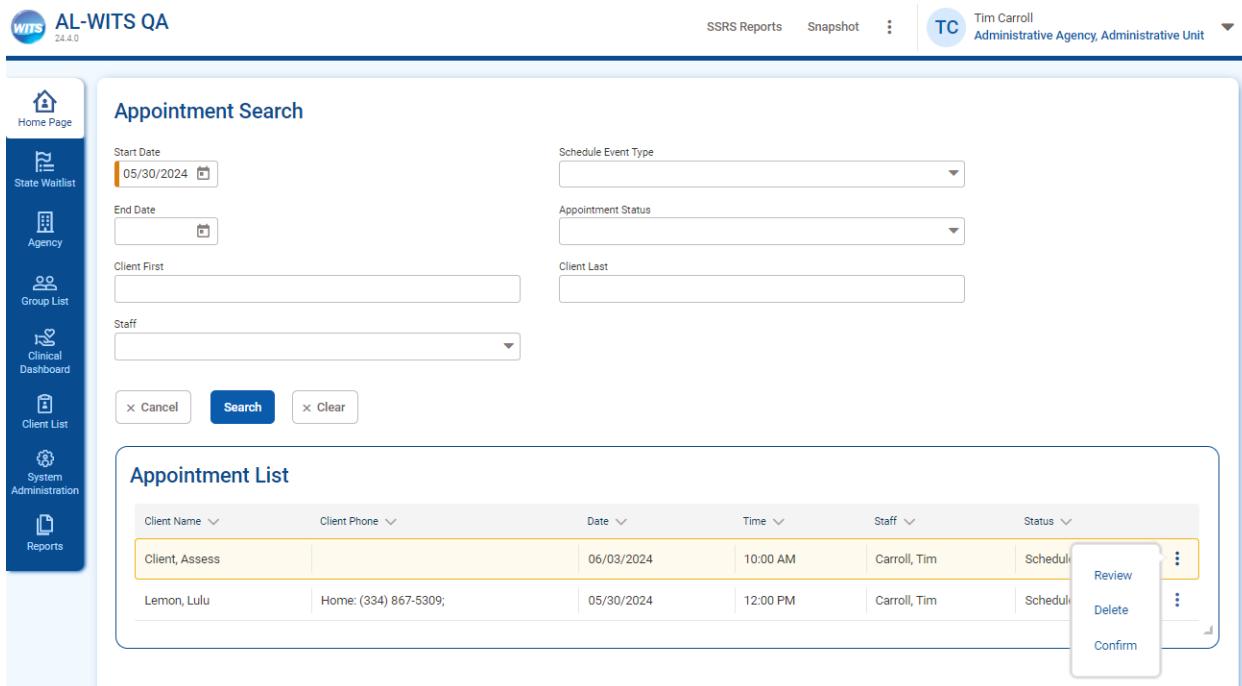
Move Appointment to

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



The screenshot shows the AL-WITS QA application interface. The top navigation bar includes the WITS logo, the site name 'AL-WITS QA 24.40', and user information for 'Tim Carroll' (Administrative Agency, Administrative Unit). The left sidebar contains links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Appointment Search' and includes fields for Start Date (05/30/2024), End Date, Schedule Event Type, Appointment Status, Client First Name, Client Last Name, and Staff. Below this is a 'Search' button and a 'Clear' button. The 'Appointment List' section displays a table with columns: Client Name, Client Phone, Date, Time, Staff, and Status. The table contains two rows: 'Client, Assess' (Date: 06/03/2024, Time: 10:00 AM, Staff: Carroll, Tim, Status: Scheduled) and 'Lemon, Lulu' (Client Phone: Home: (334) 867-5309, Date: 05/30/2024, Time: 12:00 PM, Staff: Carroll, Tim, Status: Scheduled). A context menu is open over the 'Lemon, Lulu' row, showing options: Review, Delete, and Confirm.

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

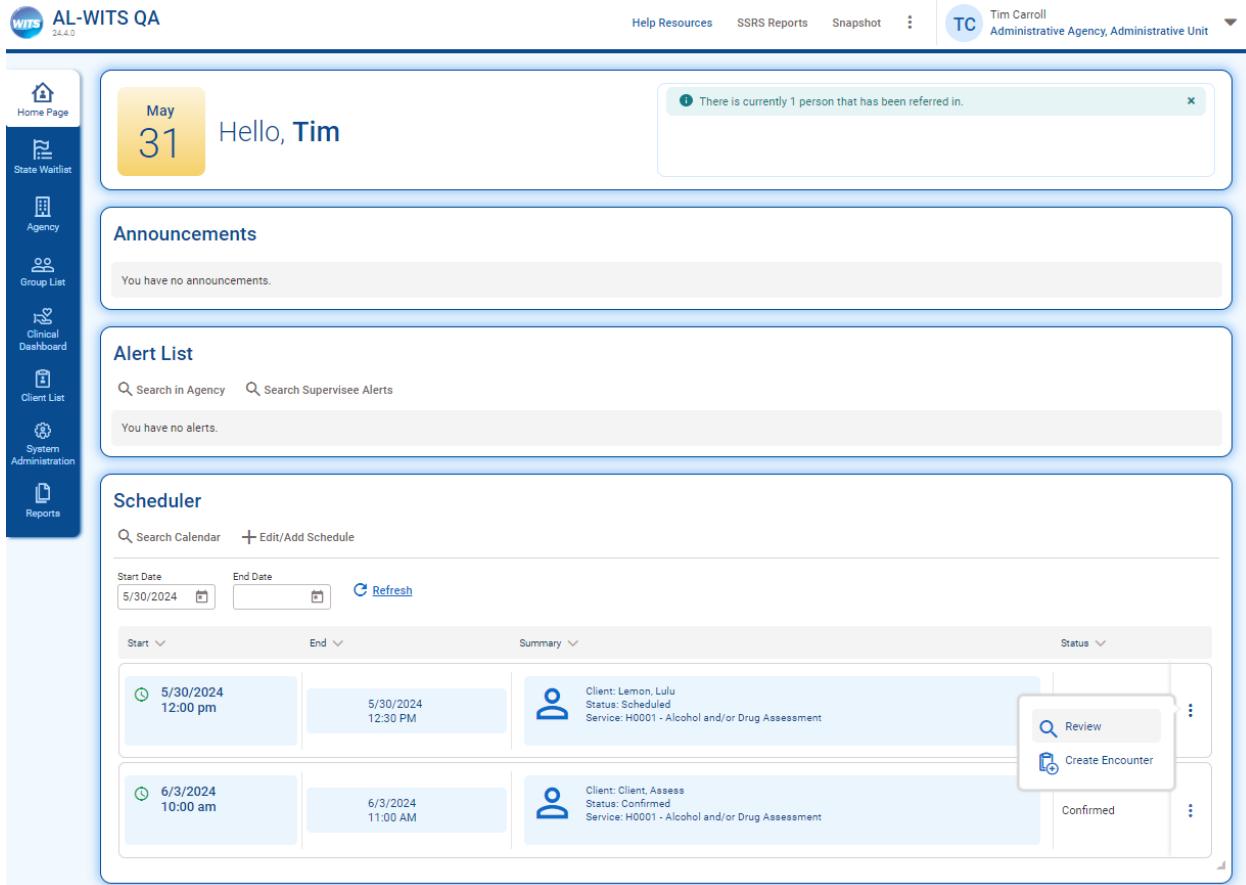
Figure 32: Appointment Search

→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 shows the AL-WITS QA interface. The top navigation bar includes links for Help Resources, SSRS Reports, Snapshot, and a user profile for Tim Carroll, Administrative Agency, Administrative Unit. The left sidebar has links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area displays the following sections:

- Announcements:** Shows a message: "There is currently 1 person that has been referred in." with a close button.
- Alert List:** Shows a message: "You have no alerts." with a search bar for "Search in Agency" and "Search Supervisee Alerts".
- Scheduler:** Shows an appointment list for May 31. The first appointment is for Lemon, Lulu, scheduled from 12:00 pm to 12:30 PM. The second appointment is for Client: Client, Assess, confirmed from 10:00 am to 11:00 AM. To the right of the appointments are buttons for "Review" and "Create Encounter". The status column shows "Confirmed" for the second appointment.

Figure 33: Create Encounter from Scheduler Appointment List

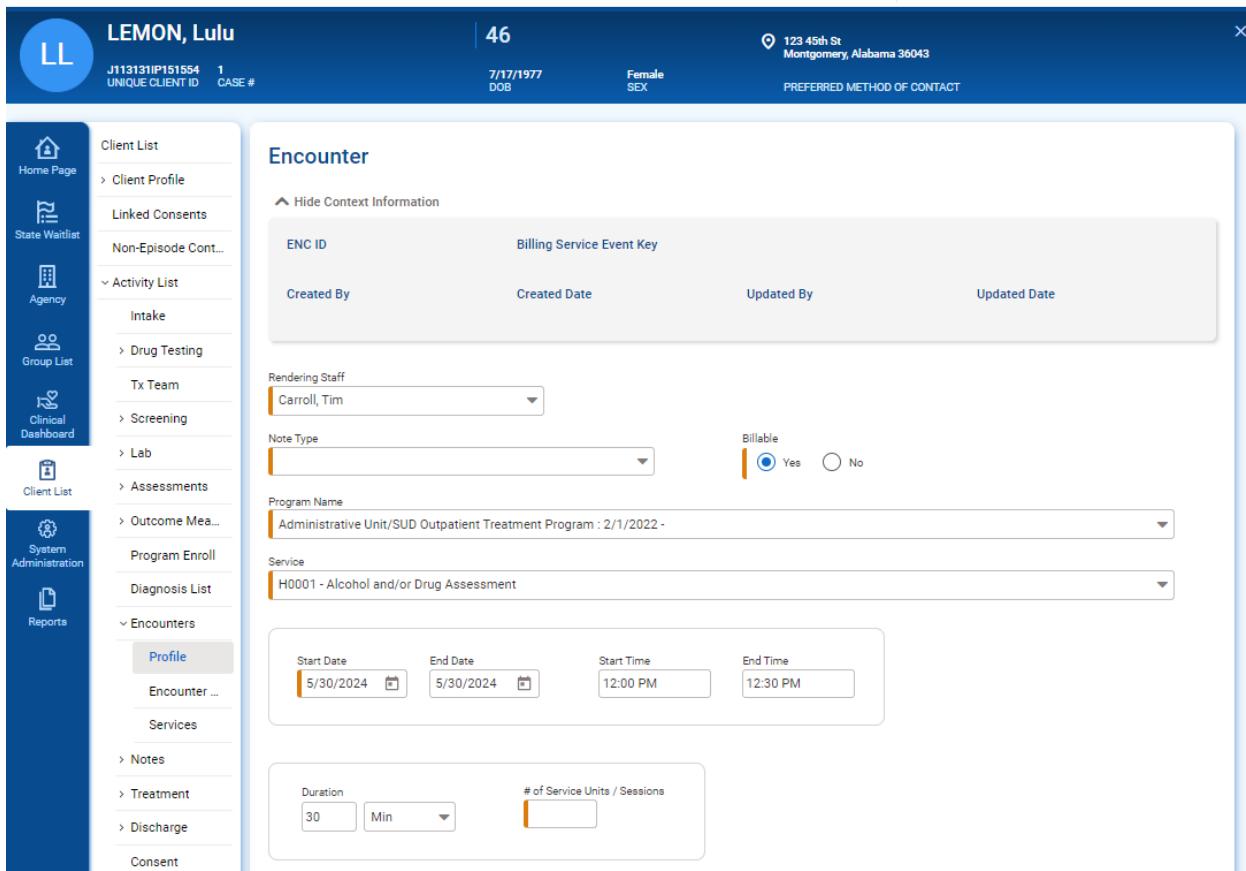


Figure 34: Encounter from Scheduled Appointment

→ 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.

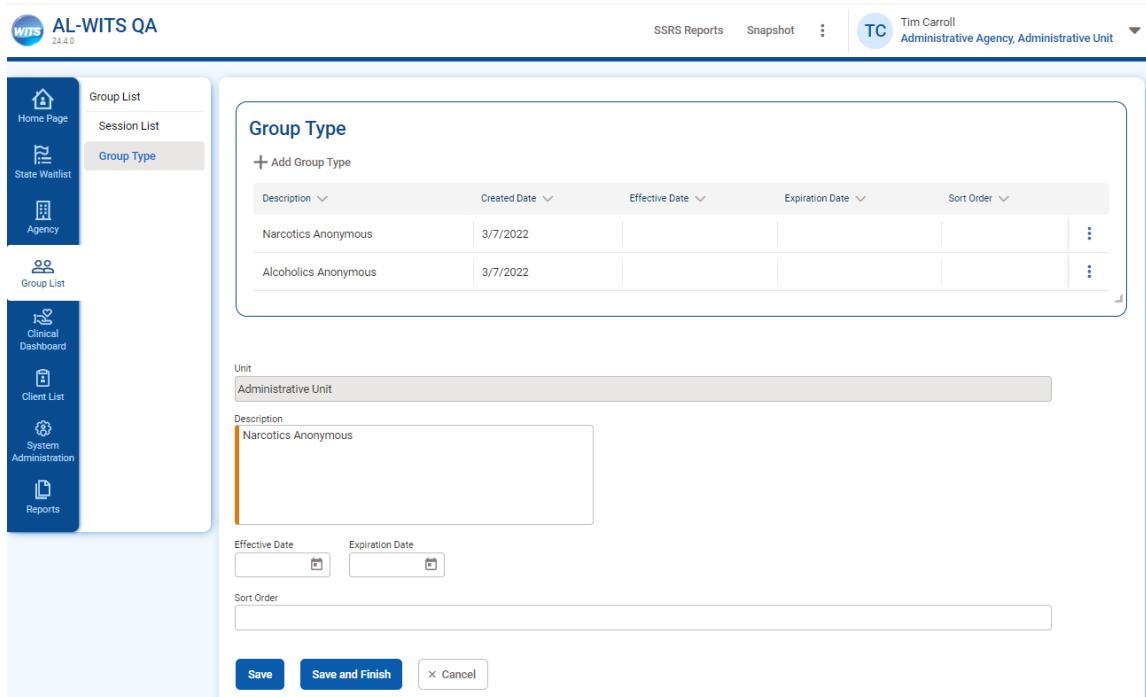
3.5. Group List

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			

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

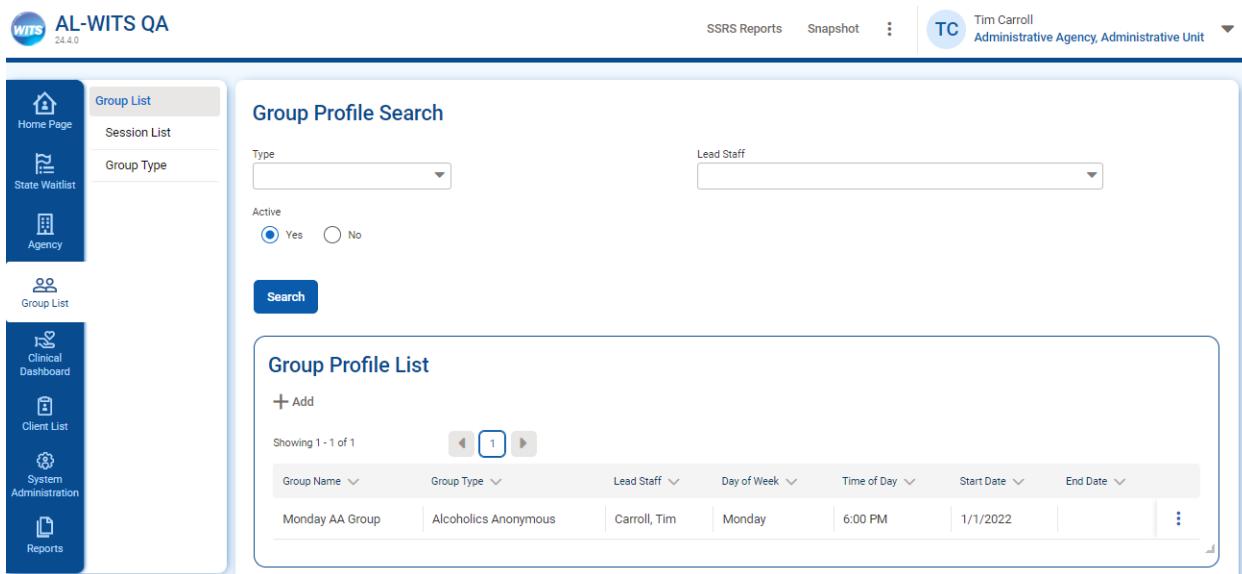


Figure 36: Group Profile Search/List

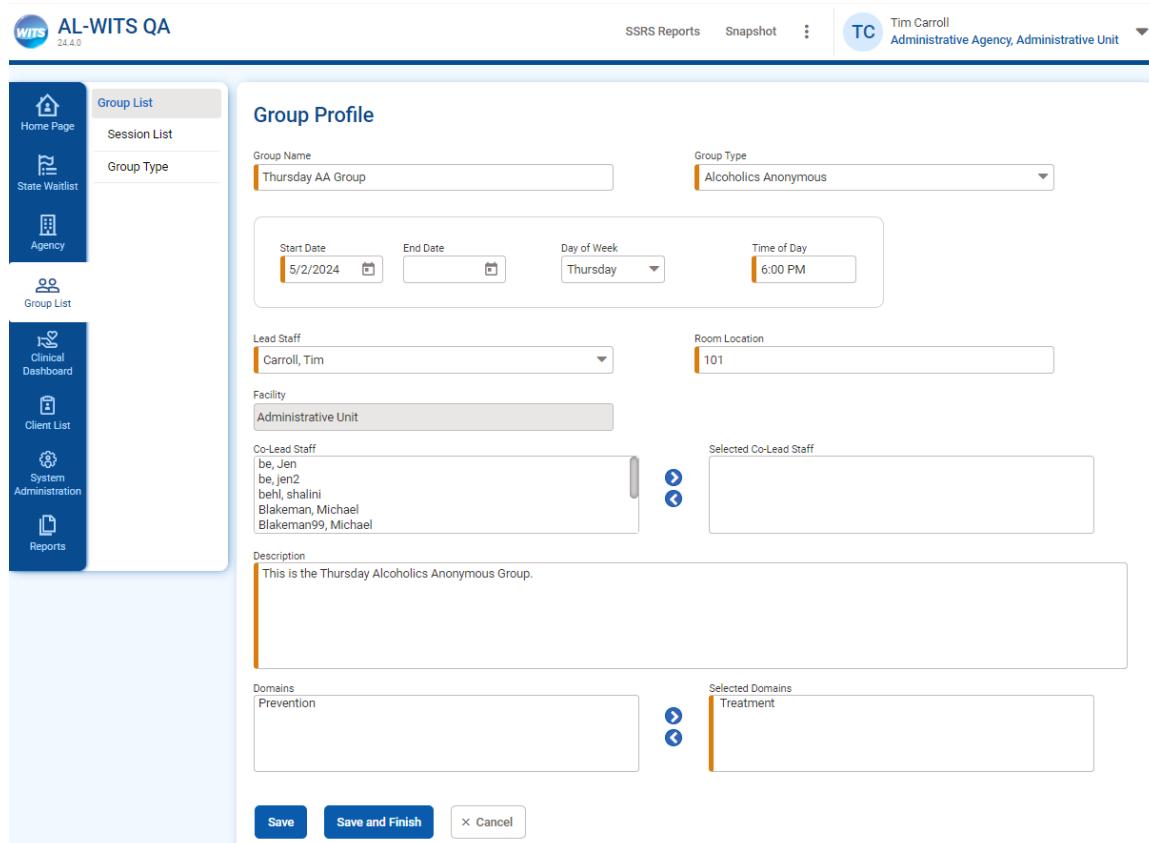
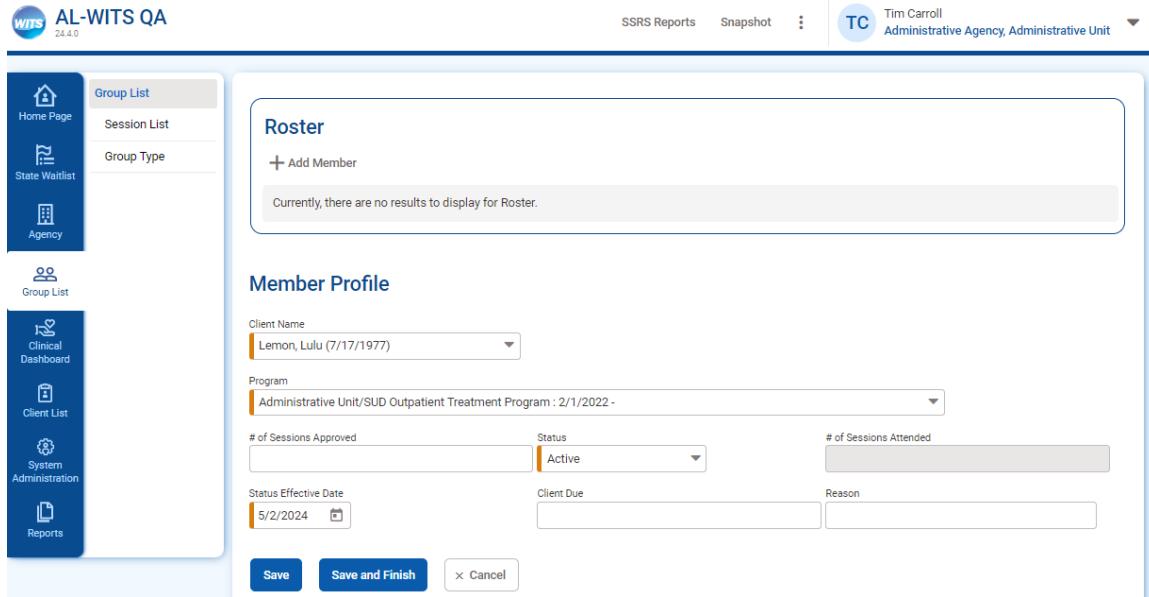


Figure 37: Group Profile

→TEST

- 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 AL-WITS QA software interface. At the top, there is a navigation bar with the WITS logo, the text 'AL-WITS QA 24.4.0', and user information 'Tim Carroll' and 'Administrative Agency, Administrative Unit'. The main content area is divided into two sections: 'Roster' and 'Member Profile'.

Roster Section: This section contains a button '+ Add Member' and a message 'Currently, there are no results to display for Roster.'

Member Profile Section: This section displays a client profile for 'Lemon, Lulu (7/17/1977)'. The profile includes the following fields:

- Client Name: Lemon, Lulu (7/17/1977)
- Program: Administrative Unit/SUD Outpatient Treatment Program : 2/1/2022 -
- # of Sessions Approved: (empty)
- Status: Active
- # of Sessions Attended: (empty)
- Status Effective Date: 5/2/2024
- Client Due: (empty)
- Reason: (empty)

At the bottom of the Member Profile section are three buttons: 'Save', 'Save and Finish', and 'Cancel'.

The left sidebar contains a vertical navigation menu with the following items:

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

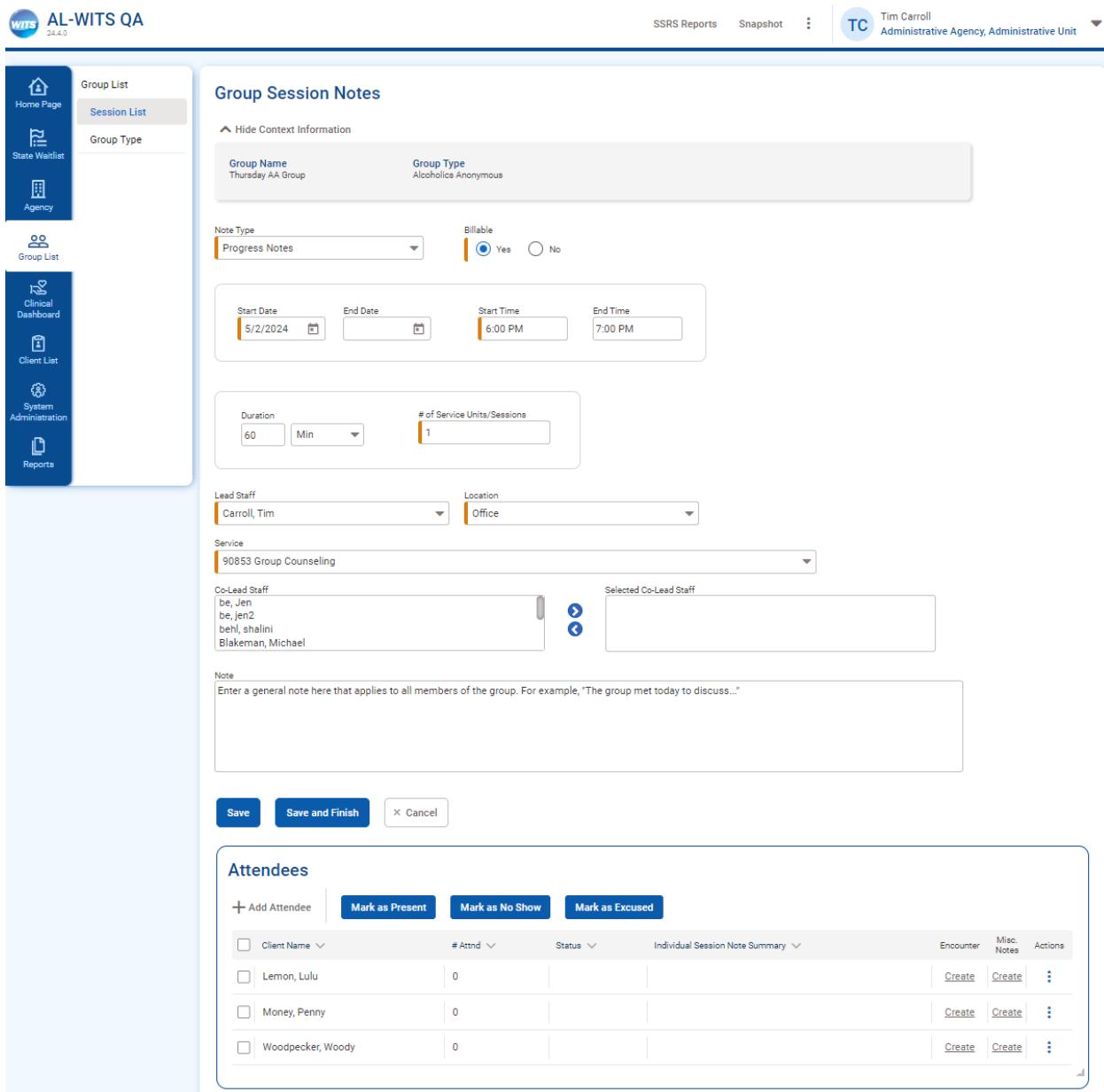
The 'Group List' item is currently selected, indicated by a blue background.

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 24.0

SSRS Reports Snapshot TC Tim Carroll
Administrative Agency, Administrative Unit

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..."

Attendees:

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

Figure 39: Group Session Notes

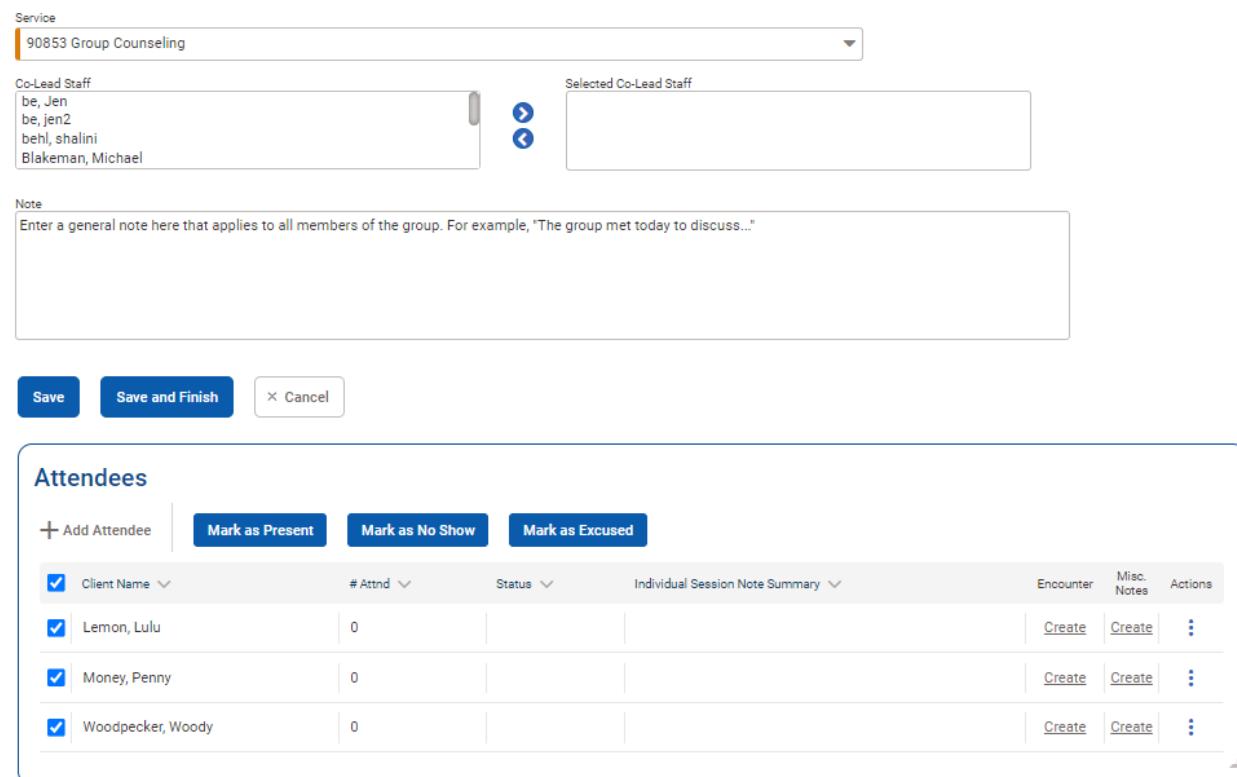
→ TEST

- 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.



Attendees						
+ Add Attendee	Mark as Present	Mark as No Show	Mark as Excused			
<input checked="" type="checkbox"/> Client Name	# Attn	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.



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

Description

State Code

Sort Order

Effective Date

Expiration Date

Min Age

Max Age

Created By

Created Date

Updated By

Updated Date

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.

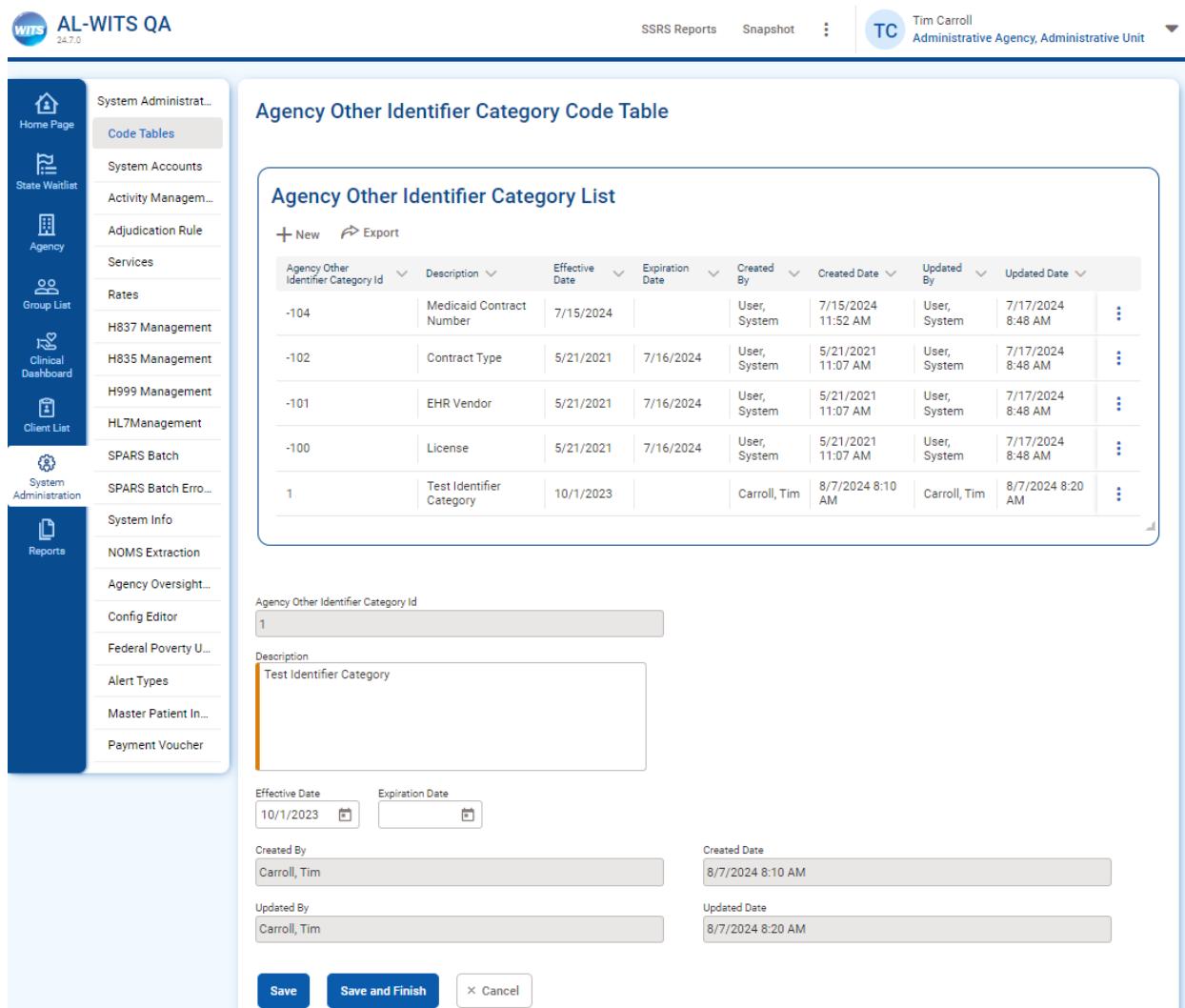
Note: Age Groups must have both a minimum and maximum age to work correctly.

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.



AL-WITS QA 24.7.0

SSRS Reports Snapshot ⋮ **TC** Tim Carroll
Administrative Agency, Administrative Unit ▼

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:

Description:

Effective Date: Expiration Date:

Created By: Created Date:

Updated By: Updated Date:

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.

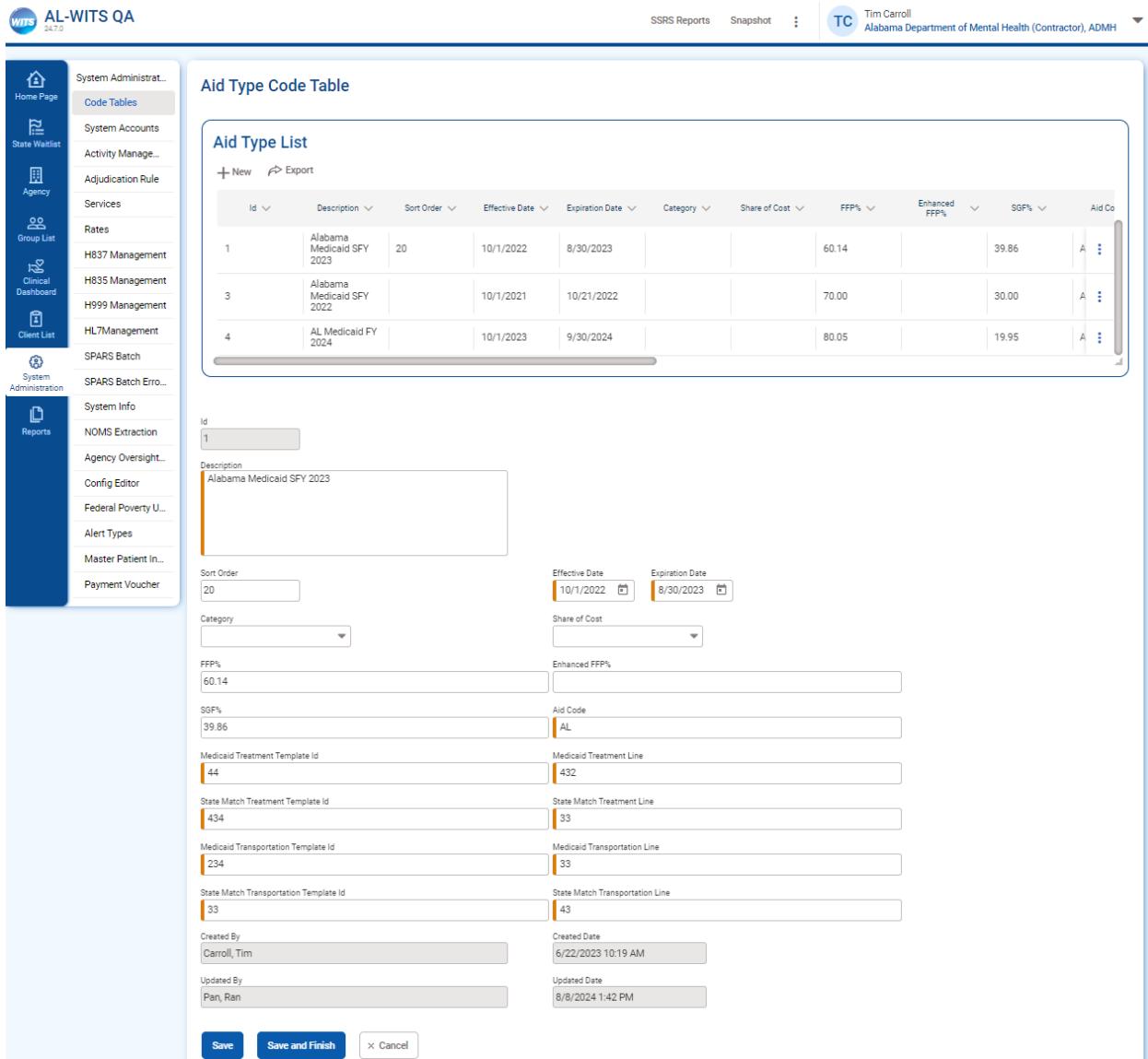
3.6.1.5. Agency Type

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.



Id	Description	Sort Order	Effective Date	Expiration Date	Category	Share of Cost	FFP%	Enhanced FFP%	SGF%	Aid Code
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

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](#)

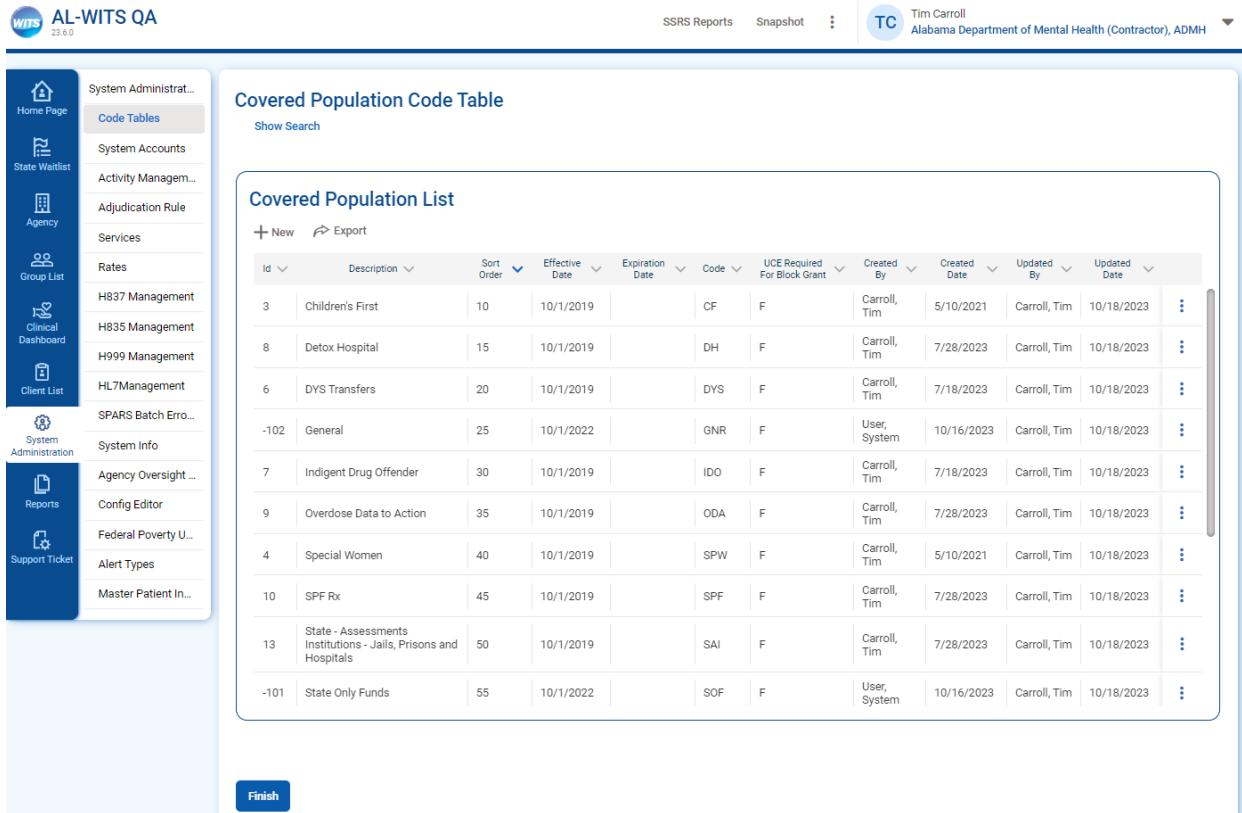
The Client ID Type code table is used on the Client Profile/Other Numbers screen. It comes loaded with various values including the ASAIS ID.

[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.



Covered Population List

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:

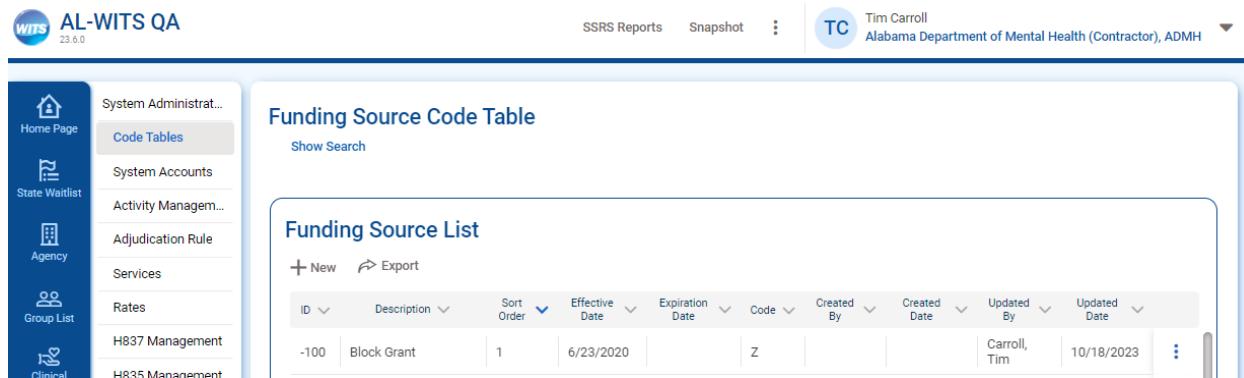
- Cuban
- Hispanic or Latino - specific origin not specified
- Mexican
- Not Hispanic or Latino
- Puerto Rican
- Other specific Hispanic
- Unknown

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.

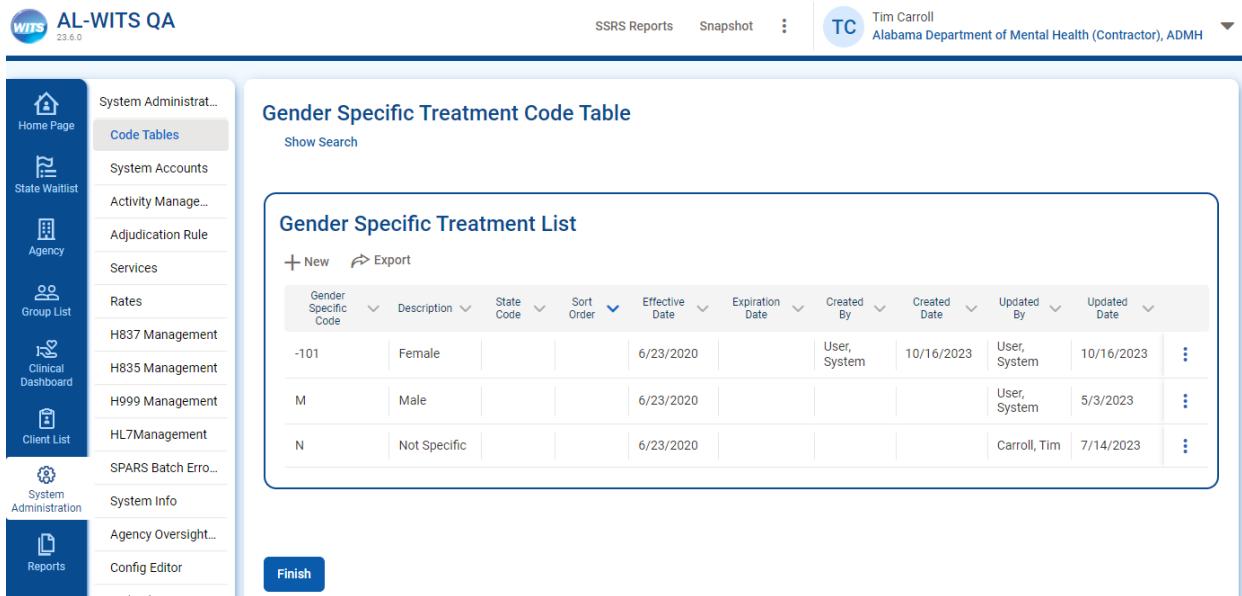


ID	Description	Sort Order	Effective Date	Expiration Date	Code	Created By	Created Date	Updated By	Updated Date
-100	Block Grant	1	6/23/2020		Z	Carroll, Tim	10/18/2023	Carroll, Tim	10/18/2023

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.



AL-WITS QA
23.6.0

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

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:

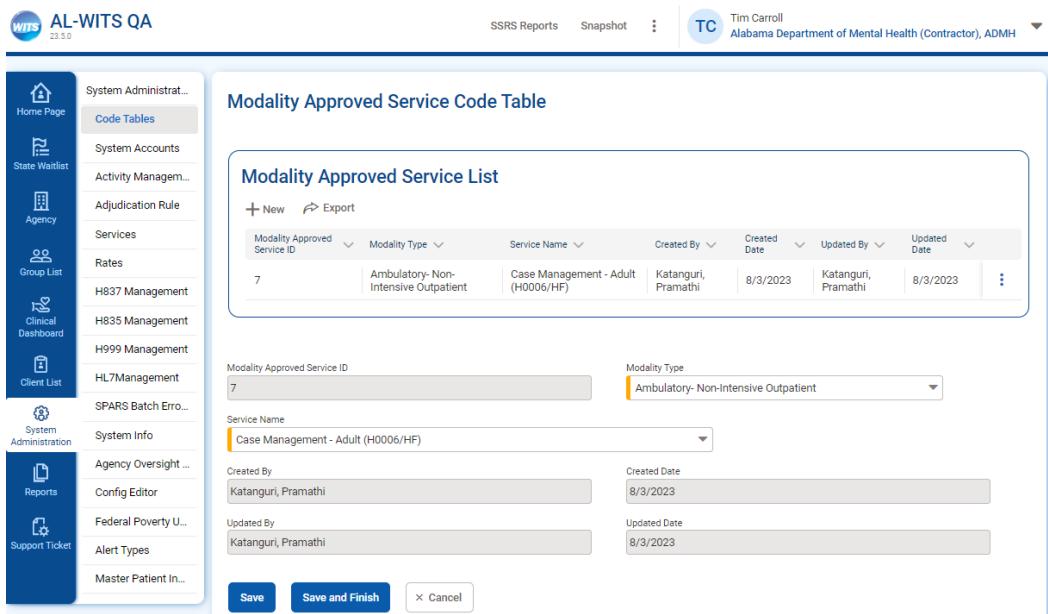
- Denies
- No
- Yes

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 shows the AL-WITS QA application interface. 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 is titled 'Modality Approved Service Code Table' and displays a 'Modality Approved Service List'. The list shows a single entry:

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

Below the list, there is a form to edit the service details:

Modality Approved Service ID: 7	Modality Type: Ambulatory- Non-Intensive Outpatient
Service Name: Case Management - Adult (H0006/HF)	Created Date: 8/3/2023
Created By: Katanguri, Pramathi	Updated Date: 8/3/2023
Updated By: Katanguri, Pramathi	
<input type="button" value="Save"/> <input type="button" value="Save and Finish"/> <input type="button" value="Cancel"/>	

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

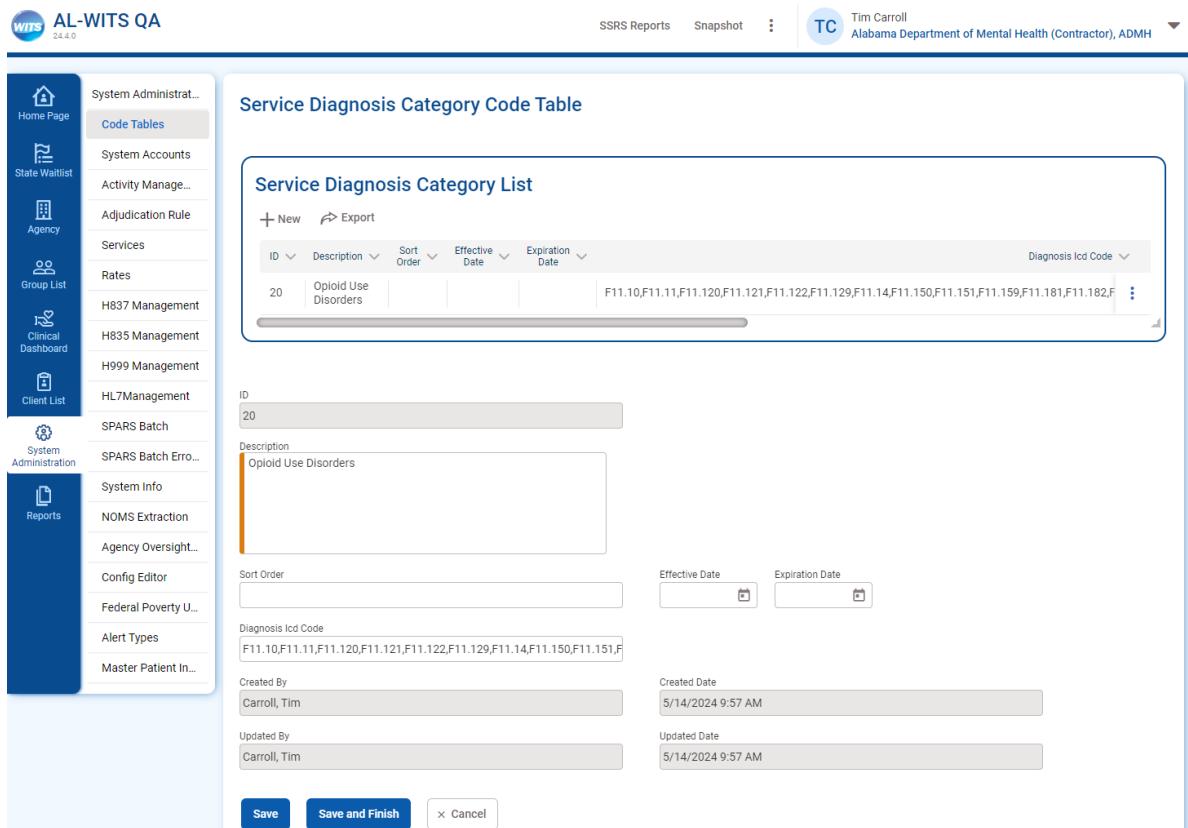


Figure 49: Service Diagnosis Category Code Table

→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:

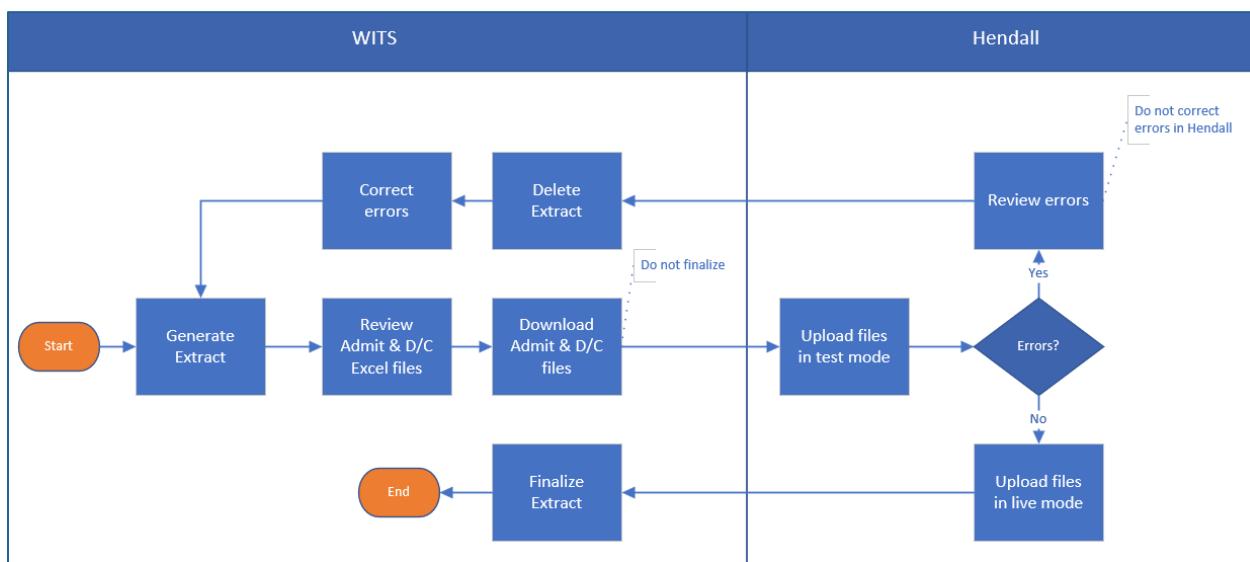


Figure 50: TEDS/NOMS Extract Workflow

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

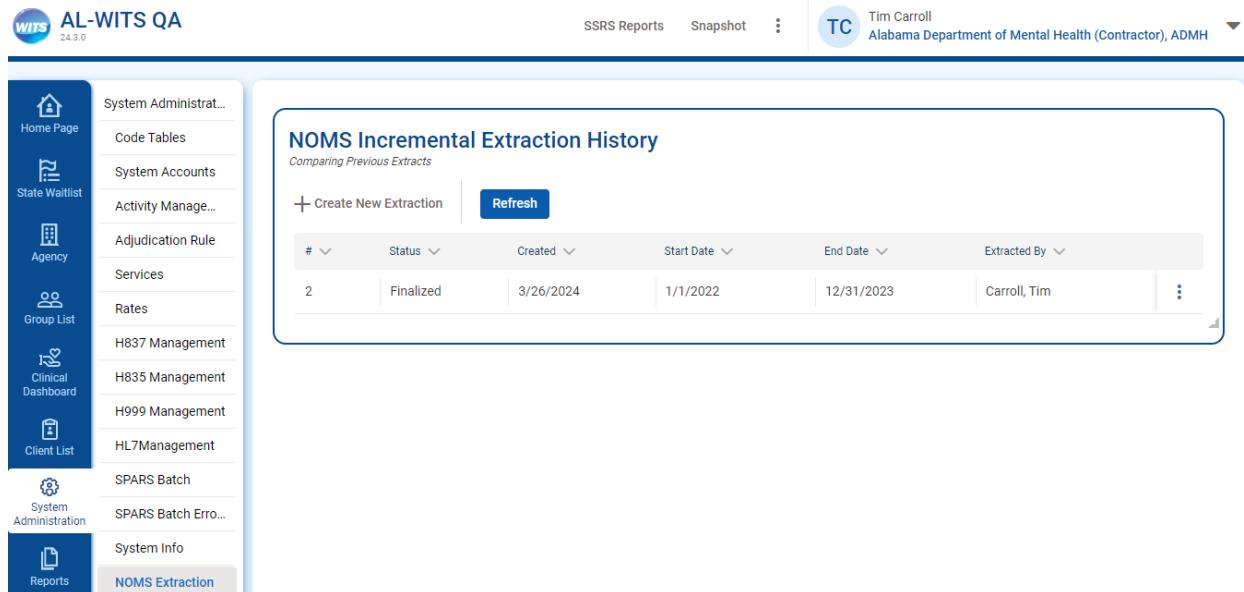
Once the extract is created, the Admission and Discharge Excel files are downloaded and reviewed for accuracy. Separate Admission and Discharge text files are downloaded for manual submission to Hendall. These files are uploaded to Hendall in test mode to identify any errors. If errors are encountered, 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

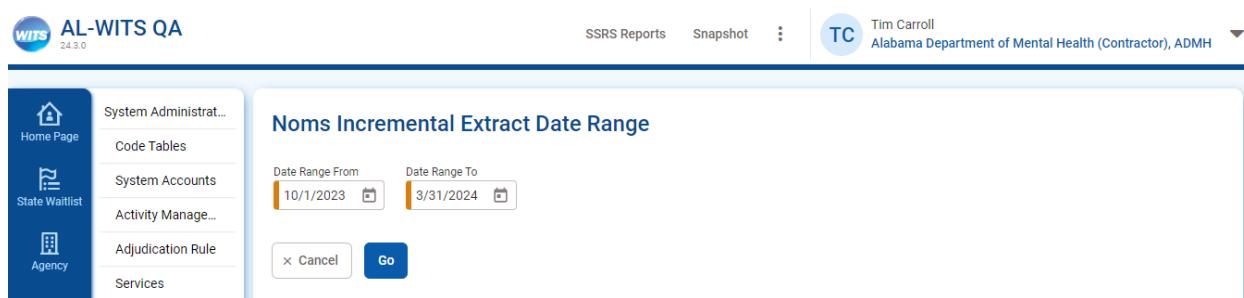


NOMS Incremental Extraction History
Comparing Previous Extracts

+ Create New Extraction Refresh

#	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

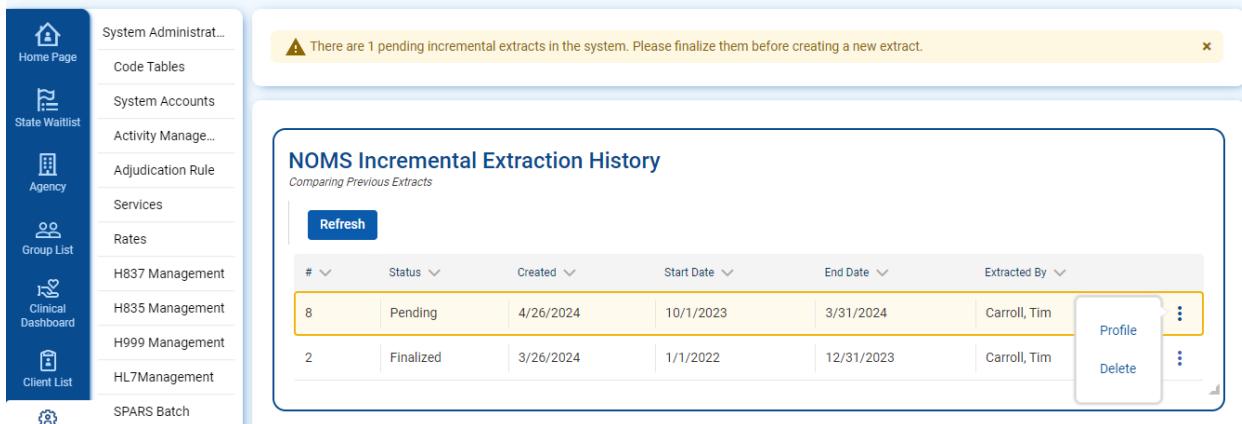


Noms Incremental Extract Date Range

Date Range From: 10/1/2023 Date Range To: 3/31/2024

Cancel Go

Figure 52: NOMS Incremental Extract Date Range

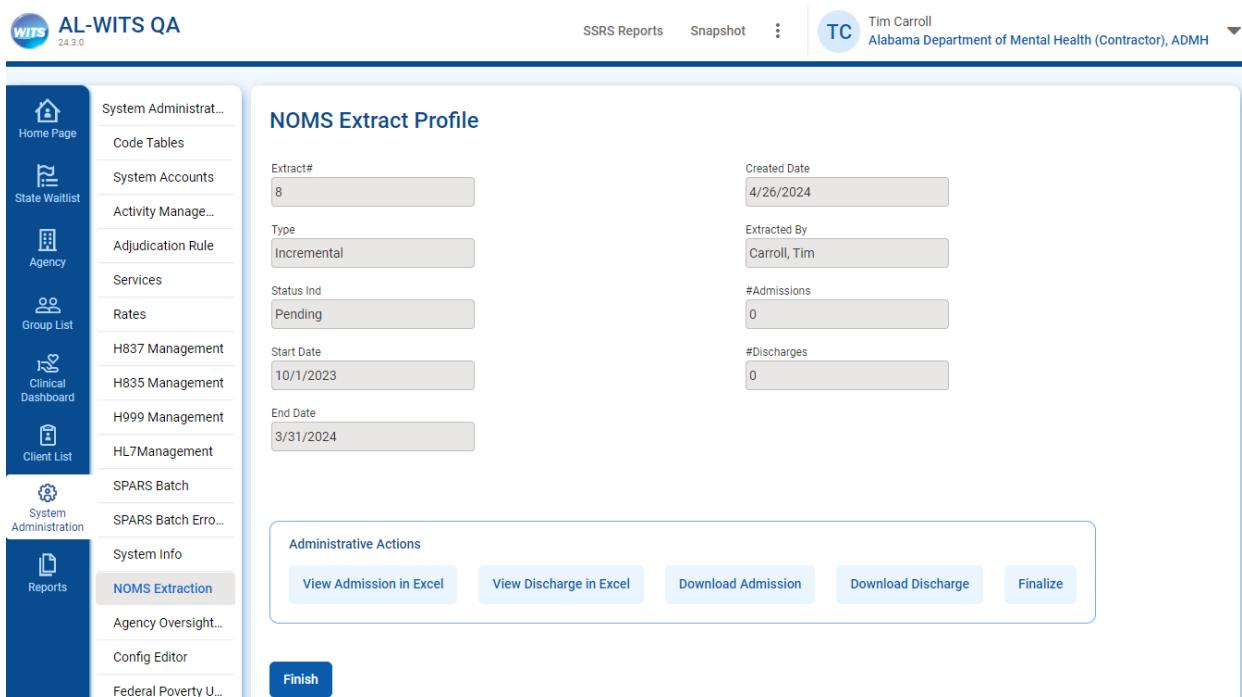


The screenshot shows the 'NOMS Incremental Extraction History' page. A message at the top right says: '⚠ There are 1 pending incremental extracts in the system. Please finalize them before creating a new extract.' The main table lists two extraction records:

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

Actions for each record include 'Profile' and 'Delete' buttons.

Figure 53: NOMS Extraction List showing new Pending record



The screenshot shows the 'NOMS Extract Profile' page. The 'NOMS Extraction' option is selected in the sidebar. The profile for Extract #8 is displayed:

Extract#	8	Created Date	4/26/2024
Type	Incremental	Extracted By	Carroll, Tim
Status Ind	Pending	#Admissions	0
Start Date	10/1/2023	#Discharges	0
End Date	3/31/2024		

Administrative Actions include: View Admission in Excel, View Discharge in Excel, Download Admission, Download Discharge, and Finalize. A 'Finish' button is at the bottom.

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.

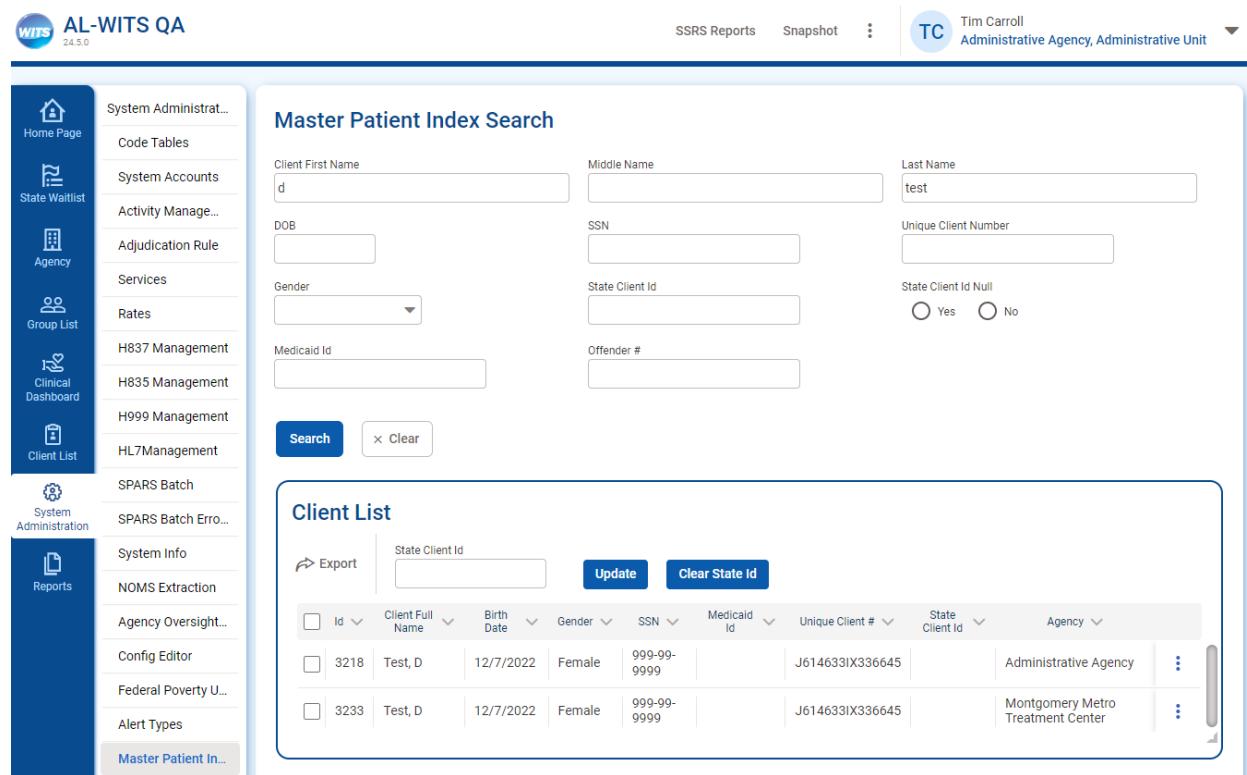
- Navigate to System Administration/NOMS Extraction.
- Click the +Create New Extraction button.
- Enter a date range and click the Go button.
- Wait several minutes for the extract to generate. Click the Refresh button to see the new extract record.
- The new extract record is created in a Pending status. 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	Middle Name	Last Name
d		test
DOB	SSN	Unique Client Number
Gender	State Client Id	State Client Id Null
		<input type="radio"/> Yes <input type="radio"/> No
Medicaid Id	Offender #	
<input type="button" value="Search"/> <input type="button" value="Clear"/>		

Client List

Export		State Client Id		Update		Clear State 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

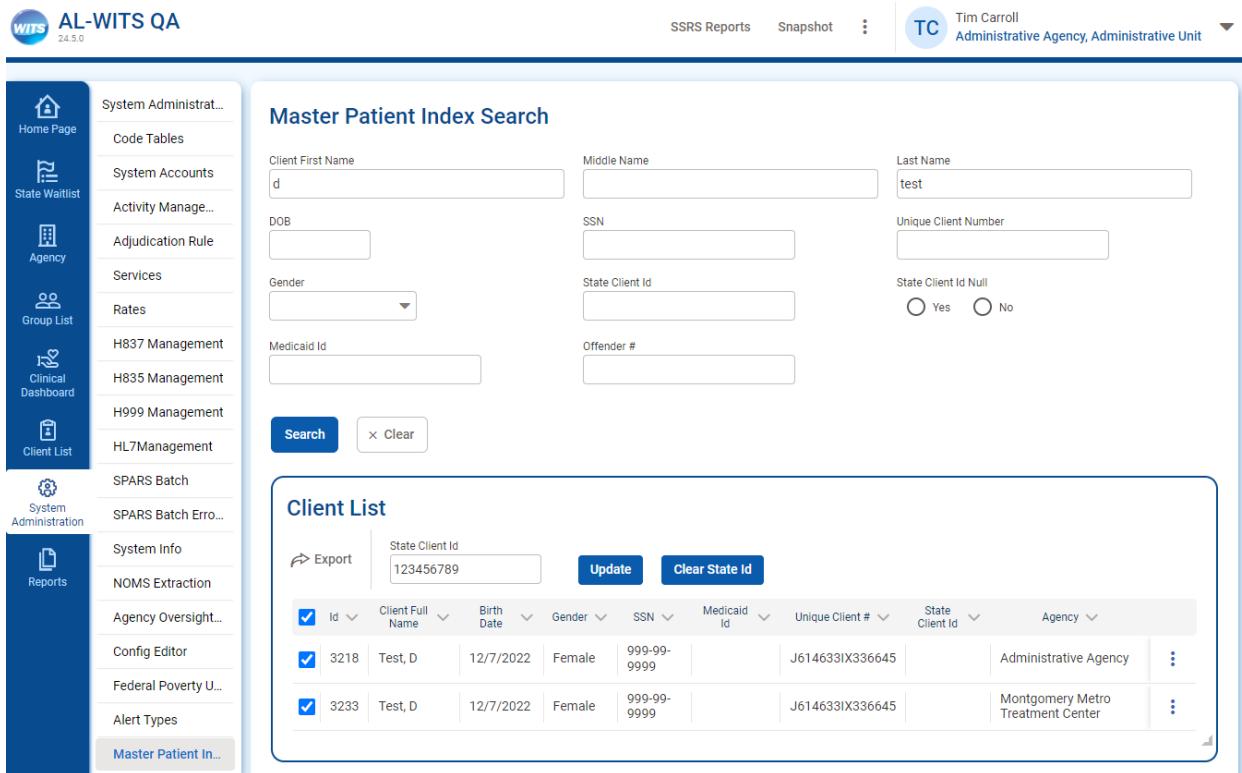
→ TEST

- 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.



Master Patient Index Search

Client First Name	Middle Name	Last Name
d		test

DOB	SSN	Unique Client Number

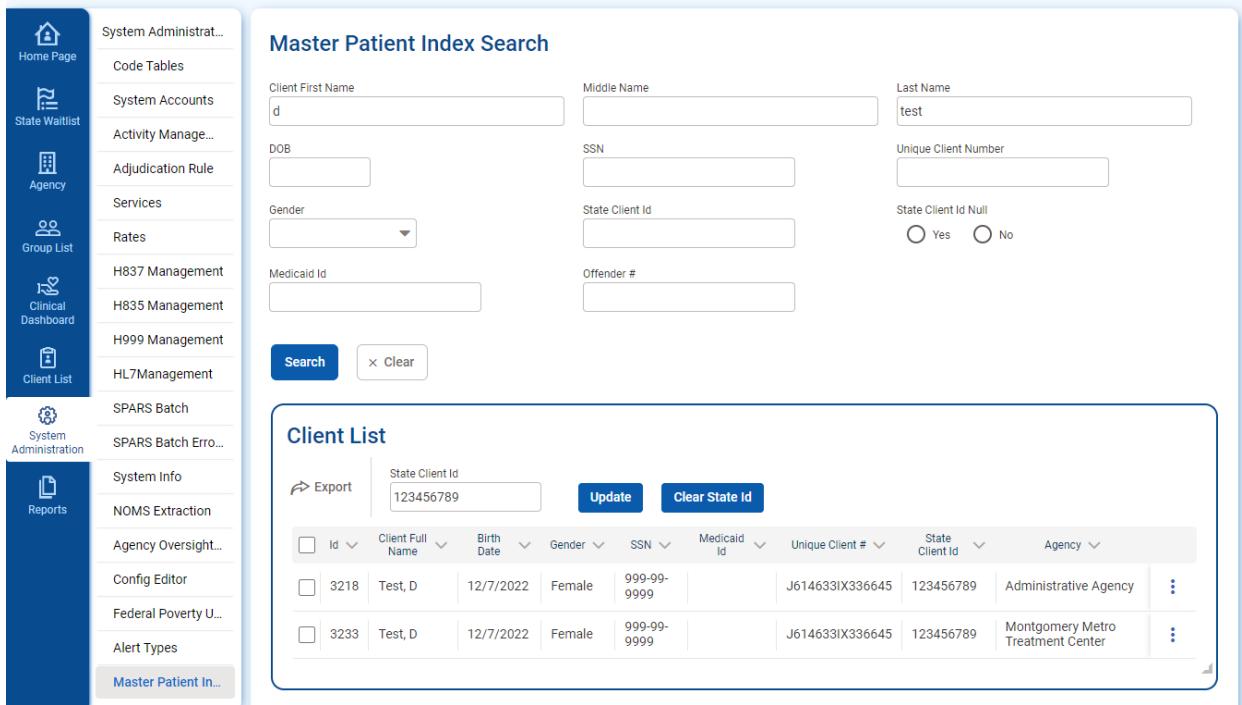
Gender	State Client Id	State Client Id Null
		<input checked="" type="radio"/> Yes <input type="radio"/> No

Medicaid Id	Offender #

Client List

Id	Client Full Name	Birth Date	Gender	SSN	Medicaid Id	Unique Client #	State Client Id	Agency
3218	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645	Administrative Agency	...
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



Client ID	Client Full Name	Birth Date	Gender	SSN	Medicaid Id	Unique Client #	State Client Id	Agency
3218	Test, D	12/7/2022	Female	999-99-9999		J614633IX336645	123456789	Administrative Agency
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.

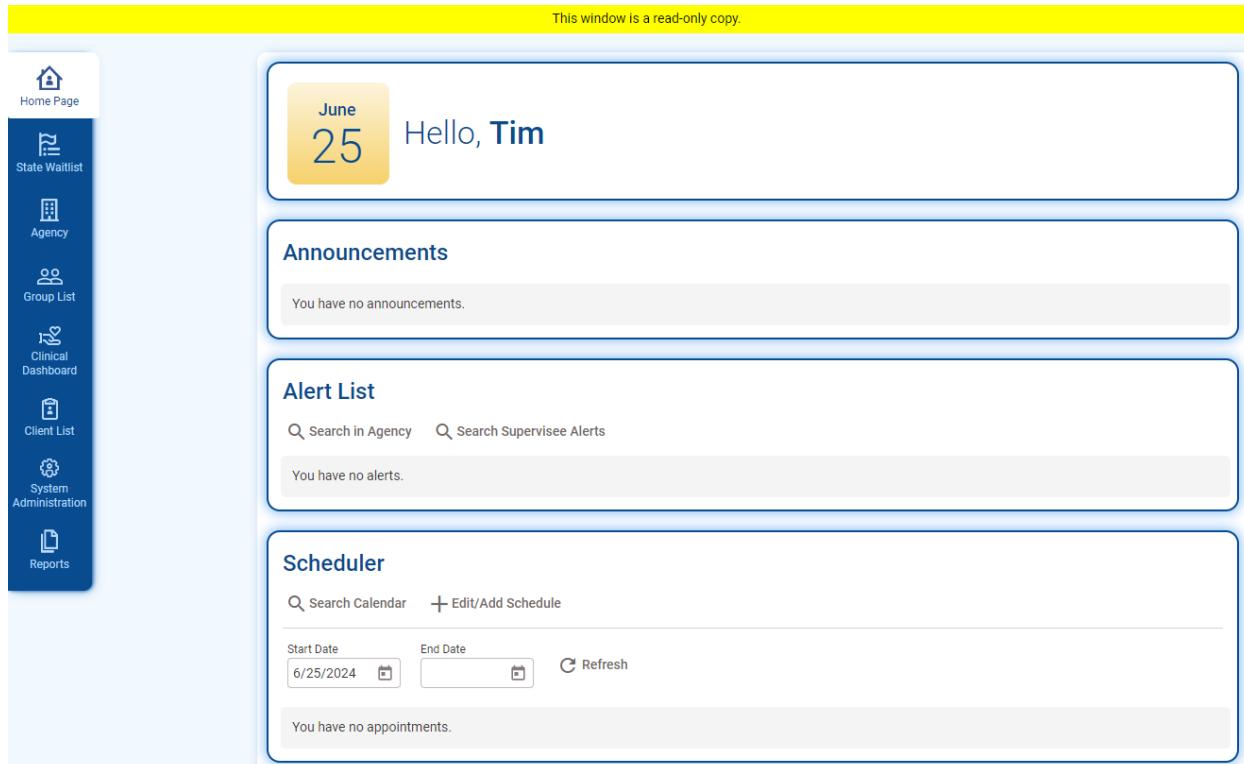


Figure 58: Snapshot Window, Home Page

→ TEST

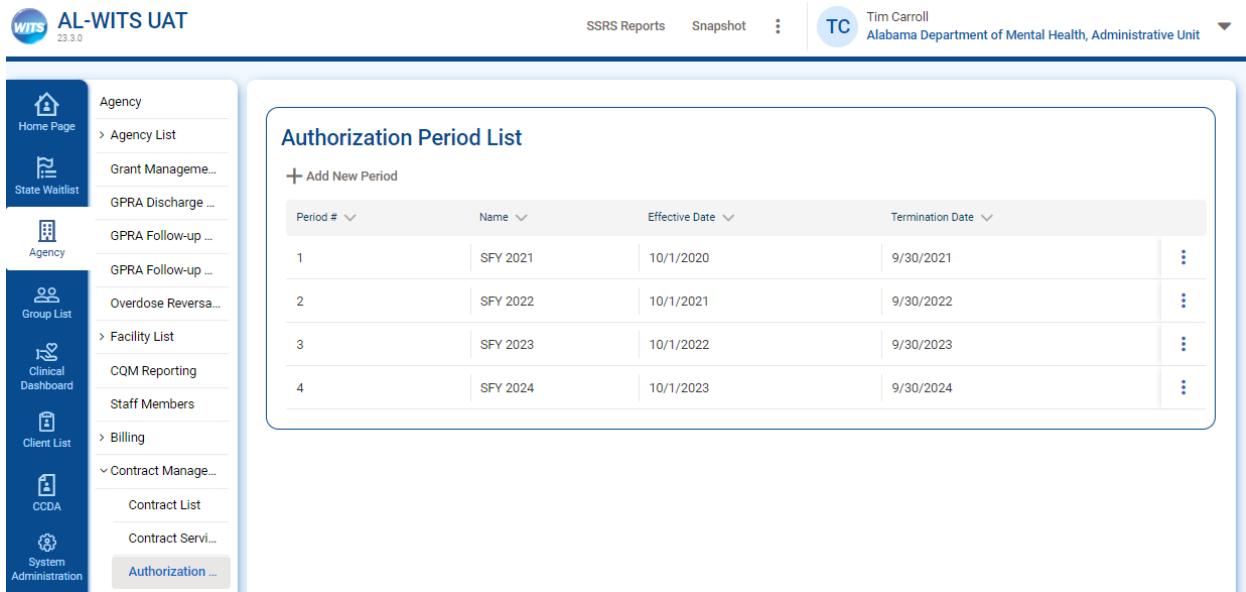
- Version: 23.6 and later.
- Account role(s): Any
- Navigate to any screen.
- Click the Snapshot button in the system header.
- View the read-only Snapshot window.
- Navigate to any other screen in the main WITS window.

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).



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

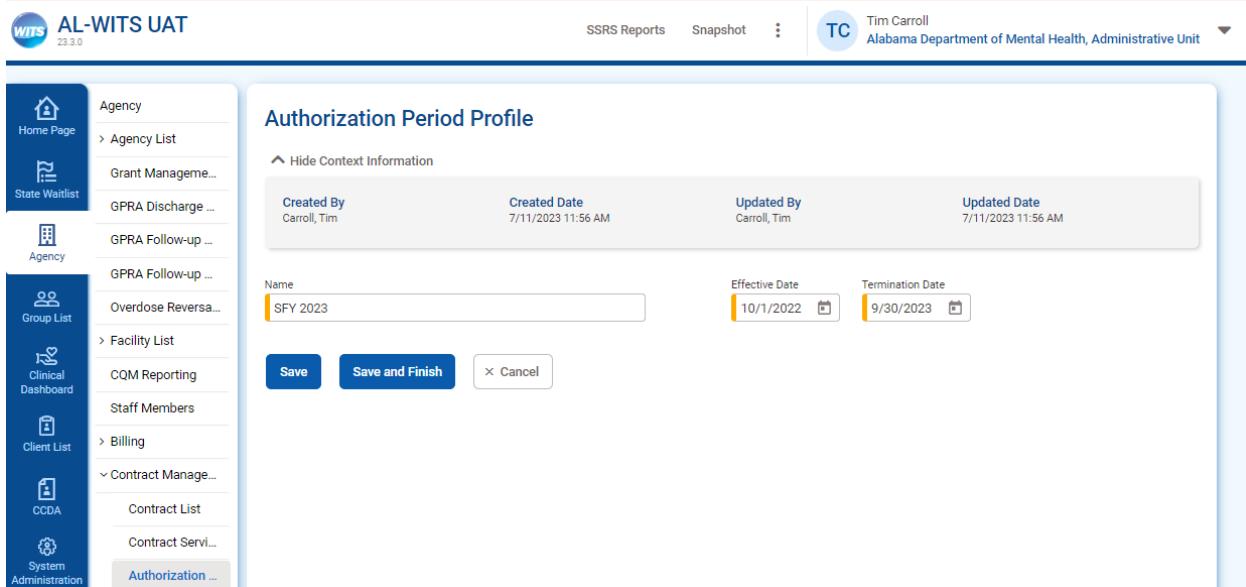


Figure 60: Authorization Period Profile

→ **TEST**

- 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.

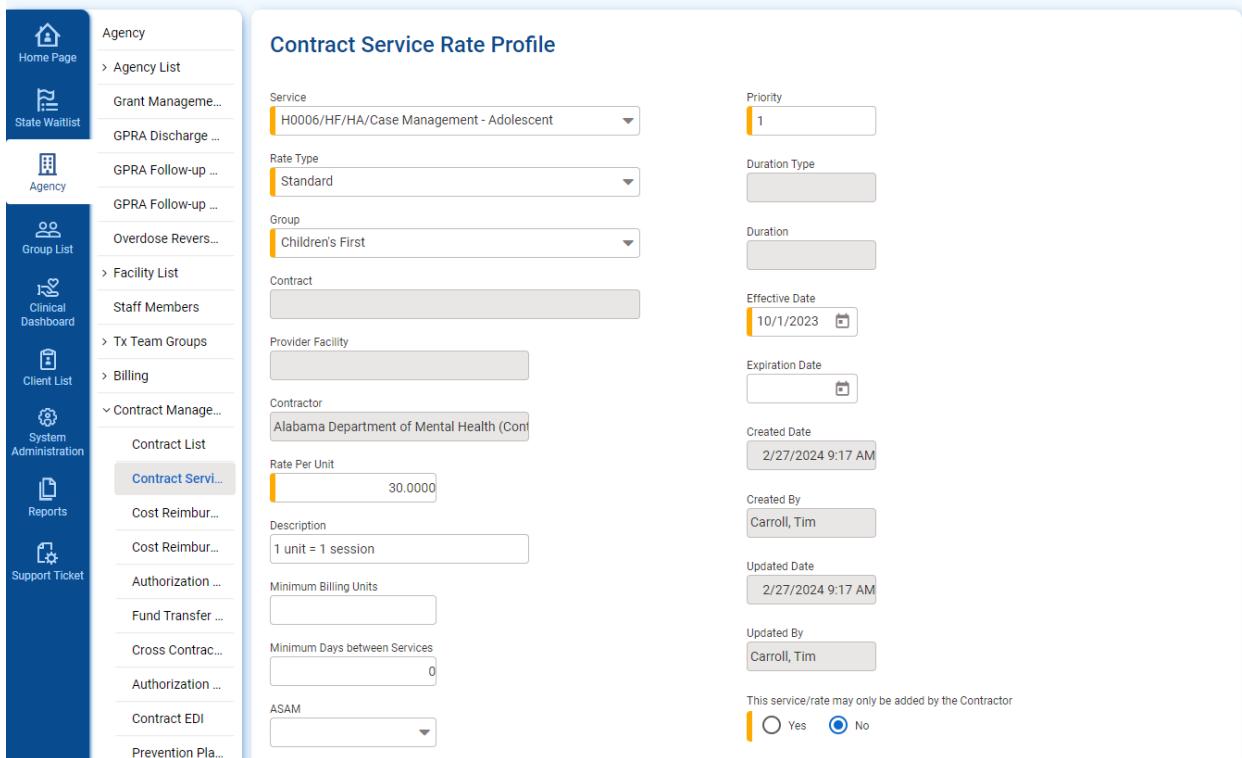
Contract Service Rates are maintained by ADMH since they contain key data elements used for billing and reporting.

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.



Contract Service Rate Profile

Service: H0006/HF/HA/Case Management - Adolescent

Priority: 1

Rate Type: Standard

Duration Type:

Group: Children's First

Duration:

Effective Date: 10/1/2023

Expiration Date:

Created Date: 2/27/2024 9:17 AM

Created By: Carroll, Tim

Updated Date: 2/27/2024 9:17 AM

Updated By: Carroll, Tim

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

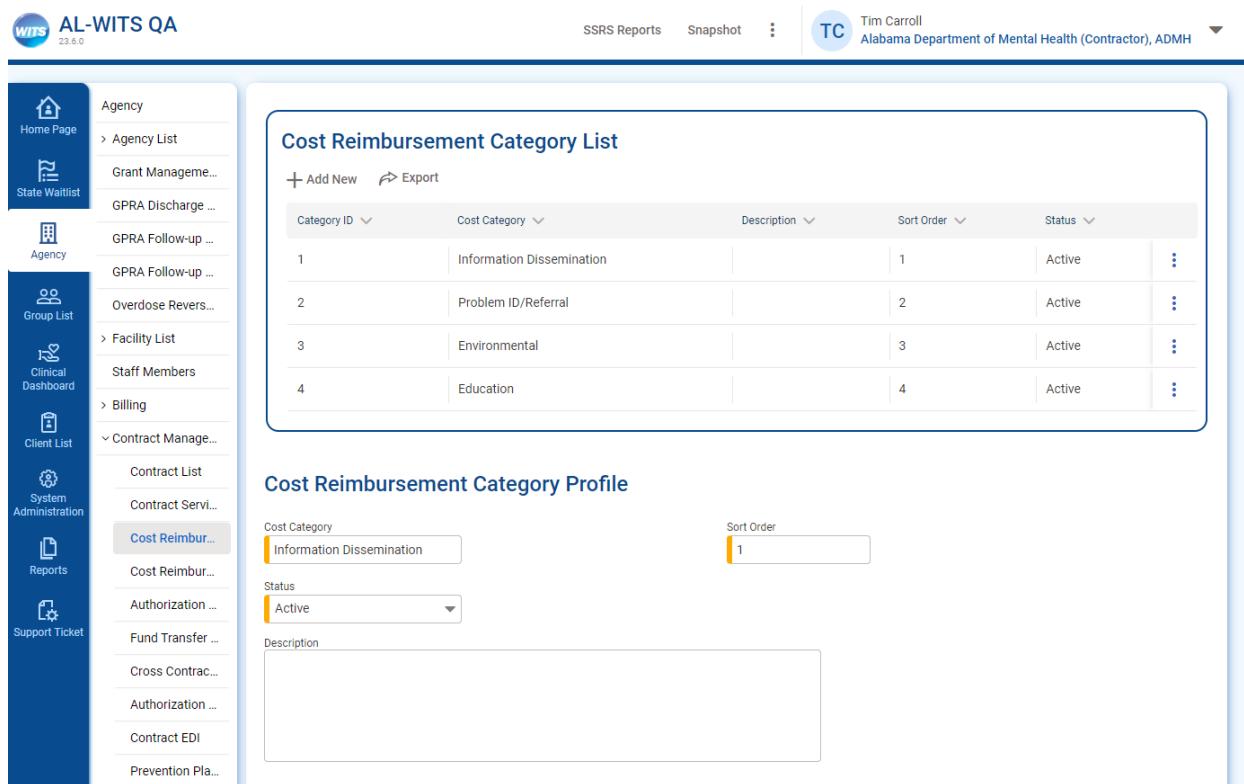
- Version: 24.2 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/Contract Service Rate.
- Click the +Add New Contract Rate button on the Contract Service Rate List.
- Create and save Rates for Services for each group under 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 shows the AL-WITS QA application 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 menu has several sections: 'Agency' (Home Page, Agency List, Grant Management, GPRA Discharge, GPRA Follow-up, Overdose Revers...), 'Group List' (State Waitlist, Facility List, Staff Members, Billing, Contract Management), 'Clinical Dashboard' (Group List, Client List, System Administration, Cost Reimbursement, Authorization, Fund Transfer, Cross Contract, Authorization, Contract EDI, Prevention Plan), 'Reports' (Client List, System Administration, Cost Reimbursement, Authorization, Fund Transfer, Cross Contract, Authorization, Contract EDI, Prevention Plan), and 'Support Ticket'.

The main content area displays the 'Cost Reimbursement Category List' with the following data:

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

Below the list is the 'Cost Reimbursement Category Profile' for the first category (Information Dissemination). The profile fields are:

- Cost Category: Information Dissemination
- Sort Order: 1
- Status: Active
- Description: (empty)

Figure 62: Cost Reimbursement Category List and Profile

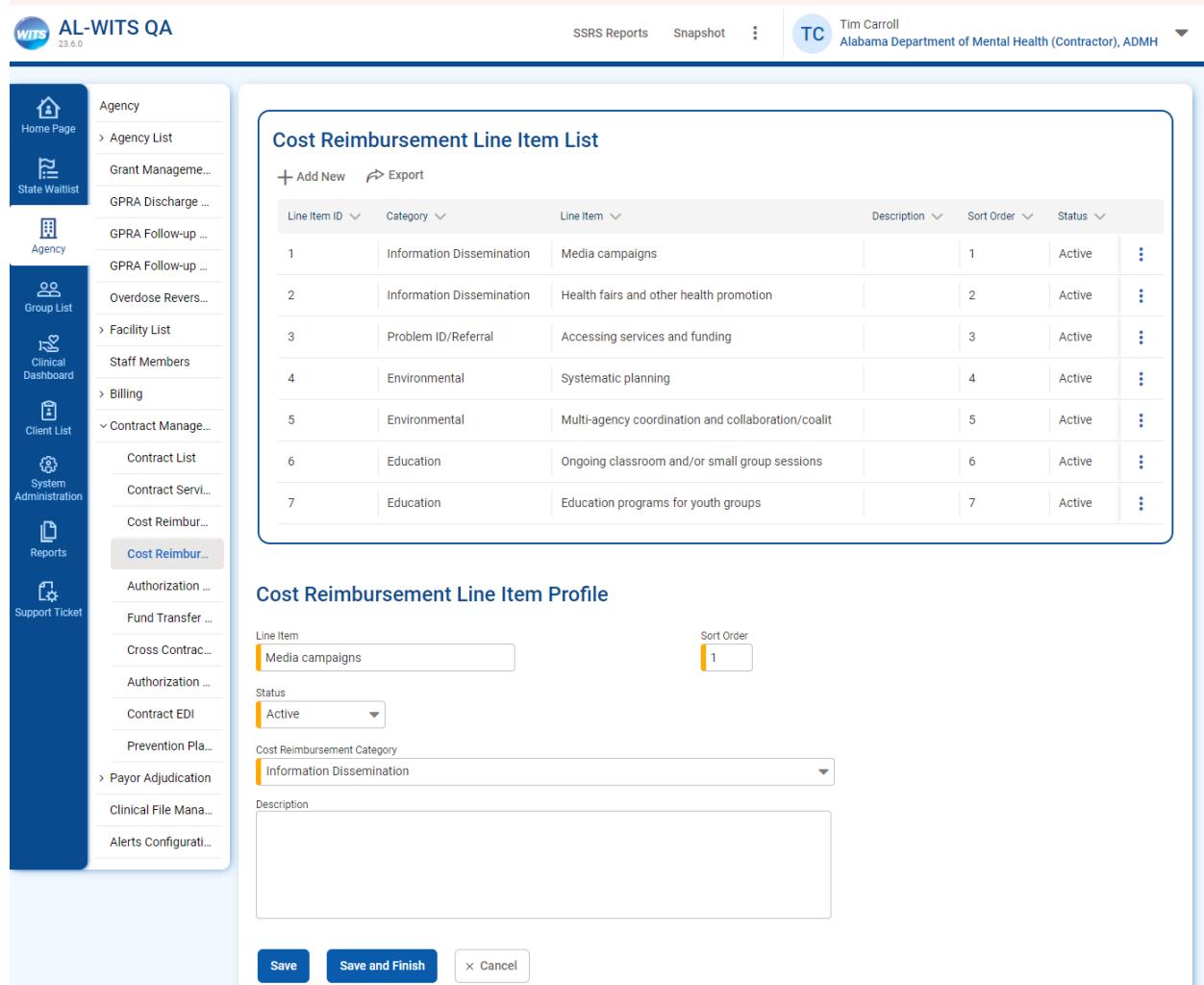
→ TEST

- 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 shows the AL-WITS QA 23.6.0 software interface. The left sidebar contains a navigation menu with various links such as Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The 'Cost Reimb...' link is highlighted. 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	More
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: Media campaigns
 Sort Order: 1
 Status: Active
 Cost Reimbursement Category: Information Dissemination
 Description: (empty)
 Buttons: Save, Save and Finish, Cancel

Figure 63: Cost Reimbursement Line Item List and Profile

→ TEST

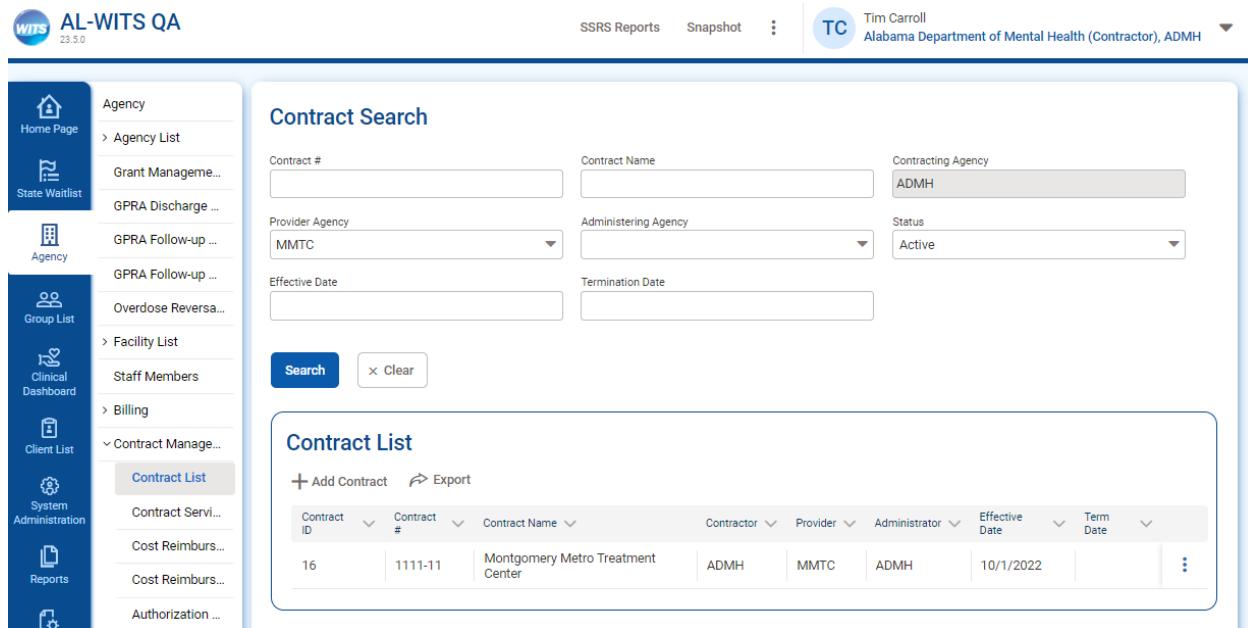
- Version: 23.7 and later.
- Account role(s): Contract Management (Full Access)
- Select the ADMH agency.
- Navigate to Agency/Contract Management/ Cost Reimbursement Line Item.
- Create Line Item records as needed along with the appropriate Category. Only active line items may be added to Cost Reimbursement 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 AL-WITS QA software interface. The left sidebar contains navigation links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Contract Manage...' section is expanded, showing 'Contract List' as the selected sub-item. The main content area is divided into two sections: 'Contract Search' and 'Contract List'.

Contract Search (Top Section):

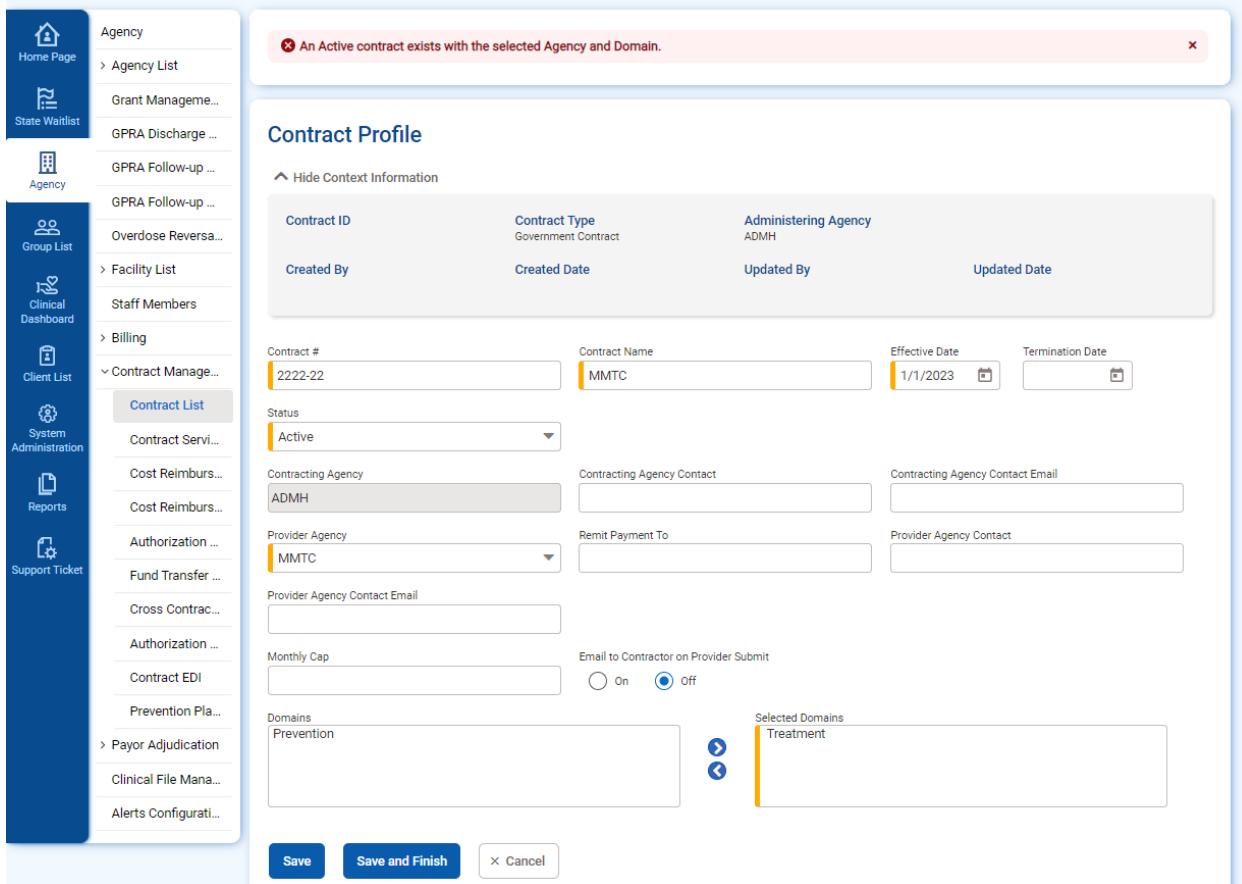
- Contract # (Text input field)
- Contract Name (Text input field)
- Contracting Agency (Text input field: ADMH)
- Provider Agency (Text input field: MMTC)
- Administering Agency (Text input field)
- Status (Text input field: Active)
- Effective Date (Text input field)
- Termination Date (Text input field)
- Search (Blue button)
- Clear (Text button)

Contract List (Bottom Section):

- Add Contract (Text button)
- Export (Text button)
- Table (Contract List):

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



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 # Contract Name Effective Date Termination Date

Status

Contracting Agency Contracting Agency Contact Contracting Agency Contact Email

Provider Agency Remit Payment To Provider Agency Contact

Provider Agency Contact Email

Monthly Cap Email to Contractor on Provider Submit On Off

Domains Selected Domains

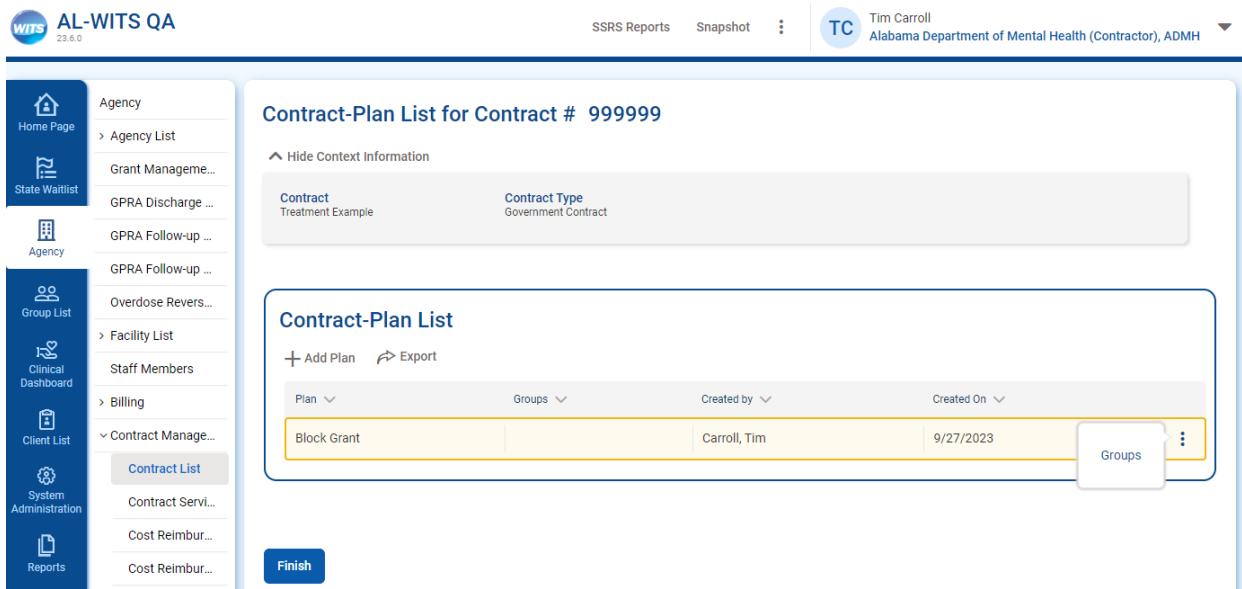
Figure 65: Error Message on overlapping active contracts

→ 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

Contract: Treatment Example Contract Type: Government Contract

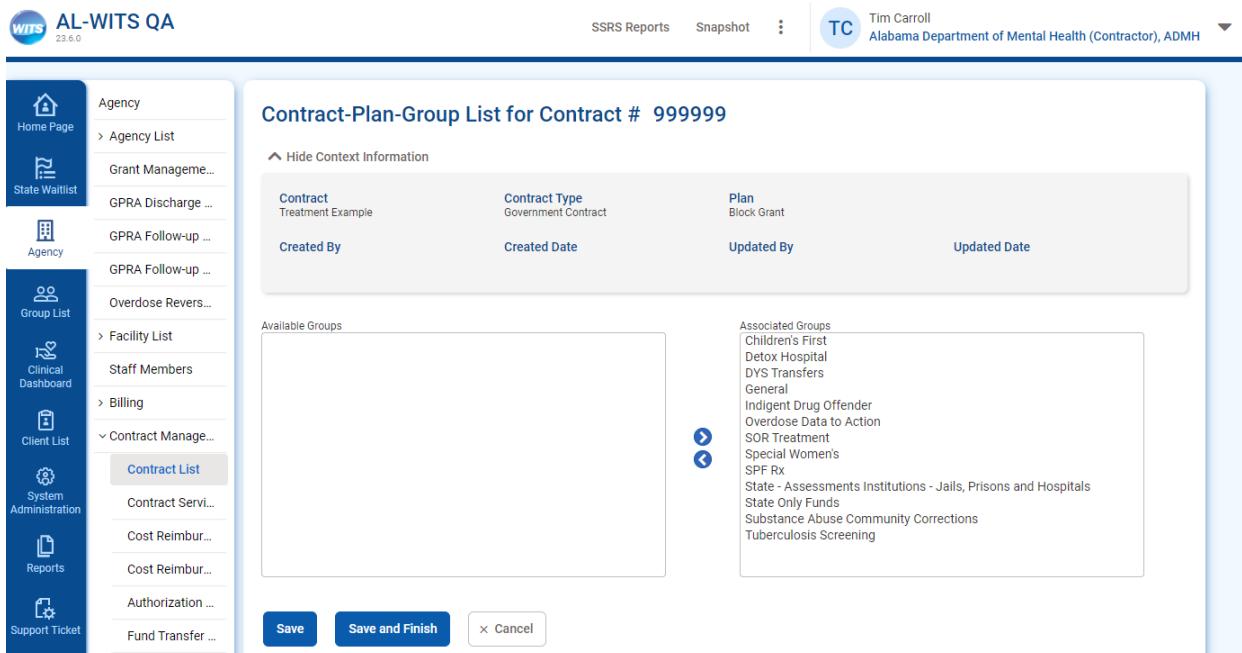
Contract-Plan List

+ 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

Contract: Treatment Example Contract Type: Government Contract Plan: 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** **Cancel**

Figure 67: Contract Plan Group List

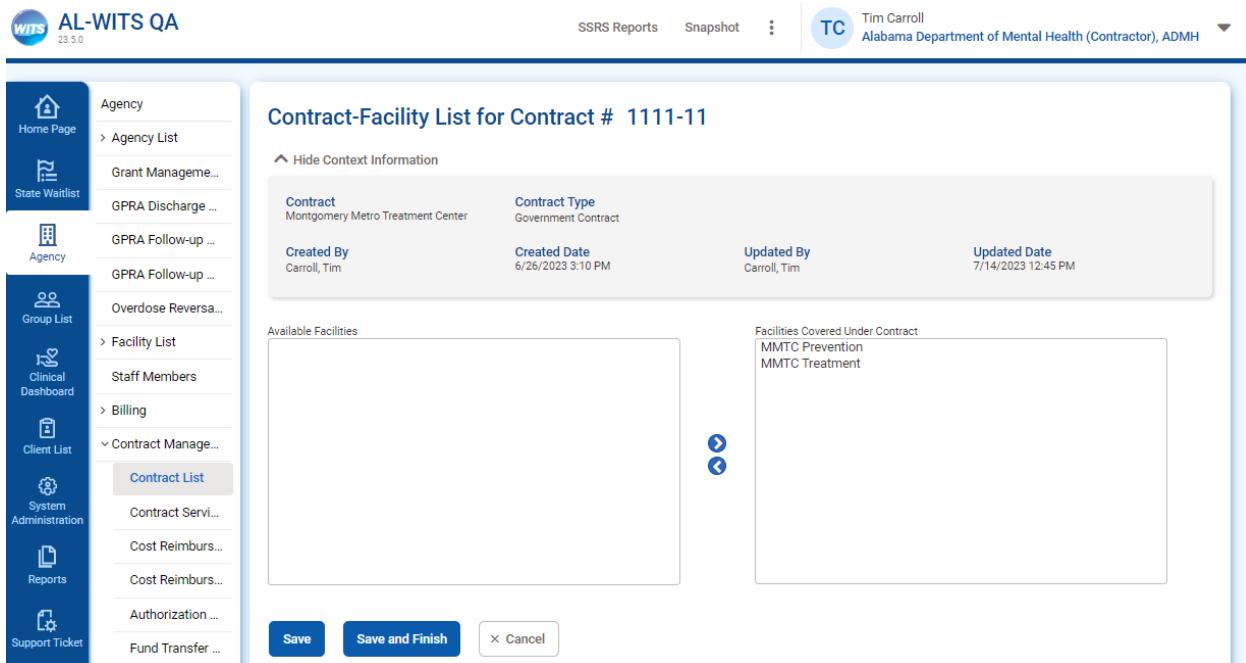
→ TEST

- 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.



AL-WITS QA 23.5.0

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

Contract-Facility List for Contract # 1111-11

Hide Context Information

Contract Montgomery Metro Treatment Center	Contract Type Government Contract
Created By Carroll, Tim	Created Date 6/26/2023 3:10 PM
	Updated By Carroll, Tim
	Updated Date 7/14/2023 12:45 PM

Available Facilities

Facilities Covered Under Contract

- MMTC Prevention
- MMTC Treatment

Buttons: Save, Save and Finish, Cancel

Figure 68: Contract Facility List

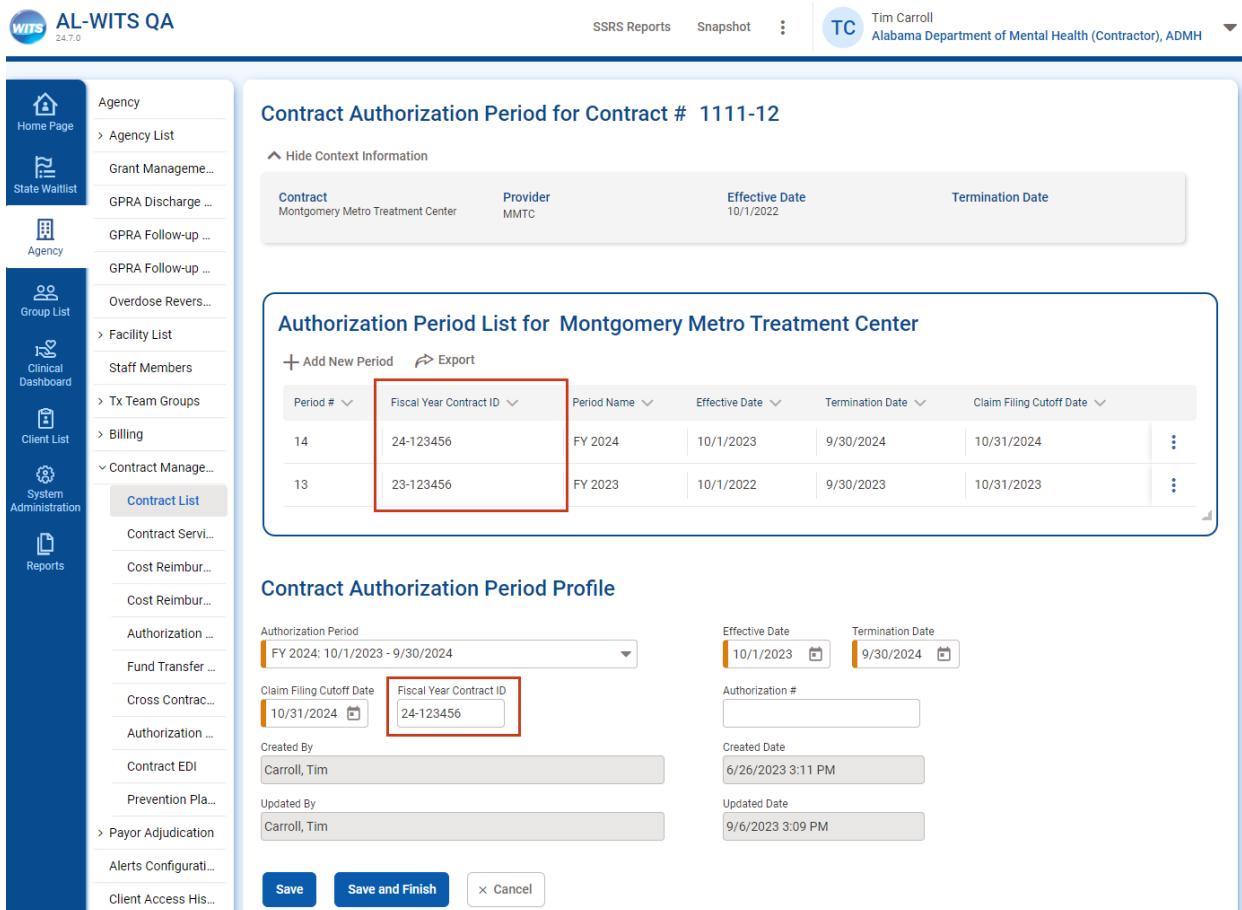
→ TEST

- 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 shows the AL-WITS QA application interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled "Contract Authorization Period for Contract # 1111-12". It displays a table of "Authorization Period List for Montgomery Metro Treatment Center" with two rows:

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

Below this, the "Contract Authorization Period Profile" is shown for the same contract. The "Fiscal Year Contract ID" field is highlighted with a red box and contains the value "24-123456".

Figure 69: Contract Authorization Period List and Profile

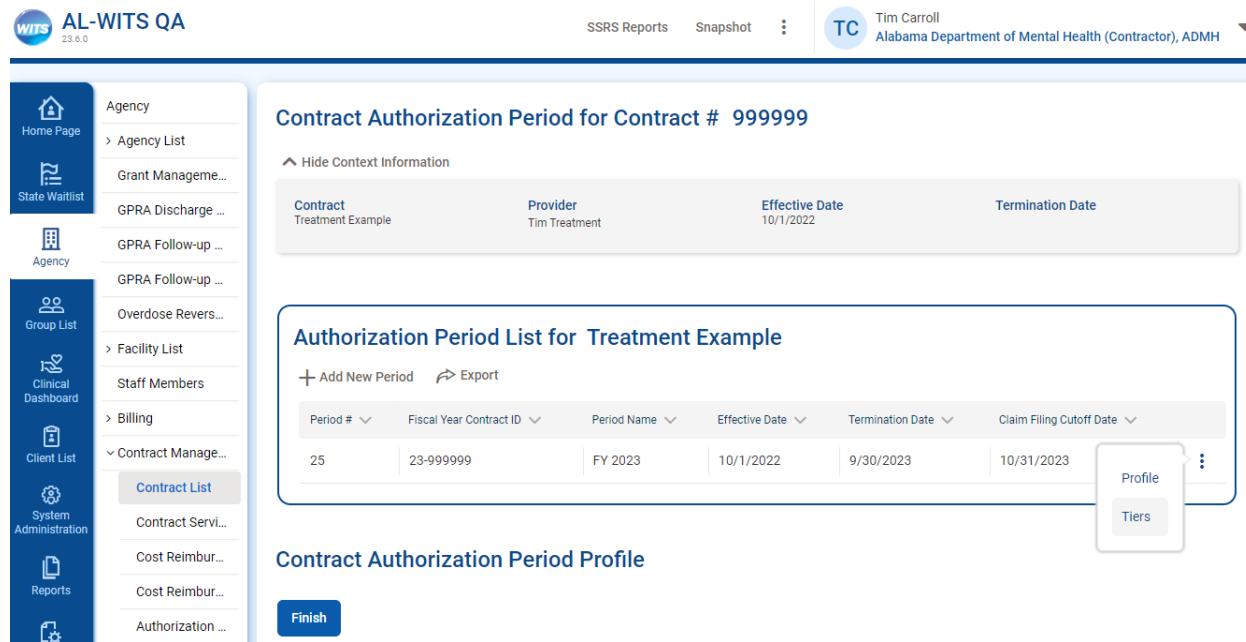
→ TEST

- 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.



AL-WITS QA 23.6.0

SSRS Reports Snapshot ...

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

Contract Authorization Period for Contract # 999999

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

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

Contract Authorization Period Profile

Finish

Profile Tiers

Figure 70: Contract Authorization Period List

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

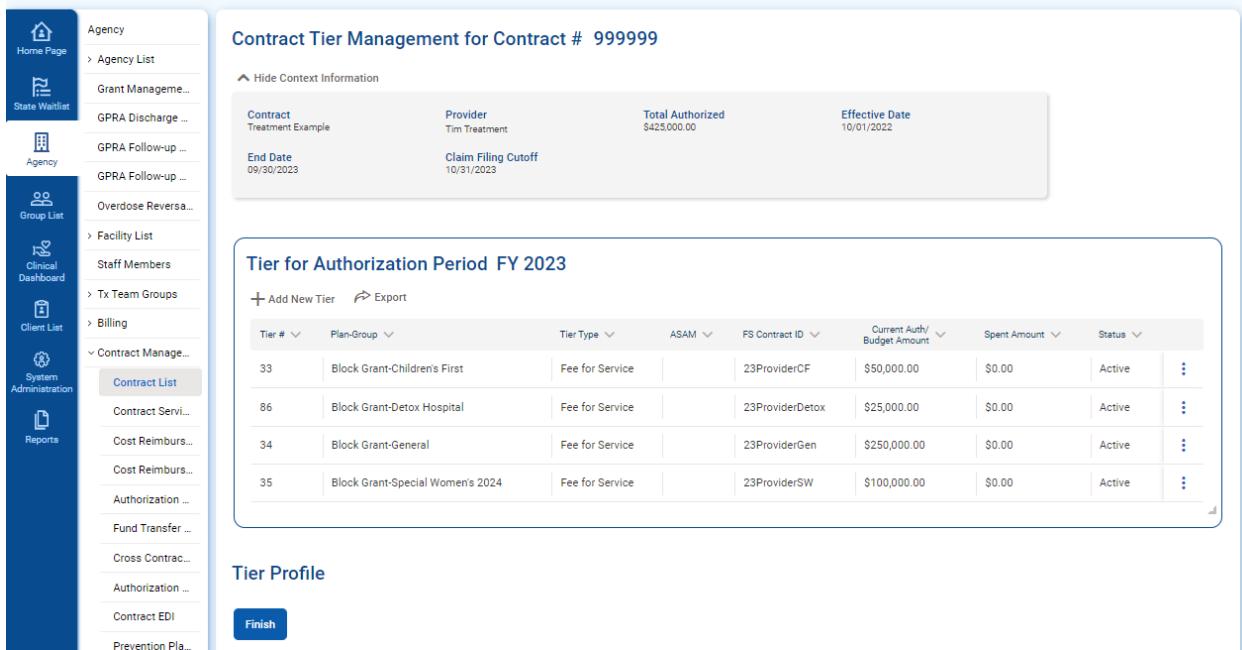
Created Date
9/28/2023 9:25 AM

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



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

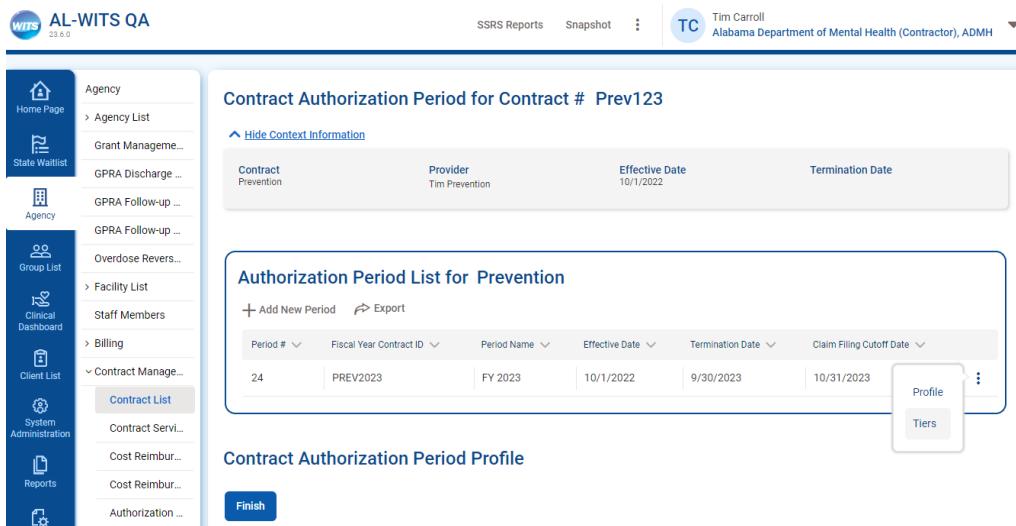
Figure 72: Authorization Period Tier List

→ 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

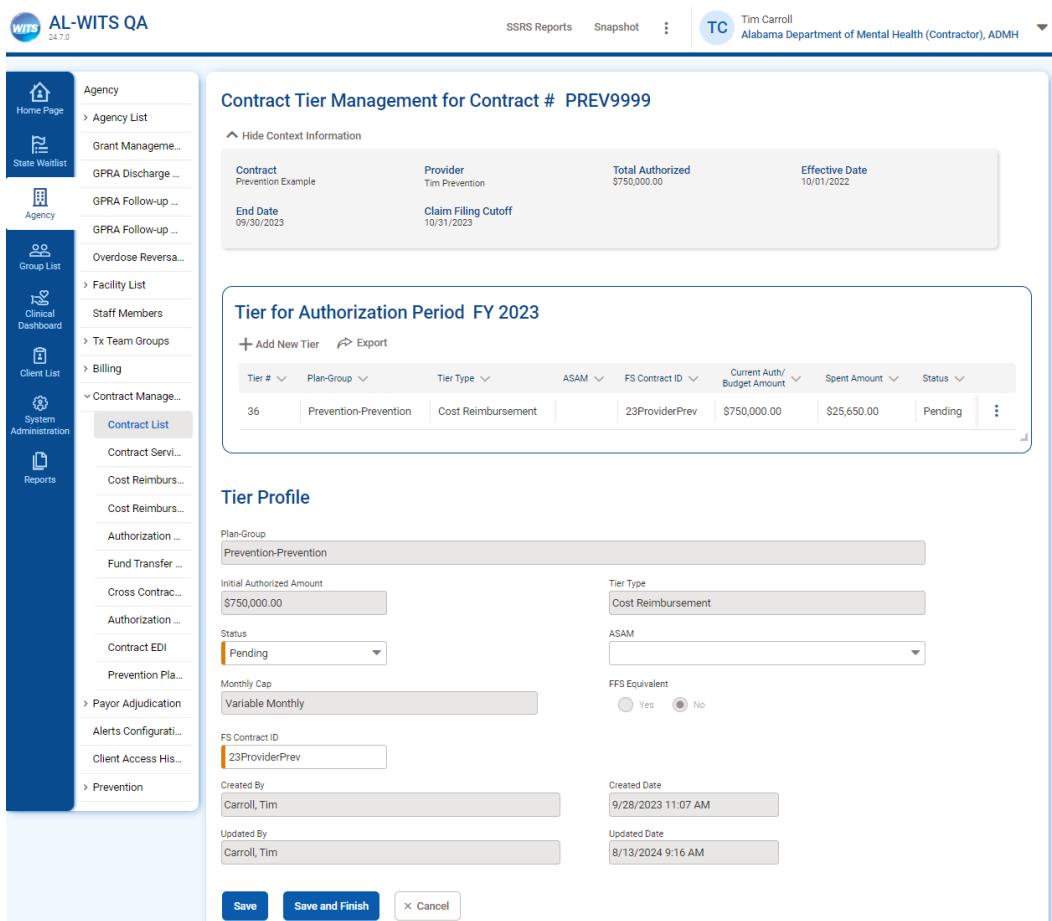
Authorization Period List for Prevention

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

Contract Authorization Period Profile

Finish

Figure 73: Contract Authorization Period List



Contract Tier Management for Contract # PREV9999

Tier for Authorization Period FY 2023

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

Tier Profile

Plan-Group: Prevention-Prevention

Initial Authorized Amount: \$750,000.00

Tier Type: Cost Reimbursement

Status: Pending

ASAM

Monthly Cap: Variable Monthly

FFS Equivalent: Yes

FS Contract ID: 23ProviderPrev

Created By: Carroll, Tim

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

Updated By: Carroll, Tim

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

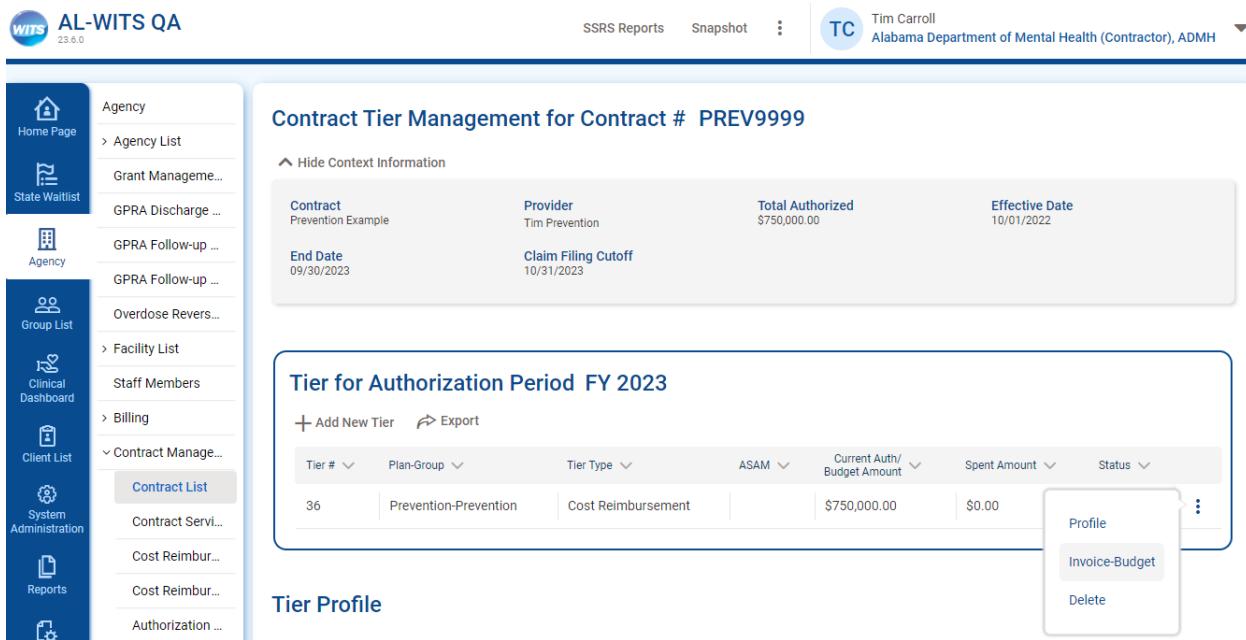
Save Save and Finish Cancel

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



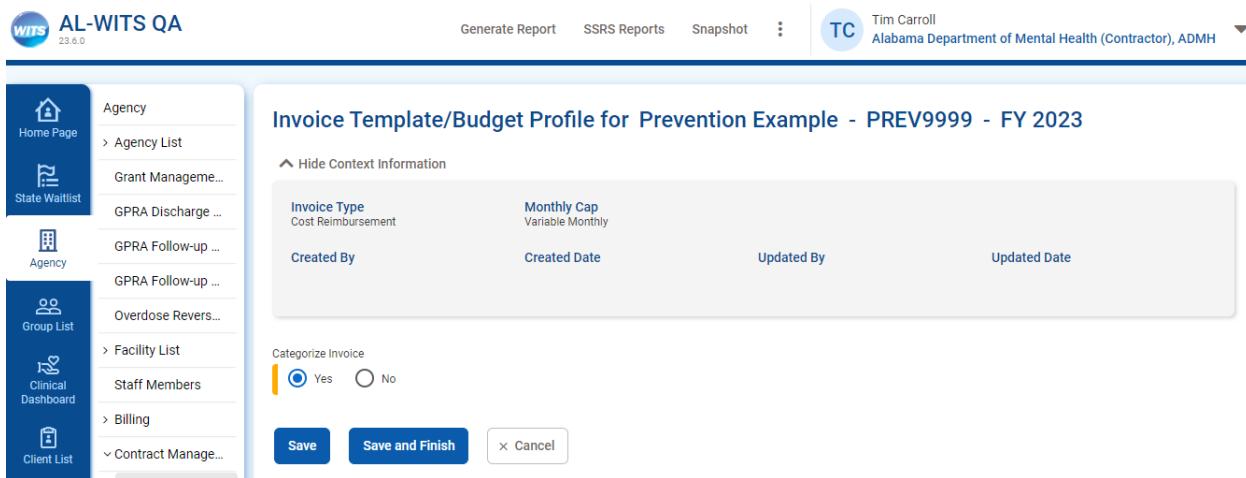
Contract Tier Management for Contract # PREV9999

Tier for Authorization Period FY 2023

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

Tier Profile

Figure 75: Authorization Period Tier List, Cost Reimbursement Tier



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

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

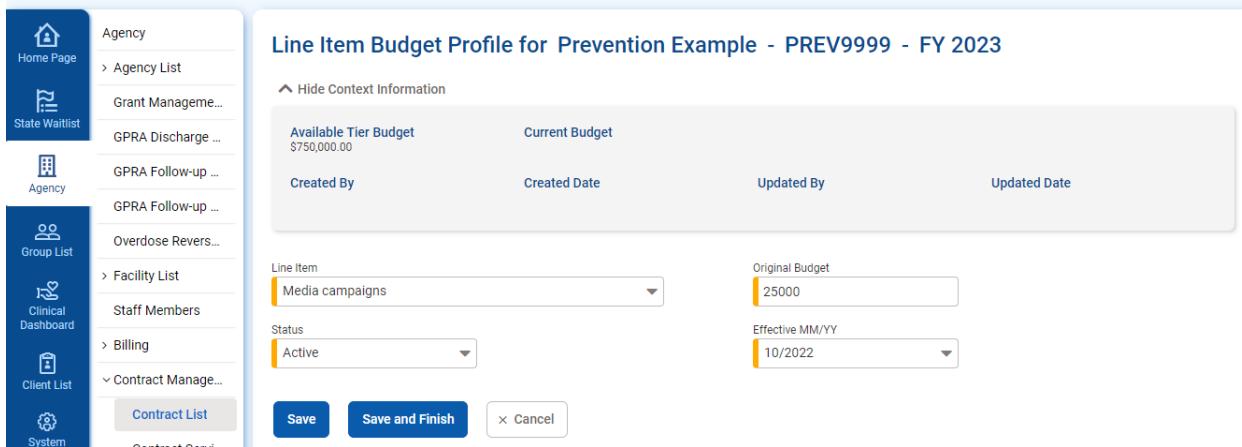


Figure 77: Line Item Budget Profile

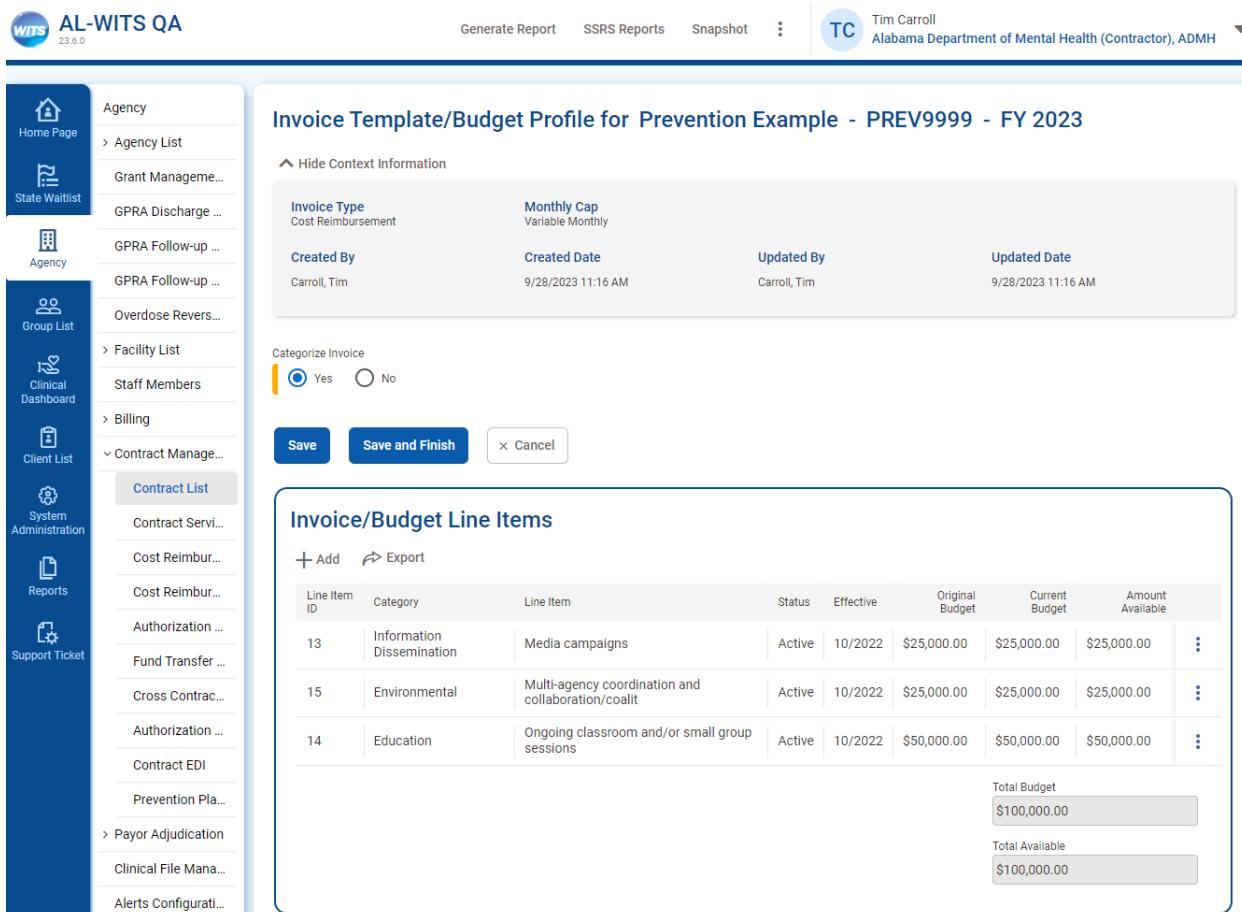


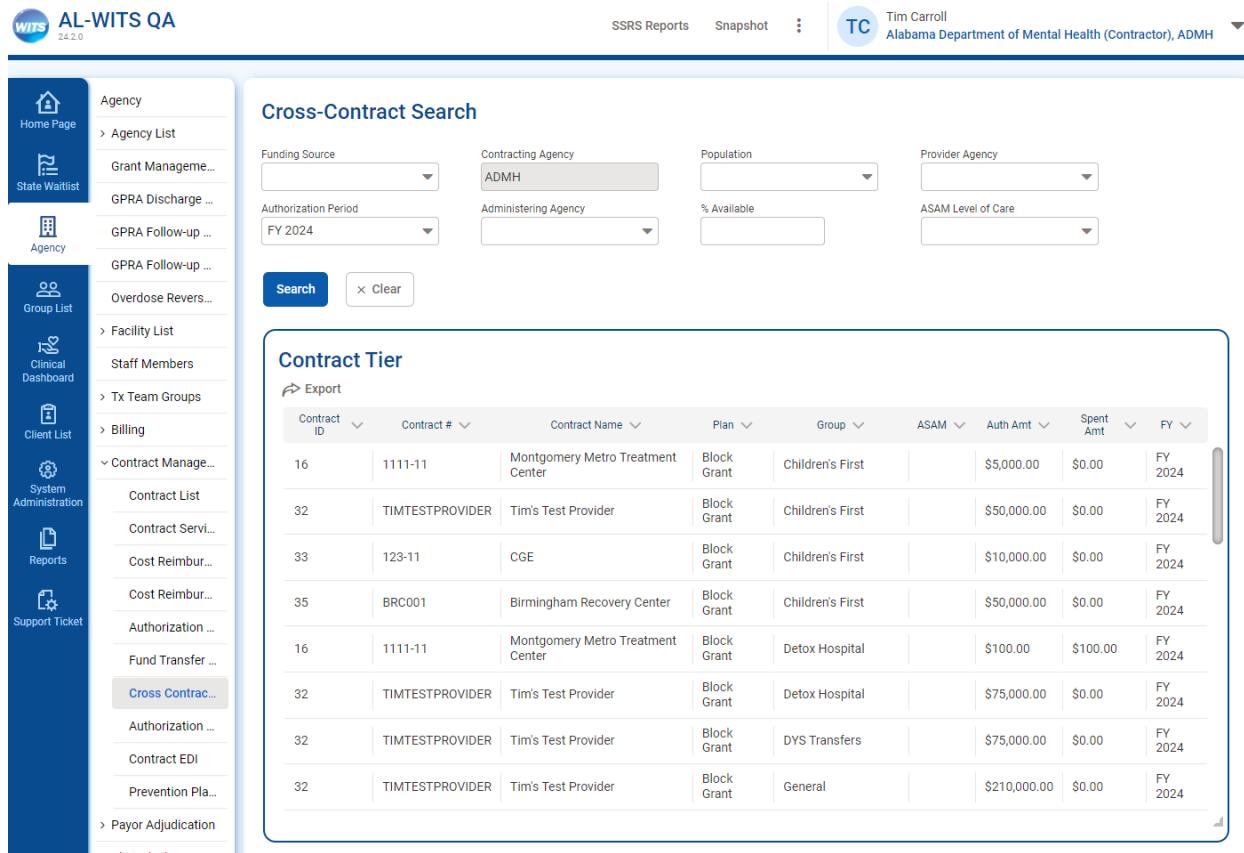
Figure 78: Invoice Template/Budget Line Items

→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.



The screenshot shows the AL-WITS QA 24.2.0 interface. The left sidebar contains navigation links for Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The 'Cross Contract...' link is highlighted. The main content area is titled 'Cross-Contract Search' and includes dropdowns for Funding Source (ADMH), Contracting Agency (ADMH), Population, Provider Agency, Authorization Period (FY 2024), Administering Agency, % Available, and ASAM Level of Care. Below the search form is a table titled 'Contract Tier' with columns: Contract ID, Contract #, Contract Name, Plan, Group, ASAM, Auth Amt, Spent Amt, and FY. The table lists several contracts, including entries for Montgomery Metro Treatment Center, Tim's Test Provider, and Birmingham Recovery Center, categorized by Plan (Block Grant, Detox Hospital, DYS Transfers) and Group (Children's First, General).

Figure 79: Cross-Contract List filtered for FY 2024

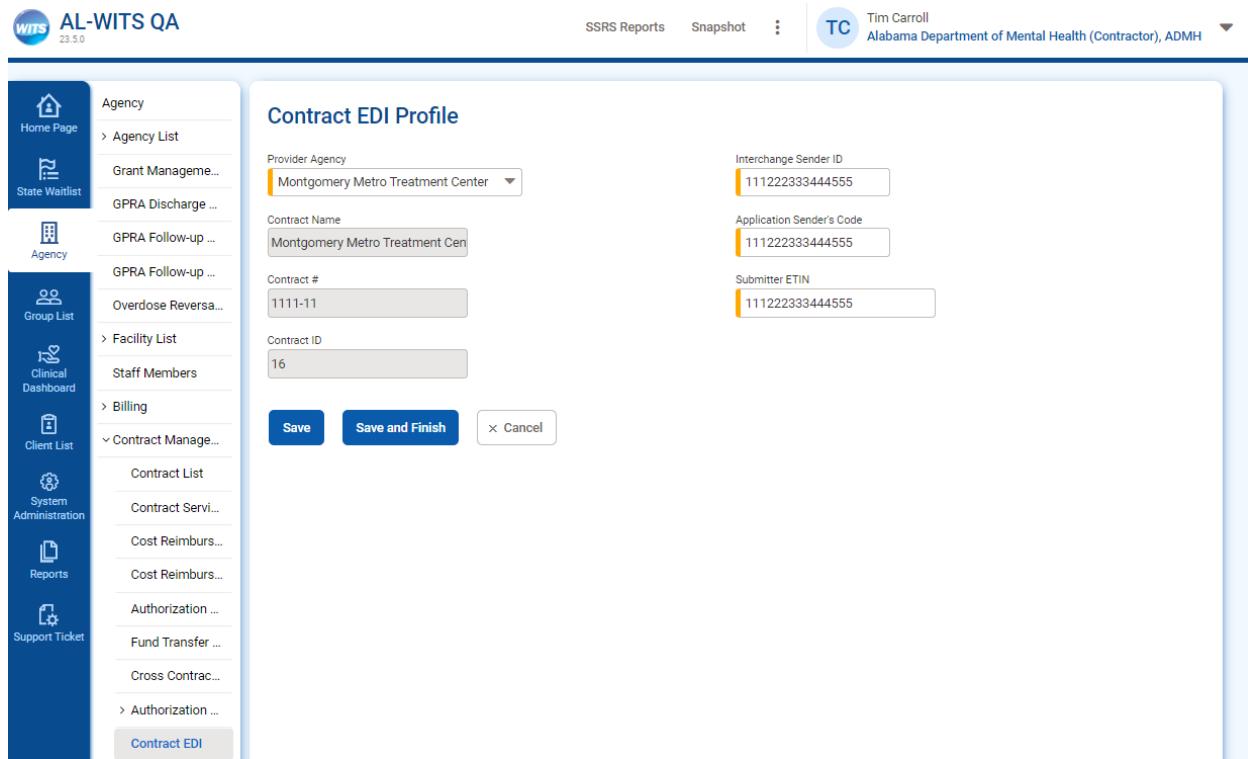
→ TEST

- 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.



AL-WITS QA 23.5.0

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

Contract EDI Profile

Provider Agency: Montgomery Metro Treatment Center

Contract Name: Montgomery Metro Treatment Cen

Contract #: 1111-11

Contract ID: 16

Interchange Sender ID: 111222333444555

Application Sender's Code: 111222333444555

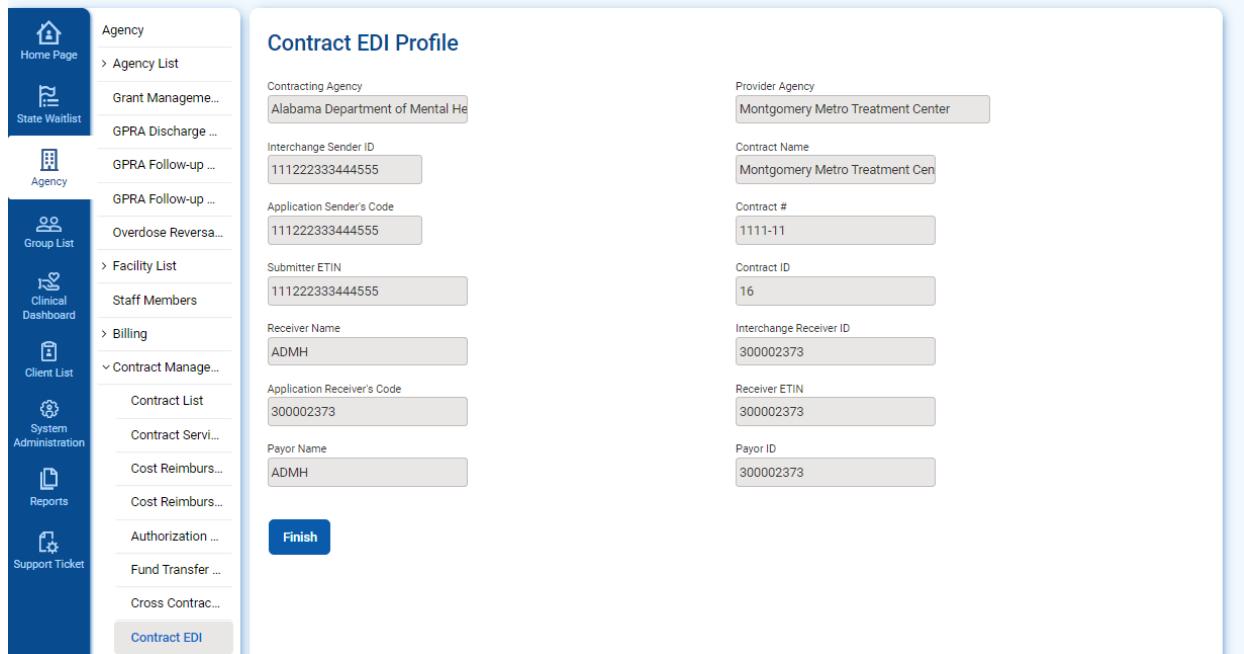
Submitter ETIN: 111222333444555

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

Agency

- > Agency List
- Grant Manageme...
- 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**

Figure 80: Contract EDI Profile (ADMH Agency)



Contract EDI Profile

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

Contract Management

- Contract List
- Contract Services
- Cost Reimbursement
- Authorization Requests
- Fund Transfer Requests
- Cross Contracts

Contract EDI

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.

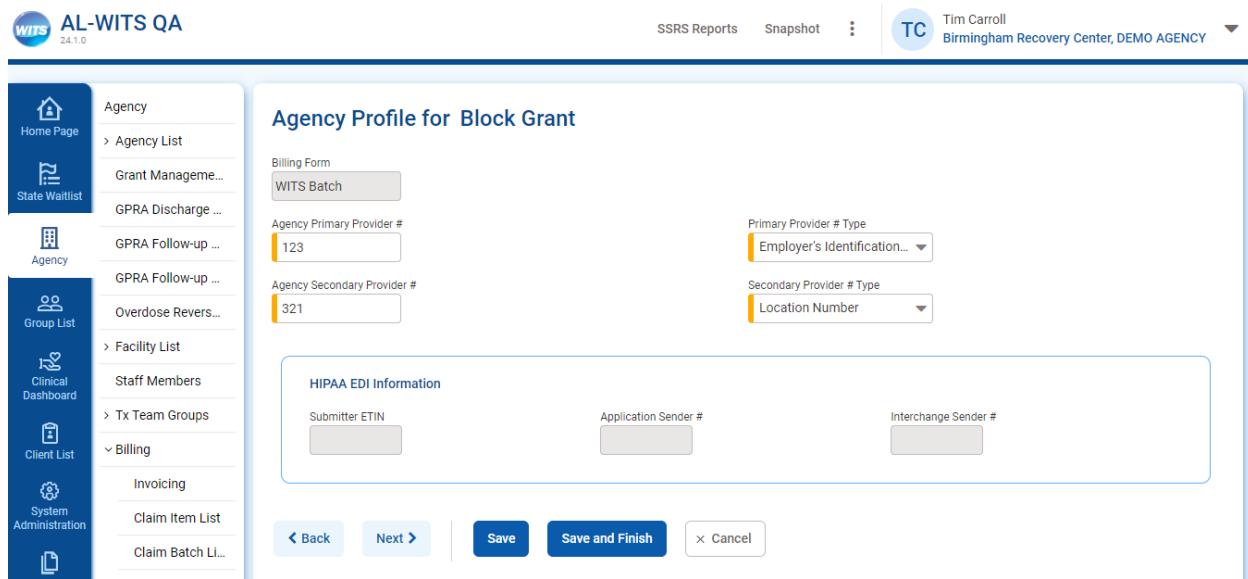


Figure 82: Government Contract Payor Plan, Agency Profile (Provider Agency)

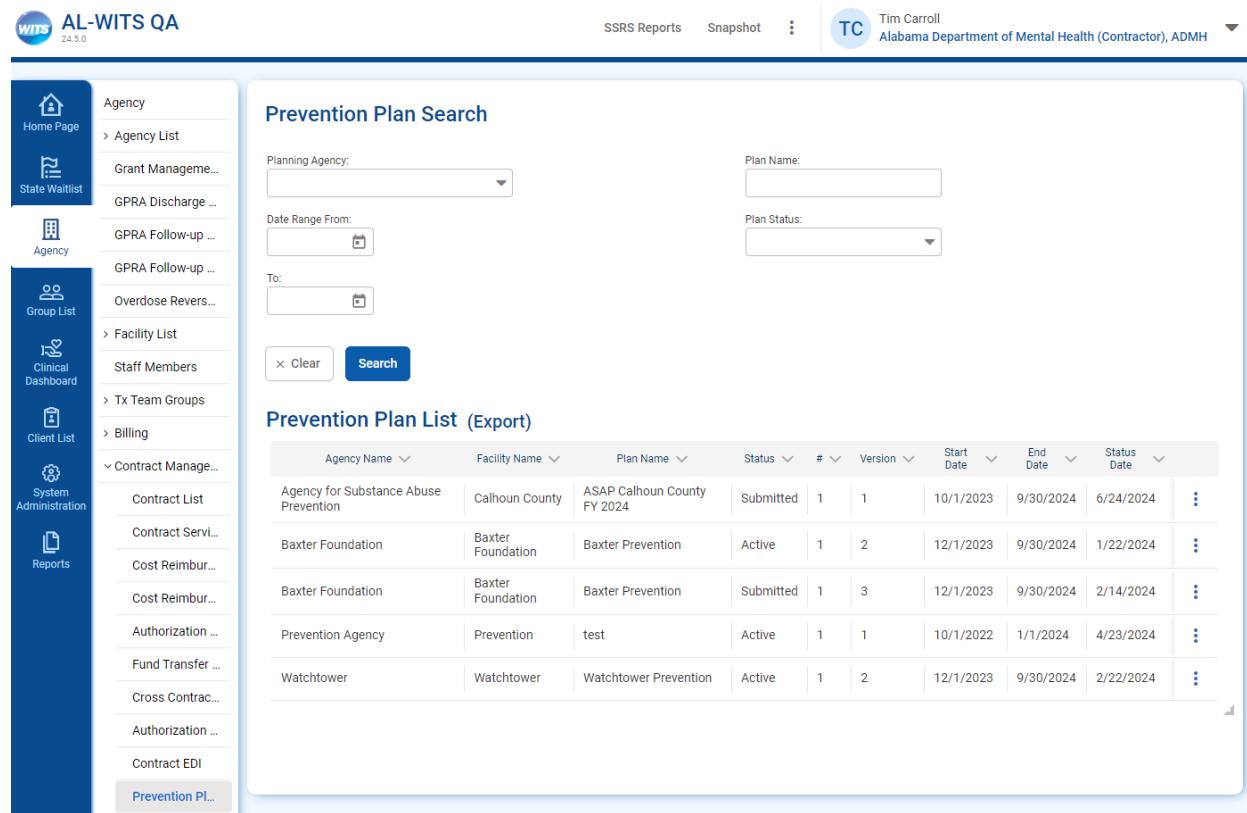
→ TEST

- 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



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.

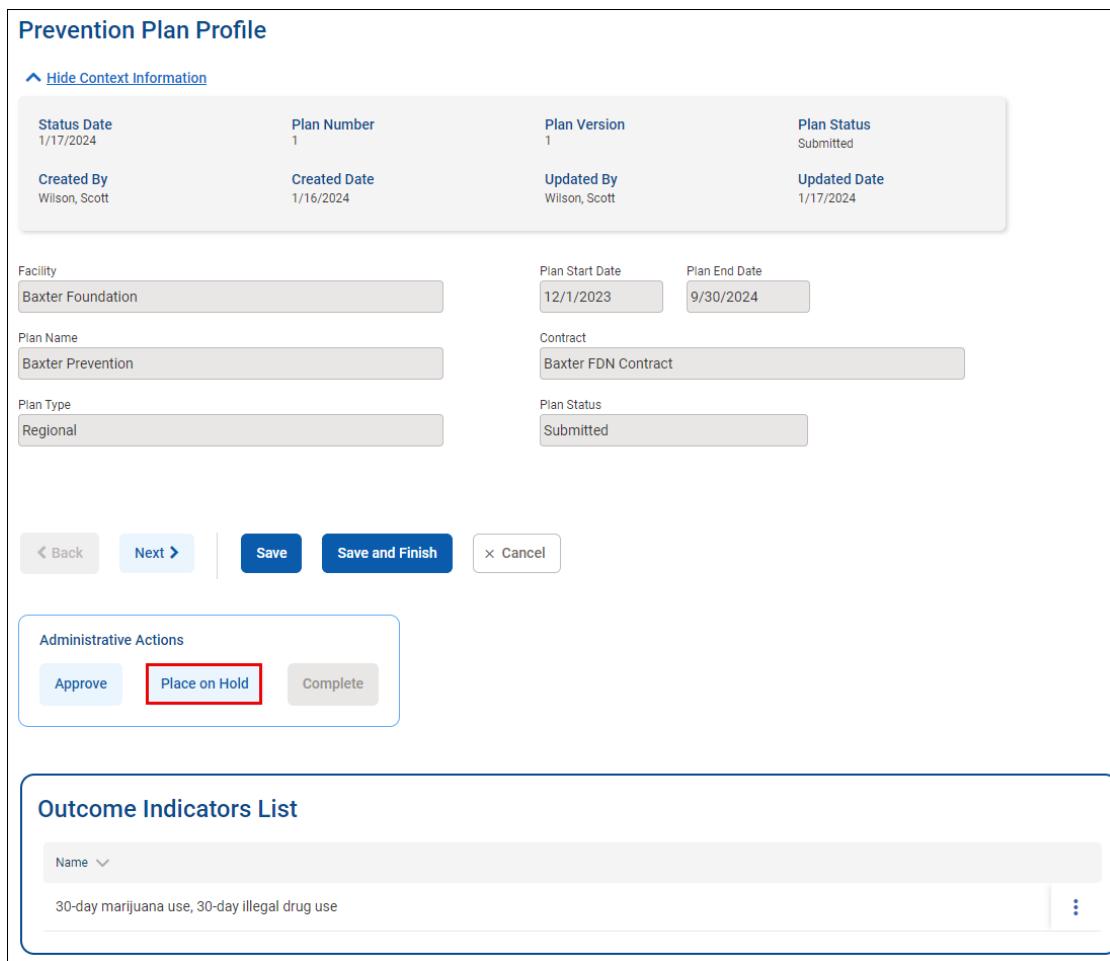
Note: There are two ways to locate the submitted plan:

- 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.



The screenshot shows the 'Prevention Plan Profile' page. At the top, there is a table with basic plan 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

Below this are fields for Facility (Baxter Foundation), Plan Name (Baxter Prevention), Plan Type (Regional), Plan Start Date (12/1/2023), Plan End Date (9/30/2024), Contract (Baxter FDN Contract), and Plan Status (Submitted). At the bottom of this section are buttons for Back, Next, Save, Save and Finish, and Cancel.

Under the 'Administrative Actions' heading, there are three buttons: Approve, Place on Hold (which is highlighted with a red box), and Complete.

At the bottom, there is a section titled 'Outcome Indicators List' with a table showing a single row: 'Name' (30-day marijuana use, 30-day illegal drug use) and a 'More' button.

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	Contract Watchtower Prevention
Plan Name 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
Client		

Figure 86: Simplified Clinical Workflow, Client record

WITS 23.6.1 AL-WITS QA

ADULT, Robert RA 41 987 65th St
Q063636H0E252544 DOB Male Birmingham, Alabama 11111
UNIQUE CLIENT ID PREFERRED METHOD OF CONTACT

Client Profile

Client List **Client Profile**

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

Unique Client Number: Q063636H0E252544 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: 002-02-1982 SSN: 002-02-1982
Provider Client ID: Driver's License: Has paper file: Yes (radio) No (radio)

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

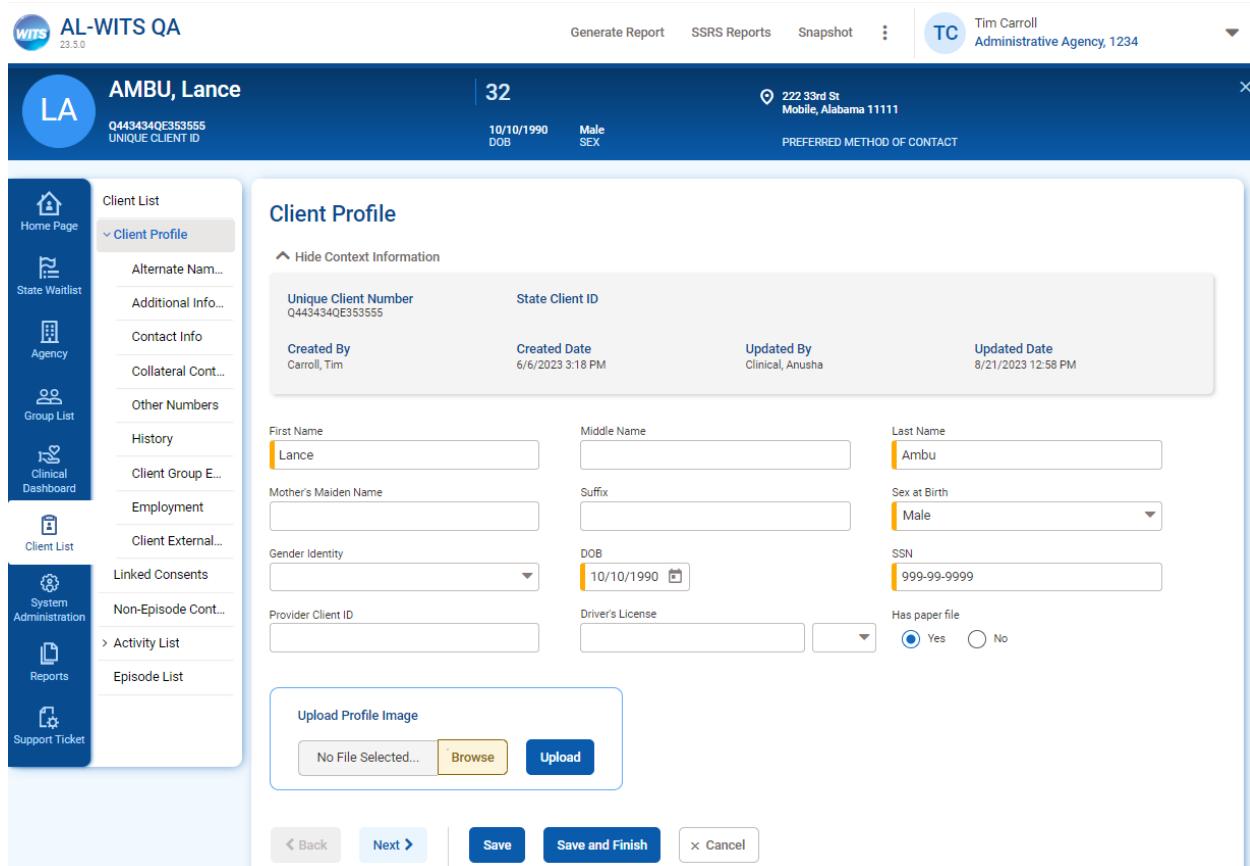
→ TEST

- 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

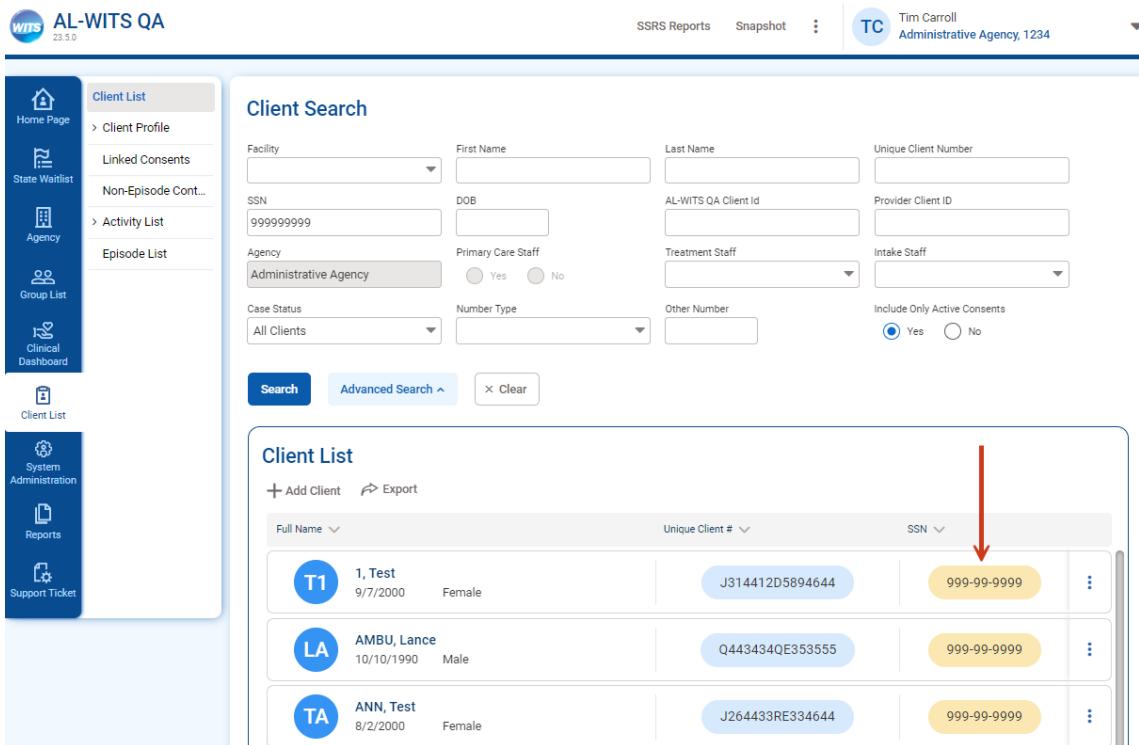
The client profile was updated as follows:

- 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.



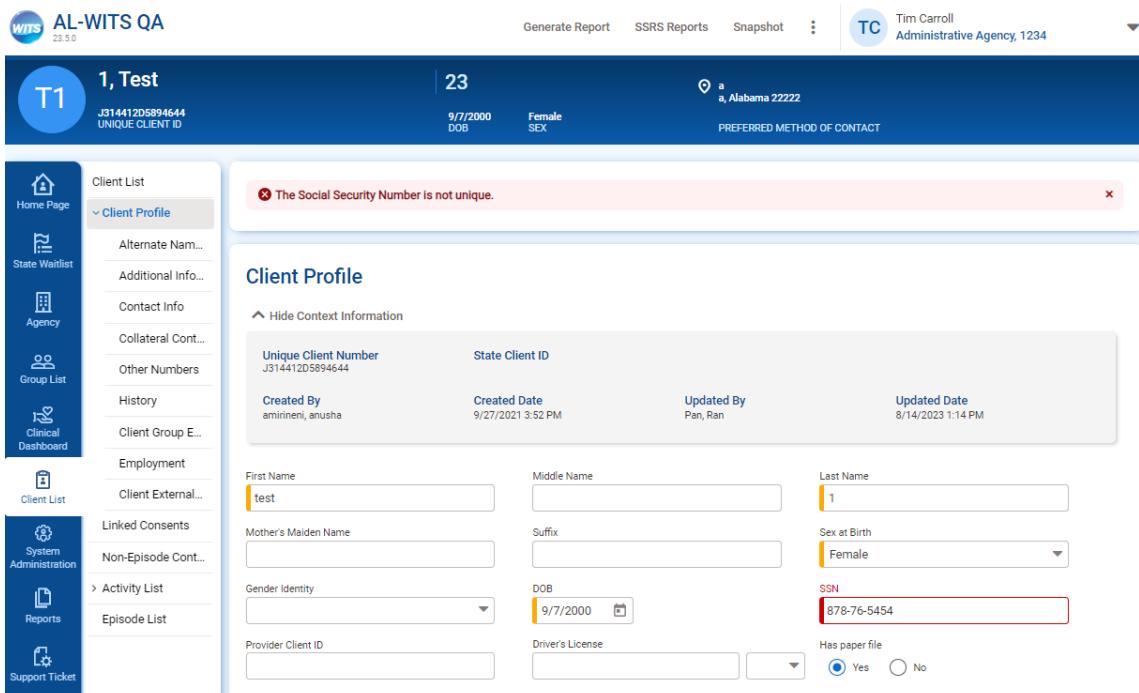
The screenshot shows the AL-WITS QA application interface. The top navigation bar includes 'Generate Report', 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll'. The main content area displays a client profile for 'AMBULance' with the unique client ID 'Q443434QE353555'. Key details shown are age '32', DOB '10/10/1990', sex 'Male', and address '222 33rd St Mobile, Alabama 11111'. The 'Client Profile' section is expanded, showing fields for first name 'Lance', middle name (empty), last name 'Ambu', sex at birth 'Male', and SSN '999-99-9999'. The left sidebar contains a navigation menu with links like 'Home Page', 'State Waitlist', 'Agency', 'Group List', 'Clinical Dashboard', 'Client List', 'System Administration', 'Reports', and 'Support Ticket'.

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



The screenshot shows the AL-WITS QA Client List page. The left sidebar includes links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List (selected), System Administration, Reports, and Support Ticket. The main area has a 'Client Search' section with fields for 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, and an 'Include Only Active Consents' checkbox. Below this is a 'Client List' table with columns for Full Name, Unique Client #, SSN, and actions. Three clients are listed: T1 (1, Test, 9/7/2000, Female, SSN 999-99-9999), LA (AMBU, Lance, 10/10/1990, Male, SSN 999-99-9999), and TA (ANN, Test, 8/2/2000, Female, SSN 999-99-9999). A red arrow points to the SSN column of the first client's row.

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



The screenshot shows the AL-WITS QA Client Profile page for client T1 (1, Test). The top bar includes links for Home Page, Client List, Client Profile (selected), State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main area shows client details: T1, 1, Test, J314412D5894644, 23, 9/7/2000 DOB, Female, Alabama 22222, and Preferred Method of Contact. A message box displays: 'The Social Security Number is not unique.' Below this is a 'Client Profile' section with fields for Unique Client Number (J314412D5894644), State Client ID, Created By (amirineni, anusha), Created Date (9/27/2021 3:52 PM), Updated By (Pan, Ran), Updated Date (8/14/2023 1:14 PM), and various personal information fields. The SSN field (878-76-5454) is highlighted with a red border, indicating an error. A red arrow points to this field.

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.

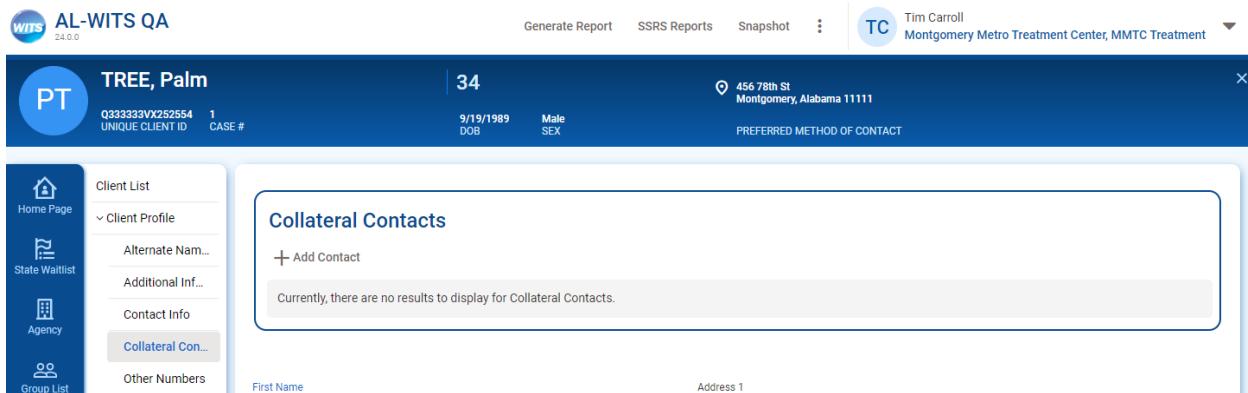


Figure 91: Client Collateral Contacts

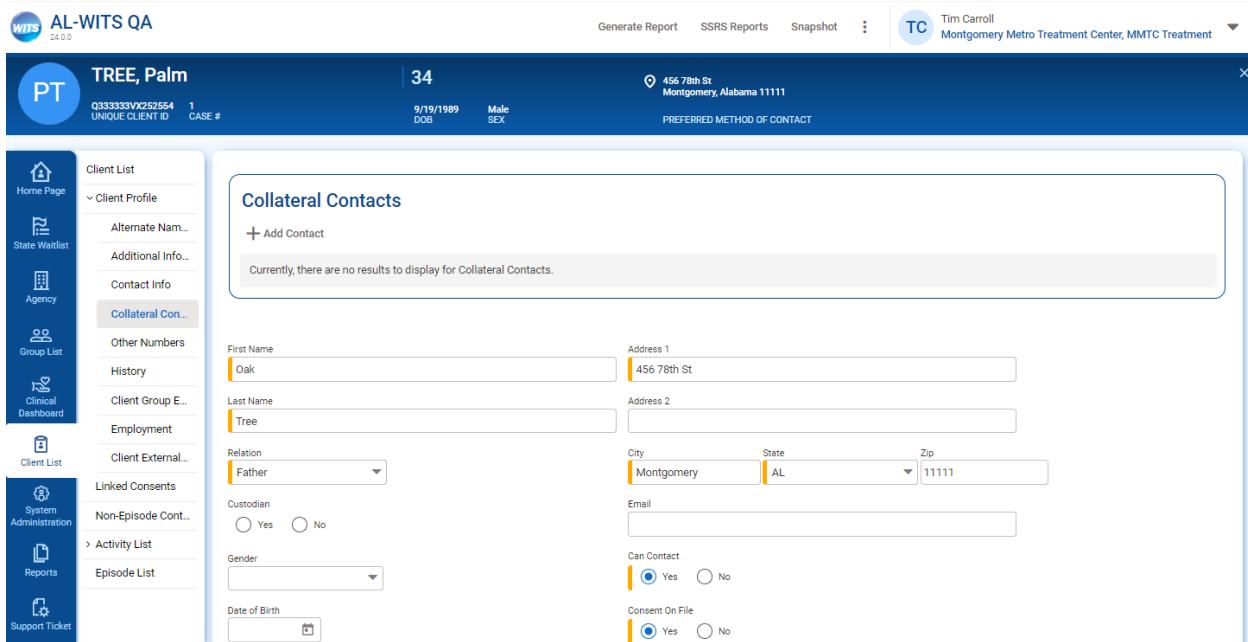


Figure 92: Collateral Contact Profile

→ 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.

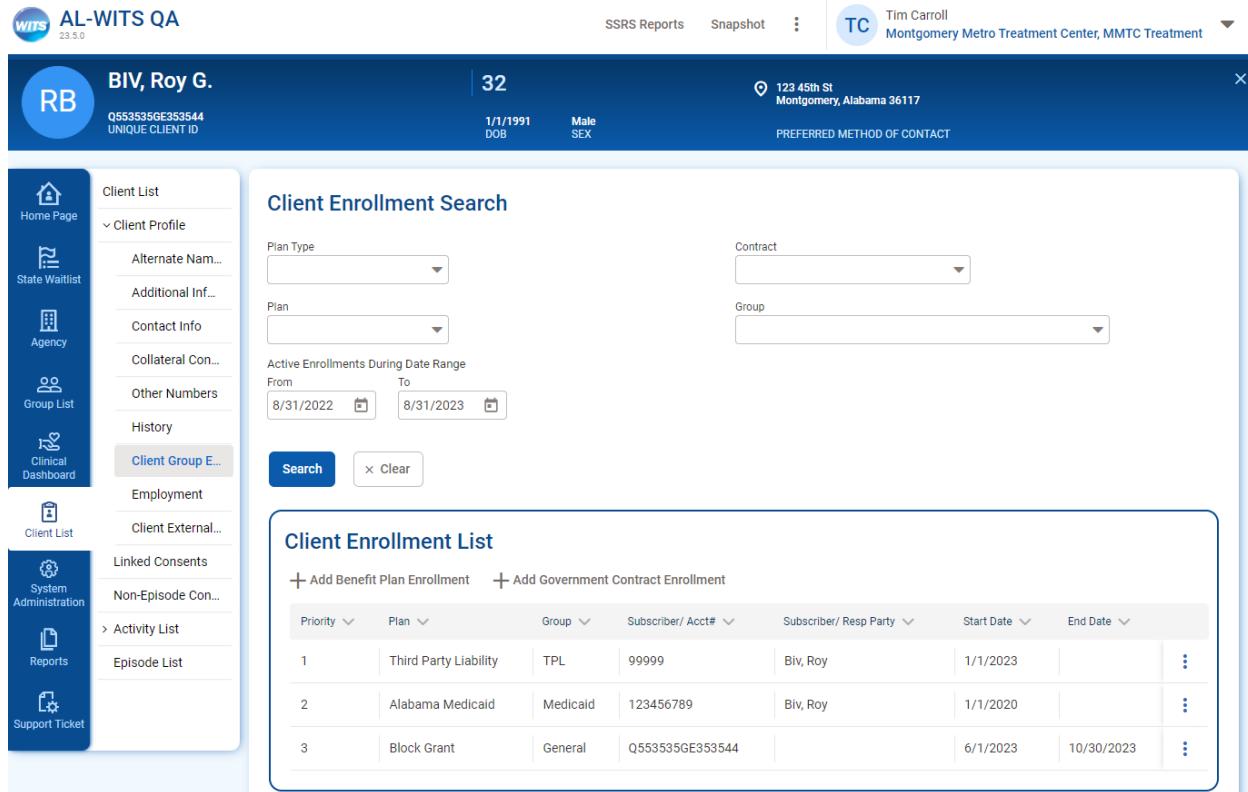


Figure 93: Client Group Enrollment List

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"/> <input type="button" value="Calendar"/>	End <input type="text"/> <input type="button" value="Calendar"/>																		
Eligibility Category <input type="text"/>	Payment Scale <input type="text"/>																		
Relationship to Subscriber/Responsible Party <input type="text" value="Self"/>																			
Subscriber/Responsible Party <table border="1"> <tbody> <tr> <td>First Name <input type="text" value="Roy"/></td> <td>Middle Name <input type="text" value="G"/></td> <td>Last Name <input type="text" value="Blv"/></td> </tr> <tr> <td>Birthdate <input type="text" value="1/1/1991"/> <input type="button" value="Calendar"/></td> <td>Gender <input type="text" value="Male"/></td> <td>Subscriber # <input type="text" value="123456789"/></td> </tr> <tr> <td>Address 1 <input type="text" value="123 45th St"/></td> <td colspan="2"></td> </tr> <tr> <td>Address 2 <input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>City <input type="text" value="Montgomery"/></td> <td>State <input type="text" value="Alabama"/></td> <td></td> </tr> <tr> <td>Zip <input type="text" value="36117"/></td> <td colspan="2"></td> </tr> </tbody> </table>		First Name <input type="text" value="Roy"/>	Middle Name <input type="text" value="G"/>	Last Name <input type="text" value="Blv"/>	Birthdate <input type="text" value="1/1/1991"/> <input type="button" value="Calendar"/>	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"/>		
First Name <input type="text" value="Roy"/>	Middle Name <input type="text" value="G"/>	Last Name <input type="text" value="Blv"/>																	
Birthdate <input type="text" value="1/1/1991"/> <input type="button" value="Calendar"/>	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"/> <input type="button" value="Calendar"/>	End <input type="text"/> <input type="button" value="Calendar"/>
Eligibility Category <input type="text"/>	Payment Scale <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="Blv"/>
Birthdate <input type="text" value="1/1/1991"/> <input type="button" value="Calendar"/>	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:

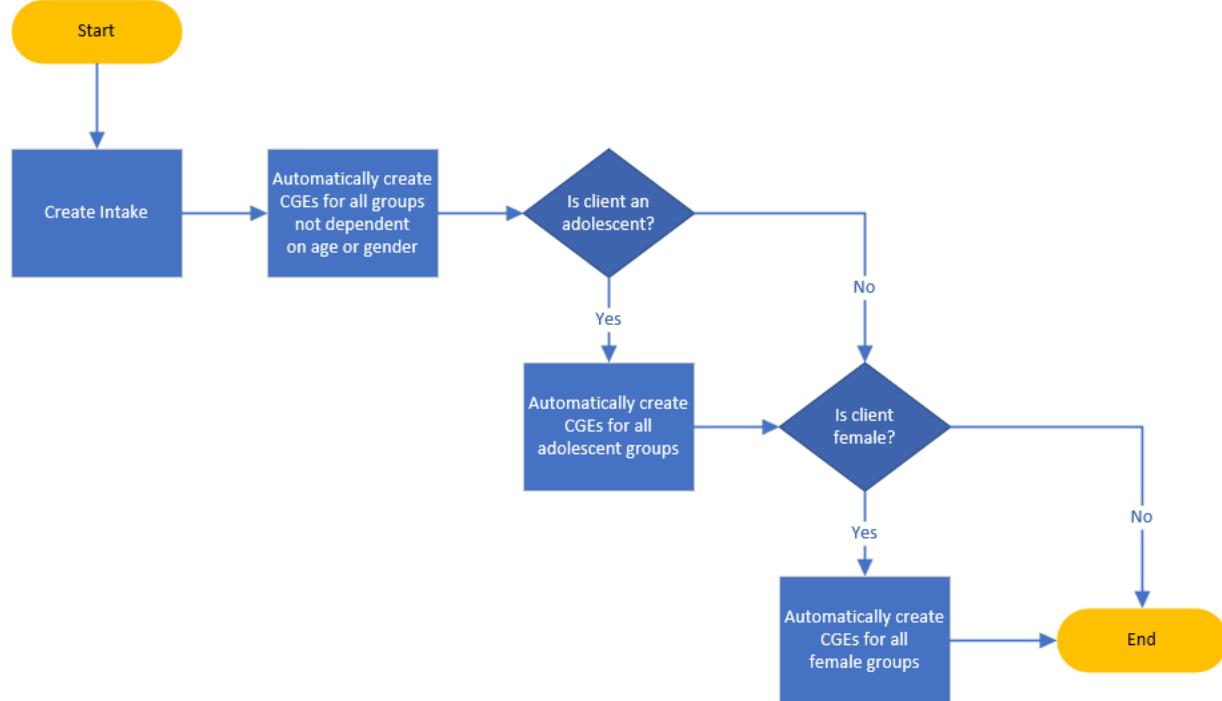
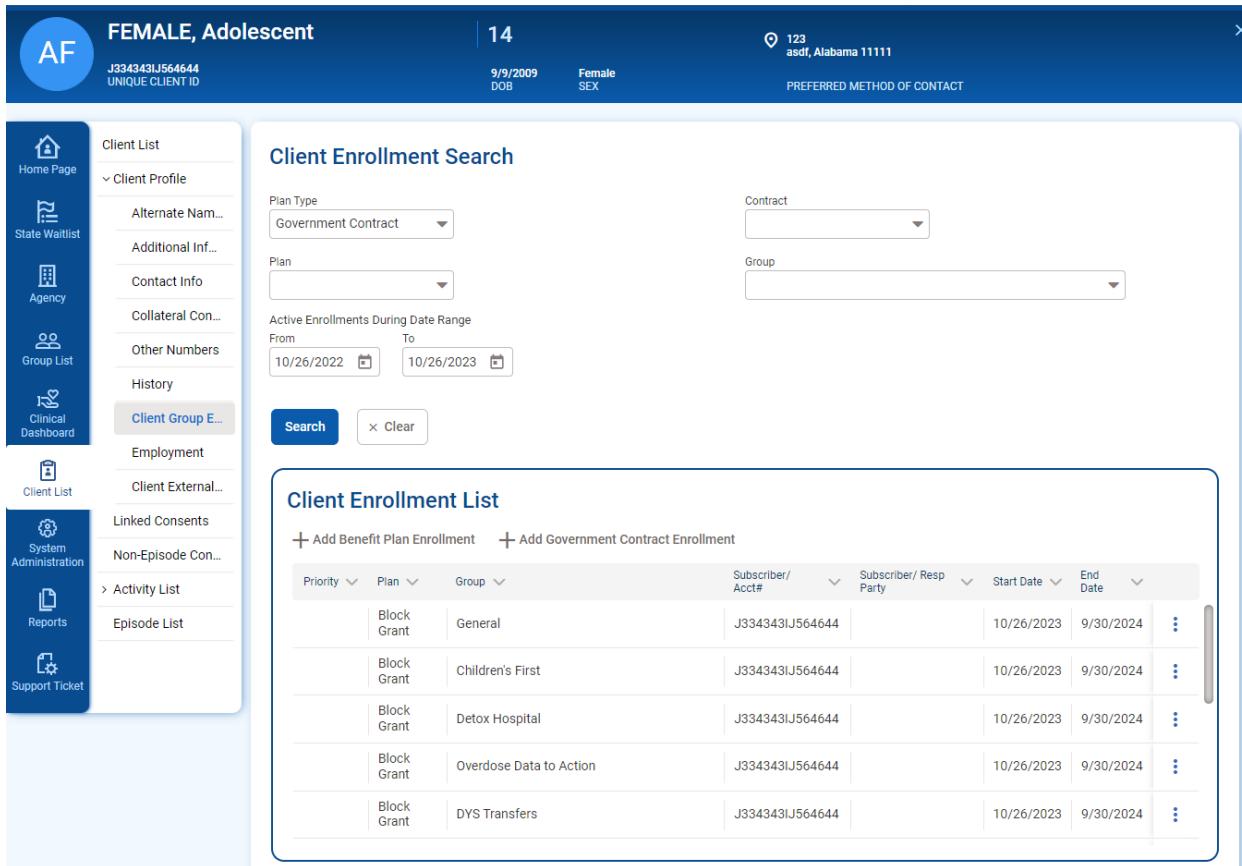


Figure 96: CGE Creation Workflow



The screenshot shows the FEI Systems AL-WITS QA software interface. At the top, a client record is displayed for a female adolescent (J334343IJ564644) with a DOB of 9/9/2009 and female sex. The address is listed as 123 asdf, Alabama 11111. The preferred method of contact is not specified. The left sidebar contains a navigation menu with the following items:

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

The main content area is divided into two sections:

Client Enrollment Search

Plan Type: Government Contract
Contract: (dropdown)
Plan: (dropdown)
Group: (dropdown)
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	More
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

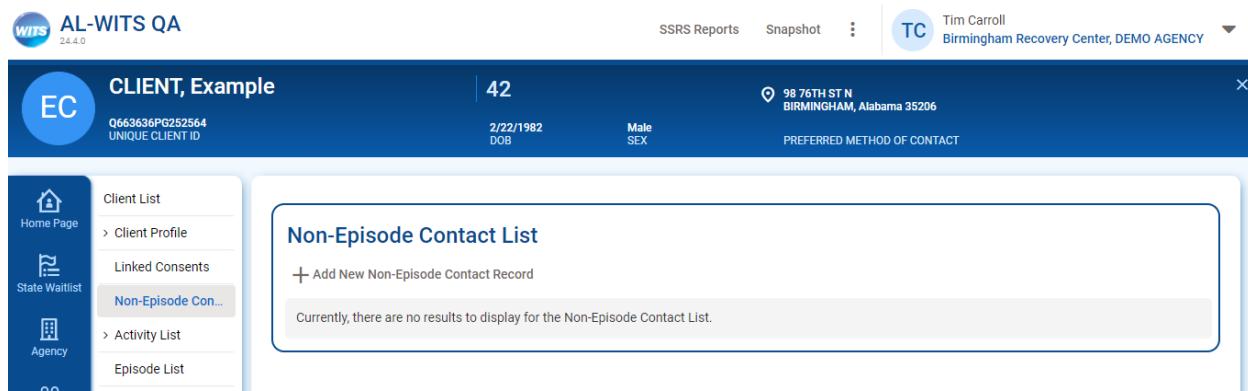
- Repeat test for a 17-year-old client who turns 18 during the contract authorization period. In this case, the adolescent CGEs will expire on the day prior to the client's 18th birthday.

→ 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 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 shows the AL-WITS QA software interface. At the top, there is a header with the WITS logo, the text 'AL-WITS QA 24.4.0', and a user profile for 'Tim Carroll' from 'Birmingham Recovery Center, DEMO AGENCY'. Below the header, the main content area is titled 'CLIENT, Example' with a large blue circular icon containing the letters 'EC'. To the right of the title, there are fields for '42' (Age), '2/22/1982' (DOB), and 'Male' (Sex). Below these fields is an address: '98 76TH ST N BIRMINGHAM, Alabama 35206' with a location pin icon. To the right of the address is a 'PREFERRED METHOD OF CONTACT' section. On the left side of the main content area, there is a sidebar with navigation links: 'Home Page', 'State Waitlist', 'Agency', 'Client List', 'Client Profile', 'Linked Consents', 'Non-Episode Con...', 'Activity List', and 'Episode List'. The 'Non-Episode Con...' link is highlighted with a blue box. The main content area is titled 'Non-Episode Contact List' and contains a sub-header 'Add New Non-Episode Contact Record'. Below this, a message states 'Currently, there are no results to display for the Non-Episode Contact List.'

Figure 98: Non-Episode Contact List

AL-WITS QA

CLIENT, Example | 42

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

98 76TH ST N
BIRMINGHAM, Alabama 35206

PREFERRED METHOD OF CONTACT

EC 066363PG252564
UNIQUE CLIENT ID

2/22/1982
DOB

Male
SEX

Non-Episode Contact Note

Contact Date: 5/30/2024

Start Time: 9:30 AM | End Time: 10:00 AM

Location: Office

Contact Type: Walk-in

Referral:

Referred By - First Name:

Referred By - Phone:

Contact Reason: Seeking admission | If Other, Specify:

Duration: 30 Minutes

Contacted By: Carroll, Tim

Severity Rating:

Referring Agency:

Referred By - Last Name:

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.

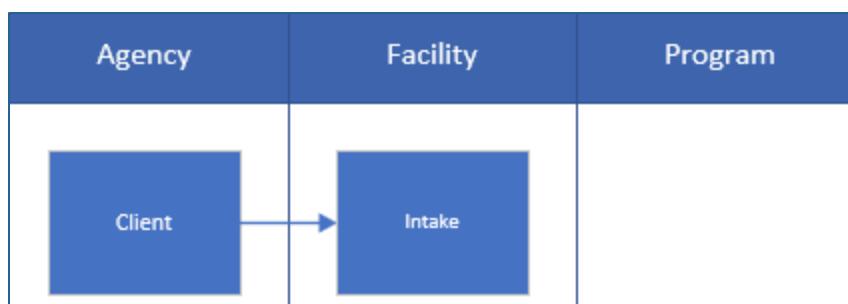


Figure 100: Simplified Clinical Workflow, Intake

AL-WITS QA

RA ADULT, Robert | 41

Q663636HE25244 1 CASE # 2/2/1982 DOB Male SEX

967 65th St Birmingham, Alabama 11111

PREFERRED METHOD OF CONTACT

Intake Case Information

Hide Context Information

Case # 1

Created By	Created Date	Updated By	Updated Date
Intake Facility DEMO AGENCY	Intake Staff Carroll, Tim	Case Status Open Active	
Initial Contact By Appointment	Initial Contact Date 1/1/2024	Intake Date 1/1/2024	
Pregnant Not Applicable	Due Date	Prenatal Treatment Yes No	
Primary Referral Source Self (Individual)	Secondary Source of Referral	County Autauga	
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		Presenting Problems Selected	
Abuse Victim Assault Victim Criminal Justice Daily Coping Dep/Mood Disorder		Alcohol	
Other Presenting Problem Description			
Special Initiative		Special Initiative Selected	
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		Inter-Agency Service Selected	
Child Protective Services (OCS) Court/Legal Interface DCSF Developmental Disabilities Domestic Violence			
Domains		Selected Domains Treatment	

Figure 101: Client Intake

→TEST

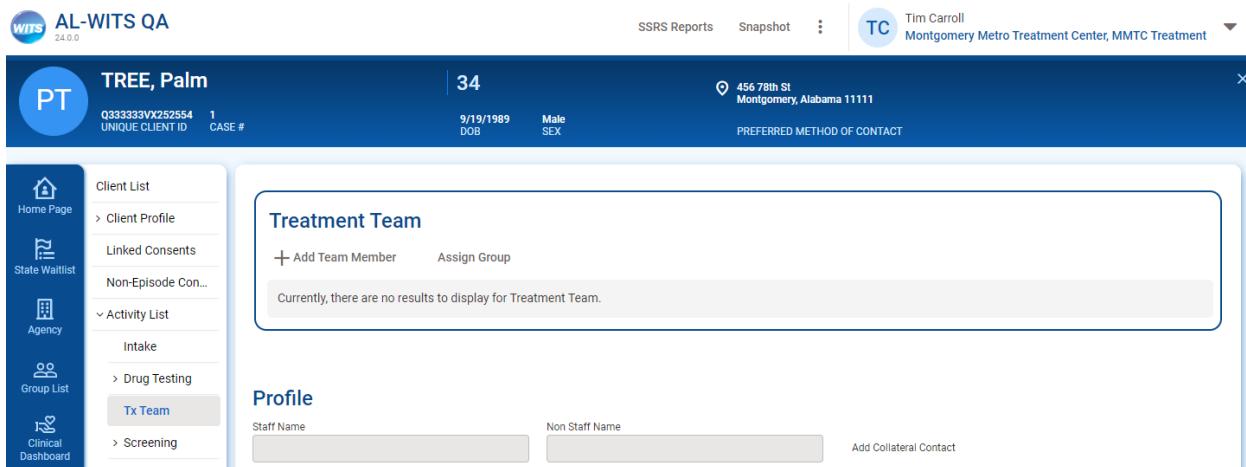
- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List and select a client (or create a new one).
- Navigate to Activity List for the selected client
- Click the +Start New Episode button in the Episode List.
- Enter the required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

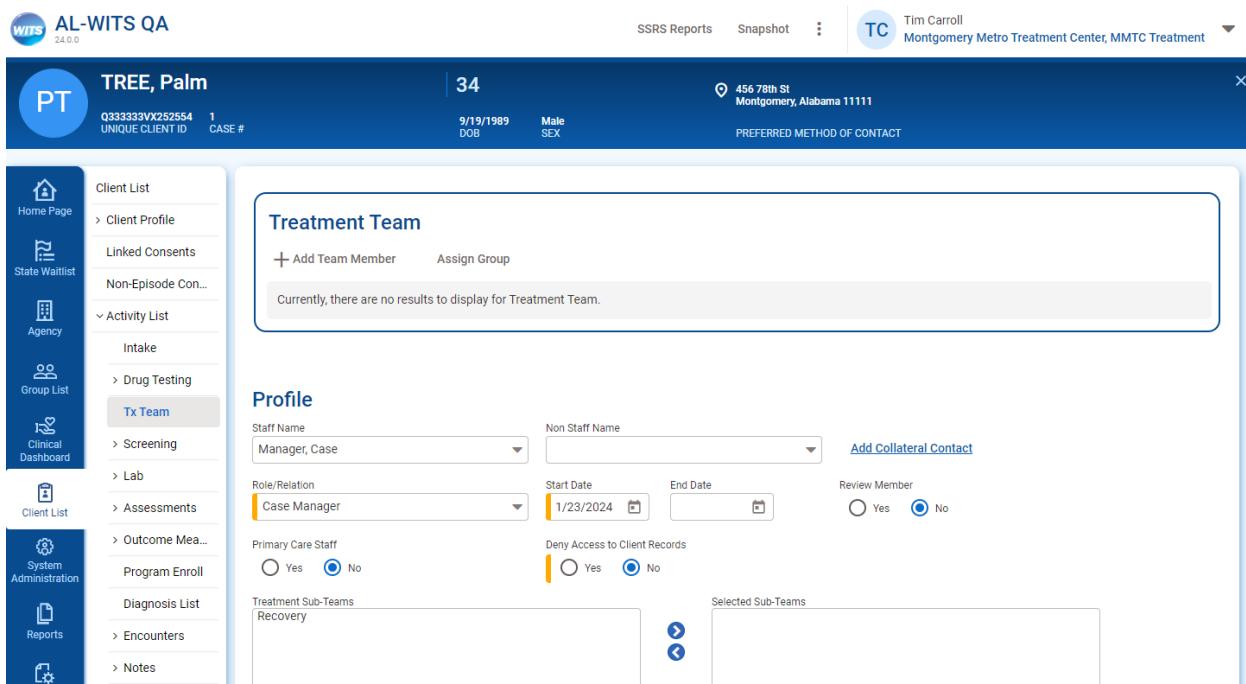
At least one staff member must be assigned to the client's treatment team to complete the Treatment Plan.

5.4.2.1. Assign Treatment Team Member, Staff



This screenshot shows the AL-WITS QA Treatment Team page for a client named 'TREE, Palm' (Case # 34). The page includes a sidebar with navigation links for 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), and a detailed Tx Team section. The Tx Team section displays a 'Treatment Team' box with '+ Add Team Member' and 'Assign Group' buttons, and a message stating 'Currently, there are no results to display for Treatment Team.' Below this is a 'Profile' section with fields for Staff Name (dropdown), Non Staff Name (dropdown), and 'Add Collateral Contact' (link). The top right of the page shows the client's address (456 78th St, Montgomery, Alabama 11111), DOB (9/19/1989), and Sex (Male). The top right also includes a user profile for 'Tim Carroll' and a 'PREFERRED METHOD OF CONTACT' dropdown.

Figure 102: Treatment Team



This screenshot shows the AL-WITS QA Treatment Team: Add Staff Member page for the same client 'TREE, Palm' (Case # 34). The sidebar and top navigation are identical to Figure 102. The 'Treatment Team' section is identical. The 'Profile' section now includes additional fields: 'Role/Relation' dropdown (Case Manager), 'Start Date' (1/23/2024) and 'End Date' (dropdown), 'Review Member' radio buttons (Yes, No), 'Primary Care Staff' radio buttons (Yes, No), 'Deny Access to Client Records' radio buttons (Yes, No), and 'Treatment Sub-Teams' and 'Selected Sub-Teams' dropdowns. The bottom right of the page shows the 'Add Collateral Contact' link.

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.

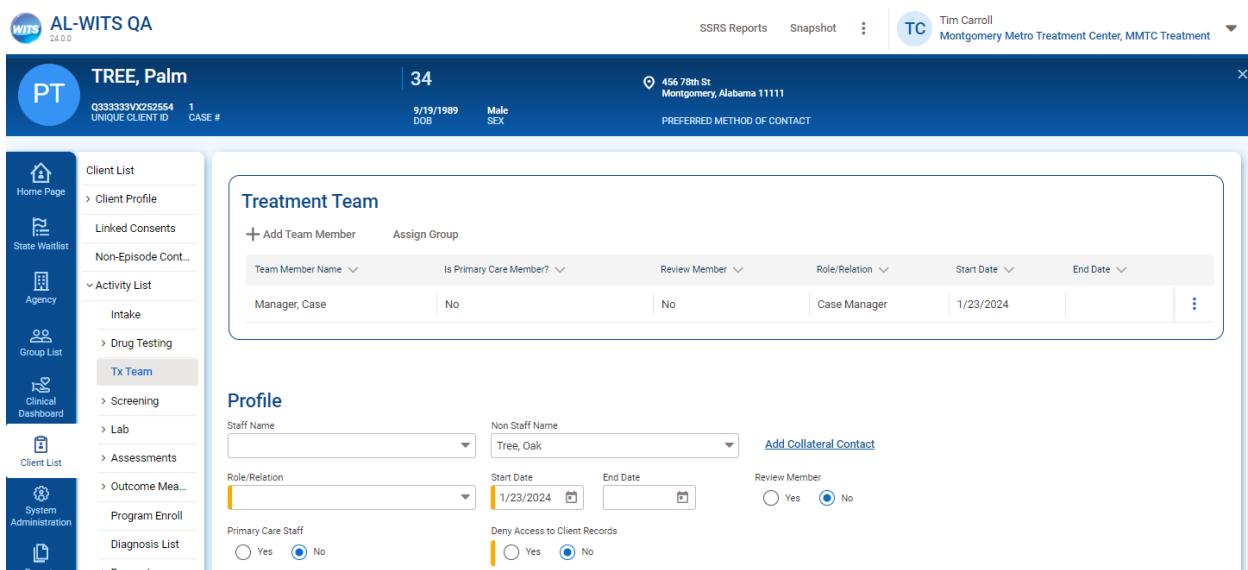


Figure 104: Treatment Team: Add Non-Staff Member

→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

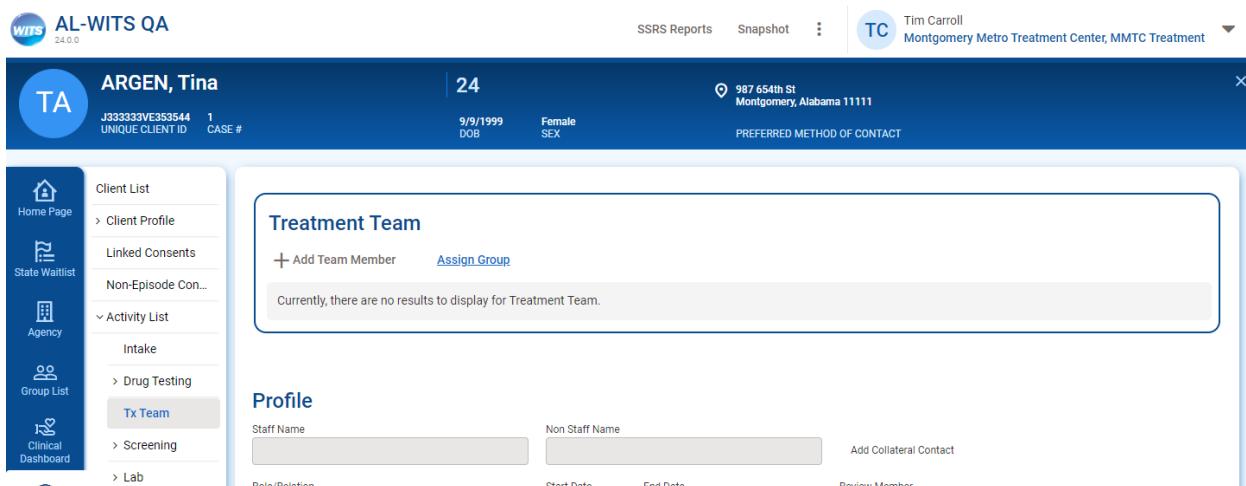


Figure 105: Treatment Team

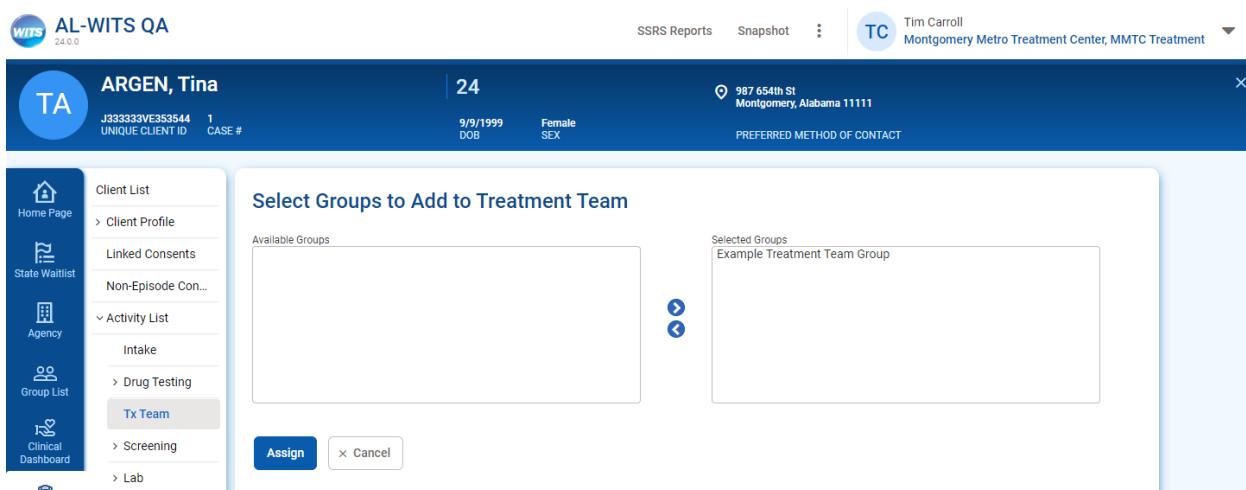
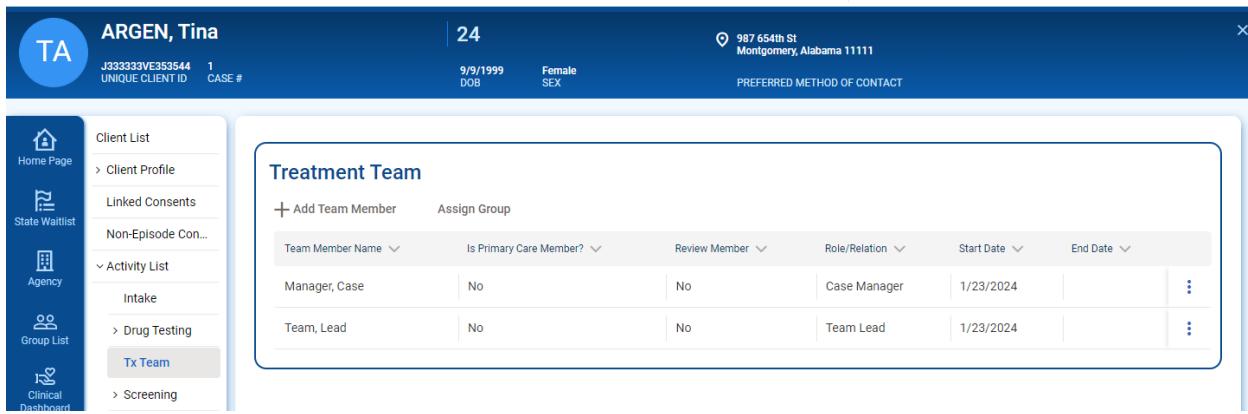


Figure 106: Treatment Team: Select Groups



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.

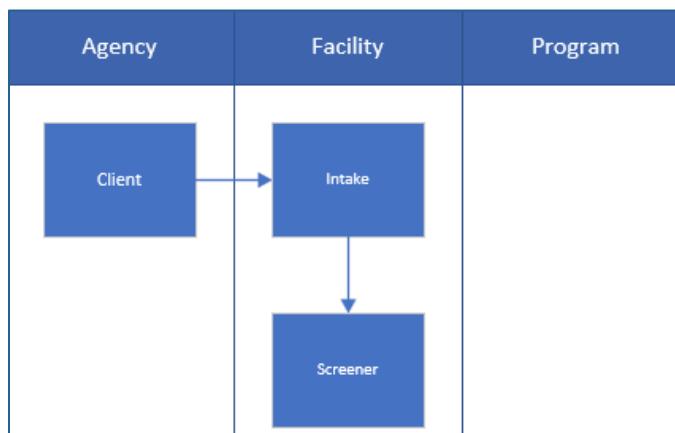


Figure 108: Simplified Clinical Workflow, Screener

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

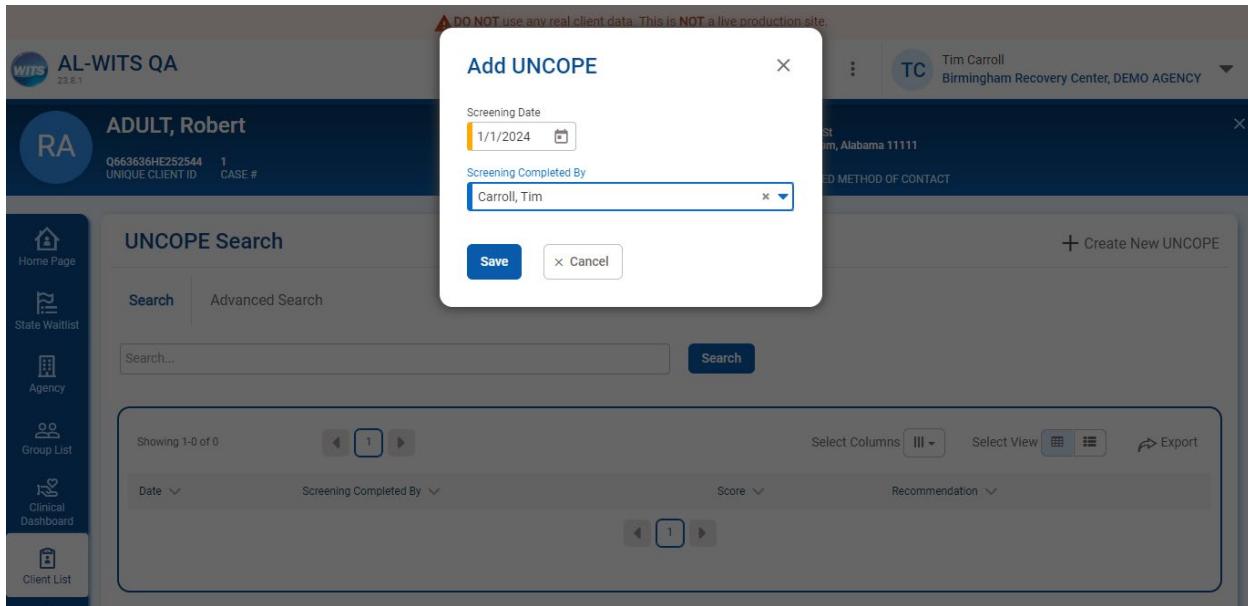


Figure 109: UNCOPE Screener add modal

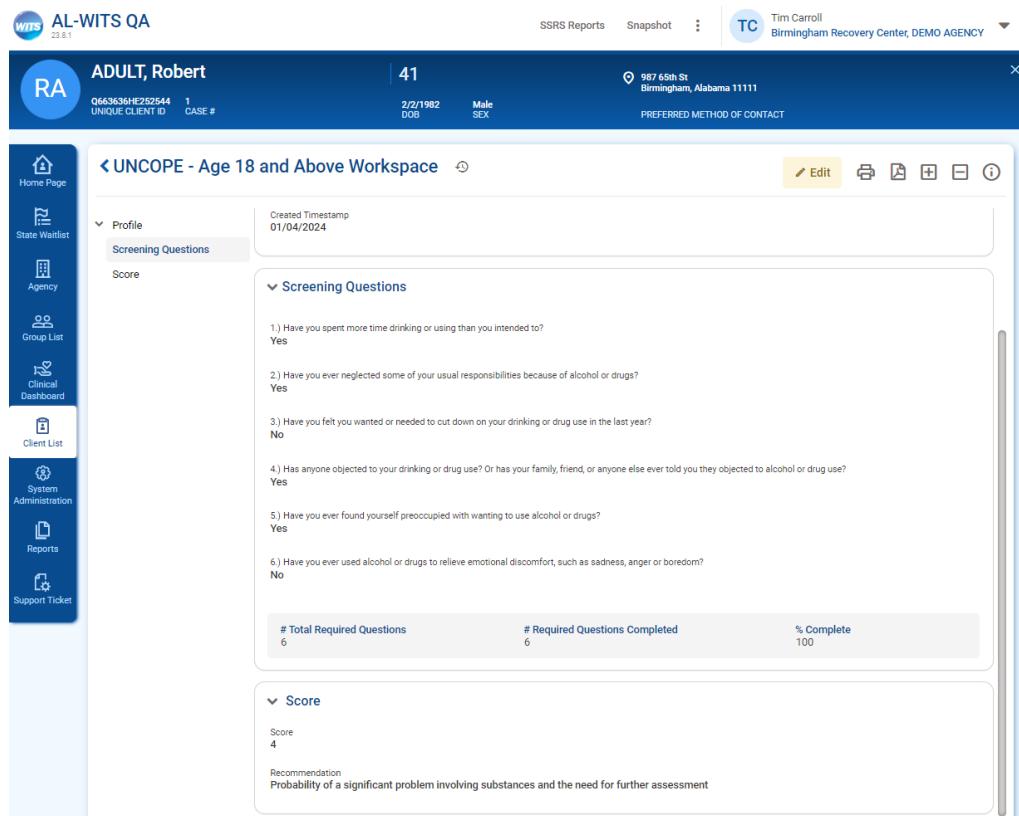


Figure 110: UNCOPE Workspace showing Score Panel

→**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/UNCOPPE.
- 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.

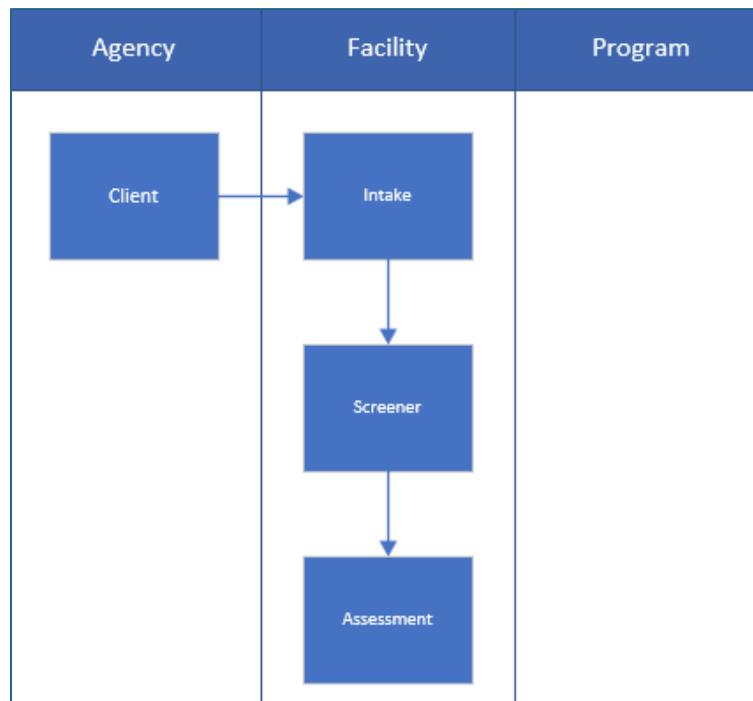


Figure 111: Simplified Clinical Workflow, Assessment

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

5.4.4.1. Placement Assessment

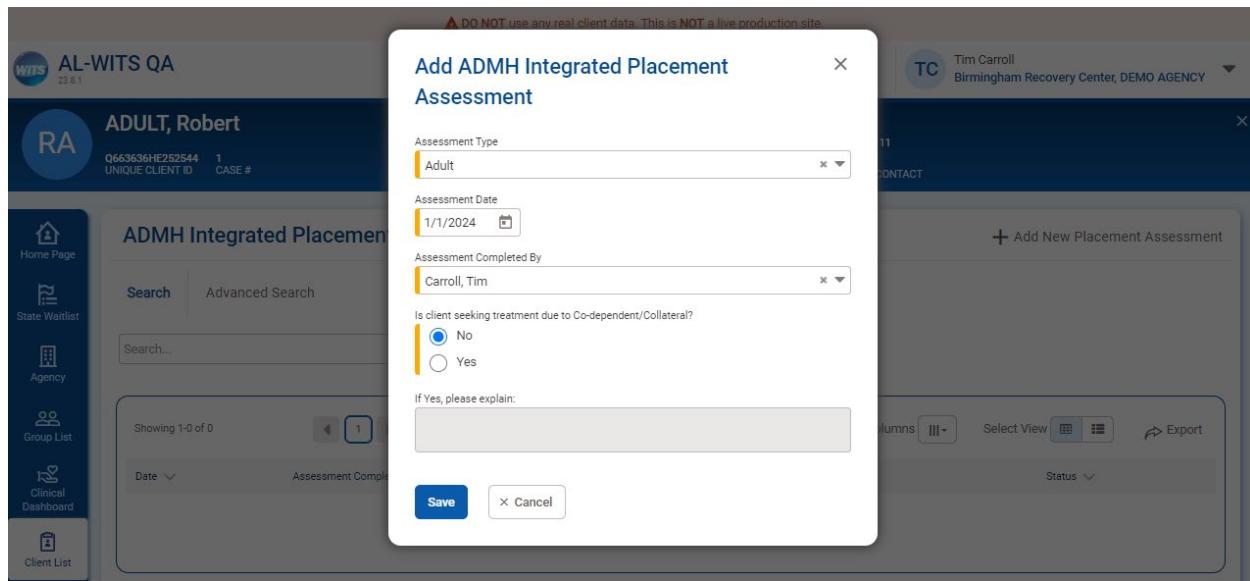


Figure 112: Placement Assessment add modal

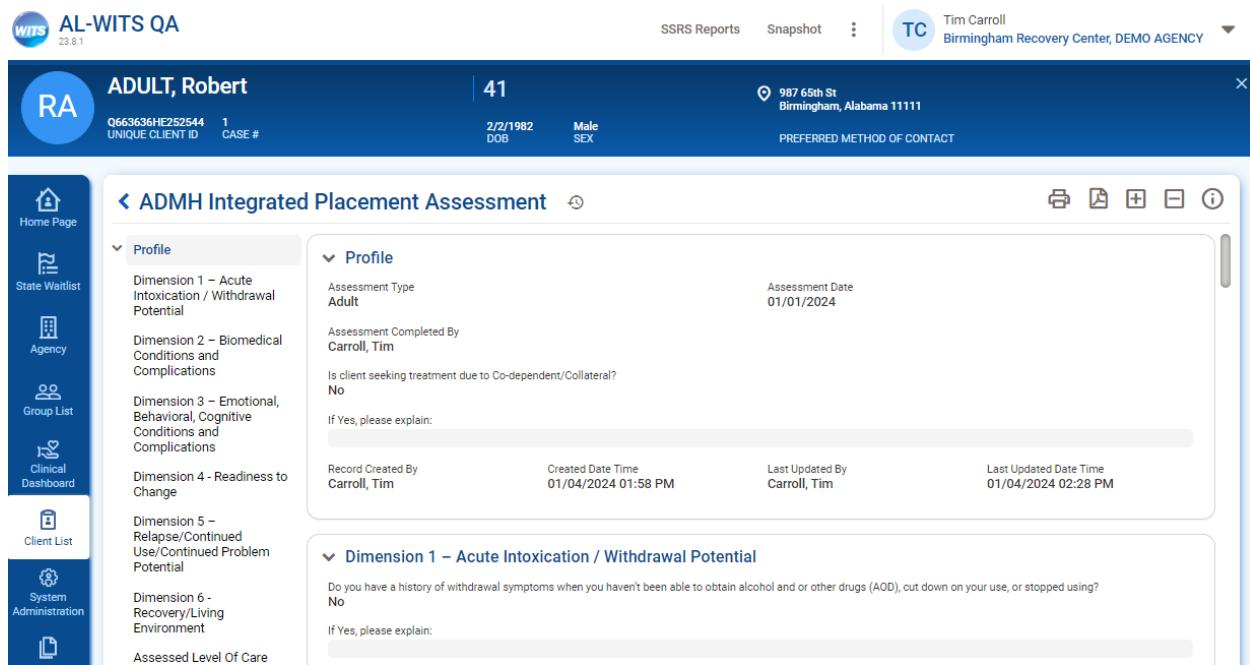


Figure 113: Placement Assessment workspace

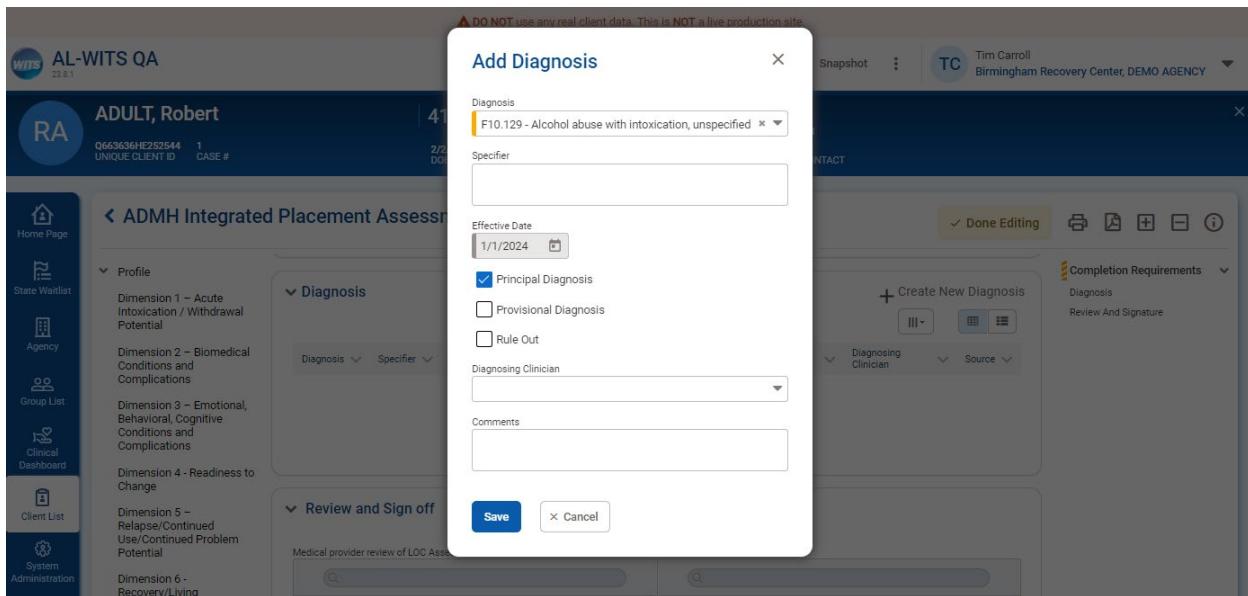


Figure 114: Placement Assessment Diagnosis add modal

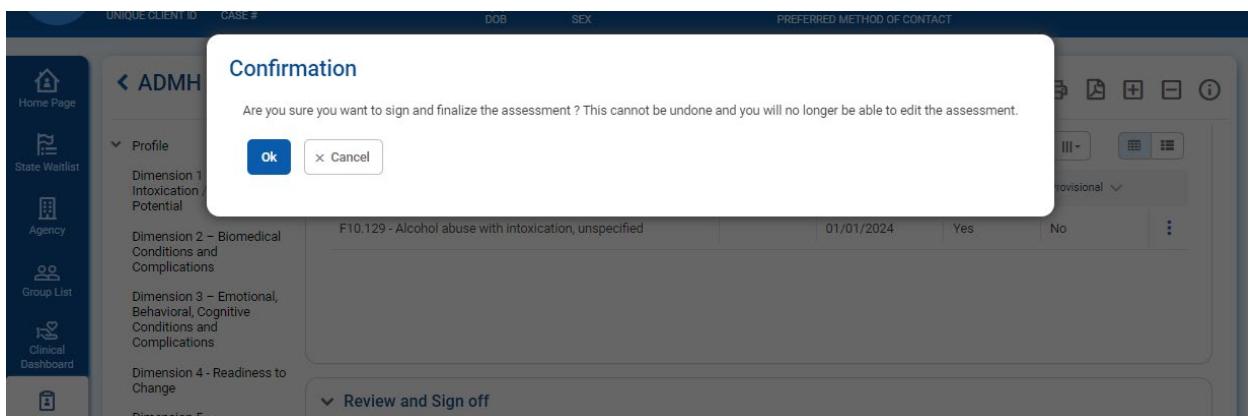


Figure 115: Placement Assessment Sign and Finalize confirmation modal

→ 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.

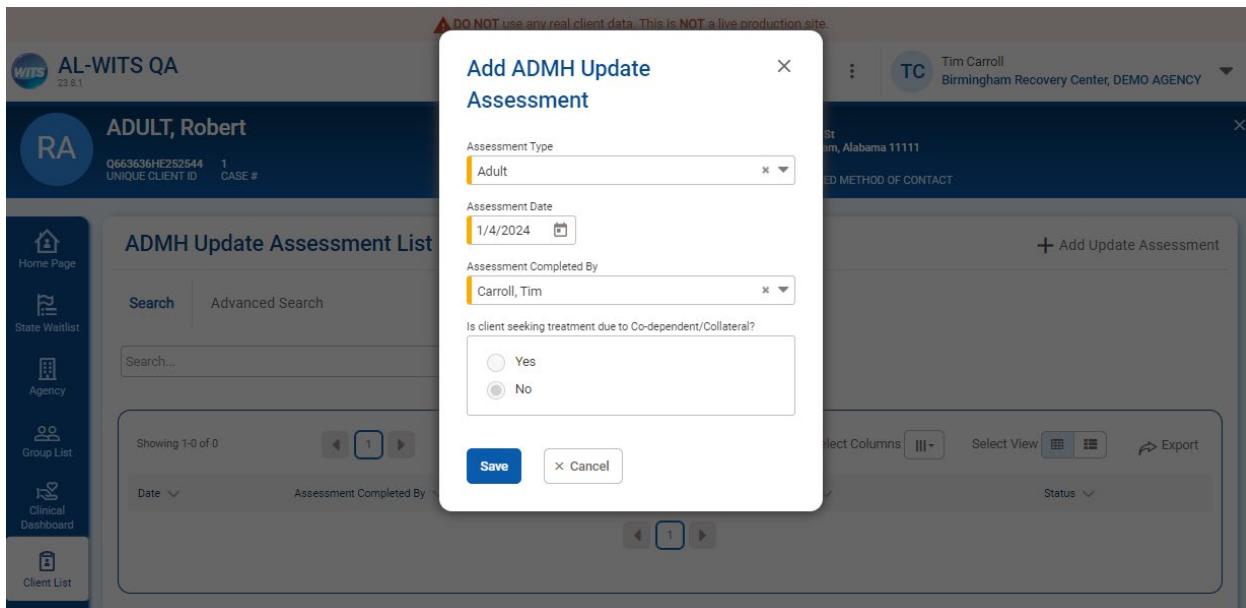


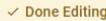
Figure 116: Update Assessment add modal

AL-WITS QA 23.8.1

SSRS Reports Snapshot 

TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY 

ADULT, Robert 41
Q663636HE252544 1 CASE #
2/2/1982 DOB Male SEX
987 65th St
Birmingham, Alabama 11111
PREFERRED METHOD OF CONTACT

ADMH Integrated Update Assessment 

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

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

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.

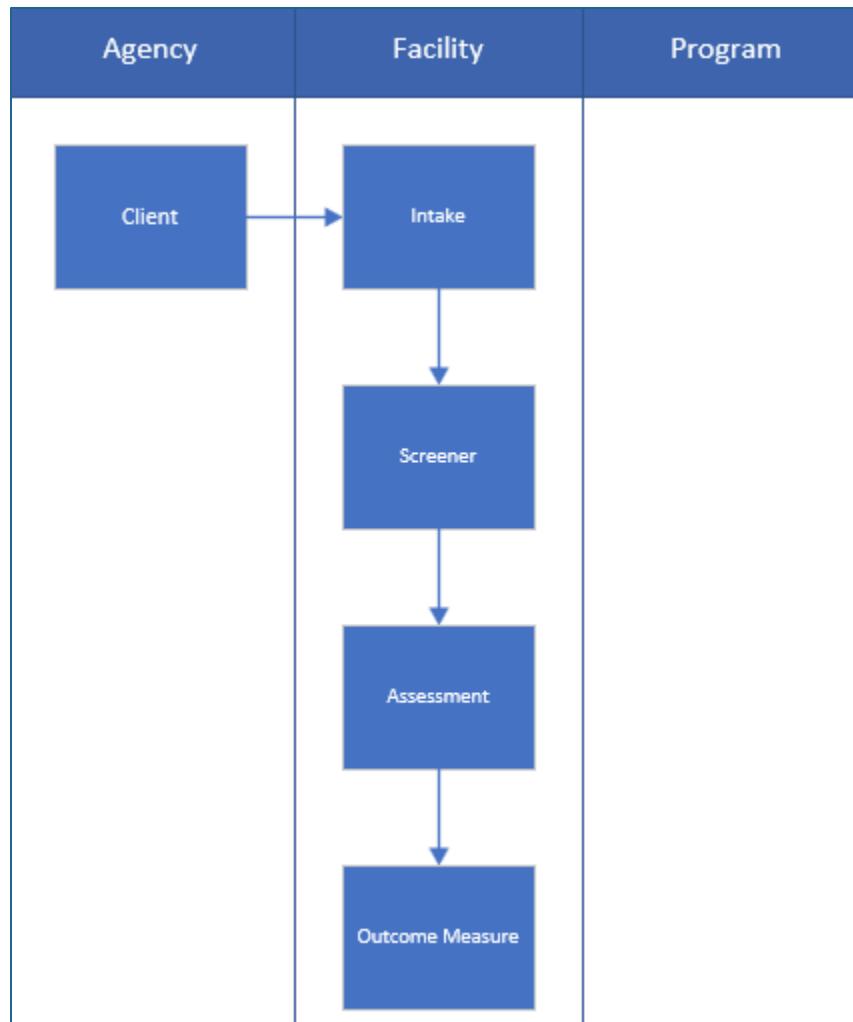


Figure 118: Simplified Clinical Workflow, Outcome Measure

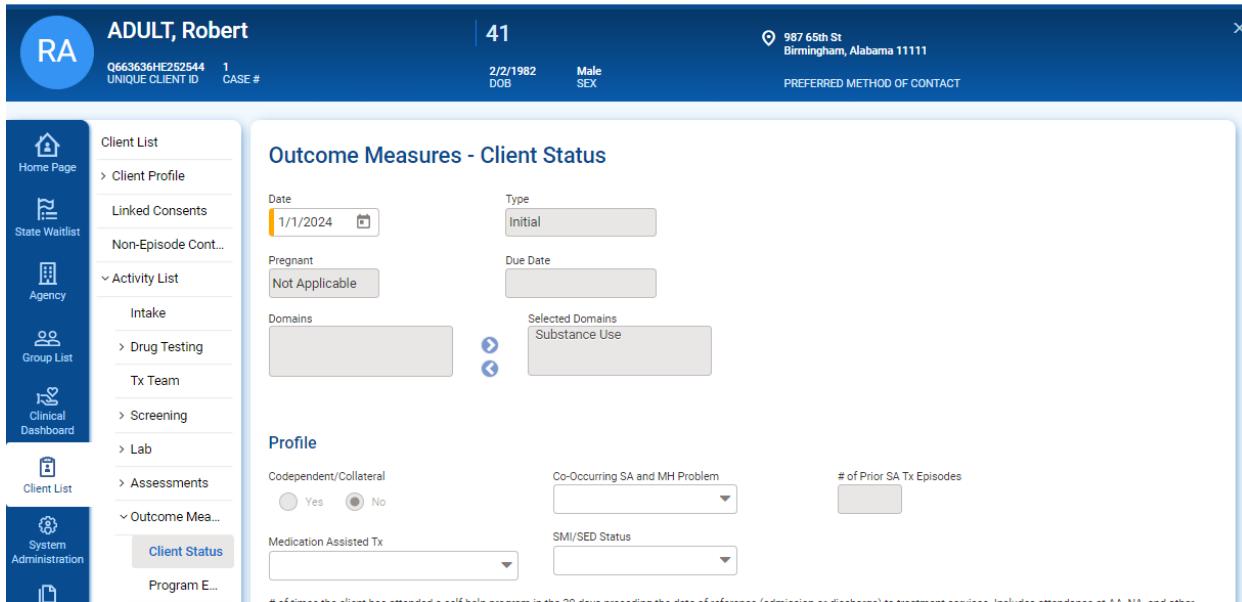


Figure 119: Outcome Measures – Client Status

→ 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.

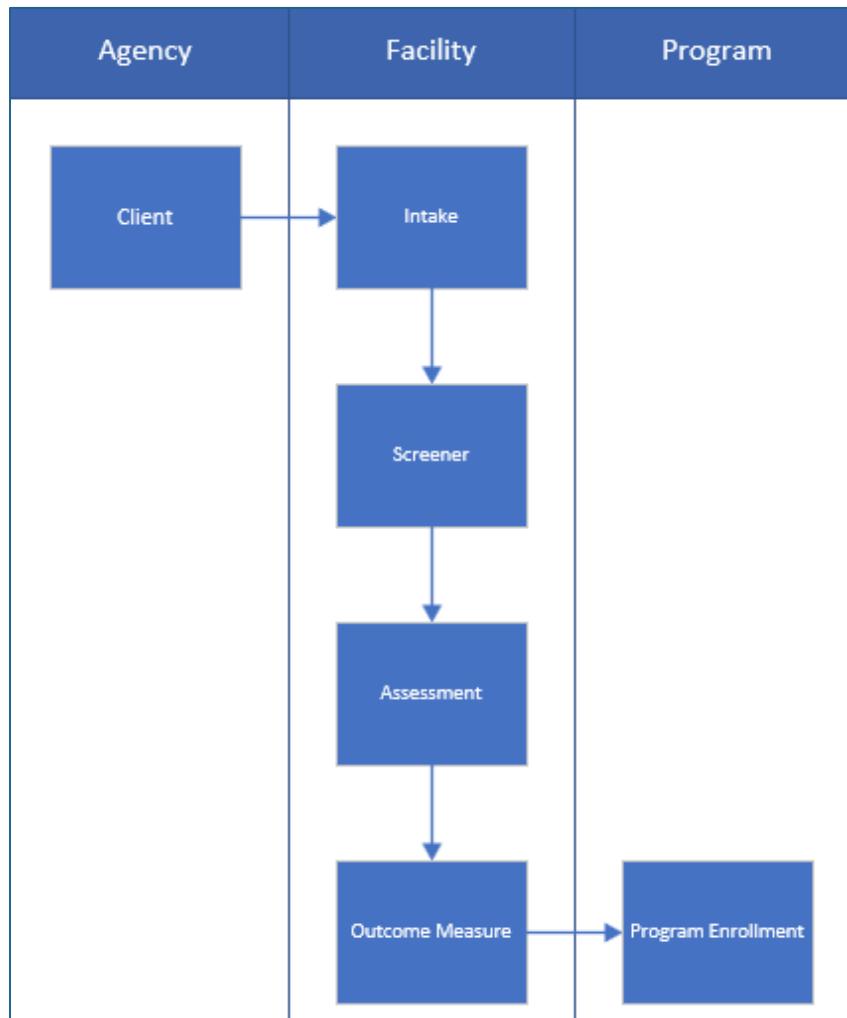


Figure 120: Simplified Clinical Workflow, Program Enrollment

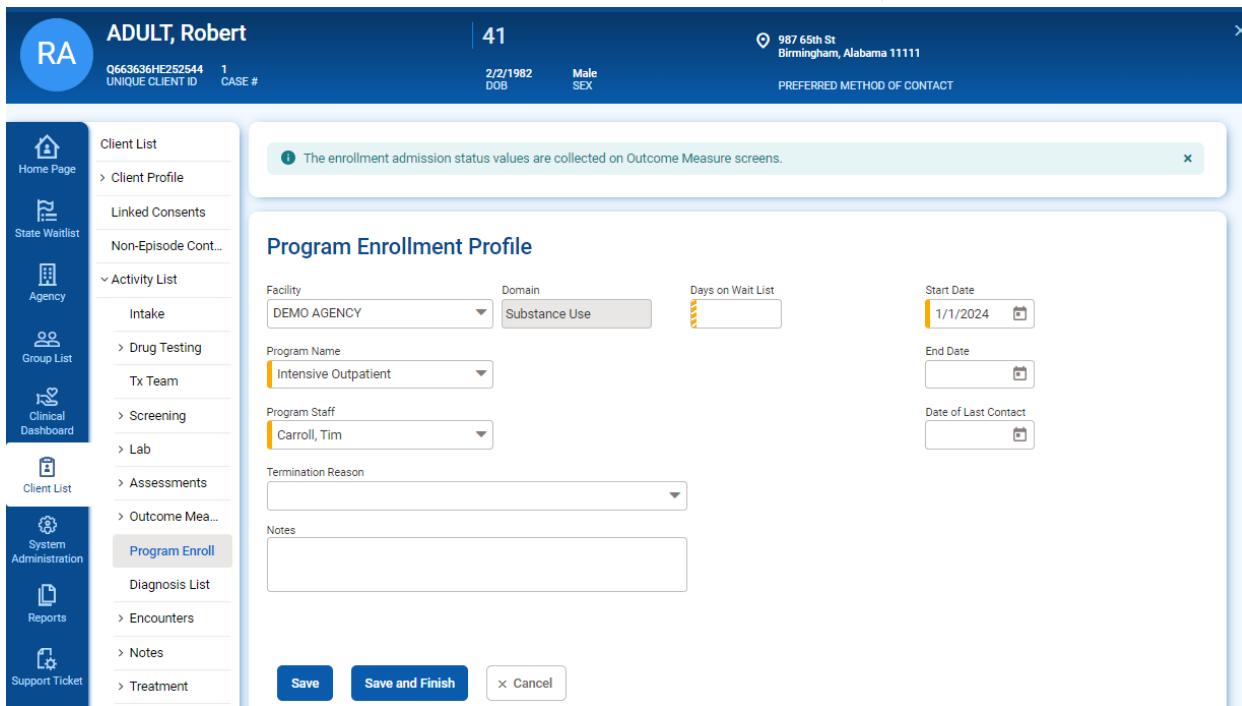


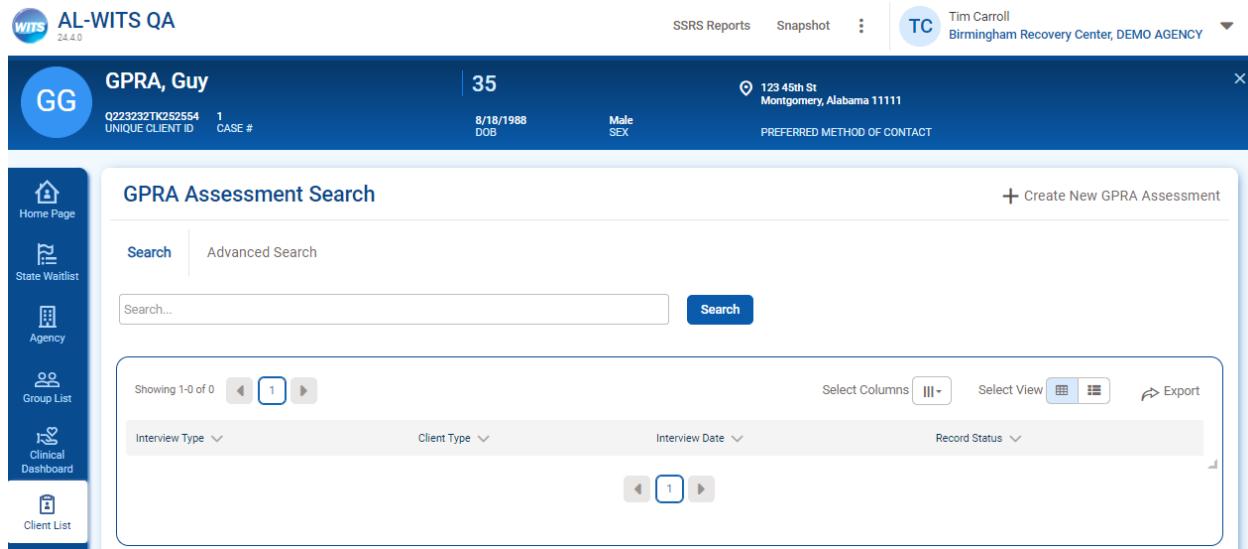
Figure 121: Program Enrollment

→ 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.

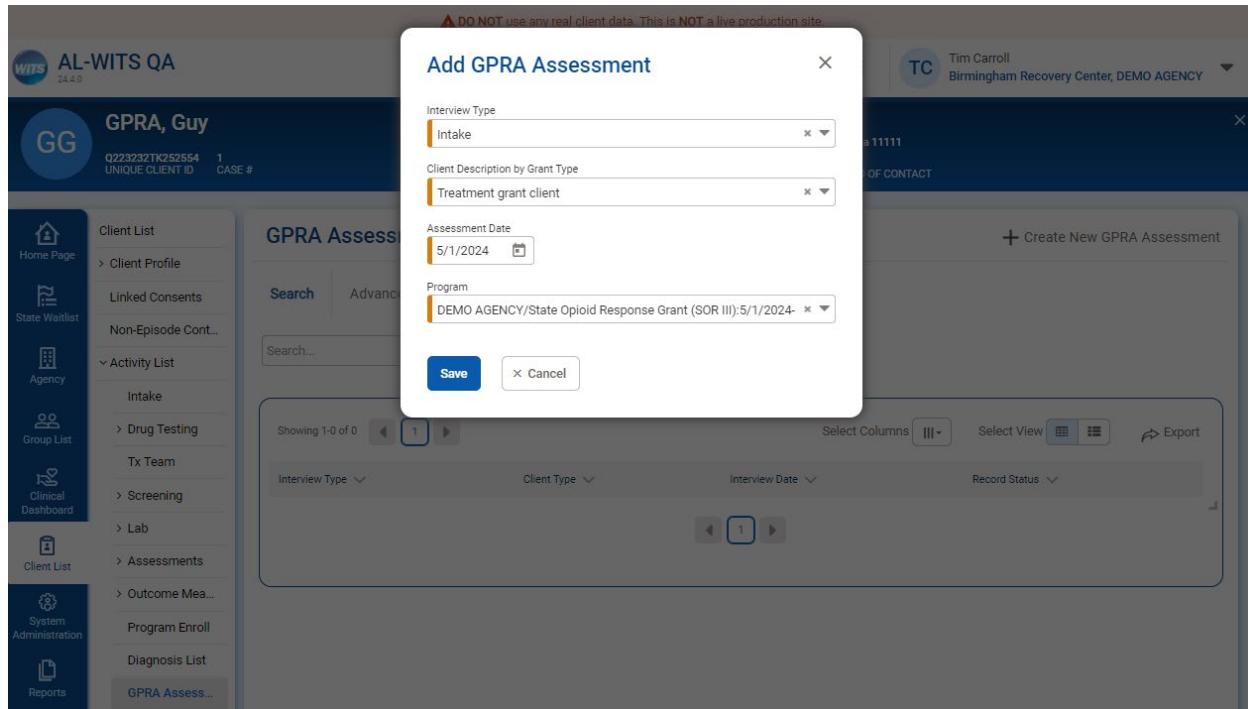
5.4.7. GPRA Assessment

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



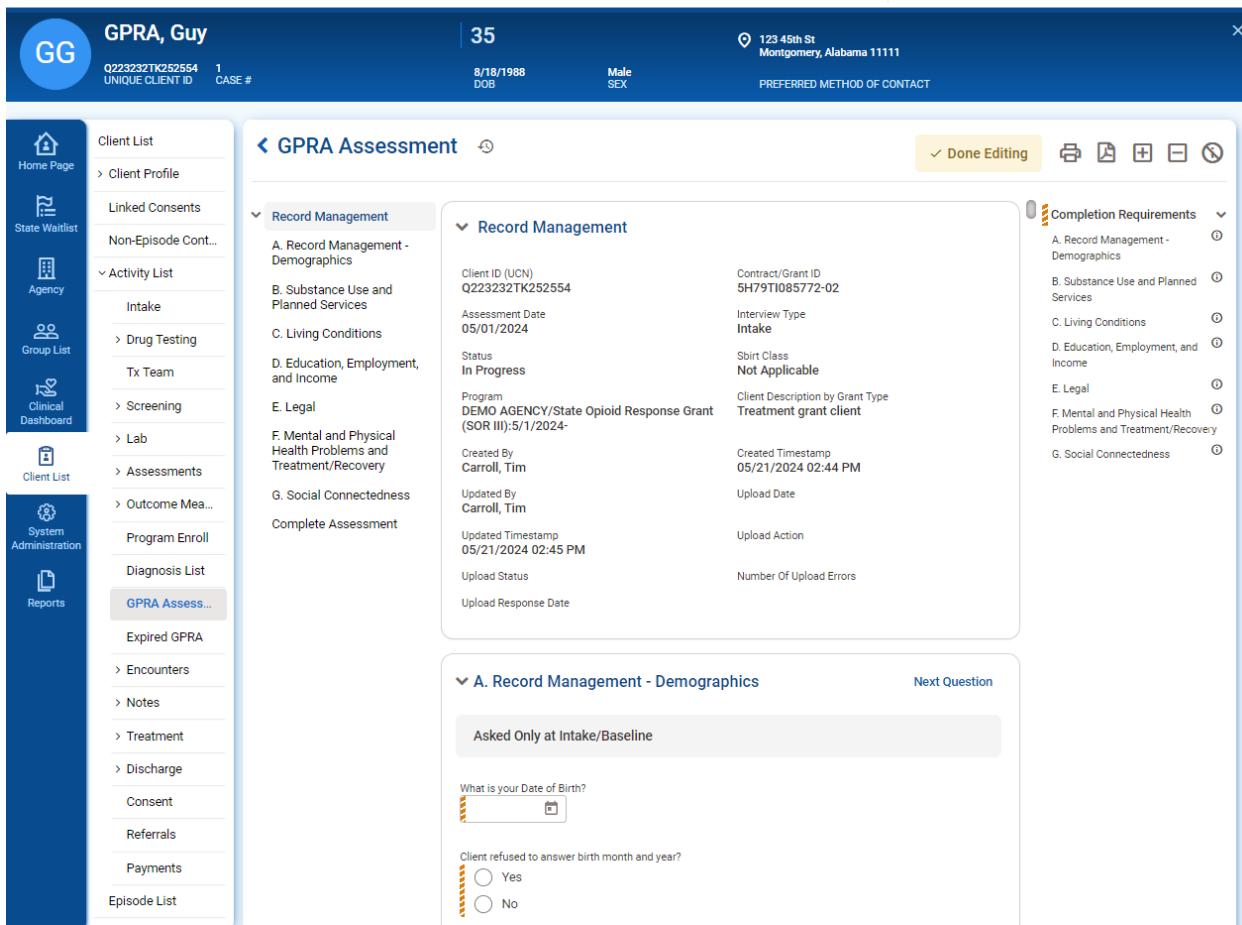
The screenshot shows the AL-WITS QA software interface. At the top, there is a header with the logo, the system name 'AL-WITS QA 24.0', and a user profile for 'Tim Carroll' from 'Birmingham Recovery Center, DEMO AGENCY'. Below the header, a client profile for 'GPRA, Guy' is displayed, showing details like age (35), birth date (8/18/1988), sex (Male), and address (123 45th St, Montgomery, Alabama 11111). On the left, a sidebar menu includes links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, and Client List (which is currently selected). The main content area is titled 'GPRA Assessment Search' and contains a search bar, search buttons for 'Search' and 'Advanced Search', and a table with columns for Interview Type, Client Type, Interview Date, and Record Status. The table shows one result (row 1) and includes navigation buttons for the list.

Figure 122: GPRA Assessment Search>List



The screenshot shows the AL-WITS QA software interface with a modal window titled 'Add GPRA Assessment' overlaid. The modal contains fields for 'Interview Type' (set to 'Intake'), 'Client Description by Grant Type' (set to 'Treatment grant client'), 'Assessment Date' (set to '5/1/2024'), and 'Program' (set to 'DEMO AGENCY/State Opioid Response Grant (SOR III):5/1/2024-'). Below these fields are 'Save' and 'Cancel' buttons. The background shows the same client profile and search interface as Figure 122, with the 'Client List' sidebar item also selected.

Figure 123: GPRA Assessment Add Modal



GPRA, Guy

35

02232327TK252554
UNIQUE CLIENT ID

1 CASE #

8/18/1988 DOB

Male SEX

123 45th St
Montgomery, Alabama 11111

PREFERRED METHOD OF CONTACT

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

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

Record Management

Client ID (UCN) Q2232327TK252554

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 5H79TI085772-02

Interview Type Intake

Shift 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

Asked Only at Intake/Baseline

What is your Date of Birth?

Client refused to answer birth month and year?

Yes

No

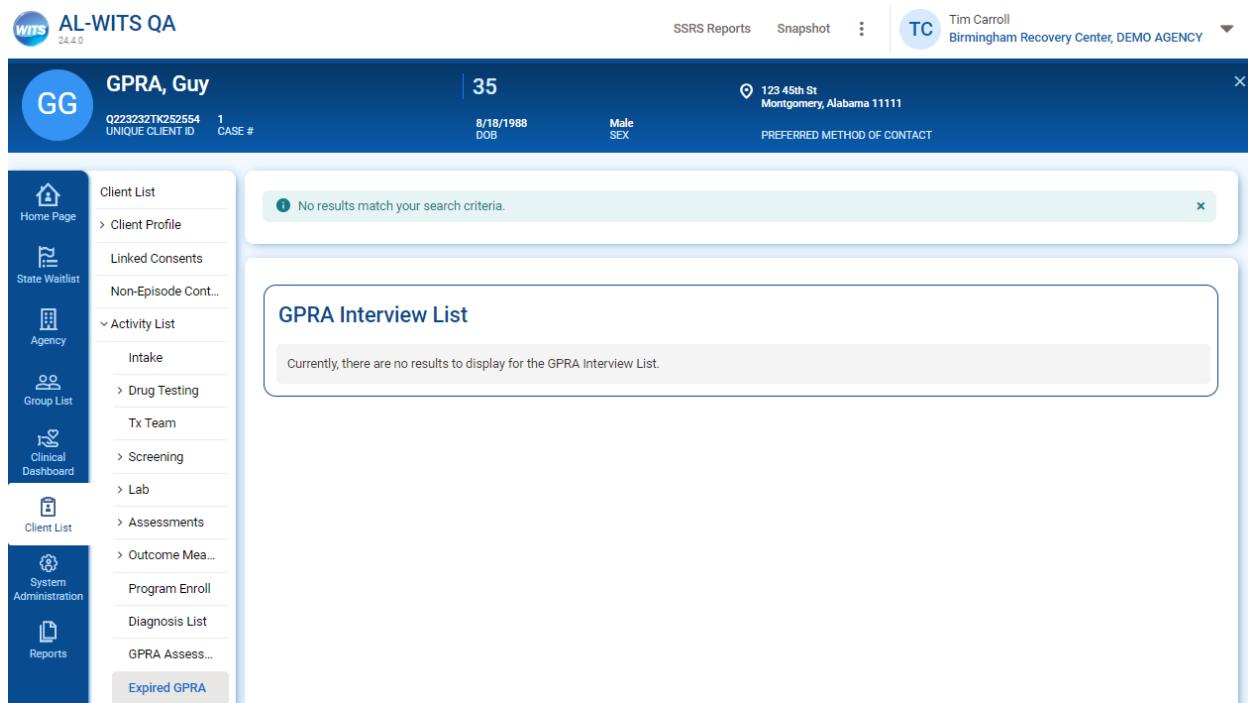
Figure 124: GPRA Assessment Workspace

→ 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.



The screenshot shows the AL-WITS QA software interface. At the top, there is a header with the logo 'AL-WITS QA 24.0', 'SSRS Reports', 'Snapshot', and a user profile 'TC Tim Carroll Birmingham Recovery Center, DEMO AGENCY'. The main content area displays a client profile for 'GPRA, Guy' with details: Age 35, DOB 8/18/1988, Sex Male, Address 123 45th St, Montgomery, Alabama 11111. On the left, a sidebar menu lists various modules: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Expired GPRA' option is highlighted in blue, indicating it is the current active menu item.

Figure 125: Expired GPRA

5.4.9. Encounter

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

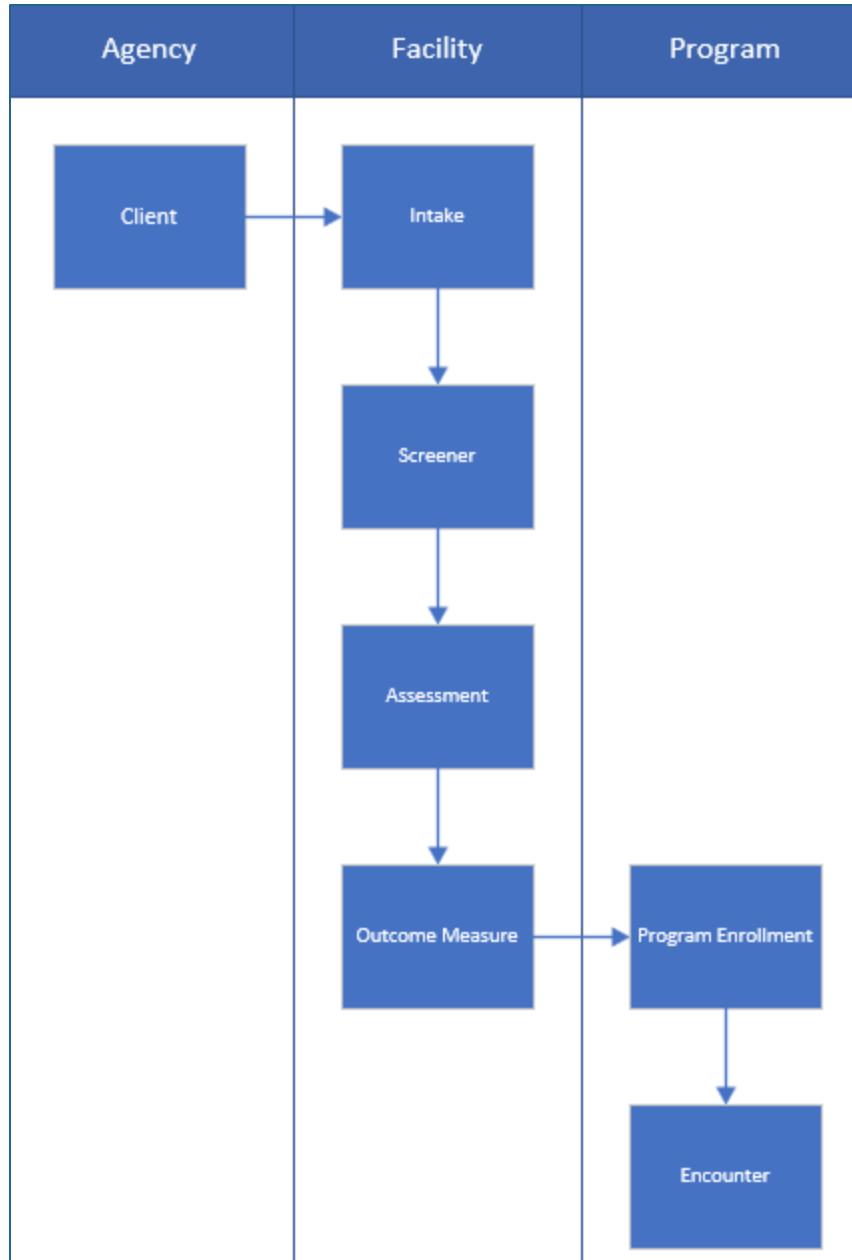
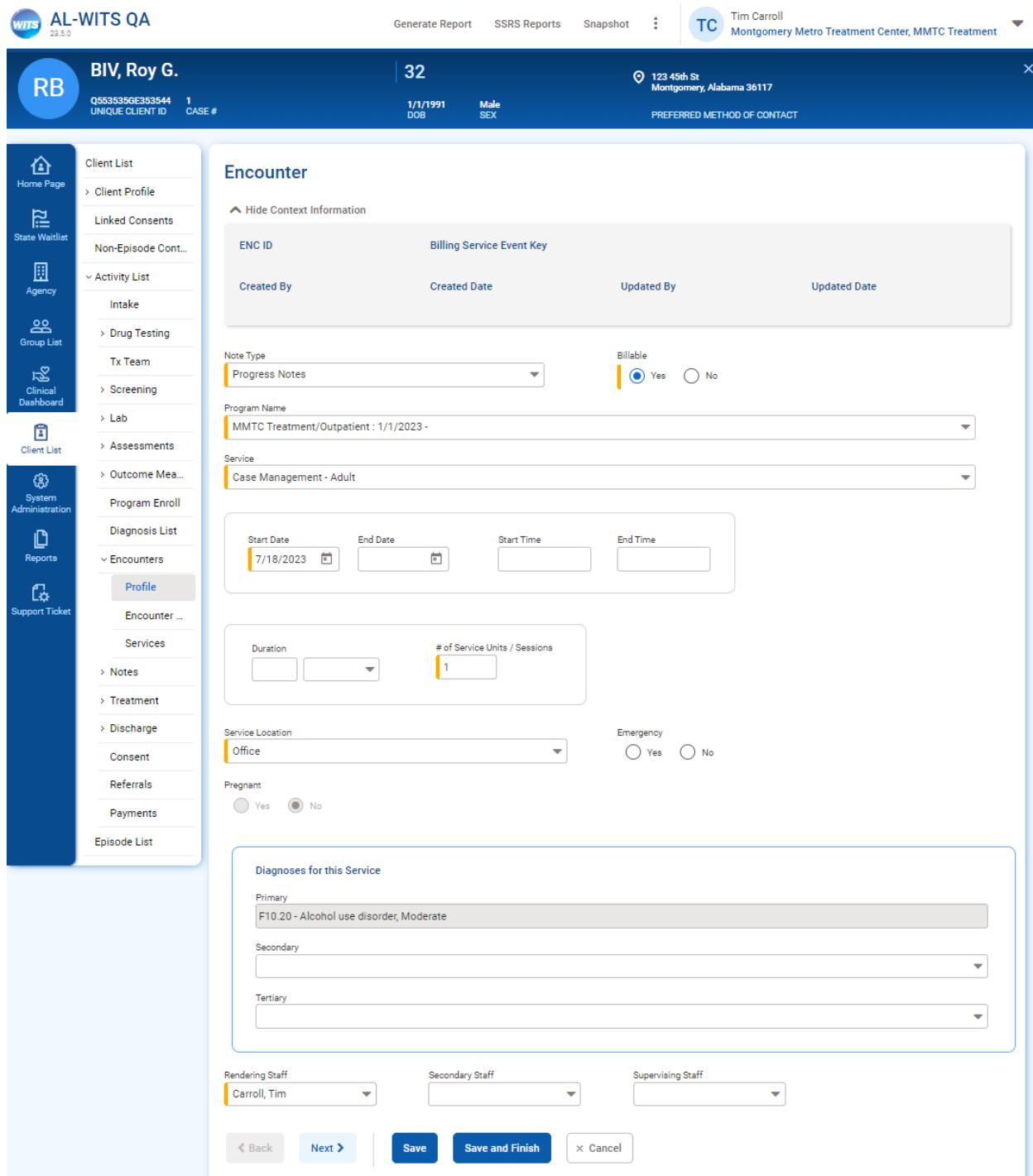


Figure 126: Simplified Clinical Workflow, Encounter

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 22.5.0

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

BIV, Roy G. 32
Q553536F353544 1 CASE #
RB
123 45th St
Montgomery, Alabama 36117
PREFERRED METHOD OF CONTACT

Encounter

ENC ID Billing Service Event Key

Created By Created Date Updated By Updated Date

Note Type: Progress Notes Billable: Yes

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: 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

BIV, Roy G. | 32

06586350303544 | CASE #

123 45th St
Montgomery, Alabama 36117

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

RB

Client List | 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

+ Add Goals

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

Add Objectives

+ Add Objectives

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

Add Interventions

+ 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.

Administrative Actions

Release to Billing

Back | **Next** | **Save** | **Save and Finish** | **Cancel**

Figure 128: Encounter Notes

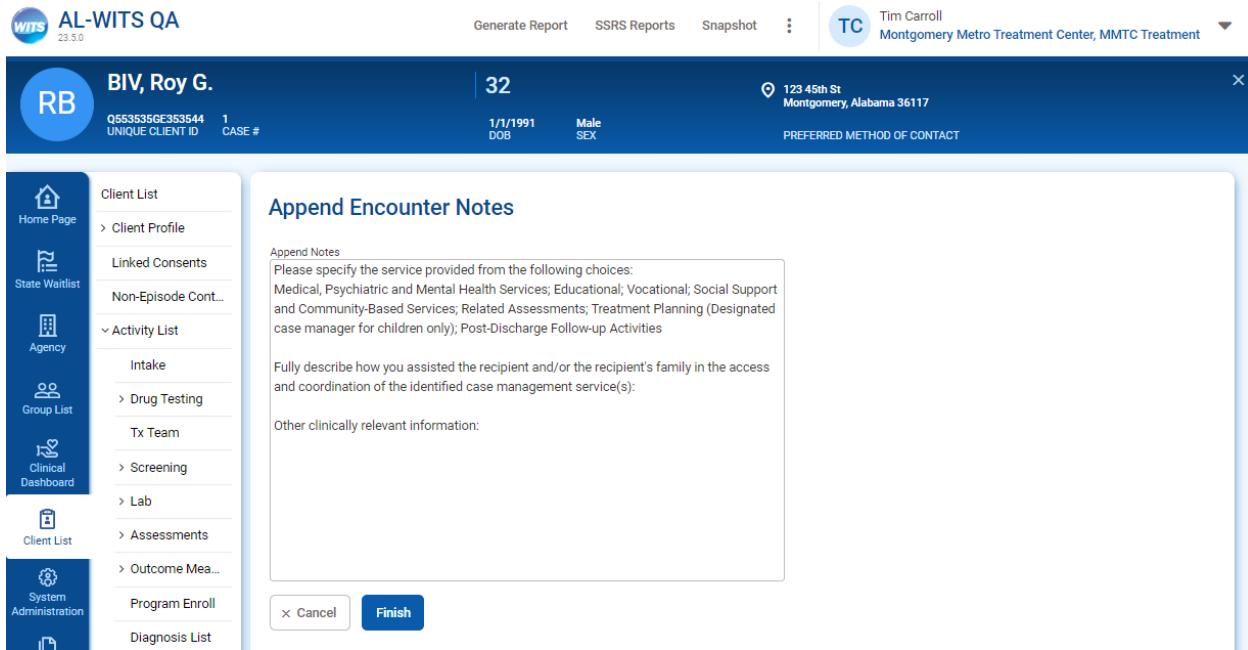


Figure 129: Encounter Notes Template (Append Encounter Notes)

→ 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.

AL-WITS QA 24.3.0

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

BIV, Roy G. 33 123 45th St, Montgomery, Alabama 36117

OSISISBGE303644 1 CASE # 1/1/1991 Male SEX PREFERRED METHOD OF CONTACT

RB

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 Lab Assessments Outcome Mea... Program Enroll Diagnosis List Encounters Profile Encounter ... Services Notes Treatment Discharge Consent Referrals Payments Episode List

ENC ID 14259 Billing Service Event Key

Created By Carroll, Tim Created Date 4/22/2024 2:19 PM Updated By Carroll, Tim Updated Date 4/22/2024 2:19 PM

Rendering Staff Carroll, Tim

Note Type Case Management Note Billable Yes

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

Service H0006 Case Management - Adult

Start Date 4/1/2024 End Date End Time Start Time

Duration All 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

Secondary Staff Supervising Staff

< Back Next > Save Save and Finish < Cancel >

Administrative Actions

Release to Billing Delete

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

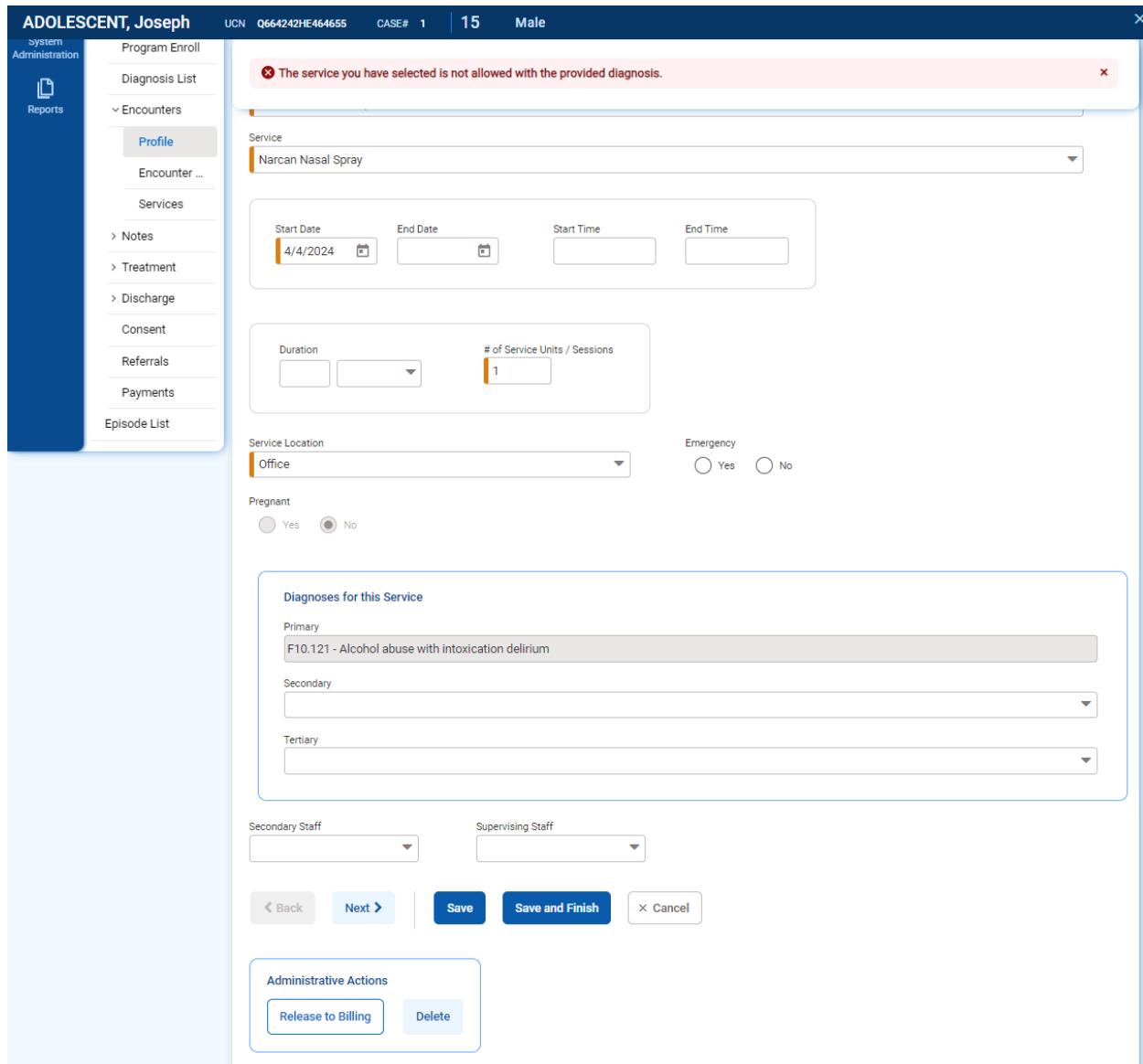
- Version: 24.4 and later
- Account role(s): Clinical (Full Access), Release To Billing.
- Identify a unit-based service with a maximum number of daily billing units.
Example: Individual Counseling, 90832/HF, max units = 1 per day.
- Notes:
 - The Service should have a Medicaid or Government Contract 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

The service you have selected is not allowed with the provided diagnosis.

Service: Narcan Nasal Spray

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

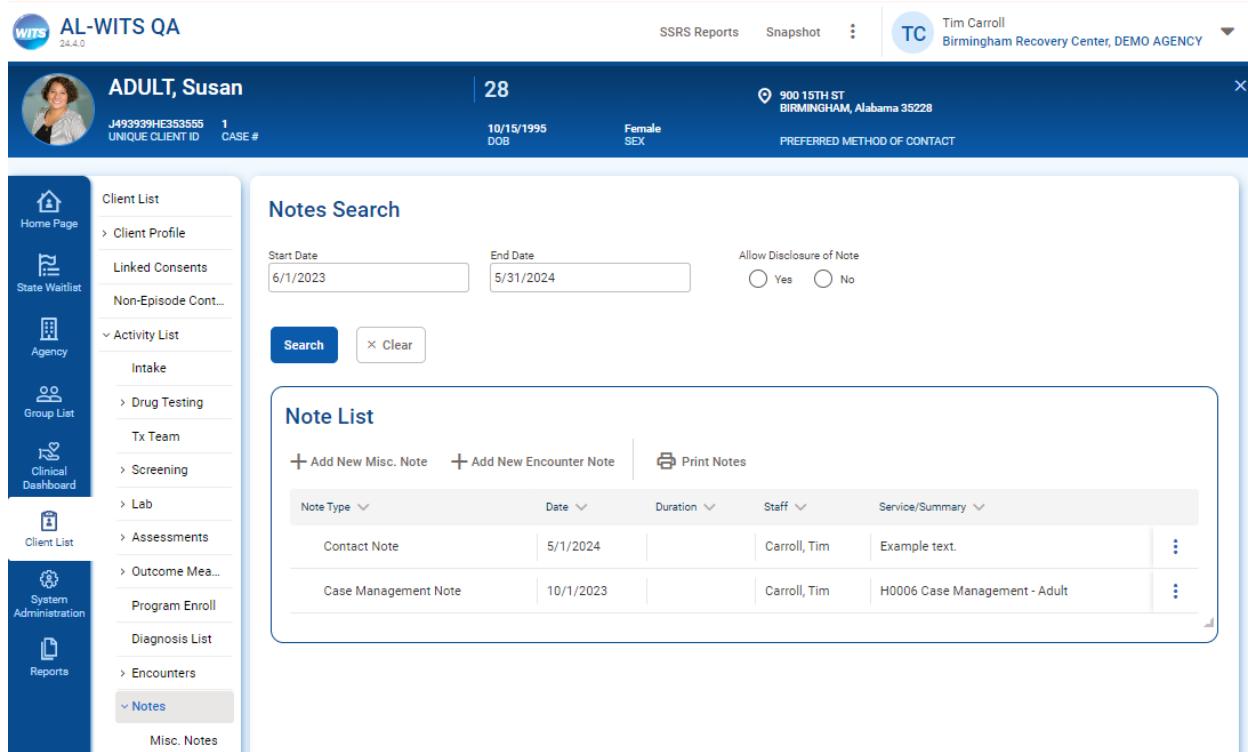
Figure 131: Encounter Release to Billing, Diagnosis Category

→ 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.



Notes Search

Start Date	End Date	Allow Disclosure of Note
6/1/2023	5/31/2024	<input type="radio"/> Yes <input type="radio"/> No

Note List

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

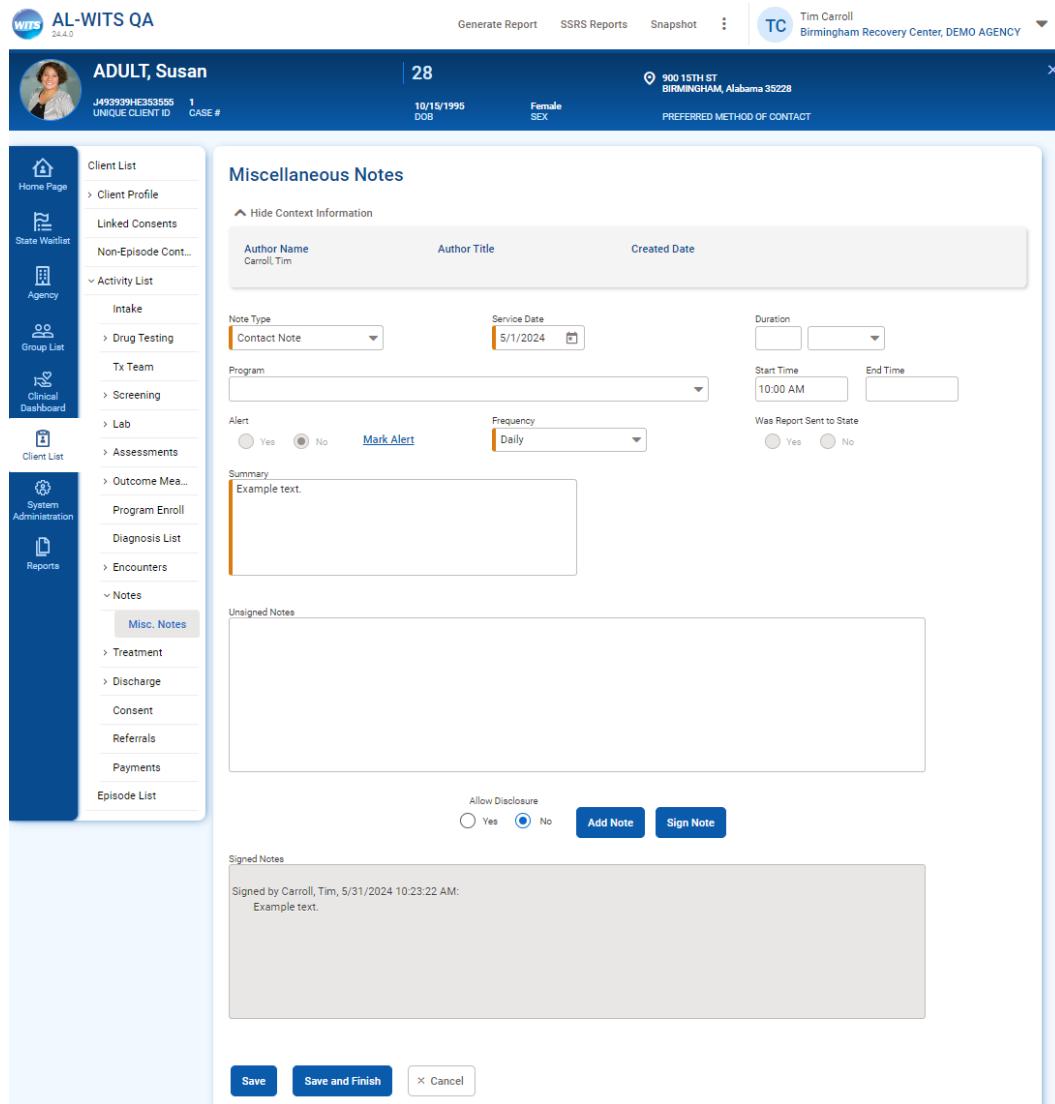
5.4.10.1. Encounters

→ 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.



AL-WITS QA
24.4.0

Generate Report SSRS Reports Snapshot ...

ADULT, Susan | 28
J493939HF353555 1 CASE #
10/15/1995 DOB Female SEX
900 15TH ST BIRMINGHAM, Alabama 35228
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:

Alert: Yes No | [Mark Alert](#) | Frequency: Daily

Was Report Sent to State: Yes No

Summary:
Example text.

Unsigned Notes:

Allow Disclosure: Yes No

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

Actions:
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

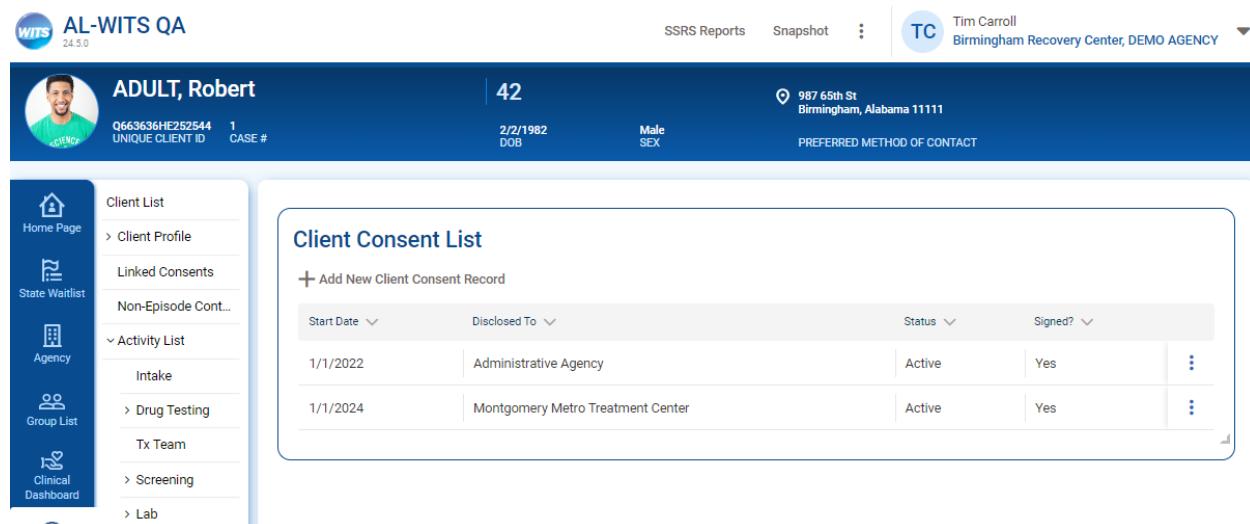
- Click the +Add New Misc. Note button. Alternately, navigate to Client/Activity List/Notes/Misc. Notes and click the +Add New Miscellaneous Notes Record button.
- Enter the required fields and any optional fields.
- Click the Save and Finish button.

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

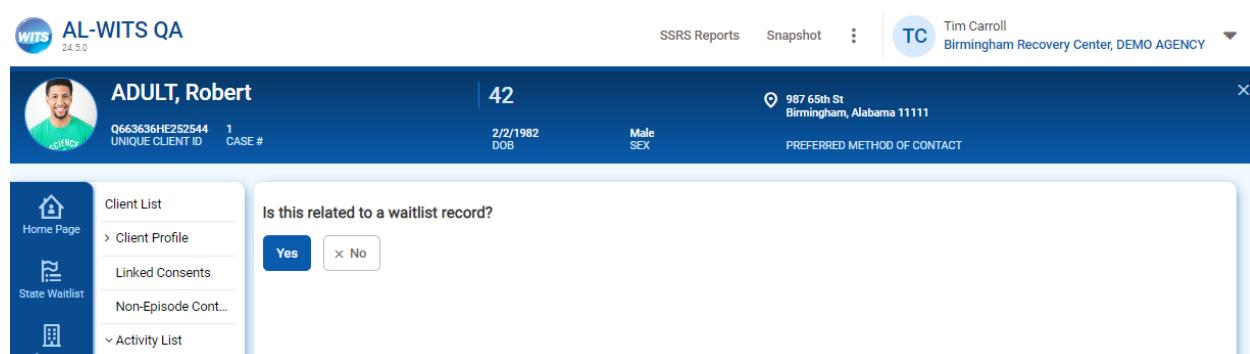


Client Consent List

+ Add New Client Consent Record

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

Figure 134: Client Consent List



Is this related to a waitlist record?

Yes No

Figure 135: Client Consent, Waitlist Confirmation

ADULT, Robert | **42**

Q663636HE252544 | **1** CASE #

987 65th St
Birmingham, Alabama 11111

Male SEX

PREFERRED METHOD OF CONTACT

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	Disclosure Selection
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	ADMH Placement Assessment (DS,+90) ADMH Update Assessment (DS,+90) Client Information (Profile) (DS,+90) Consent (DS,+90) CRAFFT (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**

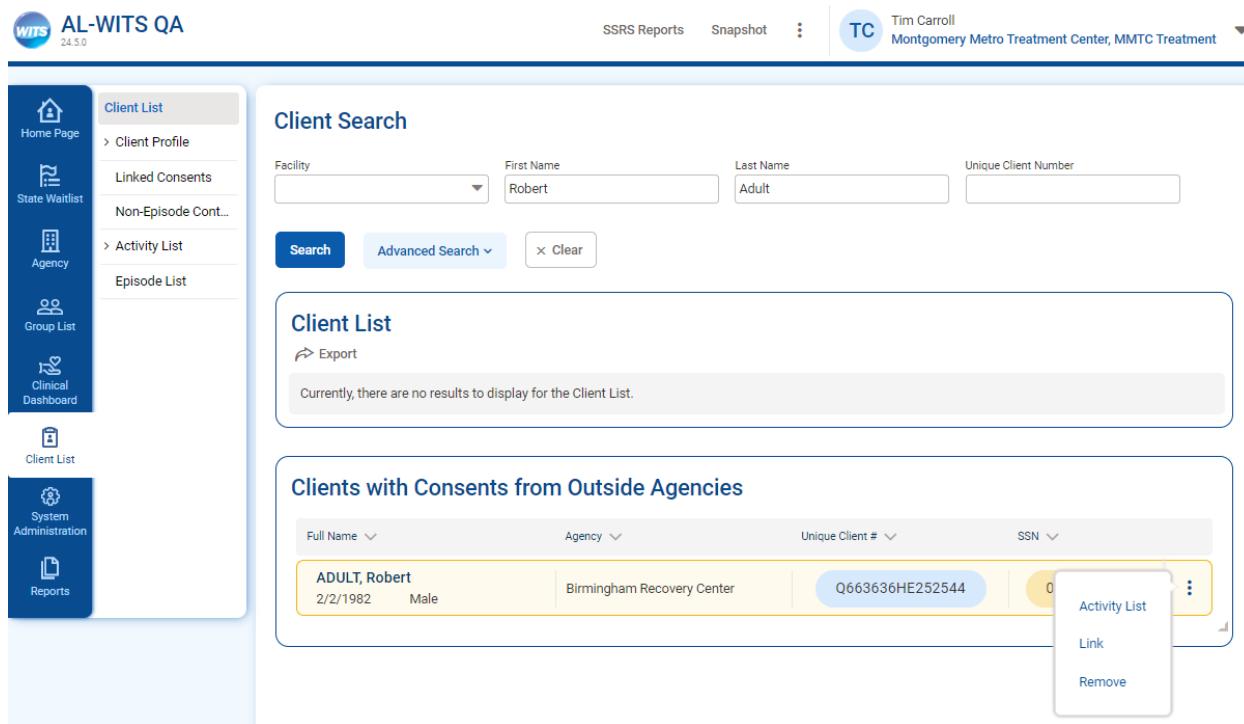
Figure 136: Client Consent, Client Disclosure Agreement

→ 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.



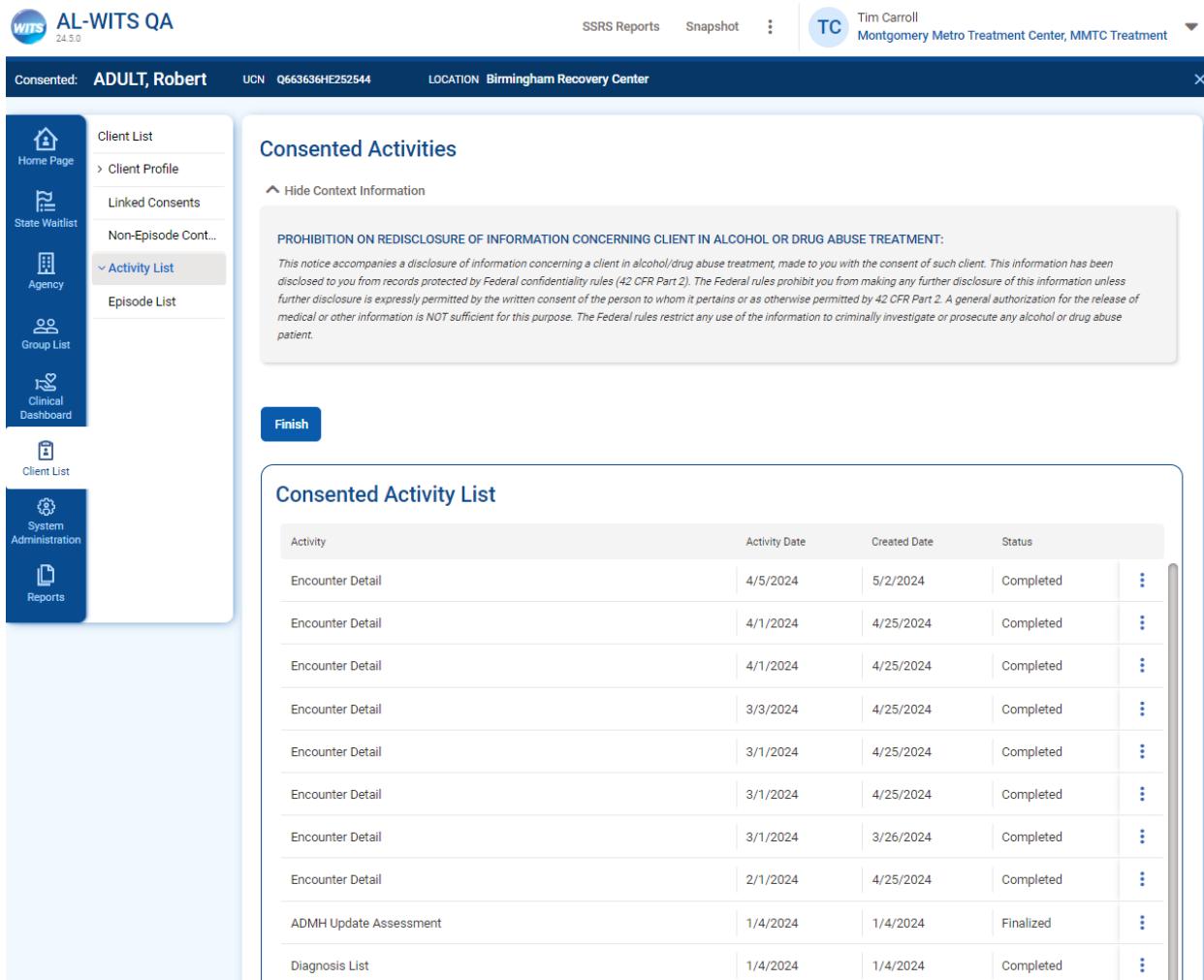
The screenshot shows the AL-WITS QA 24.5.0 software interface. The top navigation bar includes the WITS logo, the site name "AL-WITS QA 24.5.0", and a user profile for "Tim Carroll" from "Montgomery Metro Treatment Center, MMTC Treatment". The left sidebar contains a navigation menu with the following items:

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

The "Client List" item is currently selected, as indicated by a blue background. The main content area is divided into two sections:

- Client Search:** A search form with fields for Facility (dropdown), First Name (text input: Robert), Last Name (text input: Adult), and Unique Client Number (text input). Buttons for "Search", "Advanced Search", and "Clear" are present.
- Client List:** A section titled "Client List" with a "Export" link. A message states: "Currently, there are no results to display for the Client List."
- Clients with Consents from Outside Agencies:** A table with columns: Full Name, Agency, Unique Client #, and SSN. One row is shown for "ADULT, Robert" (2/2/1982, Male, Birmingham Recovery Center, Q663636HE252544). To the right of the table is a context menu with options: "Activity List", "Link", and "Remove".

Figure 137: Client List, Clients with Consents



The screenshot shows the FEI Systems AL-WITS QA software interface. At the top, there is a header with the text "AL-WITS QA" and "24.5.0". To the right of the header are links for "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll" (Montgomery Metro Treatment Center, MMTC Treatment). Below the header, the main content area shows a "Consented Activities" list. On the left, there is a sidebar with various navigation links: "Home Page", "Client List", "Client Profile", "Linked Consents", "Non-Episode Cont...", "Activity List" (which is currently selected and highlighted in blue), "Episode List", "Clinical Dashboard", "Client List", "System Administration", and "Reports". The main content area has a title "Consented Activities" and a sub-section "PROHIBITION ON REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT". Below this, there is a table titled "Consented Activity List" with the following data:

Activity	Activity Date	Created Date	Status	More
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

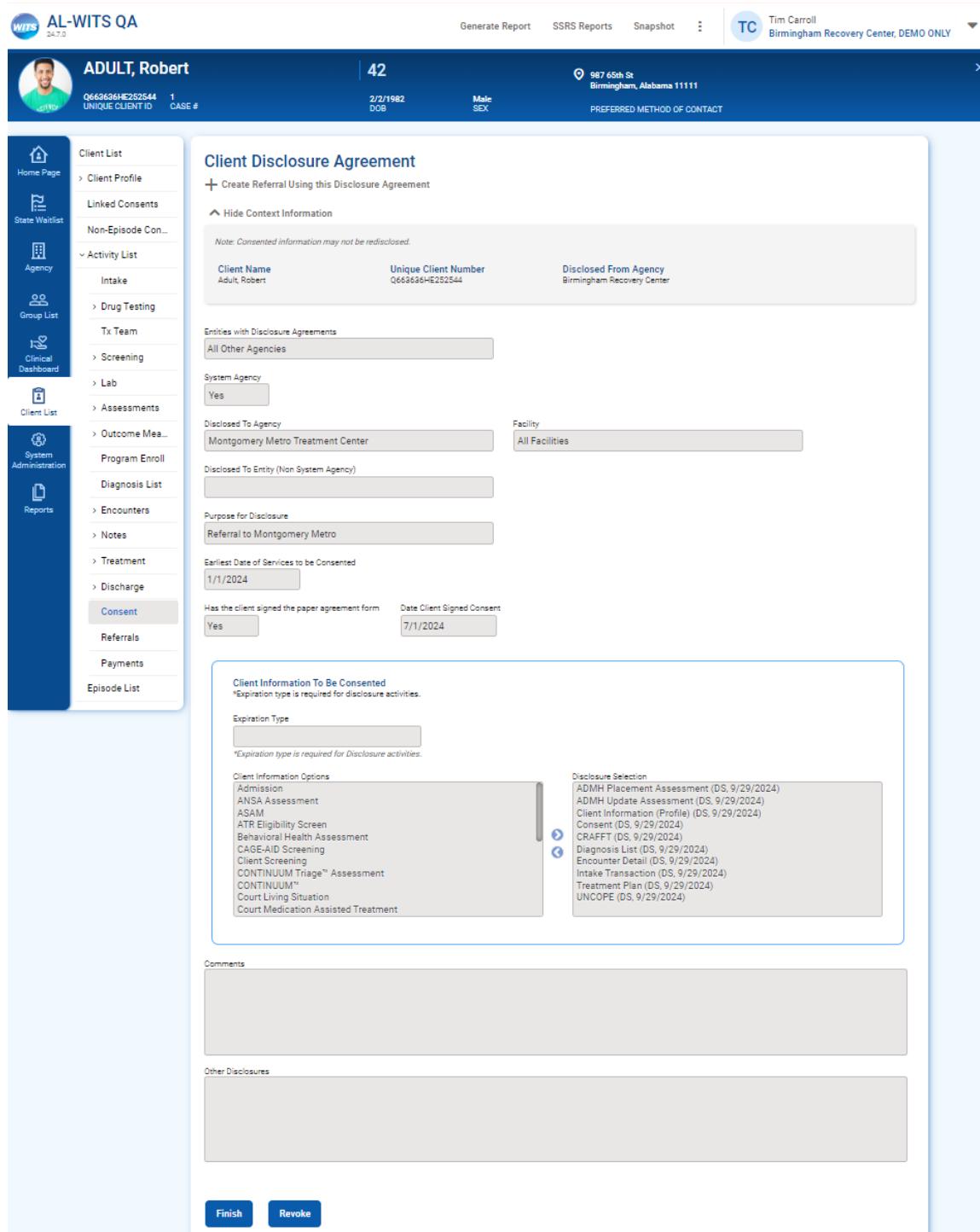
→ TEST

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 24.7.0

ADULT, Robert 42

0663636HE252544 1 CASE #

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

Client Disclosure Agreement

Client Name: ADULT, Robert **Unique Client Number:** 0663636HE252544 **Disclosed From Agency:** Birmingham Recovery Center

Entities with Disclosure Agreements: All Other Agencies

System Agency: Yes

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 **Date Client Signed Consent:** 7/1/2024

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)
- CRAFTT (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:

Buttons: Finish, Revoke

Figure 139: Read-only Consent showing Revoke button

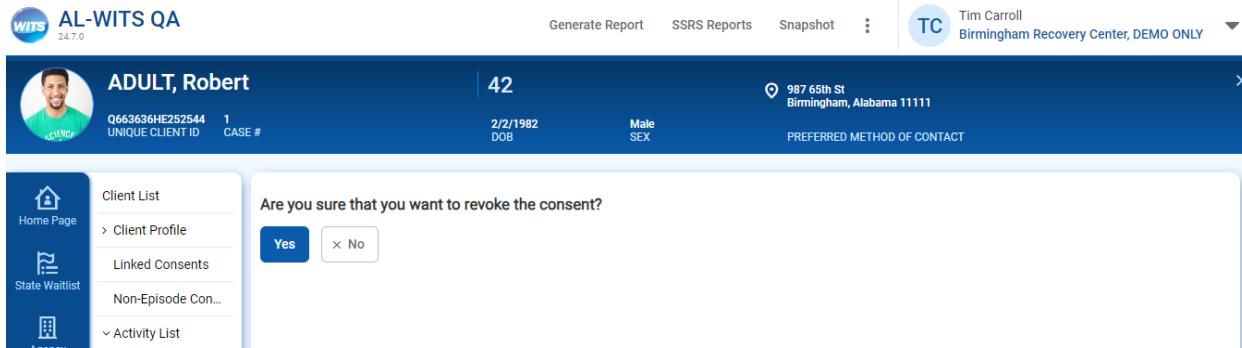


Figure 140: Revoke Consent Confirmation Screen

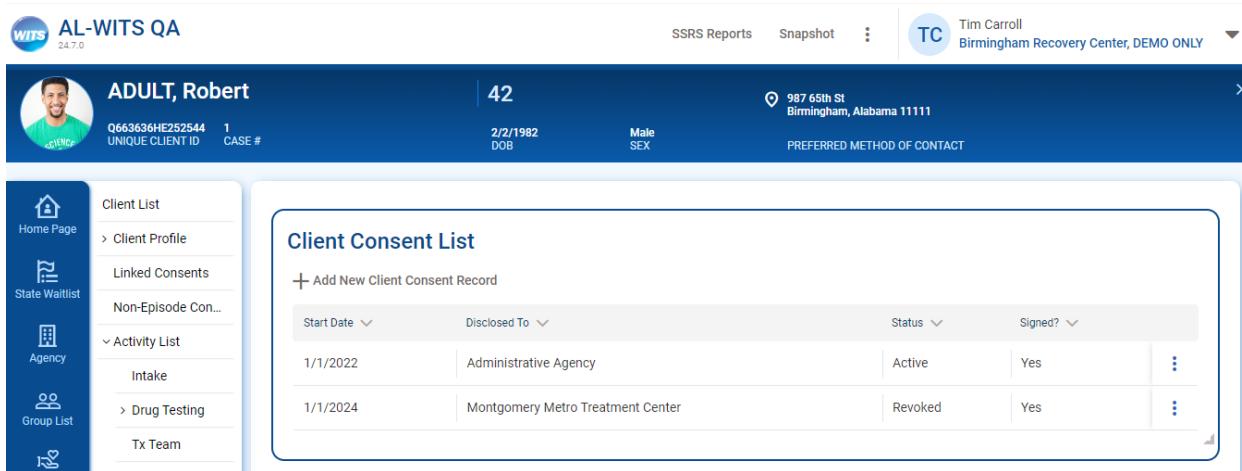


Figure 141: Consent List showing a Consent with a Revoked Status

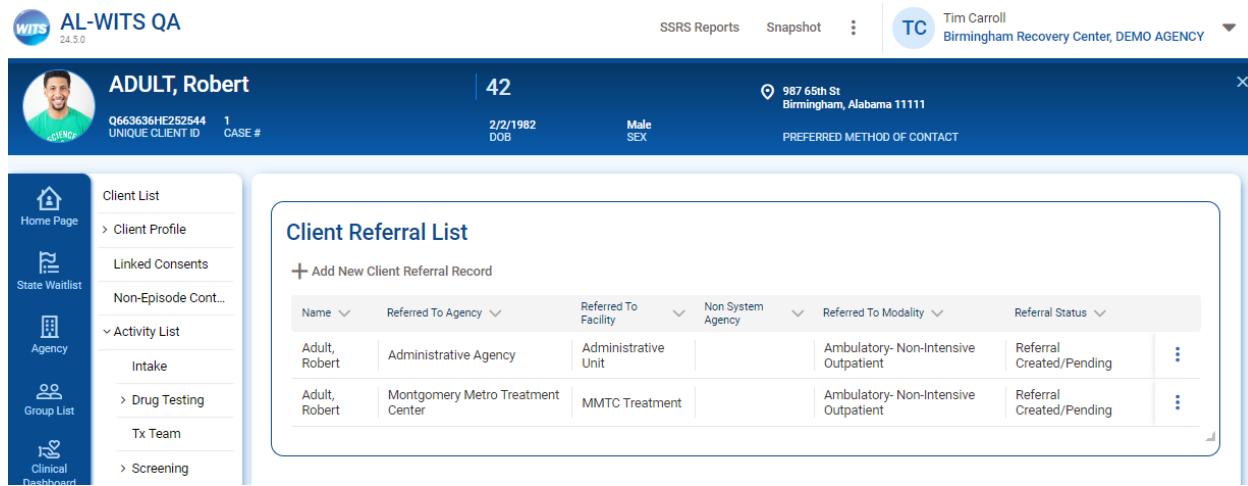
→ TEST

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.



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

AL-WITS QA
24.5.0
SSRS Reports Snapshot
TC Tim Carroll
Birmingham Recovery Center, DEMO AGENCY


ADULT, Robert
 Q663636HE252544 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

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

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

Comments

Referral Status
Referral Created/Pending

Projected End Date

Created Date
7/1/2024 2:07 PM

Comments

Referral Status
Referral Created/Pending

Projected End Date

Created Date
7/1/2024 2:07 PM

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)
 CRAFFT (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.

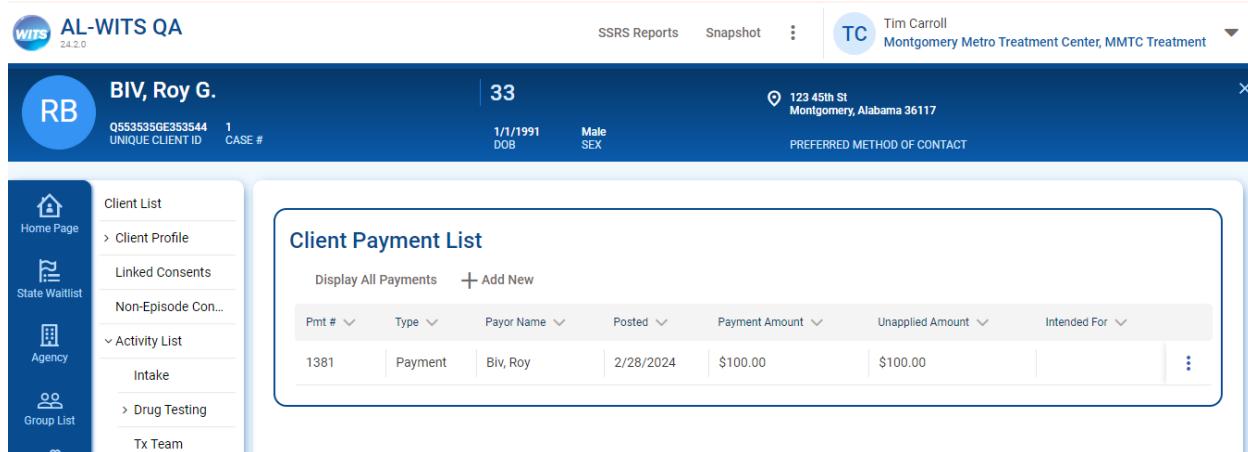
5.4.13. Payments

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



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
24.2.0
SSRS Reports Snapshot ⋮
TC Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment ▼

RB
BIV, Roy G.
 Q553535GE353544 1 CASE #
 123 45th St
 Montgomery, Alabama 36117

33
 1/1/1991 DOB
 Male SEX

PREFERRED METHOD OF CONTACT

Payment Profile

Payment #
 Receipt Date Calendar
 Created Date
 Created By
 Payment Amount
 Unapplied Amount
 Intended For

Posted Date Calendar
 Client Name
 Transaction Type
 Reference
 Comment
 Check/EFT Date Calendar

Save
Save and Finish
Cancel

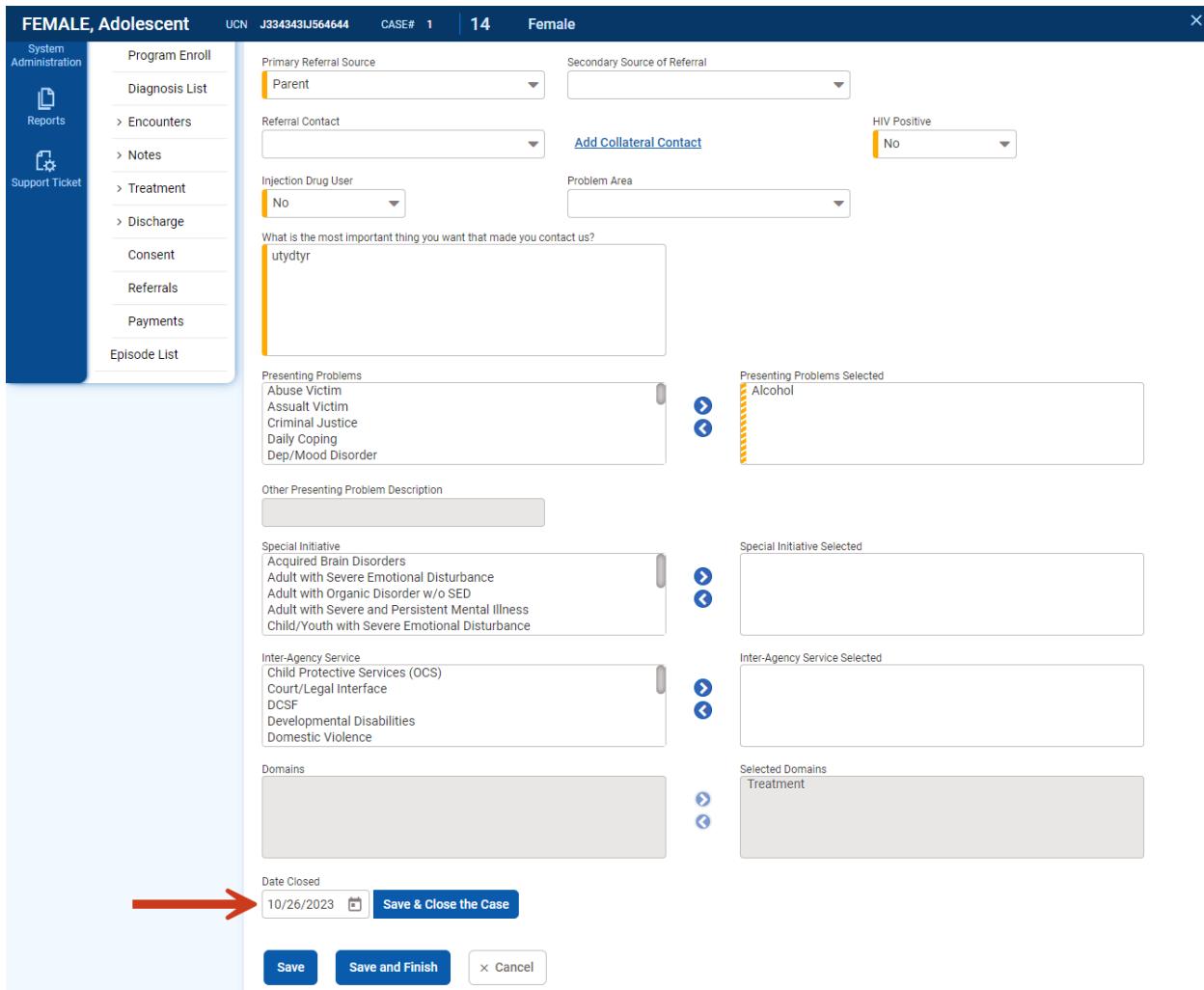
Figure 145: Payment Profile

→ 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.



The screenshot shows the FEI Systems Intake module interface. The top navigation bar displays 'FEMALE, Adolescent' as the patient type, 'UCN J334343J564644', 'CASE# 1', '14', and 'Female'. The left sidebar includes links for 'System Administration', 'Reports', and 'Support Ticket'. The main form contains sections for 'Primary Referral Source' (Parent), 'Secondary Source of Referral', 'Referral Contact' (dropdown), 'Add Collateral Contact' (button), 'HIV Positive' (No), 'Injection Drug User' (No), 'Problem Area' (dropdown), 'What is the most important thing you want that made you contact us?' (text area with placeholder 'utydtyr'), 'Presenting Problems' (list: Abuse Victim, Assault Victim, Criminal Justice, Daily Coping, Dep/Mood Disorder), 'Presenting Problems Selected' (list: Alcohol), 'Other Presenting Problem Description' (text area), 'Special Initiative' (list: 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' (text area), 'Inter-Agency Service' (list: Child Protective Services (OCS), Court/Legal Interface, DCSF, Developmental Disabilities, Domestic Violence), 'Inter-Agency Service Selected' (text area), 'Domains' (text area), and 'Selected Domains' (list: Treatment). At the bottom, there is a 'Date Closed' field set to '10/26/2023' with a calendar icon, and a 'Save & Close the Case' button. Below these are 'Save', 'Save and Finish', and 'Cancel' buttons. A red arrow points to the 'Save & Close the Case' button.

Figure 146: Intake, Close Case

FEMALE, Adolescent | 14

J334343IJ564644 | 1 CASE #

9/9/2009 DOB | Female SEX

123 asdf, Alabama 11111

PREFERRED METHOD OF CONTACT

Client Enrollment Search

Plan Type: [dropdown] | Contract: [dropdown]

Plan: [dropdown] | Group: [dropdown]

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

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

FEMALE, Adolescent | 14

J334343IJ564644 | 1 CASE #

9/9/2009 DOB | Female SEX

123 asdf, Alabama 11111

PREFERRED METHOD OF CONTACT

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	...

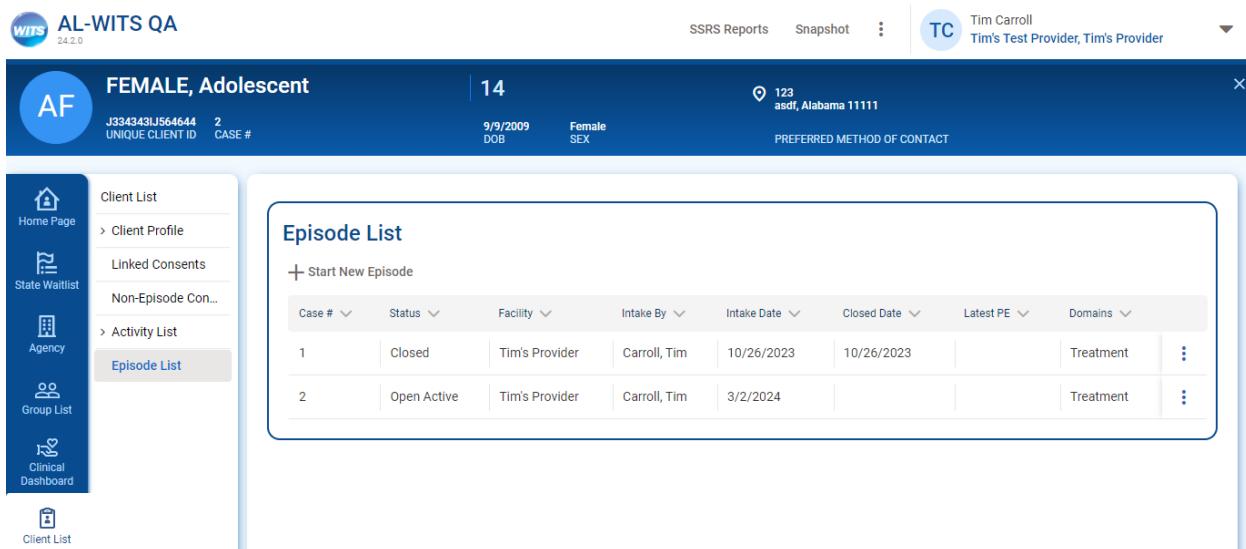
Figure 148: Episode List, One Closed Episode

→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.

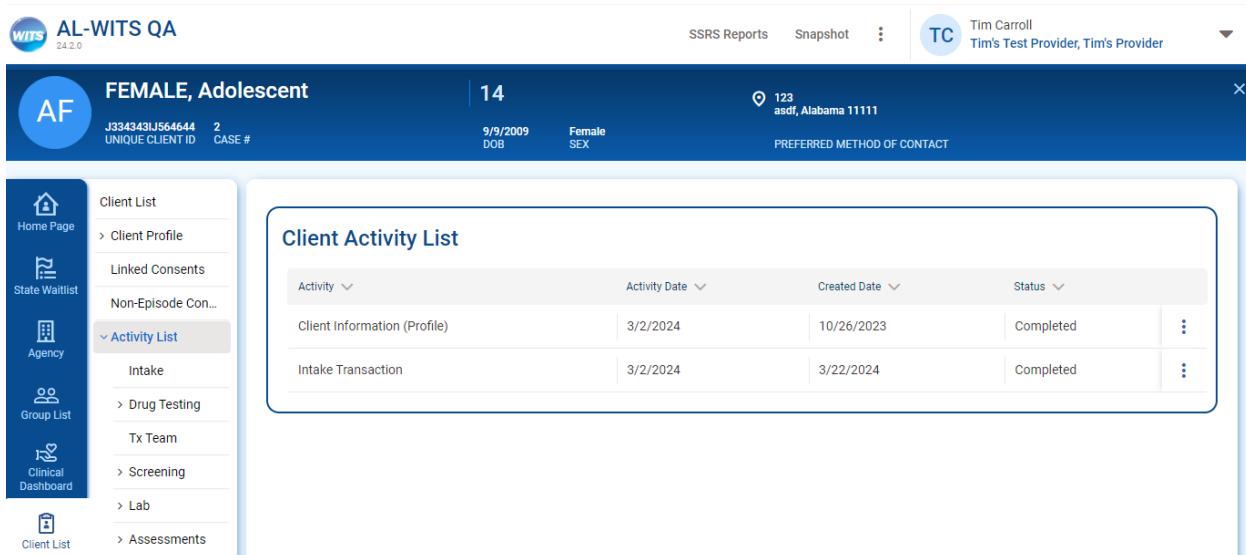
5.5. Episode List

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.



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



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

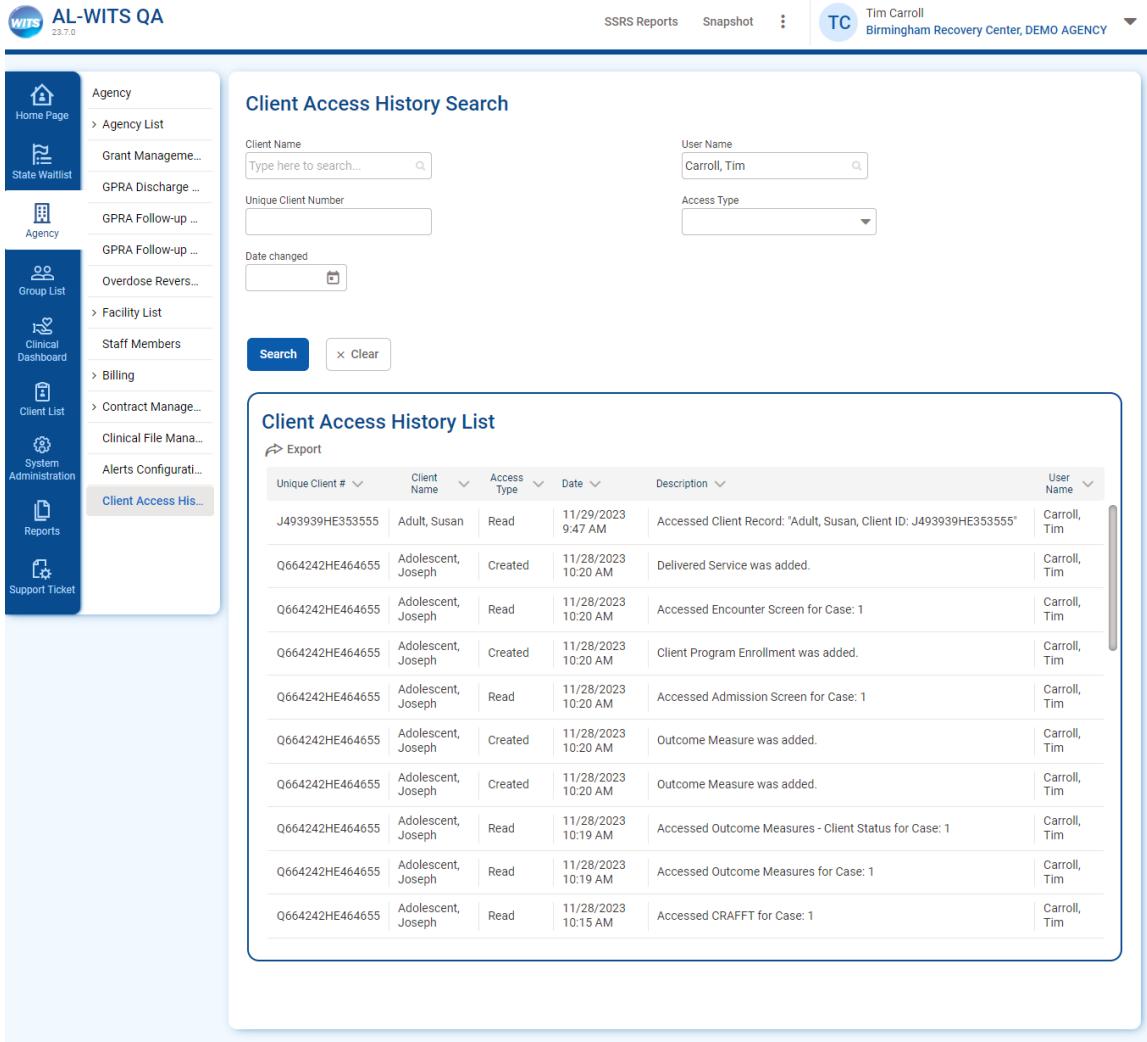
- Version: 23.6 and later.
- Account role(s): Clinical (Full Access)
- Select a provider agency.
- Navigate to the Client List.

- 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 shows the AL-WITS QA software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - Agency List
 - Grant Management...
 - GPRA Discharge...
 - GPRA Follow-up...
 - GPRA Follow-up...
 - Overdose Revers...
 - Facility List
 - Staff Members
 - Billing
 - Contract Manage...
 - Clinical File Mana...
 - Alerts Configurati...
 - Client Access His...** (highlighted in blue)
- Reports
- Support Ticket

The main content area is titled "Client Access History Search". It includes search fields for "Client Name" (Type here to search...), "User Name" (Carroll, Tim), "Unique Client Number" (empty), "Access Type" (empty dropdown), and "Date changed" (empty dropdown). Below these are "Search" and "Clear" buttons.

The main table is titled "Client Access History List". It has columns: Unique Client #, Client Name, Access Type, Date, Description, and User Name. The table lists 10 rows of access history for a user named Carroll, Tim, on November 28, 2023, at 10:20 AM, for a client named Adolescent, Joseph.

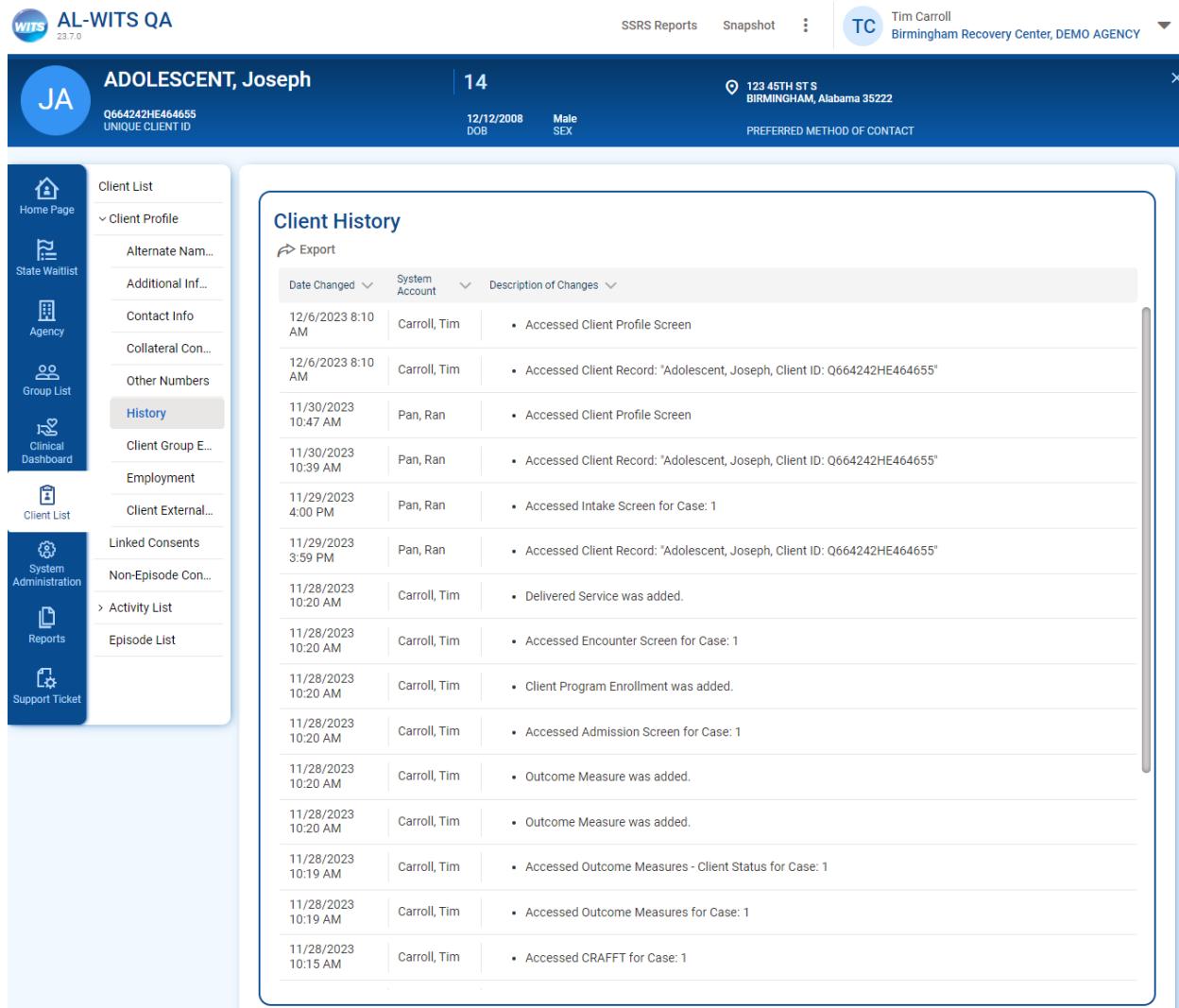
Unique Client #	Client Name	Access Type	Date	Description	User Name
J493939HE353555	Adult, Susan	Read	11/28/2023 9:47 AM	Accessed Client Record: "Adult, Susan, Client ID: J493939HE353555"	Carroll, Tim
Q664242HE464655	Adolescent, Joseph	Created	11/28/2023 10:20 AM	Delivered Service was added.	Carroll, 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)



ADOLESCENT, Joseph

14

12/12/2008 DOB Male SEX

123 45TH ST S BIRMINGHAM, Alabama 35222

PREFERRED METHOD OF CONTACT

Client History

Export

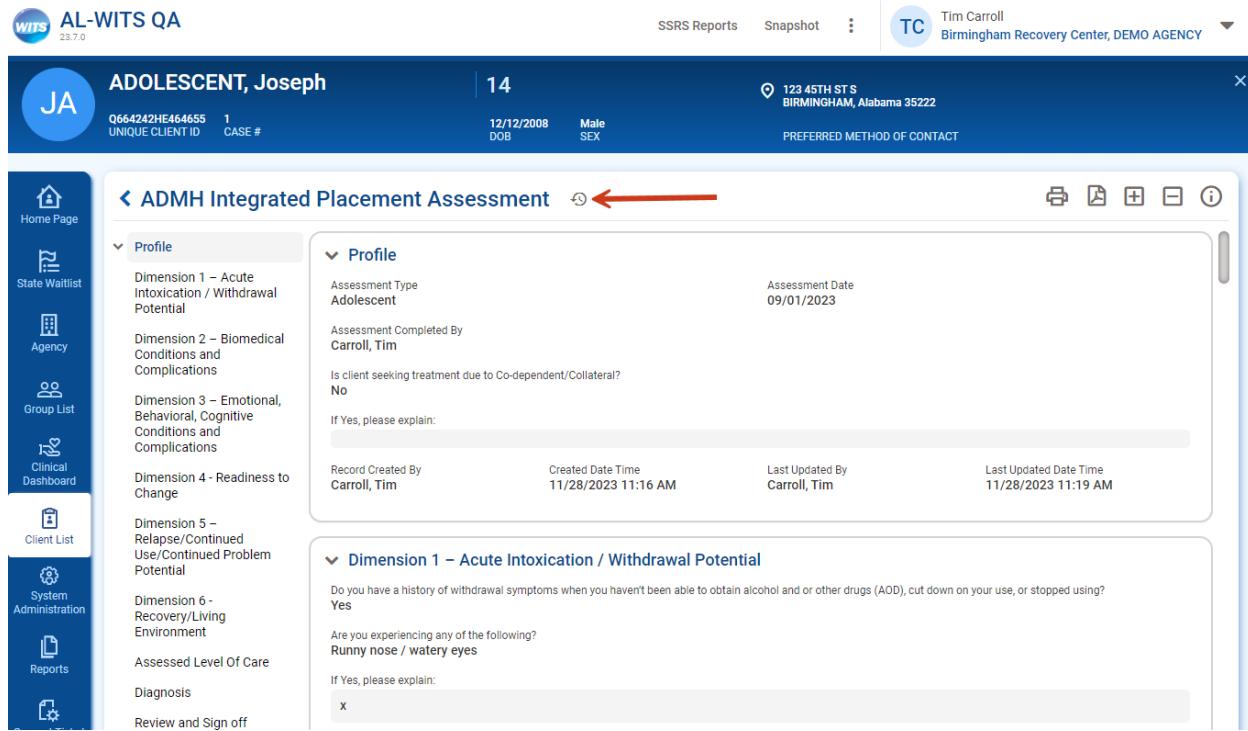
Date Changed	System Account	Description of Changes
12/6/2023 8:10 AM	Carroll, Tim	• Accessed Client Profile Screen
12/6/2023 8:10 AM	Carroll, Tim	• Accessed Client Record: "Adolescent, Joseph, Client ID: Q664242HE464655"
11/30/2023 10:47 AM	Pan, Ran	• Accessed Client Profile Screen
11/30/2023 10:39 AM	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 CRAFFT 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 23.7.0

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

ADOLESCENT, Joseph 14

Q664242HE464655 1 CASE #

12/12/2008 DOB Male SEX

123 45TH ST S BIRMINGHAM, Alabama 35222

PREFERRED METHOD OF CONTACT

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 Completed By Carroll, Tim

Assessment Date 09/01/2023

Is client seeking treatment due to Co-dependent/Collateral? No

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

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:

x

Figure 153: Placement Assessment showing History icon

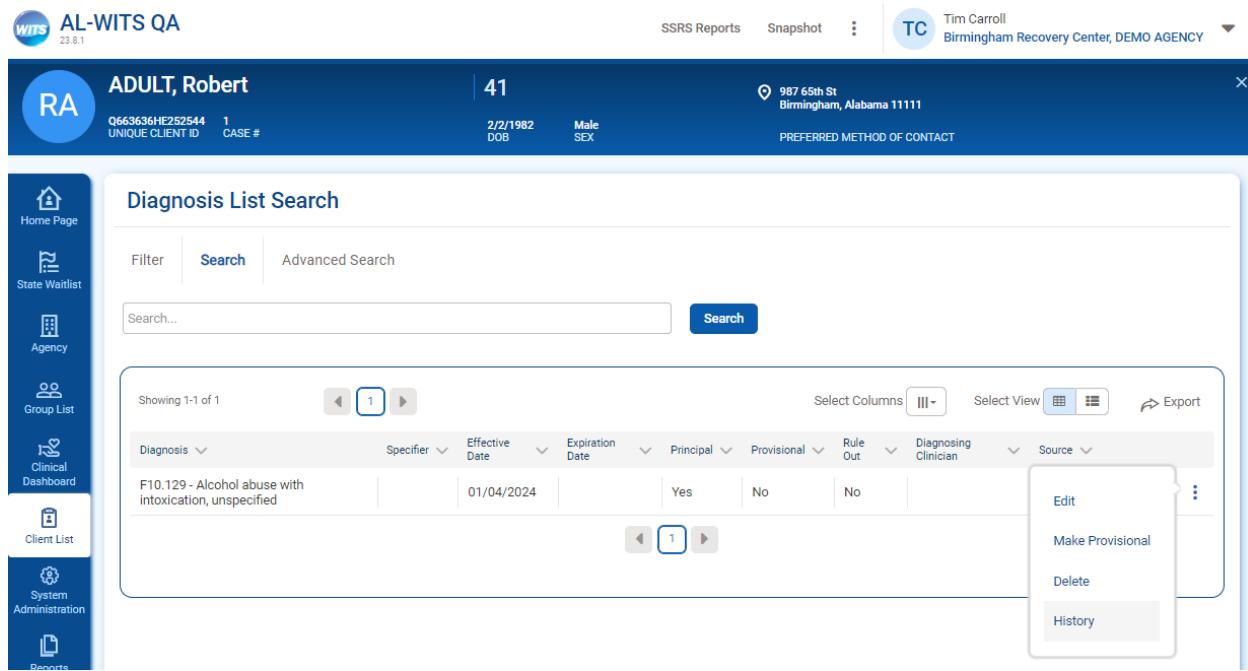
History				X
Showing 1-50 of 203				Previous 1 2 3 4 5 Next
Operation Timestamp	User Name	Entity Name	Operation Name	Context
11/28/2023 11:19:34 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Finalize	Staff Member = Carroll, Tim
11/28/2023 11:19:31 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	Revise Status	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	Assessed Level Of Care Data	assessedLevelOfCare = 1 - Outpatient Treatment, coOcurringDisord
11/28/2023 11:19:09 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	explanationToIncludeOutcomeComments = x, IOCReasonForDiffer
11/28/2023 11:19:08 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = In Progress
11/28/2023 11:19:06 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment, coOcurringDisord
11/28/2023 11:19:03 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	IOCReasonForDifference = Not Applicable, placedLevelOfCare = 1 -
11/28/2023 11:19:01 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = In Progress
11/28/2023 11:19:01 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Assessed Level Of Care Data	assessedLevelOfCare = 1 - Outpatient Treatment, disposition = 1. A
11/28/2023 11:19:00 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Outpatient Treatment
11/28/2023 11:19:00 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = In Progress
11/28/2023 11:18:58 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	assessedLevelOfCare = 1 - Outpatient Treatment
11/28/2023 11:18:58 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	dimensionSummaryDescription = x, educationStatus = Grade 8, em
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	hasBeenArrestedIn30Days = False, hasDependentChildren = False, isCurrentlyInSchool = False, isCurrentlyInvolvedInCourtCase = False, isModerate, qualityOfFamilyInteractionDescription = x, sARatingForD
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	transportationDescription = x
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	Status = In Progress
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	educationStatus = Grade 8, employmentStatus = Student, hasBeen/
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	hasDependentChildren = False, hasEverBeenArrested = False, hasR
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	isCurrentlyInvolvedInCourtCase = False, isRegisteredSexOffender =
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	qualityOfFamilyInteractionDescription = x, sARatingForDimension6
11/28/2023 11:18:56 AM	Carroll, Tim	Wits.Domain.AssessmentsModule.AlabamaDepartmentOfMentalHealth.AdmhPlacement.AdmhPlacement	Revise Status	transportationDescription = x

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, CRAFFT, ADMH Update Assessment, Treatment Plan, Staff Member, and System Account.

5.6.4. Diagnosis History



AL-WITS QA
23.8.1

ADULT, Robert
Q663636HE252544
1 CASE #

41
2/2/1982
Male
SEX

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

Diagnosis List Search

Filter Search Advanced Search

Search... Search

Showing 1-1 of 1

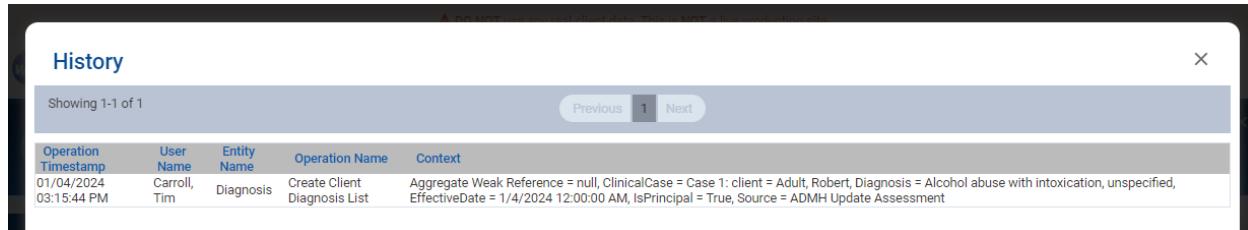
Diagnosis	Specifier	Effective Date	Expiration Date	Principal	Provisional	Rule Out	Diagnosing Clinician	Source
F10.129 - Alcohol abuse with intoxication, unspecified		01/04/2024		Yes	No	No		

Select Columns Select View Export

History

Edit
Make Provisional
Delete
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

Previous 1 Next

Figure 156: Diagnosis History

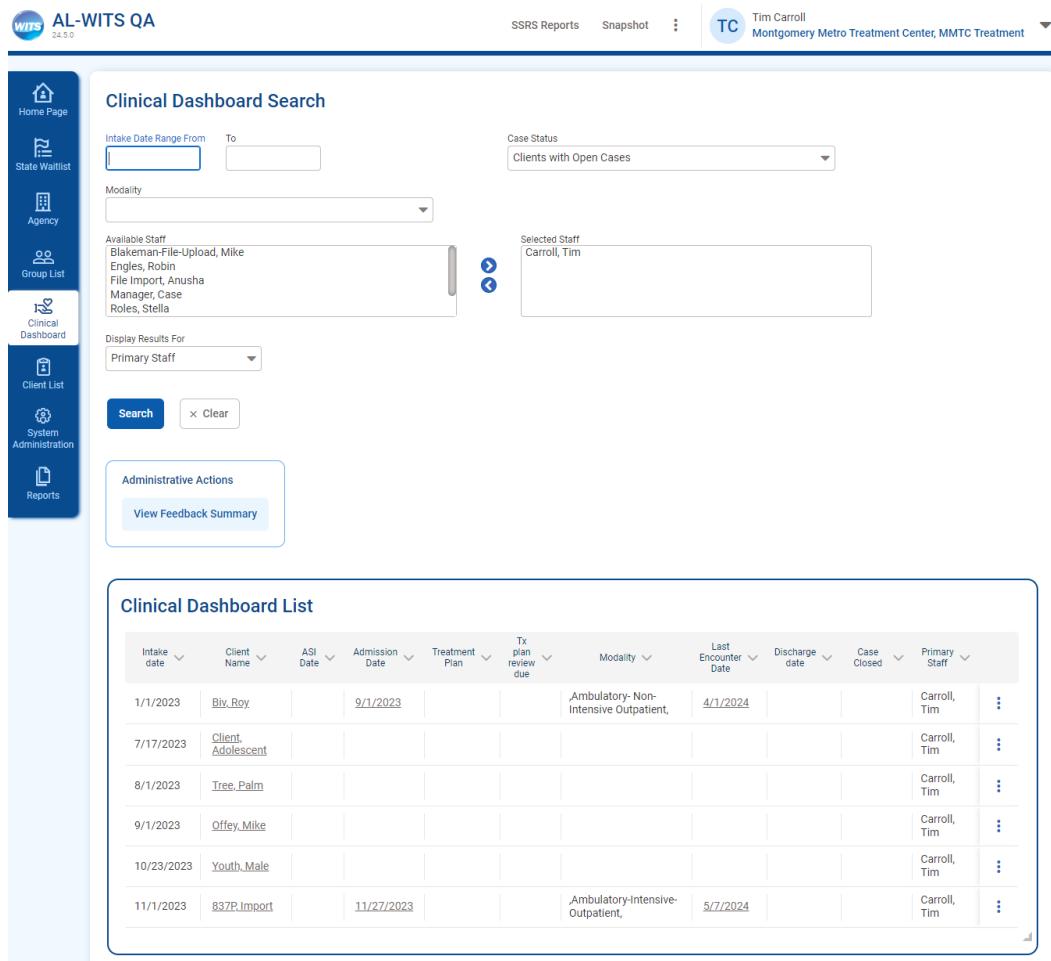
→ TEST

- 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



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

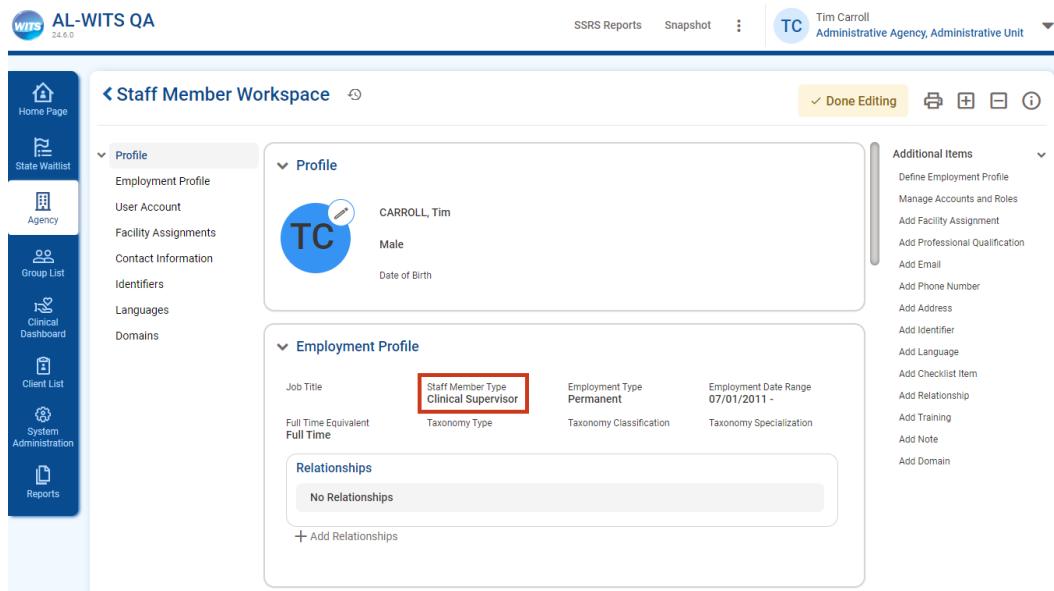
Figure 157: Clinical Dashboard

→ 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.



AL-WITS QA 24.6.0

SSRS Reports Snapshot Tim Carroll
Administrative Agency, Administrative Unit

Staff Member Workspace

Profile

CARROLL, Tim
Male
Date of Birth

Employment Profile

Job Title: **Staff Member Type: Clinical Supervisor** (highlighted with a red box)

Employment Type: Permanent
Employment Date Range: 07/01/2011 -

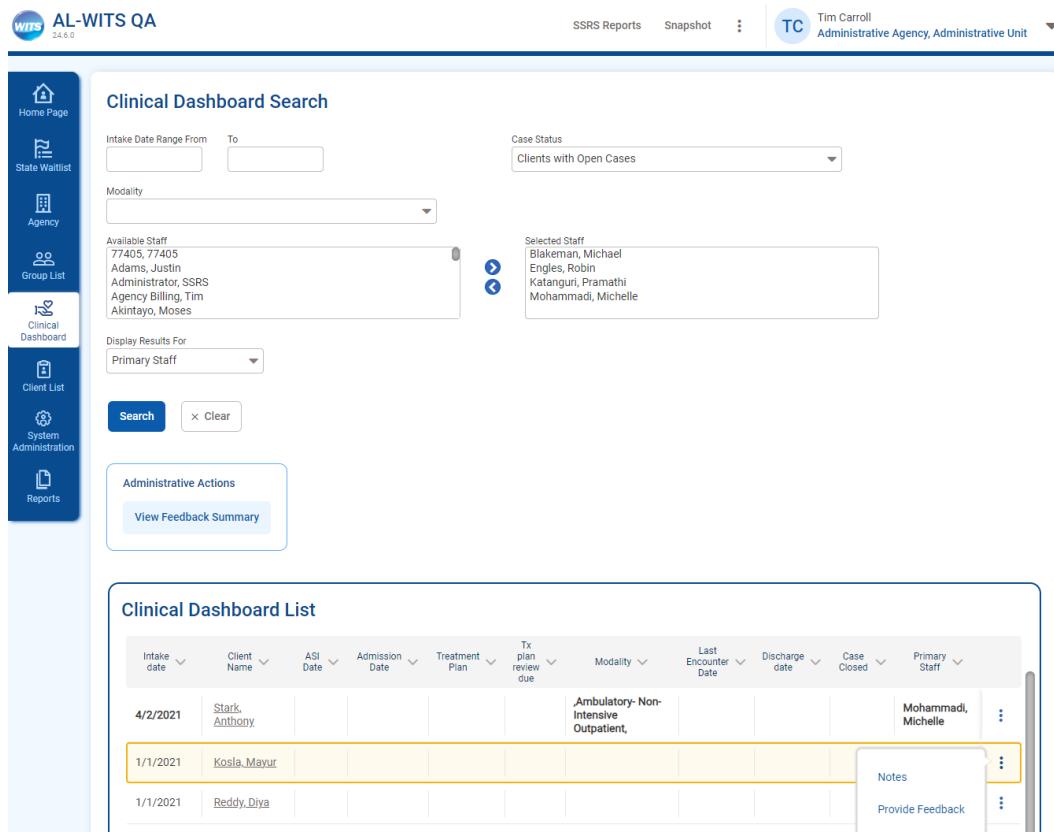
Full Time Equivalent: Full Time
Taxonomy Type: Taxonomy Classification
Taxonomy Specialization

Relationships
No Relationships
+ Add Relationships

Additional Items

- Define Employment Profile
- Manage Accounts and Roles
- Add Facility Assignment
- Add Professional Qualification
- Add Email
- Add Phone Number
- Add Address
- Add Identifier
- Add Language
- Add Checklist Item
- Add Relationship
- Add Training
- Add Note
- Add Domain

Figure 158: Staff Member Workspace, Clinical Supervisor



AL-WITS QA 24.6.0

SSRS Reports Snapshot Tim Carroll
Administrative Agency, Administrative Unit

Clinical Dashboard Search

Intake Date Range From: To:
Case Status:
Modality:
Available Staff: 77405, 77405
Adams, Justin
Administrator, SRS
Agency Billing, Tim
Akinlayo, Moses
Selected Staff: Blakeman, Michael
Engles, Robin
Katanguri, Pramathi
Mohammadi, Michelle

Display Results For: Primary Staff
Search Clear

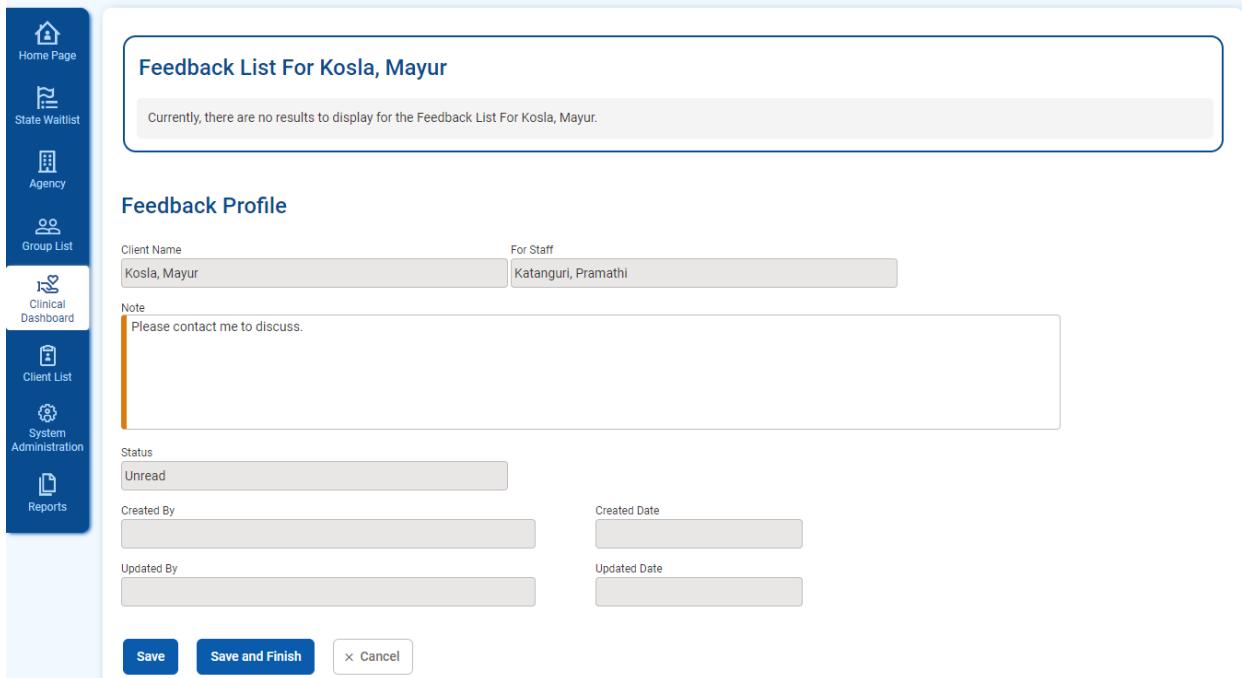
Administrative Actions
View Feedback Summary

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
4/2/2021	Stark, Anthony					Ambulatory- Non-Intensive Outpatient				Mohammadi, Michelle
1/1/2021	Kosla, Mayur					Ambulatory- Non-				
1/1/2021	Reddy, Diya					Ambulatory- Non-				

Notes
Provide Feedback

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



The screenshot shows the Clinical Dashboard with the 'Feedback Profile' section selected. The left sidebar includes links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard (selected), Client List, System Administration, and Reports. The main content area displays a feedback profile for 'Kosla, Mayur' (Primary Staff: 'Katanguri, Pramathi'). The 'Note' field contains the text 'Please contact me to discuss.' The 'Status' is 'Unread'. The 'Created By' and 'Created Date' fields are empty. The 'Updated By' and 'Updated Date' fields are also empty. At the bottom are 'Save', 'Save and Finish', and 'Cancel' buttons.

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.

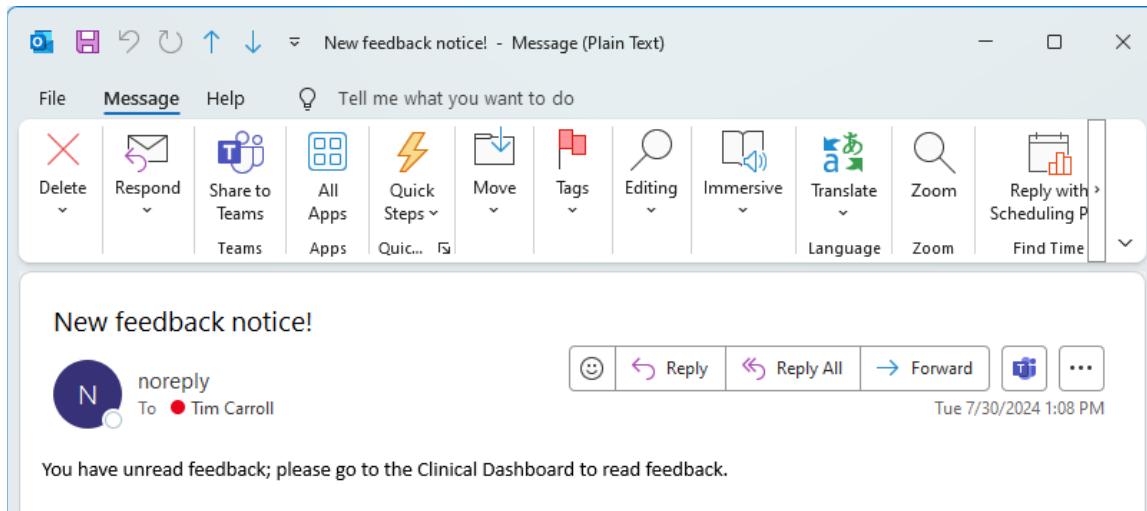


Figure 161: Feedback notice email

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

The screenshot shows the AL-WITS QA Clinical Dashboard interface. The left sidebar includes links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard (which is selected), Client List, System Administration, and Reports.

The main area has two sections:

- Clinical Dashboard Search:** Includes fields for Intake Date Range, Case Status (Clients with Open Cases), Modality, Available Staff (listing Adams, Justin; Administrator, SSRS; Agency Billing, Tim; Akintayo, Moses), Selected Staff (Carroll, Tim), and Display Results For (Primary Staff). Buttons for Search and Clear are present.
- Clinical Dashboard List:** A table with columns: Intake date, Client Name, ASI Date, Admission Date, Treatment Plan, Tx plan review due, Modality, Last Encounter Date, Discharge date, Case Closed, Primary Staff, and Notes. The first row (Lemon, Lulu) has a callout box with 'Read Feedback'.

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

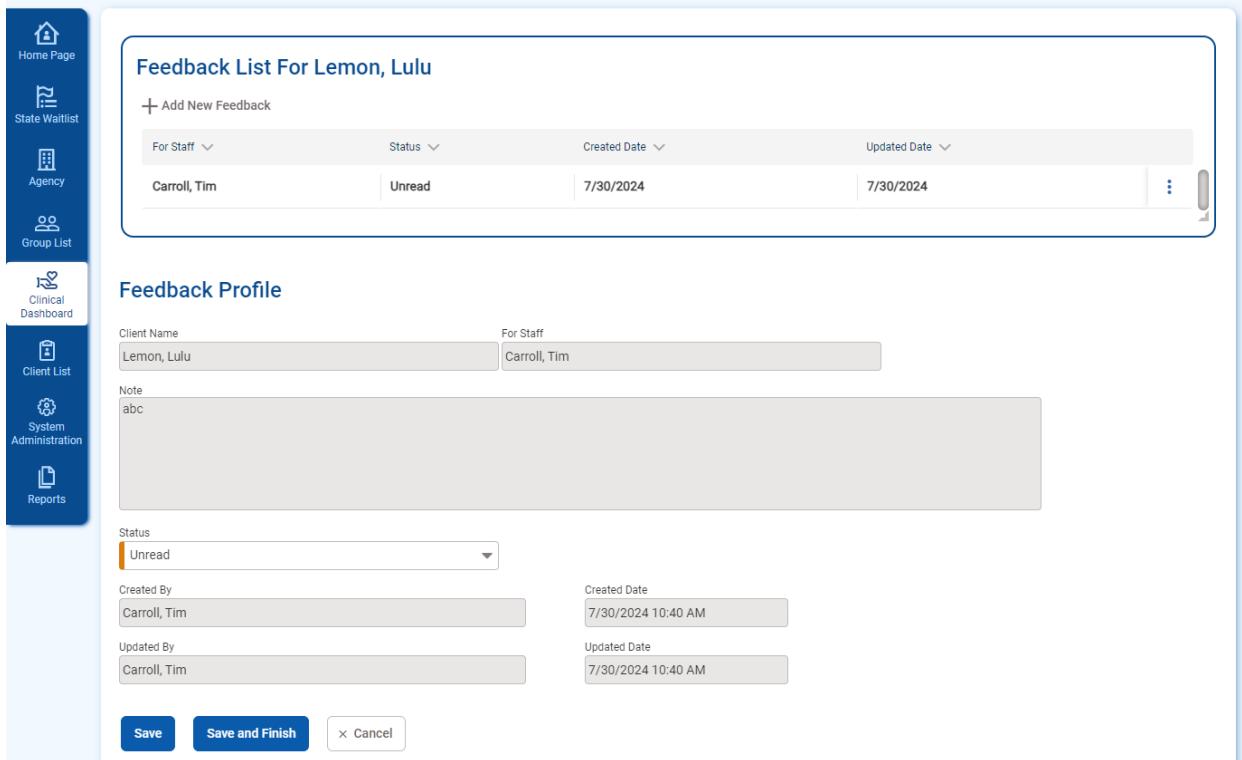


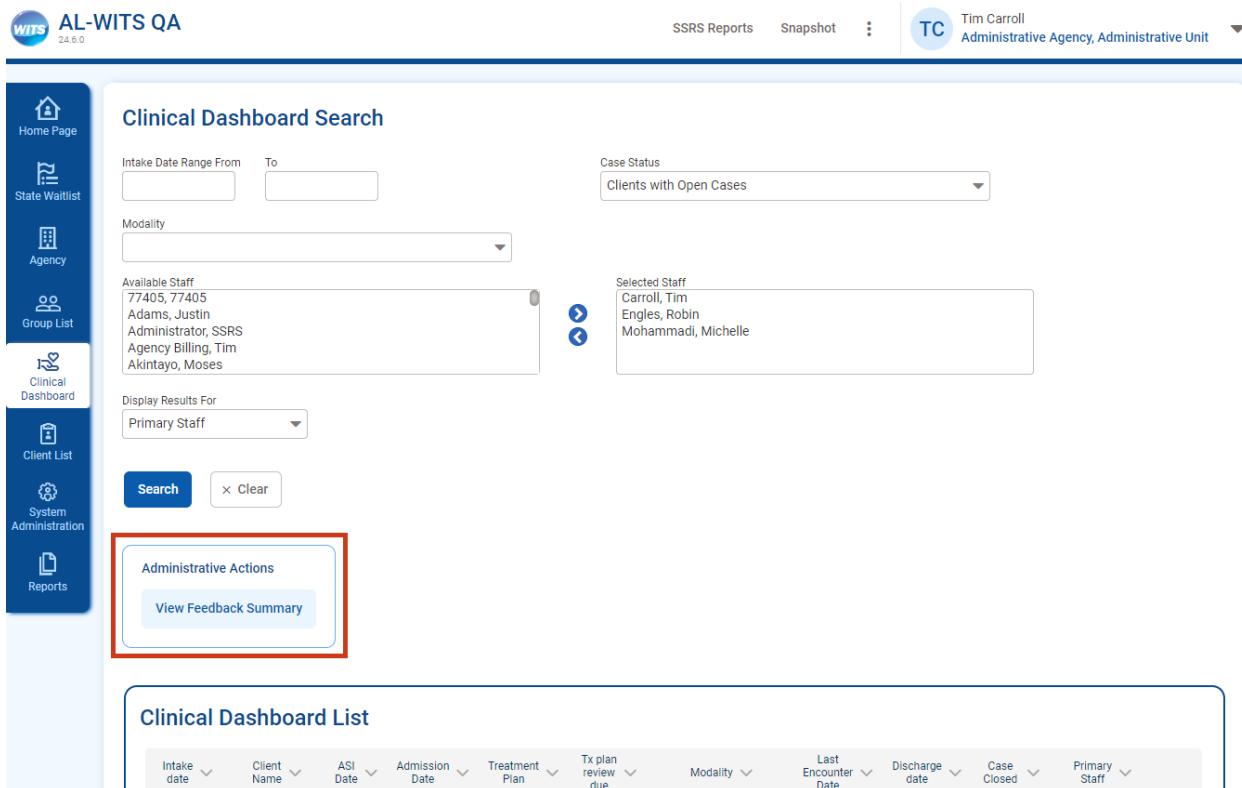
Figure 163: Feedback List and Profile

→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

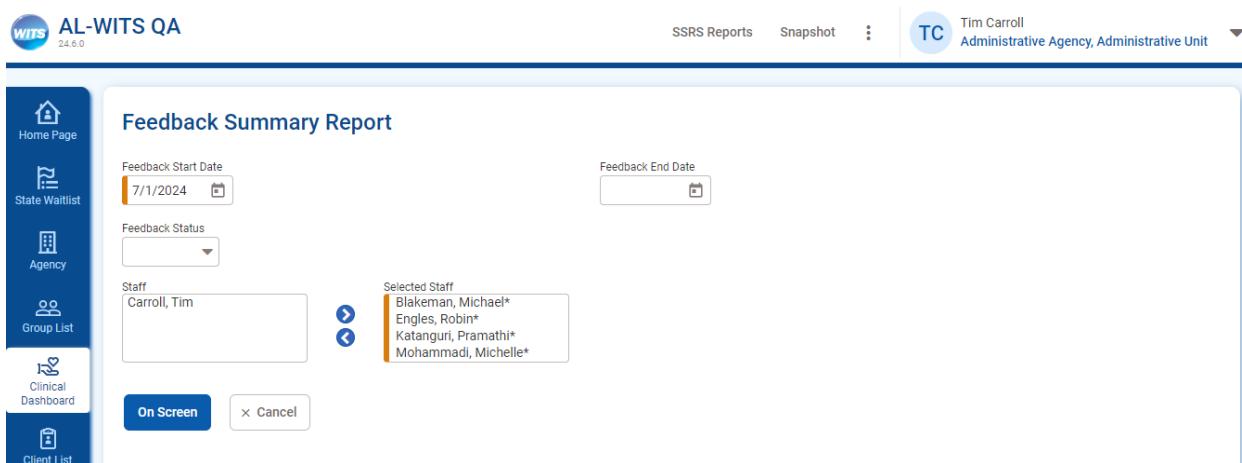
5.7.4. Clinical Dashboard Feedback Summary Report

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



The screenshot shows the AL-WITS QA Clinical Dashboard. On the left, a sidebar menu includes: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard (highlighted in blue), Client List, System Administration, and Reports. The main search area has fields for Intake Date Range, Case Status (Clients with Open Cases), Modality, Available Staff (77405, 77405, Adams, Justin, Administrator, SSRS, Agency Billing, Tim, Akintayo, Moses), Selected Staff (Carroll, Tim, Engles, Robin, Mohammadi, Michelle), and Display Results For (Primary Staff). Below this is a button labeled 'View Feedback Summary' which is highlighted with a red box. A 'Clinical Dashboard List' section follows, with a header row for Intake date, Client Name, ASI Date, Admission Date, Treatment Plan, Tx plan review due, Modality, Last Encounter Date, Discharge date, Case Closed, and Primary Staff.

Figure 164: Clinical Dashboard showing View Feedback Summary button



The screenshot shows the Feedback Summary Report criteria page. The sidebar menu is identical to Figure 164. The main form includes: Feedback Start Date (7/1/2024), Feedback End Date (empty), Feedback Status (empty), Staff (Carroll, Tim), Selected Staff (Blakeman, Michael*, Engles, Robin*, Katanguri, Pramathi*, Mohammadi, Michelle*), and buttons for 'On Screen' and 'Cancel'.

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
 ALTreatmentEpisod eDataSet.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.

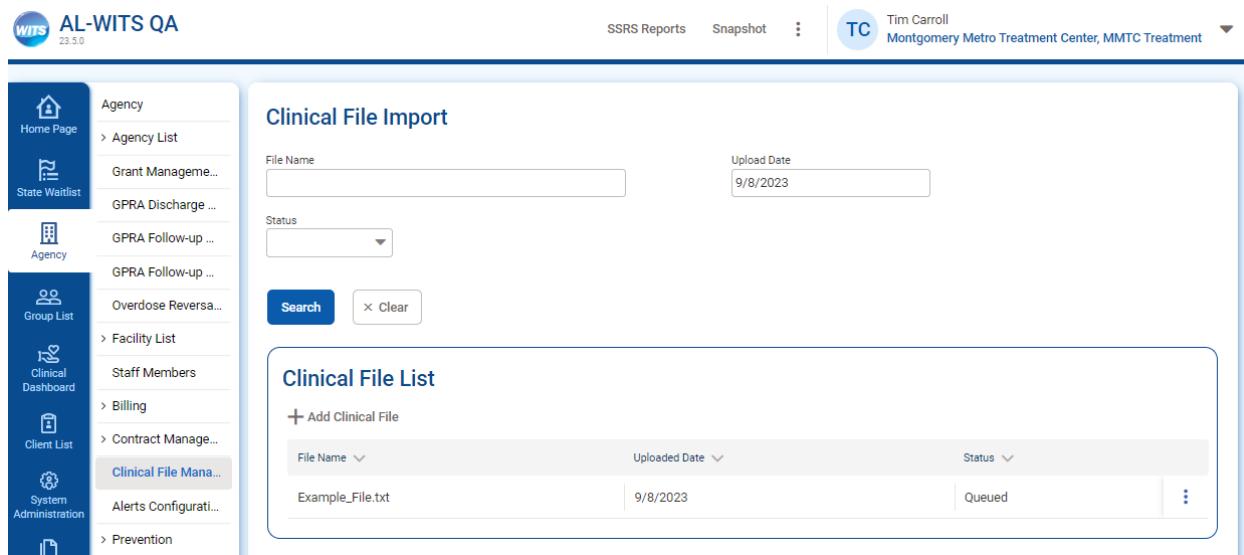


Figure 167: Clinical File Management/Import

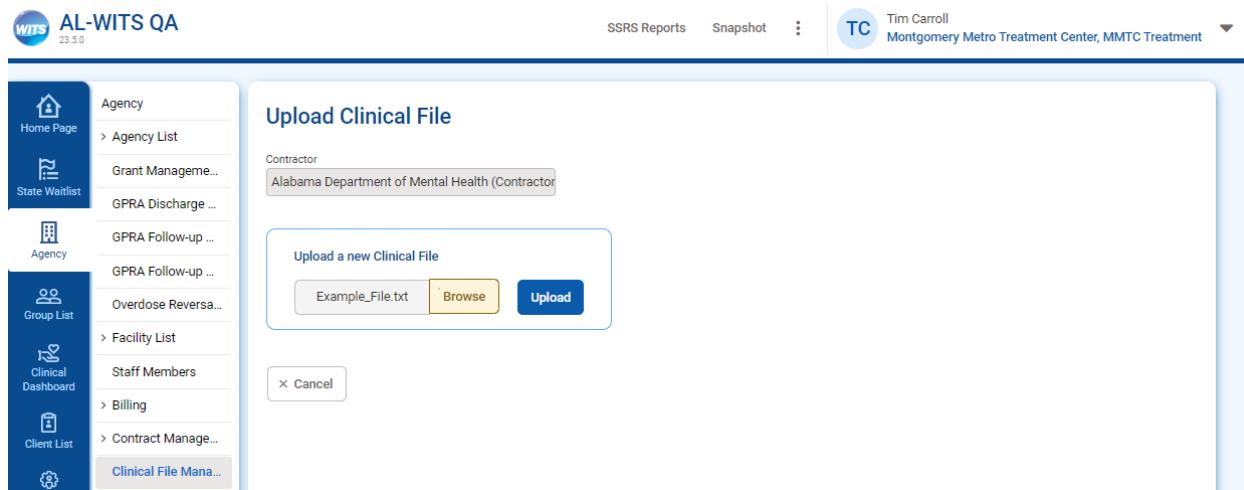
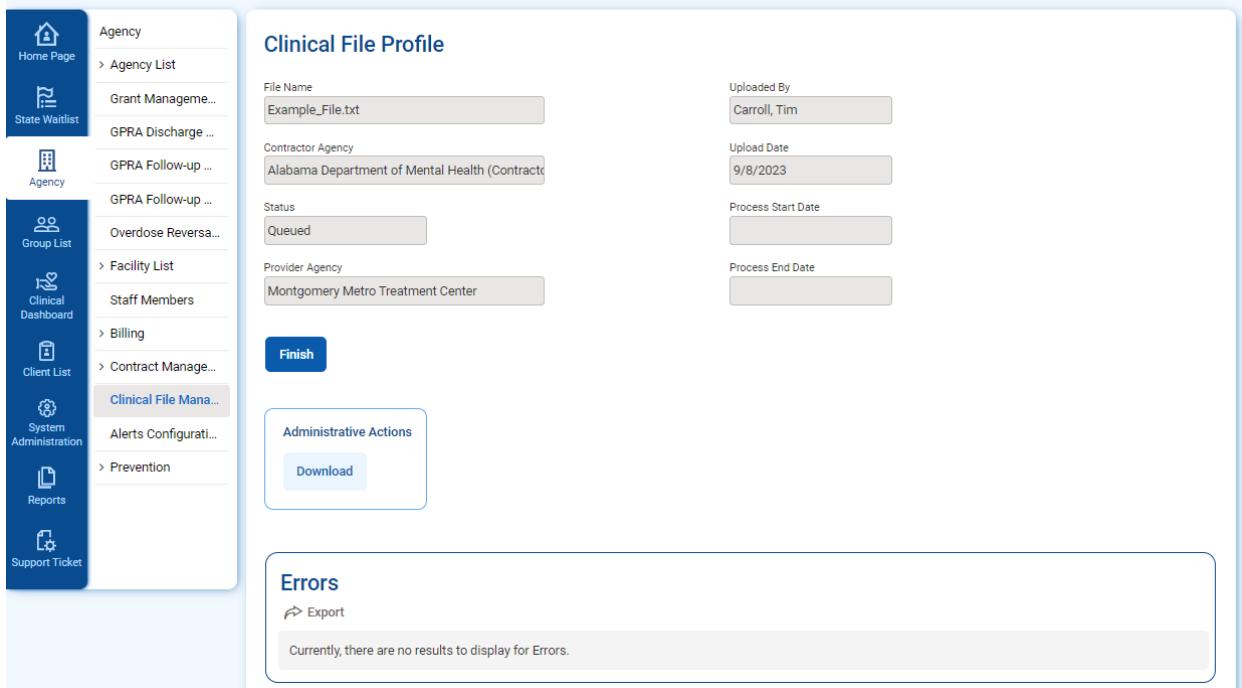


Figure 168: Upload Clinical File



Clinical File Profile

File Name: Example_File.txt
Uploaded By: Carroll, Tim

Contractor Agency: Alabama Department of Mental Health (Contract)

Status: Queued
Provider Agency: Montgomery Metro Treatment Center

Process Start Date:
Process End Date:

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:

<?xml version="1.0" encoding="utf-8"?>	Stored Data
<ClientDataSet>	
<Clients>	
<Client action="">	
<FirstName>Banana</FirstName>	Banana
<LastName>Pancake</LastName>	Pancake
<GenderCode>MA</GenderCode>	Male
<BirthDate>04/04/2014</BirthDate>	4/4/2014
<ExternalClientRecordId>10001</ExternalClientRecordId>	10001
<SocialSecurity>004042014</SocialSecurity>	004042014
<EthnicityCode>MA</EthnicityCode>	Mexican
<VeteranStatusCode>TEDS02</VeteranStatusCode>	No
<LanguageCode>ENG</LanguageCode>	English
<HearingStatusCode>1</HearingStatusCode>	Hearing
<Races>	
<Race action="">	
<RaceCode>CAU</RaceCode>	White
<ExternalClientRaceRecordId>10001Race1</ExternalClientRaceRecordId>	10001Race1
</Race>	
</Clients>	
<ClientPhysicalAddresses>	
<ClientPhysicalAddress action="">	
<AddressTypeCode>CH</AddressTypeCode>	Client Home
<ExternalClientAddressRecordId>10001Add1</ExternalClientAddressRecordId>	10001Add1
<FirstStreetAddress>1210 10th Ave N</FirstStreetAddress>	1210 10th Ave N
<CountyCode>5</CountyCode>	Baldwin
<CityName>Birmingham</CityName>	Birmingham
<StateCode>AL</StateCode>	AL
<PostalCode>35203</PostalCode>	35203
</ClientPhysicalAddress>	
</ClientPhysicalAddresses>	
</Client>	
</ClientDataSet>	

Figure 170: Annotated ClientDataSet XML

Note: The XSD allows for additional optional fields such as middle name and address line 2.

→ **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.
- Create a “clean” test file that contains all required fields and uses approved vocabulary.
- 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.
- 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.

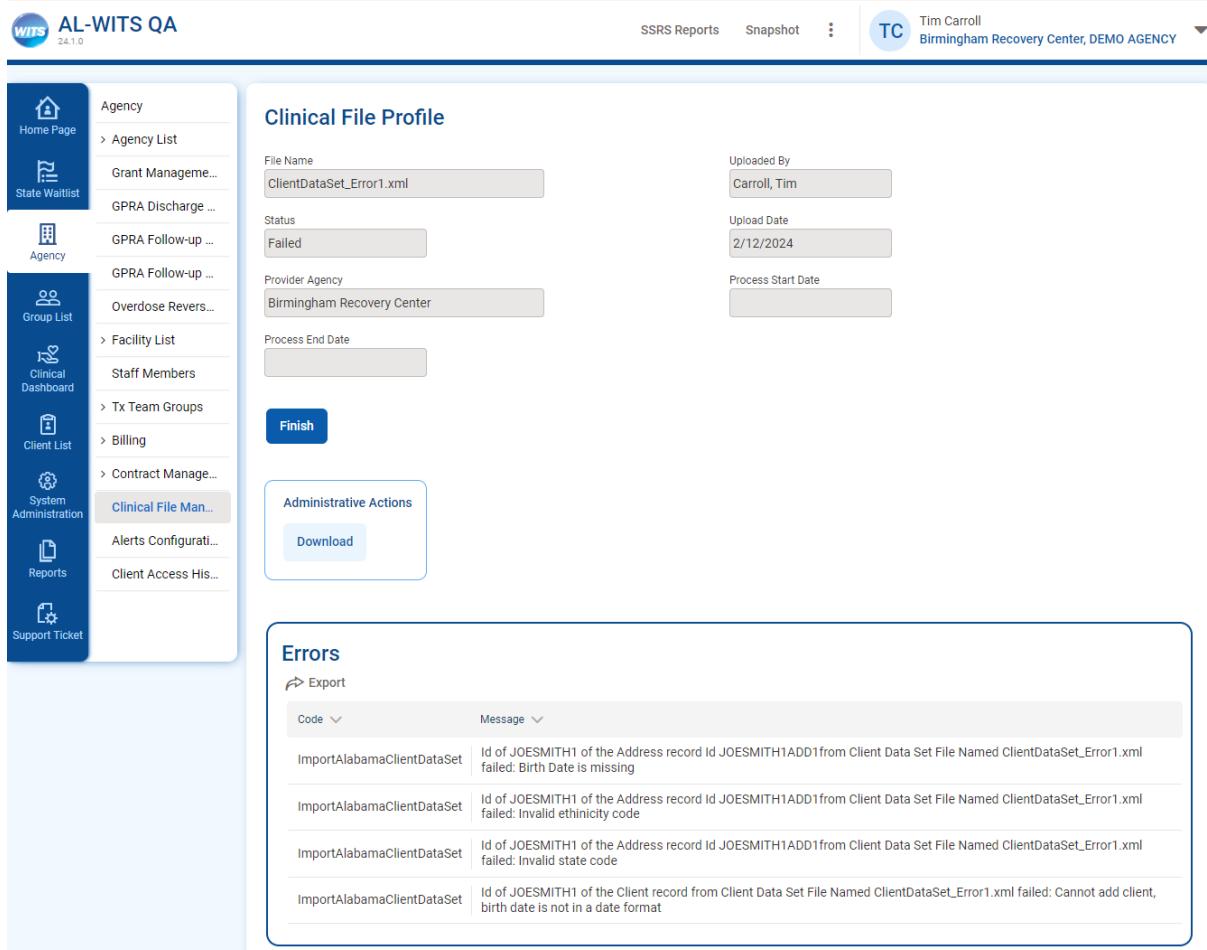
Note: The client profile is read-only when created from file import.

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 software interface. The left sidebar menu includes Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List (selected), System Administration, Reports, and Support Ticket. The main content area shows a 'Clinical File Profile' form with fields for File Name (ClientDataSet_Error1.xml), Uploaded By (Carroll, Tim), Status (Failed), Provider Agency (Birmingham Recovery Center), Process Start Date, Process End Date, and a 'Finish' button. Below this is an 'Administrative Actions' section with a 'Download' button. At the bottom is an 'Errors' section with an 'Export' link, showing a table of errors:

Code	Message
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1from Client Data Set File Named ClientDataSet_Error1.xml failed: Birth Date is missing
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1from Client Data Set File Named ClientDataSet_Error1.xml failed: Invalid ethnicity code
ImportAlabamaClientDataSet	Id of JOESMITH1 of the Address record Id JOESMITH1ADD1from 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>A</CaseStatusCode>	Open Active	
<InitialContactTypeCode>102</InitialContactTypeCode>	By Appointment	
<WitsIntakeDate>03/01/2024</WitsIntakeDate>	3/1/2024	
<CountyCode>1</CountyCode>	Jefferson	
<ReferralSourceTypeCode>REF41</ReferralSourceTypeCode>	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.PPI</ExternalClientPresentingProblemCategoryId>	10001.1.PPI	
</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:

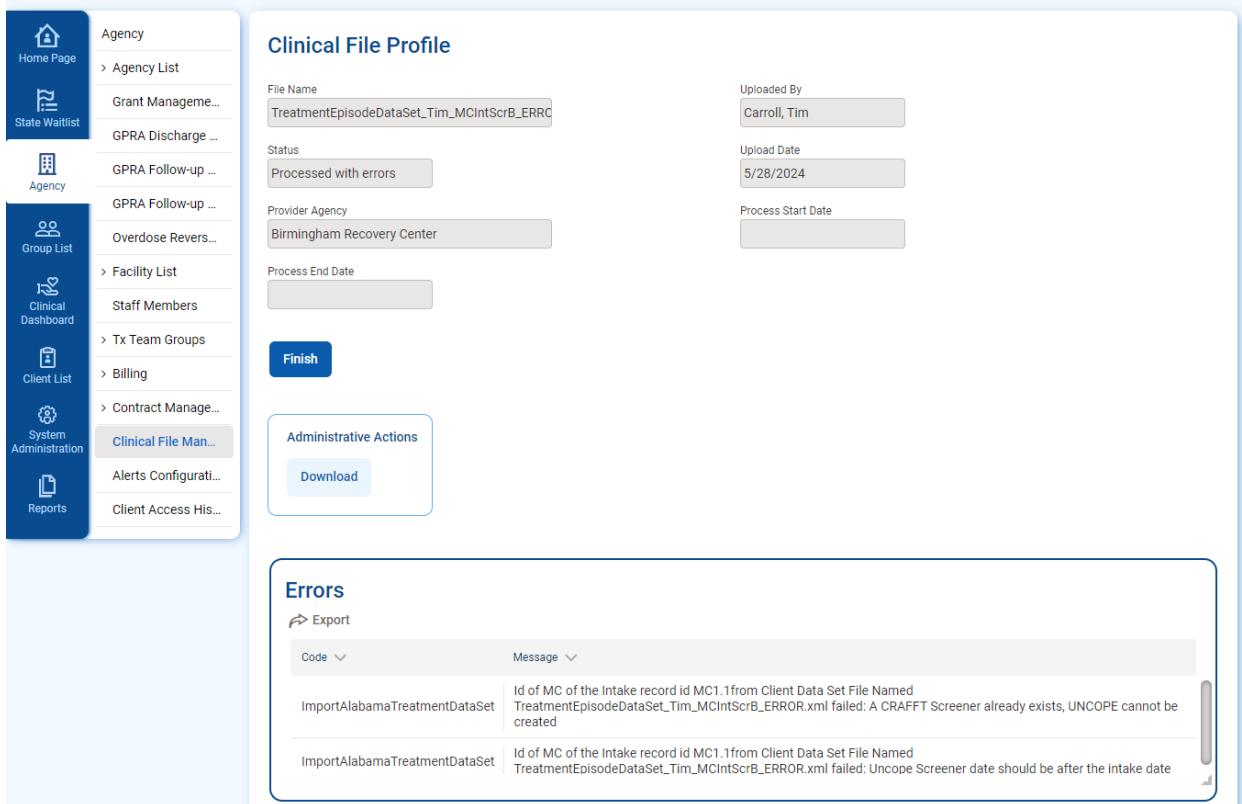


Figure 173: Failed Screening error records from Treatment Episode File

→ 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.

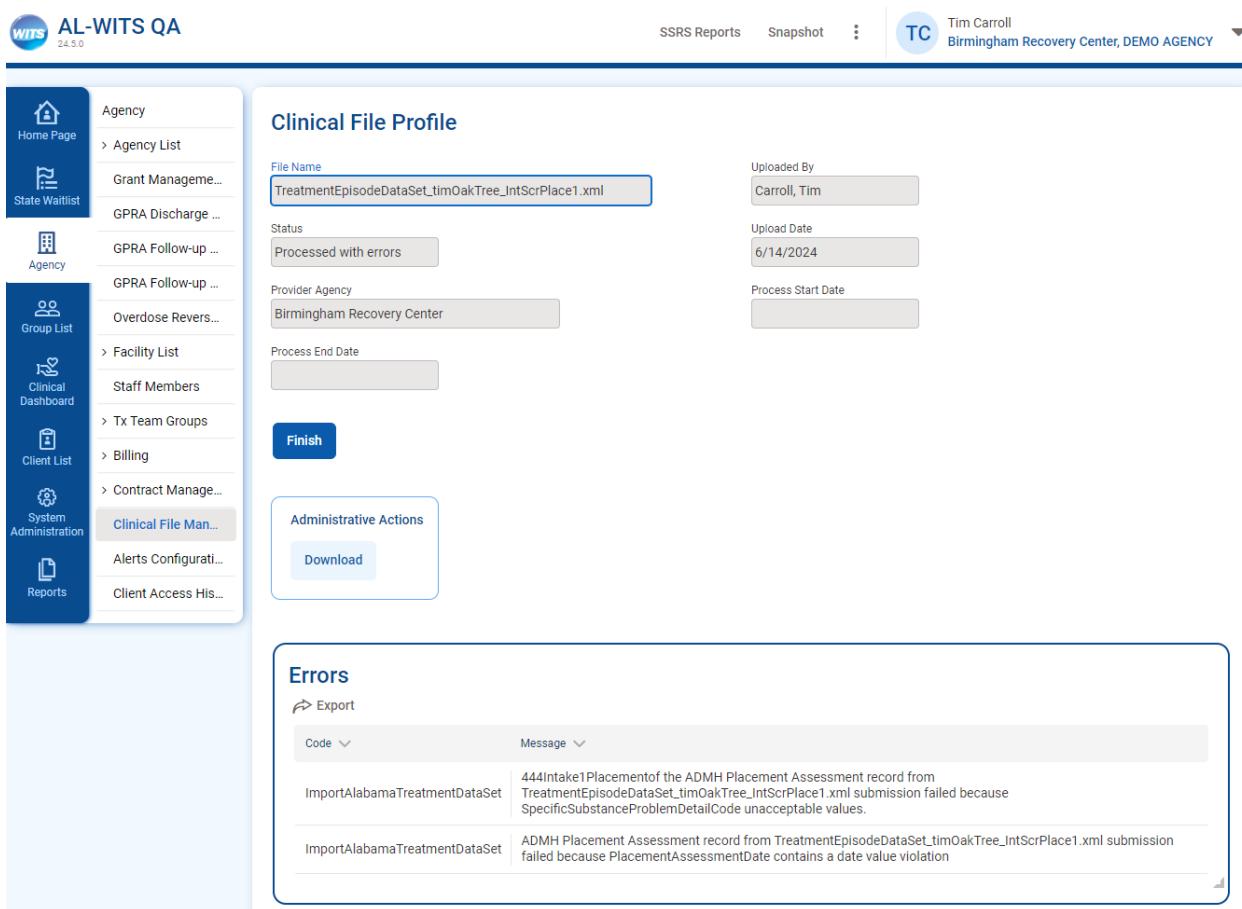
6.3.2.1. Placement Assessment Errors

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 software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' (Birmingham Recovery Center, DEMO AGENCY). The left sidebar menu has several sections: 'Home Page', 'State Waitlist', 'Agency' (with 'Agency List', 'Grant Management...', '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...', and 'Client Access His...'), 'Group List', 'Clinical Dashboard', 'Client List', 'System Administration' (with 'Reports'), and 'Reports'. The main content area shows a 'Clinical File Profile' for a file named 'TreatmentEpisodeDataSet_timOakTree_IntScrPlace1.xml'. The profile includes fields for 'File Name', 'Uploaded By' (Carroll, Tim), 'Status' (Processed with errors), 'Provider Agency' (Birmingham Recovery Center), 'Upload Date' (6/14/2024), 'Process Start Date', and 'Process End Date'. A 'Finish' button is present. Below this is a 'Administrative Actions' section with a 'Download' button. The bottom section is titled 'Errors' and contains a table with two entries. The first entry for 'ImportAlabamaTreatmentDataSet' has a 'Code' of '444Intake1Placement' and a 'Message' stating: 'ADMH Placement Assessment record from TreatmentEpisodeDataSet_timOakTree_IntScrPlace1.xml submission failed because SpecificSubstanceProblemDetailCode unacceptable values.' The second entry for 'ImportAlabamaTreatmentDataSet' has a 'Code' of '444PlacementAssessmentDate' and a 'Message' stating: '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.

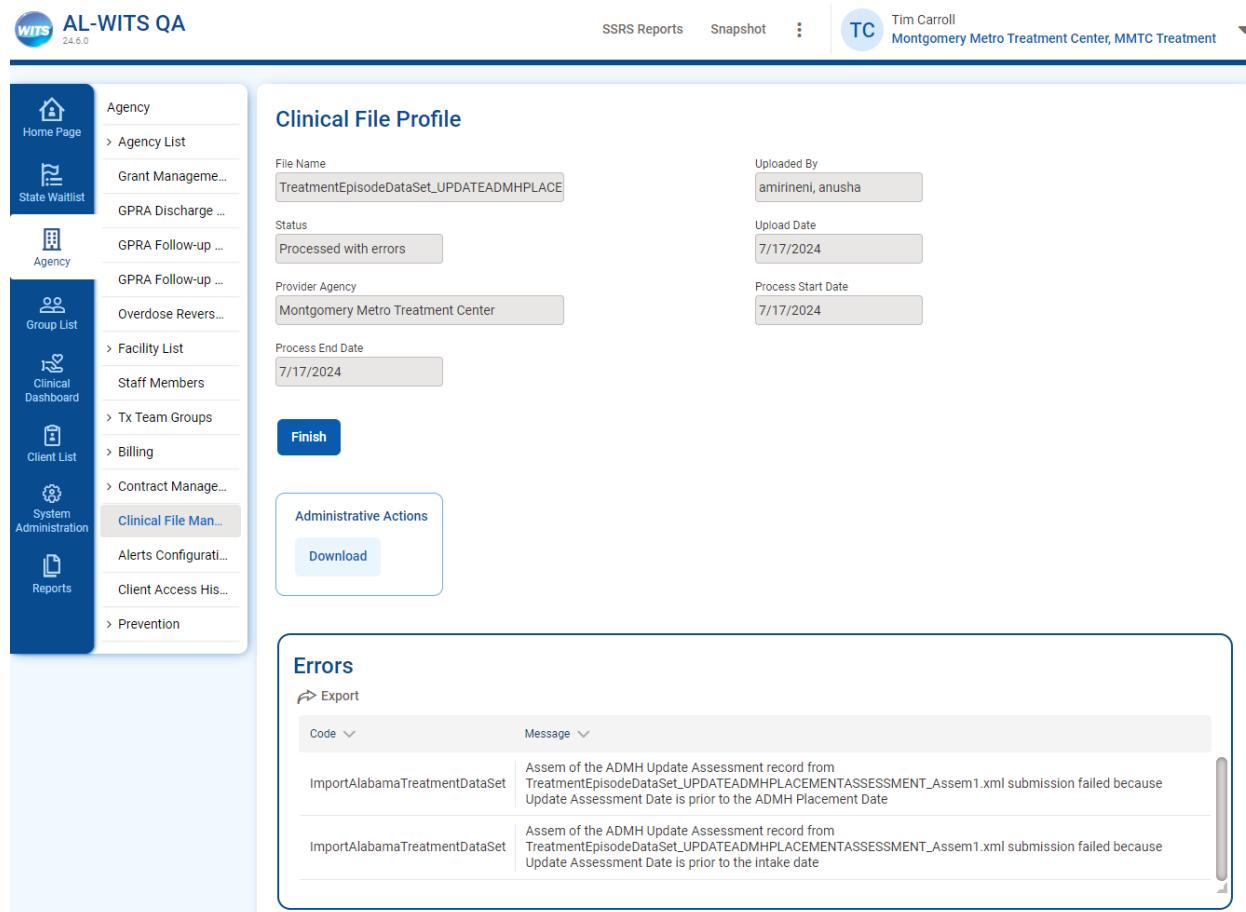
6.3.3.1. Update Assessment Errors

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 software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' (Montgomery Metro Treatment Center, MMTC Treatment). The left sidebar menu is visible, showing categories like 'Agency', 'Clinical Dashboard', 'Client List', and 'System Administration'. The main content area displays a 'Clinical File Profile' for a file named 'TreatmentEpisodeDataSet_UPDATEADMHPLACE'. The profile includes fields for 'File Name', 'Uploaded By', 'Status', 'Provider Agency', 'Process Start Date', and 'Process End Date'. A 'Finish' button is present. Below the profile is a 'Clinical File Management' section with a 'Download' button. A large 'Errors' section is at the bottom, containing two entries:

Code	Message
ImportAlabamaTreatmentDataSet	Assem of the ADMH Update Assessment record from TreatmentEpisodeDataSet_UPDATEADMHPLACEMENTASSESSMENT_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_UPDATEADMHPLACEMENTASSESSMENT_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:

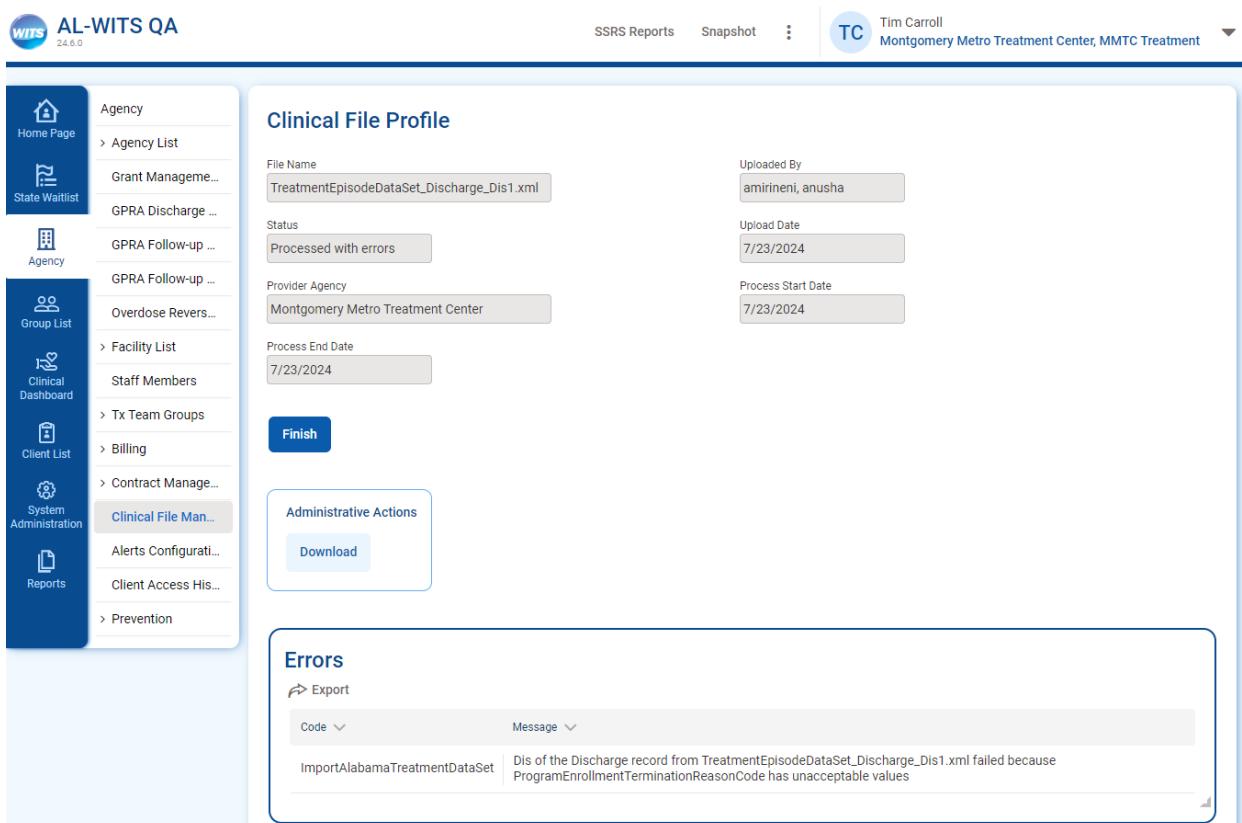
- ExternalClientRecordId
- ExternalClientIntakeRecordId
- Navigate to Agency/Clinical File Management.
- Click the +Add Clinical File button.
- On the upload screen, click the Browse button and locate the test file.
- Click the Upload button.
- Wait for the processor to run.
- Find the file in the list 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.
- 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 AL-WITS QA software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll, Montgomery Metro Treatment Center, MMTC Treatment'. The left sidebar menu is visible, showing various clinical and administrative modules. The main content area is titled 'Clinical File Profile' and displays the following data:

File Name	TreatmentEpisodeDataSet_Discharge_Dis1.xml	Uploaded By	amirineni, anusha
Status	Processed with errors	Upload Date	7/23/2024
Provider Agency	Montgomery Metro Treatment Center	Process Start Date	7/23/2024
Process End Date	7/23/2024		

Below this is a 'Finish' button and an 'Administrative Actions' section with a 'Download' button. A large callout box titled 'Errors' contains the following message:

ImportAlabamaTreatmentDataSet 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.

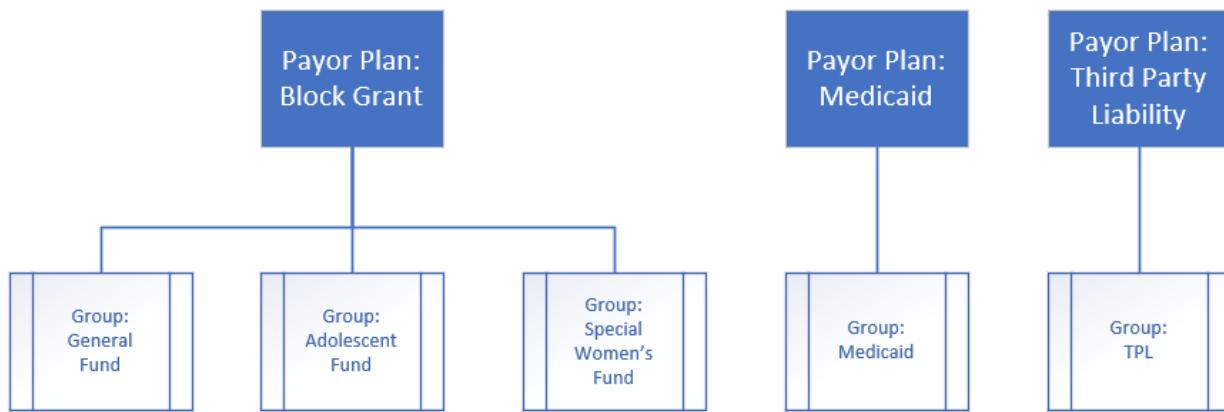
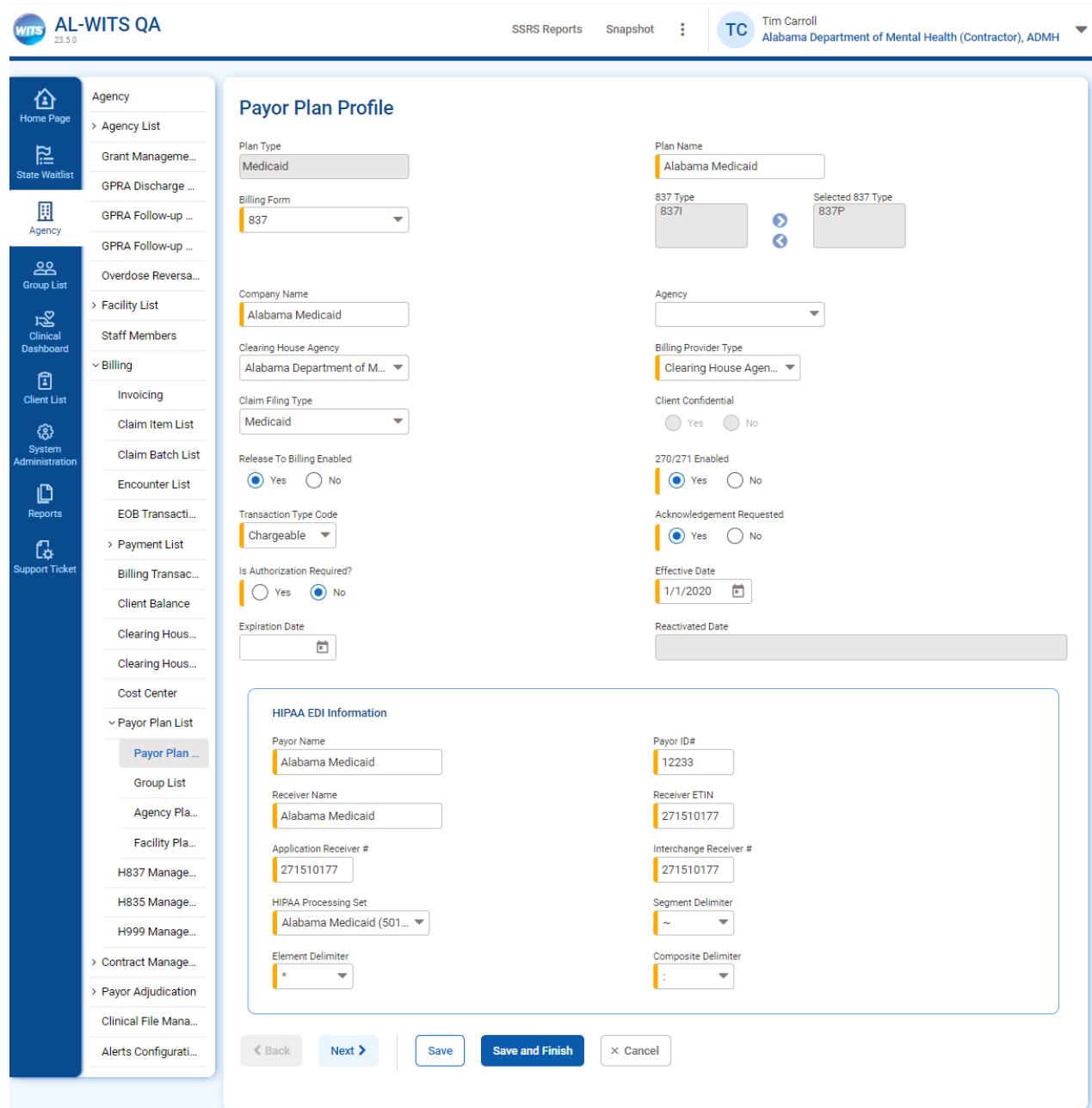


Figure 177: Example Payor Plan/Group Relationship

7.1.1. 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. Medicaid Payor Plan Profile



The screenshot shows the AL-WITS QA software interface with the following details for the Payor Plan Profile:

- Plan Type:** Medicaid
- Billing Form:** 837
- Plan Name:** Alabama Medicaid
- 837 Type:** 837I
- Selected 837 Type:** 837P
- Company Name:** Alabama Medicaid
- Agency:** Alabama Department of M...
- Billing Provider Type:** Clearing House Agen...
- Client Confidential:** No
- 270/271 Enabled:** Yes
- Acknowledgement Requested:** Yes
- Effective Date:** 1/1/2020
- Expiration Date:** (empty)
- Reactivated Date:** (empty)
- 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:** :

At the bottom, there are buttons for < Back, Next >, Save, Save and Finish, and X 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.”

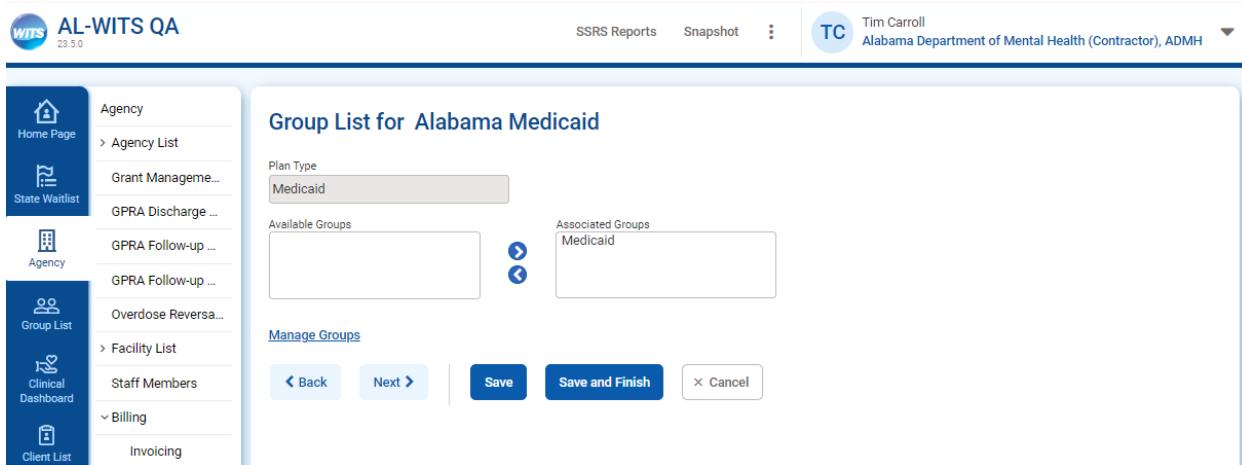


Figure 179: Medicaid Group List

→ **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.



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

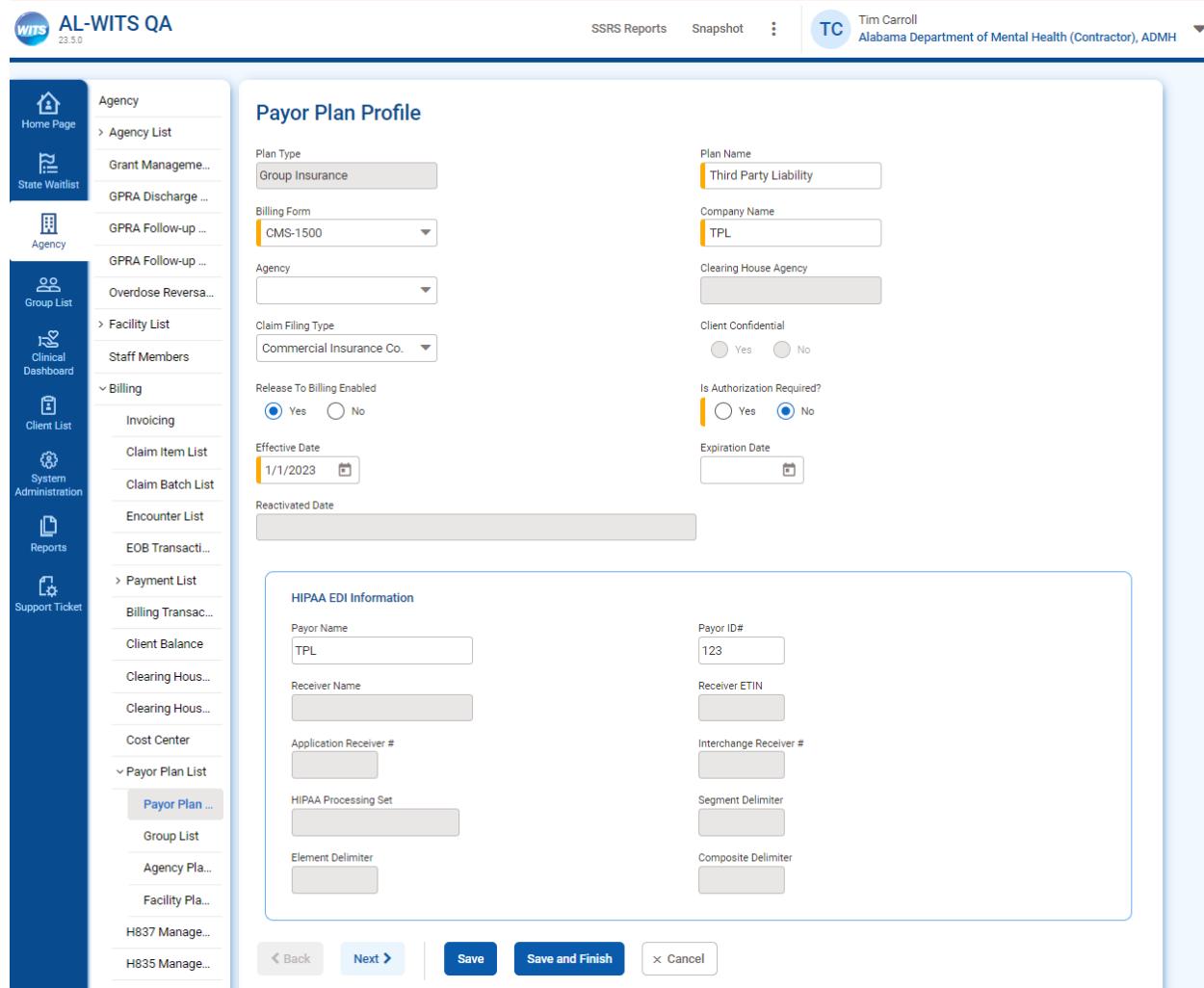
→ **TEST**

- 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



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

Plan Name: Third Party Liability

Billing Form: CMS-1500

Company Name: TPL

Agency: (null)

Clearing House Agency: (null)

Client Confidential: Yes (radio button)

Is Authorization Required?: No (radio button)

Effective Date: 1/1/2023

Expiration Date: (null)

Reactivated Date: (null)

HIPAA EDI Information

Payor Name: TPL

Payor ID#: 123

Receiver Name: (null)

Receiver ETIN: (null)

Application Receiver #: (null)

Interchange Receiver #: (null)

HIPAA Processing Set: (null)

Segment Delimiter: (null)

Element Delimiter: (null)

Composite Delimiter: (null)

Buttons: Back, Next, Save, Save and Finish, 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

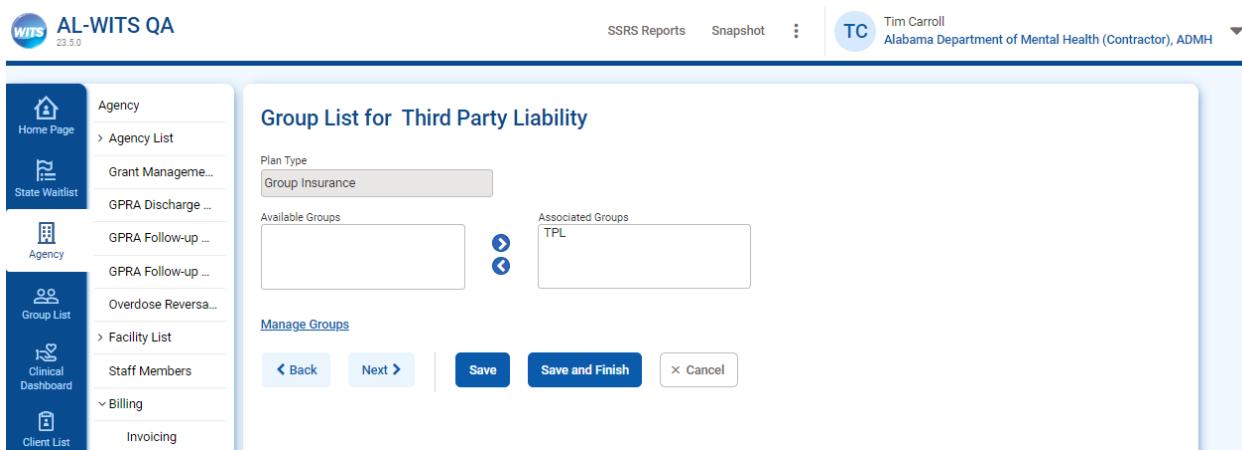
- Claim Filing Type = Commercial Insurance Co.
- Release To Billing Enabled = Yes
- Is Authorization Required = No
- Effective Date = [Date]
Note: This may be any date prior to go-live but should be backdated at least a year to allow for late claims.
- HIPAA EDI Information (these are example values):
 - 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.”



The screenshot shows the AL-WITS QA software 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 menu has sections for 'Home Page', 'State Waitlist', 'Agency' (with 'Agency List', 'Grant Management', 'GPRA Discharge', 'GPRA Follow-up', 'Overdose Reversal'), 'Group List' (with 'Facility List', 'Staff Members', 'Billing', 'Invoicing'), 'Clinical Dashboard', and 'Client List'. The main content area is titled 'Group List for Third Party Liability'. It shows a 'Plan Type' dropdown set to 'Group Insurance'. Under 'Available Groups', there is a list box. Under 'Associated Groups', there is a list box containing 'TPL'. At the bottom are 'Manage Groups' buttons and navigation buttons for 'Back', 'Next', 'Save', and 'Save and Finish'.

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.

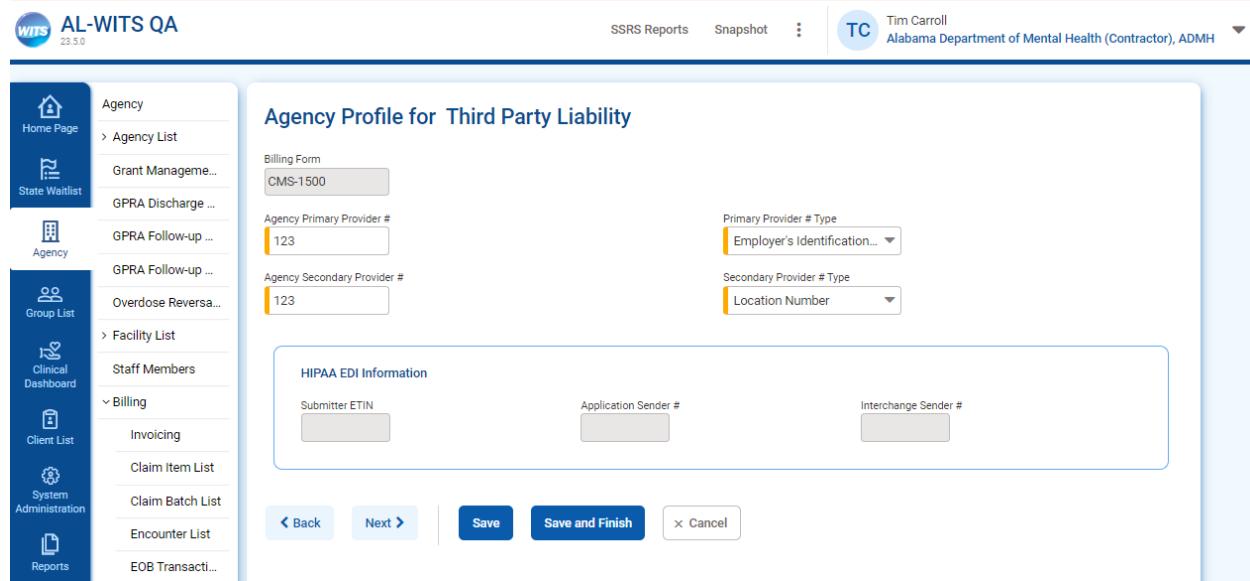


Figure 183: TPL Payor Plan, Agency Profile

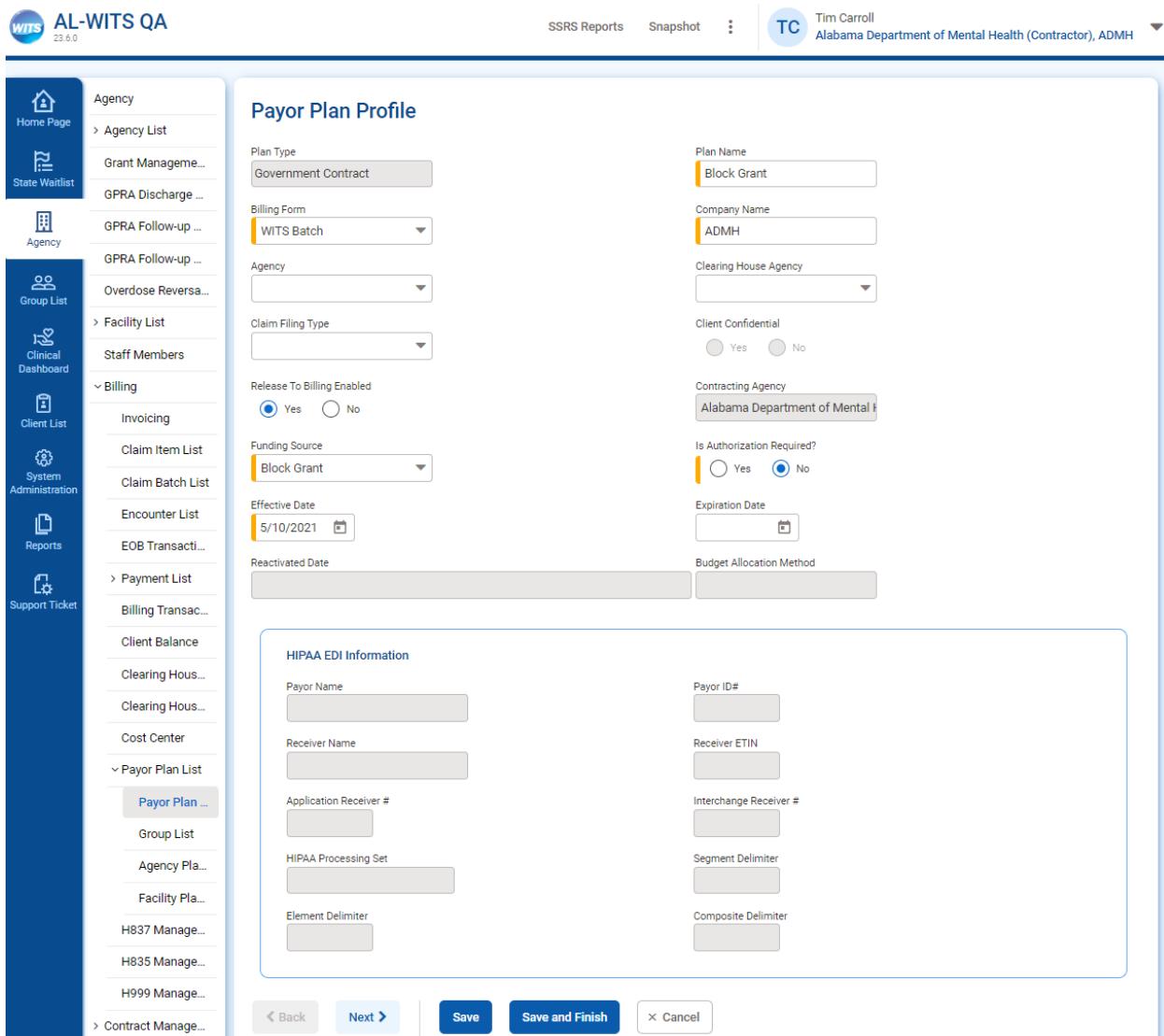
→TEST

- 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



The screenshot shows the AL-WITS QA software interface for managing payor plans. The main window is titled "Payor Plan Profile" and is set to "Government Contract" as the plan type. The "Plan Name" is "Block Grant" and the "Company Name" is "ADMH". The "Billing Form" is set to "WITS Batch". The "Funding Source" is "Block Grant". The "Effective Date" is "5/10/2021". The "Contracting Agency" is "Alabama Department of Mental Health". The "Is Authorization Required?" option is set to "No". The "Plan Type" dropdown also shows "Government Contract". The "Plan Name" dropdown shows "Block Grant". The "Company Name" dropdown shows "ADMH". The "Clearing House Agency" dropdown is empty. The "Client Confidential" radio buttons are "Yes" and "No". The "Contracting Agency" dropdown shows "Alabama Department of Mental Health". The "Is Authorization Required?" radio buttons are "Yes" and "No". The "Is Authorization Required?" radio button for "No" is selected. The "Expiration Date" is empty. The "Reactivated Date" is empty. The "Budget Allocation Method" is empty. The "HIPAA EDI Information" section contains fields for Payor Name, Payor ID#, Receiver Name, Receiver ETIN, Application Receiver #, Interchange Receiver #, HIPAA Processing Set, Segment Delimiter, Element Delimiter, and Composite Delimiter. The "Save" and "Save and Finish" buttons are visible at the bottom of the form.

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.

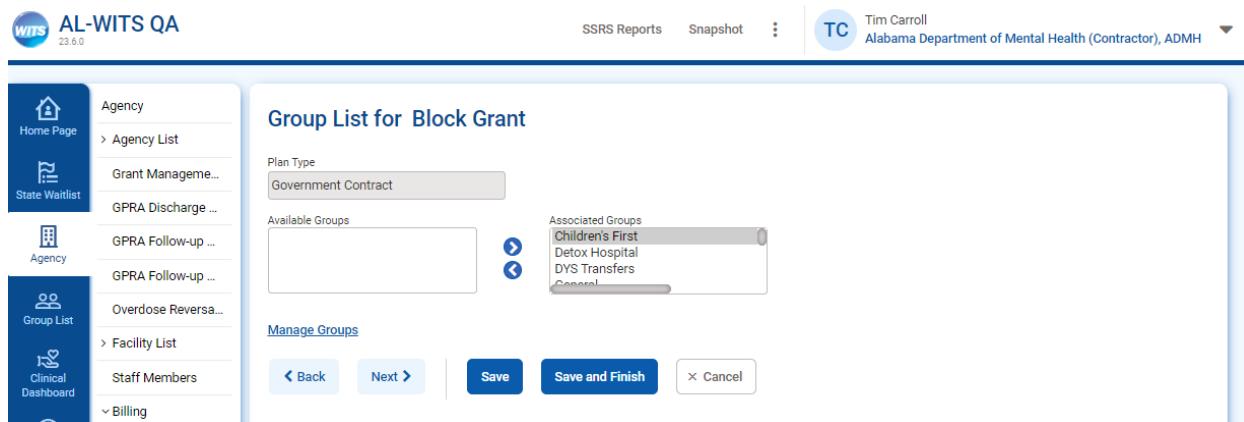
Note: Multiple Government Contract Payor Plans may be created. For example, ADMH may have plans for Block Grant, State Funds, SOR, etc. Plans should not be created for sub-categories of funding such as include General, Special Women's, Children's First, etc. See the following section for Groups.

→ **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.



The screenshot shows the AL-WITS QA software 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 has a 'Group List' icon selected, with sub-options: 'Home Page', 'Agency' (selected), 'Agency List', 'Grant Management...', 'GPRA Discharge...', 'GPRA Follow-up...', 'GPRA Follow-up...', 'Overdose Reversa...', 'Facility List', 'Staff Members', and 'Billing'. The main content area is titled 'Group List for Block Grant'. It shows a 'Plan Type' dropdown set to 'Government Contract'. Below it, 'Available Groups' and 'Associated Groups' lists are shown with arrows for moving groups between them. The 'Associated Groups' list contains 'Children's First', 'Detox Hospital', 'DYS Transfers', and 'General'. At the bottom are buttons for 'Back', 'Next', 'Save', 'Save and Finish', and 'Cancel'.

Figure 185: Group List for Block Grant

SSRS Reports
Snapshot
...

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

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:

Agency:

Group #:

Intervention Type:

Last Updated:

Last Updated By:

Plan Type:

Covered Population:

Age Group:

Gender Specific:

Template Id:

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:

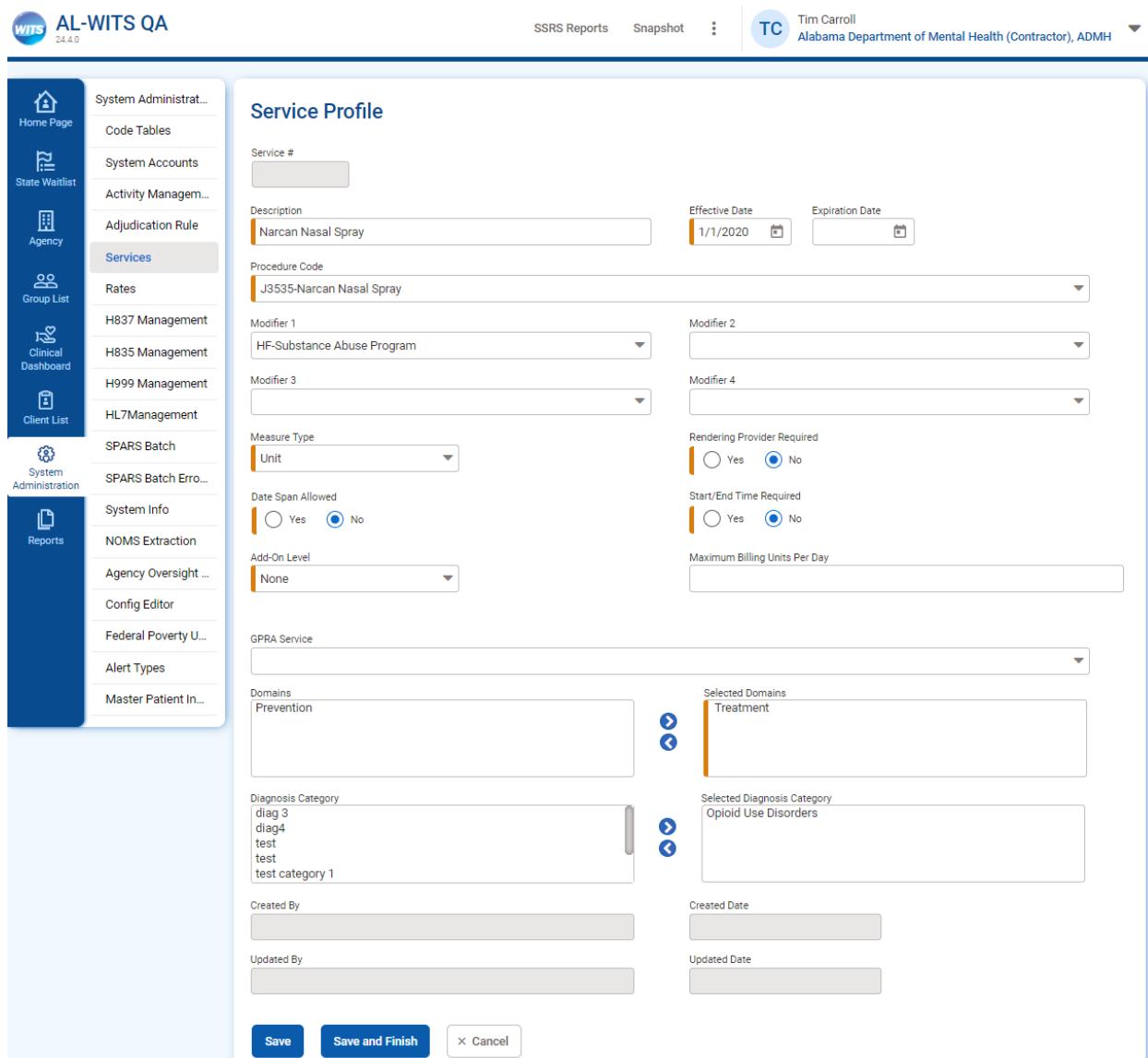
- Block Grant General
- State Funds General

[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 AL-WITS QA Service Profile page for a service named 'Narcan Nasal Spray'. The page includes a left sidebar with navigation links for various system modules like Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Service Profile' and contains the following fields:

- Service #:** (Input field)
- Description:** Narcan Nasal Spray
- Effective Date:** 1/1/2020
- Expiration Date:** (Input field)
- Procedure Code:** J3535-Narcan Nasal Spray
- Modifier 1:** HF-Substance Abuse Program
- Modifier 2:** (Input field)
- Modifier 3:** (Input field)
- Modifier 4:** (Input field)
- Measure Type:** Unit
- Rendering Provider Required:** No (radio button selected)
- Date Span Allowed:** No (radio button selected)
- Start/End Time Required:** No (radio button selected)
- Add-On Level:** None
- Maximum Billing Units Per Day:** (Input field)
- GPRA Service:** (Input field)
- Domains:** Prevention
- Selected Domains:** Treatment
- Diagnosis Category:** diag 3, diag4, test, test, test category 1
- Selected Diagnosis Category:** Opioid Use Disorders
- Created By:** (Input field)
- Created Date:** (Input field)
- Updated By:** (Input field)
- Updated Date:** (Input field)

At the bottom 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).

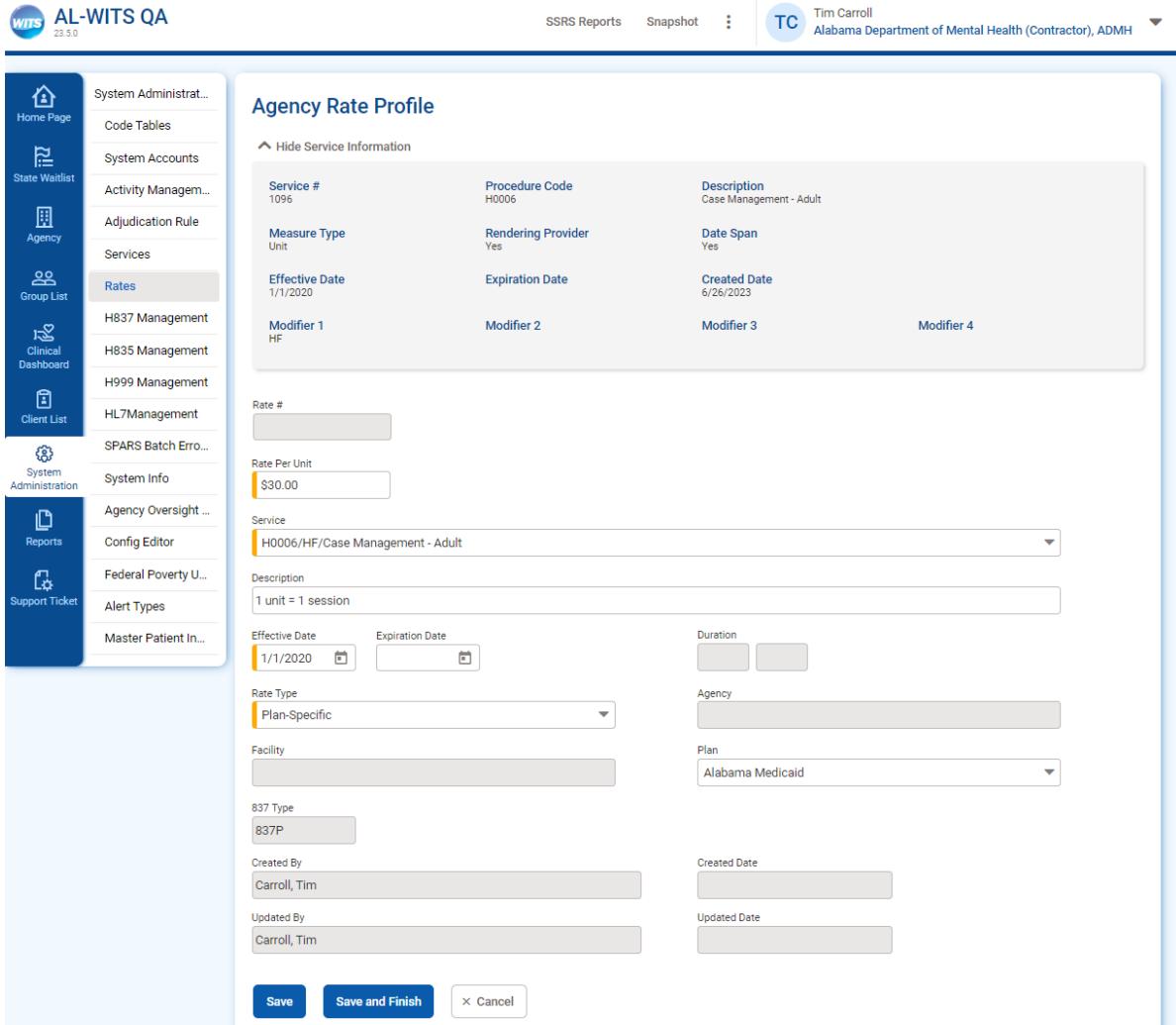
TEST

- 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 shows the WITS QA application interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- Code Tables
- System Accounts
- Activity Management
- Adjudication Rule
- Services
- Rates** (highlighted in blue)
- H837 Management
- H835 Management
- H999 Management
- HL7 Management
- SPARS Batch Errors
- System Info
- Agency Oversight
- Config Editor
- Federal Poverty U...
- Alert Types
- Master Patient In...
- Reports
- Support Ticket
- System Administration

The main content area is titled "Agency Rate Profile" and displays the following data:

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 this, there are several input fields and dropdown menus:

- Rate # (input field)
- Rate Per Unit: \$30.00 (input field)
- Service: H0006/HF/Case Management - Adult (dropdown)
- Description: 1 unit = 1 session (input field)
- Effective Date: 1/1/2020 (input field)
- Expiration Date (input field)
- Duration (two input fields)
- Rate Type: Plan-Specific (dropdown)
- Agency (input field)
- Facility (input field)
- Plan: Alabama Medicaid (dropdown)
- 837 Type: 837P (input field)
- Created By: Carroll, Tim (input field)
- Created Date (input field)
- Updated By: Carroll, Tim (input field)
- Updated Date (input field)

At the bottom are three buttons: "Save", "Save and Finish" (highlighted in blue), and "Cancel".

Figure 188: Rate Profile - Case Management – Adult, Alabama Medicaid

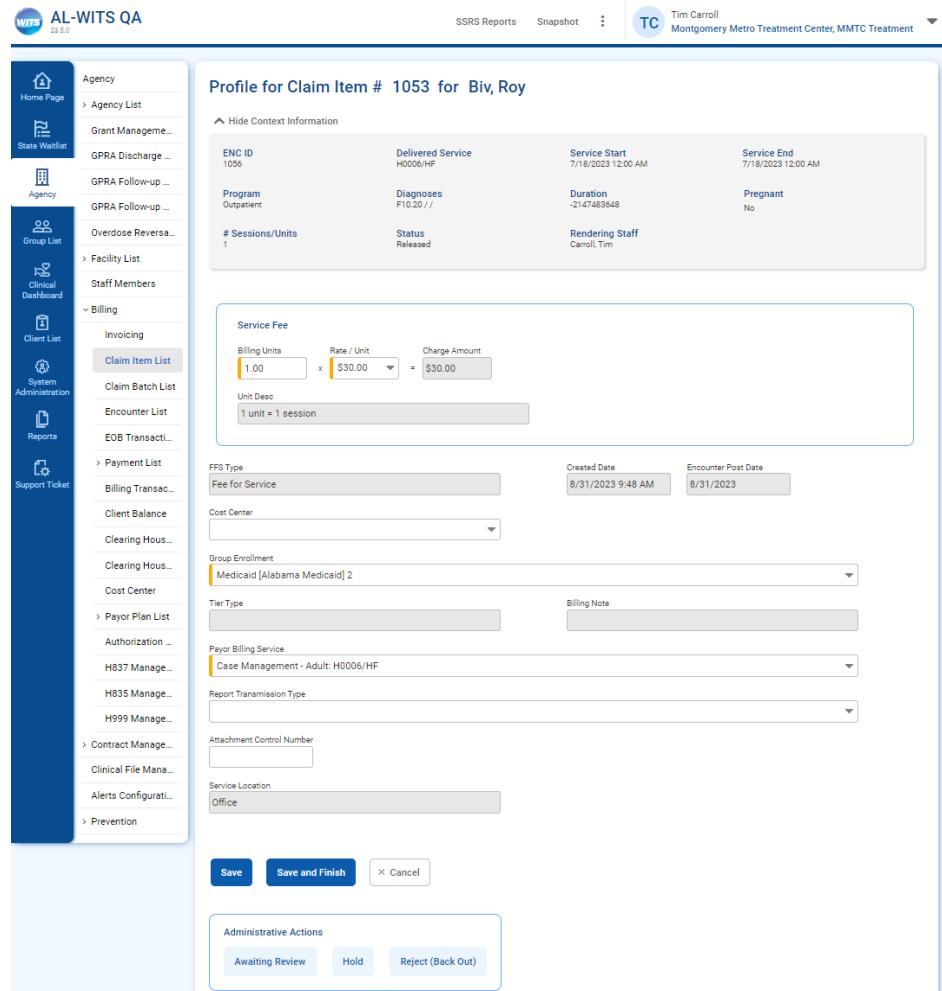
→ TEST

- 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.



The screenshot shows the AL-WITS QA 23.5.0 software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - Agency List
 - Grant Management...
 - GRPA Discharge...
 - GRPA Follow-up...
 - GRPA Follow-up...
 - Overdose Reversal...
 - Facility List
 - Staff Members
 - Billing
 - Invoicing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transact...
 - 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...
 - Prevention
- Reports
- Support Ticket
- System Administration

The main content area displays the "Profile for Claim Item # 1053 for Biv, Roy". The profile includes the following details:

- ENC ID:** 1053
- 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	x	Rate / Unit	=	Charge Amount
1.00	x	\$30.00	=	\$30.00

Unit Desc: 1 unit = 1 session

FFS Type: Fee for Service

Created Date: 8/31/2023 9:48 AM

Encounter Post Date: 8/31/2023

Cost Center: (dropdown menu)

Group Enrollment: Medicaid [Alabama Medicaid] 2

Tier Type: (dropdown menu)

Billing Note: (dropdown menu)

Payer Billing Service: Case Management - Adult: H0006/HF

Report Transmission Type: (dropdown menu)

Attachment Control Number: (dropdown menu)

Service Location: Office

Administrative Actions:

- Awaiting Review
- Hold
- Reject (Back Out)

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

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.

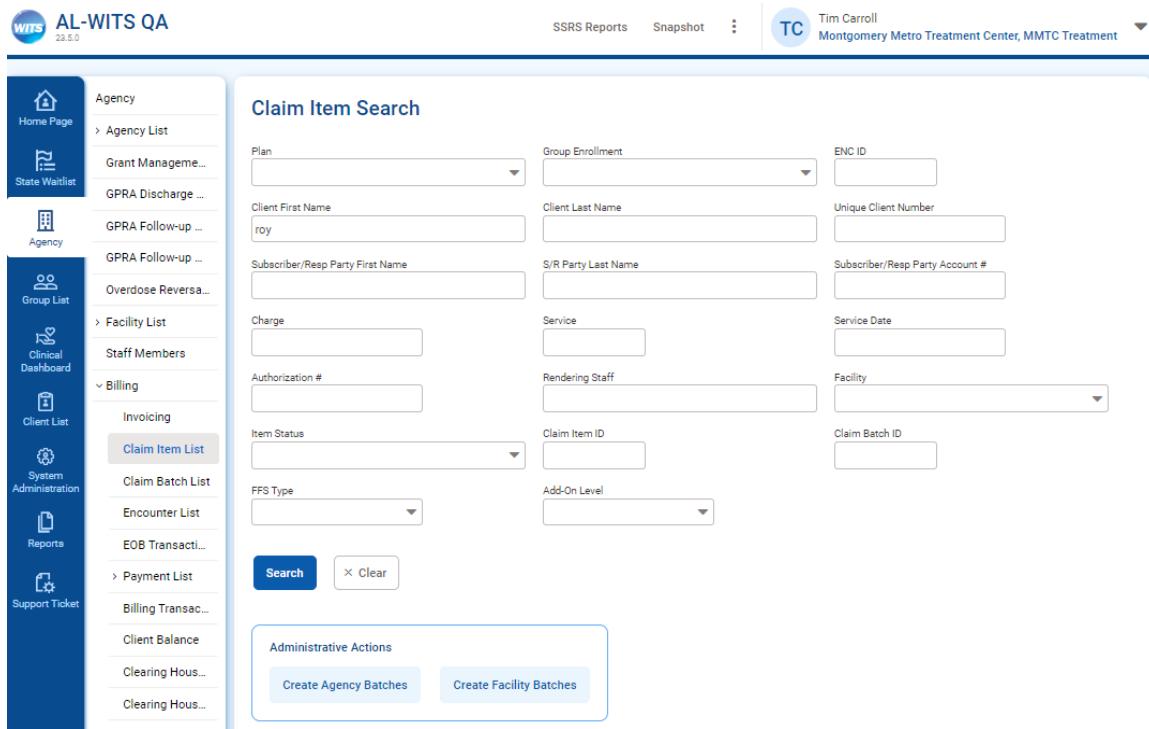
Note editable fields and actions. If the claim item is correct, no action is needed.

- Click the Save and Finish button.

7.4.2. Create Claim Batch

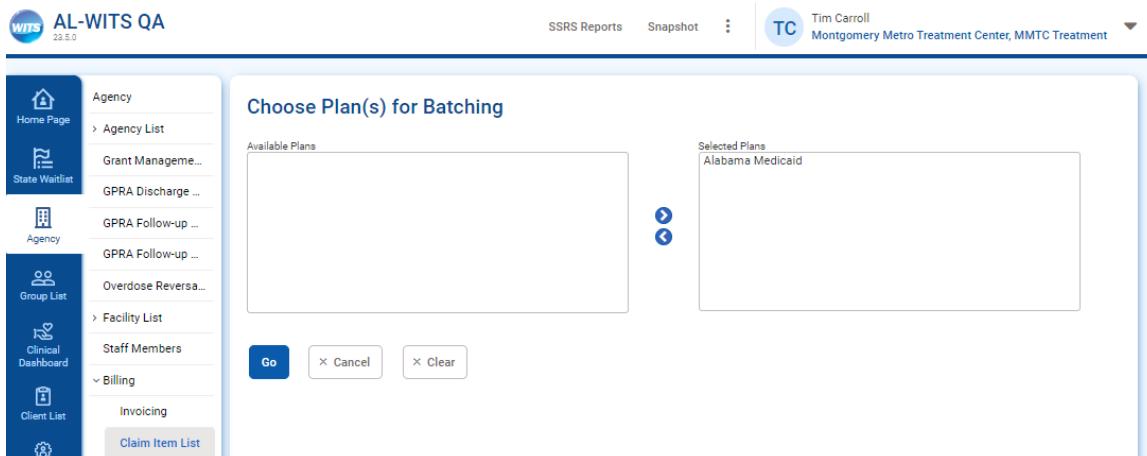
This section applies to all Claim Items, regardless of payor. The claim batch is created from the claim item list. Batches are created for released claim items at either the agency or facility level and are separated by month.

7.4.2.1. Manual Claim Batch Creation



The screenshot shows the AL-WITS QA software interface. The left sidebar has a dark blue background with various icons and links. The 'Claim Item List' link is highlighted in blue. The main area is titled 'Claim Item Search' and contains several search fields and dropdown menus. At the bottom of this section is a 'Search' button and a 'Clear' button. Below this is a 'Administrative Actions' section with two buttons: 'Create Agency Batches' and 'Create Facility Batches'. The top right of the screen shows the user 'Tim Carroll' and the location 'Montgomery Metro Treatment Center, MMTC Treatment'.

Figure 190: Claim Item Search/List



The screenshot shows the AL-WITS QA software interface. The left sidebar has a dark blue background with various icons and links. The 'Claim Item List' link is highlighted in blue. The main area is titled 'Choose Plan(s) for Batching' and shows two panels: 'Available Plans' (empty) and 'Selected Plans' (containing 'Alabama Medicaid'). Between the panels are two blue circular arrows: a right-pointing arrow and a left-pointing arrow. At the bottom are 'Go', 'Cancel', and 'Clear' buttons. The top right of the screen shows the user 'Tim Carroll' and the location 'Montgomery Metro Treatment Center, MMTC Treatment'.

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

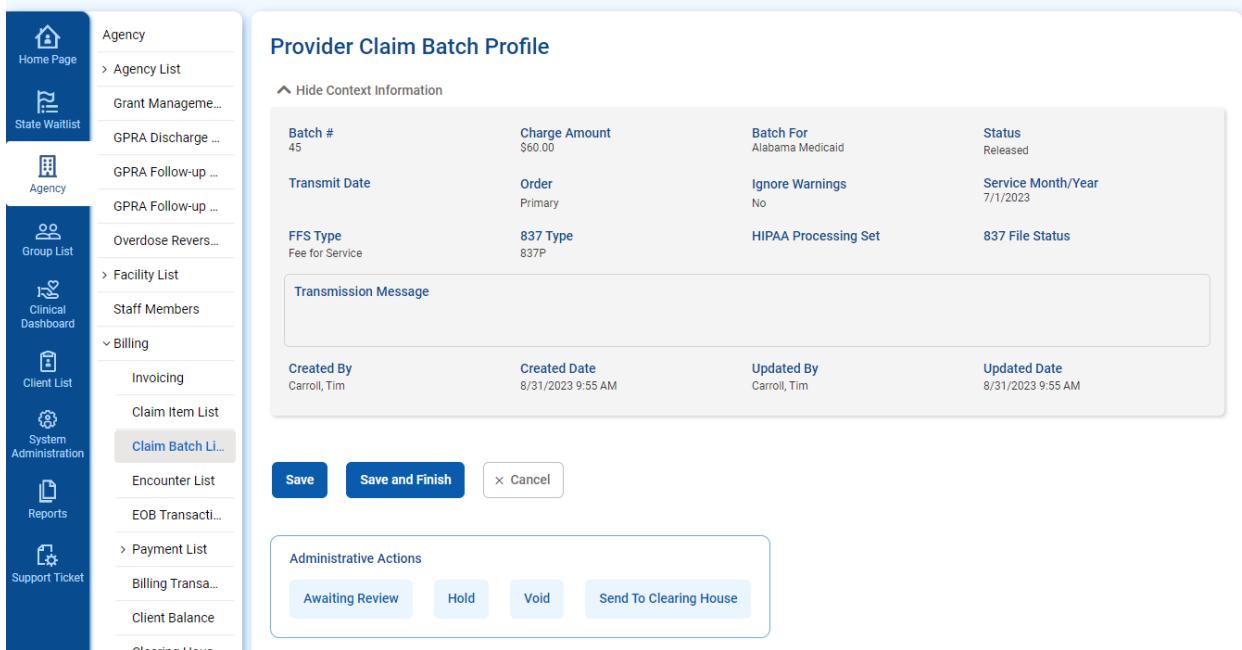
- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Create Claim Items as indicated above. Claim items must be in the Released status.
- Wait up to one hour for the task to 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.



Batch #	Charge Amount	Batch For	Status
45	\$60.00	Alabama Medicaid	Released
Transmit Date	Order	Ignore Warnings	Service Month/Year
	Primary	No	7/1/2023
FFS Type	837 Type	HIPAA Processing Set	837 File Status
Fee for Service	837P		

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

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

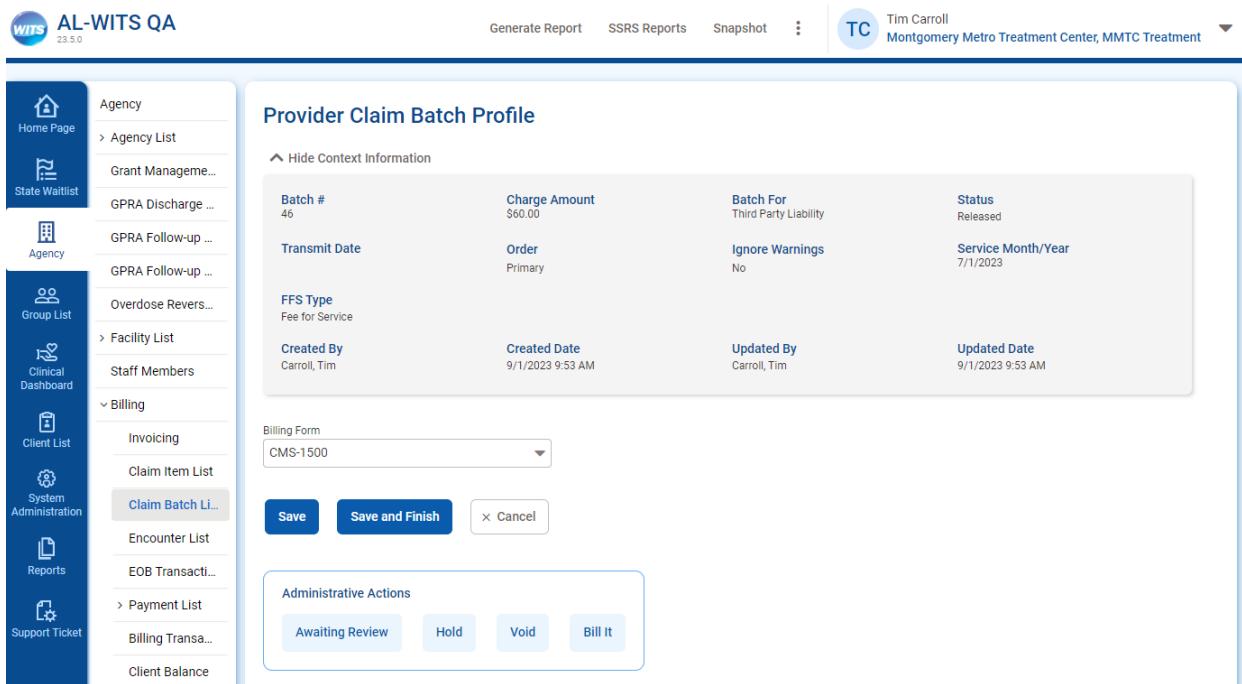
- Version: 23.8 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name).
- Note the 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.



Provider Claim Batch Profile

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

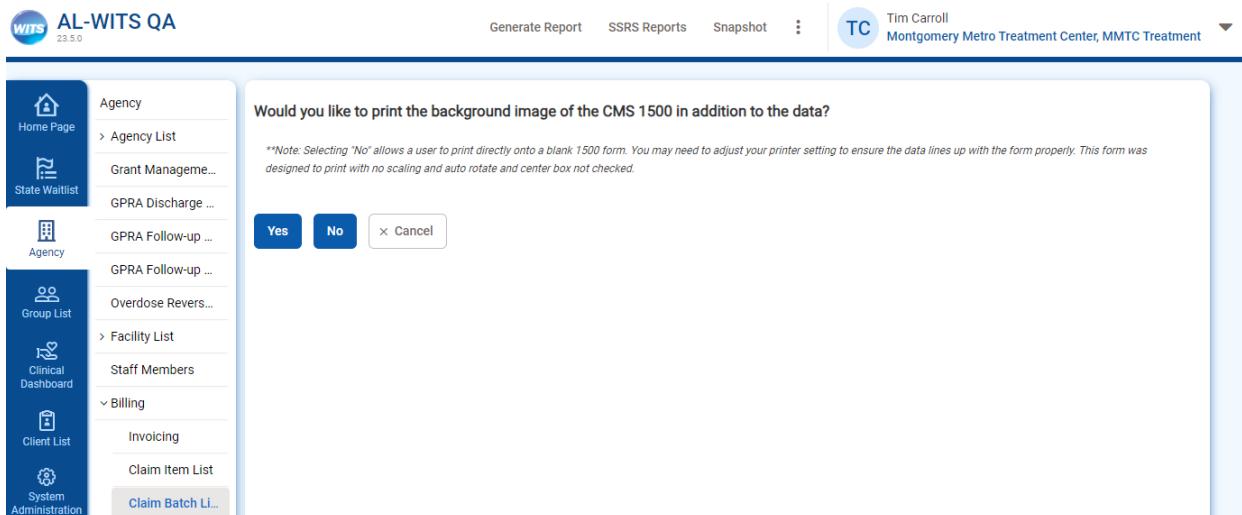
FFS Type Fee for Service

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

Administrative Actions: Awaiting Review, Hold, Void, Bill It

Figure 193: Provider TPL Claim Batch Profile



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


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Third Party Liability												
PICA <input type="checkbox"/>												
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)		TRICARE <input type="checkbox"/> (DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input checked="" type="checkbox"/> (ID#)	FECA BULK LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (ID#)		
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Biv, Roy, G					3. PATIENT'S BIRTH DATE MM DD YY 01 01 1991					SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) Biv, Roy	
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) 123 45th St		
CITY		STATE		8. RESERVED FOR NUCC USE					CITY Montgomery	STATE AL		
ZIP CODE		TELEPHONE (Include Area Code) ()							ZIP CODE 36117	TELEPHONE (Include Area Code) ()		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER ABC1234567890		
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY 01 01 1991		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME Third Party Liability		
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										If yes, complete items 9, 9a, and 9d.		
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.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		
SIGNED Signature on File		DATE 091823							SIGNED Signature on File			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE							16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION			

Figure 195: Example CMS-1500 with form and data

Third Party Liability												
PICA <input type="checkbox"/>												
1. MEDICARE <input checked="" type="checkbox"/>		MEDICAID <input type="checkbox"/>		TRICARE <input type="checkbox"/>		CHAMPVA <input type="checkbox"/>		GROUP HEALTH PLAN <input checked="" type="checkbox"/>	FECA BULK LUNG <input type="checkbox"/>			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Biv, Roy, G					3. PATIENT'S BIRTH DATE MM DD YY 01 01 1991					SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) Biv, Roy	
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) 123 45th St		
CITY		STATE		8. RESERVED FOR NUCC USE					CITY Montgomery	STATE AL		
ZIP CODE		TELEPHONE (Include Area Code) ()							ZIP CODE 36117	TELEPHONE (Include Area Code) ()		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER ABC1234567890		
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY 01 01 1991		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME Third Party Liability		
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										If yes, complete items 9, 9a, and 9d.		
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.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		
SIGNED Signature on File		DATE 091823							SIGNED Signature on File			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE							16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION			

Figure 196: Example CMS-1500 with data only

→TEST MANUAL BATCH CREATION

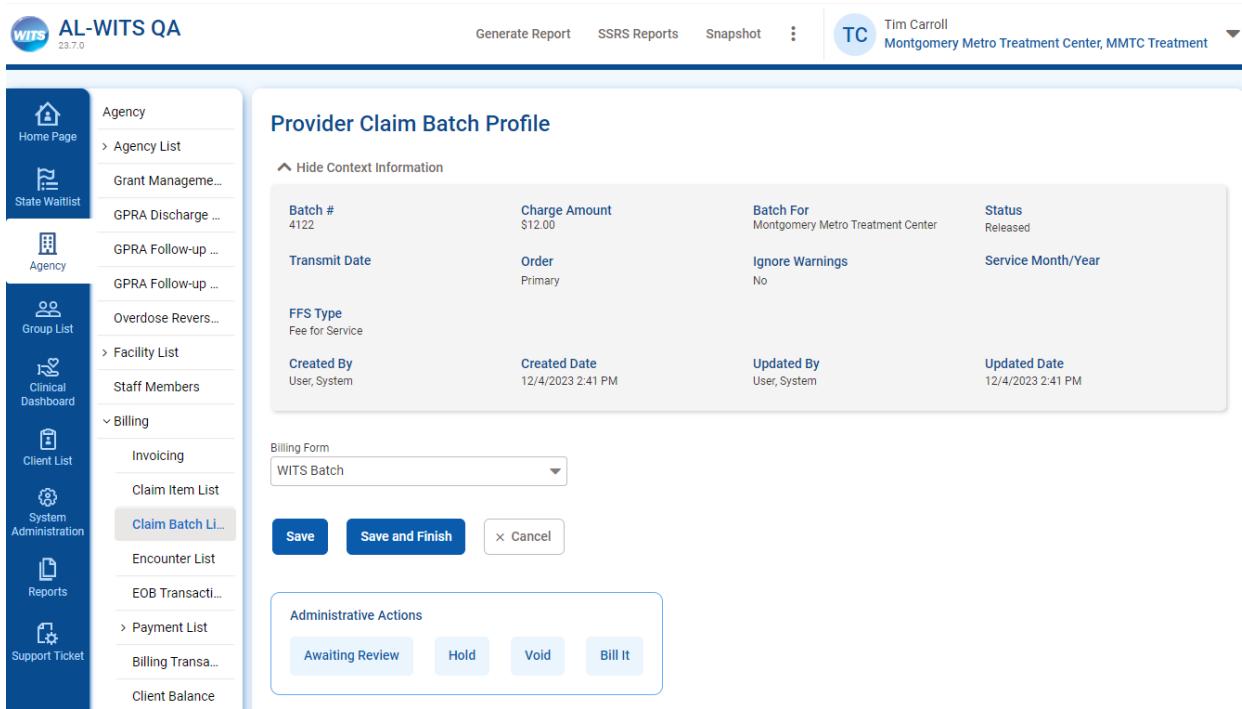
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Create Agency Claim Batch AND/OR Create Facility Claim Batches, Billing Encounter List.
- Navigate to Agency/Billing/Claim Batch List.
- Search for the claim batch (use Created Date and/or Plan Name). Note that 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.



AL-WITS QA 23.7.0

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

Provider Claim Batch Profile

⋮ Hide Context Information

Batch #	Charge Amount	Batch For	Status
4122	\$12.00	Montgomery Metro Treatment Center	Released
Transmit Date	Order	Ignore Warnings	Service Month/Year
	Primary	No	
FFS Type			
Fee for Service			
Created By	Created Date	Updated By	Updated Date
User, System	12/4/2023 2:41 PM	User, System	12/4/2023 2:41 PM

Billing Form: WITS Batch

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

Administrative Actions

Awaiting Review **Hold** **Void** **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.

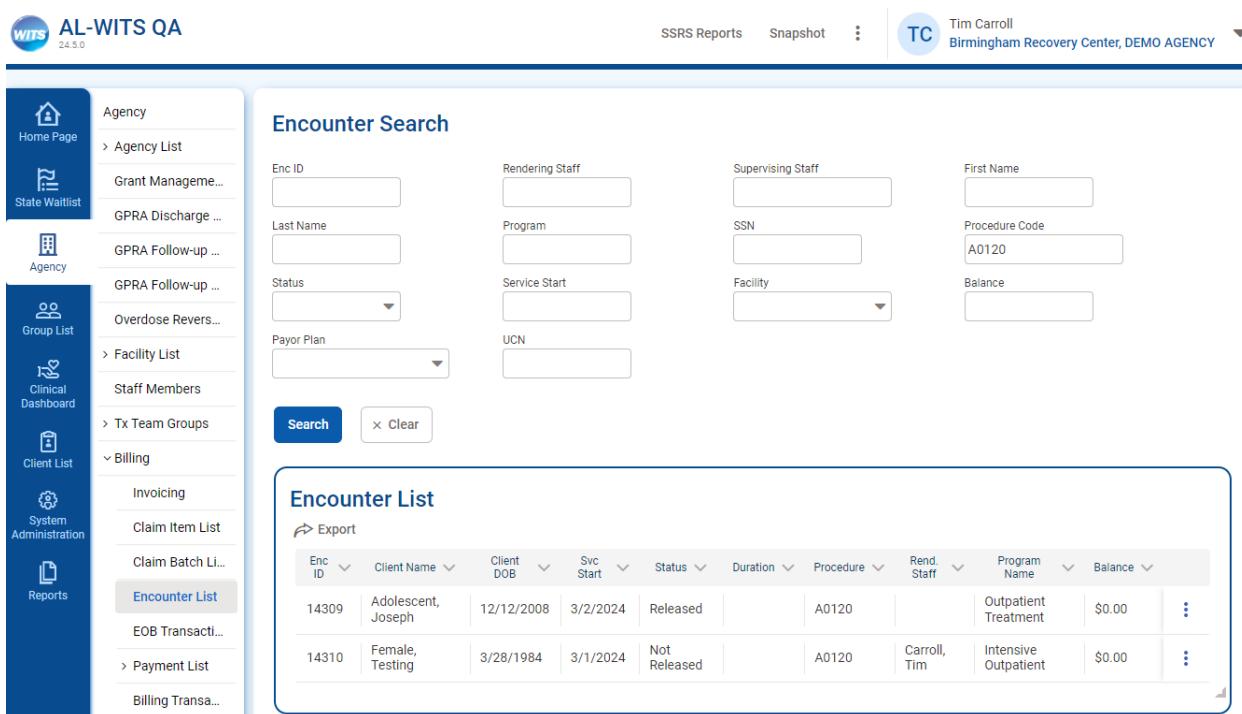
→ **TEST AUTOMATIC BATCH CREATION**

- 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.



AL-WITS QA 24.5.0

SSRS Reports Snapshot ...

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 **Clear**

Encounter List

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**

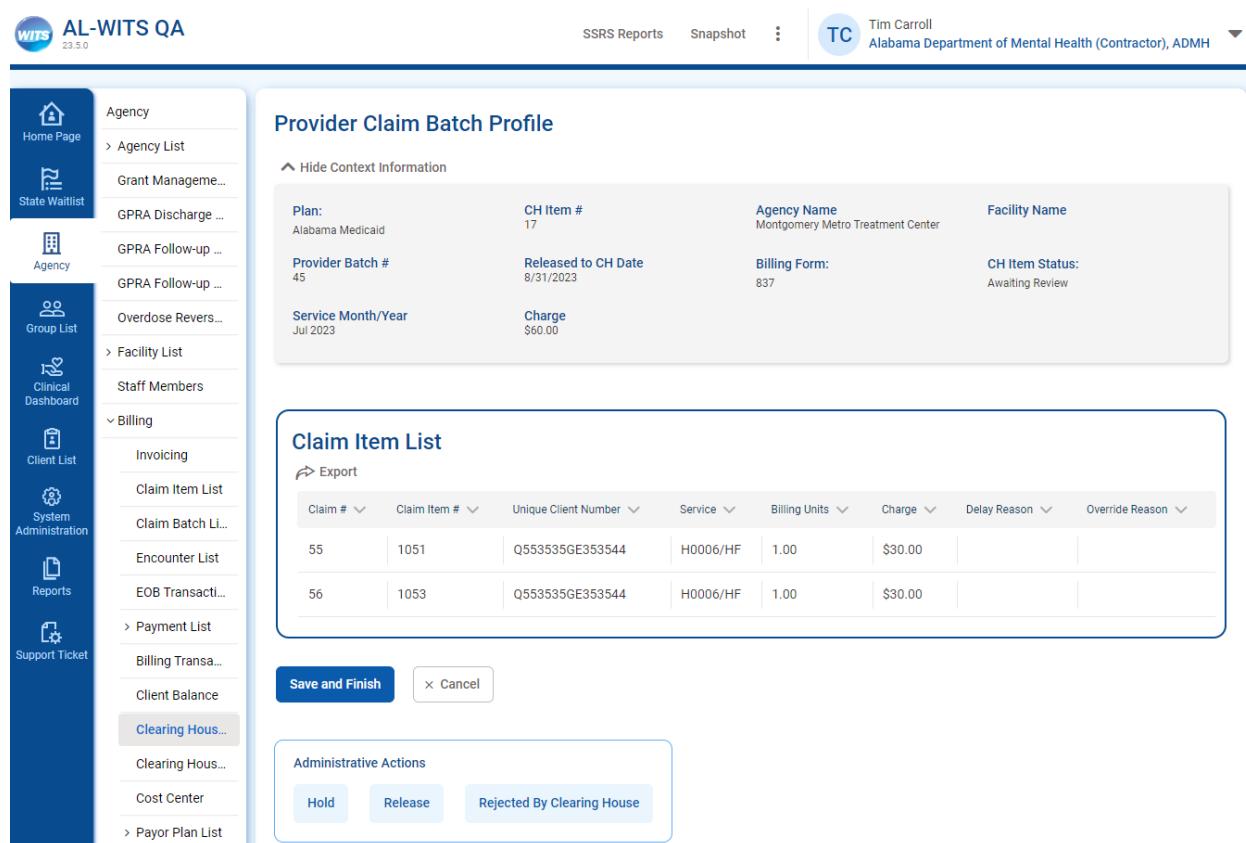
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List
- Select a provider agency.
- Navigate to Agency/Billing/Encounter List.
- Prerequisite: One or more client encounter must be entered in the provider agency. Encounters may be unreleased 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 a 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 AL-WITS QA software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - 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...
 - Client Balance
 - Clearing Hous...**
 - Clearing Hous...
 - Cost Center
 - Payor Plan List
- Client List
- System Administration
- Reports
- Support Ticket

The main content area displays the **Provider Claim Batch Profile** for a batch released on 8/31/2023. The profile includes details such as 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), and Charge (\$60.00).

Below the profile is the **Claim Item List**, which shows two items:

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		

At the bottom of the list are **Save and Finish** and **Cancel** buttons. Below the list is a **Administrative Actions** section with buttons for **Hold**, **Release**, and **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.

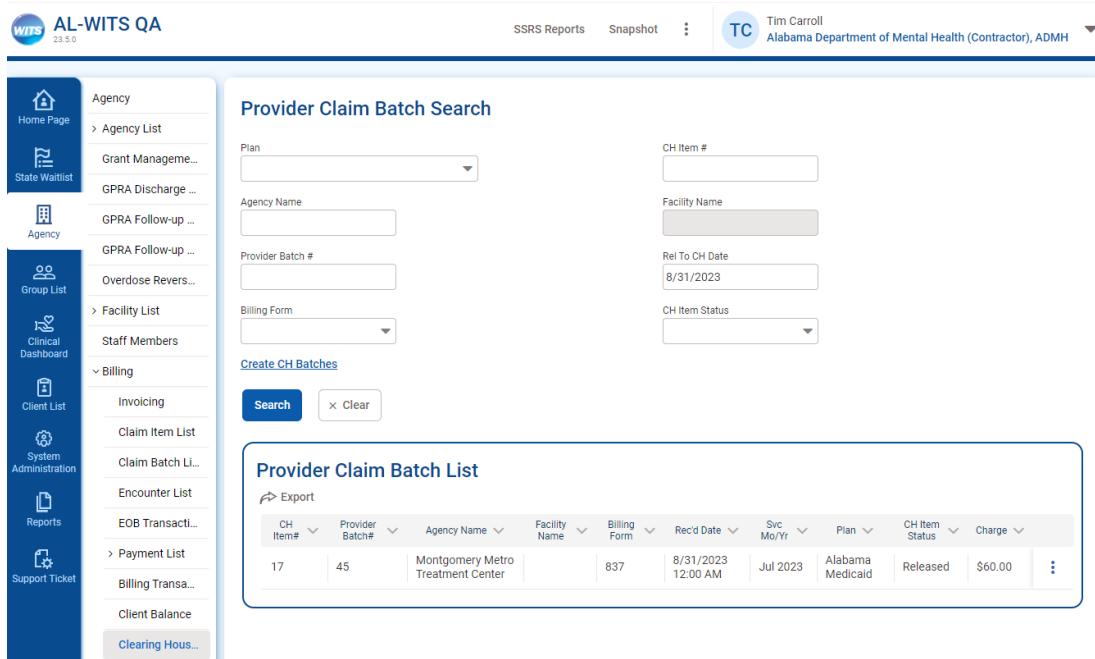
→ **TEST AUTOMATICALLY CREATED CLEARING HOUSE ITEMS**

- 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



CH Item#	Provider Batch#	Agency Name	Facility Name	Billing Form	Rec'd Date	Svc Mo/Yr	Plan	CH Item Status	Charge
17	45	Montgomery Metro Treatment Center		837	8/31/2023 12:00 AM	Jul 2023	Alabama Medicaid	Released	\$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

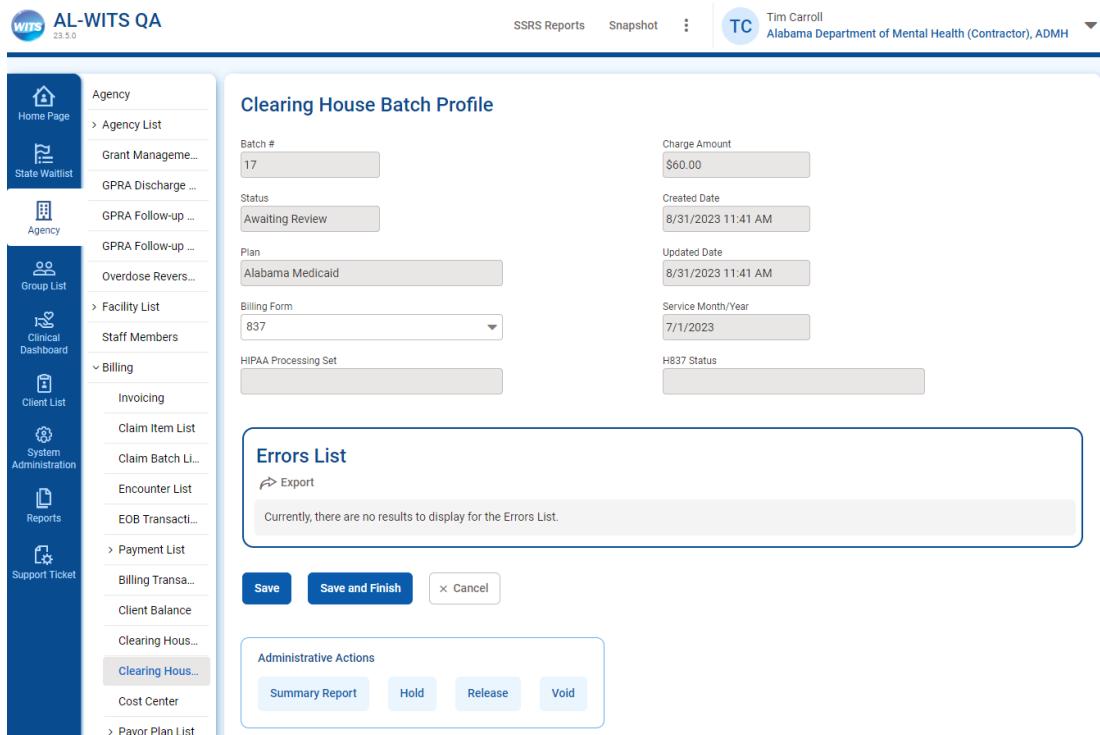
Clearing House Claim batches are created and the 837P is transmitted to Medicaid each hour through a scheduled task.

→ 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.



AL-WITS QA 23.5.0

SSRS Reports Snapshot 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.

Administrative Actions

Save Save and Finish Cancel

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 

Clearing House Batch Profile

Batch #	Charge Amount
17	\$60.00
Status	Created Date
Released	8/31/2023 11:41 AM
Plan	Updated Date
Alabama Medicaid	8/31/2023 11:46 AM
Billing Form	Service Month/Year
837	7/1/2023
HIPAA Processing Set	H837 Status

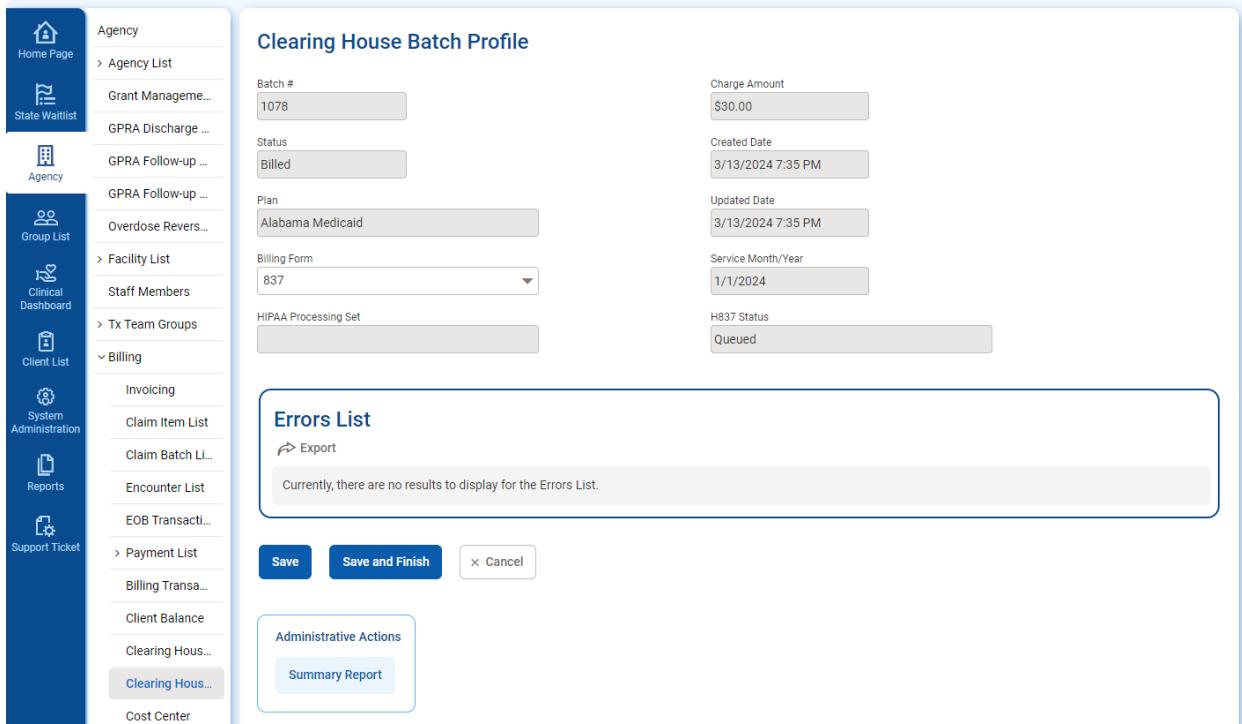
Errors List
 Export
 Currently, there are no results to display for the Errors List.

Administrative Actions

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.



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.

Administrative Actions

Summary Report

Buttons: Save, Save and Finish, Cancel

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.

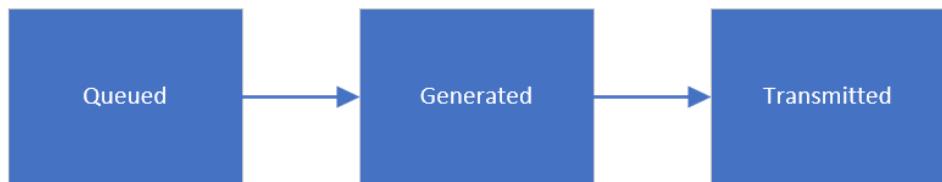
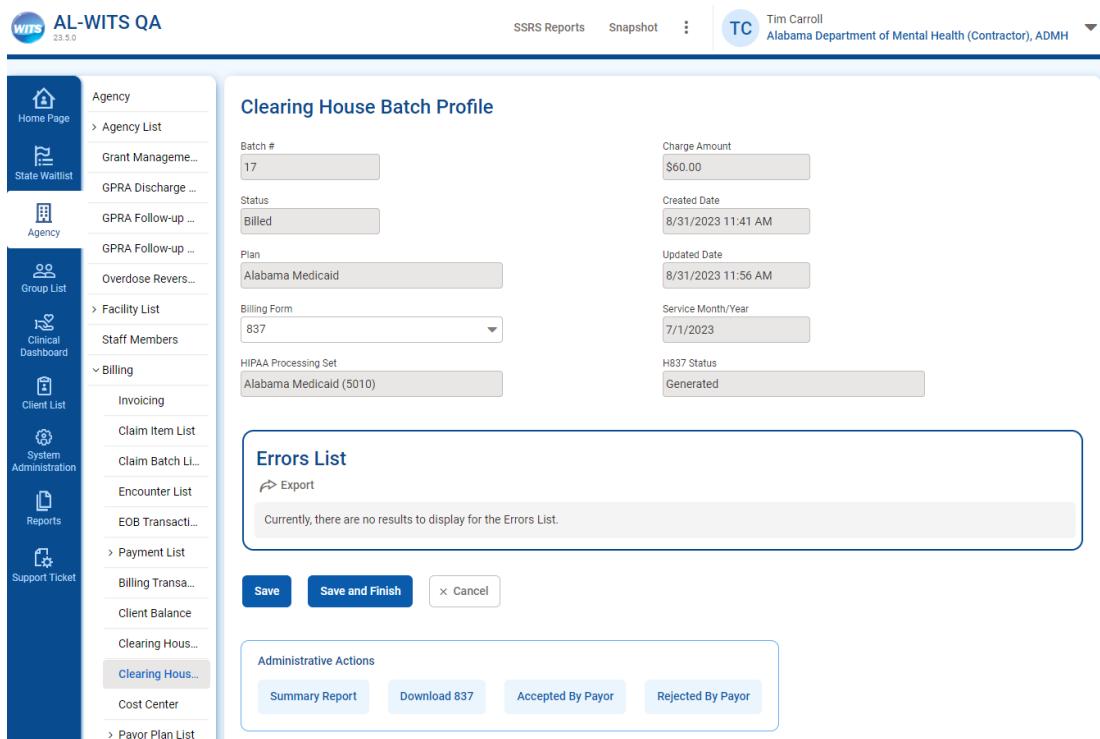


Figure 203: H837 Status Workflow



The screenshot shows the AL-WITS QA application interface. The left sidebar has a dark blue background with various navigation icons and labels. The main content area is titled 'Clearing House Batch Profile'. It displays the following data:

Field	Value
Batch #	17
Status	Billed
Plan	Alabama Medicaid
Billing Form	837
HIPAA Processing Set	Alabama Medicaid (5010)
Charge Amount	\$60.00
Created Date	8/31/2023 11:41 AM
Updated Date	8/31/2023 11:56 AM
Service Month/Year	7/1/2023
H837 Status	Generated

Below the main form, there is a 'Errors List' section with a message: 'Currently, there are no results to display for the Errors List.' At the bottom, there are three buttons: 'Save', 'Save and Finish', and 'Cancel'. Another section labeled 'Administrative Actions' contains four buttons: 'Summary Report', 'Download 837', 'Accepted By Payor', and '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.

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 1.00	Rate / Unit 85.0700	Charge Amount \$85.07
Unit Desc 1 unit = 1 session		

FFS Type Fee for Service	Created Date 4/25/2024 2:51 PM	Encounter Post Date 4/25/2024
Cost Center		
Group Enrollment General [Block Grant, BRC001]		
Tier Type Fee for Service	Billing Note	
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 # 4297	Batch # 4203	Batch Created Date 4/25/2024 4:28 PM
-----------------	-----------------	---

Administrative Actions

Reverse **Adjust** **Bill Another Payor**

Figure 205: Claim Item Profile showing Reverse button

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 -1.00	Rate / Unit 85.0700	Charge Amount -\$85.07
Unit Desc 1 unit = 1 session		

FFS Type Fee for Service	Created Date 4/30/2024 8:34 AM	Encounter Post Date 4/25/2024
Cost Center		
Group Enrollment General [Block Grant, BRC001]		
Tier Type Fee for Service	Billing Note	
Payor Billing Service Individual Counselling - Adult - 16 minutes to 37 minutes: 90832/HF		
Report Transmission Type		
Attachment Control Number		
Service Location Office		

Finish

Figure 206: Reversed Claim Item


[Home Page](#)
[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 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 Mana...

Claim Item Search

Administrative Actions
[Create Agency Batches](#)

Claim Item List

Item # Client Name FFS Type Add-On Level Service Date Service Duration Status Release Date Charge

#	Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge
1	7297	Adult, Robert	FFS	None	4/1/2024	90832/HF		Batched	4/25/2024	\$85.07
2	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.

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- 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.

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 1.00	Rate / Unit 15.0000	= Charge Amount \$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 # 4132	Batch # 4105	Batch Created Date 11/28/2023 10:23 AM
-----------------	-----------------	---

Finish

Administrative Actions

[Reverse](#) **Adjust** [Bill Another Payor](#)

Figure 208: Claim Item Profile showing Adjust button

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 1.00	Rate / Unit 15.0000	Charge Amount \$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

Group Enrollment
General [Block Grant, BRC001]

Tier Type
Fee for Service

Billing Note

Payor Billing Service
H0006 Case Management - Adult: H0006/HF

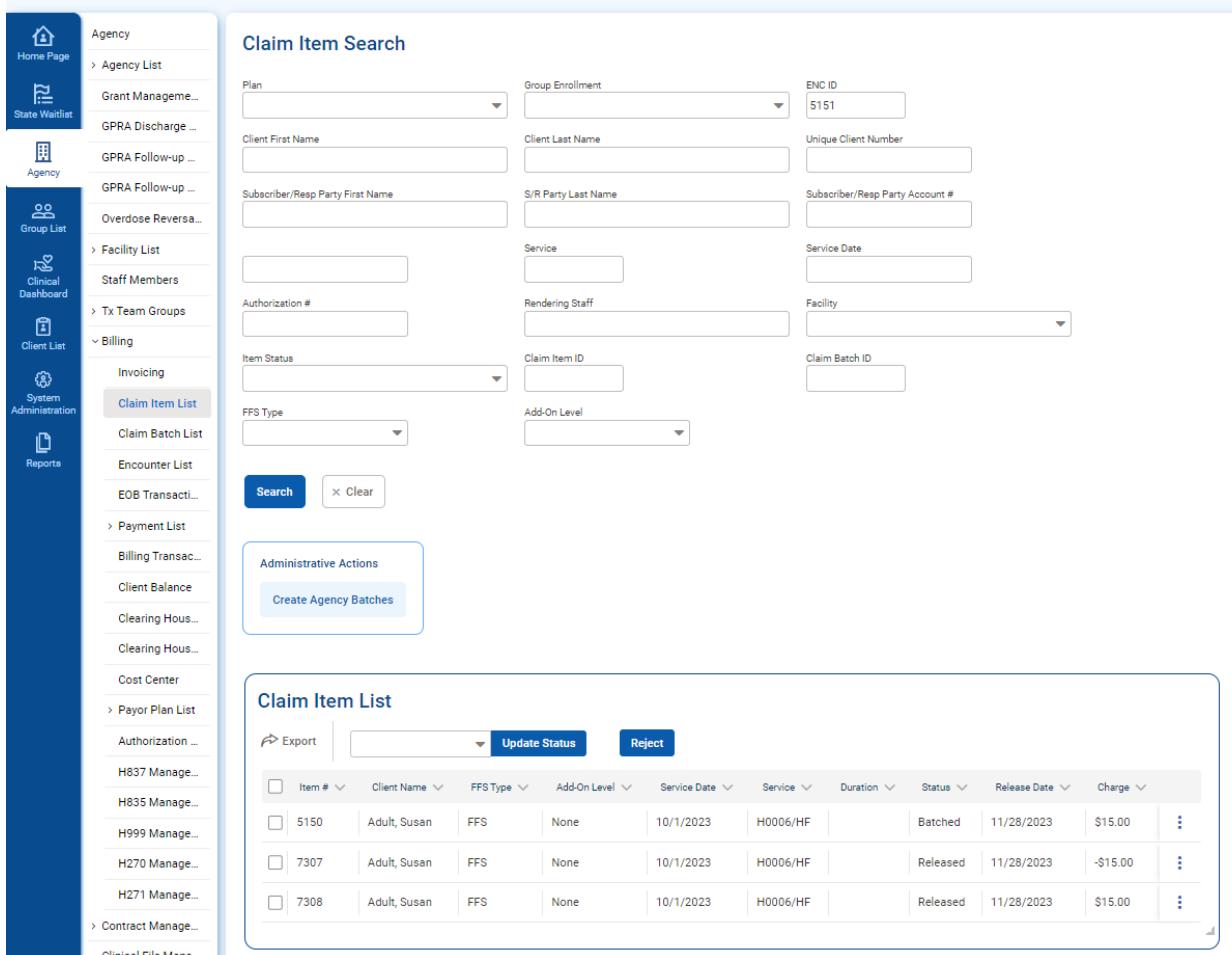
Report Transmission Type

Attachment Control Number

Service Location
Office

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

Figure 209: Adjusted Claim Item



The screenshot shows the FEI Systems AL-WITS QA interface. On the left is a vertical navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - Agency List
 - Grant Management...
 - GRPA Discharge...
 - GRPA Follow-up...
 - GRPA 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...
 - Reports
- Group List
- Clinical Dashboard
- Client List
- System Administration

The main content area has two sections:

Claim Item Search (Top Section):

- 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 (Bottom Section):

- [Create Agency Batches](#)

Claim Item List (Bottom Section):

Export	<input type="button" value="Update Status"/>	<input type="button" value="Reject"/>								
Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	⋮
5150	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Batched	11/28/2023	\$15.00	⋮
7307	Adult, Susan	FFS	None	10/1/2023	H0006/HF		Released	11/28/2023	-\$15.00	⋮
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:	Service Start	1/8/2024	12:00 AM
# of Sessions	Service End	1/8/2024	12:00 AM
Program Name	MMTC Treatment/Outpatient : 1/1/2023 -		
Rendering Staff	Blakeman, Michael		

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	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.

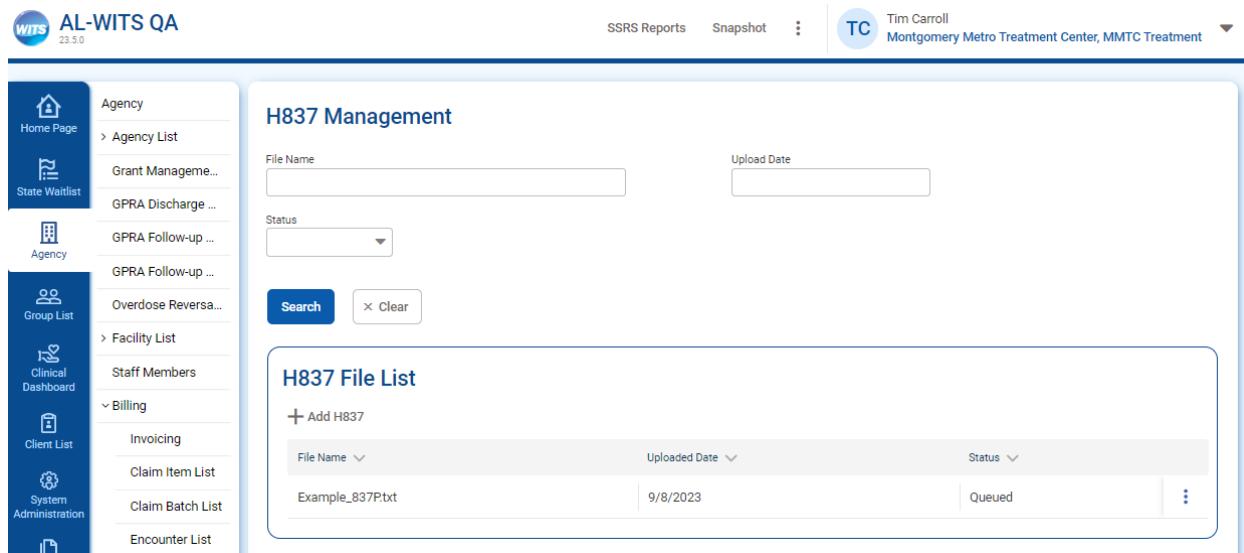


Figure 212: H837 Management/Import

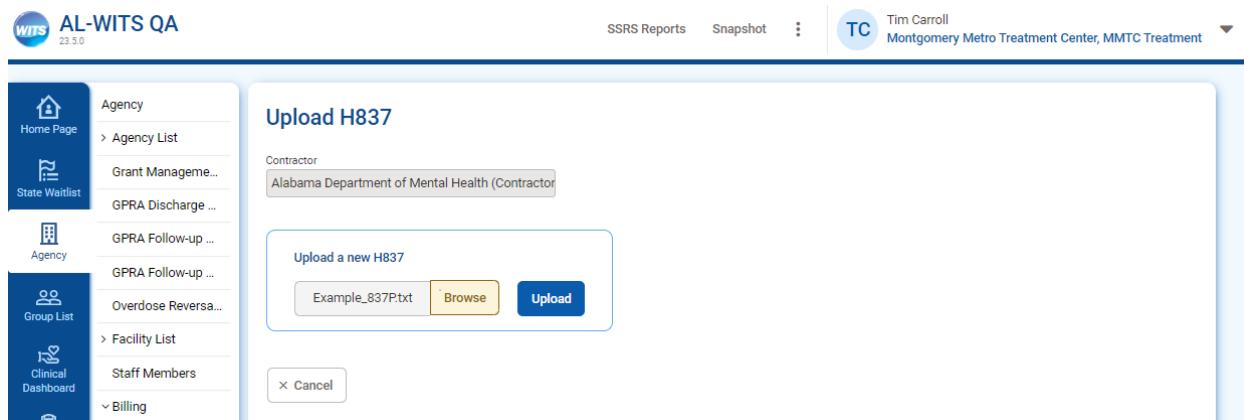


Figure 213: Upload 837P File

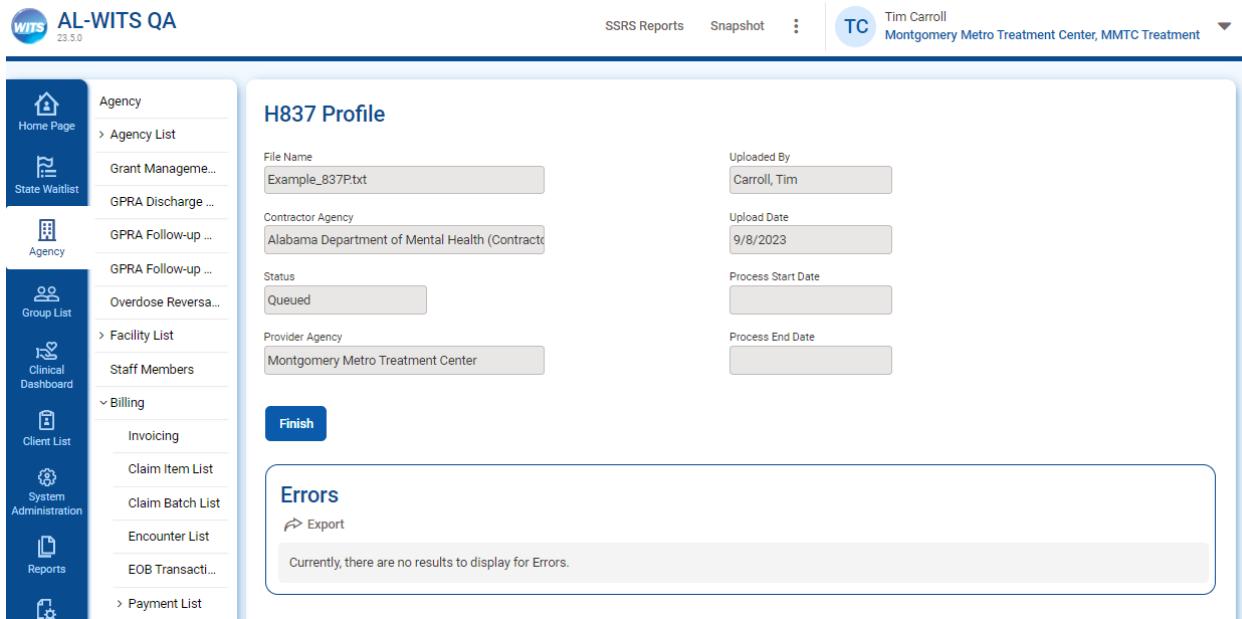


Figure 214: H837P Profile

→ TEST

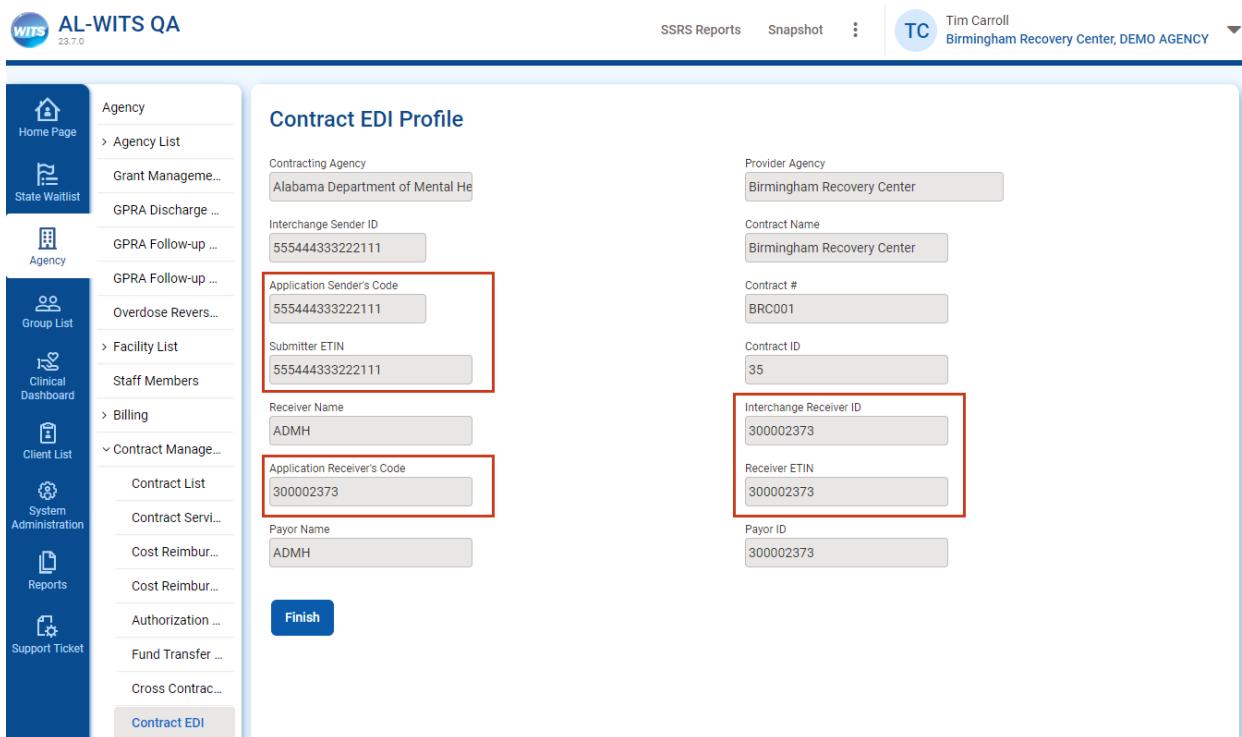
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/H837 Management.
- Click the +Add H837 button.
- On the upload screen, click the Browse button and select an 837P file.
Note: A sample 837P is provided in [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.



AL-WITS QA 23.7.0

SSRS Reports Snapshot Tim Carroll
Birmingham Recovery Center, DEMO AGENCY

Contract EDI Profile

Contracting Agency	Alabama Department of Mental Health	Provider Agency	Birmingham Recovery Center
Interchange Sender ID	555444333222111	Contract Name	Birmingham Recovery Center
Application Sender's Code	555444333222111	Contract #	BR001
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

Contract EDI Profile

Contracting Agency: Alabama Department of Mental Health

Interchange Sender ID: 555444333222111

Application Sender's Code: 555444333222111

Submitter ETIN: 555444333222111

Receiver Name: ADMH

Application Receiver's Code: 300002373

Interchange Receiver ID: 300002373

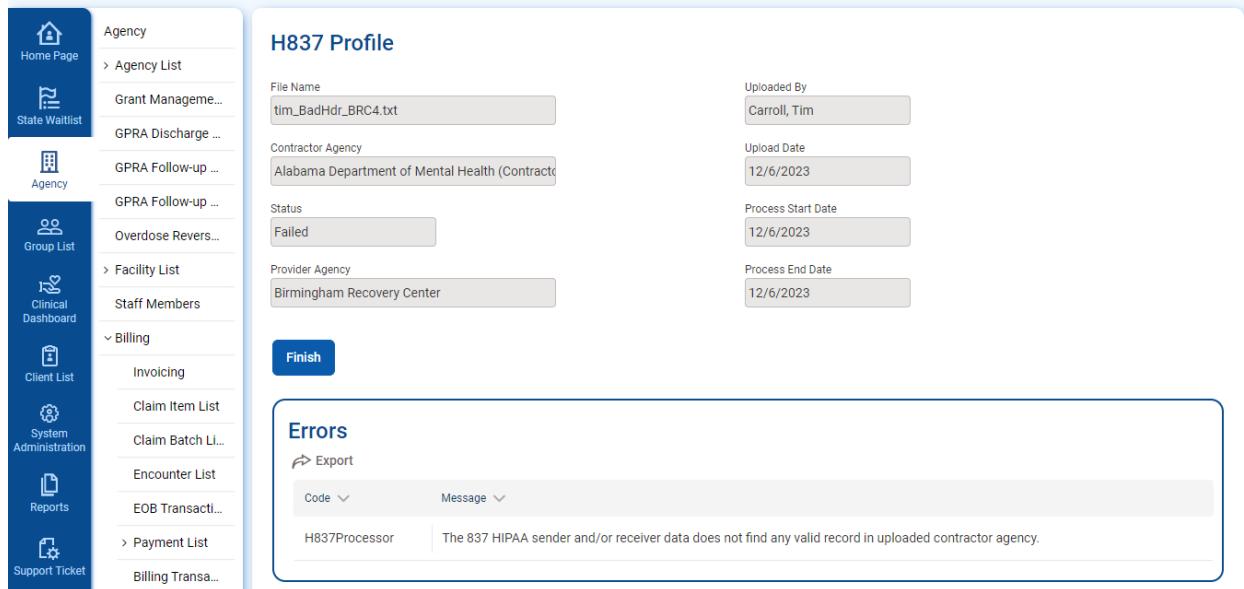
Receiver ETIN: 300002373

Payor Name: ADMH

Payor ID: 300002373

Contract EDI

Figure 215: Contract EDI (Provider Agency view)



H837 Profile

File Name: tim_BadHdr_BRC4.txt
Uploaded By: Carroll, Tim

Contractor Agency: Alabama Department of Mental Health (Contractor)
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	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

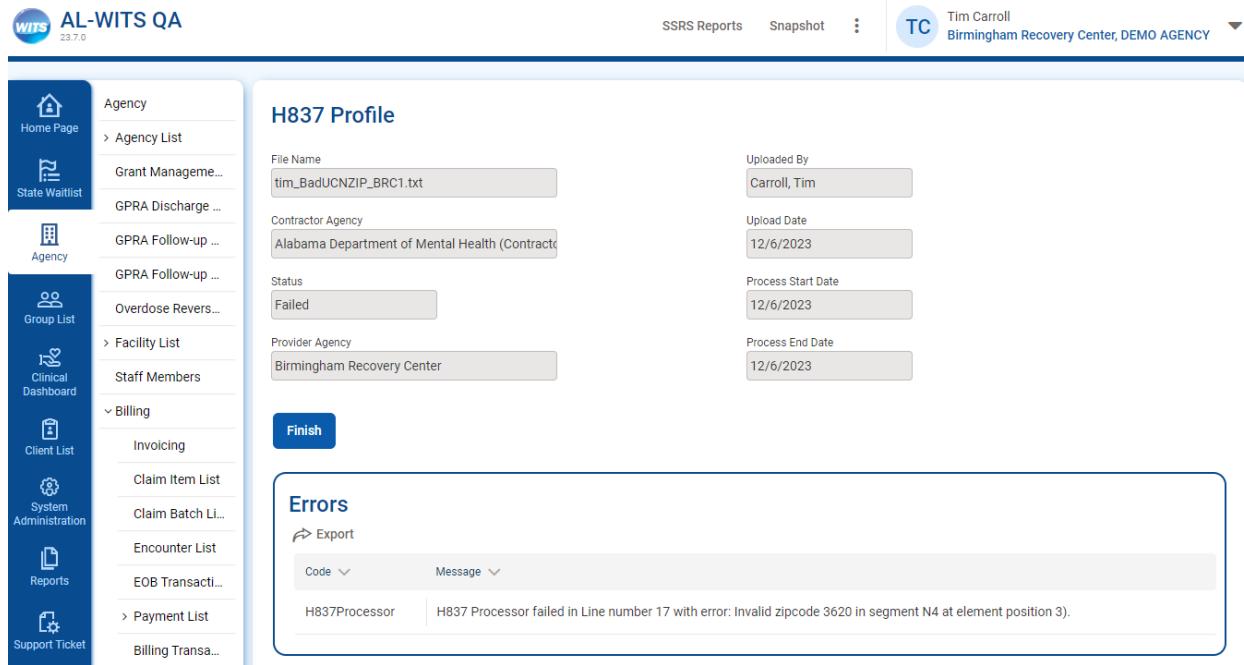
→ TEST

- 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.



The screenshot shows the AL-WITS QA application interface. On the left is a vertical navigation menu with icons and labels: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The 'Agency' section is expanded, showing sub-options like Agency List, Grant Management, GPRA Discharge, GPRA Follow-up, and Overdose Revers. The 'Billing' section is also expanded, showing sub-options like Invoicing, Claim Item List, Claim Batch Li., Encounter List, EOB Transacti..., Payment List, and Billing Transa... A blue 'Finish' button is located at the bottom of this menu.

The main content area is titled 'H837 Profile'. It contains the following data:

File Name	tim_BadUCNZIP_BRC1.txt	Uploaded By	Carroll, Tim
Contractor Agency	Alabama Department of Mental Health (Contractor)	Upload Date	12/6/2023
Status	Failed	Process Start Date	12/6/2023
Provider Agency	Birmingham Recovery Center	Process End Date	12/6/2023

At the bottom of the profile section is a blue 'Finish' button.

Below the profile is a section titled 'Errors' with a sub-section 'H837Processor' containing the message: "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

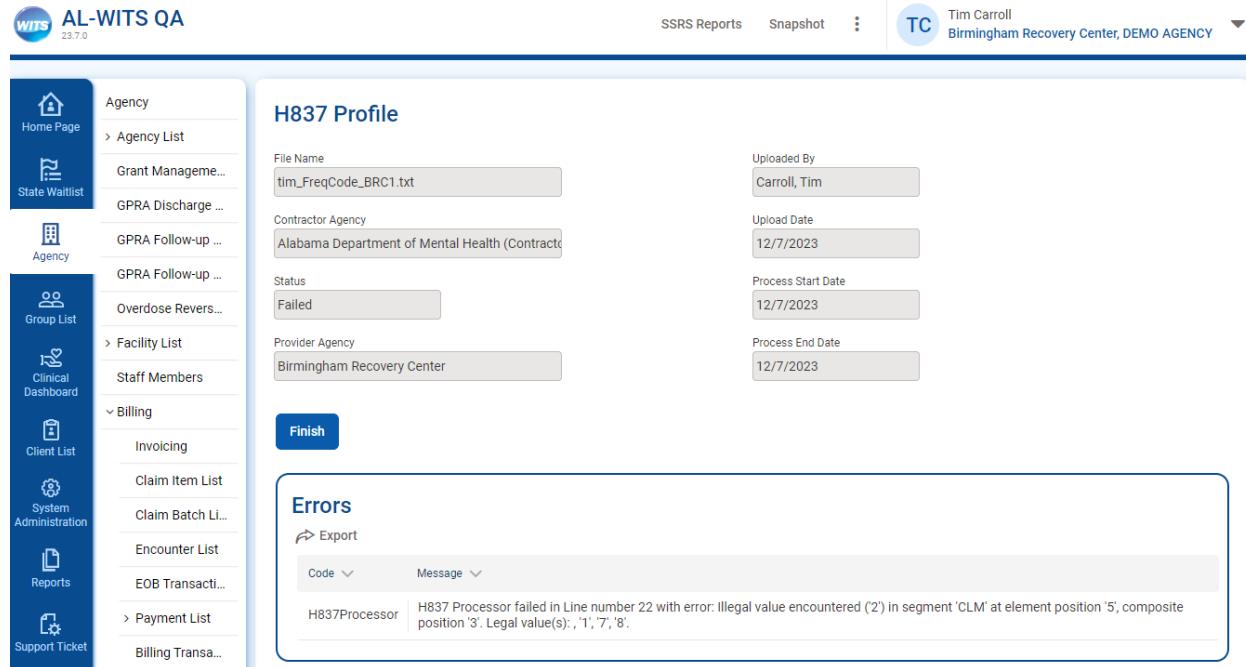
- Select a provider agency with an active contract.
- Create an 837P file that uses a 4-digit ZIP code.
- Follow the test instructions above to import the 837P file and wait for the processor to run.
- View the error on the profile. The error message may vary by line number:
“H837 Processor failed in 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



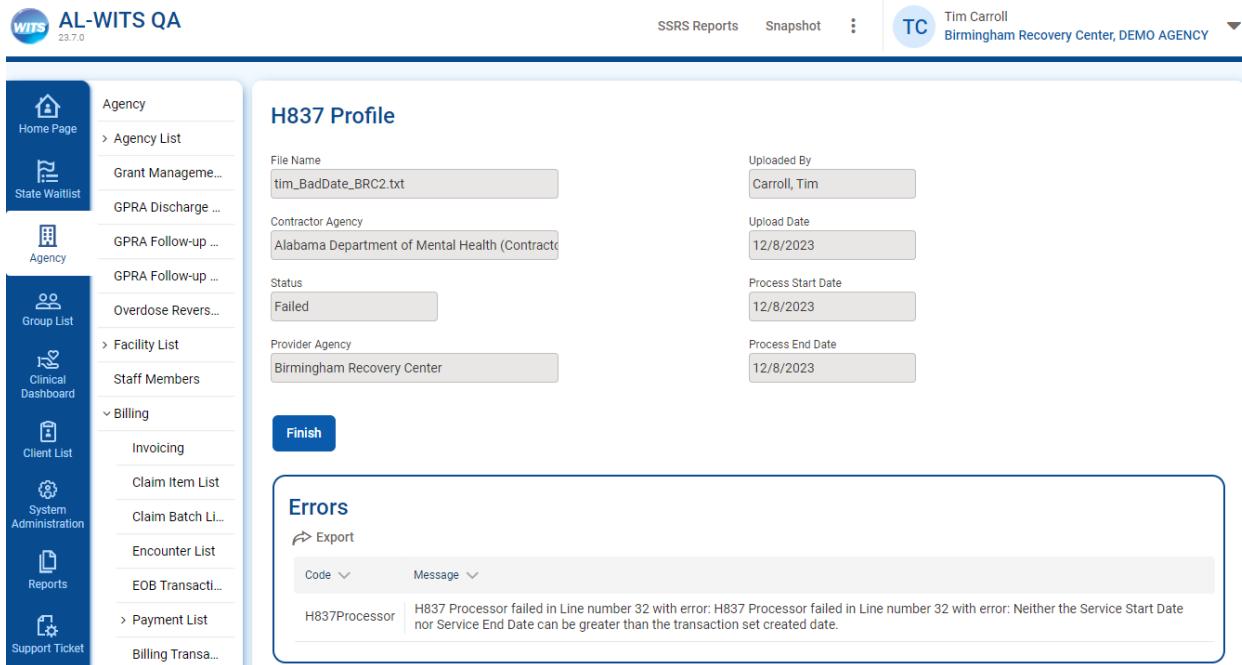
The screenshot shows the AL-WITS QA application interface. On the left is a vertical navigation menu with icons and labels for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled 'H837 Profile'. It contains several input fields: 'File Name' (tim_FreqCode_BRC1.txt), 'Uploaded By' (Carroll, Tim), 'Contractor Agency' (Alabama Department of Mental Health (Contract)), 'Status' (Failed), 'Provider Agency' (Birmingham Recovery Center), 'Upload Date' (12/7/2023), 'Process Start Date' (12/7/2023), and 'Process End Date' (12/7/2023). A 'Finish' button is at the bottom of this section. Below it is a 'Errors' section with a 'Code' dropdown and a 'Message' dropdown. The 'Message' dropdown is open, showing the error: '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 AL-WITS QA software interface. The left sidebar contains a navigation menu with the following items:

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

The main content area is divided into two sections:

H837 Profile

File Name	tim_BadDate_BRC2.txt	Uploaded By	Carroll, Tim
Contractor Agency	Alabama Department of Mental Health (Contract)	Upload Date	12/8/2023
Status	Failed	Process Start Date	12/8/2023
Provider Agency	Birmingham Recovery Center	Process End Date	12/8/2023

Finish

Errors

Export

Code	Message
H837Processor	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.

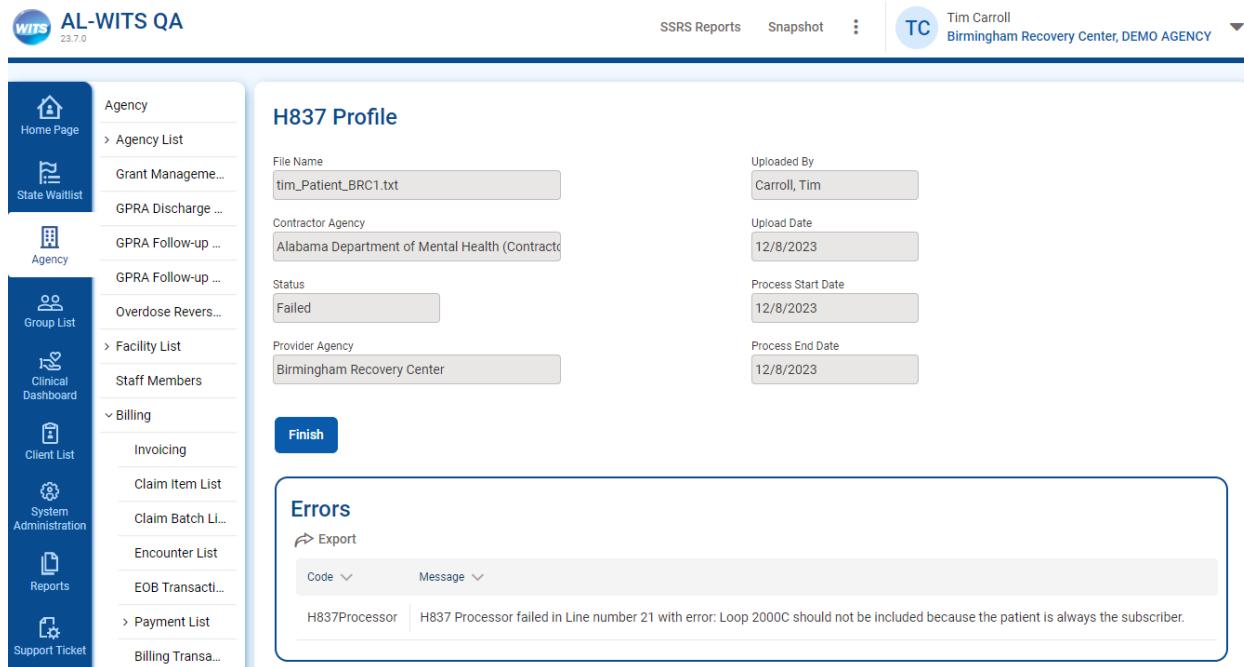


Figure 220: H837 Profile showing Patient Loop error

→ 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 AL-WITS QA application interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled 'H837 Profile'. It shows a file named 'tim_MultProv_BRC3.txt' uploaded by 'Carroll, Tim' on 12/11/2023. The status is 'Failed'. The provider agency is 'Birmingham Recovery Center'. A 'Finish' button is visible. Below this, there is a 'Errors' section with an 'Export' link. The error message is: 'H837 Processor failed in Line number 35 with error: This 837 file is not valid. Multiple Provider loops from different providers are present.'

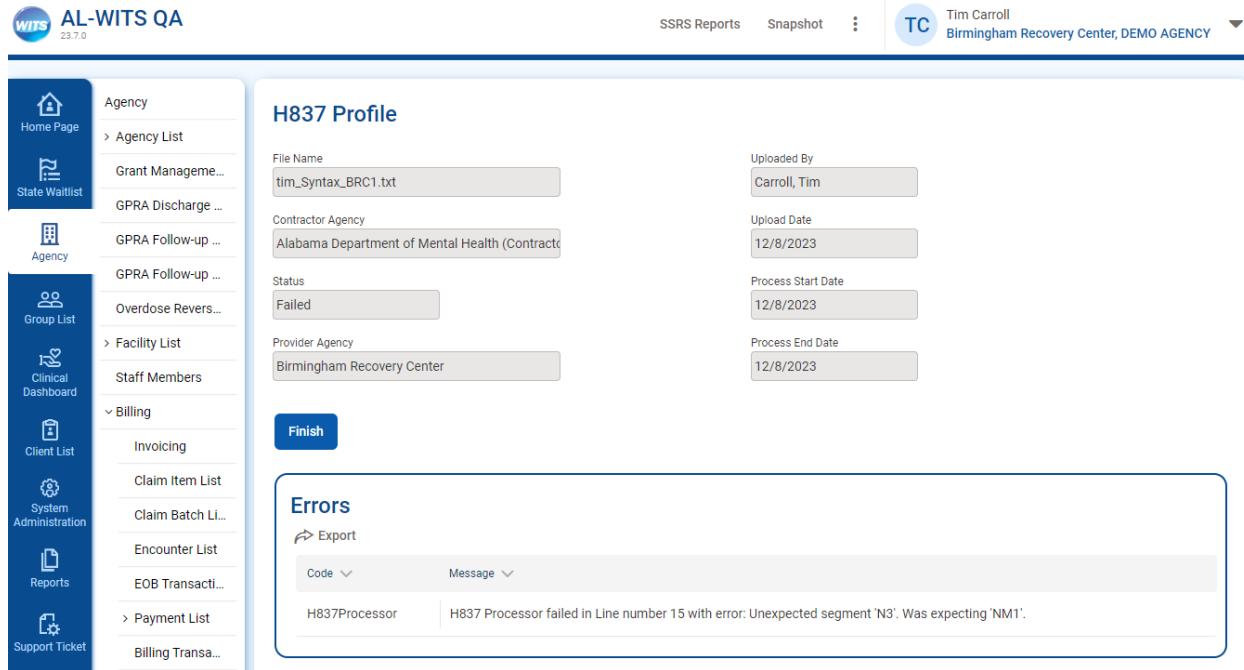
Figure 221: H837 Profile showing Provider Loop error

→ 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.



The screenshot shows the AL-WITS QA application interface. 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 is titled 'H837 Profile'. It shows a file named 'tim_Syntax_BRC1.txt' uploaded by 'Carroll, Tim' on 12/8/2023. The status is 'Failed'. The provider agency is 'Birmingham Recovery Center'. In the 'Errors' section, it states: 'H837 Processor failed in Line number 15 with error: Unexpected segment 'N3'. Was expecting 'NM1''. A 'Finish' button is visible at the bottom of the profile section.

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.

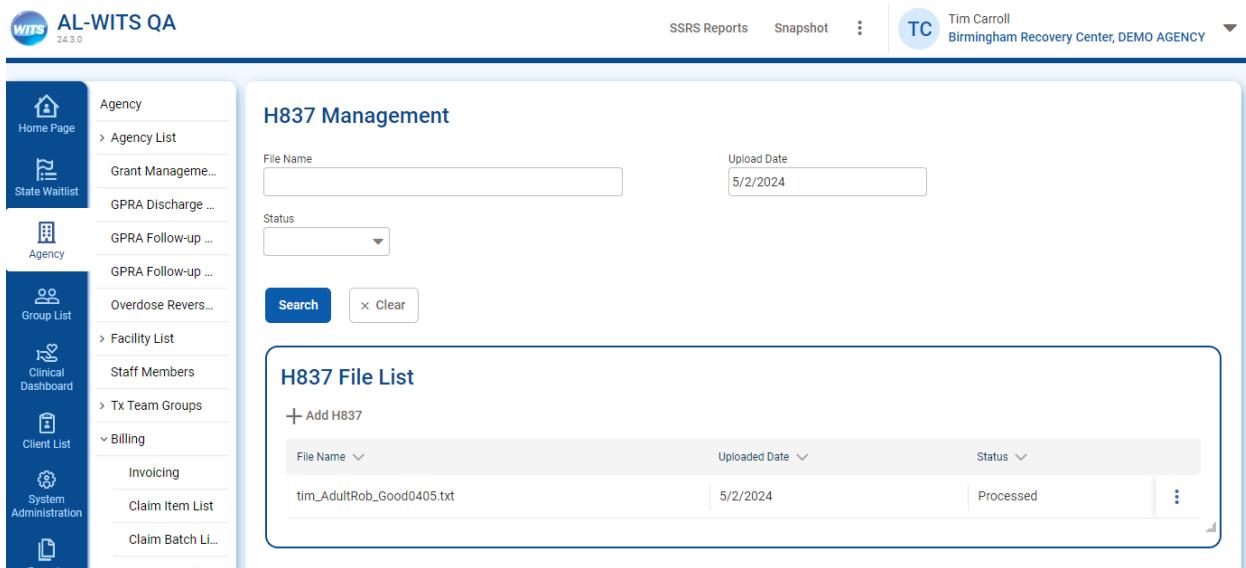


Figure 223: 837P, Processed

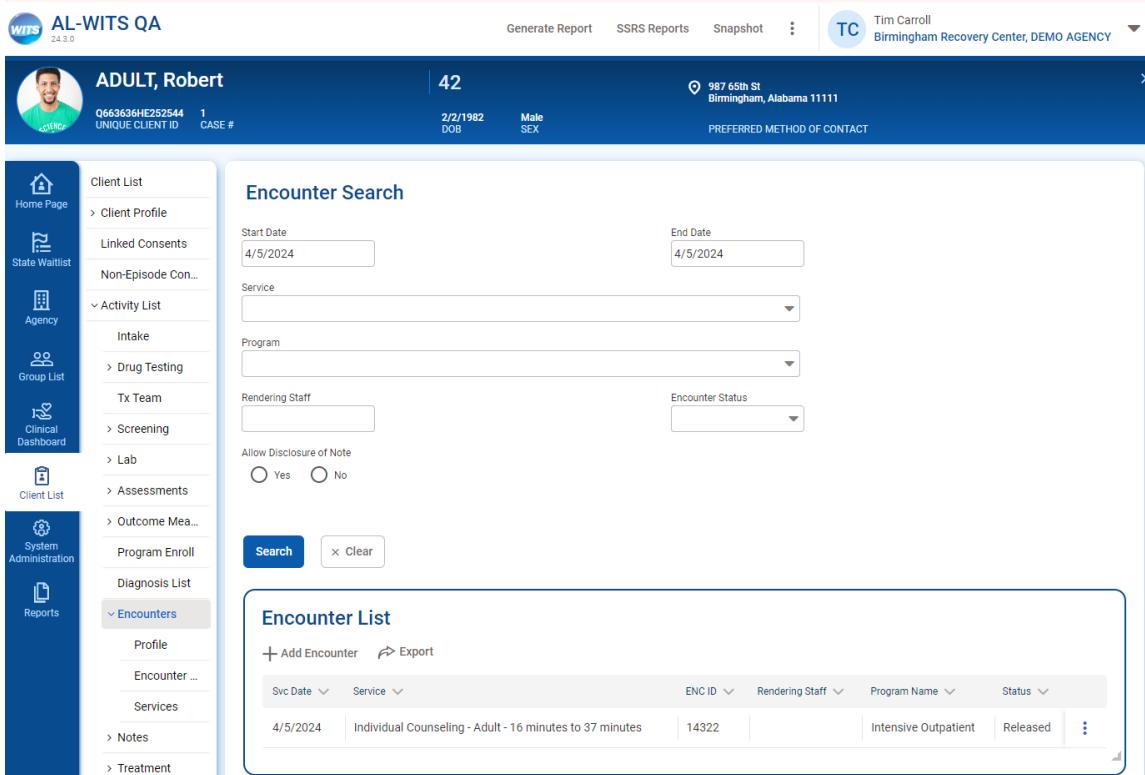


Figure 224: Released Encounter created from 837P

WITS AL-WITS QA 2435

SSRS Reports Snapshot  Tim Carroll Birmingham Recovery Center, DEMO AGENCY

Claim Item Search

Plan	Group Enrollment	ENC ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client First Name	Client Last Name	Unique Client Number Q663636HE252544
<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriber/Resp Party First Name	S/R Party Last Name	Subscriber/Resp Party Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Service	Service Date 4/5/2024	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorization #	Rendering Staff	Facility
<input type="text"/>	<input type="text"/>	<input type="text"/>
Item Status	Claim Item ID	Claim Batch ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
FFS Type	Add-On Level	
<input type="text"/>	<input type="text"/>	

Administrative Actions

Claim Item List

 Export	<input type="text"/>	<input type="button" value="Update Status"/>	<input type="button" value="Reject"/>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item #</th> <th style="width: 10%;">Client Name</th> <th style="width: 10%;">FFS Type</th> <th style="width: 10%;">Add-On Level</th> <th style="width: 10%;">Service Date</th> <th style="width: 10%;">Service</th> <th style="width: 10%;">Duration</th> <th style="width: 10%;">Status</th> <th style="width: 10%;">Release Date</th> <th style="width: 10%;">Charge</th> </tr> </thead> <tbody> <tr> <td>7310</td> <td>Adult, Robert</td> <td>FFS</td> <td>None</td> <td>4/5/2024</td> <td>90832/HF</td> <td></td> <td>Released</td> <td>5/2/2024</td> <td>\$85.07</td> </tr> </tbody> </table>					Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge	7310	Adult, Robert	FFS	None	4/5/2024	90832/HF		Released	5/2/2024	\$85.07
Item #	Client Name	FFS Type	Add-On Level	Service Date	Service	Duration	Status	Release Date	Charge															
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.

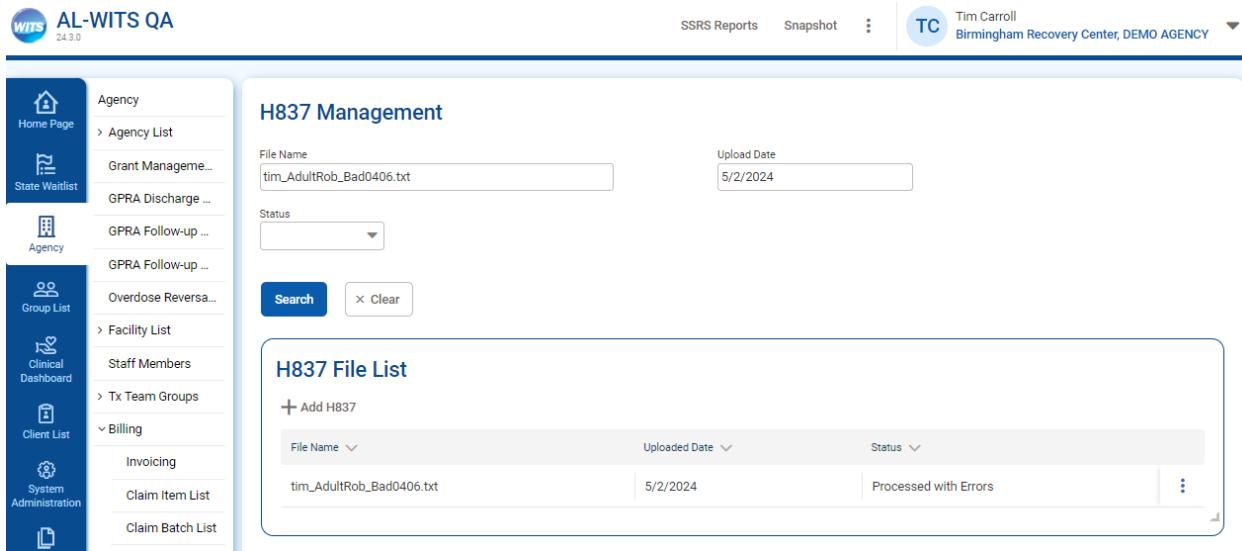


Figure 226: 837P, Processed with Errors

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.

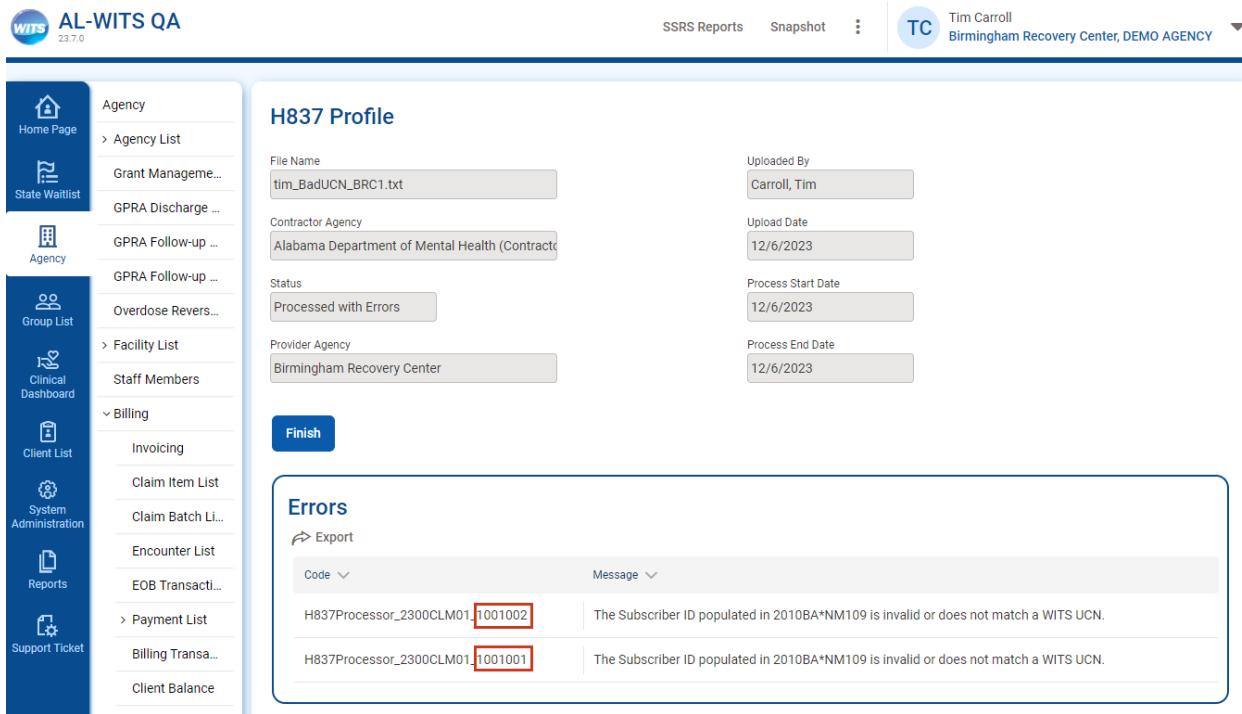


Figure 228: H837P Profile with two claim Subscriber ID errors

→ 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.

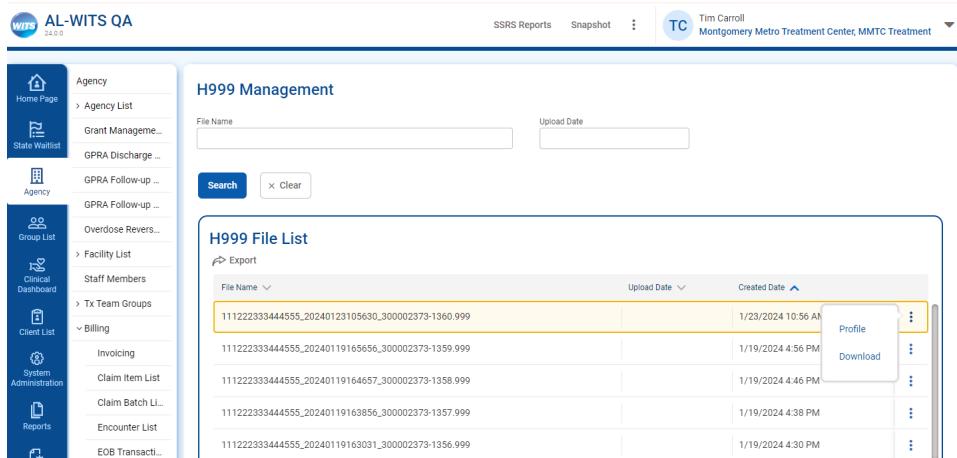
TEST

- 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.



File Name	Upload Date	Created Date
111222333444555_20240123105630_300002373-1360.999	1/23/2024 10:56 AM	1/23/2024 10:56 AM
111222333444555_20240119165656_300002373-1359.999	1/19/2024 4:56 PM	1/19/2024 4:56 PM
111222333444555_20240119164657_300002373-1358.999	1/19/2024 4:46 PM	1/19/2024 4:46 PM
111222333444555_20240119163856_300002373-1357.999	1/19/2024 4:38 PM	1/19/2024 4:38 PM
111222333444555_20240119163031_300002373-1356.999	1/19/2024 4:30 PM	1/19/2024 4:30 PM

Figure 229: H999 Management List

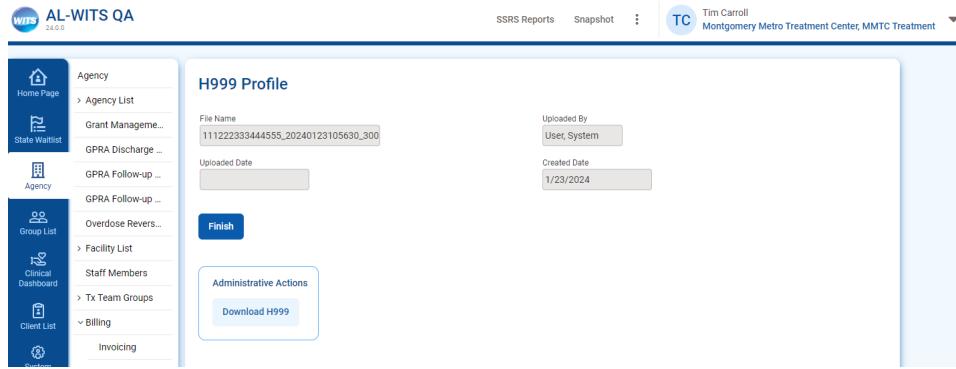


Figure 230: H999 Profile

→ 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

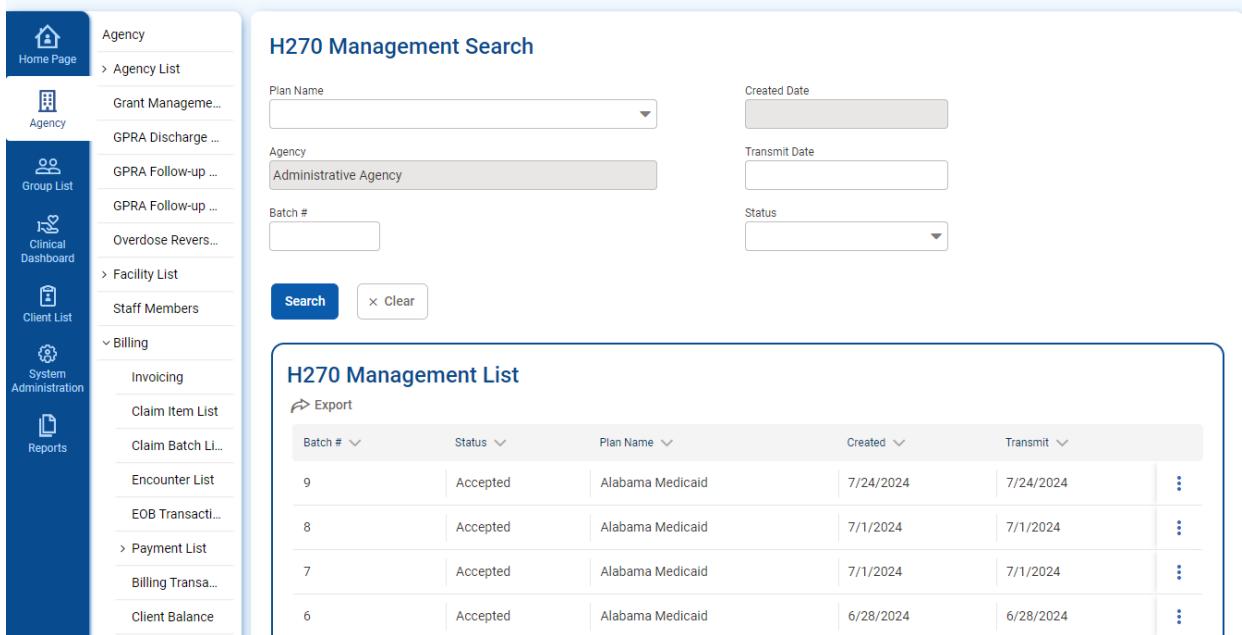
The 270 transaction is generated for the Medicaid Payor Plan with the following values:

- 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.



H270 Management Search

Plan Name:

Created Date:

Agency:

Transmit Date:

Batch #:

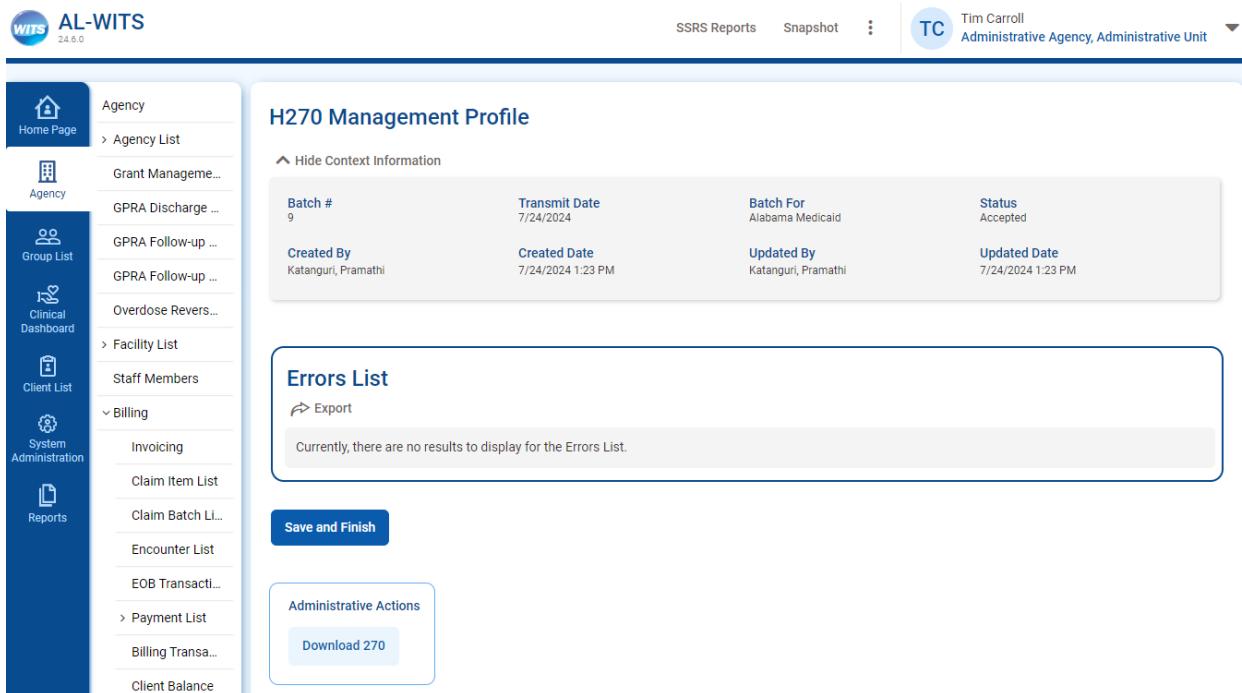
Status:

Search **Clear**

H270 Management List

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



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

Currently, there are no results to display for the Errors List.

Save and Finish

Administrative Actions

Download 270

Figure 232: H270 Management Profile

```

1 ISA*00*          *00*          *ZZ*200004121      *ZZ*271510177      *240724*1323*^*00501*00000009*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 NM1*PR*2*Alabama Medicaid*****PI*12233~
7 HL*2*1*21*1~
8 NM1*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 NM1*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

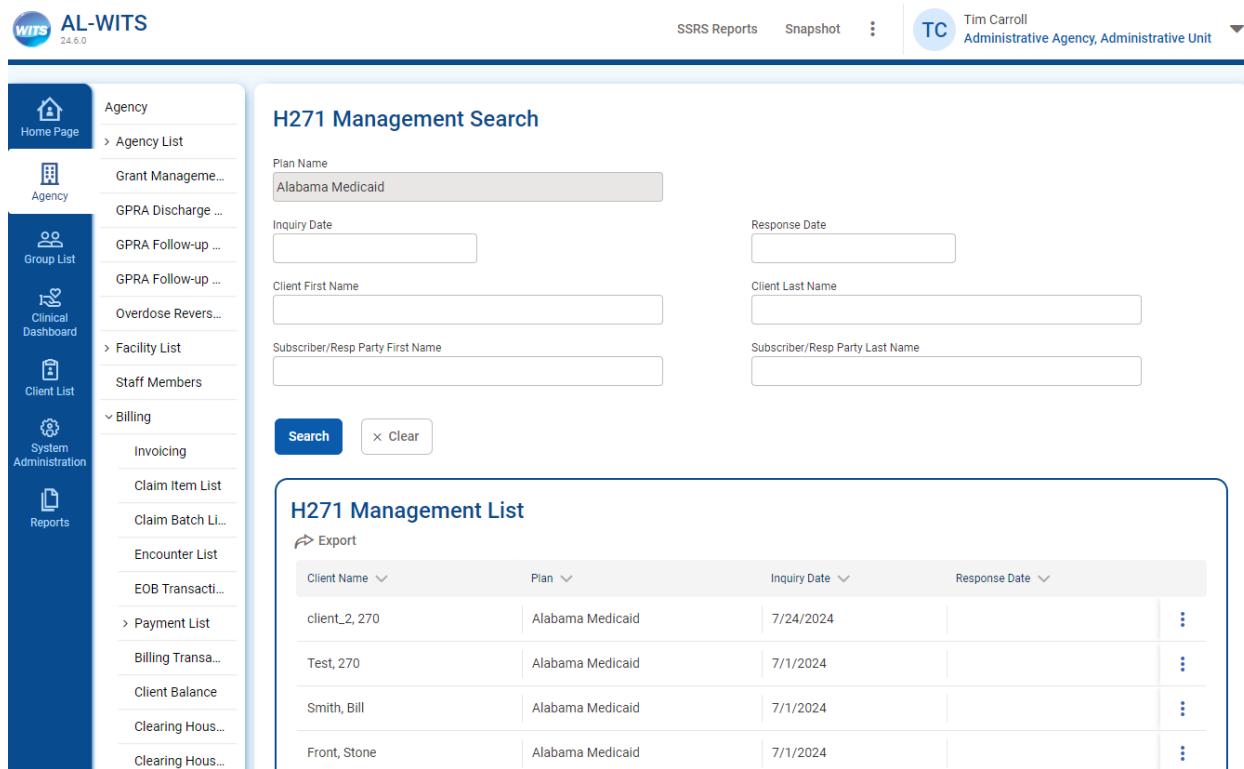
```

1 ISA*00*          *00*          *ZZ*200004121      *ZZ*271510177      *240724*1323*^*00501*00000009*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 NM1*PR*2*Alabama Medicaid*****PI*12233~
7 HL*2*1*21*1~
8 NM1*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 NM1*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.



The screenshot shows the AL-WITS application interface for managing H271 requests. The left sidebar contains a navigation menu with the following items:

- Home Page
- Agency
 - > 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...
- Client Balance
- Clearing Hous...
- Clearing Hous...

The main content area is titled "H271 Management Search" and includes the following search fields:

- Plan Name: Alabama Medicaid
- Inquiry Date: (empty input field)
- Response Date: (empty input field)
- Client First Name: (empty input field)
- Client Last Name: (empty input field)
- Subscriber/Resp Party First Name: (empty input field)
- Subscriber/Resp Party Last Name: (empty input field)

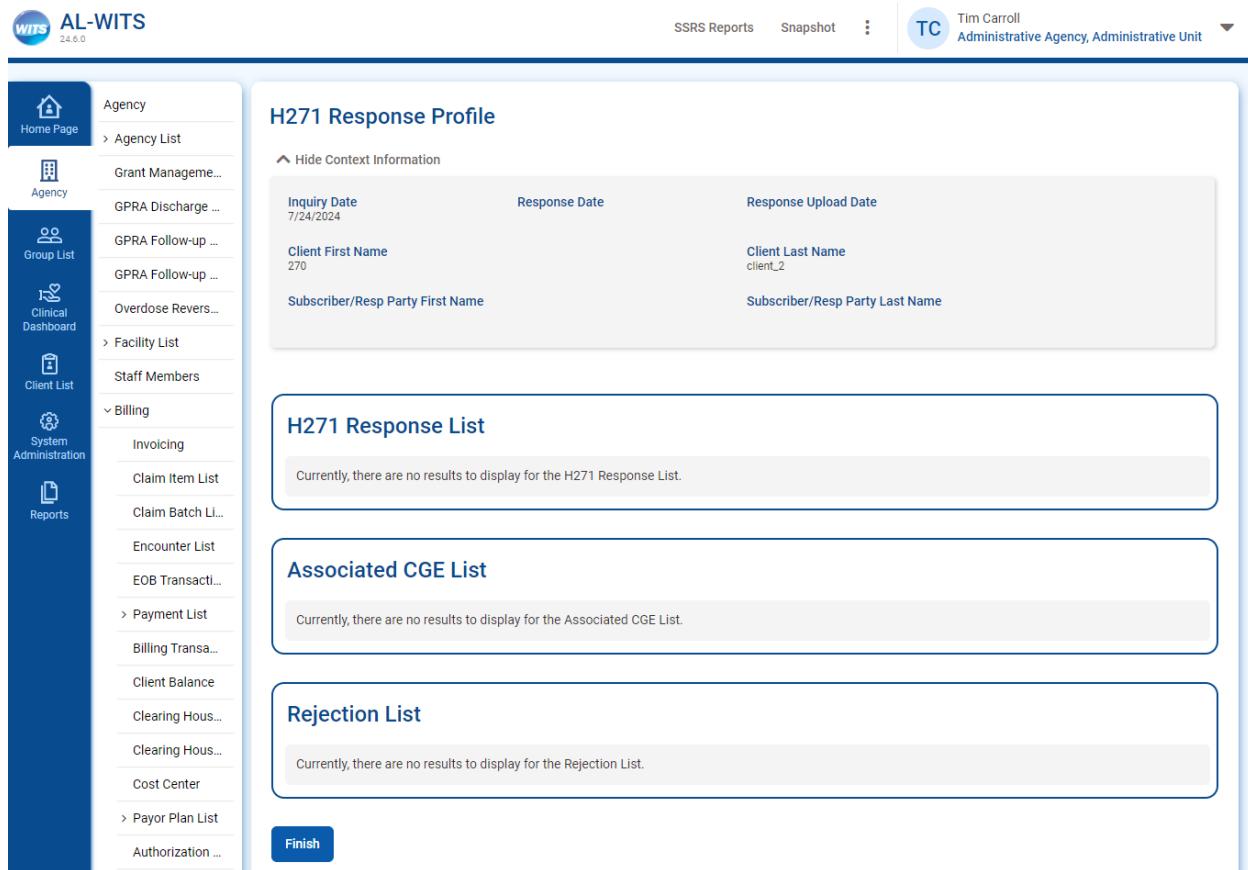
Below the search fields are two buttons: "Search" and "Clear".

The next section is titled "H271 Management List" and contains a table with the following data:

Client Name	Plan	Inquiry Date	Response Date	Actions
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 24.6.0

SSRS Reports Snapshot Tim Carroll
Administrative Agency, Administrative Unit

H271 Response Profile

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

Navigation Sidebar (Left):

- Home Page
- Agency
 - Agency List
 - Grant Management...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Revers...
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports

Agency Submenu:

- > Agency List
- > 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 ...

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.

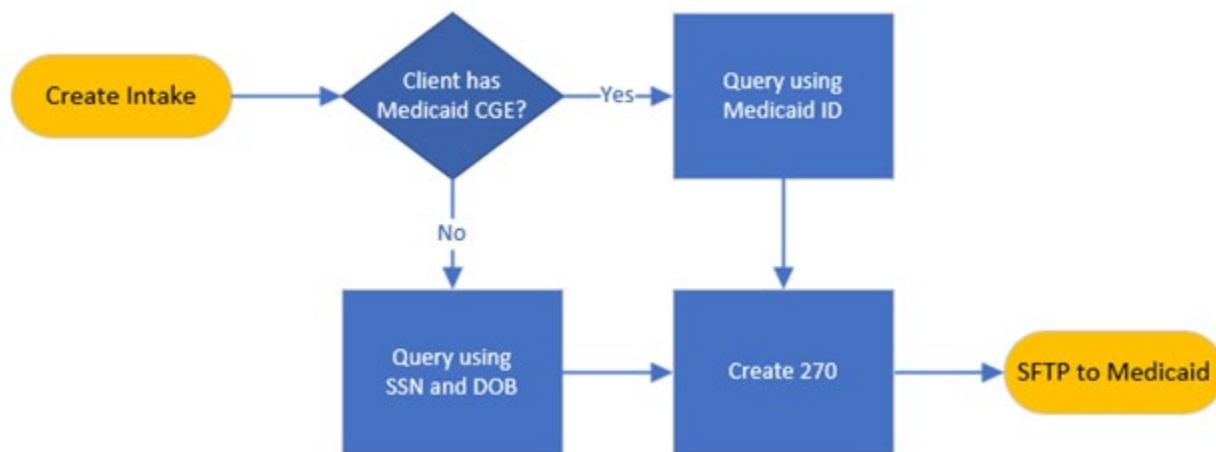


Figure 237: 270 Workflow for New Clients

→ **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.

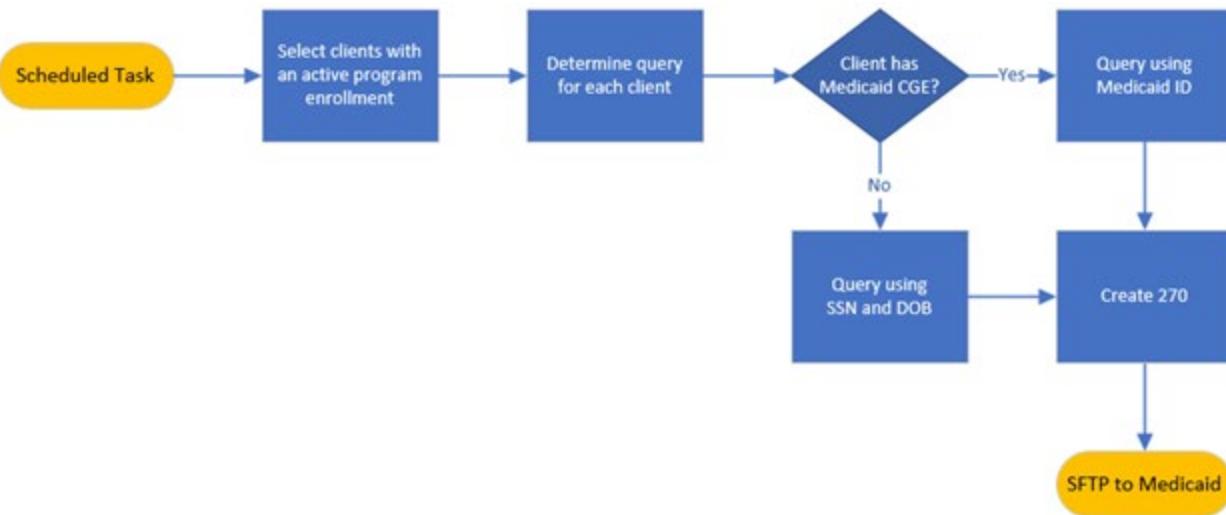


Figure 238: 270 Workflow for Existing Clients

→ 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.

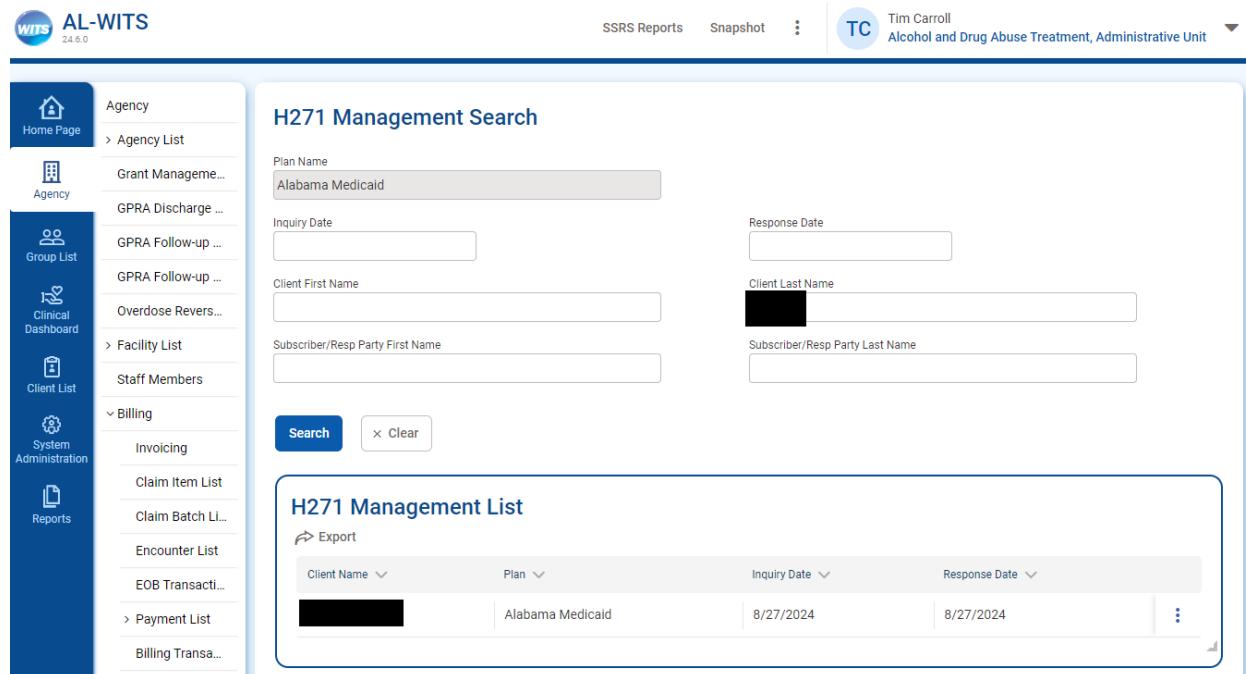
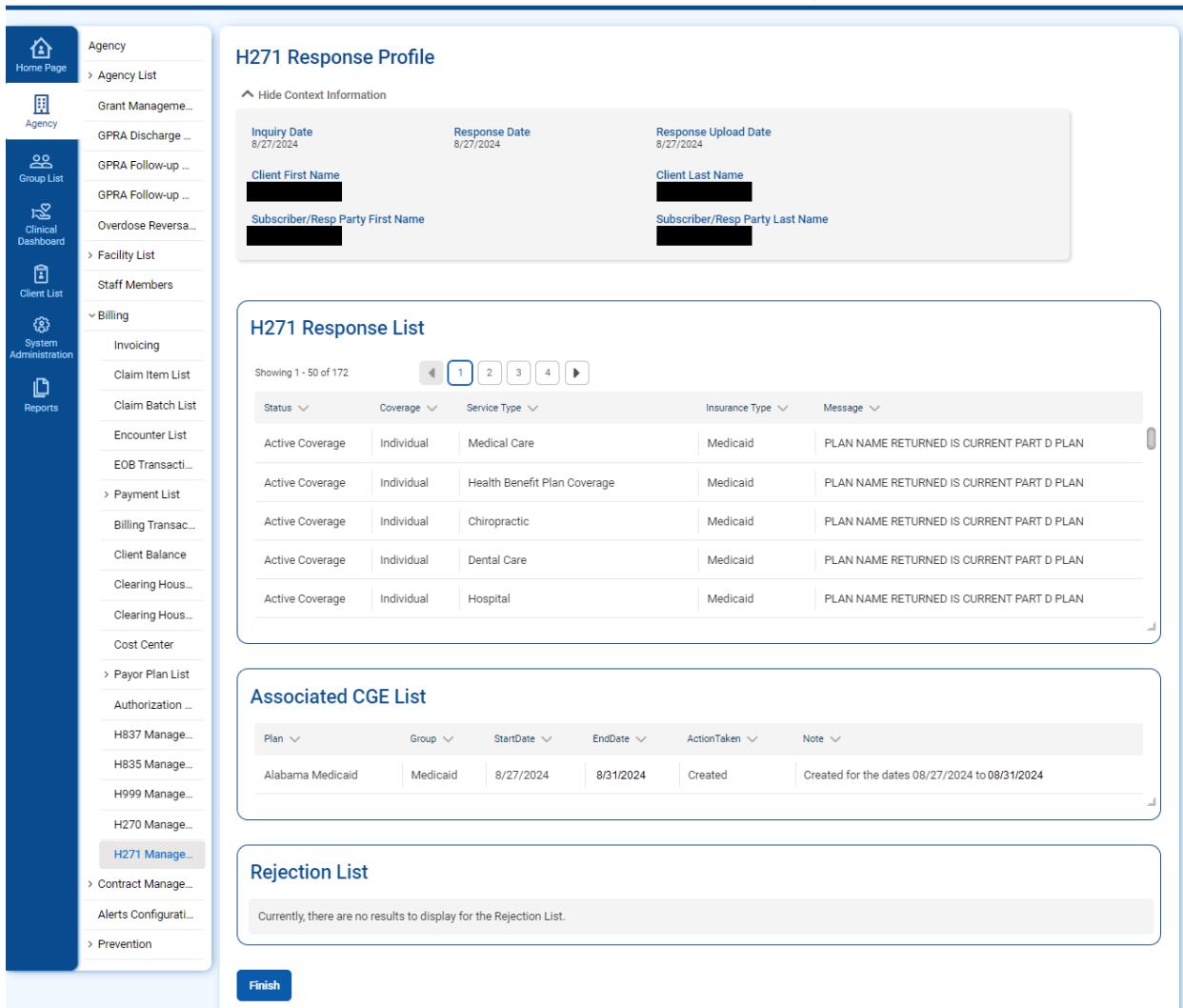


Figure 239: H271 Management Search>List



H271 Response Profile

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.

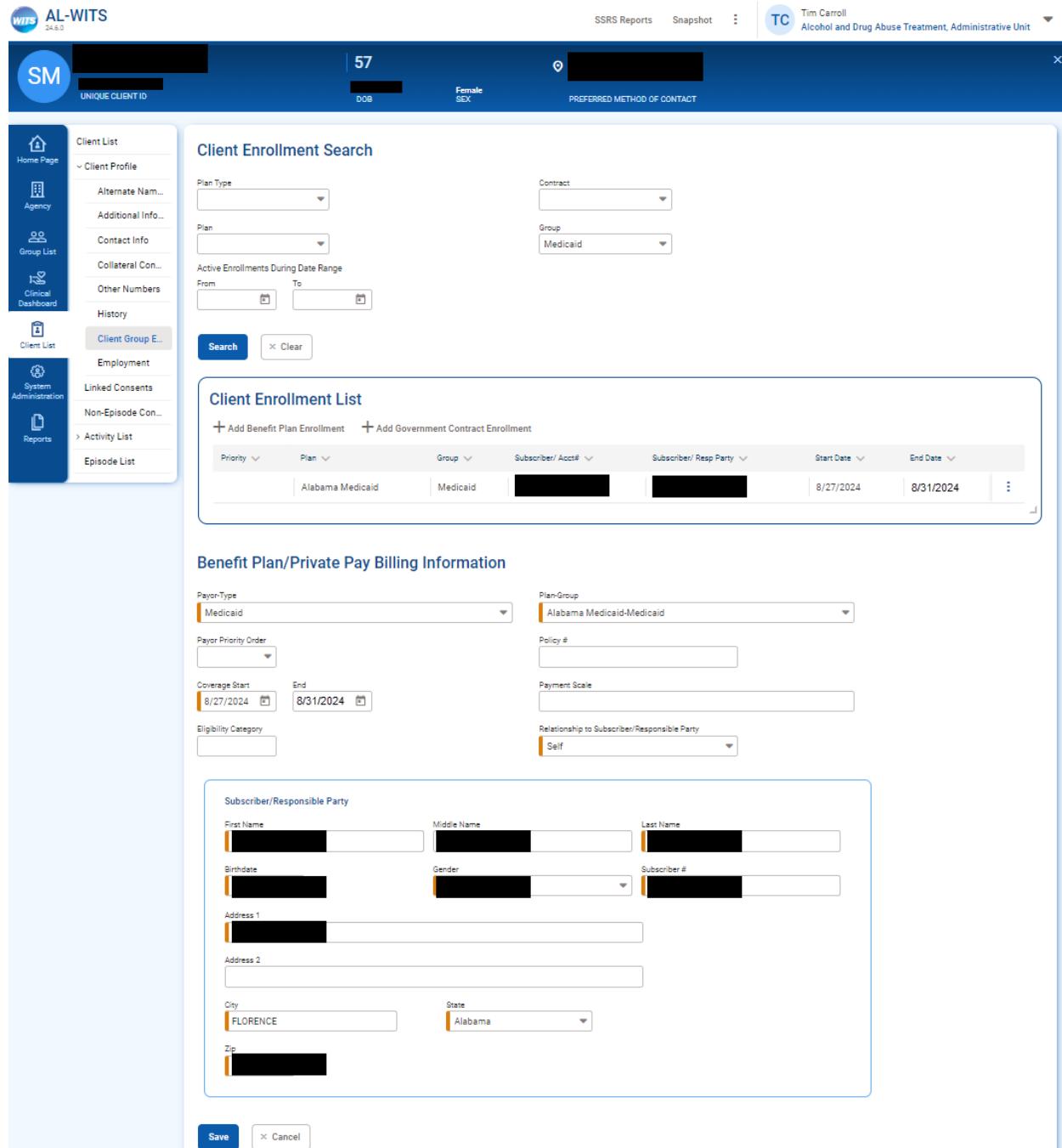
Note: This list contains all the coverage responses from Medicaid.

- 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



The screenshot shows the AL-WITS system interface for managing client enrollment and benefit plans.

Client Enrollment Search: This section allows searching for active enrollments within a date range. The search criteria include Plan Type (Contract), Plan (Alabama Medicaid), Group (Medicaid), and Active Enrollment Dates (From: 8/27/2024, To: 8/31/2024). The results show a single enrollment entry for "Alabama Medicaid" with "Medicaid" as the group.

Client Enrollment List: This section displays the list of active enrollments. The table columns include Priority, Plan, Group, Subscriber/ Acct#, Subscriber/ Resp Party, Start Date, and End Date. The entry is for "Alabama Medicaid" with "Medicaid" as the group.

Benefit Plan/Private Pay Billing Information: This section is used to enter or update benefit plan information. Fields include Payor-Type (Medicaid), Plan-Group (Alabama Medicaid-Medicaid), Coverage Start (8/27/2024), End (8/31/2024), Policy #, Payment Scale, and Relationship to Subscriber/Responsible Party (Self). The "Subscriber/Responsible Party" section contains fields for First Name, Middle Name, Last Name, Birthdate, Gender, Address 1, Address 2, City (FLORENCE), State (Alabama), and Zip.

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.

Figure 242: Cost Reimbursement Invoice Search/List

Figure 243: Unedited Invoice Profile

AL-WITS QA 23.6

Snapshot  Tim Prevention Agency
Tim's Prevention

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

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.

Sign Invoice

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

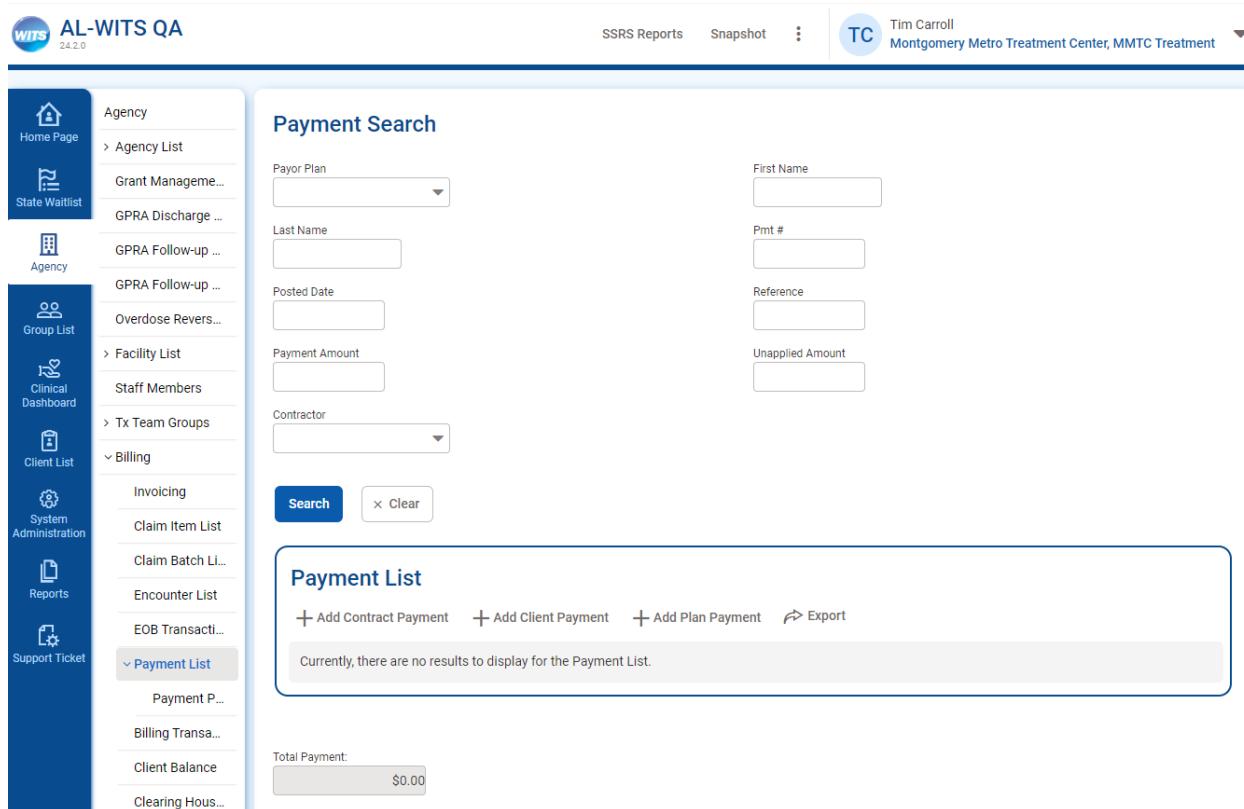
This section covers the processes used by the ADMH agency to pay/deny provider claims and invoices.

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 shows the AL-WITS QA 24.2.0 interface. The left sidebar has a dark blue background with various icons and links. The main area has a light blue header with the title 'Payment Search' and a sub-section 'Payment List'.

Payment Search:

- Payor Plan:
- First Name:
- Last Name:
- Pmt #:
- Posted Date:
- Reference:
- Payment Amount:
- Unapplied Amount:
- Contractor:
- Search:
- Clear:

Payment List:

- + Add Contract Payment
- + Add Client Payment
- + Add Plan Payment
- Export:

Currently, there are no results to display for the Payment List.

Total Payment:

Figure 245: Payment List

Selection for Payment

Client First Name	Client Last Name
Roy	Biv

SSN	DOB

Unique Client Number	Provider Client ID

Search **Clear**

Client List

Export

Unique Client #	Full Name	DOB	SSN
Q553535GE353544	Biv, Roy	1/1/1991	001-01-1991

Select

Figure 246: Select Client

Payment Profile

Payment #	Posted Date
	3/12/2024

Receipt Date	Client Name
3/10/2024	Biv, Roy

Created Date	Transaction Type
	Payment

Created By	Reference

Payment Amount	Comment
15.50	

Unapplied Amount	Check/EFT Date

Intended For	
On Account	

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

Administrative Actions

Show Payment Application **Apply Payment**

Figure 247: Payment Profile

→TEST

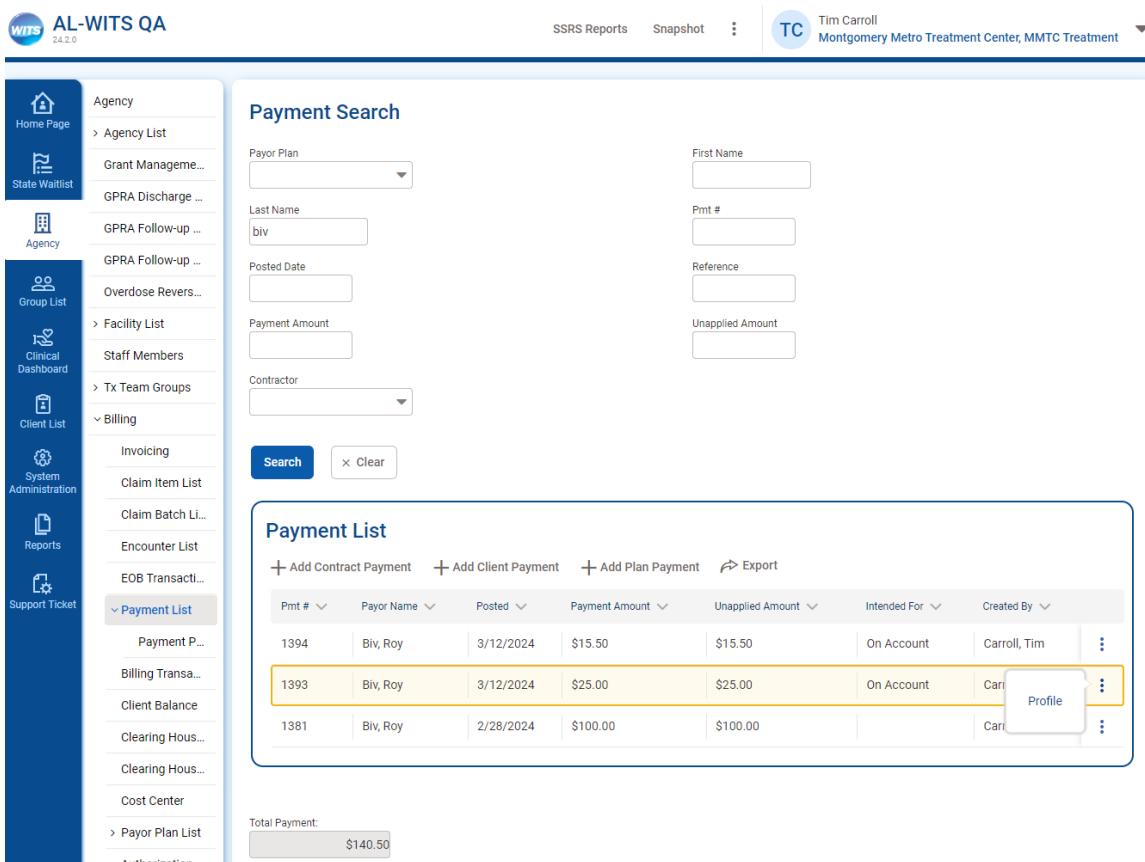
- Version: 24.3 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator, Billing Encounter List.
- Select a provider agency
- Navigate to Agency/Billing/Payment List.
- Search the Payment List for the client's name to determine if the payment was entered previously.
- Click the +Add 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.

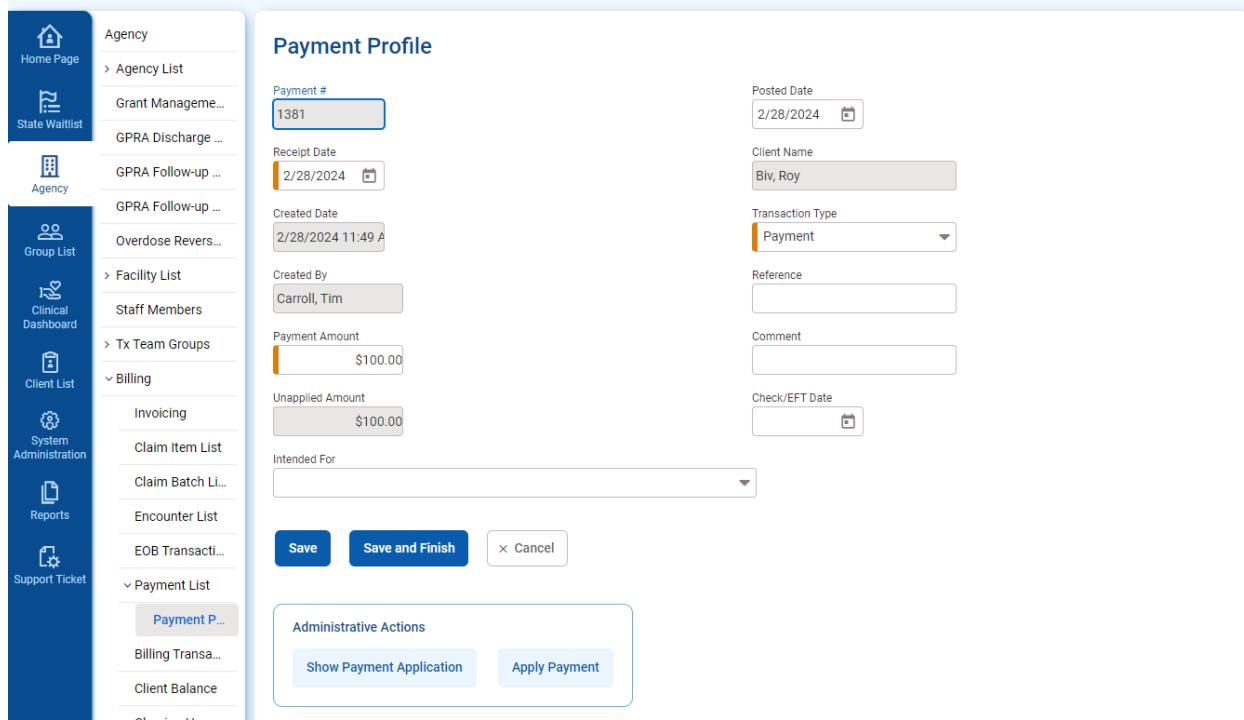
8.1.1.1. Client Payment Application

Client payments may be applied to encounters with an outstanding balance.



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

Figure 248: Payment List



Payment Profile

Payment #

Receipt Date

Client Name

Transaction Type

Payment Amount

Unapplied Amount

Comment

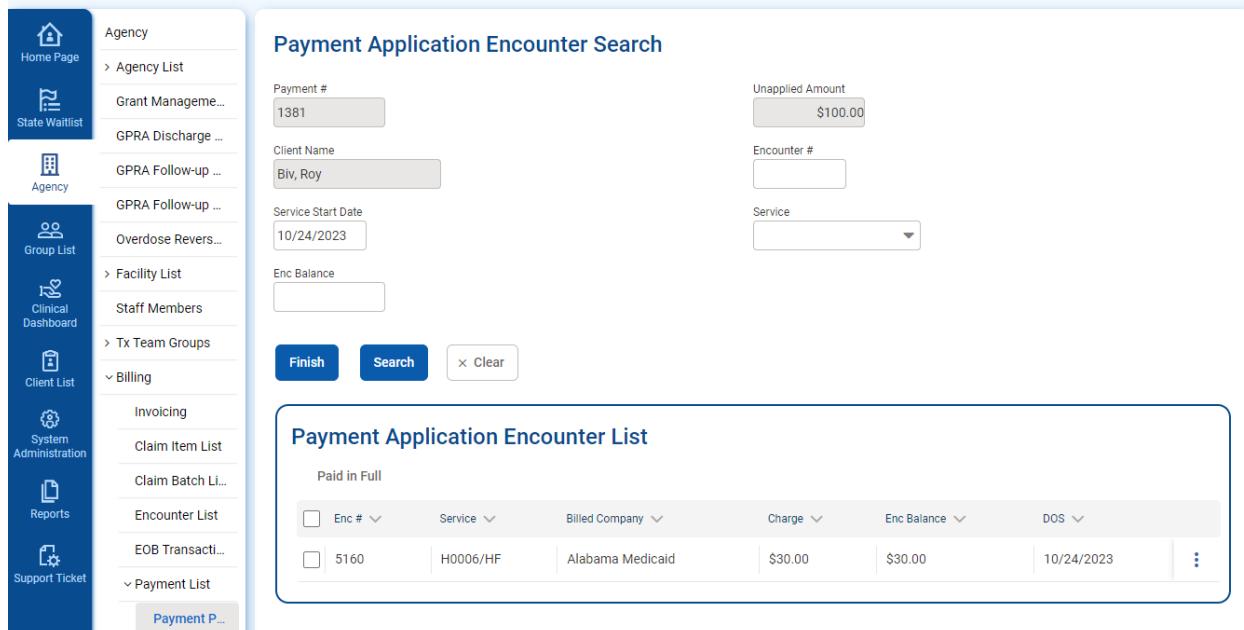
Check/EFT Date

Intended For

Administrative Actions

[Show Payment Application](#) [Apply Payment](#)

Figure 249: Payment Profile



Payment Application Encounter Search

Payment #

Client Name

Unapplied Amount

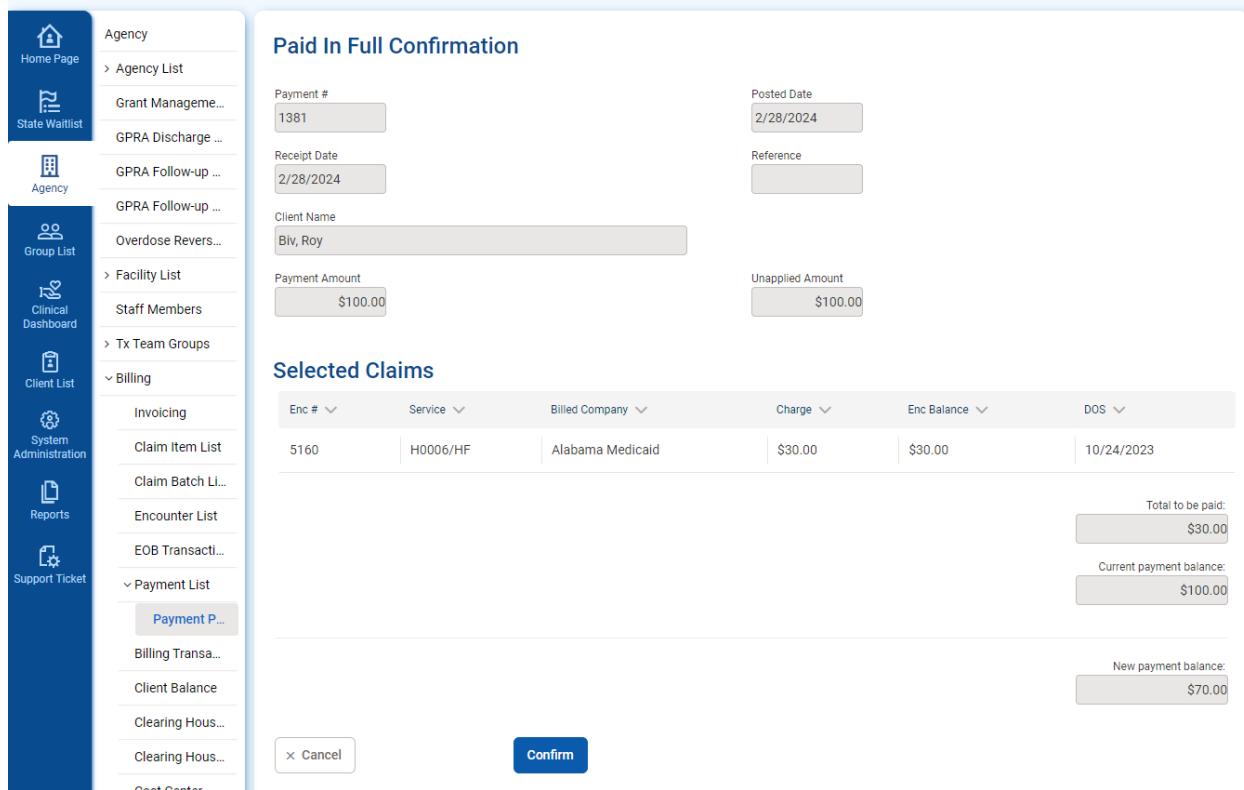
Service Start Date

Enc Balance

Payment Application Encounter List

Paid in Full	Enc #	Service	Billed Company	Charge	Enc Balance	DOS
	5160	H0006/HF	Alabama Medicaid	\$30.00	\$30.00	10/24/2023

Figure 250: Payment Application Encounter List



Paid In Full Confirmation

Payment # 1381
Posted Date 2/28/2024

Receipt Date 2/28/2024
Reference

Client Name Biv, 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

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.

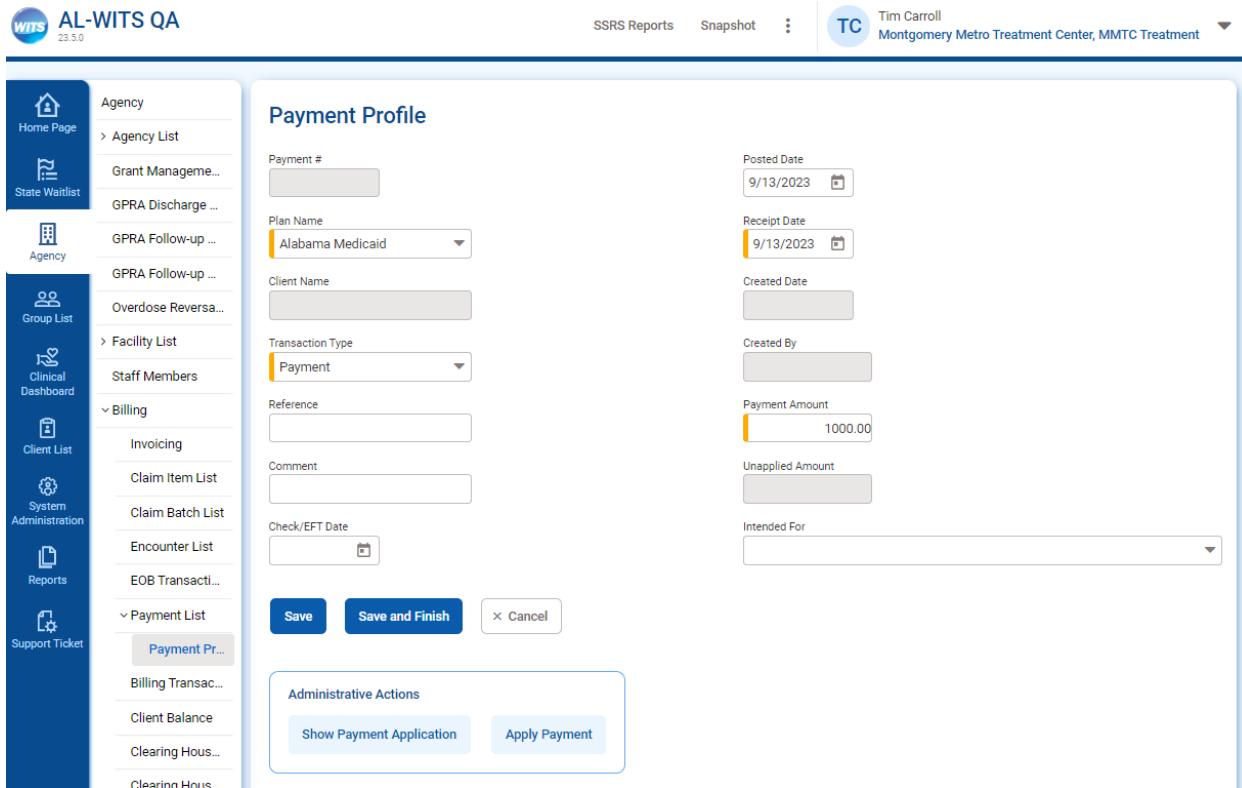


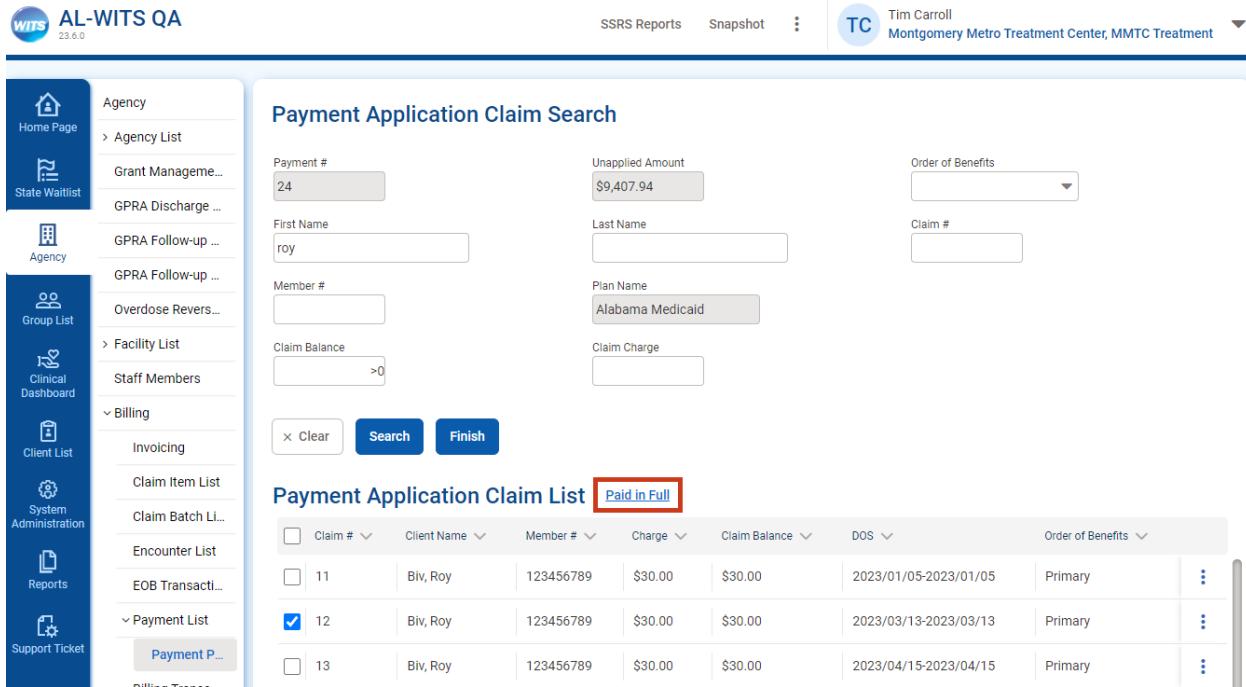
Figure 252: Medicaid Payment

→ 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 AL-WITS QA interface. The left sidebar contains navigation links for Home Page, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Tickets. The main area is titled 'Payment Application Claim Search'.

Payment Application Claim Search:

- Payment #: 24
- Unapplied Amount: \$9,407.94
- Order of Benefits: (dropdown menu)
- First Name: roy
- Last Name: (empty)
- Member #: (empty)
- Plan Name: Alabama Medicaid
- Claim Balance: >0
- Claim Charge: (empty)

Buttons: Clear, Search, Finish

Payment Application Claim List: A table showing a list of claims. One row is highlighted with a red box around the 'Paid in Full' button.

<input type="checkbox"/> 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

Paid in Full (highlighted button)

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](#)
- [State Waitlist](#)
- [Agency](#)
 - [Agency List](#)
 - [Grant Management...](#)
 - [GPRA Discharge ...](#)
- [GPRA Follow-up ...](#)
- [GPRA Follow-up ...](#)
- [Overdose Revers...](#)
- [Group List](#)
- [Clinical Dashboard](#)
- [Client List](#)
- [System Administration](#)
- [Reports](#)
- [Support Ticket](#)

Paid In Full Confirmation

Payment #	Posted Date
24	9/13/2023
Alabama Medicaid	Receipt Date
	9/13/2023
Client Name	Reference
Amount	Unapplied Amount
\$10,000.00	\$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](#)

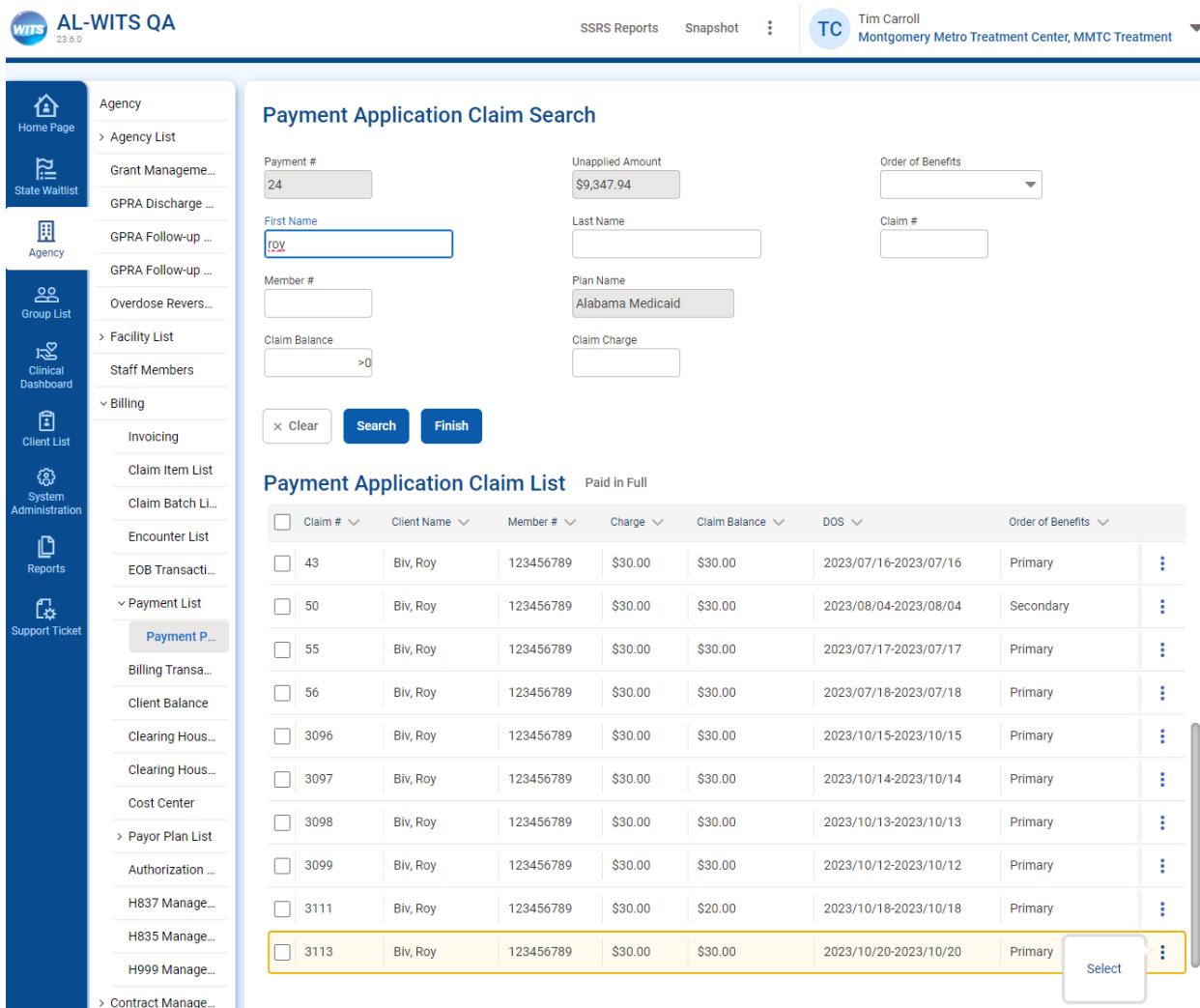
Figure 254: Confirm Paid in Full

→ **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.



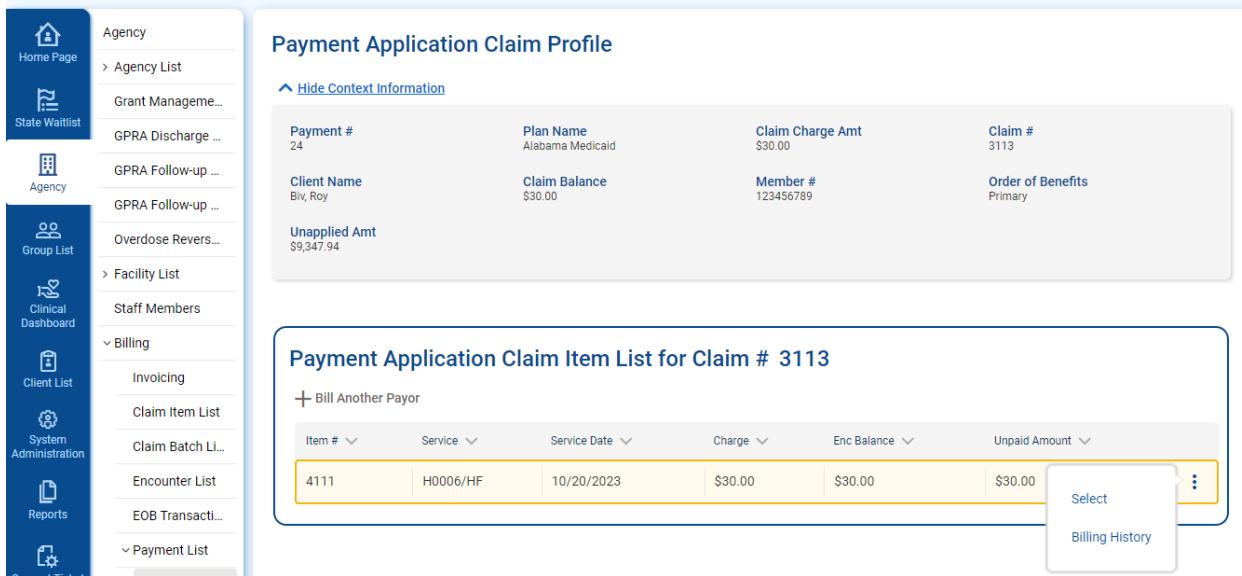
The screenshot shows the AL-WITS QA software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Montgomery Metro Treatment Center, MMTC Treatment'. The left sidebar navigation includes 'Home Page', 'State Waitlist', 'Agency' (selected), 'Group List', 'Clinical Dashboard', 'Client List', 'System Administration', 'Reports', and 'Support Ticket'. The main content area is titled 'Payment Application Claim Search' and shows search criteria: Payment # (24), Unapplied Amount (\$9,347.94), Order of Benefits (dropdown), First Name (Roy), Last Name (empty), Claim # (empty), Member # (empty), Plan Name (Alabama Medicaid), Claim Balance (>0), and Claim Charge (empty). Below the search form are 'Clear', 'Search', and 'Finish' buttons. The next section, 'Payment Application Claim List' (Paid in Full), displays a table of claims. The table columns are: Claim #, Client Name, Member #, Charge, Claim Balance, DOS, and Order of Benefits. The table contains 11 rows of data, with the last row (3113) highlighted in yellow and a 'Select' button to its right. The 'Payment List' section of the sidebar is also highlighted.

Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits
43	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/16-2023/07/16	Primary
50	Biv, Roy	123456789	\$30.00	\$30.00	2023/08/04-2023/08/04	Secondary
55	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/17-2023/07/17	Primary
56	Biv, Roy	123456789	\$30.00	\$30.00	2023/07/18-2023/07/18	Primary
3096	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/15-2023/10/15	Primary
3097	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/14-2023/10/14	Primary
3098	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/13-2023/10/13	Primary
3099	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/12-2023/10/12	Primary
3111	Biv, Roy	123456789	\$30.00	\$20.00	2023/10/18-2023/10/18	Primary
3113	Biv, Roy	123456789	\$30.00	\$30.00	2023/10/20-2023/10/20	Primary

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.



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

[Select](#) [Billing History](#)

Figure 256: Medicaid Payment Application to Claim Item

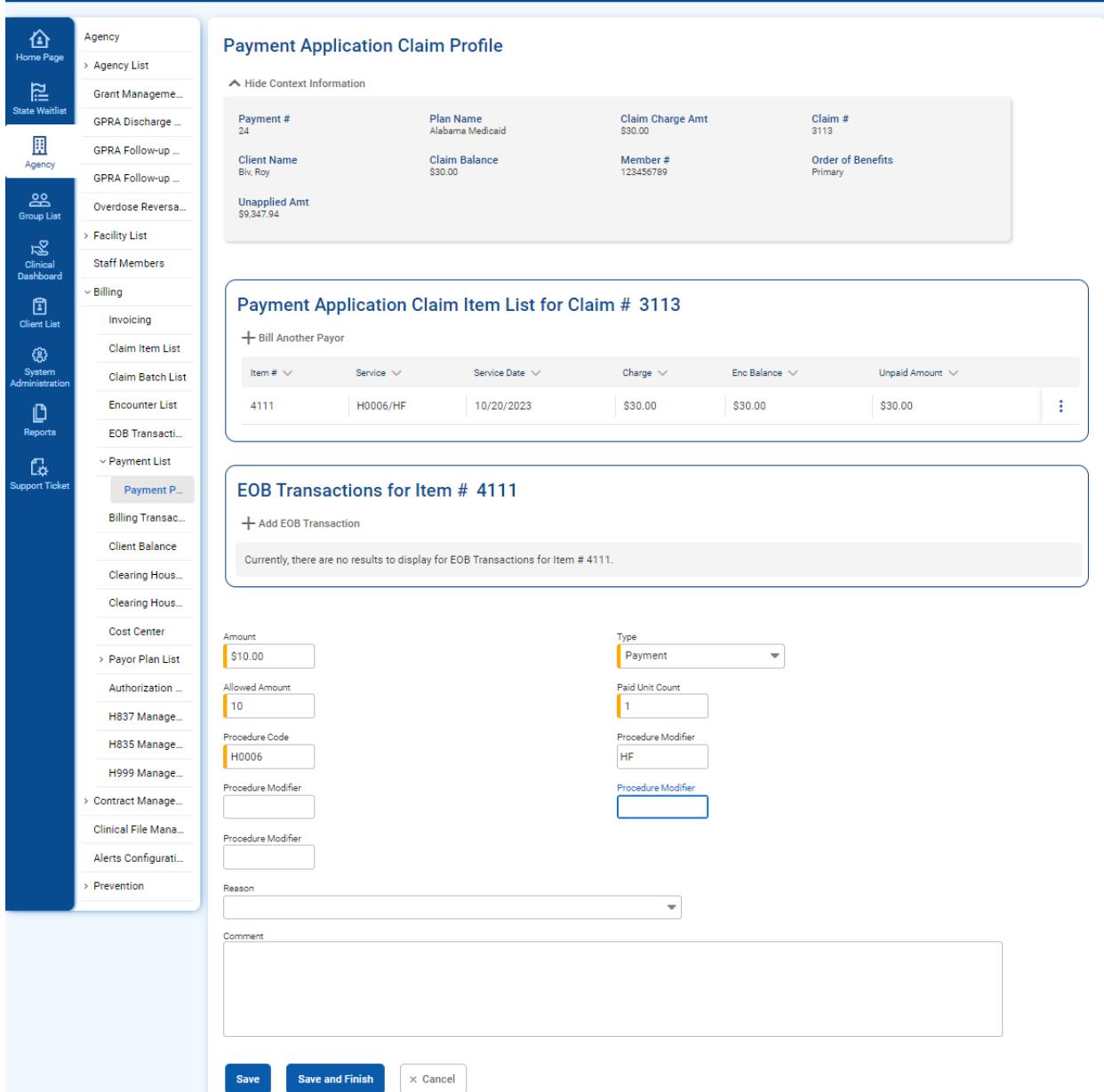
→ TEST

- 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.



The screenshot shows the AL-WITS QA application interface. On the left is a dark blue sidebar with various menu items. The main area is divided into several sections:

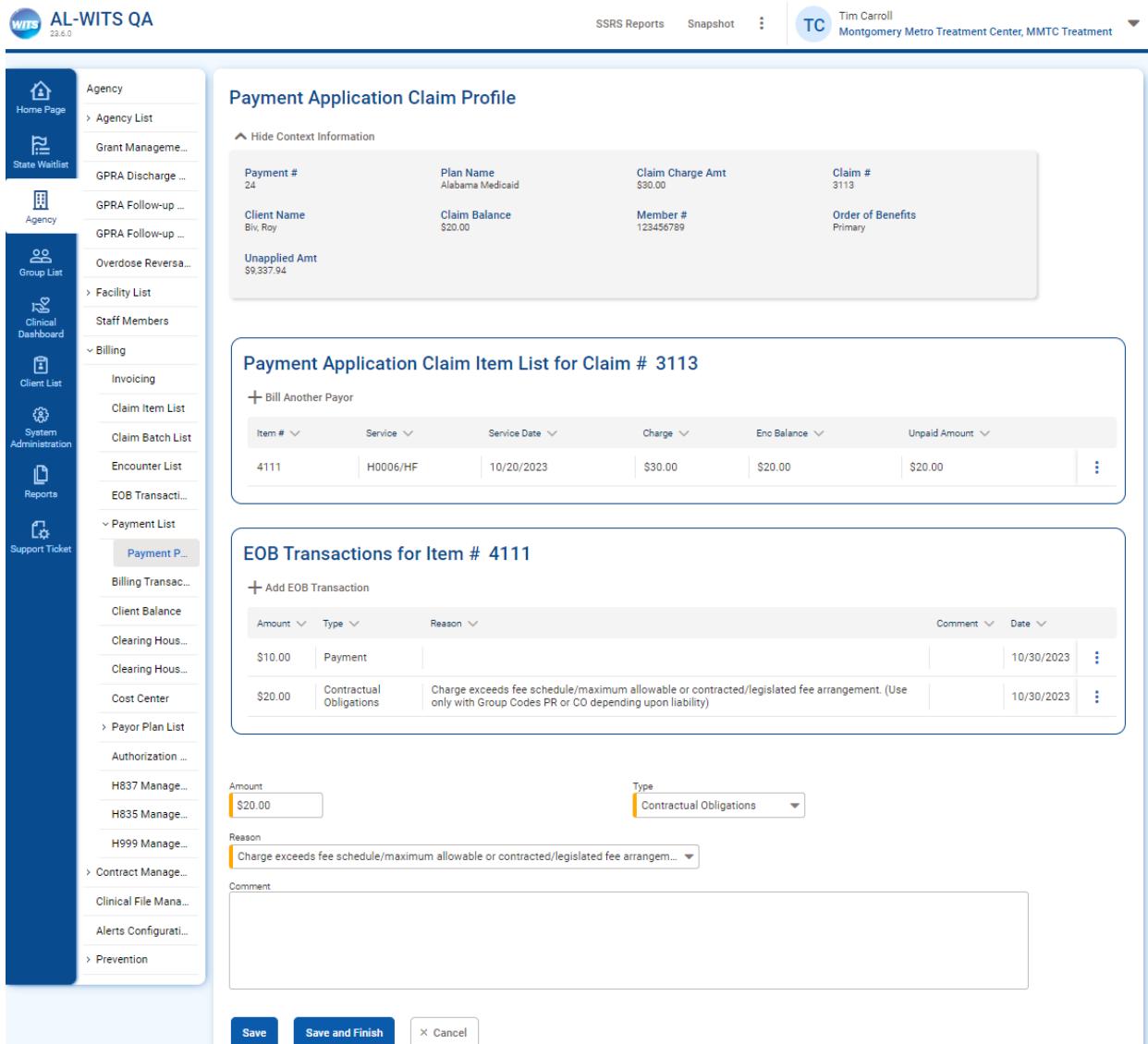
- Payment Application Claim Profile:** Displays payment details for a Medicaid claim. Payment # 24, Plan Name Alabama Medicaid, Claim Charge Amt \$30.00, Client Name Biv, Roy, Claim Balance \$30.00, Member # 123456789, Unapplied Amt \$9,347.94, and Claim # 3113.
- Payment Application Claim Item List for Claim # 3113:** Shows a table with one row: Item # 4111, Service H0006/HF, Service Date 10/20/2023, Charge \$30.00, Enc Balance \$30.00, and Unpaid Amount \$30.00.
- EOB Transactions for Item # 4111:** A section with a button to add a transaction. It displays a message: "Currently, there are no results to display for EOB Transactions for Item # 4111."
- EOB Transaction Form:** A detailed form for creating a new EOB transaction for item # 4111. Fields include:
 - Amount: \$10.00
 - Type: Payment
 - Allowed Amount: 10
 - Paid Unit Count: 1
 - Procedure Code: H0006
 - Procedure Modifier: HF
 - Procedure Modifier: (empty)
 - Reason: (empty)
 - Comment: (empty)
- Buttons:** Save, Save and Finish, and 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.



The screenshot shows the AL-WITS QA software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' at 'Montgomery Metro Treatment Center, MMTC Treatment'. The left sidebar menu is titled 'AL-WITS QA 23.6.0' and includes the following sections:

- Home Page**
- Agency**
 - > Agency List
 - Grant Management...
 - GPRA Discharge...
 - GPRA Follow-up...
 - GPRA Follow-up...
 - Overdose Reversa...
- State Waitlist**
- Agency**
 - > Facility List
 - Staff Members
 - Billing**
 - Invoicing
 - Claim Item List
 - Claim Batch List
 - Encounter List
 - EOB Transacti...
 - 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...
 - > Prevention
- Reports**
- Support Ticket**

The main content area displays the 'Payment Application Claim Profile' for Claim # 3113. It shows the following details:

Payment #	Plan Name	Claim Charge Amt	Claim #
24	Alabama Medicaid	\$30.00	3113
Client Name	Claim Balance	Member #	Order of Benefits
Biv. Roy	\$20.00	123456789	Primary
Unapplied Amt			
\$9,337.94			

Below this is the 'Payment Application Claim Item List for Claim # 3113' table:

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
4111	H0006/HF	10/20/2023	\$30.00	\$20.00	\$20.00

The 'EOB Transactions for Item # 4111' section shows a table with one row:

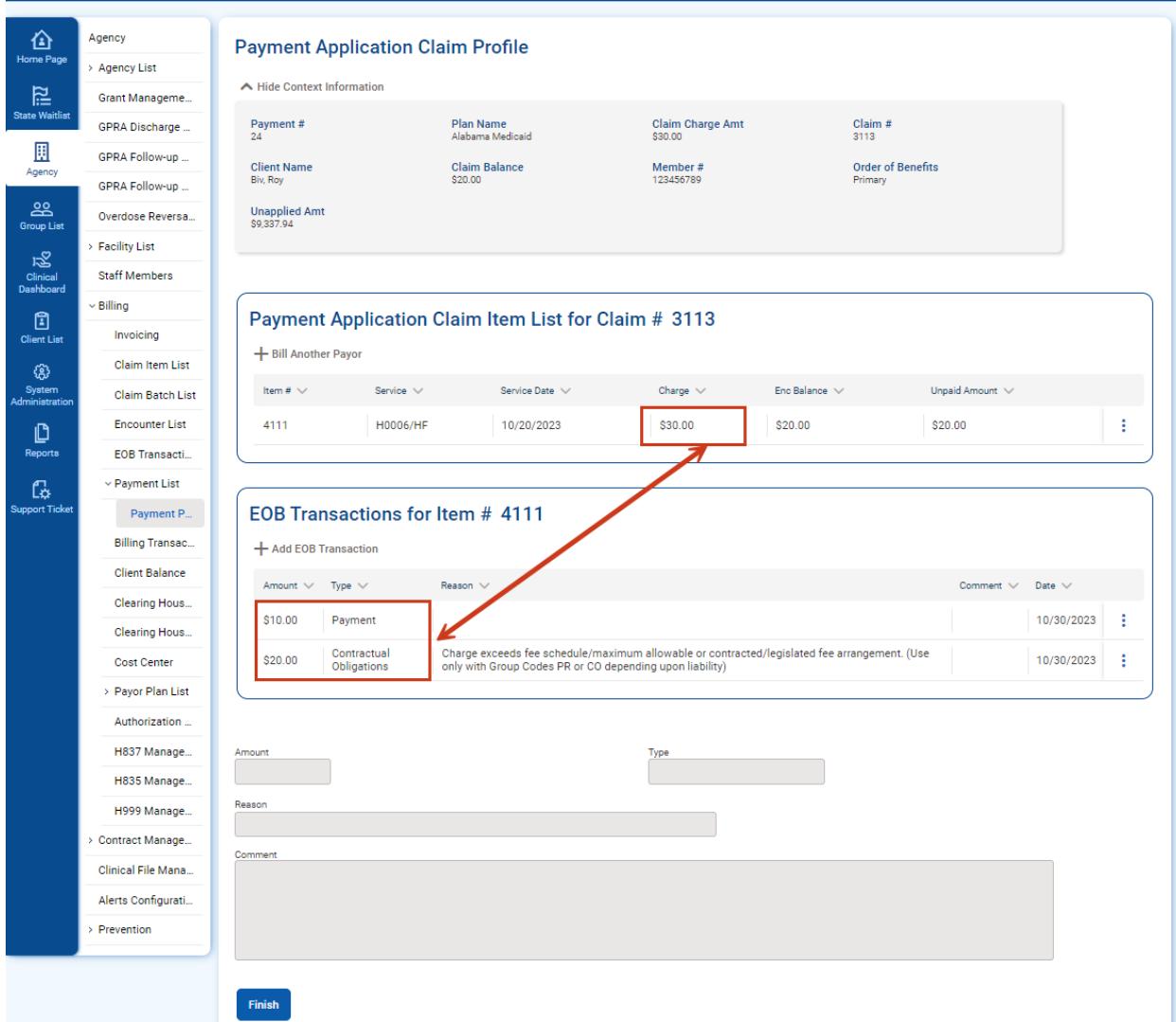
Amount	Type	Reason	Comment	Date
\$10.00	Payment			10/30/2023
\$20.00	Contractual Obligations	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)		10/30/2023

Below the table, there are input fields for 'Amount' (\$20.00), 'Type' (Contractual Obligations), 'Reason' (Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)), and 'Comment'. At the bottom are 'Save', 'Save and Finish', and 'Cancel' buttons.

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.



Payment Application Claim Profile

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

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

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

Finish

Figure 259: Medicaid EOB Transactions balanced to the total charge

→TEST

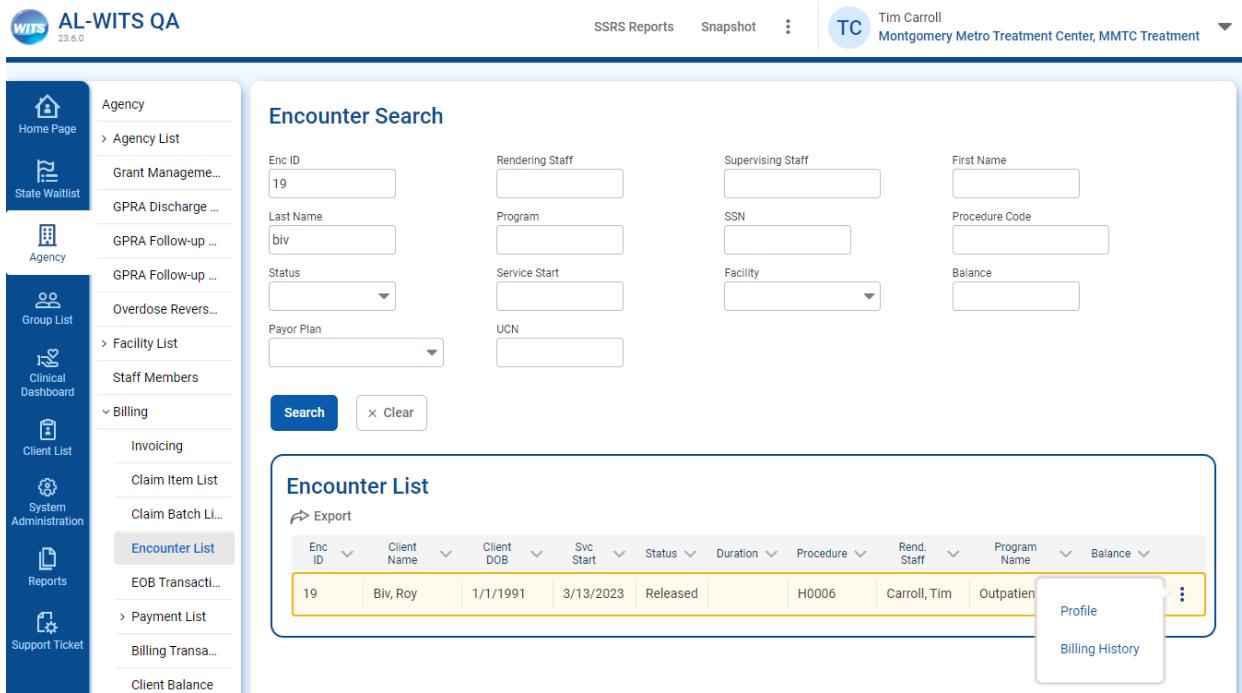
- Version: 23.6 and later.
- Confirm the EOB Transactions balance to the total charge.
- Review the applied payment in the “Review Applied Payment” section below to see the state and federal share.

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:



The screenshot shows the AL-WITS QA software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- Agency
 - > Agency List
 - Grant Management...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Revers...
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Support Ticket

The 'Encounter List' option is highlighted in the menu.

The main area displays the 'Encounter Search' screen with various search fields and a 'Search' button. The 'Encounter List' screen is shown below, displaying a table of encounter data. A context menu is open over the last row of the table, showing options: 'Profile' and 'Billing History'.

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	

Figure 260: Billing/Encounter List

Billing History for Encounter # 19 - Biv, Roy (Q553535GE353544)

Service	Case Management - Adult
Encounter Balance:	\$0.00
Duration:	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)*

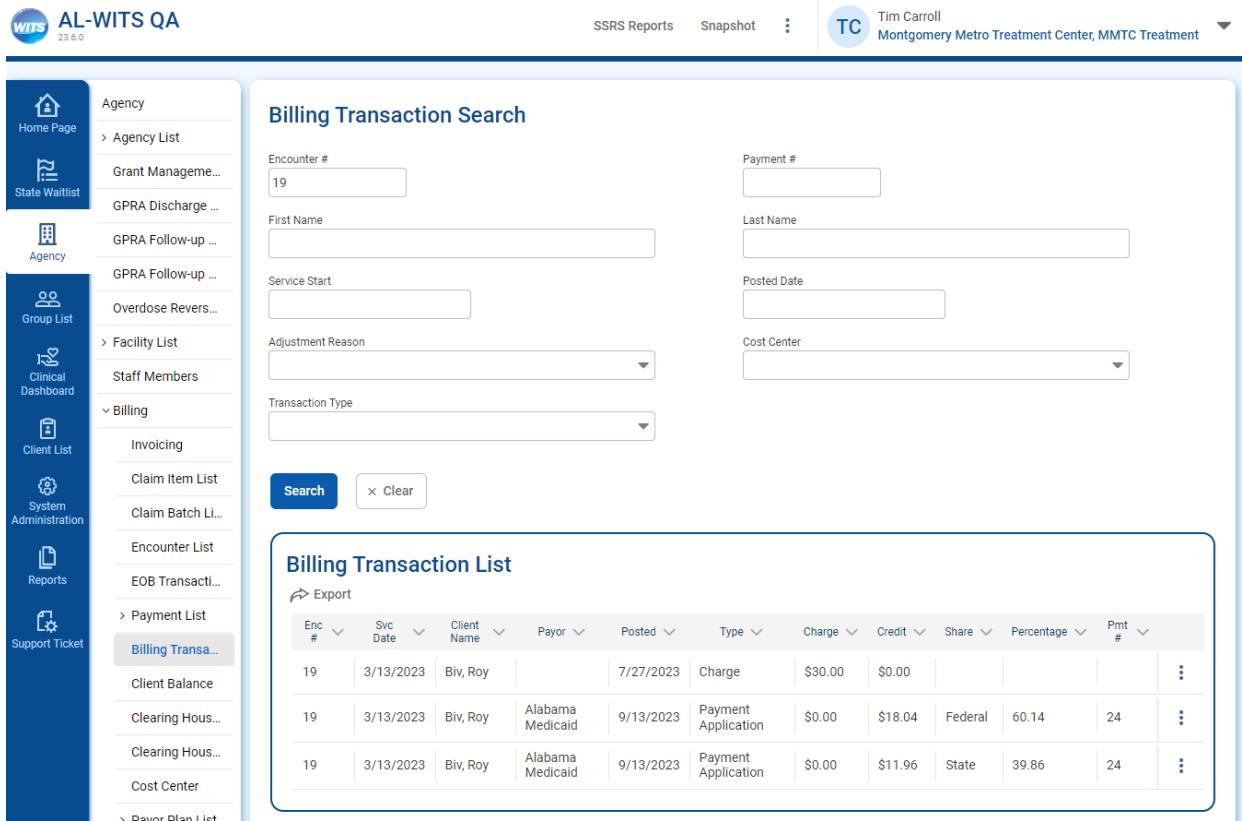
→ TEST

- (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.



The screenshot shows the AL-WITS QA software interface. The left sidebar contains a navigation menu with the following items:

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

The main content area is titled "Billing Transaction Search". It includes search fields for Encounter # (19), Payment #, First Name, Last Name, Service Start, Posted Date, Adjustment Reason, Cost Center, and Transaction Type. There are "Search" and "Clear" buttons. Below this is the "Billing Transaction List" section, which includes an "Export" button and a table of transaction data:

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.

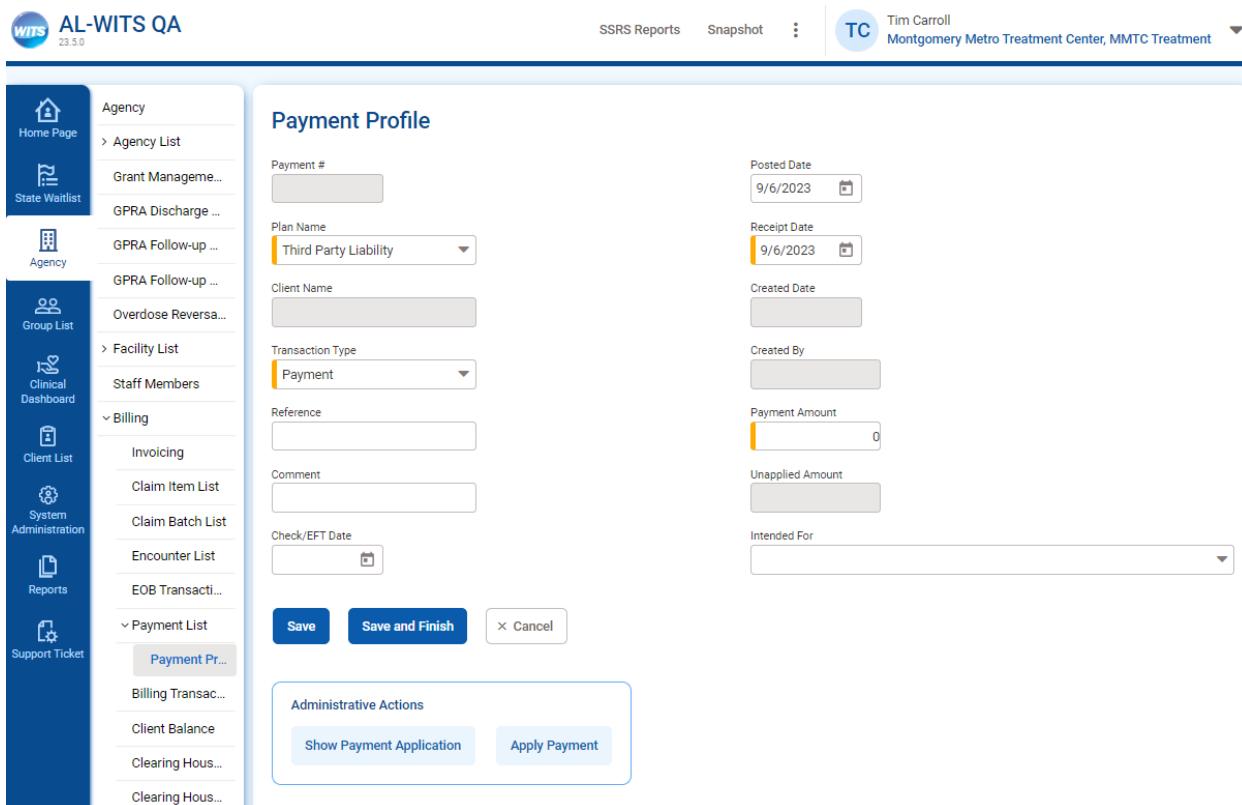


Figure 263: TPL Payment

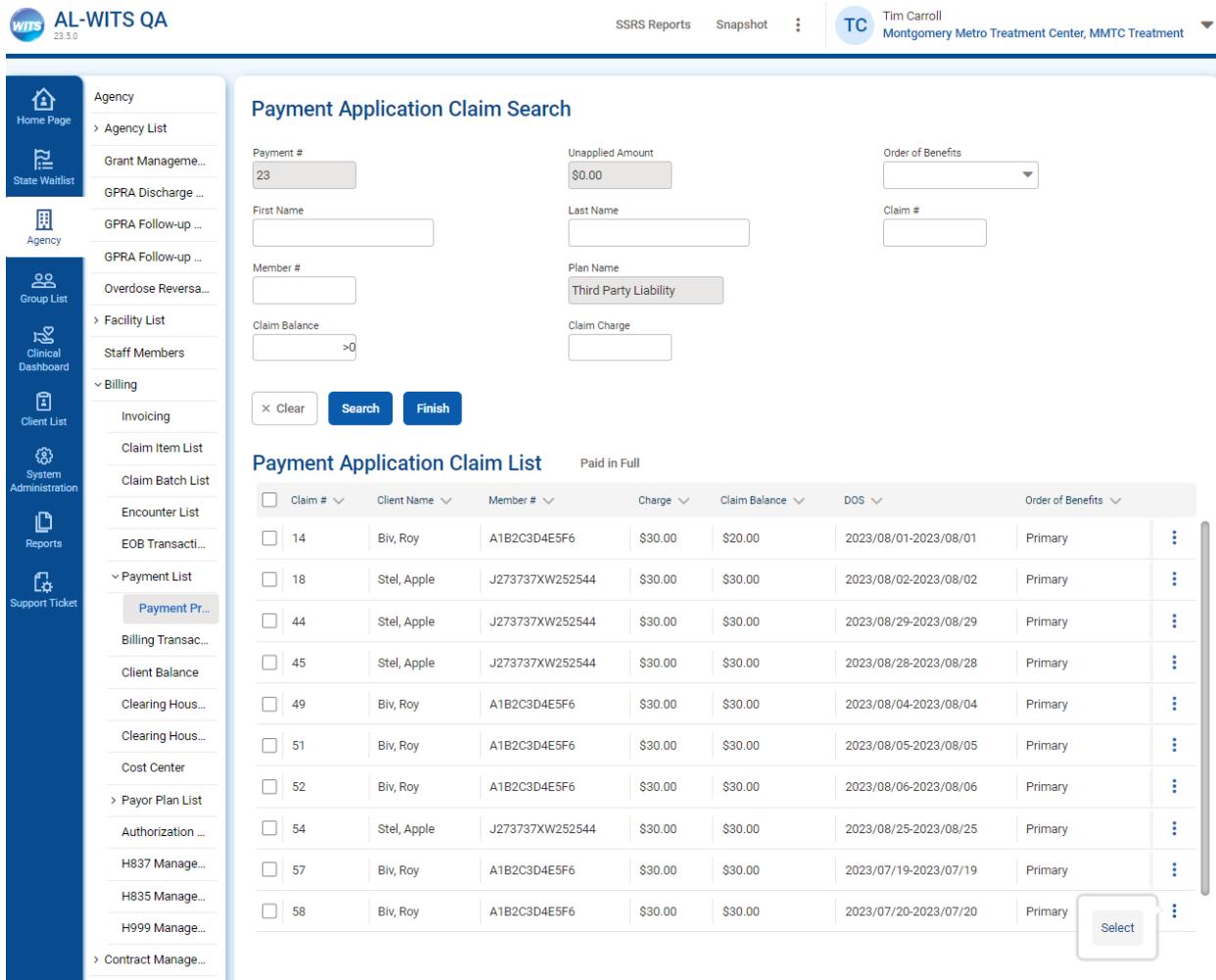
→ TEST

- 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.



The screenshot shows the AL-WITS QA interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is divided into two sections: 'Payment Application Claim Search' and 'Payment Application Claim List'.

Payment Application Claim Search: This section includes fields for Payment # (23), Unapplied Amount (\$0.00), Order of Benefits, First Name, Last Name, Claim #, Member #, Plan Name (Third Party Liability), Claim Balance (>0), and Claim Charge. There are 'Clear', 'Search', and 'Finish' buttons.

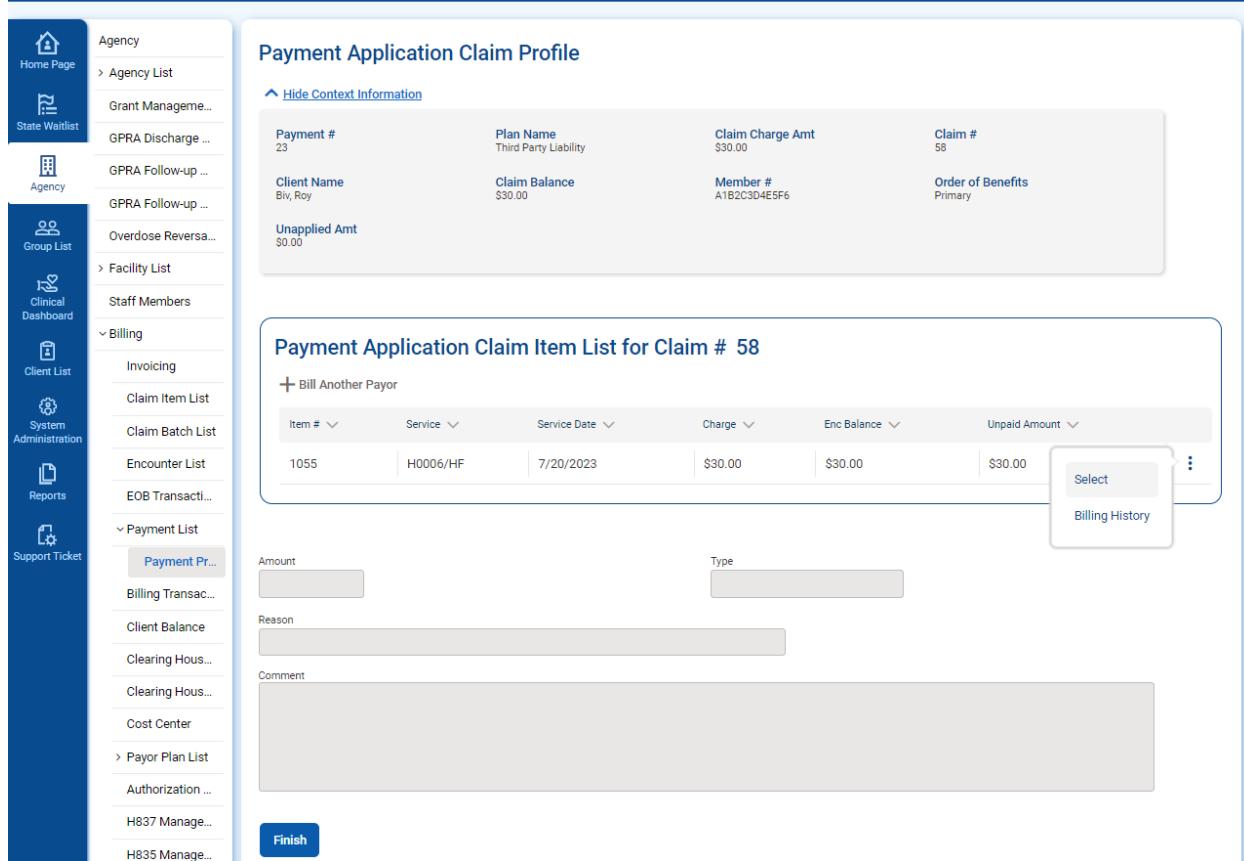
Payment Application Claim List: This section displays a table of claims. The columns are: Claim #, Client Name, Member #, Charge, Claim Balance, DOS, and Order of Benefits. The table shows 10 rows of data, each with a checkbox and a 'Select' button. The data in the table is as follows:

Claim #	Client Name	Member #	Charge	Claim Balance	DOS	Order of Benefits
14	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$20.00	2023/08/01-2023/08/01	Primary
18	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/02-2023/08/02	Primary
44	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/29-2023/08/29	Primary
45	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/28-2023/08/28	Primary
49	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/04-2023/08/04	Primary
51	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/05-2023/08/05	Primary
52	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/08/06-2023/08/06	Primary
54	Stel, Apple	J273737XW252544	\$30.00	\$30.00	2023/08/25-2023/08/25	Primary
57	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/07/19-2023/07/19	Primary
58	Biv, Roy	A1B2C3D4E5F6	\$30.00	\$30.00	2023/07/20-2023/07/20	Primary

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.



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 Payer](#)

Item #	Service	Service Date	Charge	Enc Balance	Unpaid Amount
1055	H0006/HF	7/20/2023	\$30.00	\$30.00	\$30.00

[Select](#) [Billing History](#)

Amount
Reason
Comment

Finish

Figure 265: TPL Payment Application to Claim Item

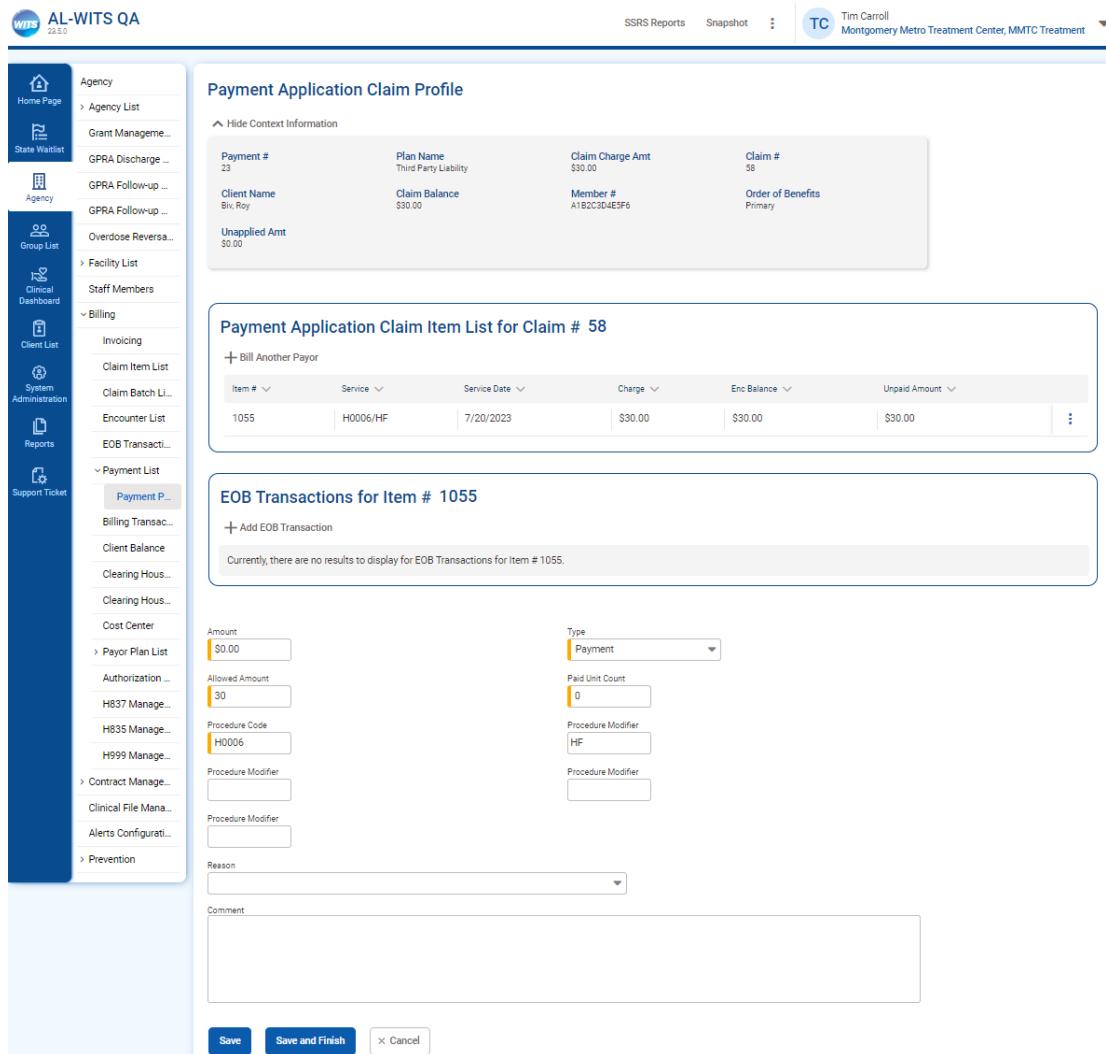
→ TEST

- 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 AL-WITS QA software interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is divided into three sections:

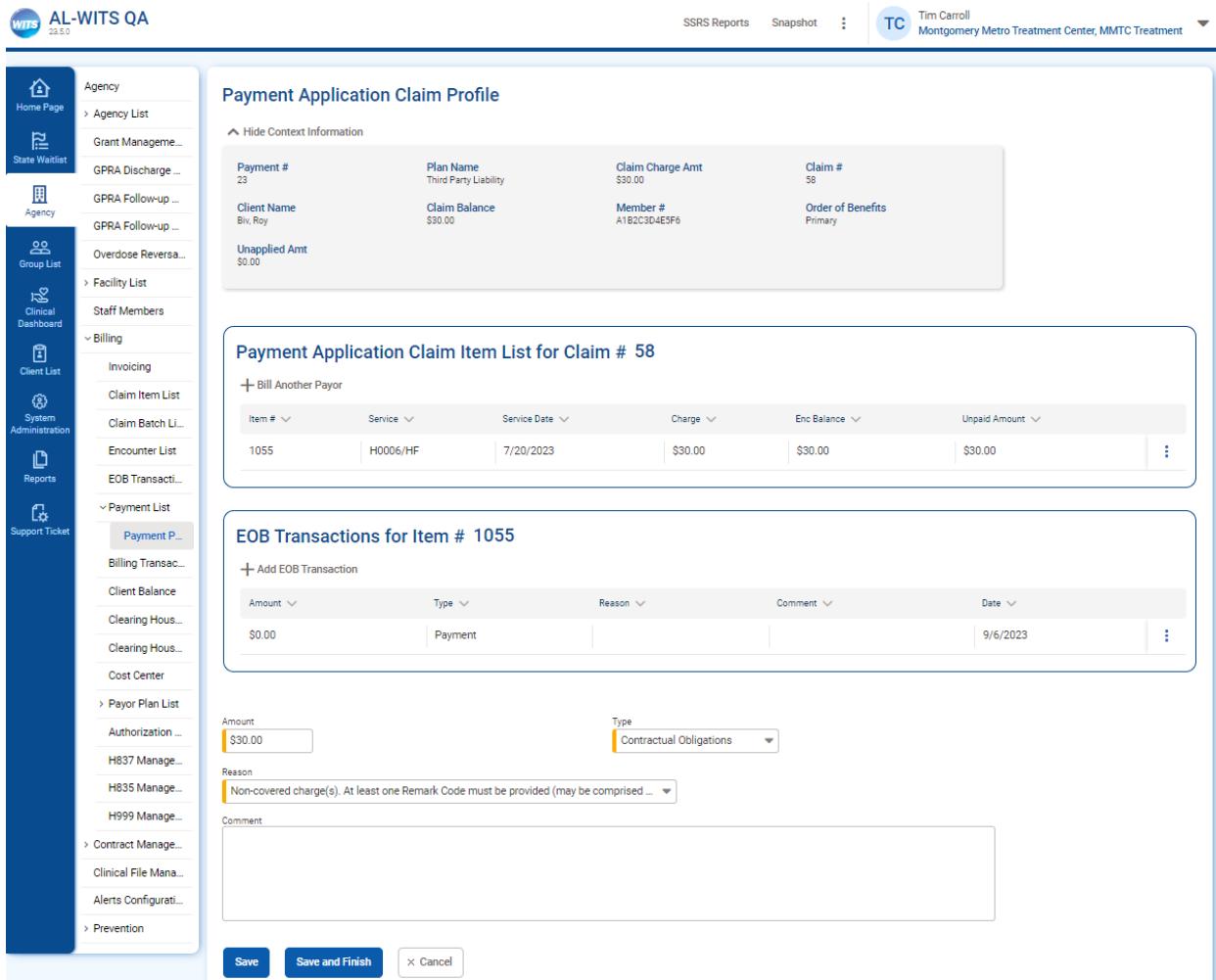
- Payment Application Claim Profile:** Displays claim details: Payment # 23, Plan Name Third Party Liability, Claim Charge Amt \$30.00, Client Name Biv. Roy, Claim Balance \$30.00, Member # A1B2C3D4E5F6, and Order of Benefits Primary.
- Payment Application Claim Item List for Claim # 58:** Shows a table with one item: Item # 1055, Service H0006/HF, Service Date 7/20/2023, Charge \$30.00, Enc Balance \$30.00, and Unpaid Amount \$30.00.
- EOB Transactions for Item # 1055:** A form for adding EOB transactions. It includes fields for Amount (\$0.00), Type (Payment), Allowed Amount (30), Paid Unit Count (0), Procedure Code (H0006), Procedure Modifier (HF), and Reason/Comment. Buttons at the bottom include 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.



The screenshot shows the AL-WITS QA 23.5.0 software interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is divided into three sections:

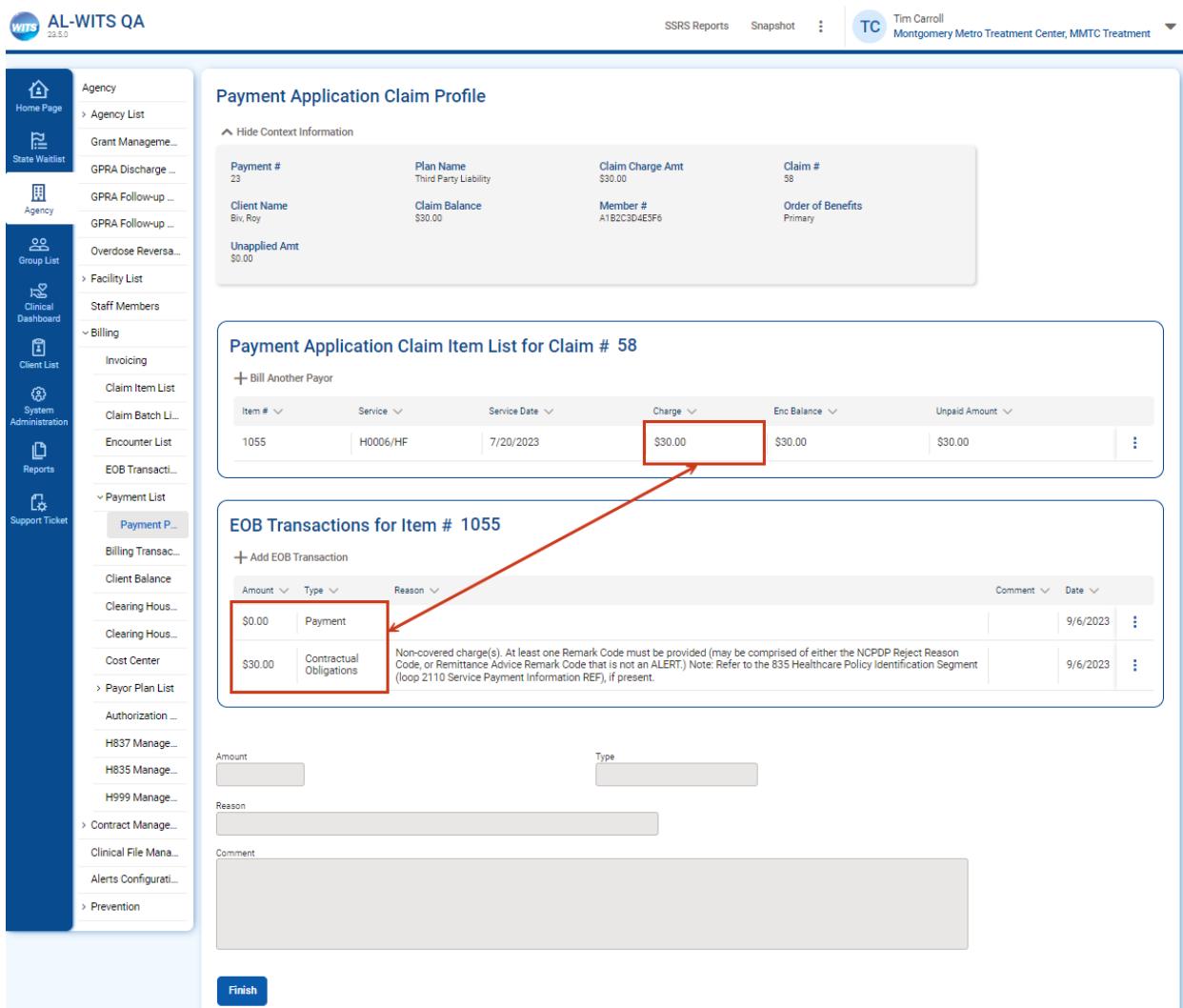
- Payment Application Claim Profile:** Displays claim details: Payment # 23, Plan Name Third Party Liability, Claim Charge Amt \$30.00, Claim # 58, Client Name Biv. Roy, Claim Balance \$30.00, Member # A1B2C3D4E5F6, Order of Benefits Primary, and Unapplied Amt \$0.00.
- Payment Application Claim Item List for Claim # 58:** Shows a table with columns: Item #, Service, Service Date, Charge, Enc Balance, and Unpaid Amount. One row is listed: Item # 1055, Service H0006/HF, Service Date 7/20/2023, Charge \$30.00, Enc Balance \$30.00, and Unpaid Amount \$30.00.
- EOB Transactions for Item # 1055:** A form to add an EOB Transaction. It includes fields for Amount (\$30.00), Type (Contractual Obligations), Reason (Non-covered charge(s). At least one Remark Code must be provided (may be comprised ...)), and Comment. Buttons at the bottom include Save, Save and Finish, and 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.



The screenshot shows the FEI Systems AL-WITS QA application interface. The left sidebar contains a navigation menu with various links such as Home Page, Agency, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The main content area is titled "Payment Application Claim Profile" and shows a summary for Claim # 58. It includes fields for Payment # (23), Plan Name (Third Party Liability), Claim Charge Amt (\$30.00), Client Name (Biv, Roy), Claim Balance (\$30.00), Member # (A1B2C3D4E5F6), and Order of Benefits (Primary). Below this is a table titled "Payment Application Claim Item List for Claim # 58" showing one item (Item # 1055, Service H0006/HF, Date 7/20/2023, Charge \$30.00, Enc Balance \$30.00, Unpaid Amount \$30.00). A red box highlights the "Charge" column. A red arrow points from this box to the "Amount" column in the "EOB Transactions for Item # 1055" section. This section shows a table with one row (Amount \$0.00, Type Payment, Reason 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 REP), if present. \$30.00, Type Contractual Obligations, Reason 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 REP), if present.). A red box highlights the "Amount" column in this table. The "EOB Transactions for Item # 1055" section also contains fields for Amount, Type, Reason, Comment, and a "Finish" button.

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.

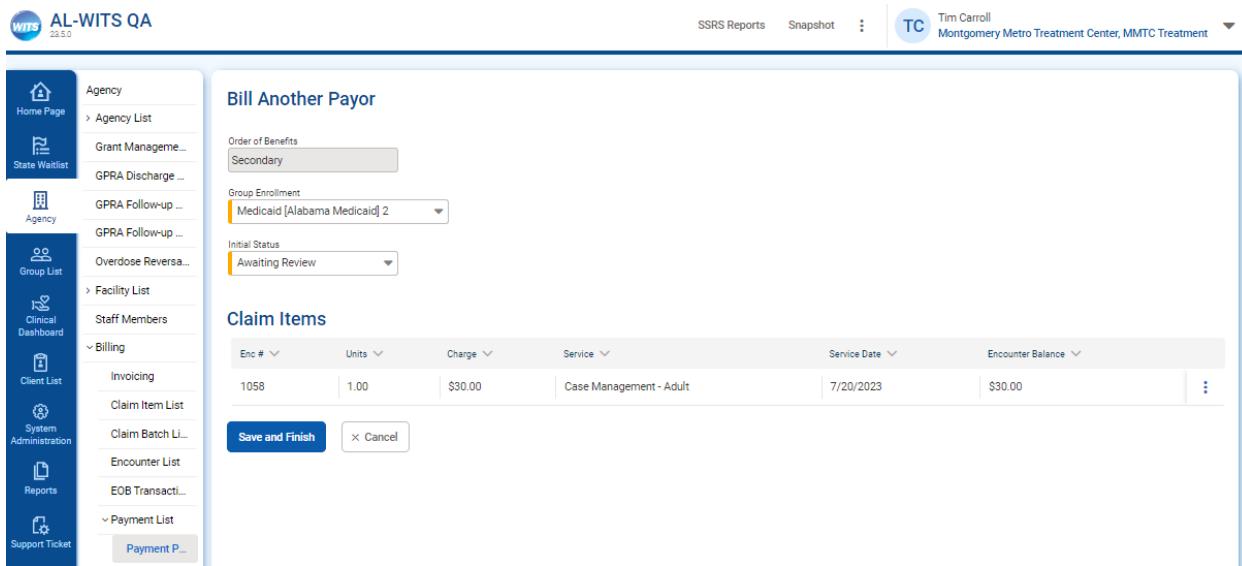


Figure 269: Bill Another Payor to Medicaid

→ 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.

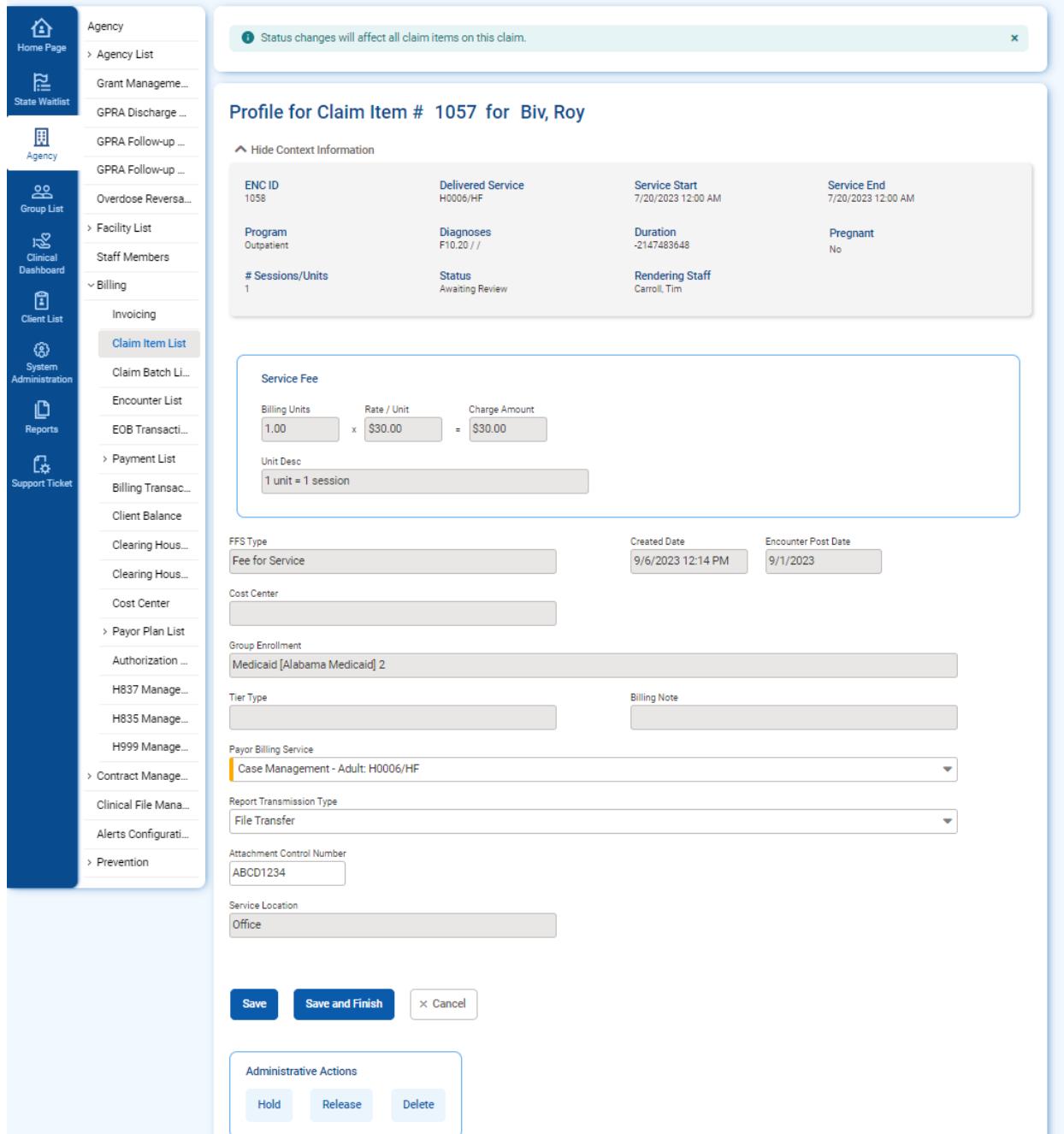
8.1.2.2.3. Update the Medicaid Claim Item

Update the Medicaid Claim Item to include the Attachment Control Number.

AL-WITS QA 23.5.0

SSRS Reports Snapshot 

Tim Carroll
Montgomery Metro Treatment Center, MMTC Treatment 



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 1.00	Rate / Unit \$30.00	= Charge Amount \$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

Payer Billing Service
Case Management - Adult: H0006/HF

Report Transmission Type
File Transfer

Attachment Control Number
ABCD1234

Service Location
Office

Administrative Actions

Hold Release Delete

Save Save and Finish 

Figure 270: Bill Another Payer 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.

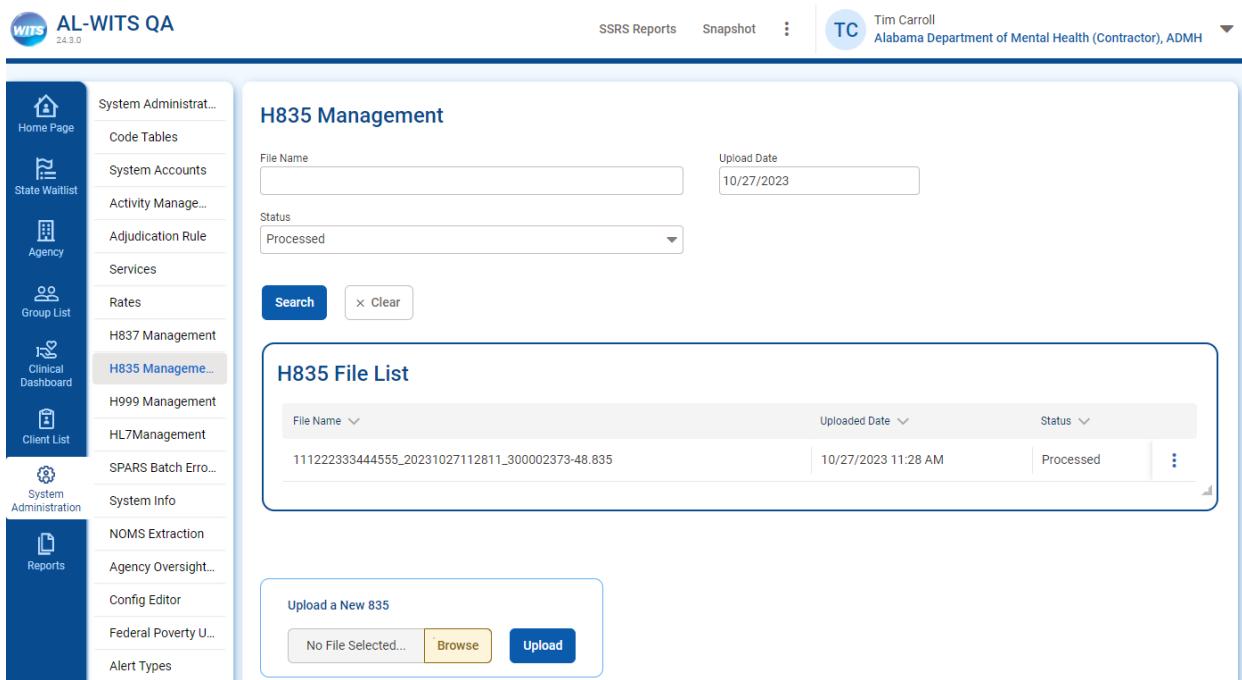
8.2. Automatic Payments

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.



The screenshot shows the AL-WITS QA application interface. The top navigation bar includes the WITS logo, the system name 'AL-WITS QA 24.3.0', and user information for 'Tim Carroll, Alabama Department of Mental Health (Contractor), ADMH'. The left sidebar contains links for Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Reports' link is currently selected. The main content area is titled 'H835 Management'. It features a search bar with 'Search' and 'Clear' buttons, and a dropdown menu for 'Status' set to 'Processed'. Below this is a table titled 'H835 File List' with columns for 'File Name', 'Uploaded Date', and 'Status'. A single file entry is shown: '1112223344555_20231027112811_300002373-48.835' (File Name), '10/27/2023 11:28 AM' (Uploaded Date), and 'Processed' (Status). At the bottom, there is a form for 'Upload a New 835' with 'No File Selected...', 'Browse', and 'Upload' buttons.

Figure 271: System Administration/H835 Management

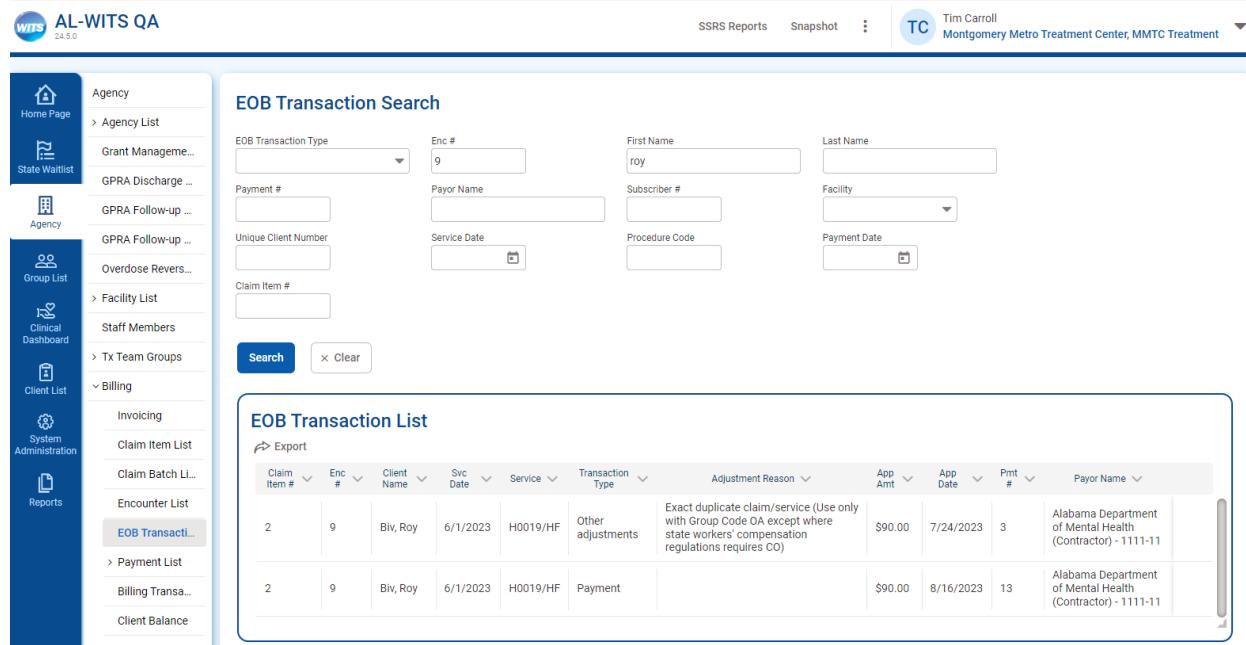
→ TEST

- 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 scheduled 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.



Claim Item #	Enc #	Client Name	Svc Date	Service	Transaction Type	Adjustment Reason	App Amt	App Date	Pmt #	Payer Name
2	9	Biv, Roy	6/1/2023	H0019/HF	Other adjustments	Exact duplicate claim/service (Use only with Group Code OA 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

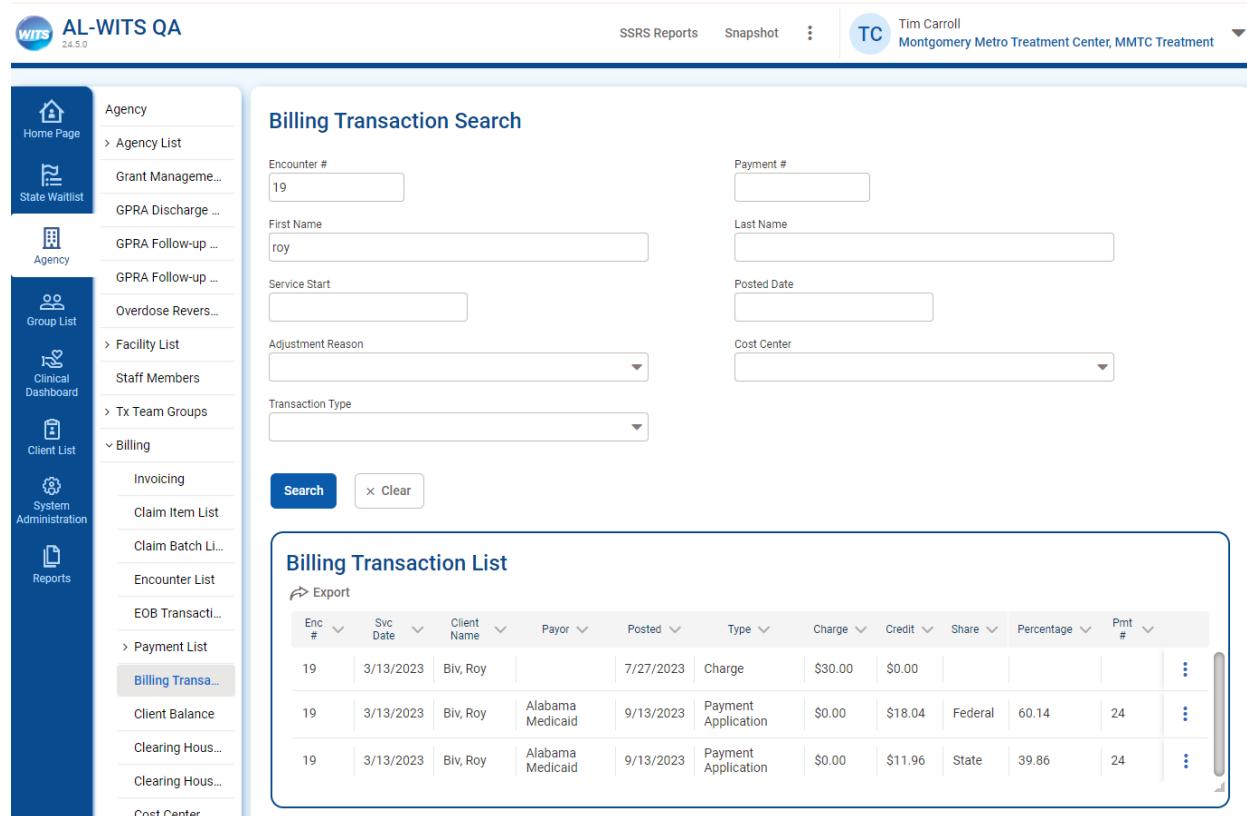
- Version: 23.6 and later.
- Account role(s): Agency Billing OR WITS Billing Administrator
- Select a provider agency.
- Navigate to Agency/Billing/EOB Transaction List.
- Prerequisites:
 - One or more client encounter must be entered in the provider agency and released to billing.
 - One or more claim 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 AL-WITS QA software interface. At the top, there is a navigation bar with links for SSRS Reports, Snapshot, and a user profile for Tim Carroll (Montgomery Metro Treatment Center, MMTC Treatment). On the left, a vertical sidebar menu includes Home Page, State Waitlist, Agency (with sub-links for Agency List, Grant Management, GPRA Discharge, GPRA Follow-up), Group List, Clinical Dashboard, Client List, System Administration (with sub-links for Invoicing, Claim Item List, Claim Batch List, Encounter List, EOB Transaction, Payment List, Billing Transaction, Client Balance, Clearing House, Cost Center), and Reports. The main content area is titled 'Billing Transaction Search' and contains search fields for Encounter # (19), Payment #, First Name (roy), Last Name, Service Start, Posted Date, Adjustment Reason, Cost Center, and Transaction Type. Below the search bar are 'Search' and 'Clear' buttons. The main table, titled 'Billing Transaction List', displays three rows of data. The columns are: Enc #, Svc Date, Client Name, Payor, Posted, Type, Charge, Credit, Share, Percentage, Pmt #, and a three-dot ellipsis column. The data rows are:

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 273: Billing Transaction List

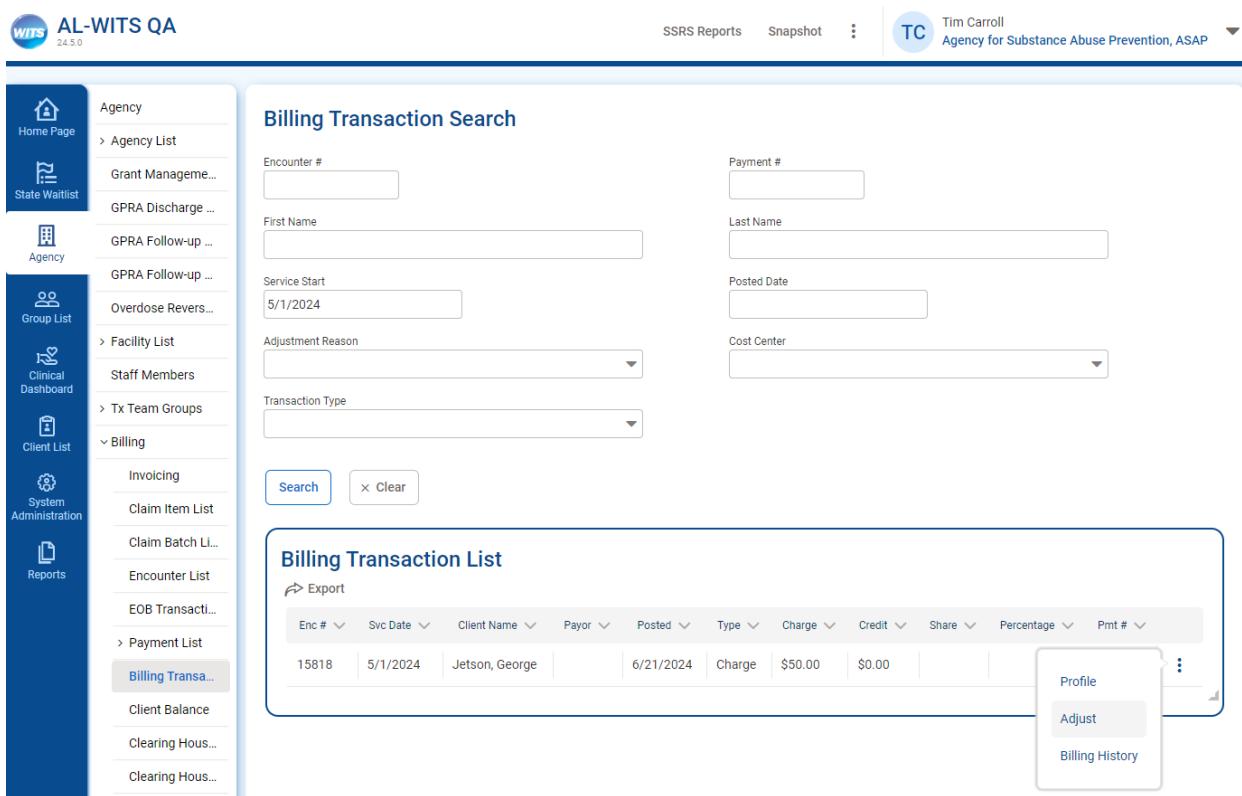
→ TEST

- 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.



The screenshot shows the AL-WITS QA 24.5.0 software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- Agency
 - Agency List
 - Grant Management...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - Overdose Revers...
 - Facility List
 - Staff Members
 - Tx Team Groups
 - Billing**
 - Invoicing
 - Claim Item List
 - Claim Batch Li...
 - Encounter List
 - EOB Transact...
 - Billing Transa...**
 - Payment List
 - Client Balance
 - Clearing Hous...
 - Clearing Hous...
- State Waitlist
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports

The main content area is titled "Billing Transaction Search". It includes search fields for Encounter #, Payment #, First Name, Last Name, Service Start (5/1/2024), Adjustment Reason, Posted Date, Cost Center, Transaction Type, and buttons for "Search" and "Clear".

Below the search area is a table titled "Billing Transaction List" with the following data:

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			

A context menu is open over the last row of the table, showing options: "Profile", "Adjust" (which is highlighted in blue), and "Billing History".

Figure 274: Billing Transaction List showing Adjust button

AL-WITS QA 24.5.0

SSRS Reports Snapshot 

TC Tim Carroll
Agency for Substance Abuse Prevention, ASAP 

Billing Transaction Profile

<p>Transaction # 9000</p> <p>Encounter # 15818</p> <p>Service Start 5/1/2024</p> <p>Payment # <input type="text"/></p> <p>Charge <input type="text"/>\$0.00</p> <p>Cost Center <input type="text"/></p> <p>Comment <input type="text" value="Write-off"/></p> <p>Created By Carroll, Tim</p> <p>Updated By Carroll, Tim</p>	<p>Client Name Jetson, George</p> <p>Transaction Type Adjustment</p> <p>Posted Date 6/21/2024</p> <p>Payor <input type="text"/></p> <p>Credit <input type="text"/>\$50.00</p> <p>Adjustment Reason <input type="text" value="Other adjustments"/></p> <p>Created Date 6/21/2024 10:31 AM</p> <p>Updated Date 6/21/2024 10:32 AM</p>
---	---

Figure 275: Billing Transaction Profile, Adjustment

AL-WITS QA 24.5.0

SSRS Reports Snapshot 

TC Tim Carroll
Agency for Substance Abuse Prevention, ASAP 

Billing Transaction Search

<p>Encounter # <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Service Start 5/1/2024</p> <p>Adjustment Reason <input type="text"/></p> <p>Transaction Type <input type="text"/></p>	<p>Payment # <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Posted Date <input type="text"/></p> <p>Cost Center <input type="text"/></p>
---	---

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.

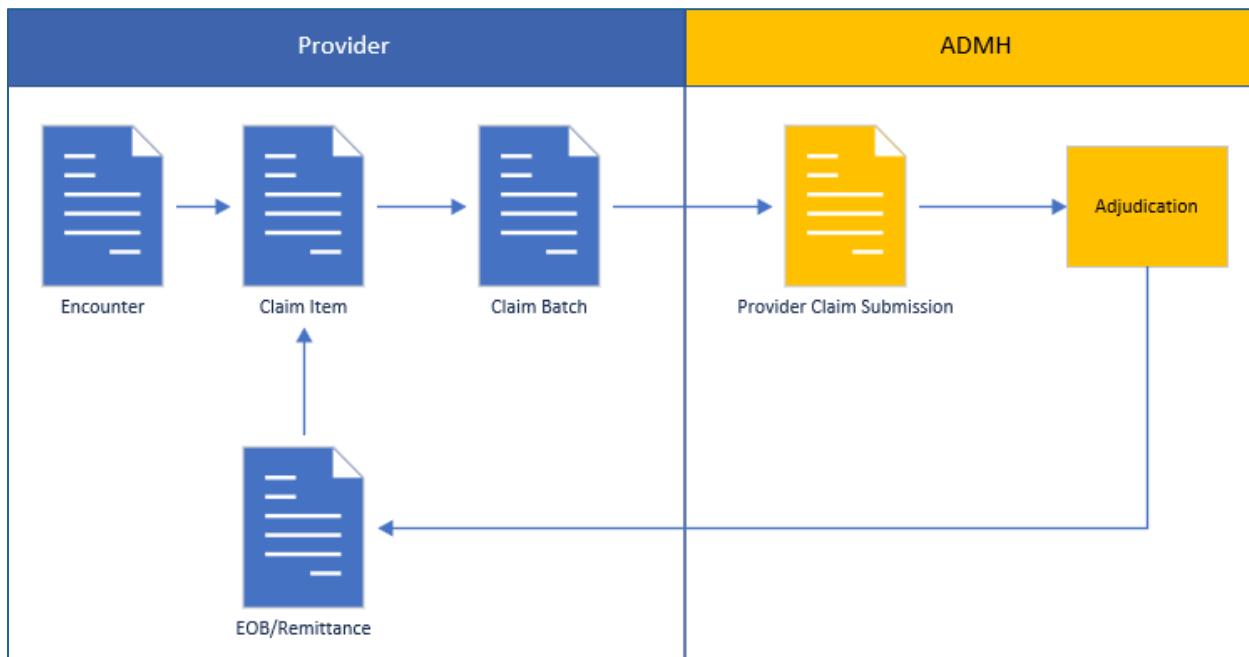
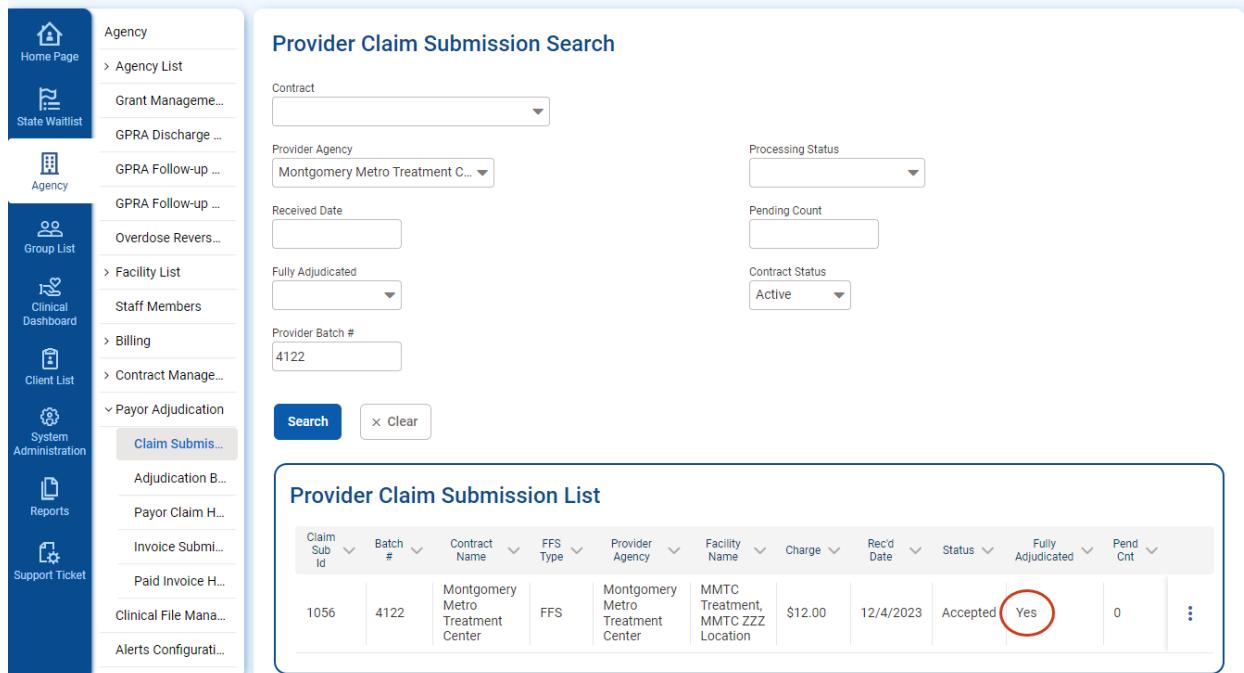


Figure 277: Payor Adjudication Overview

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.



Provider Claim Submission Search

Contract:

Provider Agency: Montgomery Metro Treatment C...

Received Date:

Fully Adjudicated:

Provider Batch #: 4122

Processing Status:

Pending Count:

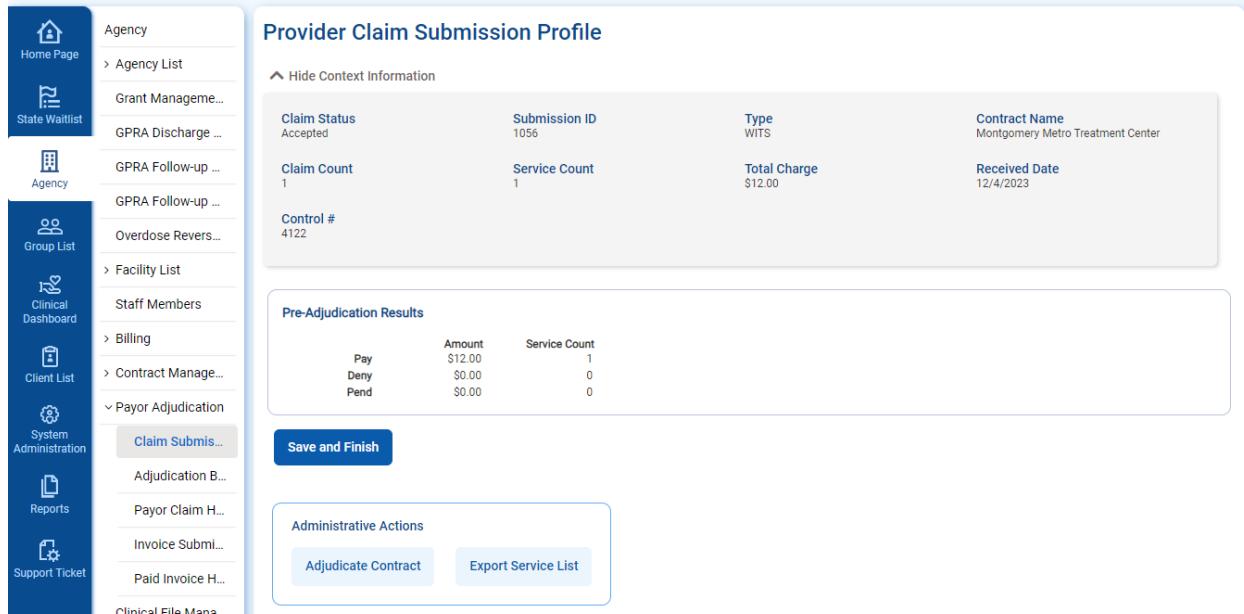
Contract Status: Active

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



Provider Claim Submission Profile

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

Pay	Amount	Service Count
Pay	\$12.00	1
Deny	\$0.00	0
Pend	\$0.00	0

Save and Finish

Administrative Actions

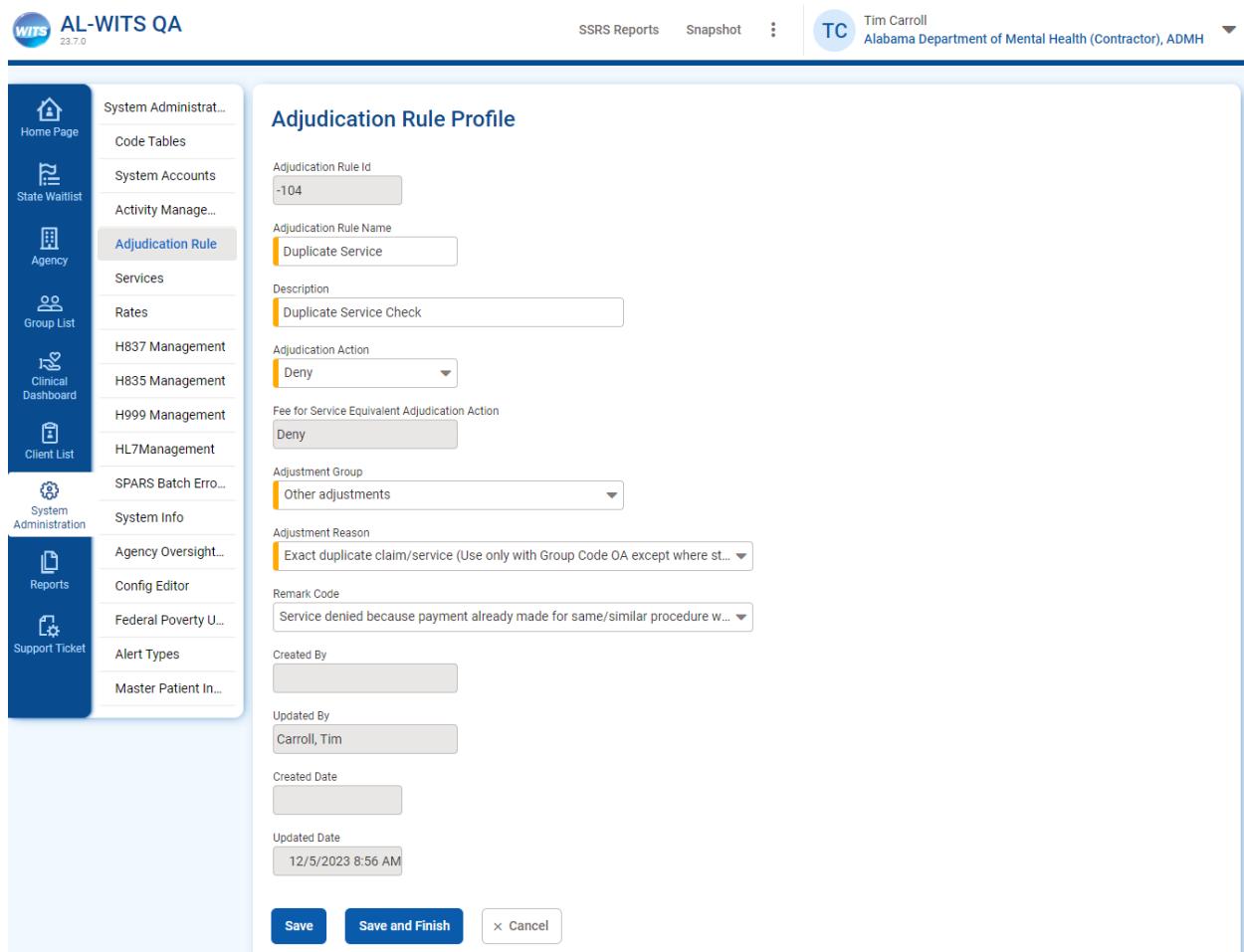
Adjudicate Contract **Export Service List**

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.



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 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.

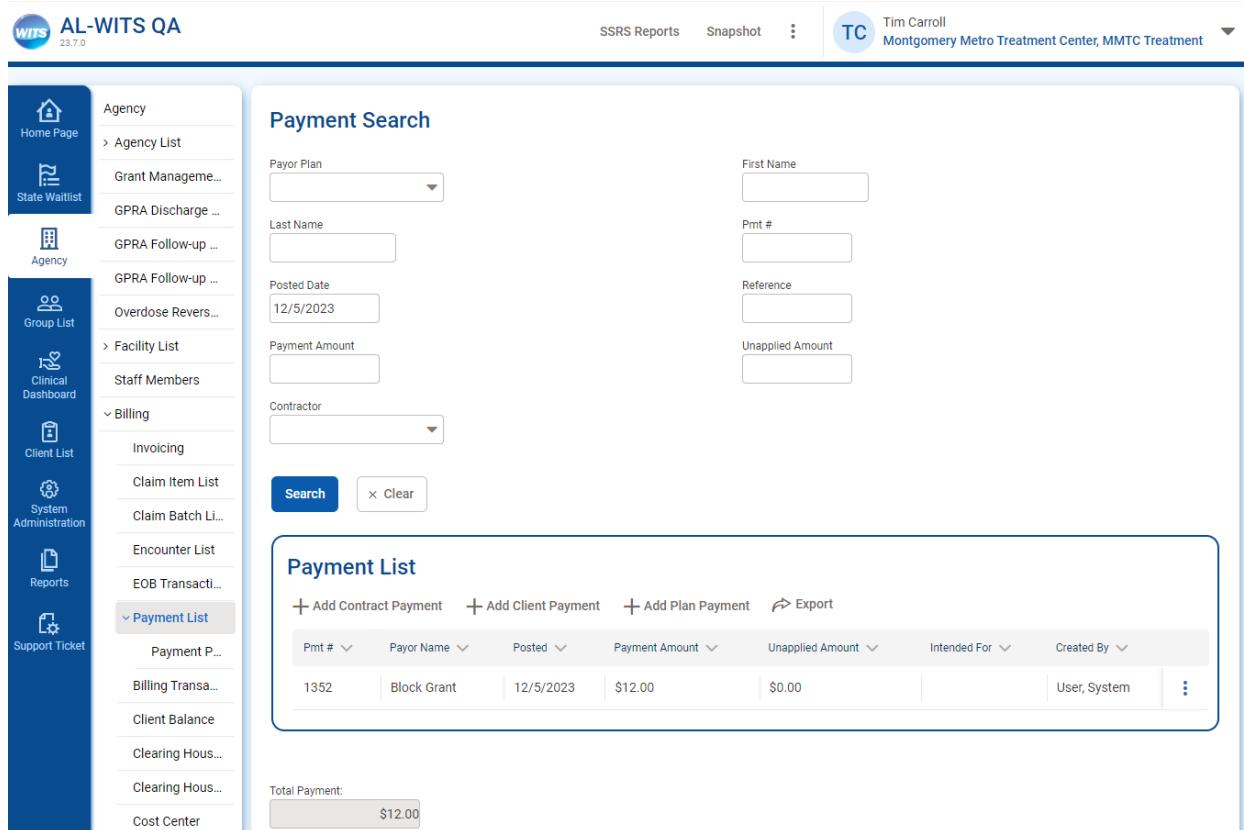
TEST

- 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.



The screenshot shows the AL-WITS QA software interface. The top navigation bar includes the WITS logo, the site name "AL-WITS QA", and a version number "23.7.0". It also features links for "SSRS Reports", "Snapshot", and a user profile for "Tim Carroll" from "Montgomery Metro Treatment Center, MMTC Treatment".

The left sidebar contains a navigation menu with the following categories and links:

- Home Page**
- State Waitlist**
- Agency**
 - Home Page
 - Agency List
 - Grant Management...
 - GPRA Discharge ...
 - GPRA Follow-up ...
 - GPRA Follow-up ...
 - Overdose Revers...
- Group List**
- Clinical Dashboard**
- Client List**
- System Administration**
- Reports**
- Support Ticket**

The main content area is titled "Payment Search" and includes fields for Payor Plan, First Name, Last Name, Pmt #, Posted Date, Reference, Payment Amount, Unapplied Amount, Contractor, and a search button. Below this is the "Payment List" section, which includes buttons for "Add Contract Payment", "Add Client Payment", "Add Plan Payment", and "Export". The payment list table has columns for Pmt #, Payor Name, Posted, Payment Amount, Unapplied Amount, Intended For, and Created By. A single row is shown in the table:

Pmt #	Payor Name	Posted	Payment Amount	Unapplied Amount	Intended For	Created By
1352	Block Grant	12/5/2023	\$12.00	\$0.00		User, System

At the bottom of the payment list area, it says "Total Payment: \$12.00".

Figure 281: Provider Agency Payment List

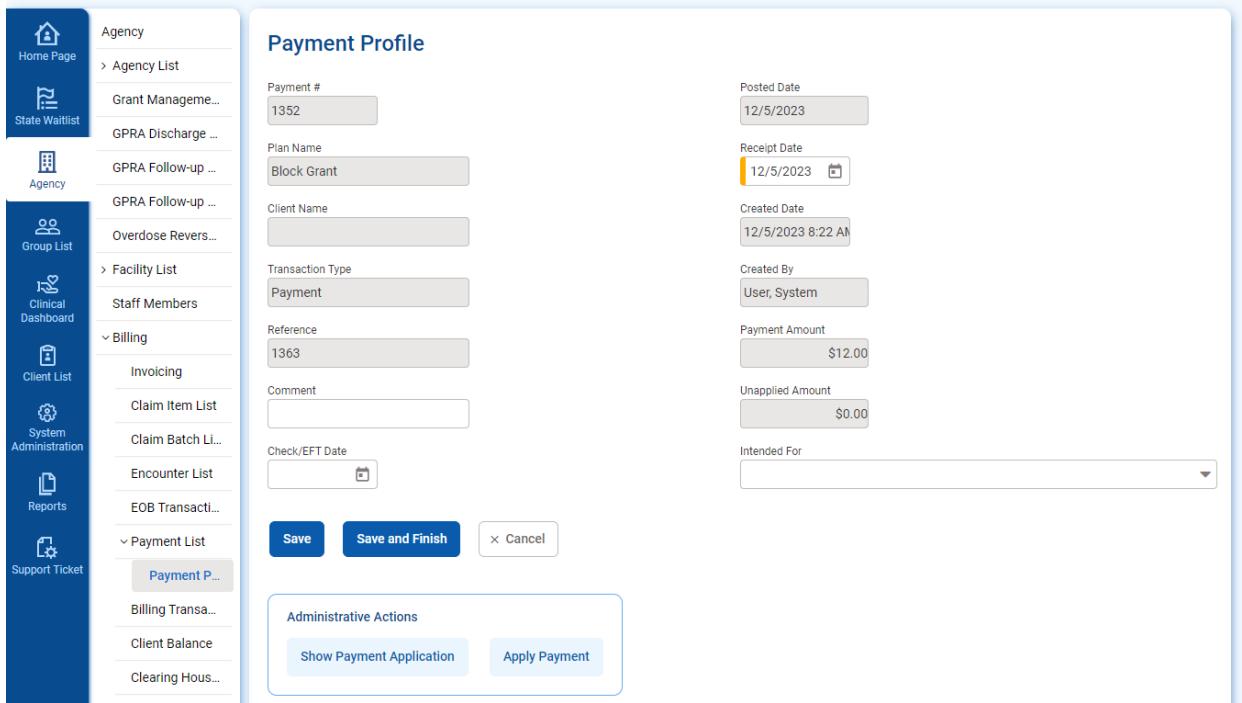
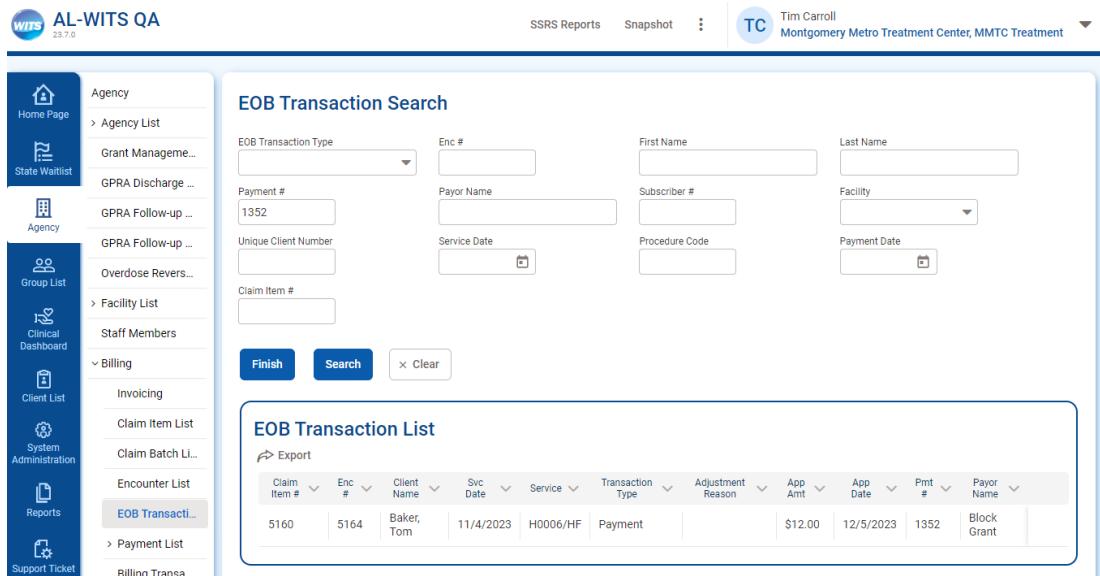


Figure 282: Provider Agency Payment Profile

→ 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



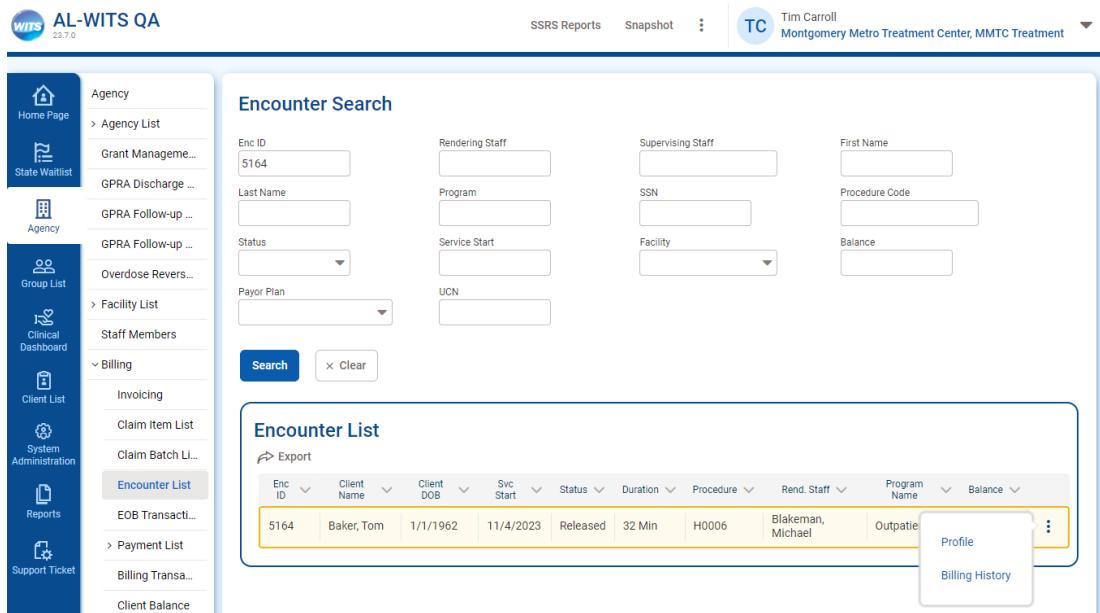
The screenshot shows the AL-WITS QA application interface. On the left is a navigation sidebar with various icons and links. The main area is titled "EOB Transaction Search" and contains several search fields: "EOB Transaction Type" (dropdown), "Enc #", "First Name", "Last Name", "Payment #", "Payor Name", "Subscriber #", "Facility", "Unique Client Number", "Service Date", "Procedure Code", and "Claim Item #". Below these are "Finish", "Search", and "Clear" buttons. To the right is a table titled "EOB Transaction List" with columns: Claim Item #, Enc #, Client Name, Svc Date, Service, Transaction Type, Adjustment Reason, App Amt, App Date, Pmt #, and Payor Name. A single row is shown: 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



The screenshot shows the AL-WITS QA application interface. On the left is a navigation sidebar with various icons and links. The main area is titled "Encounter Search" and contains search fields: Enc ID (5164), Rendering Staff, Supervising Staff, First Name, Last Name, Program, SSN, Procedure Code, Status, Service Start, Facility, Payor Plan, UCN, and Balance. Below these are "Search" and "Clear" buttons. To the right is a table titled "Encounter List" with columns: Enc ID, Client Name, Client DOB, Svc Start, Status, Duration, Procedure, Rend. Staff, Program Name, and Balance. A single row is shown: 5164, Baker, Tom, 1/1/1962, 11/4/2023, Released, 32 Min, H0006, Blakeman, Michael, Outpatient. A context menu is open over this row with options: "Profile" and "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

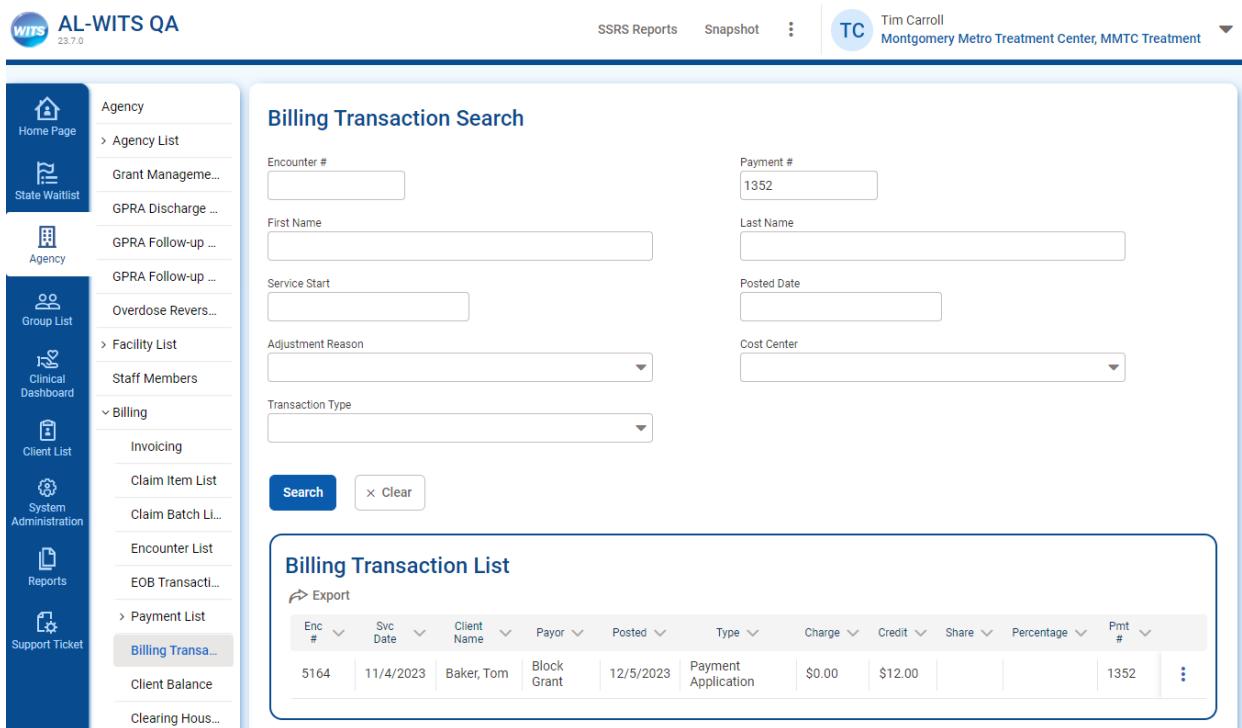
Id #	Plan Name Source	Type	Amount	Adjustment Reason	Comments	Created Date	Created By
1133	Block Grant (Pymt # 1352)	Payment	\$12.00			12/5/2023	User, System

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



The screenshot shows the AL-WITS QA application interface. The left sidebar contains a navigation menu with the following items:

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

The main content area is titled "Billing Transaction Search". It includes search fields for Encounter #, Payment # (set to 1352), First Name, Last Name, Service Start, Posted Date, Adjustment Reason, Cost Center, Transaction Type, and a dropdown for Billing. Below the search fields are "Search" and "Clear" buttons. The results are displayed in a table titled "Billing Transaction List" with the following data:

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

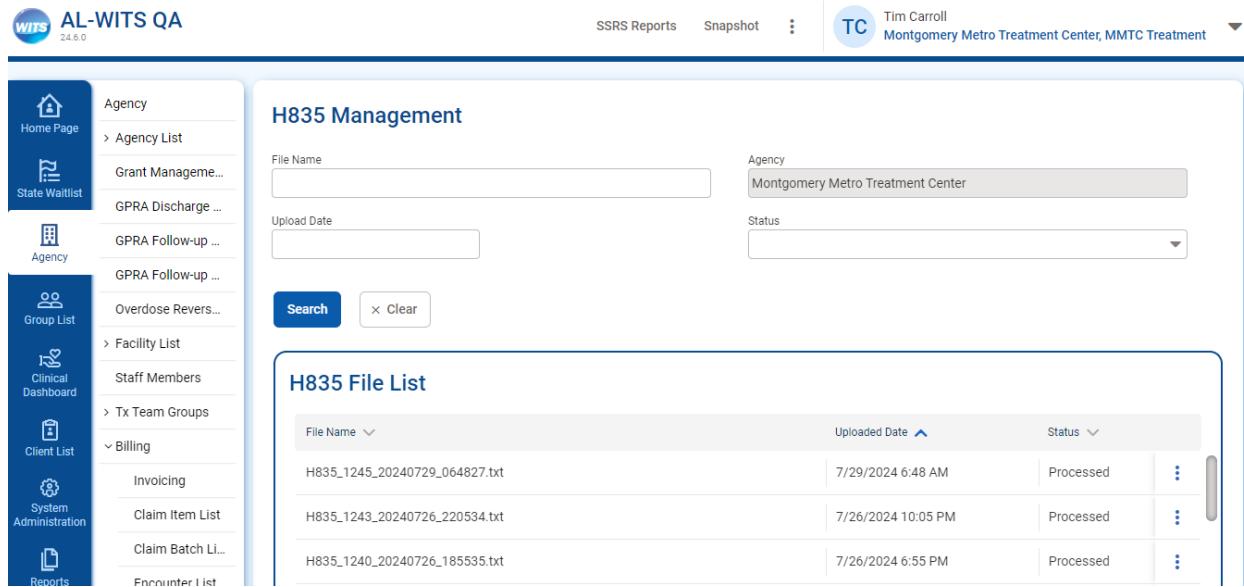
→**TEST (CONTINUED)**

- 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.



H835 Management

File Name:

Agency: Montgomery Metro Treatment Center

Upload Date:

Status:

H835 File List

File Name	Uploaded Date	Status	Actions
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.

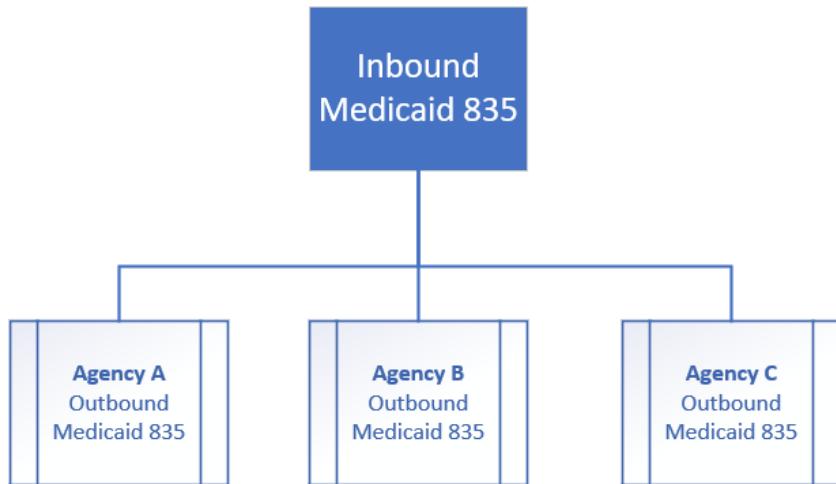


Figure 288: Medicaid 835 Process

→ **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.

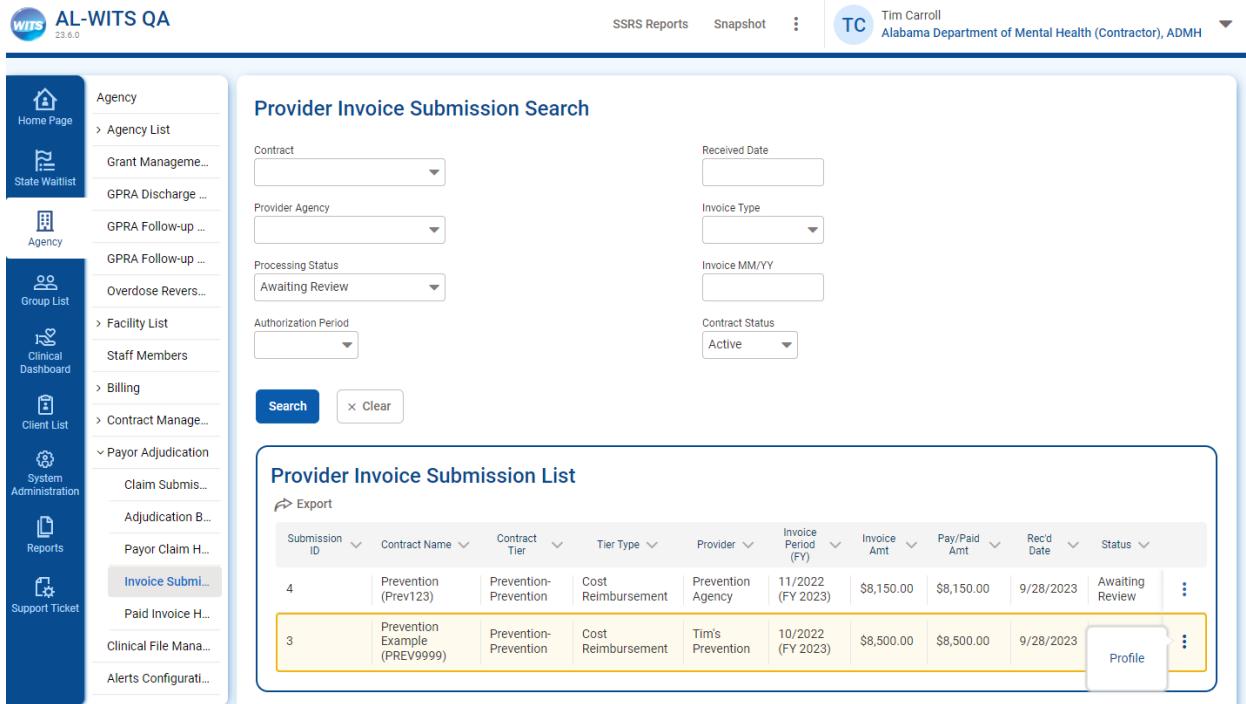
TEST

- 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.



The screenshot shows the AL-WITS QA 23.6.0 software 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 menu is organized into sections: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, Reports, and Support Ticket. The 'Payor Adjudication' section is expanded, showing 'Claim Submis...', 'Adjudication B...', 'Payor Claim H...', 'Invoice Submi...', 'Paid Invoice H...', 'Clinical File Mana...', and 'Alerts Configurati...'. The 'Invoice Submi...' item is highlighted with a blue box. The main content area displays the 'Provider Invoice Submission Search' and 'Provider Invoice Submission List' modules. The search module contains fields for Contract, Received Date, Provider Agency, Invoice Type, Processing Status (set to 'Awaiting Review'), Invoice MM/YY, Authorization Period, Contract Status (set to 'Active'), and search buttons. The list module shows a table with columns: Submission ID, Contract Name, Contract Tier, Tier Type, Provider, Invoice Period (FY), Invoice Amt, Pay/Paid Amt, Rec'd Date, and Status. Two rows are listed: Row 4 (Prevention (Prev123), Prevention-Prevention, Cost Reimbursement, Prevention Agency, 11/2022 (FY 2023), \$8,150.00, \$8,150.00, 9/28/2023, Awaiting Review) and Row 3 (Prevention Example (PREV9999), Prevention-Prevention, Cost Reimbursement, Tim's Prevention, 10/2022 (FY 2023), \$8,500.00, \$8,500.00, 9/28/2023, Awaiting Review). Each row has a 'Profile' button and a three-dot menu button.

Figure 289: Provider Invoice Submission Search/List

Provider Invoice Profile

Contract Name	FY
Prevention Example	FY 2023
Plan-Group	Contract #
Prevention-Prevention	PREV9999
MM/YY	Invoice Type
10/2022	Cost Reimbursement
Prepared By	Prepared On
Prevention Agency, Tim	9/28/2023
Current Month Actual - Total	Adjudicated By
\$8,500.00	
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
Prepared By: Prevention Agency, Tim
Adjudicated By: Carroll, Tim

Invoice Period: 10/2022
Prepared On: 9/28/2023
Adjudicated On: 9/29/2023

Invoice Type: Cost Reimbursement
Plan-Group: Prevention - Prevention

Budget Categories	Prior Period to Date Actual	Current Month			Period to Date		
		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.

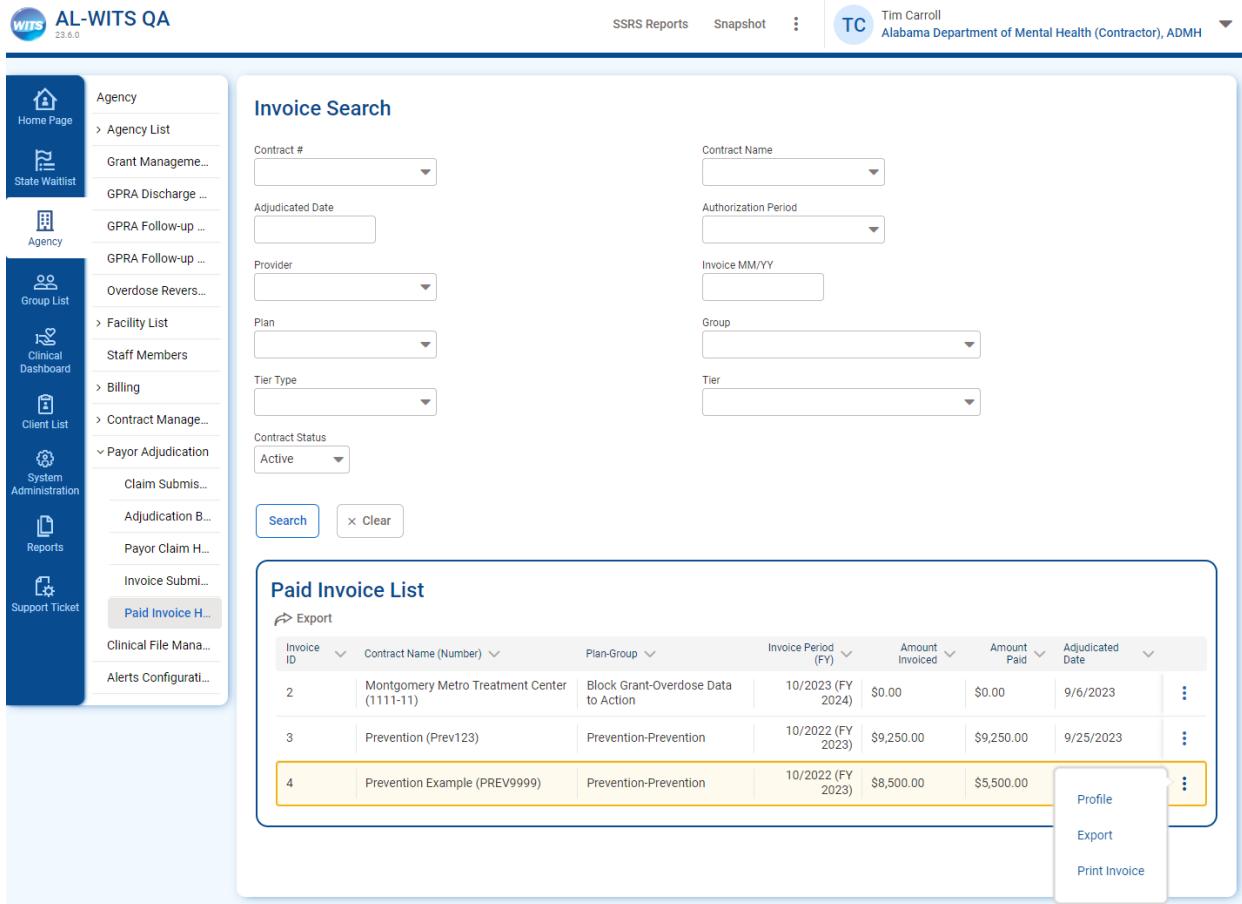
Figure 291: Invoice PDF Report showing one denied line item and two paid line items

→ 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.



Invoice Search

Contract #	Contract Name

Adjudicated Date	Authorization Period

Provider	Invoice MM/YY

Plan	Group

Tier Type	Tier

Contract Status
Active

Paid Invoice List

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

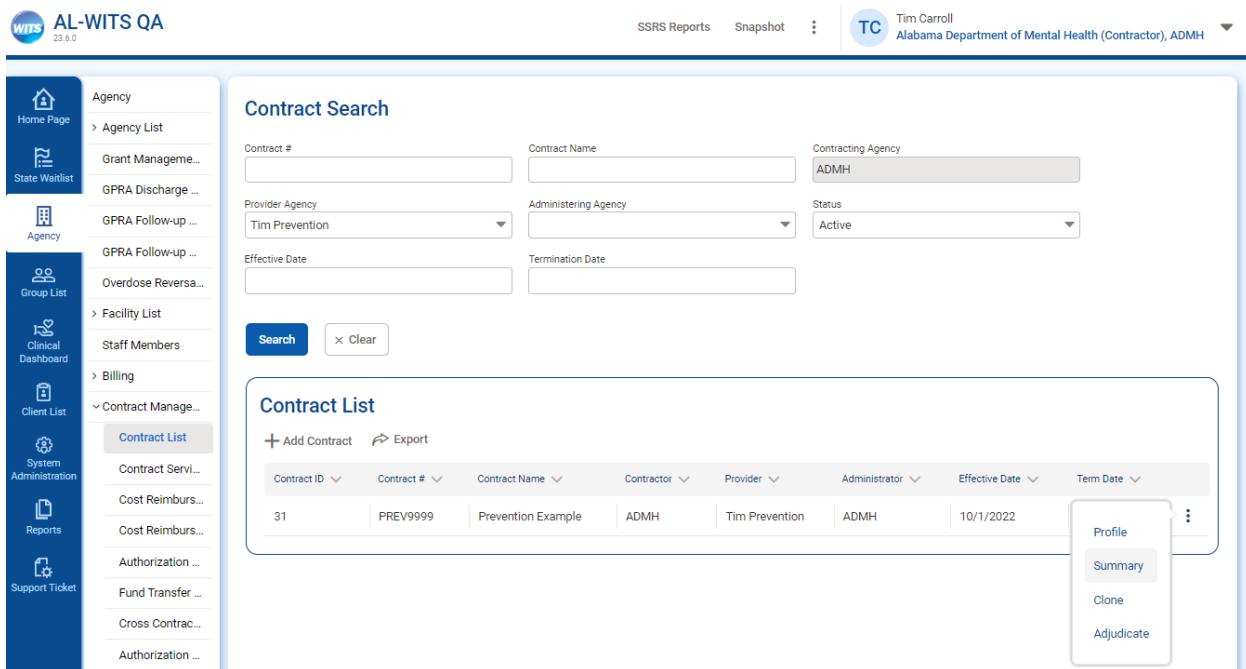


Figure 293: Contract List showing actions

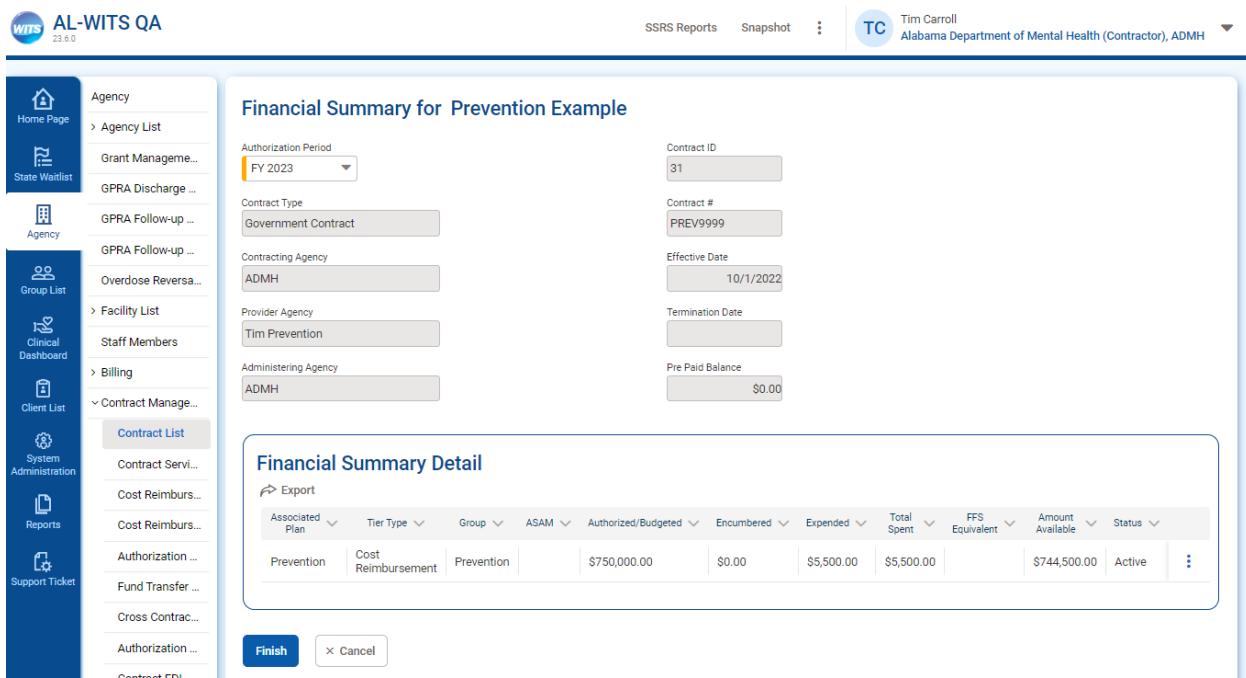


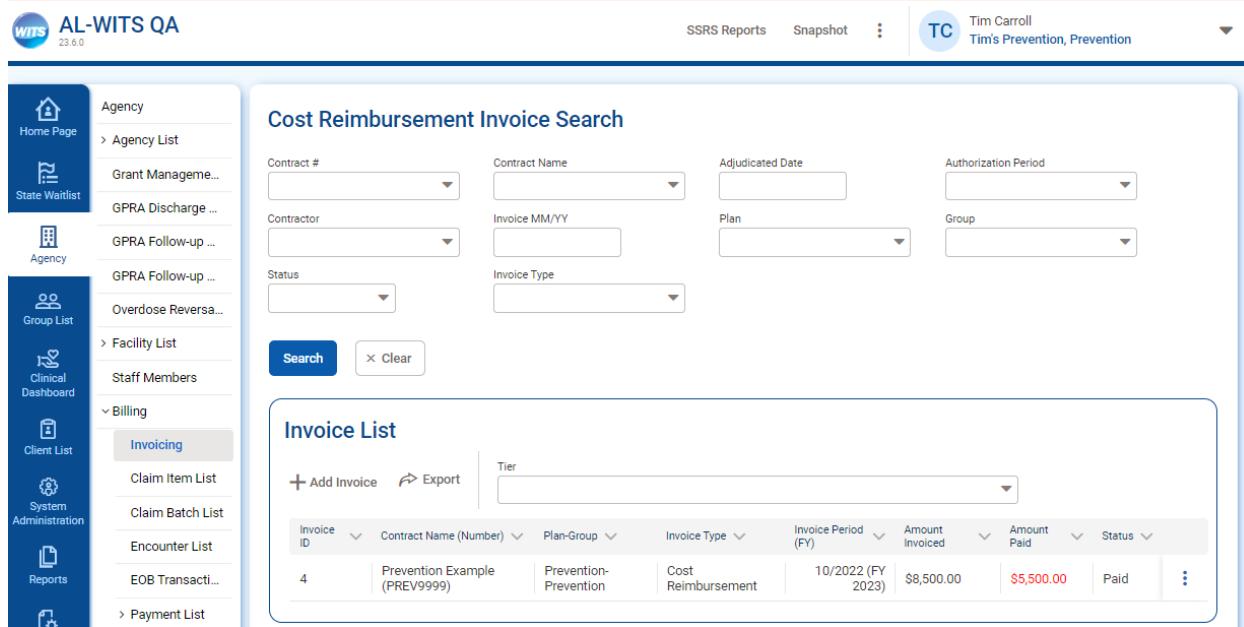
Figure 294: Contract Summary for Authorization Period

→ ***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

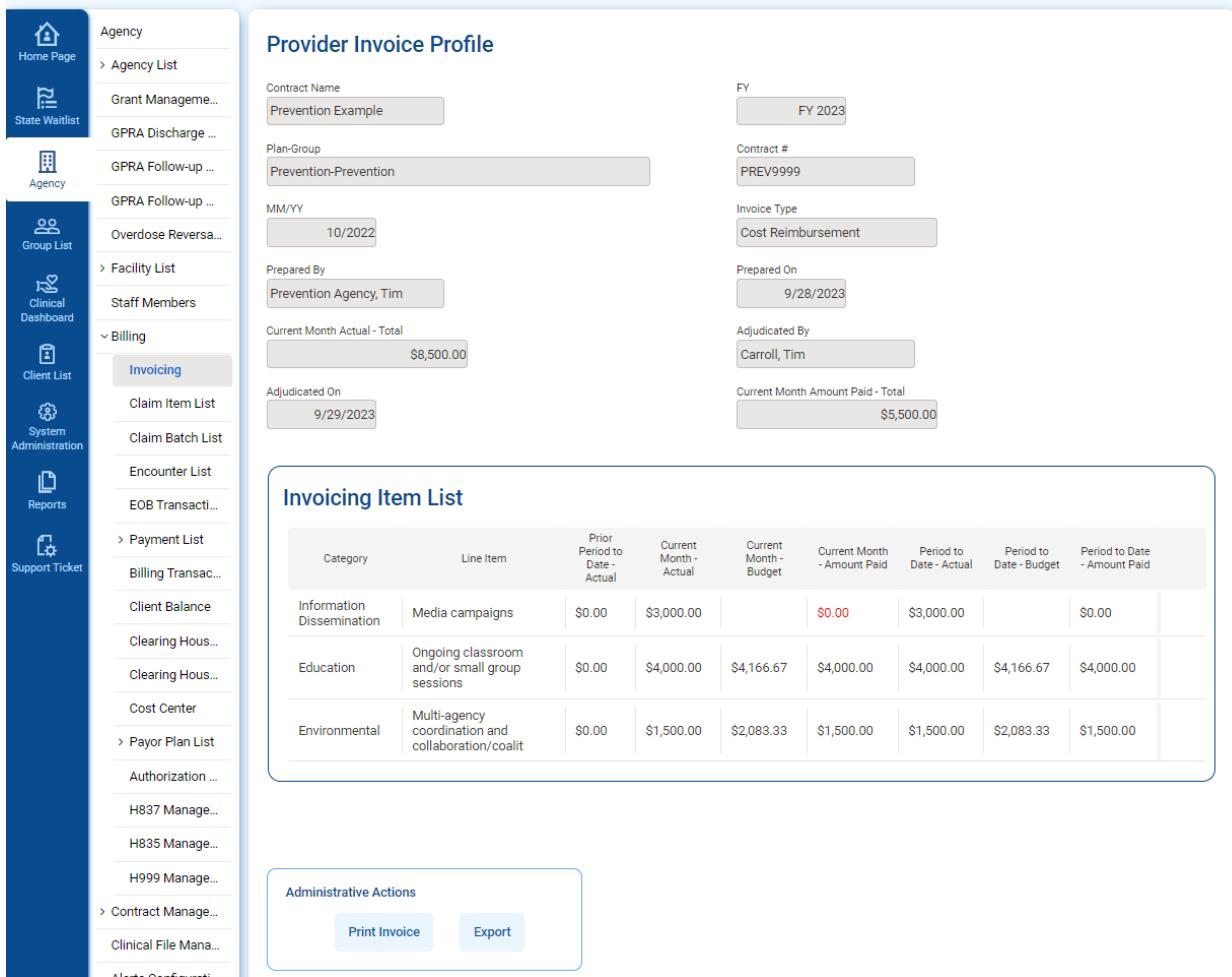
Providers may view monthly invoices for cost reimbursement on the Invoicing menu item under Billing.



The screenshot shows the AL-WITS QA 23.0.0 software interface. The top navigation bar includes 'SSRS Reports', 'Snapshot', and a user profile for 'Tim Carroll' (Tim's Prevention, Prevention). The left sidebar menu is organized into sections: Home Page, Agency (Agency List, Grant Management, GPRA Discharge, GPRA Follow-up, GPRA Follow-up, Overdose Reversal), Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Invoicing' section is currently selected and expanded, containing sub-options: Claim Item List, Claim Batch List, Encounter List, EOB Transactions, and Payment List. The main content area displays the 'Cost Reimbursement Invoice Search' and 'Invoice List' modules. The 'Cost Reimbursement Invoice Search' module contains search fields for Contract #, Contract Name, Adjudicated Date, Authorization Period, Contractor, Invoice MM/YY, Plan, Status, and Group, with 'Search' and 'Clear' buttons. The 'Invoice List' module shows a table with the following data:

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



Provider Invoice Profile

Contract Name: Prevention Example

FY: FY 2023

Plan-Group: Prevention-Prevention

Contract #: PREV9999

MM/YY: 10/2022

Prepared By: Prevention Agency, Tim

Prepared On: 9/28/2023

Current Month Actual - Total: \$8,500.00

Adjudicated By: Carroll, Tim

Adjudicated On: 9/29/2023

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:

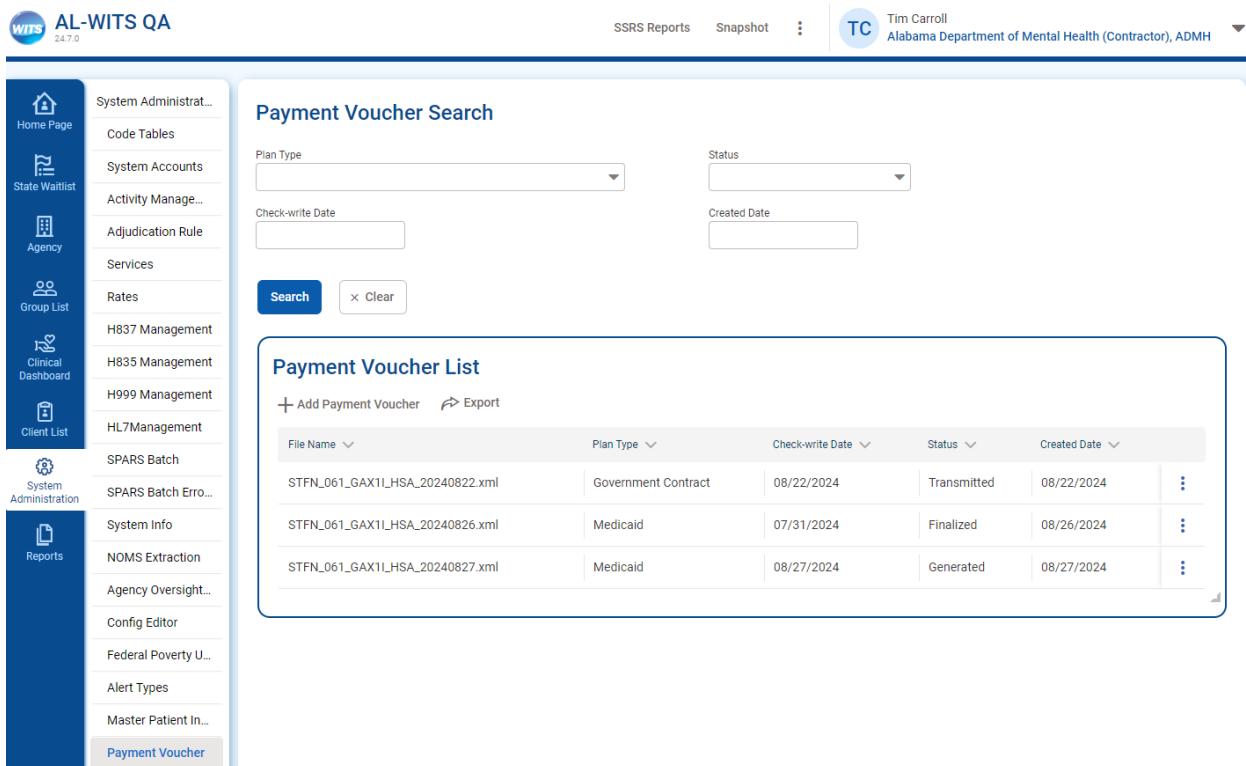
- Provider Address ID.
See System Management/Agencies/Agency Addresses/Phone for setup instructions.
- Group #, Template ID, and Program Code on Payor Plan Groups.
See Billing Management/Payor Plan Setup/Government Contract/ Government Contract Payor Plan, Group List for setup instructions.
- FS Contract 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



Payment Voucher Search

Plan Type:

Status:

Check-write Date:

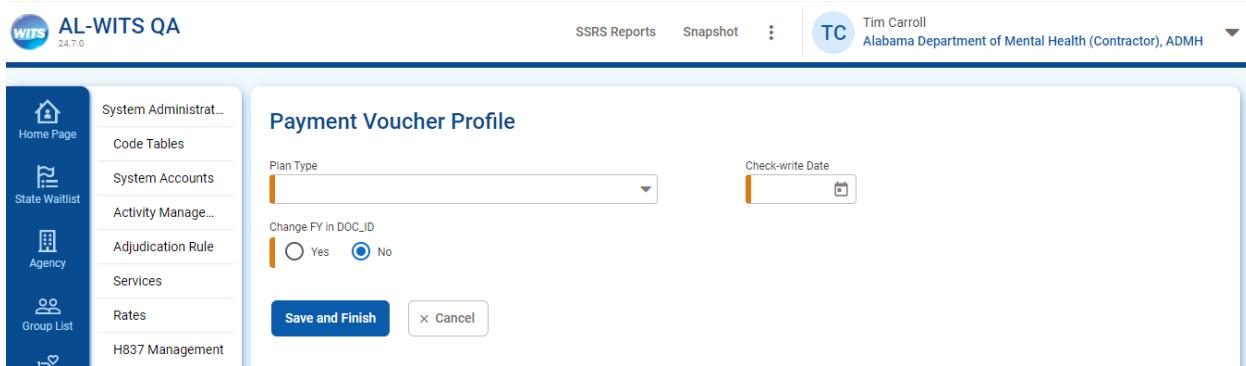
Created Date:

Payment Voucher List

+ Add Payment Voucher 

File Name	Plan Type	Check-write Date	Status	Created Date	More
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



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.

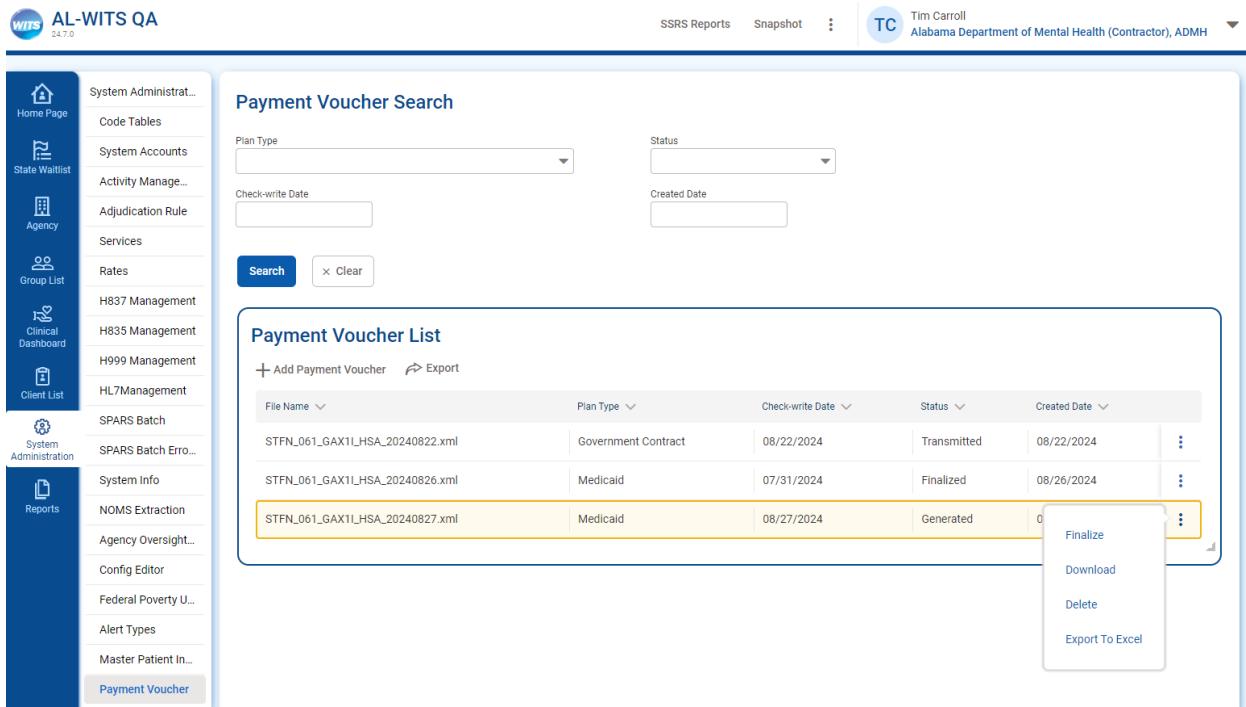
Note: Once Medicaid testing is complete, repeat test for Government Contract.

- 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.



The screenshot shows the AL-WITS QA application interface. The left sidebar contains various navigation links such as Home Page, System Administration, Code Tables, System Accounts, Activity Management, Adjudication Rule, Services, Rates, H837 Management, H835 Management, H999 Management, HL7 Management, SPARS Batch, SPARS Batch Errors, System Info, NOMS Extraction, Agency Oversight, Config Editor, Federal Poverty U..., Alert Types, Master Patient In..., and Payment Voucher. The Payment Voucher link is highlighted. The main content area is titled 'Payment Voucher Search' and shows search filters for Plan Type, Status, Check-write Date, and Created Date. Below this is the 'Payment Voucher List' table with columns: File Name, Plan Type, Check-write Date, Status, and Created Date. Three rows of data are listed: 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), and STFN_061_GAX11_HSA_20240827.xml (Medicaid, 08/27/2024, Generated, 08/27/2024). A context menu is open over the third row, listing 'Finalize', 'Download', 'Delete', and '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	ReimbursementInvoiceItemId	AgencyId	ExternalFundingSourceContractNumber	PayorPlanId	PayorGroupId	ExternalVendorCustomerNumber	VendorInvoiceNumber
2	81	7488	125	11 FS1001			14	16	MMTC12345	Montgomery Metro Tre
3	81	7489	4143	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
4	81	7490	5149	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
5	81	7491	5152	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
6	81	7492	5153	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
7	81	7493	5158	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
8	81	7494	5159	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
9	81	7495	5160	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
10	81	7496	5161	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
11	81	7497	5163	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
12	81	7498	5164	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
13	81	7499	5165	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
14	81	7500	5166	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
15	81	7501	5167	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
16	81	7502	5168	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
17	81	7503	5171	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
18	81	7504	5177	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre
19	81	7505	5179	11 FS1002			5	1	MMTC12345	Montgomery Metro Tre

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="OE">
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.

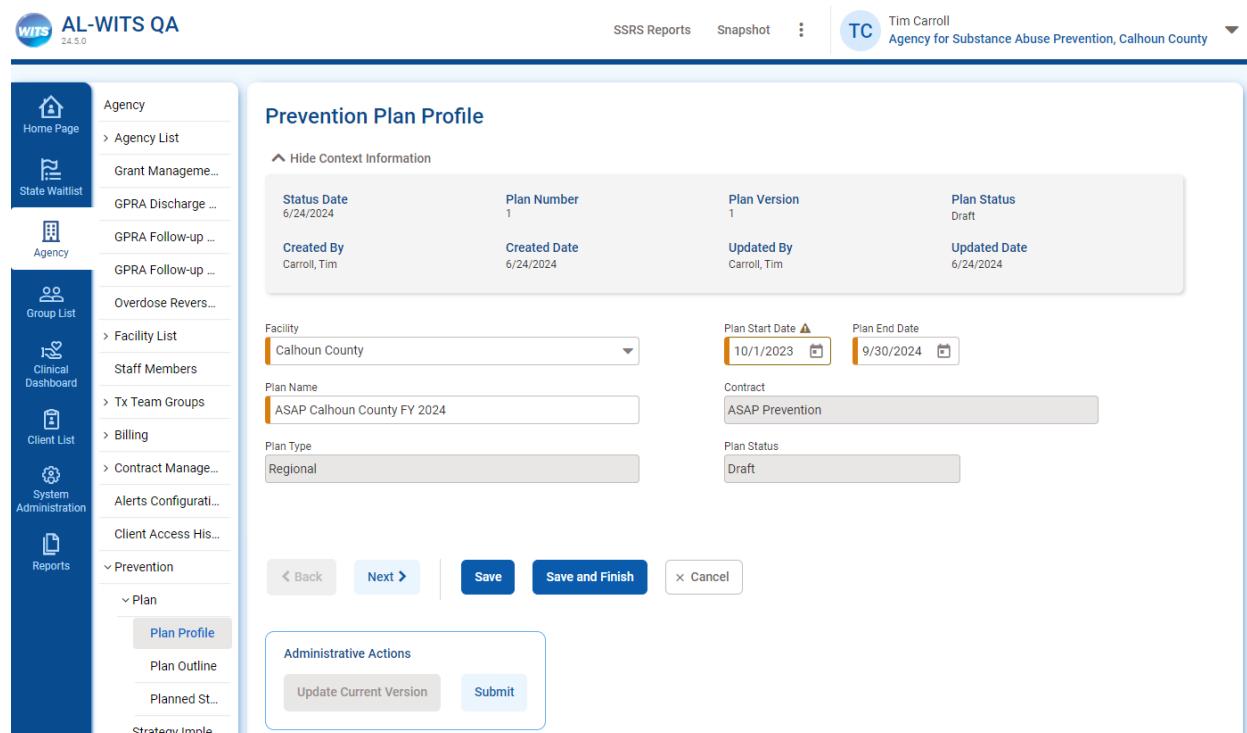
Prerequisites for this section:

- 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 AL-WITS QA 24.5.0 software interface. The left sidebar contains a navigation menu with links to Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Prevention' section is expanded, and 'Plan Profile' is selected. The main content area is titled 'Prevention Plan Profile' and displays the following data:

Status Date	Plan Number	Plan Version	Plan Status
6/24/2024	1	1	Draft

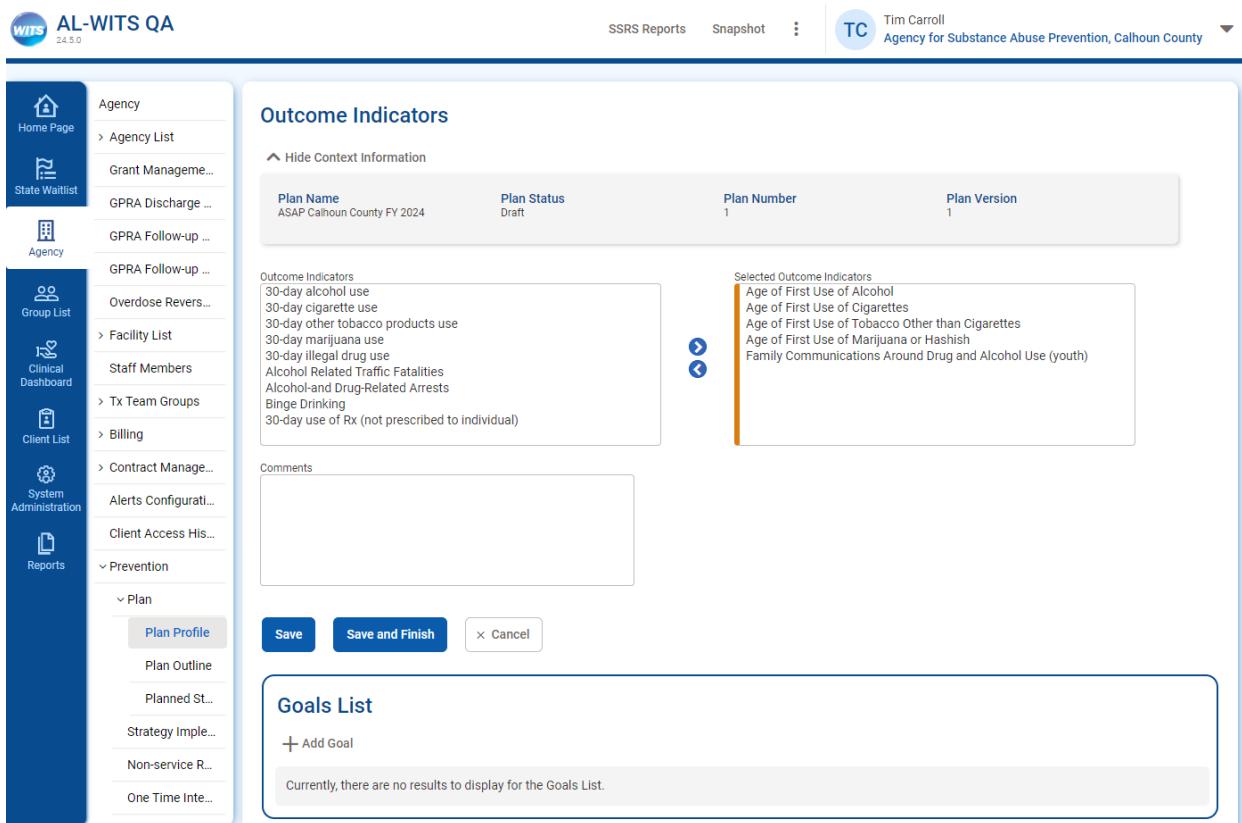
Below this, there are fields for 'Created By' (Carroll, Tim), 'Created Date' (6/24/2024), 'Updated By' (Carroll, Tim), and 'Updated Date' (6/24/2024). Further down, there are fields for 'Facility' (Calhoun County), 'Plan Start Date' (10/1/2023), 'Plan End Date' (9/30/2024), 'Contract' (ASAP Prevention), 'Plan Name' (ASAP Calhoun County FY 2024), '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 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



AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Outcome Indicators

Plan Name: ASAP Calhoun County FY 2024 | Plan Status: Draft | Plan Number: 1 | Plan Version: 1

Outcome Indicators

- 30-day alcohol use
- 30-day cigarette use
- 30-day other tobacco products use
- 30-day marijuana use
- 30-day illegal drug use
- Alcohol Related Traffic Fatalities
- Alcohol-and Drug-Related Arrests
- Binge Drinking
- 30-day use of Rx (not prescribed to individual)

Selected Outcome Indicators

- 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)

Comments

Goals List

+ Add Goal

Currently, there are no results to display for the Goals List.

Buttons

- Save
- Save and Finish
- 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

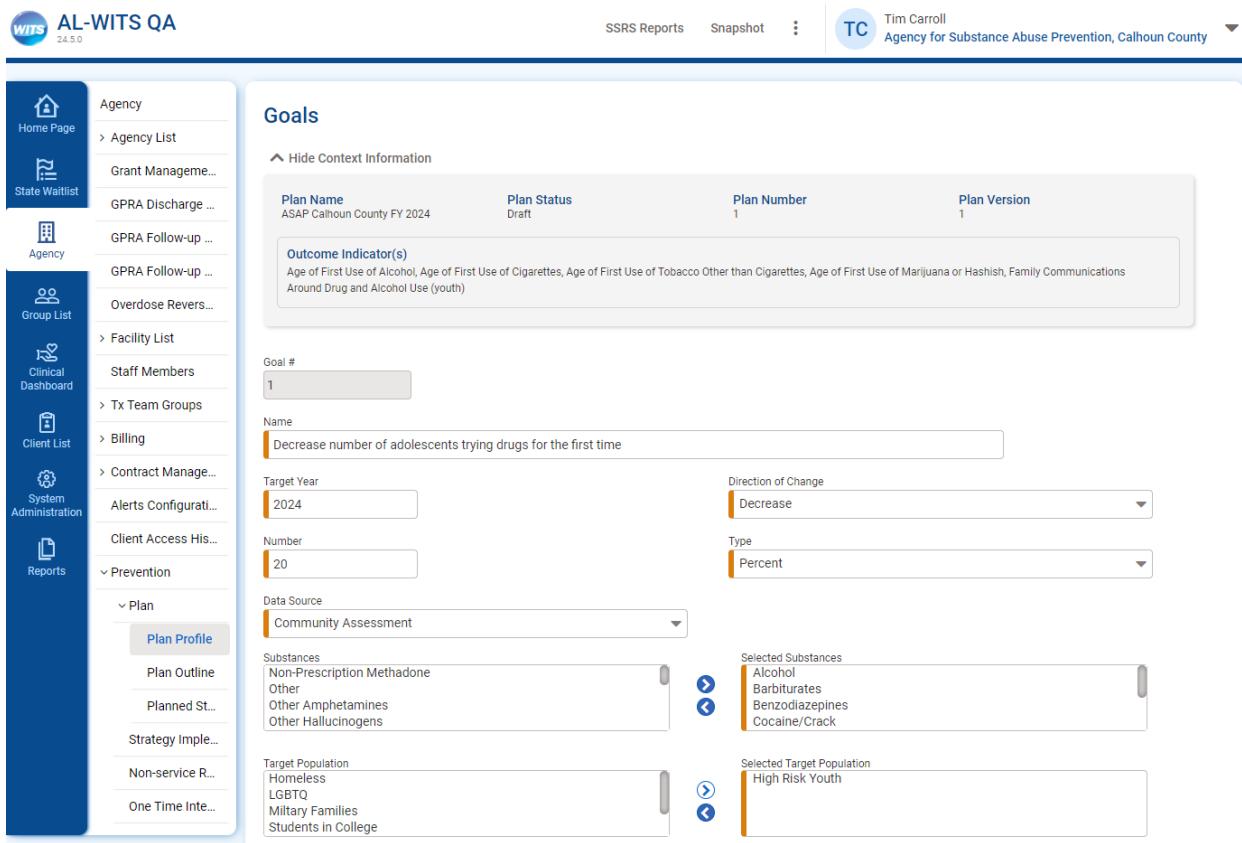


Figure 304: Prevention Plan Outcome Indicator Goals

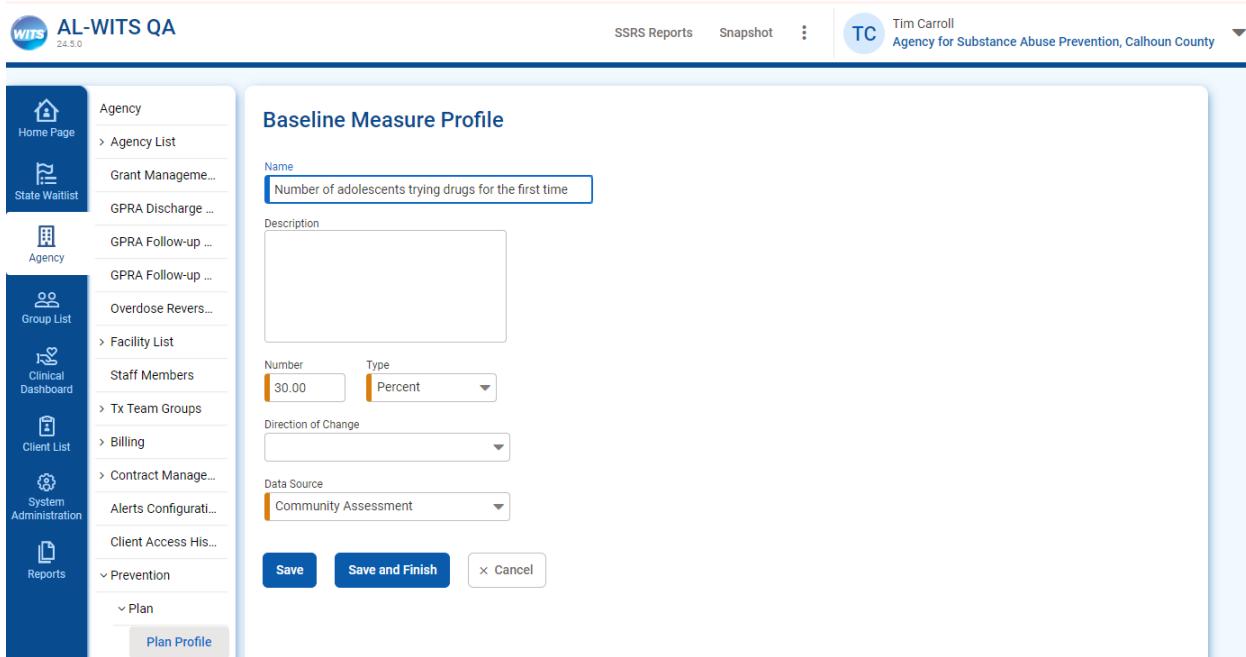
→ TEST

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 AL-WITS QA software interface for creating a Baseline Measure Profile. The left sidebar contains a navigation menu with various icons and links. The main form is titled 'Baseline Measure Profile' and includes fields for Name (set to 'Number of adolescents trying drugs for the first time'), Description (empty), Number (30.00), Type (Percent), Direction of Change (empty), Data Source (Community Assessment), and three buttons at the bottom: 'Save', 'Save and Finish', and 'Cancel'.

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

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

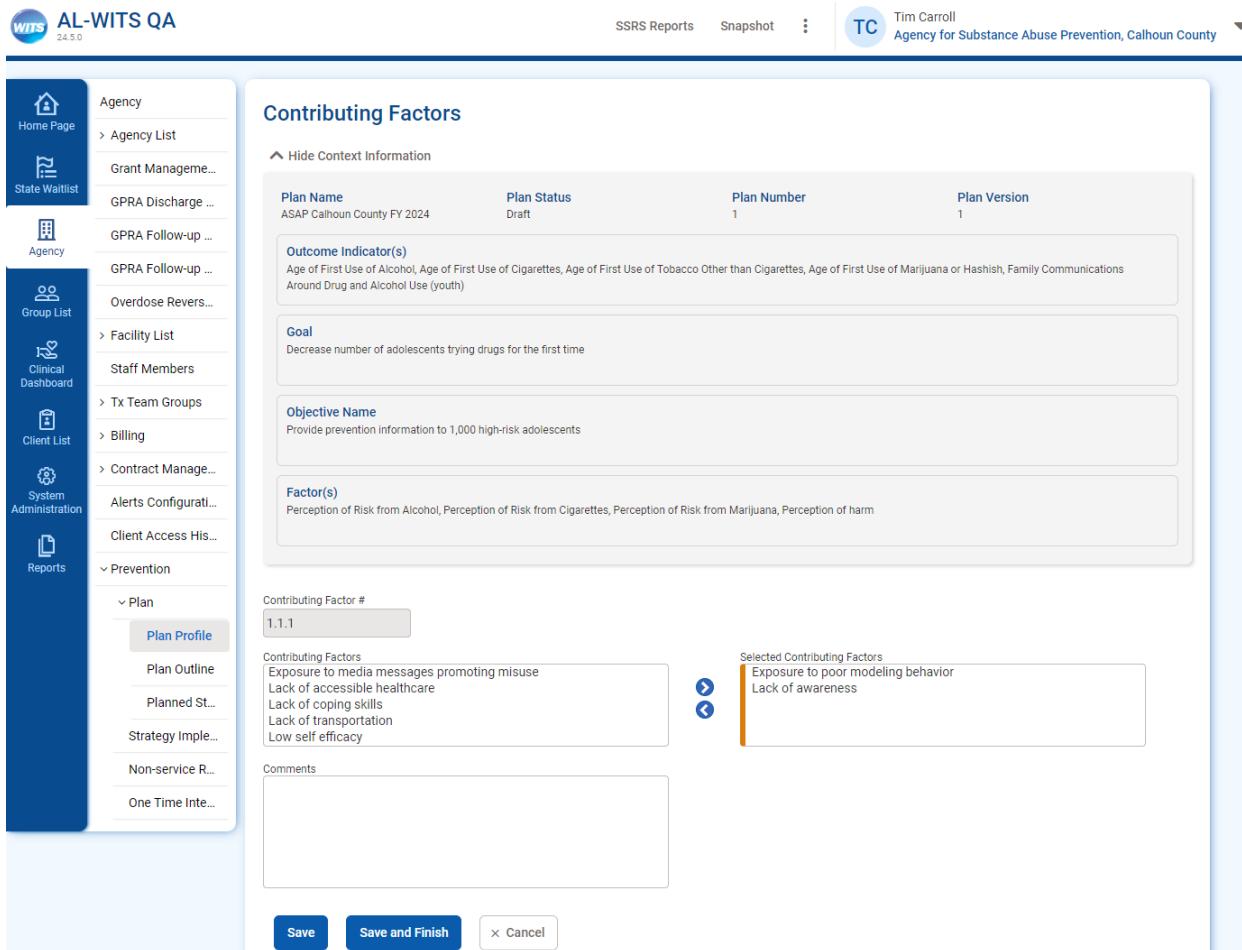


Figure 307: Prevention Plan Outcome Indicator Goal Objectives Contributing Factors

→ 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.

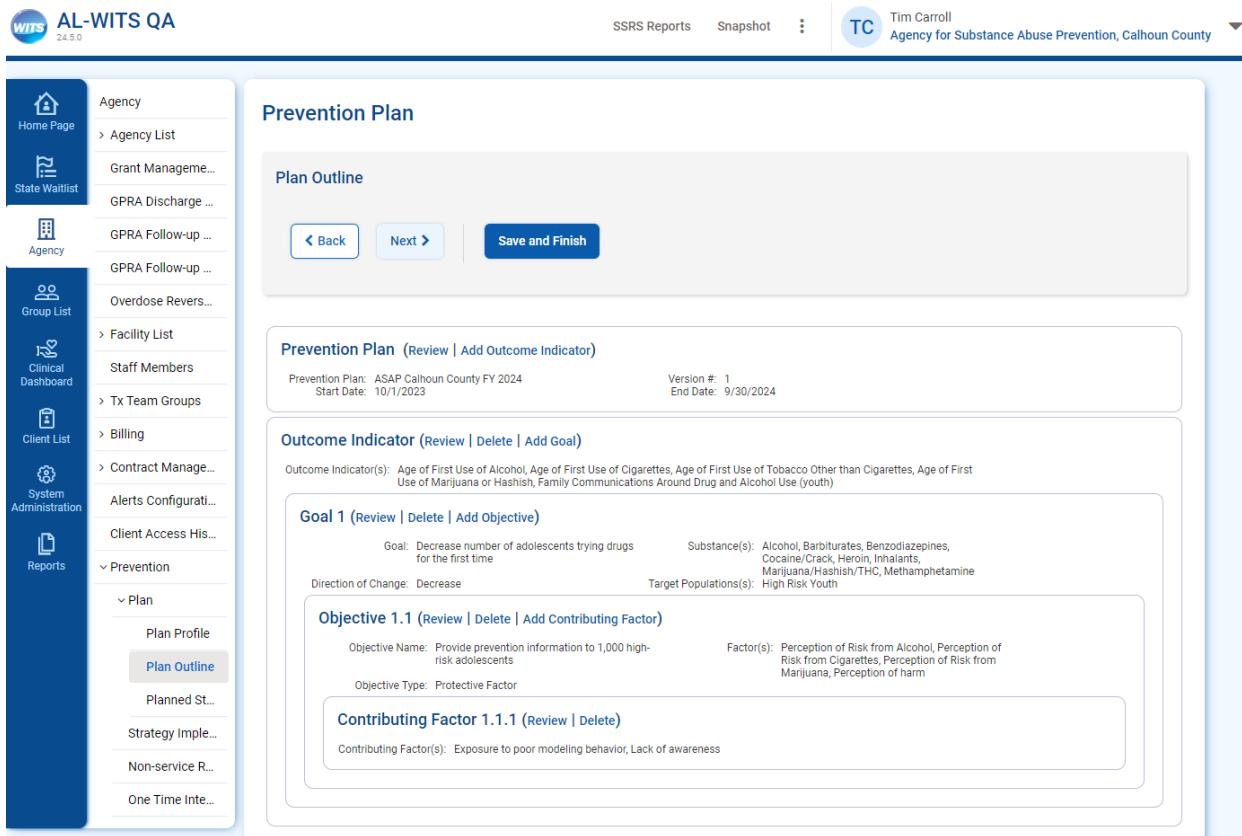


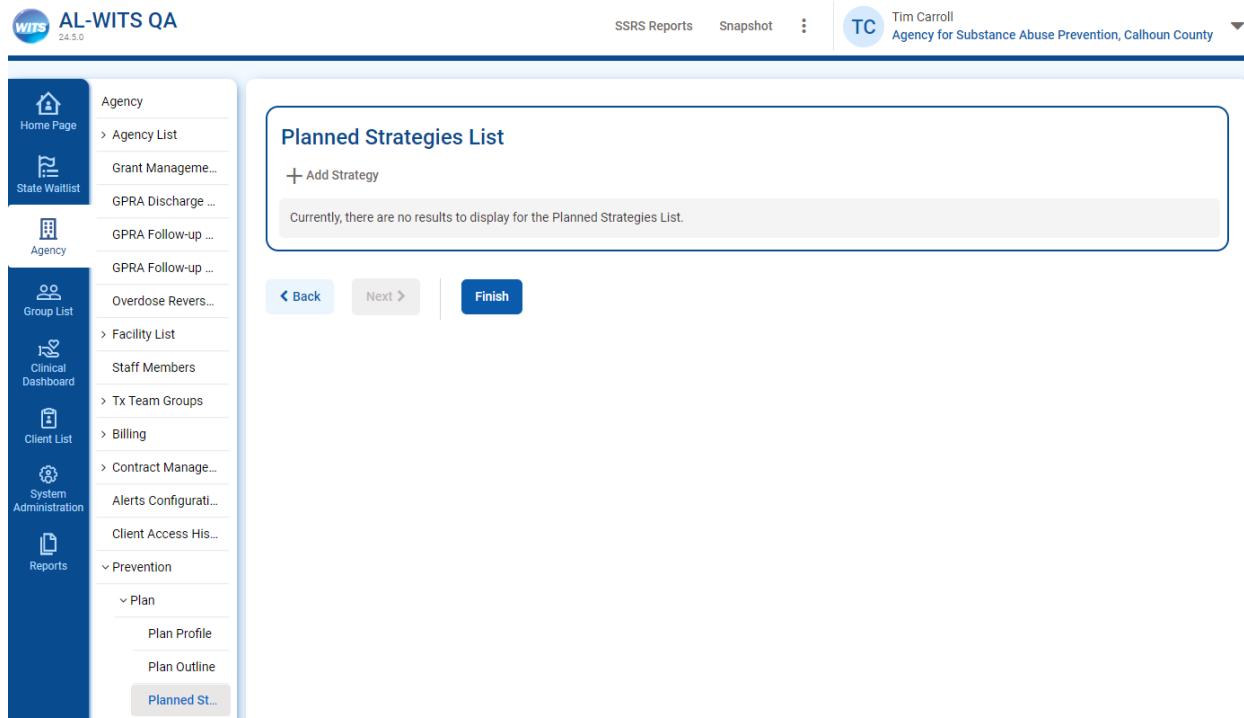
Figure 308: Prevention Plan Outline

→ 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 24.5.0

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 Management...
- 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...

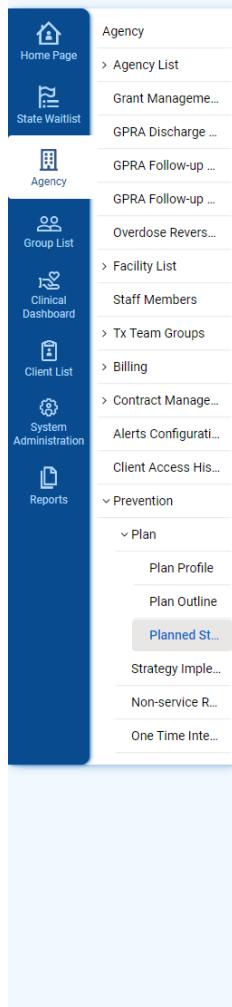
Planned Strategies List

+ 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

Planned Strategy

[Hide Context Information](#)

Plan Name	Plan Status	Plan Number	Plan Version
ASAP Calhoun County FY 2024	Draft	1	1

Strategy

Community Mobilization

Strategy #

1

Description

Community Mobilization

Program Provider

Agency for Substance Abuse Prevention

Socio-ecological Domain

School

Community Size

50,001 or more

Service Population

Civic Groups/Coalitions

Projected # of Participants

1000

Evidence Based Type

Innovative

Projected Start Date

10/1/2023

Projected End Date

9/30/2024

IOM Category

Indicated

Data Collection Method

Community

Geo Type

County Wide

Available Counties

Jefferson
Chambers
Cherokee
Chilton
Choctaw

Selected Counties

Calhoun

CSAP Strategies

Alternatives
Community-Based Process
Environmental
Problem Identification and Referral

Selected CSAP Strategies

Education
Information Dissemination

Risk Categories

Not Applicable
Abuse victims
Already using substances
Drop-outs
Mental health problems

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.

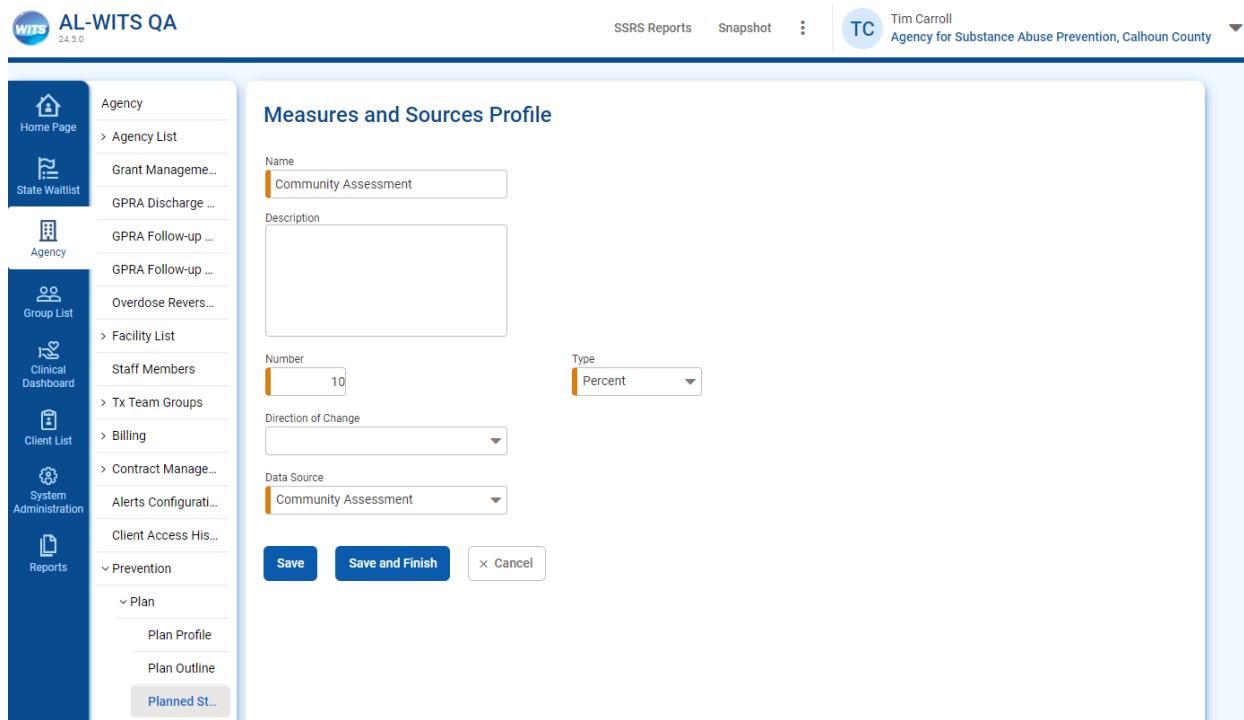
- Navigate to Agency/Prevention/Plan/Planned Strategies
Note: A plan must be selected first.
- Click the +Add Strategy button.
- Enter the required fields and click the Save button.

Alabama UAT Guidance

Page 335

WITS Version 24.8

9.1.9. Measures and Sources



AL-WITS QA 24.5.0

SSRS Reports Snapshot TC Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Measures and Sources Profile

Name
Community Assessment

Description

Number 10 **Type** Percent

Direction of Change

Data Source Community Assessment

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

Figure 311: Prevention Plan Planned Strategy Measures and Sources

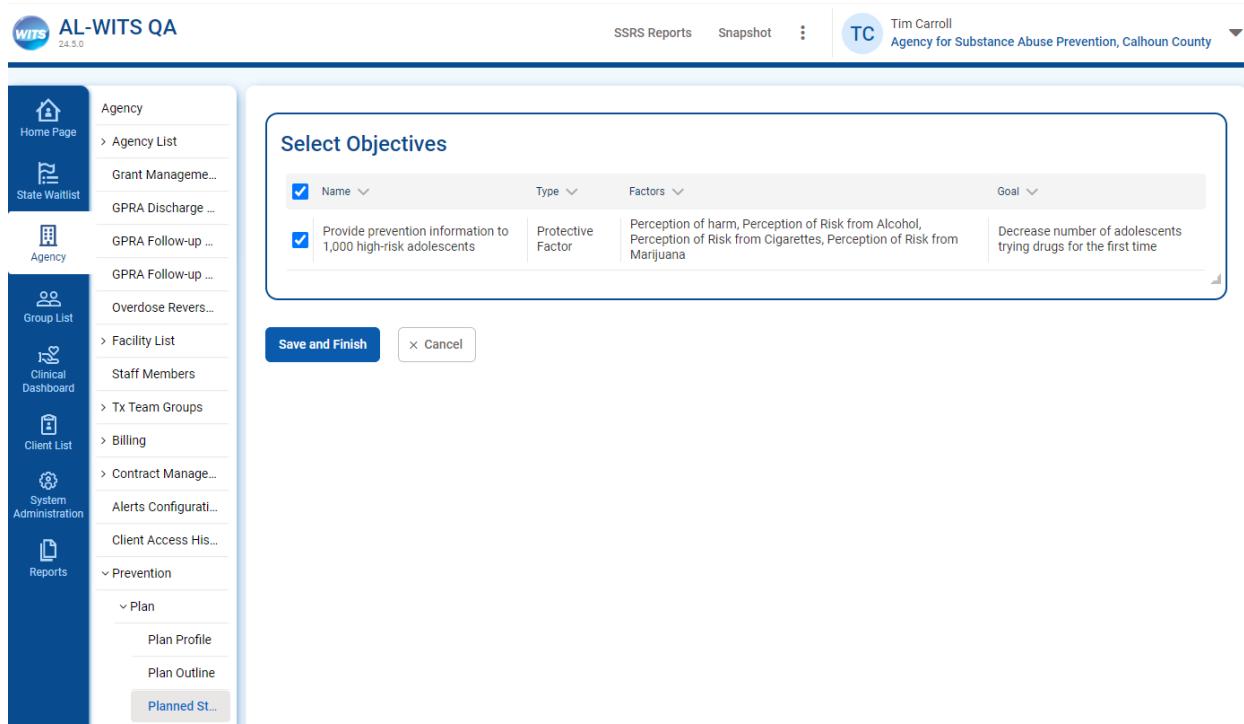
→ **TEST**

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



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**

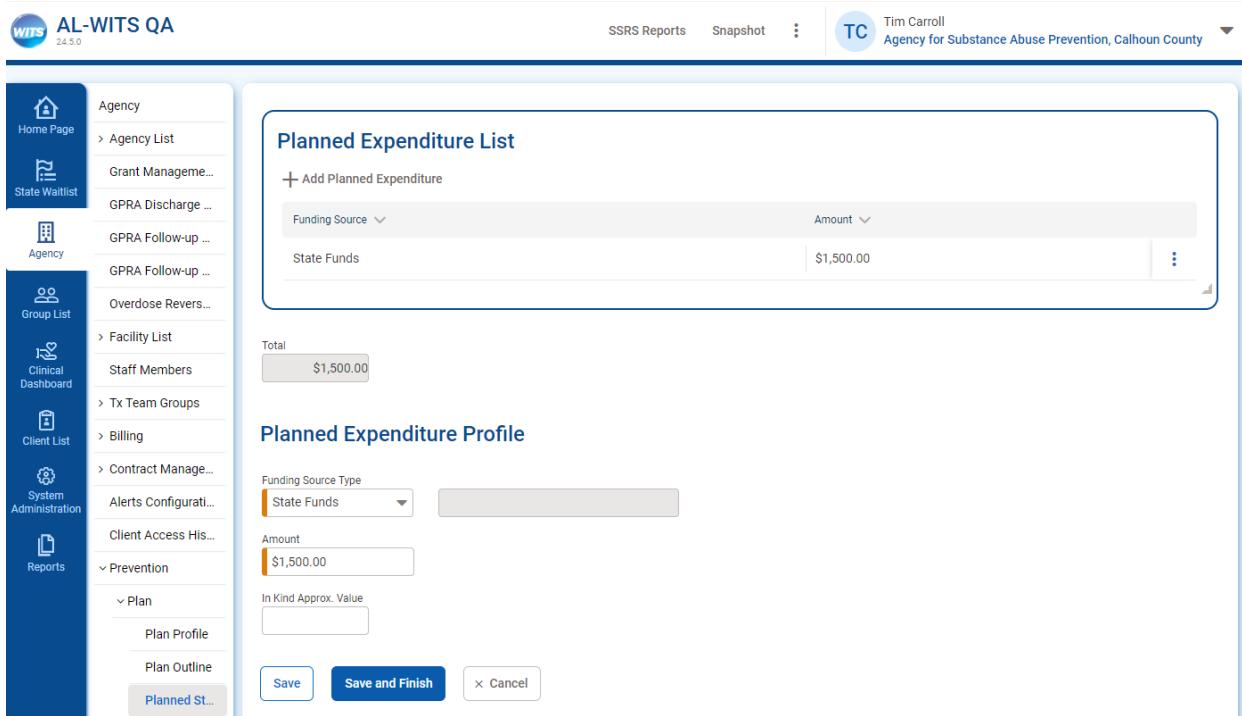
Figure 312: Prevention Plan Planned Strategy Associated Objectives

→ **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 AL-WITS QA software 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 menu lists various modules: Home Page, State Waitlist, Agency, Group List, Clinical Dashboard, Client List, System Administration, and Reports. The 'Planned St...' button is highlighted. The main content area displays the 'Planned Expenditure List' and 'Planned Expenditure Profile' sections. The 'Planned Expenditure List' shows a single entry for 'State Funds' with an amount of '\$1,500.00'. The 'Planned Expenditure Profile' section shows a dropdown for 'Funding Source Type' set to 'State Funds', an 'Amount' field containing '\$1,500.00', and an 'In Kind Approx. Value' field. Action buttons at the bottom include 'Save', 'Save and Finish', and 'Cancel'.

Figure 313: Prevention Plan Planned Strategy Planned Expenditure

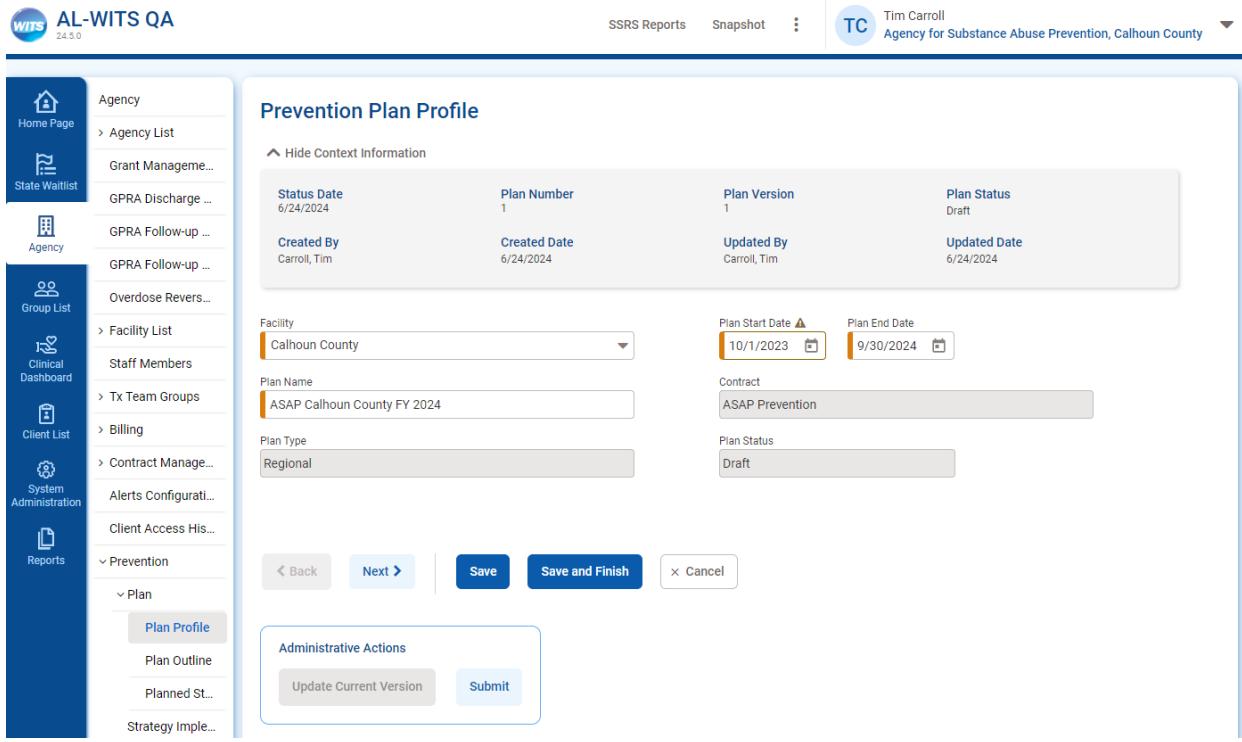
→TEST

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.



Prevention Plan Profile

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 Start Date: 10/1/2023 Plan End Date: 9/30/2024

Plan Name: ASAP Calhoun County FY 2024 Contract: ASAP Prevention

Plan Type: Regional Plan Status: Draft

Administrative Actions: Update Current Version, Submit

Figure 314: Prevention Plan Profile Submission

→ TEST

Continued from sections above.

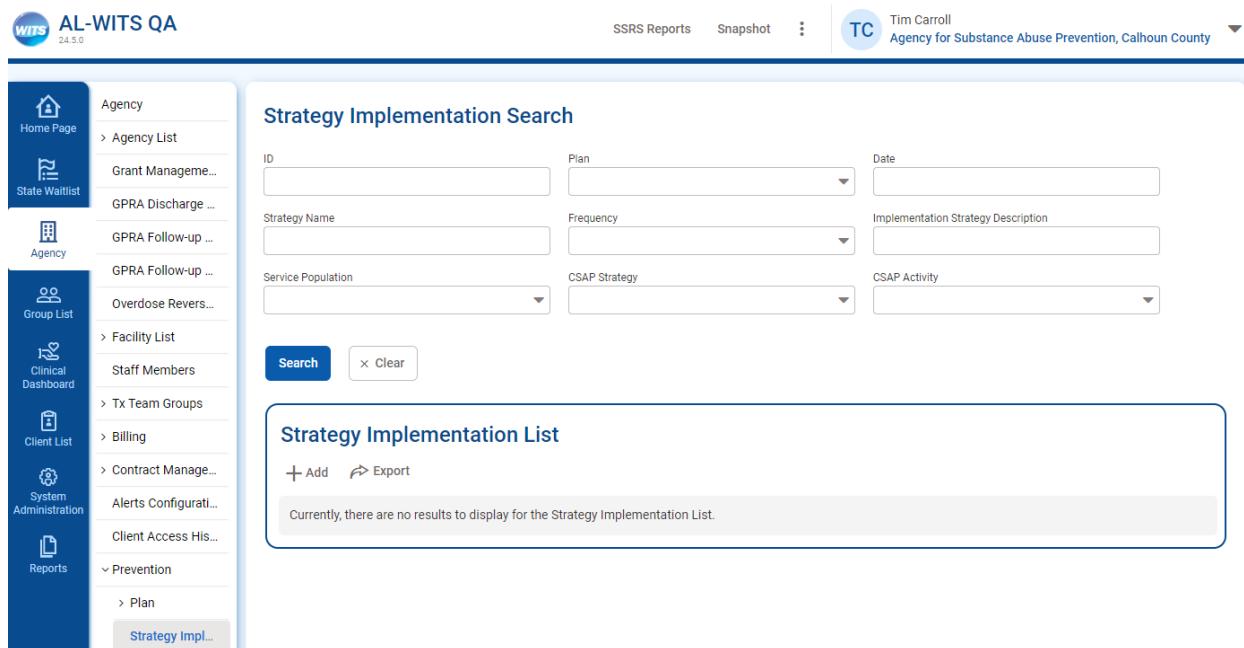
- Navigate to Agency/Prevention/Plan.
- Search for the plan in the list.
- Click the Review button from the ellipsis to view the plan profile.
Note the Plan Status is Draft.
- Click the Submit version in the Administrative Actions section at the bottom of the Plan profile.
Note: The plan becomes read-only, 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 shows the AL-WITS QA 24.5.0 software interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - Agency List
 - Grant Management...
 - 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 Impl...
- Clinical Dashboard
- Client List
- System Administration
- Reports

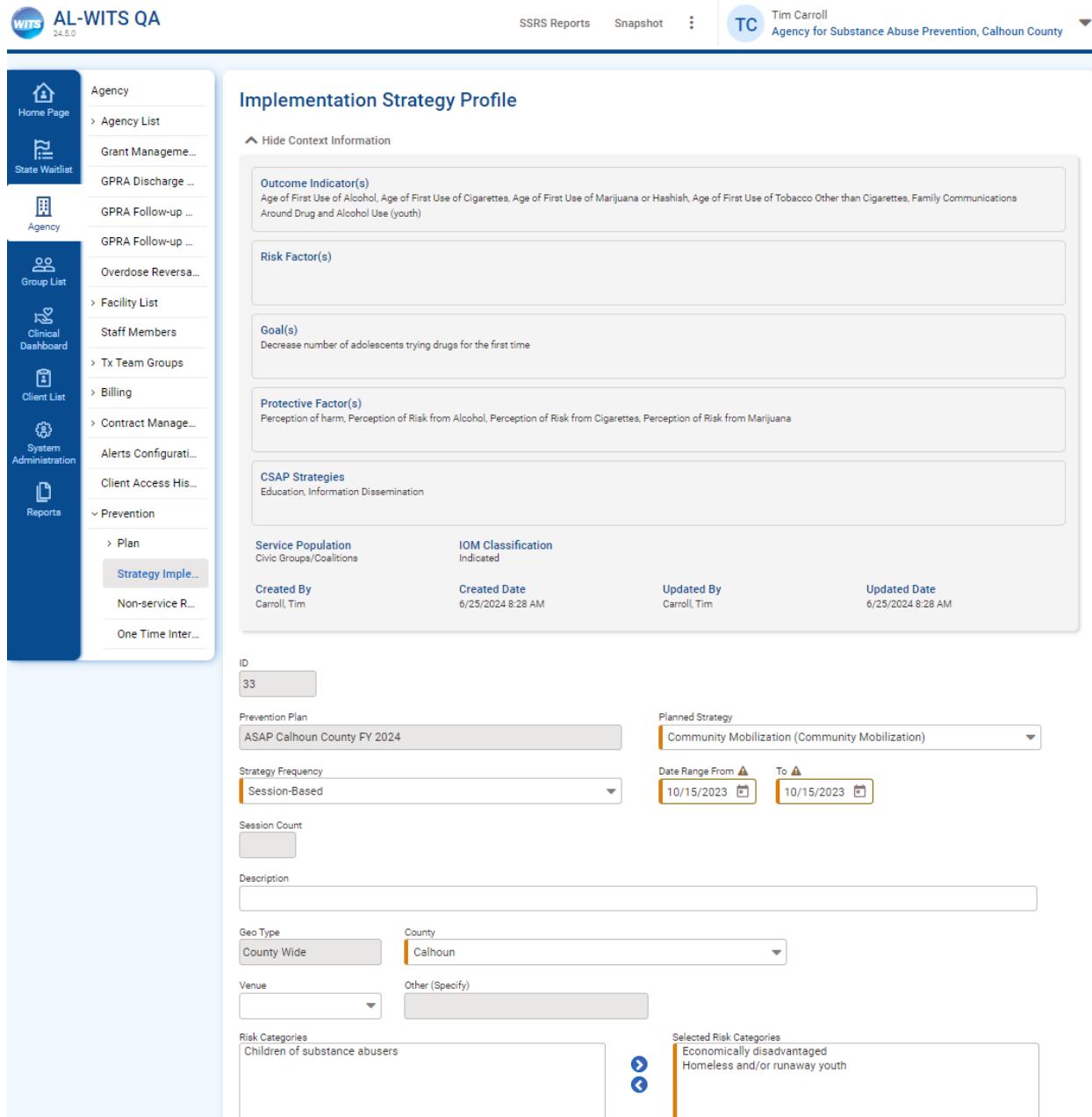
The main content area is titled "Strategy Implementation Search" and includes search fields for ID, Plan, Date, Strategy Name, Frequency, Implementation Strategy Description, Service Population, CSAP Strategy, and CSAP Activity. Below this is a "Strategy Implementation List" section with "Add" and "Export" buttons. A message states, "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.



AL-WITS QA 24.5.0

SSRS Reports Snapshot 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
Civic Groups/Coalitions	Indicated

Created By: Carroll, Tim Created Date: 6/25/2024 8:28 AM Updated By: Carroll, Tim Updated Date: 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

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	\$100.00
Material	\$250.00
Space	\$0.00
Labor	\$1,000.00
Other	\$0.00
Total	\$1,350.00

Impacted Target Population

Total number of participants [Census Information](#)

0

Gender <table border="0"> <tr> <td>Male</td> <td>0</td> </tr> <tr> <td>Female</td> <td>0</td> </tr> <tr> <td>Trans Man</td> <td>0</td> </tr> <tr> <td>Trans Woman</td> <td>0</td> </tr> <tr> <td>Gender Non-Conforming</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> </tr> <tr> <td>Not Available</td> <td>0</td> </tr> </table>	Male	0	Female	0	Trans Man	0	Trans Woman	0	Gender Non-Conforming	0	Other	0	Not Available	0	Ethnicity <table border="0"> <tr> <td>Hispanic or Latino</td> <td>0</td> </tr> <tr> <td>Not Hispanic or Latino</td> <td>0</td> </tr> <tr> <td>Unknown</td> <td>0</td> </tr> </table>	Hispanic or Latino	0	Not Hispanic or Latino	0	Unknown	0
Male	0																				
Female	0																				
Trans Man	0																				
Trans Woman	0																				
Gender Non-Conforming	0																				
Other	0																				
Not Available	0																				
Hispanic or Latino	0																				
Not Hispanic or Latino	0																				
Unknown	0																				

Age <table border="0"> <tr> <td>0-5</td> <td>0</td> </tr> <tr> <td>6-12</td> <td>0</td> </tr> <tr> <td>13-17</td> <td>0</td> </tr> <tr> <td>18-20</td> <td>0</td> </tr> <tr> <td>21-24</td> <td>0</td> </tr> <tr> <td>25-44</td> <td>0</td> </tr> <tr> <td>45-64</td> <td>0</td> </tr> <tr> <td>65-74</td> <td>0</td> </tr> <tr> <td>75 and over</td> <td>0</td> </tr> <tr> <td>Age Not Known</td> <td>0</td> </tr> </table>	0-5	0	6-12	0	13-17	0	18-20	0	21-24	0	25-44	0	45-64	0	65-74	0	75 and over	0	Age Not Known	0	Race <table border="0"> <tr> <td>White</td> <td>0</td> </tr> <tr> <td>Asian</td> <td>0</td> </tr> <tr> <td>Black/ African American</td> <td>0</td> </tr> <tr> <td>American Indian/ Alaskan Native</td> <td>0</td> </tr> <tr> <td>Native Hawaiian/ Other Pacific Islander</td> <td>0</td> </tr> <tr> <td>More than one race</td> <td>0</td> </tr> <tr> <td>Race unknown or other</td> <td>0</td> </tr> </table>	White	0	Asian	0	Black/ African American	0	American Indian/ Alaskan Native	0	Native Hawaiian/ Other Pacific Islander	0	More than one race	0	Race unknown or other	0
0-5	0																																		
6-12	0																																		
13-17	0																																		
18-20	0																																		
21-24	0																																		
25-44	0																																		
45-64	0																																		
65-74	0																																		
75 and over	0																																		
Age Not Known	0																																		
White	0																																		
Asian	0																																		
Black/ African American	0																																		
American Indian/ Alaskan Native	0																																		
Native Hawaiian/ Other Pacific Islander	0																																		
More than one race	0																																		
Race unknown or other	0																																		

Other items counted in this implementation

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

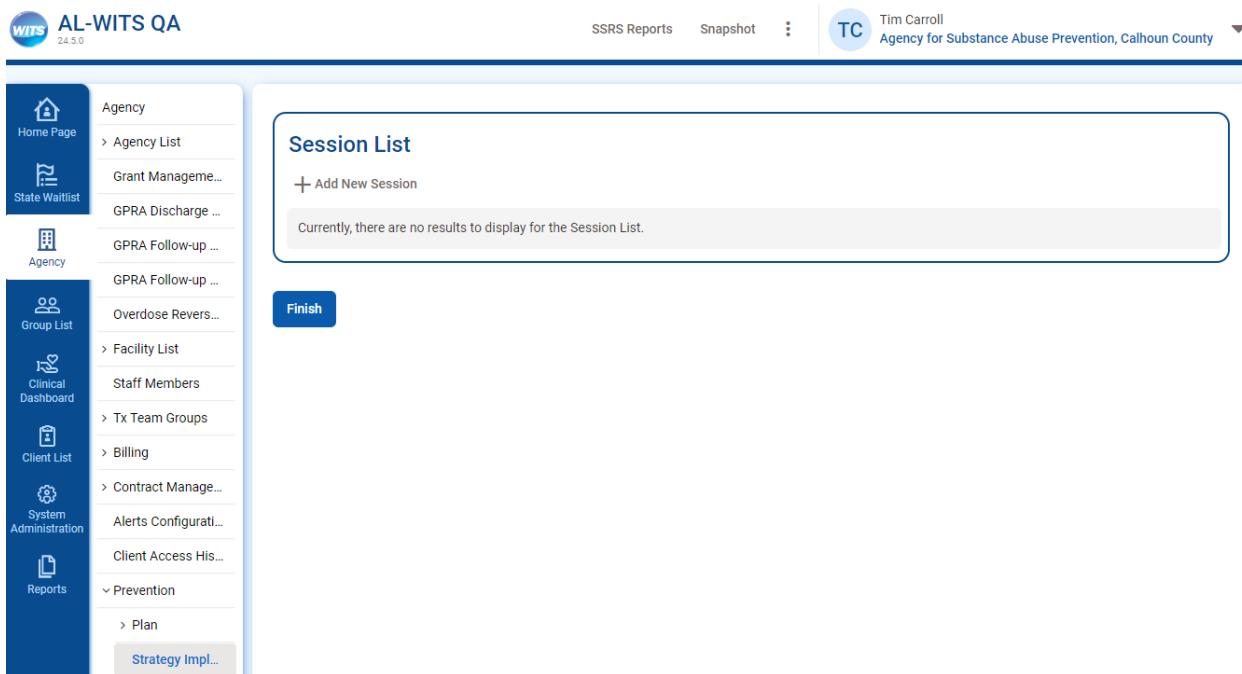
Figure 317: Implementation Strategy Profile (bottom section)

→ 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.



The screenshot shows the AL-WITS QA application interface. The top navigation bar includes the AL-WITS QA logo, a user icon, and the text "Tim Carroll Agency for Substance Abuse Prevention, Calhoun County". The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
 - > Agency List
 - > Grant Manageme...
 - > GPRA Discharge ...
 - > GPRA Follow-up ...
 - > GPRA Follow-up ...
 - > Overdose Revers...
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports

The "Strategy Impl..." item in the "Agency" section is highlighted with a blue background. The main content area displays a "Session List" with the following content:

Session List

+ Add New Session

Currently, there are no results to display for the Session List.

Finish

Figure 318: Strategy Implementation Session List

Session Profile

Session #	Date
1	5/25/2024
Session Name	Leader
Education	Tim Carroll
Duration Units	Duration
Hours	4

Activity and Duration

Duration	Duration Type
Required for Selected CSAP Activities	Required for Selected CSAP Activities

CSAP Activities

- Brochures
- Clearinghouse/information resources centers
- Health fairs and other health promotion, e.g., conferences, meetings, etc.
- Information lines/Hot lines
- Media campaigns
- Online placement 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** 100

Gender	Ethnicity
Male: 50	Hispanic or Latino: 25
Female: 50	Not Hispanic or Latino: 60
Trans Man: 0	Unknown: 15
Gender Non-Conforming: 0	
Other: 0	
Not Available: 0	

Age	Race
0-5: 0	White: 35
6-12: 0	Asian: 5
12-17: 95	Black/ African American: 35
18-20: 5	American Indian/ Alaskan Native: 0
21-24: 0	Native Hawaiian/ Other Pacific Islander: 0
25-44: 0	More than one race: 15
45-64: 0	
65-74: 0	
75 and over: 0	
Age Not Known: 0	

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

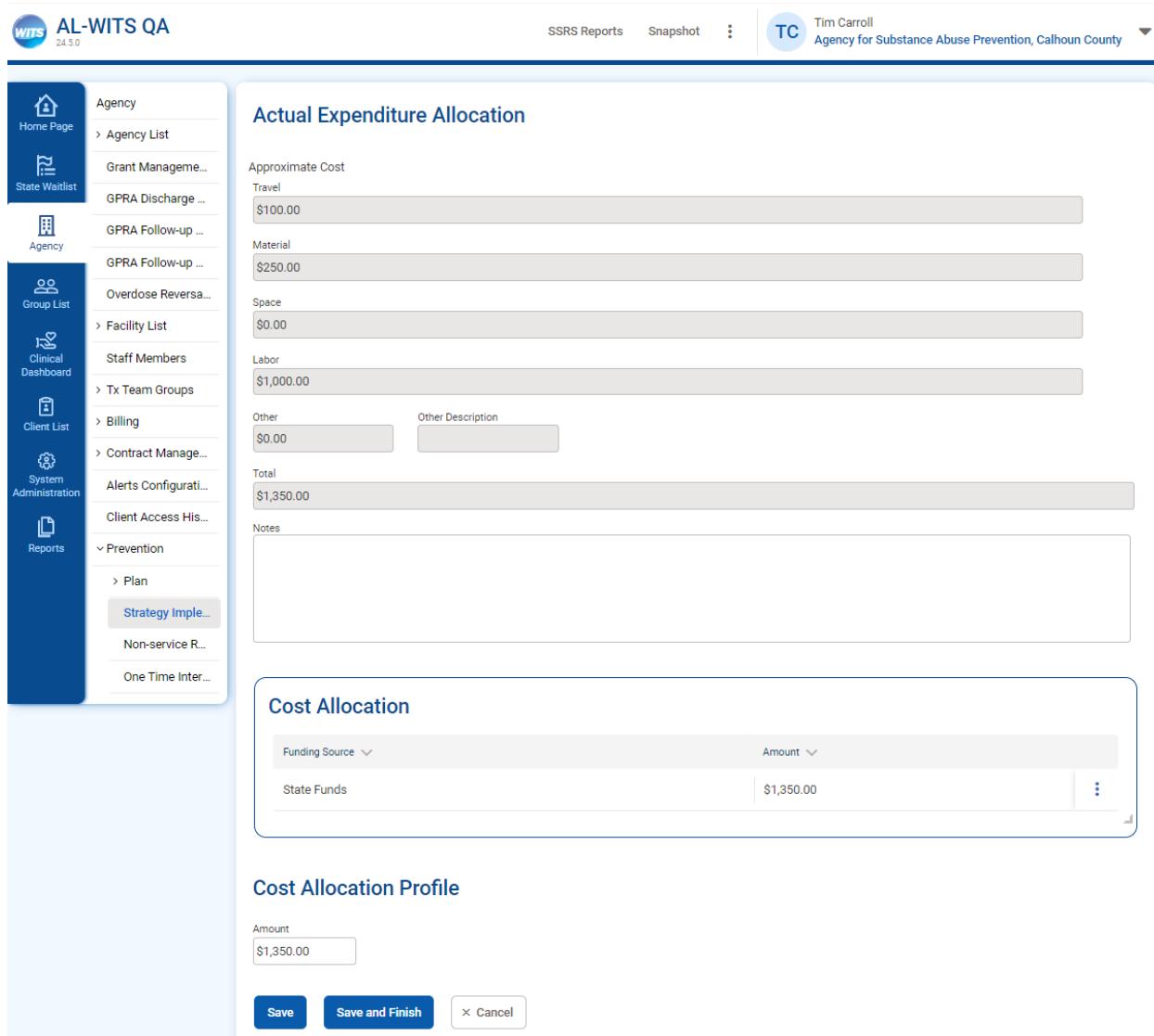
Figure 319: Strategy Implementation Session Profile

→ 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



The screenshot shows the AL-WITS QA application interface. The left sidebar contains a navigation menu with the following items:

- Home Page
- State Waitlist
- Agency
- Group List
- Clinical Dashboard
- Client List
- System Administration
- Reports
- Strategy Implementation
 (highlighted in grey)
- Non-service Requests
- One Time Inter...

The main content area is divided into two sections:

Actual Expenditure Allocation

Approximate Cost

Travel	\$100.00
Material	\$250.00
Space	\$0.00
Labor	\$1,000.00
Other	\$0.00

Total: \$1,350.00

Notes:

Cost Allocation

Funding Source	Amount
State Funds	\$1,350.00

Cost Allocation Profile

Amount: \$1,350.00

Buttons: Save, Save and Finish, Cancel

Figure 320: Strategy Implementation Session Actual Expenditure Profile

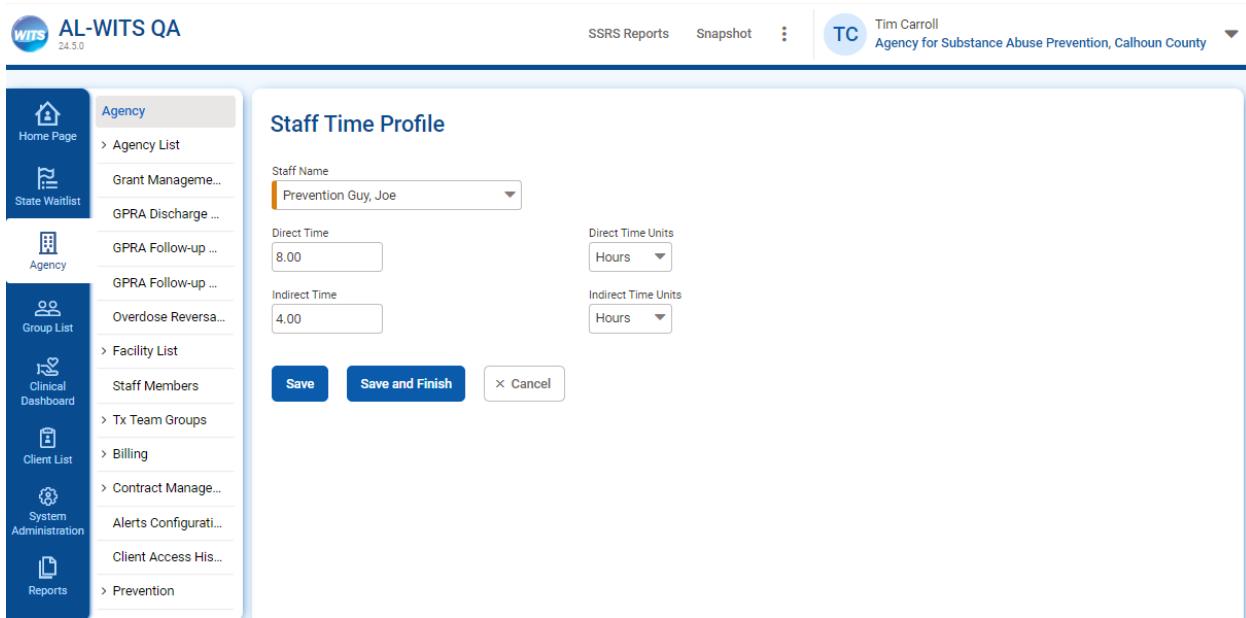
Continued from *Strategy Implementation Sessions* section above.

- 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



AL-WITS QA 24.5.0

SSRS Reports Snapshot Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

Staff Time Profile

Staff Name: Prevention Guy, Joe

Direct Time: 8.00

Indirect Time: 4.00

Direct Time Units: Hours

Indirect Time Units: Hours

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

Figure 321: Strategy Implementation Session Staff Time Profile

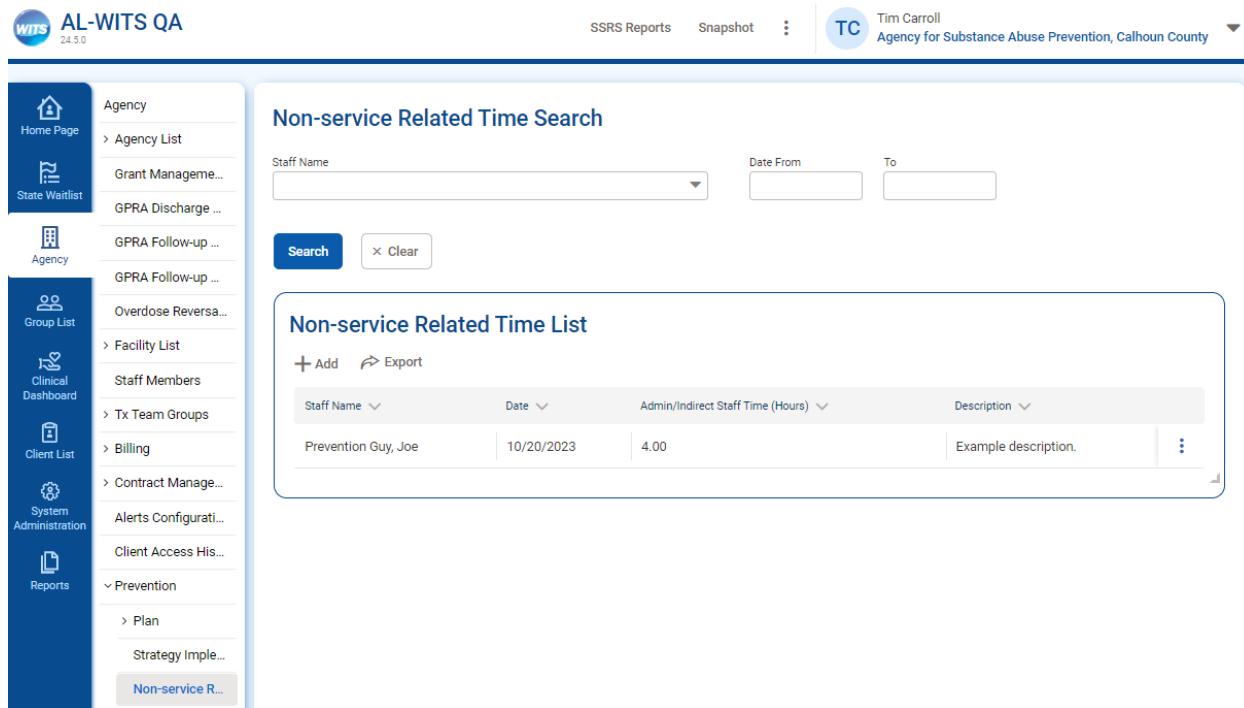
→ TEST

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.



Non-service Related Time Search

Staff Name:

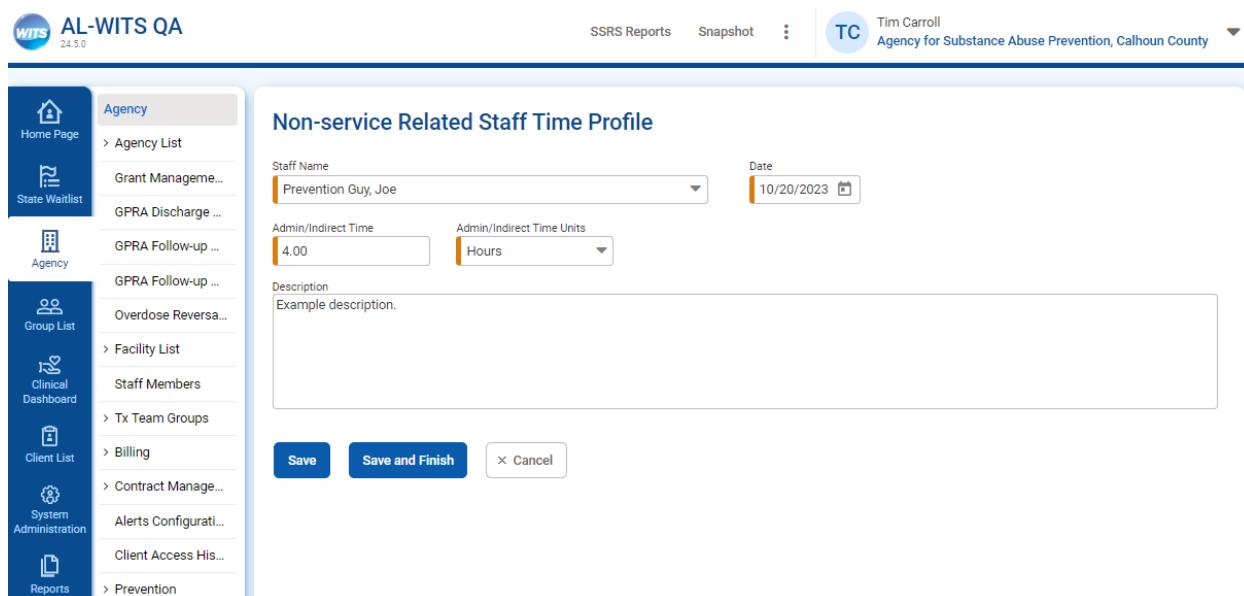
Date From: To:

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



Non-service Related Staff Time Profile

Staff Name: Prevention Guy, Joe

Date: 10/20/2023

Admin/Indirect Time: 4.00

Admin/Indirect Time Units: Hours

Description: Example 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.

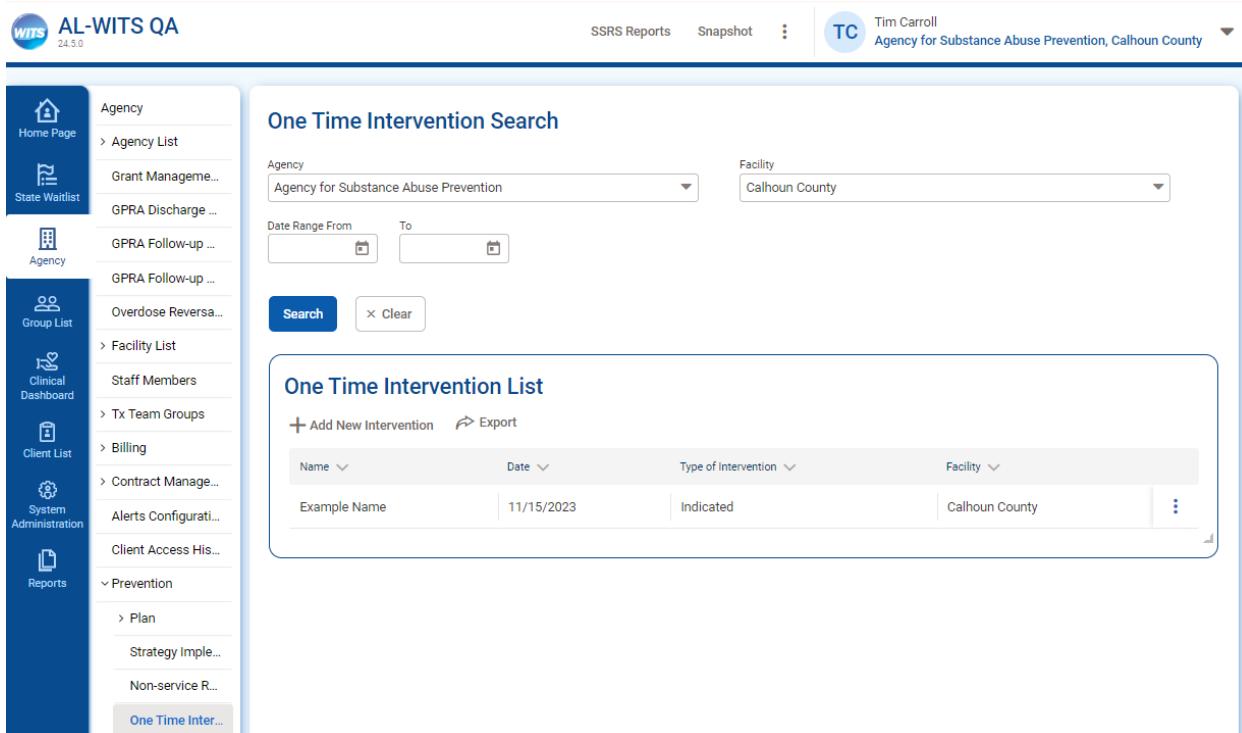
Note: Click the Search button to view any previously entered Non-service Related Times. The search defaults to the last month. Clear the dates to search for all dates.

- 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



AL-WITS QA 24.5.0

SSRS Reports Snapshot  Tim Carroll
Agency for Substance Abuse Prevention, Calhoun County

One Time Intervention Search

Agency: Agency for Substance Abuse Prevention

Facility: Calhoun County

Date Range From: To:

One Time Intervention List

Add New Intervention 

Name	Date	Type of Intervention	Facility
Example Name	11/15/2023	Indicated	Calhoun County

Figure 324: One Time Intervention List

One Time Intervention Profile

Facility	Evidence Based Criterion Strategy
Calhoun County	Peer-reviewed journals
Name	Evidence Based Indicator
Example Name	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date	Federal registry
11/15/2023	
Duration	Type of Intervention
8 Hrs	Indicated
How much time was spent by staff outside of intervention?	

Activity and Duration
 *Duration and Duration Type are required for the CSAP Activity.

Duration	Duration Type
4	Hrs
CSAP Activities <input type="checkbox"/> Accessing services and funding <input type="checkbox"/> Brochures <input type="checkbox"/> Clearinghouse/information resources centers <input type="checkbox"/> Community and volunteer training, e.g., neighborhood acti <input type="checkbox"/> Community drop-in centers <input type="checkbox"/> Community service activities	
Selected CSAP Activities <input checked="" type="checkbox"/> Media campaigns (4 Hrs) <input checked="" type="checkbox"/> Multi-agency coordination and collaboration/coalition (4 H	

Risk Category

<input type="checkbox"/> Not Applicable	Selected Risk Category
<input type="checkbox"/> Abuse victims	Already using substances
<input type="checkbox"/> Children of substance abusers	Economically disadvantaged
<input type="checkbox"/> Drop-outs	Homeless and/or runaway youth
<input type="checkbox"/> Mental health problems	

Approximate Cost

Travel	\$50.00
Material	\$250.00
Space	\$0.00
Labor	\$1,000.00
Total	\$1,300.00

Figure 325: One Time Intervention Profile, page 1

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
Trans Man	0
Gender Non-Conforming	0
Not Available	0
Female	10
Trans Woman	0
Other	0

Ethnicity

Hispanic or Latino	10
Unknown	5
Not Hispanic or Latino	10

Age

0-5	0
13-17	15
21-24	0
45-64	0
75 and over	0
6-12	0
18-20	10
25-44	0
65-74	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.

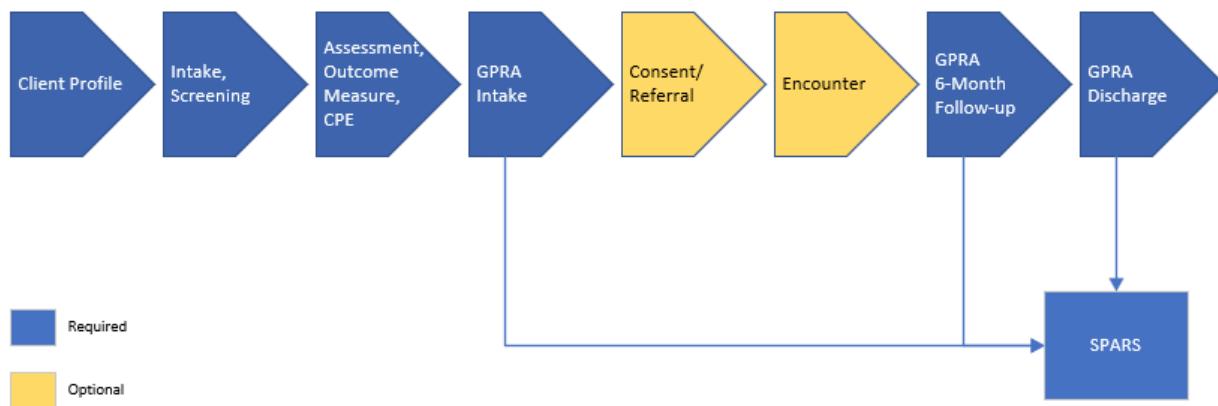


Figure 327: SOR Workflow

10.1. Grant Management Dashboard

The Grant Management Dashboard provides summary and detail client data based on GPRA assessments.



Figure 328: Grant Management Dashboard

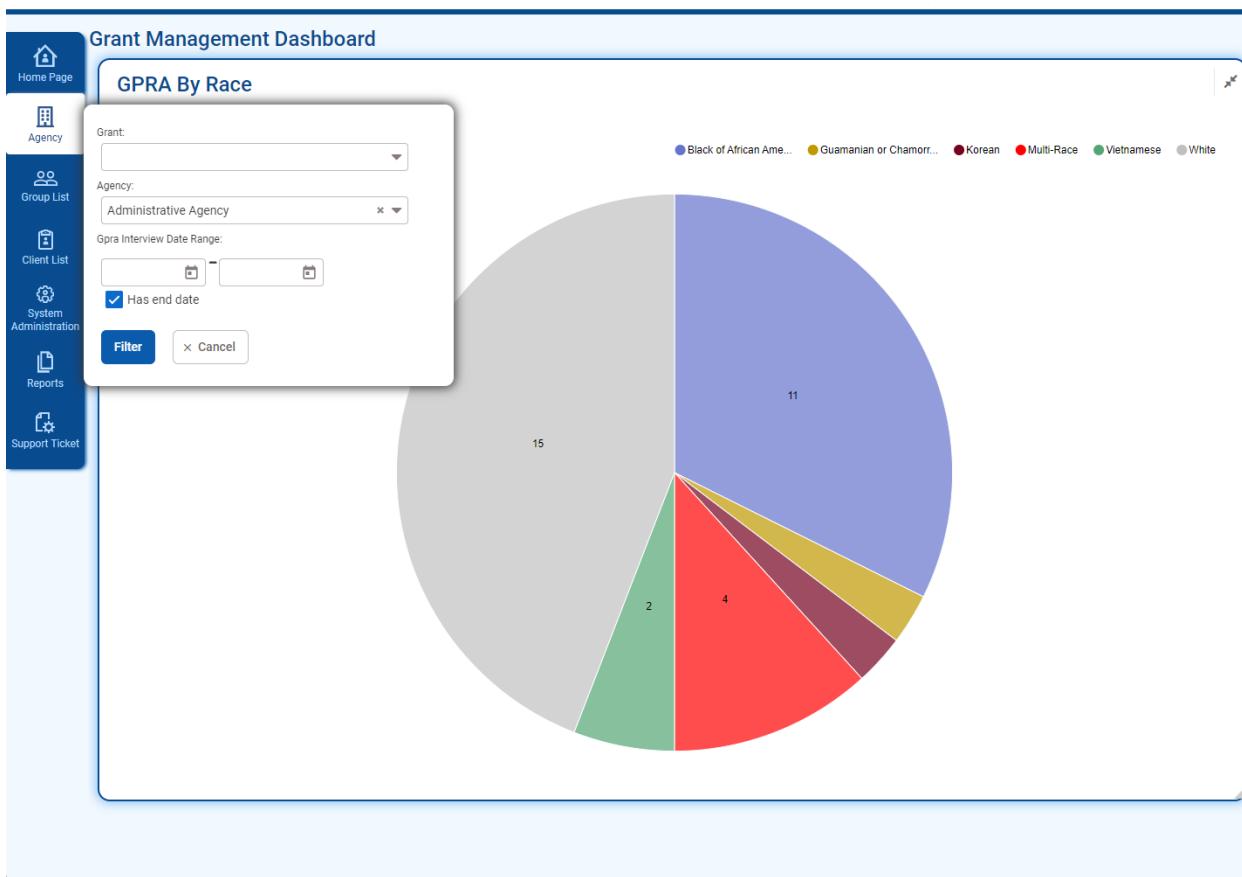


Figure 329: Dashboard with Expanded GPRA by Race Tile, showing Filter modal

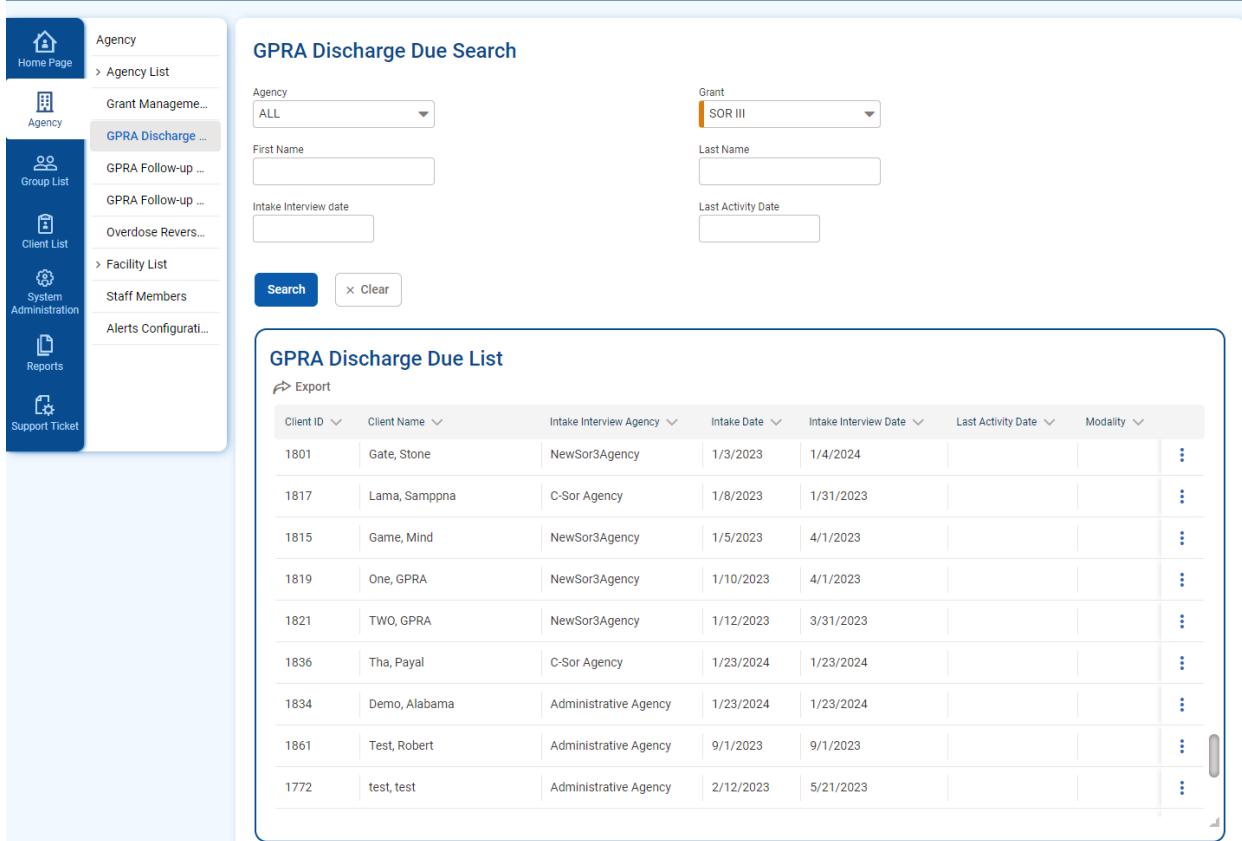
→ TEST

- 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.



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.

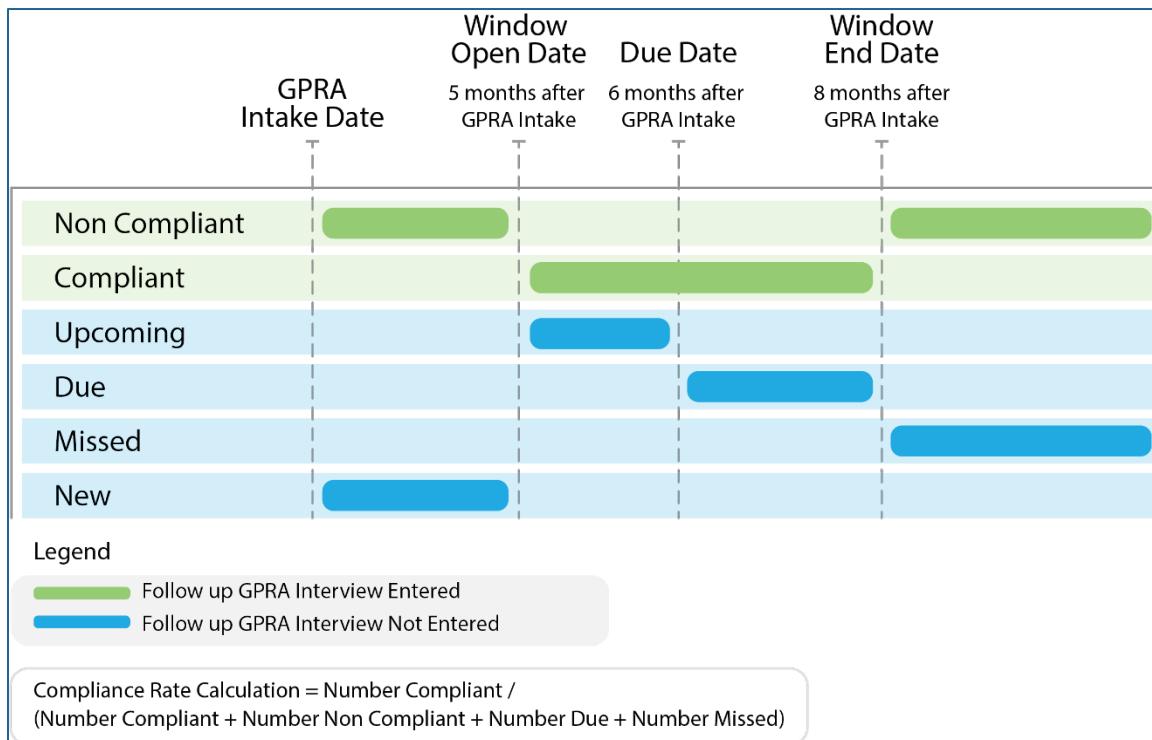


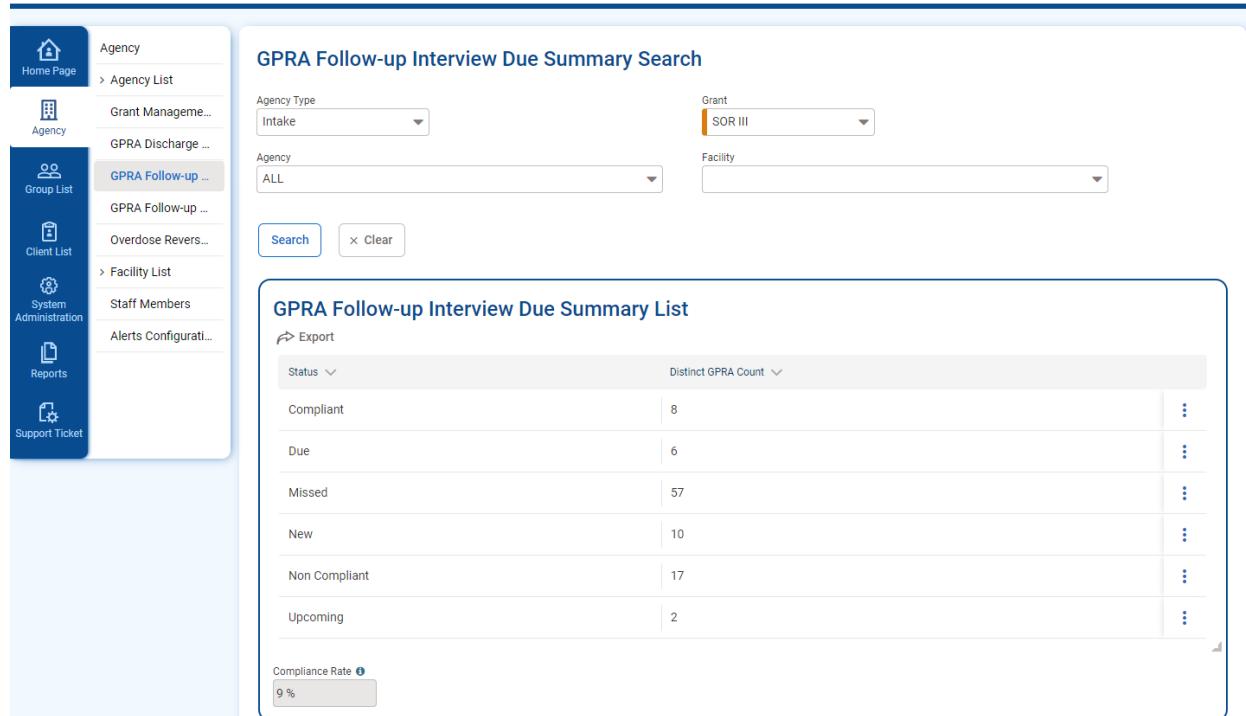
Figure 331: Grant Requirement, Follow-up GPRA Compliance

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.



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

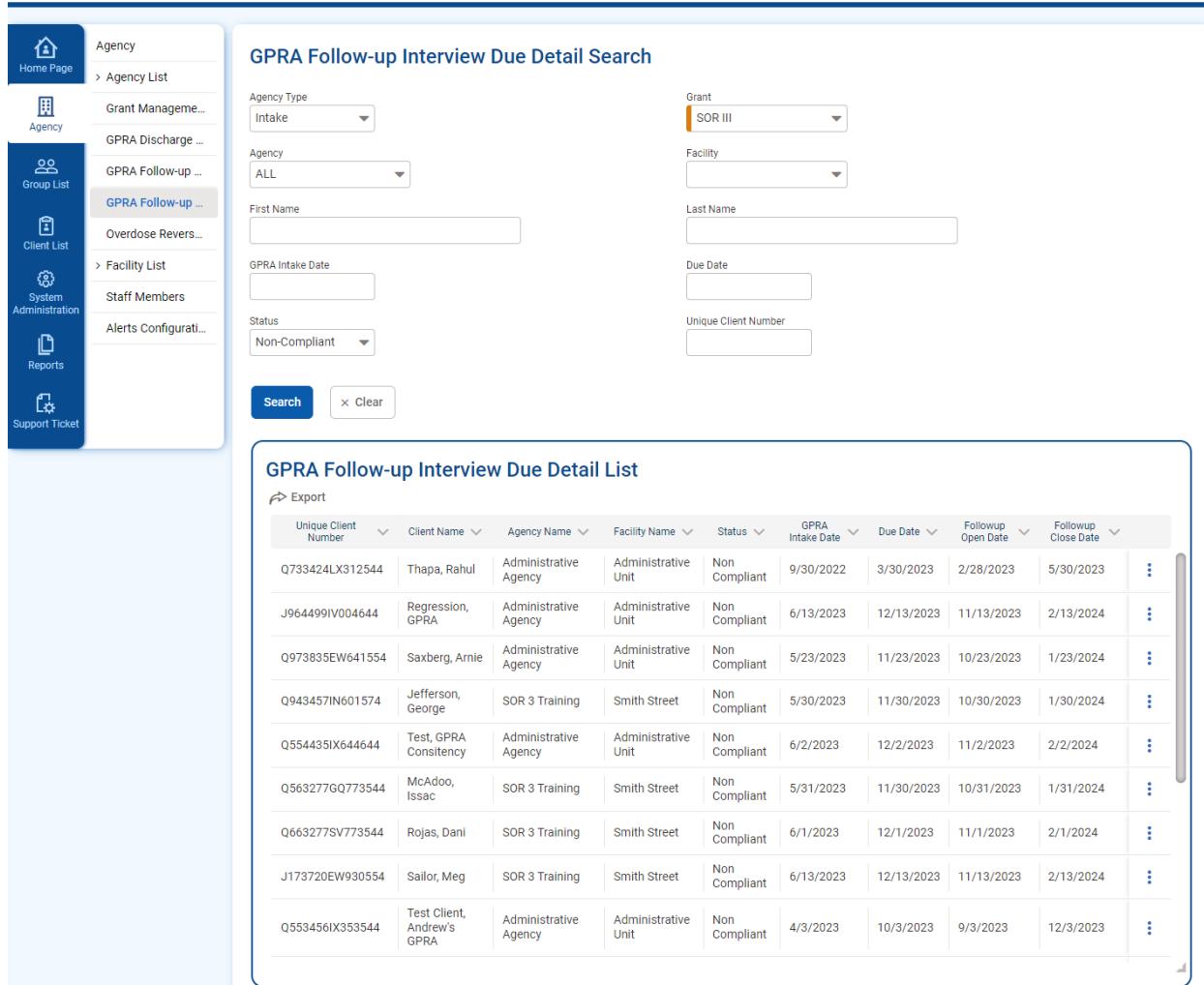
→ TEST

- 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.



GPRA Follow-up Interview Due Detail Search

Agency Type: Intake Grant: SOR III

Agency: ALL Facility:

First Name: Last Name:

GPRA Intake Date: Due Date:

Status: Non-Compliant Unique Client Number:

GPRA Follow-up Interview Due Detail List

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
J964499IV004644	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

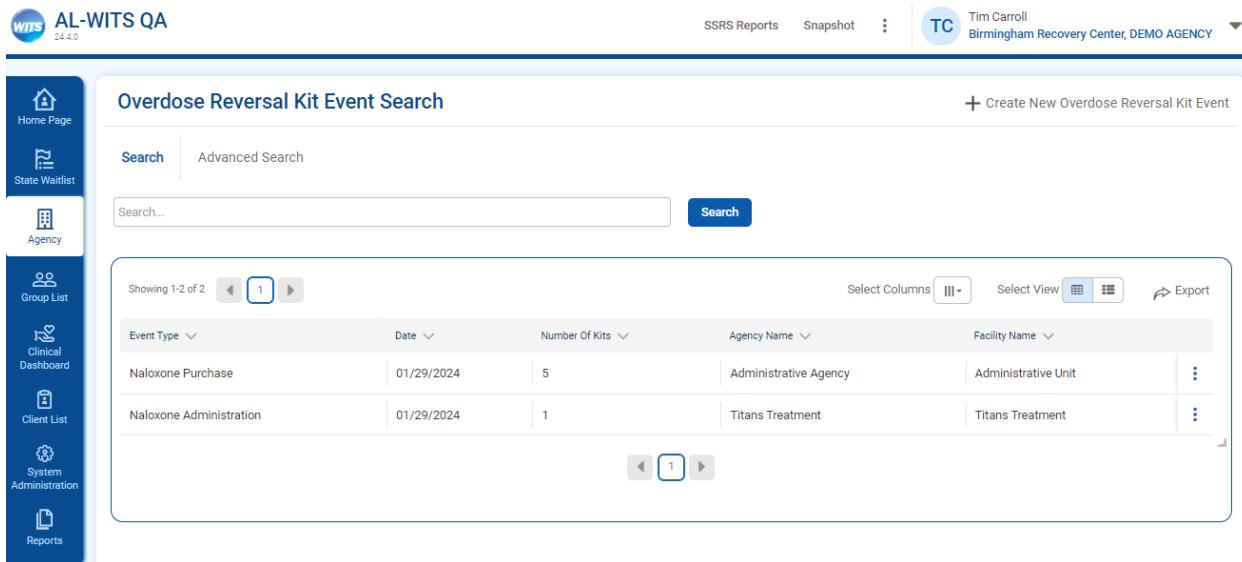
→TEST

- 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



AL-WITS QA 24.0

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...

Showing 1-2 of 2 1

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

Select Columns Select View Export

Figure 334: Overdose Reversal Kit Event Search>List

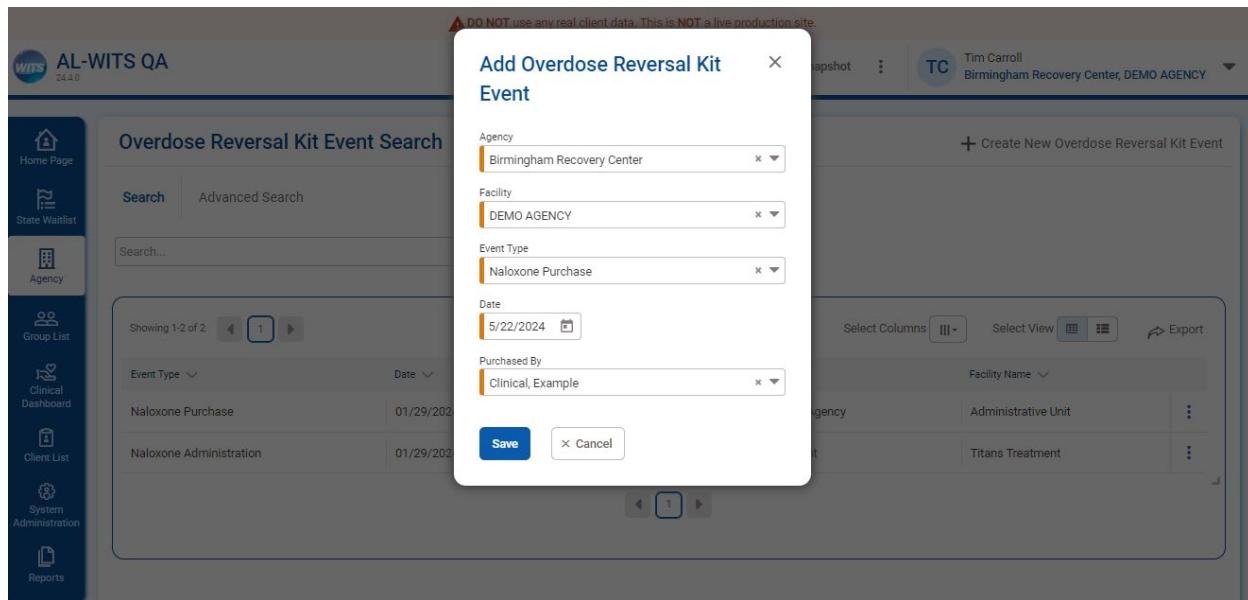


Figure 335: Overdose Reversal Kit Event Add Modal

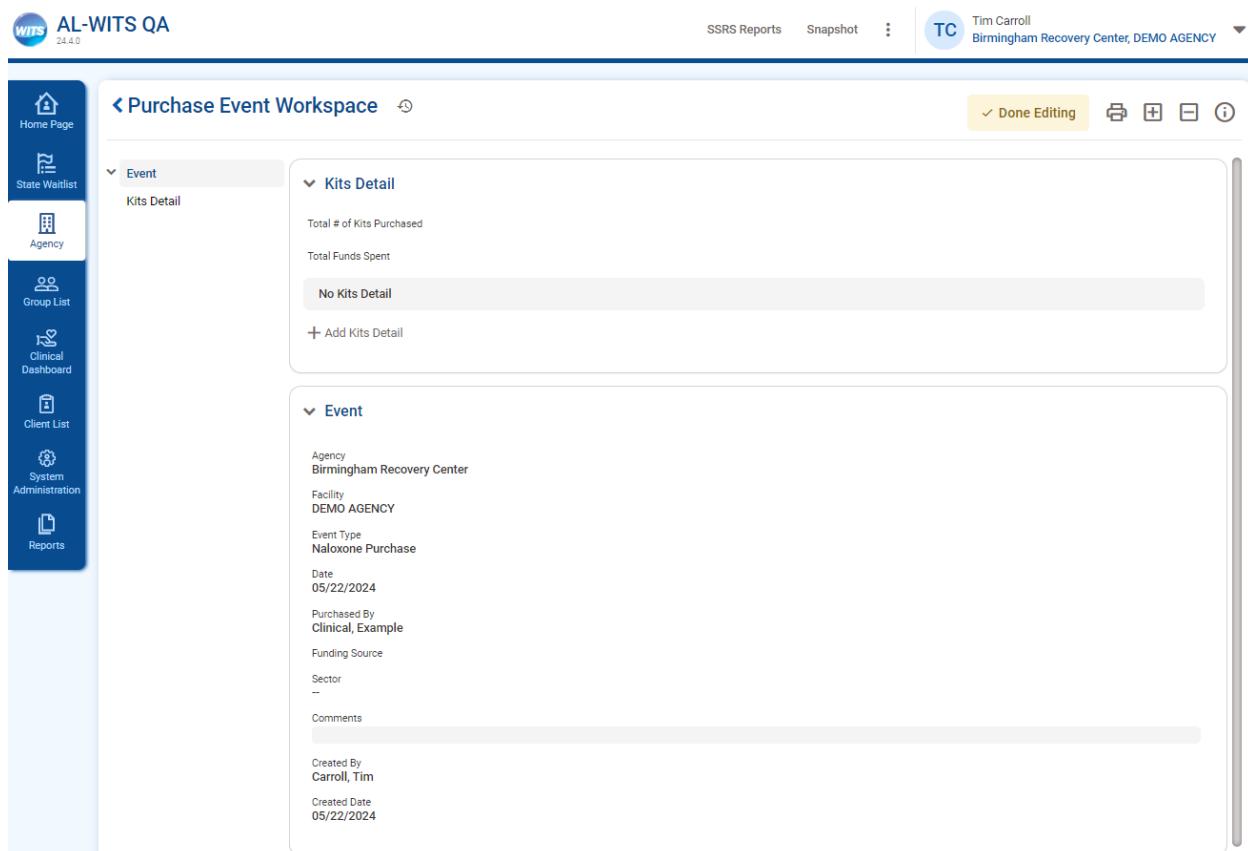


Figure 336: Overdose Reversal Kit Event Workspace

⚠ DO NOT use any real client data. This is NOT a live production site.

AL-WITS QA 24.4.0

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

◀ Purchase Event Workspace

Event Type: Naloxone Purchase

Date: 5/22/2024

Purchased By: Clinical, Example

Funding Source: SOR III

Sector: Criminal Justice

Comments:

Created By: Carroll, Tim

Created Date: 5/22/2024

Save Cancel

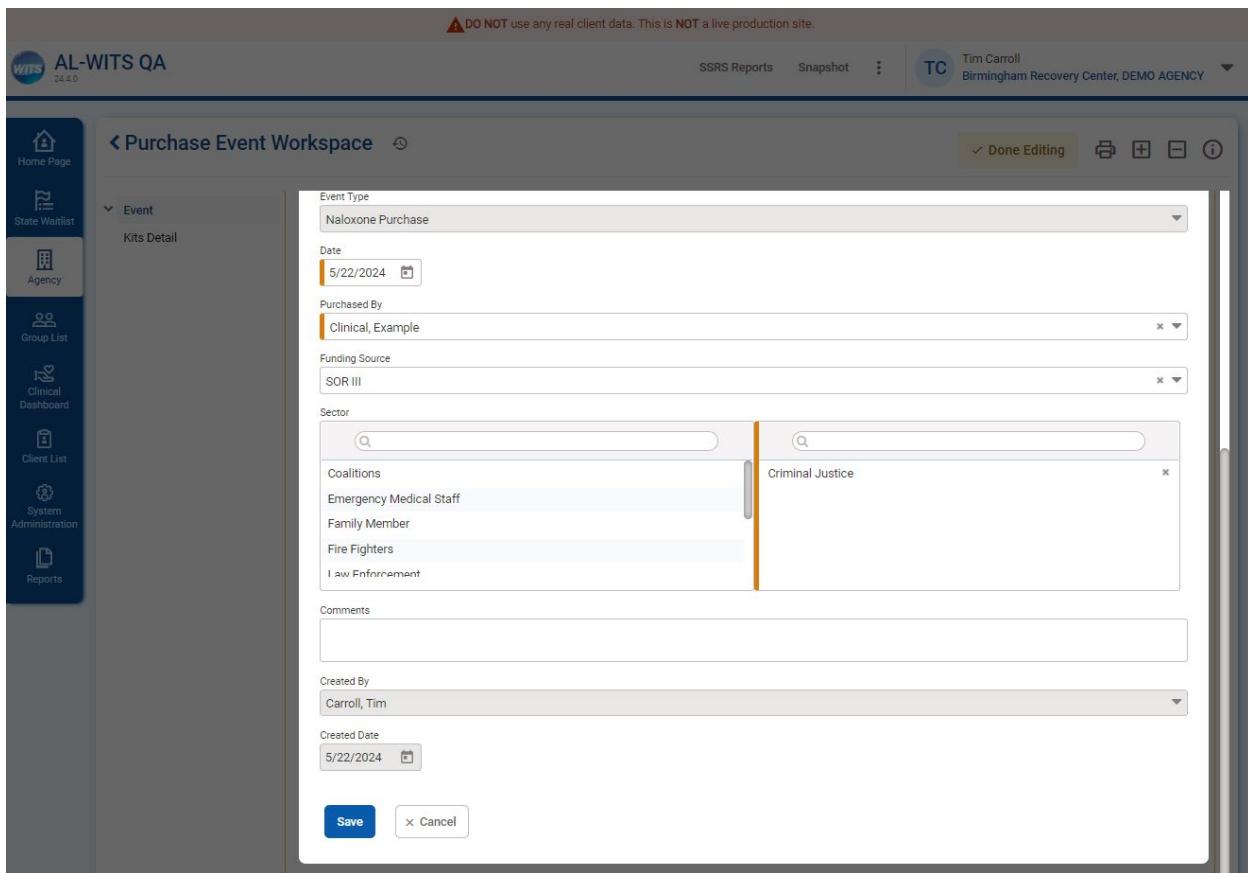


Figure 337: Overdose Reversal Kit Event Workspace, editing Event Panel

⚠ DO NOT use any real client data. This is NOT a live production site.

AL-WITS QA 24.4.0

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

+ Create New Overdose Reversal Kit Event

Select Columns Select View Export

Facility Name: Administrative Unit: Titus Treatment DEMO AGENCY

Add Linked Distribution Event

Agency: Administrative Agency

Facility: Administrative Unit

Event Type: Naloxone Distribution

Date: 5/22/2024

Staff Member: Carroll, Tim

Save Cancel

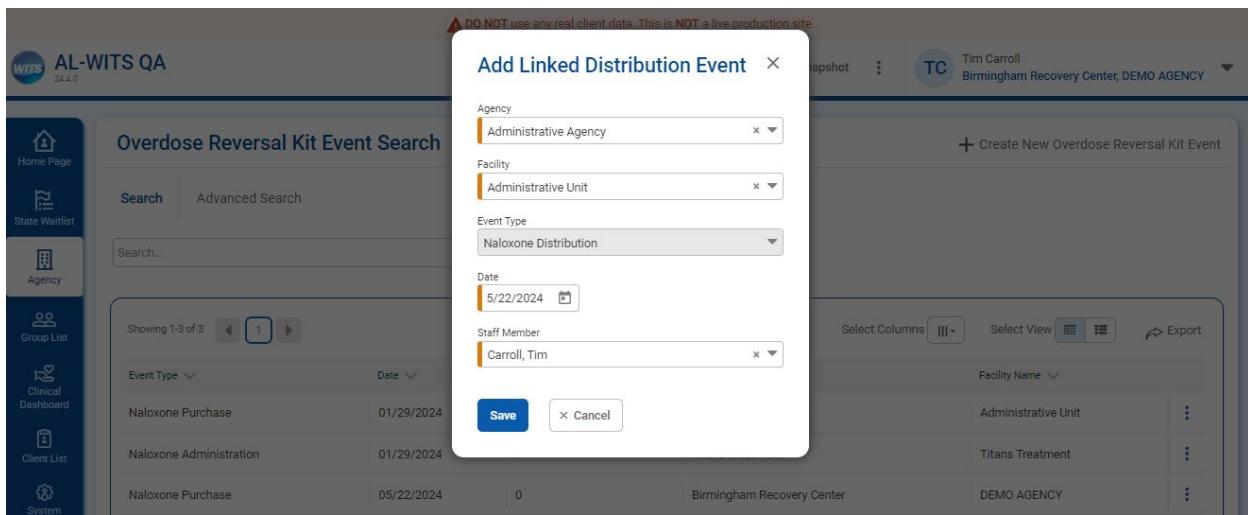


Figure 338: Overdose Reversal Kit Event, Add Linked Distribution Event Add Modal

→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

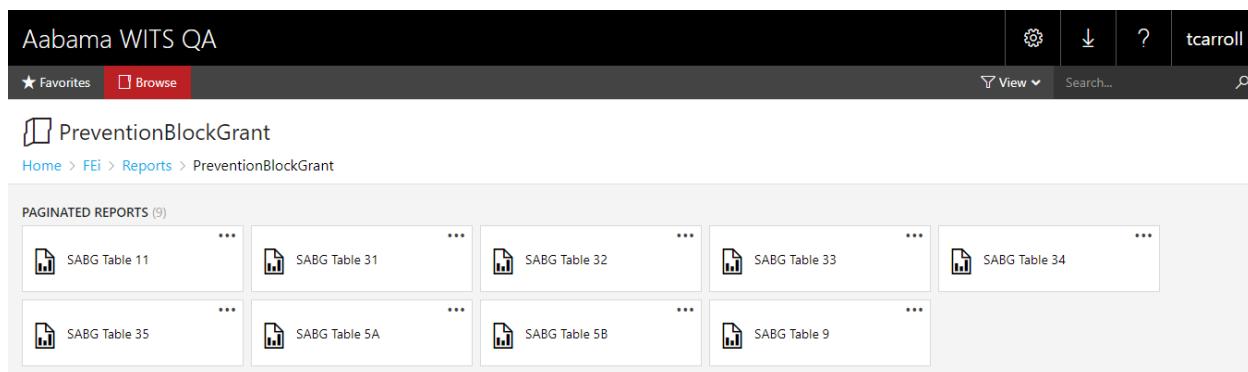
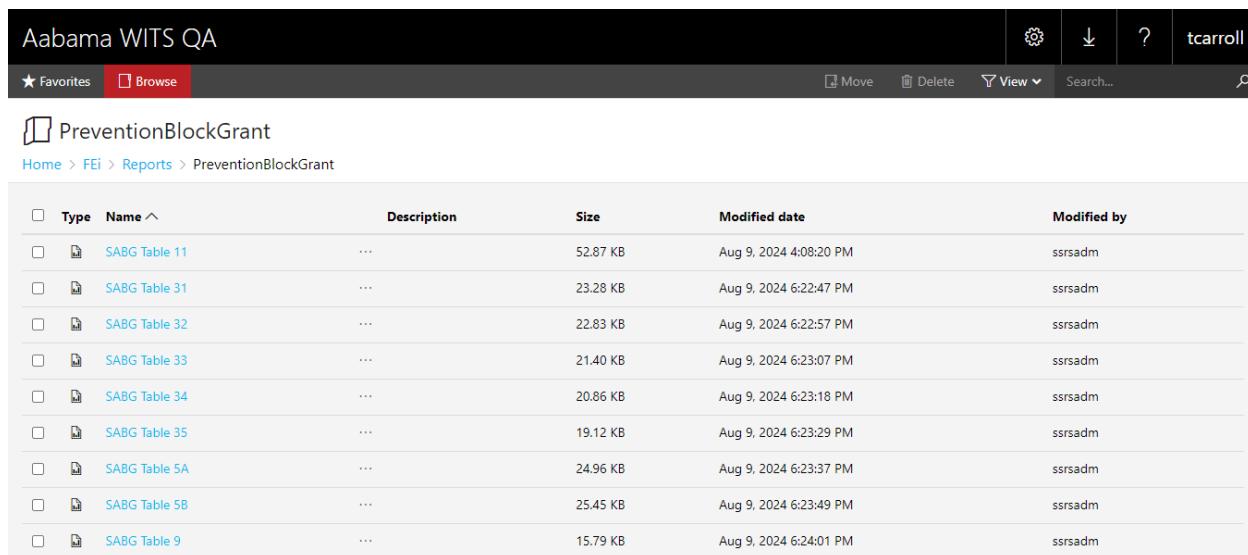


Figure 339: SSRS Reports, Prevention Block Grant folder (tile view)



Type	Name	Description	Size	Modified date	Modified by
<input type="checkbox"/>	SABG Table 11	...	52.87 KB	Aug 9, 2024 4:08:20 PM	ssrsadm
<input type="checkbox"/>	SABG Table 31	...	23.28 KB	Aug 9, 2024 6:22:47 PM	ssrsadm
<input type="checkbox"/>	SABG Table 32	...	22.83 KB	Aug 9, 2024 6:22:57 PM	ssrsadm
<input type="checkbox"/>	SABG Table 33	...	21.40 KB	Aug 9, 2024 6:23:07 PM	ssrsadm
<input type="checkbox"/>	SABG Table 34	...	20.86 KB	Aug 9, 2024 6:23:18 PM	ssrsadm
<input type="checkbox"/>	SABG Table 35	...	19.12 KB	Aug 9, 2024 6:23:29 PM	ssrsadm
<input type="checkbox"/>	SABG Table 5A	...	24.96 KB	Aug 9, 2024 6:23:37 PM	ssrsadm
<input type="checkbox"/>	SABG Table 5B	...	25.45 KB	Aug 9, 2024 6:23:49 PM	ssrsadm
<input type="checkbox"/>	SABG Table 9	...	15.79 KB	Aug 9, 2024 6:24:01 PM	ssrsadm

Figure 340: SSRS Reports, Prevention Block Grant folder (list view)

Aabama WITS QA

★ Favorites □ Browse

Home > FEI > Reports > Alabama > SABG Table 5A

Start Date End Date Report Name

Agency Funding Source Type

|< < 1 of 2 ? > >|

SABG Primary Prevention Expenditures Checklist

SABG Table 5a

Report Period-From: 10/1/2023 To: 3/4/2024

Report Run Date: 3/4/2024 12:41:25 PM

Strategy	IOM Target	Block Grant	Charitable	Community Anti Drug Coalitions of America	Community College	DSAS	Earned/Mat ch	Frame Prescription	Historically Black Colleges and Universities	Juvenile Justice	Other	Other Fed Fun
Information Dissemination	Universal											
	Selective											
	Indicated		\$100.00	\$100.00								
	UnSpecified											
Education	Universal							\$500.00				
	Selective											
	Indicated											
	UnSpecified											
Alternative Activities	Universal		\$250.00	\$250.00							\$250.00	
	Selective											
	Indicated	\$850.00	\$100.00	\$100.00	\$820.00							
	UnSpecified											
Problem Identification and Referral	Universal		\$150.00	\$650.00							\$150.00	
	Selective											
	Indicated											
	UnSpecified											

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.

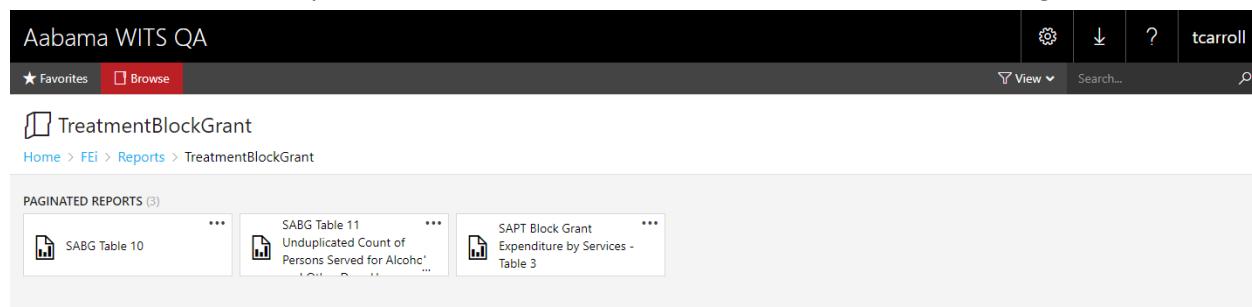
- Select a Prevention Block Grant report, enter the required fields. Note which agencies are available to a user with the SSRS Administrator role. Click the View Report button to run the report.
- Test for each report:
 - SABG Table 5a
 - SABG Table 5b
 - SABG Table 9

- 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

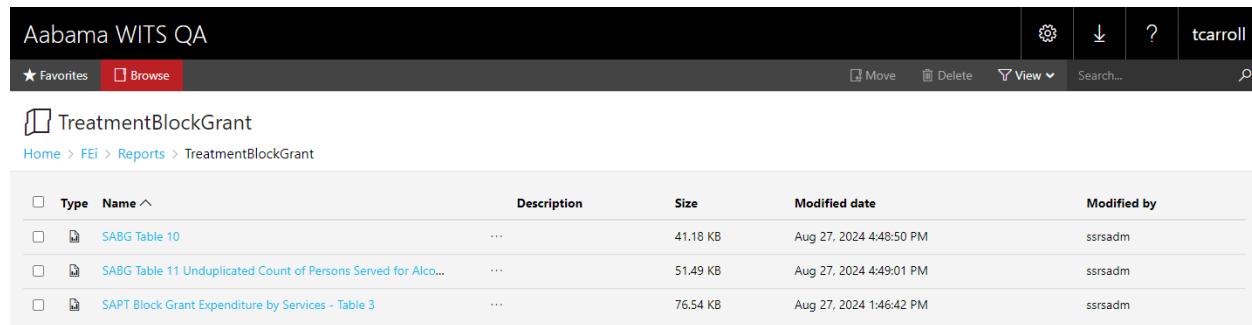
Standard Treatment Block Grant reports are available in SSRS, including the following reports:

- SABG Table 3: Expenditures by Service
- SABG Table 10: Treatment Utilization Matrix
- SABG Table 11: Unduplicated Count of Persons Serviced for Alcohol and Other Drug Use



The screenshot shows the SSRS Reports interface for the 'TreatmentBlockGrant' folder. The top navigation bar includes 'Alabama WITS QA', 'Favorites', 'Browse', 'View', 'Search', and a user 'tcarroll'. Below the navigation is a breadcrumb trail: Home > FEI > Reports > TreatmentBlockGrant. A 'PAGINATED REPORTS (3)' section displays three report tiles: 'SABG Table 10', 'SABG Table 11 Unduplicated Count of Persons Serviced for Alcohol and Other Drug Use', and 'SAPT Block Grant Expenditure by Services - Table 3'.

Figure 342: SSRS Reports, Treatment Block Grant folder (tile view)



The screenshot shows the SSRS Reports interface for the 'TreatmentBlockGrant' folder in list view. The top navigation bar includes 'Alabama WITS QA', 'Favorites', 'Browse', 'Move', 'Delete', 'View', 'Search', and a user 'tcarroll'. Below the navigation is a breadcrumb trail: Home > FEI > Reports > TreatmentBlockGrant. A table lists three reports with columns: Type, Name, Description, Size, Modified date, and Modified by. The reports are: 'SABG Table 10' (41.18 KB, Aug 27, 2024 4:48:50 PM, ssrsadm), 'SABG Table 11 Unduplicated Count of Persons Serviced for Alcohol and Other Drug Use' (51.49 KB, Aug 27, 2024 4:49:01 PM, ssrsadm), and '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)

Alabama WITS QA

★ Favorites □ Browse

Home > FEI > Reports > TreatmentBlockGrant > SAPT Block Grant Expenditure by Services - Table 3

Payor Plan: Provider Block Grant,WITS Plan,te Provider Group: General,test group 2,Children's Fir

Start Date From: 10/1/2023 Start Date To: 7/31/2024

View Report

|< < 1 of 1 > >| |↻| |↶| |↷| |100%| |🖨| |Find| |Next|

SABG Table 3 Expenditures by Services

Plan Name	Payor Group Name	Billing Service Name	#Clients	#Claim Items	Total Billing Unit Count	Total Service Payment Amount
Block Grant	Children's First	A0120 - Non-Emergency Transportation	1	1	1.00	\$50.00
Block Grant	Children's First	Case Management - Adolescent	3	11	11.00	\$220.00
Block Grant	Children's First	H0006 Case Management - Adult	2	3	3.00	\$10.00
Block Grant	General	H0006 Case Management - CIA	1	20	20.00	\$514.00
Block Grant	Children's First	H0006 Case Management - Community	1	4	4.00	\$74.00
Block Grant	Indigent Drug Offender	H0006 Case Management - State	1	4	5.00	\$153.00
Block Grant	General	Individual Counseling - Adult - 16 minutes to 37 minutes	10	47	34.00	\$1,190.98
Block Grant	Children's First	Individual Counseling (H0004/HF)	1	1	0.00	\$0.00
Block Grant	Children's First	Individual Counseling, Adolescent	2	7	7.00	\$875.00
Block Grant	Detox Hospital	TEST ROBIN	2	2	2.00	\$0.00
Provider Blk Grant -Robin	General	treatment service	1	5	5.00	\$450.00
		Total	28	254	1431.00	\$7,148.98

Total rows: 21

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 Serviced 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.

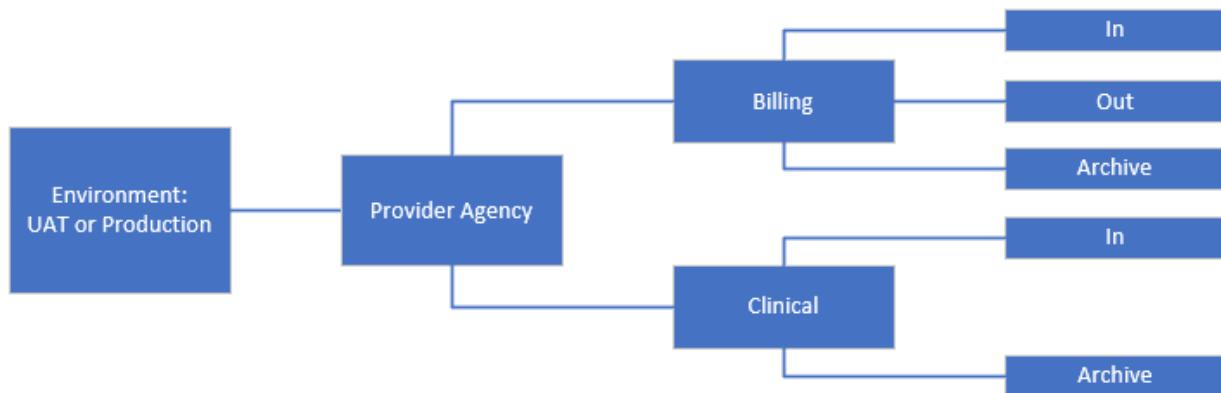


Figure 345: Billing/Clinical SFTP Folder Structure

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 UCNxxxx. 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>OA</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>
```

```

<ADMHAssessments 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</ExternalADMHPlacementAssessmentWithdrawalSymptomsrecordId>
                <WithdrawalSymptomsCode>13.2</WithdrawalSymptomsCode>
            </WithdrawalSymptoms>
        <WithdrawalSymptoms action="">
            <ExternalADMHPlacementAssessmentWithdrawalSymptomsrecordId>10001.1PlaceWS2</ExternalADMHPlacementAssessmentWithdrawalSymptomsrecordId>

```

```

<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>
<AssesstedLevelOfCare>
    <AssesstedLevelOfCareCode>23.2</AssesstedLevelOfCareCode>
    <PlacedLevelOfCareCode>23.2</PlacedLevelOfCareCode>
    <LocReasonForDifferenceCode>25.8</LocReasonForDifferenceCode>
    <DispositionCode>48.1</DispositionCode>
    <CoOccurringDisorderScreenPerformedCode>50.1</CoOccurringDisorderScreenPerformedCode>
    <ExplanationToIncludeOutcomeComments>Example Text</ExplanationToIncludeOutcomeComments>
</AssesstedLevelOfCare>
<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>
      </ADMHUpdateAssessments>
    </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*555112222~
NM1*40*2*DMHMR*****46*300002373~
HL*1**20*1~
NM1*85*2*Example Provider*****XX*9999999999~
N3*123 45th St~
N4*Oxford*AL*362030000~
REF*EI*555555555~
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.