

ADMH SAIS

WITS Billing Administration User Guide

Version 1.0

Prepared by FEI Systems

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Record of Changes

Table 1: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	4/02/2024	Scott Wilson	Initial Draft

1. INTRODUCTION

1.1. Purpose

This document provides instructions on administrative functions regarding the billing and contracts. For information on the provider's end-user billing workflow, see *WITS Billing User Guide*.

1.2. Audience

The intended audience for this User Guide is any state and provider administrator managing a provider agency offering billing services.

2. GETTING STARTED

2.1. 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

2.2. Pop-Up Blocker

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

For more information on how to disable the pop-up blocker for the web browser, reference the smart guide *Disable Pop-Up Blocker*.

2.3. URL Links

2.3.1. Testing/Training Environment

NOTE: It is recommended that users bookmark the following links for quick access to the WITS environments.

To access your testing/training environment, use the following link:

<https://al-uat.witsweb.org/>

As with all training and testing environments, the following rules apply.

- The user account credentials will match that of their actual role unless otherwise specified.
- Only fictitious data should be entered into the system. DO NOT use data from an actual client.
- Keep all entered data professional.
- If adding an email address to a fictitious account, the domain should be set to @test.com.

2.3.2. Production Environment

To access the production environment, use the following link:

<https://al.witsweb.org/>

3. BILLING WORKFLOWS

Several workflows make up the billing process. This document covers many of the behind-the-scenes setups that allow the following workflows to execute successfully.

When an encounter is released to billing:

- WITS will check for a TPL rate and an active TPL CGE. If these items exist, the claim is created. If not...
- WITS will check for a Medicaid rate and an active Medicaid CGE. If these items exist, the claim is created. If not...
- WITS will check for a contract rate and an active government contract CGE. If these items exist, the claim is created. If not...
- An error will display stating that the encounter cannot be released to billing.

When the claim is generated, it will be in the Released status. +The type of claim depends on the client's eligibilities.

- If the client has a third-party liability (TPL), it will be billed as the primary payor. See [Third Party Liability](#) for more information on this process.
- If the client does not have a TPL, but does have Medicaid, then the claim will be billed against Medicaid first.
- If the client does not have TPL or Medicaid, but does have eligibility under a government contract, then the claim will be billed against that government contract first.

How the claim is processed at this point depends on the payor type (TPL, Medicaid, or government contract).

3.1. Third Party Liability

If a client has a third-party liability (TPL) policy, the claim will be billed against the client's TPL first.

After the claim is generated, the provider will need to manually complete the following steps:

- The provider batches the TPL claims together and places the batch in a Billed status.
- The provider manually sends claims to the appropriate TPL entities.
- The TPL entity will process the claims and return a remittance stating whether the claim was denied and paid (and how much of the claim was paid).
- Providers will manually enter payments against claims.
- If a balance remains:
 - A new claim is generated against Medicaid (if the client has Medicaid eligibility).

- A new claim is generated against a government contract (if the client does not Medicaid but is eligible for a government contract).
- The provider can generate a statement to be sent to the client for the remaining balance.

3.2. Medicaid

Medicaid claims are automatically processed in WITS. A claim against Medicaid will generate automatically if the client does not have TPL eligibility but does have active Medicaid coverage identified in the client's record.

- WITS will batch a provider's Medicaid claims together based on the month of service. For example, claims for the service month of May are bundled into the same batch. Claims with a service month of June would be bundled into a separate batch.
- Provider batched claims are then transmitted to the ADMH contracting agency, which is acting as a clearing house.
- At set intervals, WITS will bundle claims with the same service month into a clearing house batch and then transmitted to Medicaid.

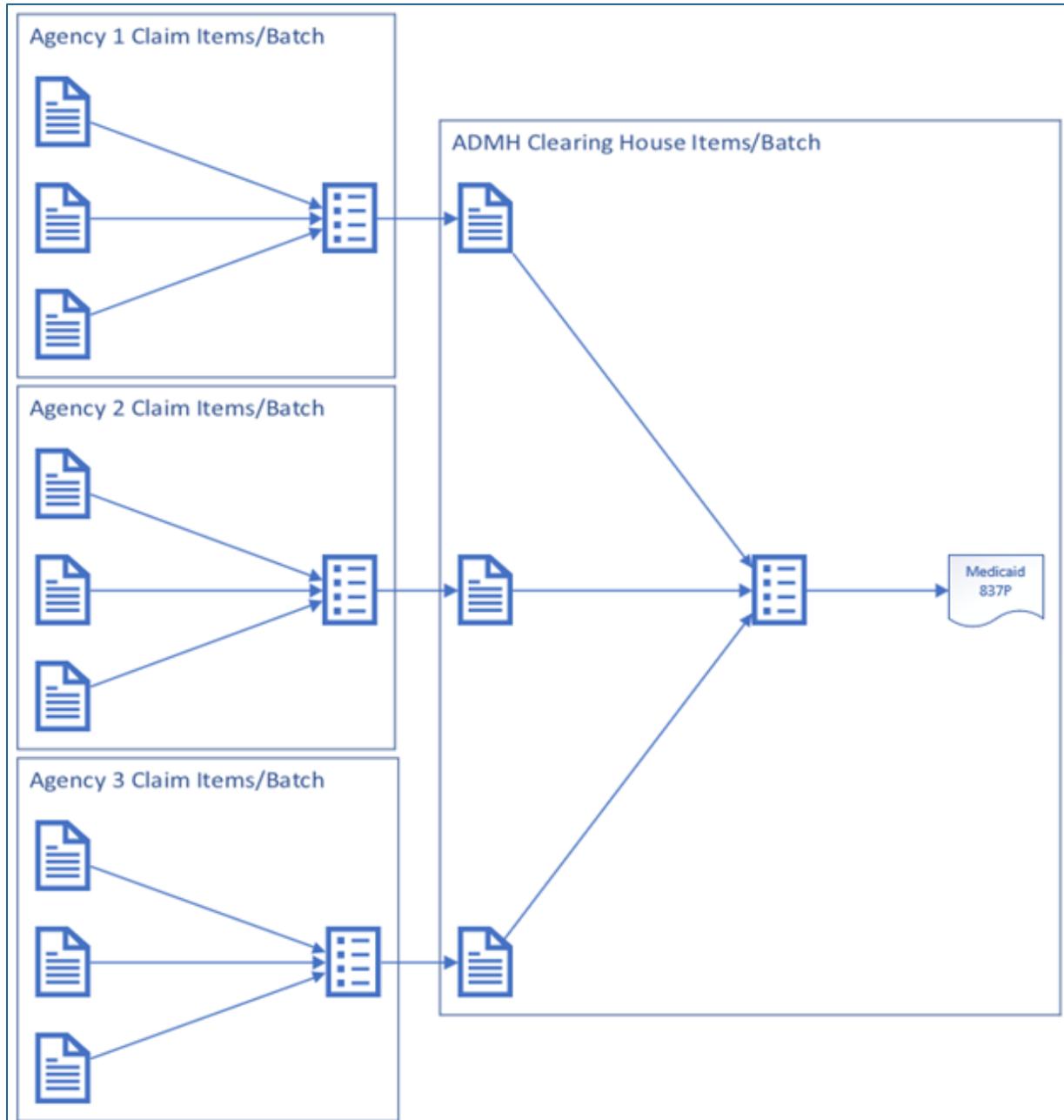


Figure 1: Automated Batching Process - Medicaid

- Medicaid will process the claims and return an 835 stating whether the claim is denied or paid (and how much of the claim was paid).
- WITS will process the remittances and apply payments against the claims.
- If a balance remains:
 - In specific instances, a few claims may meet criteria that allows the claim to be rebilled against a government contract. In those instances, WITS will generate the new claim.

- As an optional step, providers can remove the remaining balance by creating an adjustment to the claim.

3.3. Government Contract

The processing of claims against a government contract is automated. A claim against a government contract will generate automatically if the client does not have TPL or Medicaid eligibility but does have government contract eligibility identified in the client record.

- At set intervals, the provider's government contract claims will be batched together and sent to the ADMH contracting agency for processing.
- WITS will adjudicate these claims automatically at set intervals.
- Adjudication rules are set to deny claims. If the claim does not trigger any of the set rules, the claim is paid.
- WITS will apply payment against the claims.
- As an optional step, providers can remove the remaining balance by creating an adjustment to the claim. If a balance remains, the remaining balance will need to be adjusted to remove it from the client's account.

4. CONTRACTING AGENCY SETUP

This section covers billing setups that must be performed at the state (contractor) level.

The setup for the screens below requires the user to have the contracting agency active in WITS.

1. Navigate to the contracting agency by clicking on the active **agency and facility** in the top right of the WITS header.
2. The Change Facility screen will display. Change the **New Agency** and **New Facility** fields to match the contracting agency and facility.
3. Click **Go** to switch to the contracting agency.

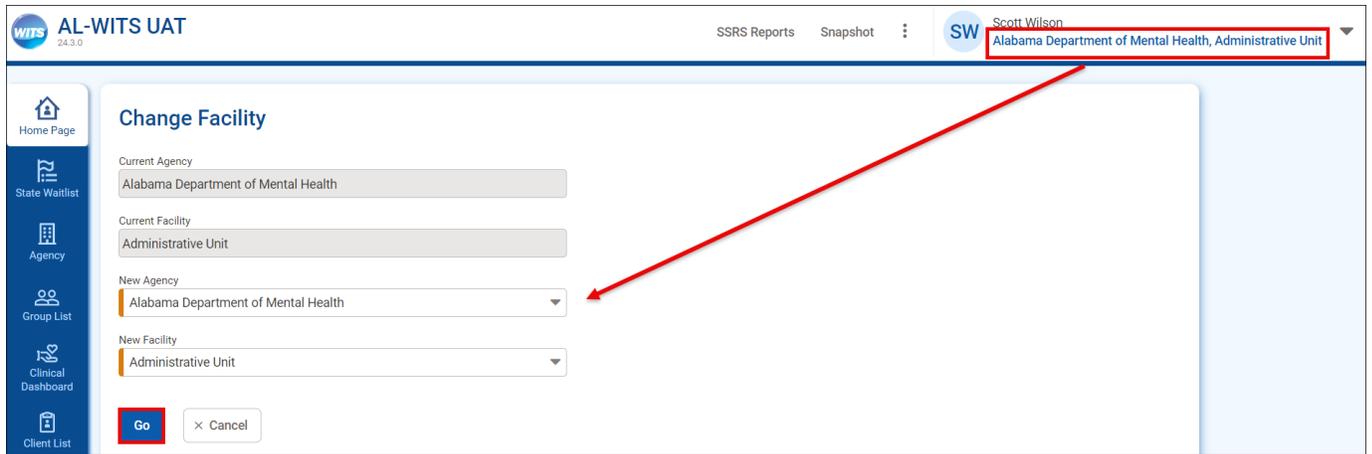


Figure 2: Changing Contractor Agency and Facility

4.1. Contractor Agency Profile

There are several fields that must be set in the contracting agency profile for the claim item submission feature to function properly.

1. From the left navigation menu, click **Agency**.
2. In the Agency List submenu. Click **Agency Profile**.

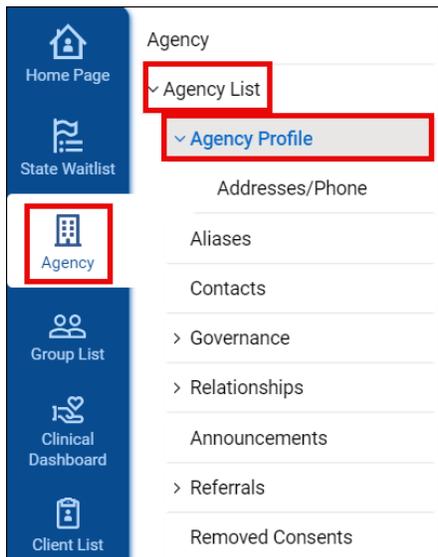


Figure 3: Accessing Contractor Agency Profile

3. Scroll down the profile to the fields displayed in the screenshot below.
4. Complete these fields and click **Save and Finish**.

National Provider ID <input type="text" value="1699828970"/>	Federal Tax ID <input type="text" value="63-0506021"/>
---	---

State Business ID <input type="text"/>	Contractor/Locator <input type="text"/>
---	--

Senate Dist <input type="text"/>	House Dist <input type="text"/>	Cong Dist <input type="text"/>
-------------------------------------	------------------------------------	-----------------------------------

County

Geo Code

Taxonomy Code <input type="text" value="251S00000X"/>	
Interchange Receiver ID <input type="text" value="300002373"/>	Application Receiver's Code <input type="text" value="300002373"/>
Receiver ETIN <input type="text" value="300002373"/>	Receiver Name <input type="text" value="ADMH"/>
Payor ID <input type="text" value="300002373"/>	Payor Name <input type="text" value="ADMH"/>

Domains <input type="text"/>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> ➤ ➤ </div> <div style="border-left: 1px solid #ccc; padding-left: 10px;"> <p style="margin: 0;">Selected Domains</p> <ul style="list-style-type: none"> <li style="padding: 2px 5px;">Prevention <li style="padding: 2px 5px;">Treatment </div> </div>
---------------------------------	---

← Back
Next >
Save
Save and Finish
× Cancel

Figure 4: Billing – Contractor Agency Profile Settings

The highlighted fields above are described in the table below.

Table 2: Contracting Agency Profile - Billing Fields

Field	Input Fields
National Provider ID	1699828970
Federal Tax ID	63-0506021
Taxonomy Code	251S00000X
Interchange Receiver ID	300002373
Application Receiver's Code	300002373
Receiver ETIN	300002373
Receiver Name	ADMH
Payor ID	300002373
Payor Name	ADMH

4.2. Agency EDI Contact

The billing process for transmitting an 837P file to Medicaid requires that an agency EDI contact be created. 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.

1. From the left navigation menu, click **Agency**.
2. Under the submenu Agency Type click **Contacts**.

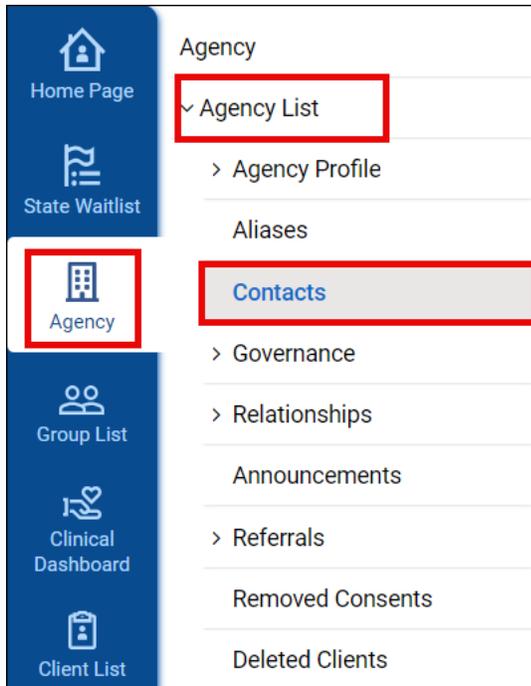


Figure 5: Accessing Contractor Agency Contacts

3. The Contacts screen will display. Click **+Add Contact**.
4. Complete the fields and click **Save and Finish**.

Contacts for Alabama Department of Mental Health

Agency Contact List

+ Add Contact

Contact Type ▾	Name ▾	Status ▾	Created ▾	Effective ▾
----------------	--------	----------	-----------	-------------

Agency Contact Profile

Staff

Effective Date

Contact Type

Status

Save
Save and Finish
× Cancel

Figure 6: Agency EDI Contact

How the fields should be completed are detailed in the table below.

Table 3: Agency EDI Contact

Field	Description
Staff	The person that manages Medicaid billing.
Contact Type	Agency EDI Contact
Effective Date	Use current date
Status	Active

4.3. Payor Plans

Payor Plans represent the funding sources used by ADMH and providers to bill/pay claims. Payor Plans are further divided into groups. In the case of Third-Party Liability (TPL) and Medicaid there will be a single group for each payor plan. However, for a government contract payor plan, there will be multiple groups.

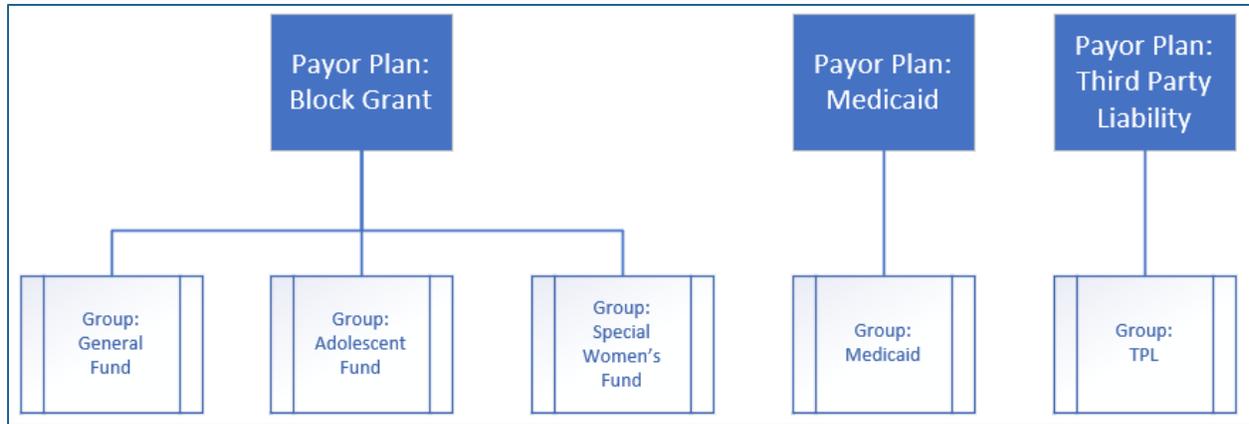


Figure 7: Payor Plan - Group Relationship

Before creating a payor plan, verify or change to the contracting (ADMH) agency.

To access the Payor Plan:

1. From the left navigation menu, click **Agency**.
2. Click on **Billing** to expand its submenu.
3. Click on **Payor Plan List**.

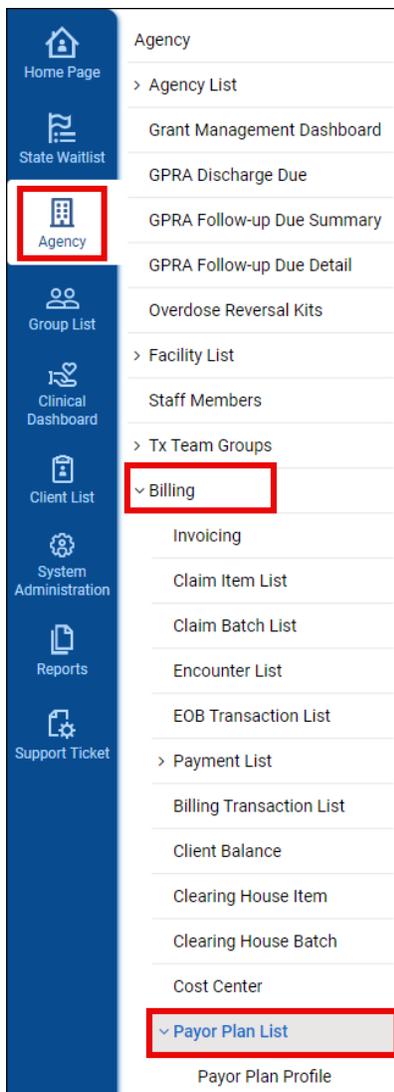


Figure 8: Accessing Payor Plan List

4. The Payor Plan Search screen will display. Under the section Payor Plan List, click **+Add New Payor Plan**.

Payor Plan Search

Plan Name

Plan Type

Billing Form

Payor Company

CH Agency

Plan Status Active Inactive

Payor Plan List

+ Add New Payor Plan

Company	Plan Name	CH Agency	Plan Type	HIPAA Payor ID	Billing Form	Status	
Baxter	Prevention Payor		Other		Invoice	Active	⋮

Figure 9: Payor Plan List Screen

5. The Payor Plan Profile screen will display.

How the profile is completed varies based on the type of payor plan. The following sections explain how to complete the profile based on the plan type selected.

4.3.1. Third-Party Liability Payor Plan

Third party liability (TPL) represents any insurance carrier. Providers will bill insurance carriers outside of ADMH WITS. TPL claims and batches are created in WITS to represent the claim sent to the TPL and to include coordination of benefits (COB) on any subsequent Medicaid claims.

Payor Plan Profile

<p>Plan Type <input type="text" value="Group Insurance"/></p> <p>Billing Form <input type="text" value="CMS-1500"/></p> <p>Agency <input type="text"/></p> <p>Claim Filing Type <input type="text"/></p> <p>Release To Billing Enabled <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Effective Date <input type="text" value="4/23/2024"/></p> <p>Reactivated Date <input type="text"/></p>	<p>Plan Name <input type="text"/></p> <p>Company Name <input type="text"/></p> <p>Clearing House Agency <input type="text"/></p> <p>Client Confidential <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is Authorization Required? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Expiration Date <input type="text"/></p>
--	--

HIPAA EDI Information

Payor Name <input type="text"/>	Payor ID# <input type="text"/>
Receiver Name <input type="text"/>	Receiver ETIN <input type="text"/>
Application Receiver # <input type="text"/>	Interchange Receiver # <input type="text"/>
HIPAA Processing Set <input type="text"/>	Segment Delimiter <input type="text"/>
Element Delimiter <input type="text"/>	Composite Delimiter <input type="text"/>

Figure 10: Payor Plan Profile - Third Party Liability

To complete the profile, use the following table.

Table 4: TPL Payor Plan Profile

Field	Description
Plan Type	Group Insurance
Plan Name	This can be set to Third Party Liability.
Billing Form	CMS-1500
Company Name	This can be set to TPL or Third-Party Liability
Agency	Leave this field blank.
Claim Filing Type	Commercial Insurance Company NOTE: Not a required field but recommended for best practices.
Release to Billing Enabled	Yes

Is Authorization Required?	No
Effective Date	This should be backdated at least a year from go live to allow for late claims.
Expiration Type	This is only set if the payor plan will no longer used/valid after a set date.
Reactivated Date	This comment box is only used if the payor plan is expired and then reactivated.
Payor Name	Assigned by ADMH.
Payor ID#	Assigned by ADMH.

Once all fields are completed, click **Save** and then click **Next** to setup the group.

4.3.1.1. TPL Group List

The Group List will display. Click **Manage Groups**.

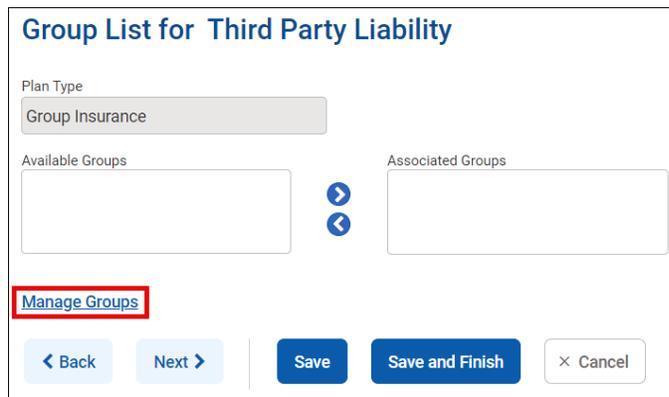


Figure 11: Group List – TPL

Click **+Add Group** and complete the required fields.

- Group Name – TPL or Third-Party Liability
- Group # - This is determined by ADMH and is just an internal tracking ID.
- Intervention Type – Not used for Medicaid groups.

Click **Save and Finish** to create the group. Click **Finish** to return to the Group List selection screen.

Group List for Third Party Liability

+ Add Group

Currently, there are no results to display for the Group List for Prevention Payor.

<p>Group Name <input style="width: 90%;" type="text"/></p> <p>Group # <input style="width: 90%;" type="text"/></p> <p>Last Updated <input style="width: 90%;" type="text"/></p> <p>Plan Type <input style="width: 90%;" type="text" value="Group Insurance"/></p> <p>Age Group <input style="width: 90%;" type="text"/></p>	<p>Agency <input style="width: 90%;" type="text"/></p> <p>Intervention Type <input style="width: 90%;" type="text"/></p> <p>Last Updated By <input style="width: 90%;" type="text"/></p> <p>Covered Population <input style="width: 90%;" type="text"/></p> <p>Gender Specific <input style="width: 90%;" type="text"/></p>
---	---

Save
Save and Finish
× Cancel

Figure 12: Add TPL Group

Click on the group in the **Available Groups** box to highlight it. Click on the **right arrow** to move the selection to the **Associated Groups** box.

Group List for Third Party Liability

Plan Type

<p>Available Groups</p> <div style="border: 1px solid #007bff; padding: 5px; margin-bottom: 5px;">TPL</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">➔</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">➔</div>	<p>Associated Groups</p> <div style="border: 1px solid #ccc; height: 40px; width: 90%;"></div>
---	---	--

[Manage Groups](#)

← Back
Next →
Save
Save and Finish
× Cancel

Figure 13: Selecting TPL Group

Click **Save and Finish**.

4.3.2. Medicaid Payor Plan

Only one Medicaid payor plan needs to be created within ADMH. WITS will generate an error when trying to create more than one payor plans for Medicaid.

Payor Plan Profile

Plan Type Medicaid	Plan Name <input type="text"/>
Billing Form 837	837 Type 8371
	Selected 837 Type 837P
Company Name <input type="text"/>	Agency <input type="text"/>
Clearing House Agency <input type="text"/>	Claim Filing Type <input type="text"/>
Client Confidential <input type="radio"/> Yes <input type="radio"/> No	Release To Billing Enabled <input checked="" type="radio"/> Yes <input type="radio"/> No
270/271 Enabled <input type="radio"/> Yes <input checked="" type="radio"/> No	Transaction Type Code Chargeable
Acknowledgement Requested <input type="radio"/> Yes <input type="radio"/> No	Is Authorization Required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Effective Date 4/22/2024	Expiration Date <input type="text"/>
Reactivated Date <input type="text"/>	

HIPAA EDI Information

Payor Name <input type="text"/>	Payor ID# <input type="text"/>
Receiver Name <input type="text"/>	Receiver ETIN <input type="text"/>
Application Receiver # <input type="text"/>	Interchange Receiver # <input type="text"/>
HIPAA Processing Set <input type="text"/>	Segment Delimiter <input type="text"/>
Element Delimiter <input type="text"/>	Composite Delimiter <input type="text"/>

Figure 14: Payor Plan Profile - Medicaid

To complete the profile, use the following table.

Table 5: Medicaid Payr Plan Profile

Field	Description
Plan Type	Medicaid
Plan Name	This can be set to Alabama Medicaid or just Medicaid
Billing Form	837
837 Type – Selected 837 Type	837P needs to be moved to the Selected 837 Type
Company Name	This can be set to Alabama Medicaid or just Medicaid
Agency	Leave this field blank
Clearing House Agency	Set this to the contracting agency (ADMH)
Claim Filing Type	Medicaid
Client Confidential	This field is locked and cannot be set
Release to Billing Enabled	Yes
270/271 Enabled	Yes
Transaction Type Code	Chargeable
Acknowledgement Requested	Yes
Is Authorization Required?	No
Effective Date	This should be backdated at least a year from go live to allow for late claims.
Expiration Type	This is only set if the payor plan will no longer be used/valid after a set date.
Reactivated Date	This comment box is only used if the payor plan is expired and then reactivated.
Payor Name	Assigned by Medicaid.
Payor ID#	Assigned by Medicaid.
Receiver Name	Assigned by Medicaid.
Receiver ETIN	Assigned by Medicaid.
Application Receiver #	Assigned by Medicaid.
Interchange Receiver #	Assigned by Medicaid.
HIPAA Processing Set	Alabama Medicaid (5010)
Segment Delimiter	~
Element Delimiter	*
Composite Delimiter	:

Once all fields are completed, click **Save** and then click **Next** to setup the group.

4.3.2.1. Medicaid Group List

The Group List will display. Click **Manage Groups**.



Group List for Alabama Medicaid

Plan Type
Medicaid

Available Groups

Associated Groups

Manage Groups

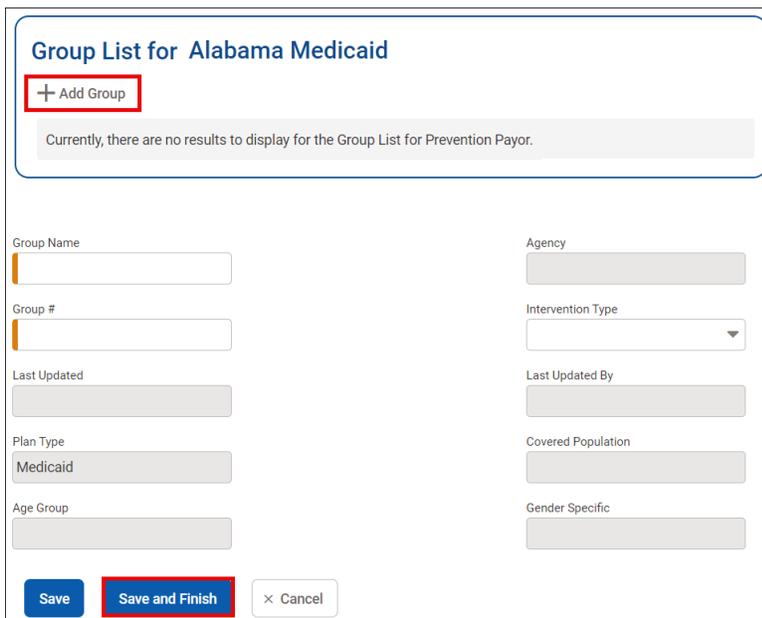
< Back Next > Save Save and Finish x Cancel

Figure 15: Group List – Medicaid

Click **+Add Group** and complete the following fields:

- Group Name – Medicaid
- Group # - This is determined by ADMH and is just an internal tracking ID.
- Intervention Type – Leave blank. Not used for Medicaid groups.

Click **Save and Finish** to create the group. Click **Finish** to return to the Group List selection screen.



Group List for Alabama Medicaid

+ Add Group

Currently, there are no results to display for the Group List for Prevention Payor.

Group Name

Agency

Group #

Intervention Type

Last Updated

Last Updated By

Plan Type
Medicaid

Covered Population

Age Group

Gender Specific

Save **Save and Finish** x Cancel

Figure 16: Add Medicaid Group

Click on the group in the **Available Groups** box to highlight it. Click on the **right arrow** to move the selection to the **Associated Groups** box. Click **Save** and then click **Next**.



Group List for Alabama Medicaid

Plan Type
Medicaid

Available Groups
Medicaid

Associated Groups

[Manage Groups](#)

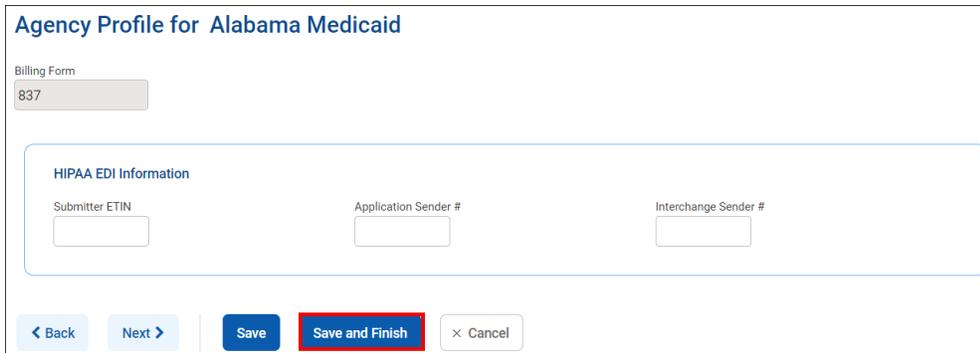
< Back **Next >** **Save** Save and Finish × Cancel

Figure 17: Selecting Medicaid Group

4.3.2.2. Medicaid Agency Plan Profile

The Agency Plan Profile for Medicaid will display. All fields need to be completed. The values are assigned by Medicaid.

- Submitter ETIN – Assigned by Medicaid
- Application Sender # – Assigned by Medicaid
- Interchange Sender # – Assigned by Medicaid



Agency Profile for Alabama Medicaid

Billing Form
837

HIPAA EDI Information

Submitter ETIN Application Sender # Interchange Sender #

< Back Next > Save **Save and Finish** × Cancel

Figure 18: Agency Plan Profile – Medicaid

Click **Save and Finish** once all fields are complete.

4.3.3. Government Contract Payor Plan

Depending on funding sources, a state agency may have multiple payor plans set for government contracts. For example, one government contract payor plan may cover a block grant, while another is set up for state funds.

Payor Plan Profile

Plan Type <input type="text" value="Government Contract"/>	Plan Name <input type="text"/>
Billing Form <input type="text" value="WITS Batch"/>	Company Name <input type="text"/>
Agency <input type="text"/>	Clearing House Agency <input type="text"/>
Claim Filing Type <input type="text"/>	Client Confidential <input type="radio"/> Yes <input type="radio"/> No
Release To Billing Enabled <input checked="" type="radio"/> Yes <input type="radio"/> No	Contracting Agency <input type="text" value="Alabama Department of Mental H"/>
Funding Source <input type="text"/>	Is Authorization Required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Effective Date <input type="text" value="5/1/2024"/>	Expiration Date <input type="text"/>
Reactivated Date <input type="text"/>	Budget Allocation Method <input type="text"/>

HIPAA EDI Information

Payor Name <input type="text"/>	Payor ID# <input type="text"/>
Receiver Name <input type="text"/>	Receiver ETIN <input type="text"/>
Application Receiver # <input type="text"/>	Interchange Receiver # <input type="text"/>
HIPAA Processing Set <input type="text"/>	Segment Delimiter <input type="text"/>
Element Delimiter <input type="text"/>	Composite Delimiter <input type="text"/>

Figure 19: Payor Plan Profile - Government Contract

To complete the profile, use the following table.

Table 6: Payor Plan Profile - Government Contract

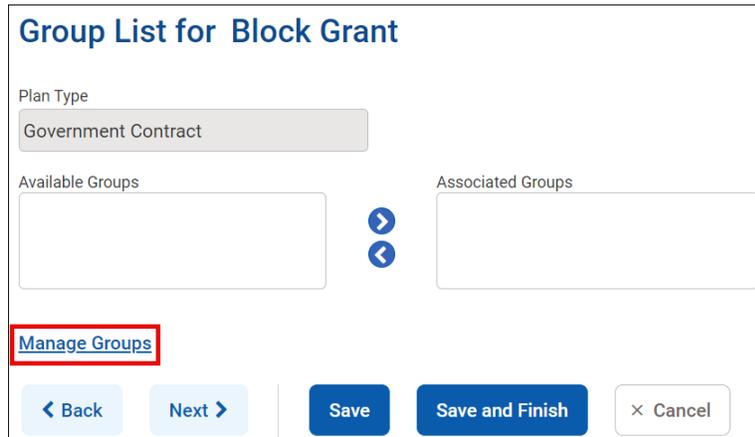
Field	Description
Plan Type	Government Contract
Plan Name	Use to identify the funding source (block grant, state funds, etc.).
Billing Form	WITS Batch
Company Name	ADMH

Agency	Leave this field blank.
Clearing House Agency	Leave this field blank.
Claim Filing Type	Leave this field blank.
Release to Billing Enabled	Yes
Funding Source	Choose the funding source from the dropdown options (block grant, state funding, SOR, etc.).
Is Authorization Required?	No
Effective Date	This should be backdated a year from go live to allow for late claims.
Expiration Type	This is only set if the payor plan will no longer be used/valid after a set date.
Reactivated Date	This comment box is only used if the payor plan is expired and then reactivated.

Once all fields are completed, click **Save** and then click **Next** to setup the group.

4.3.3.1. Government Contract Group List

The Group List will display. Click **Manage Groups**.



Group List for Block Grant

Plan Type
Government Contract

Available Groups Associated Groups

Manage Groups

Back Next Save Save and Finish Cancel

Figure 20: Manage Groups - Government Contracts

For each population covered under a government contract, a group must be created. A group can only belong to one government contract. For example, if a general group needs to be added to a block grant and to state funds, then two general groups must be created. One for the block grant group and another for the state funds group.

Group List for Block Grant

+ Add Group

Currently, there are no results to display for the Group List for Prevention Payor.

<p>Group Name <input style="width: 90%;" type="text"/></p> <p>Group # <input style="width: 90%;" type="text"/></p> <p>Last Updated <input style="width: 90%;" type="text"/></p> <p>Plan Type <input style="width: 90%;" type="text" value="Government Contract"/></p> <p>Age Group <input style="width: 90%;" type="text"/></p>	<p>Agency <input style="width: 90%;" type="text"/></p> <p>Intervention Type <input style="width: 90%;" type="text"/></p> <p>Last Updated By <input style="width: 90%;" type="text"/></p> <p>Covered Population <input style="width: 90%;" type="text"/></p> <p>Gender Specific <input style="width: 90%;" type="text"/></p>
---	---

Figure 21: Add Group Government Contract

Click **+Add Group** and complete the required fields using the table below.

Click **Save and Finish** to create the group. Create additional groups as needed. Once all groups covered under the government contract have been created, click **Finish** to return to the Group List selection screen.

Table 7: Group - Government Contract

Field	Description
Group Name	Enter the name to identify the group (Children’s First, Special Women’s Group, General, etc.).
Group #	This is determined by ADMH and is just an internal tracking ID.
Intervention Type	Not used
Covered Population	Identify the population covered under the group.
Age Group	Identify the age group (adolescent, adult, all age groups, etc.).
Gender Specific	Identify which gender(s) are covered under the group.

Click on the group in the **Available Groups** box to highlight it. To select multiple groups, hold down the CTRL key and click on the groups being associated with the government contract.

Click on the **right arrow** to move the selection to the **Associated Groups** box. Click **Save** and then click **Next**.

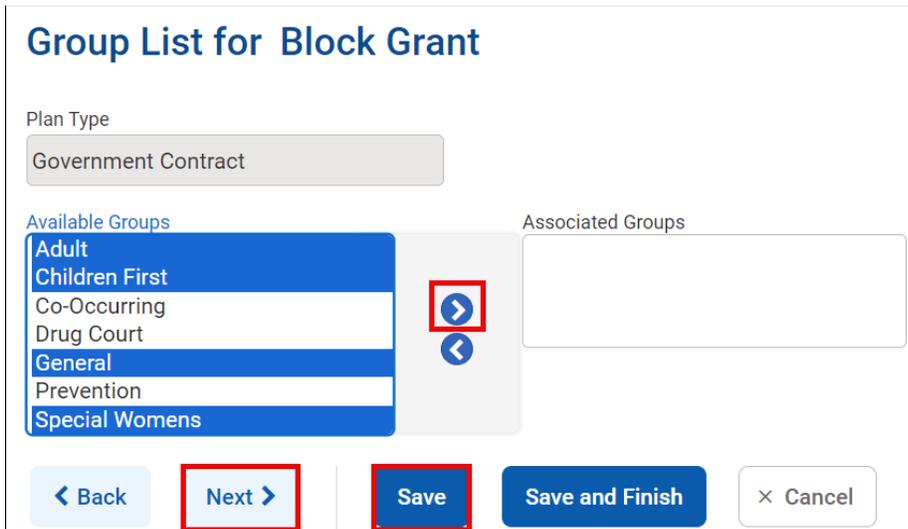


Figure 22: Selecting Government Contract Groups

5. CONTRACT MANAGEMENT

A contract establishes a relationship between a provider agency and the state (contractor) agency. While all provider agencies may view their contracts, only contractor agencies may set up and edit contracts.

Before contracts can be created for any agency, the state will need to complete some steps in preparation for contract creation.

5.1. Authorization Period

NOTE: The authorization period must be set under the contractor agency.

One authorization period is created for each fiscal year.

To create an authorization period:

1. From the left Navigation Menu, click **Agency**.
2. In the sub-menu, click **Contract Management** and then click **Authorization Period**.

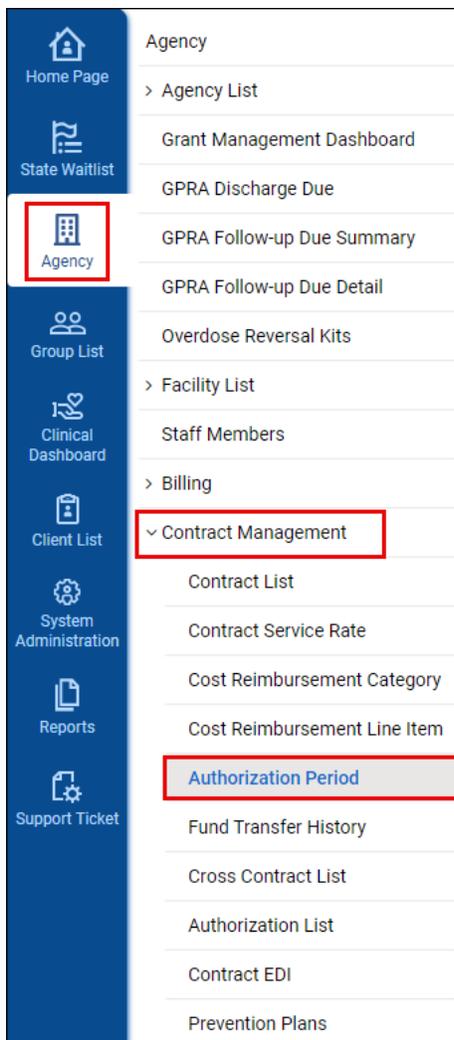


Figure 23: Accessing Authorization Period

3. The Authorization Period List displays.
 - a. Existing periods will be listed here.

Authorization Period List

+ Add New Period

Period #	Name	Effective Date	Termination Date	
3	FY 2020	10/1/2019	9/30/2020	⋮
4	FY 2021	10/1/2020	9/30/2021	⋮
5	FY 2022	10/1/2021	9/30/2022	⋮
9	FY 2023	10/1/2022	9/30/2023	⋮
10	FY 2024	10/1/2023	9/30/2024	⋮
13	Anusha Test	8/18/2023	8/31/2023	⋮
15	test auth period	9/1/2023	12/31/2023	⋮

Figure 24: Authorization Period

4. Click **+Add New Period**.
5. On the Authorization Period Profile screen, complete the required fields.

Authorization Period Profile

^ Hide Context Information

Created By	Created Date	Updated By	Updated Date

Name

Effective Date

Termination Date

Save **Save and Finish**

Figure 25: Authorization Period Profile

6. Click **Save and Finish**.

5.2. Contract Service Rate

Contract Service Rates are created for each service that is billable under Government Contract Payor Plans/Groups. For information on setting service rates for Medicaid and TPL billable services, see [Services](#) and [Rates](#).

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, if the service Case Management – Adolescent is billable under the payor plans Children’s First and General, then two service rates will need to be created. One for each payable group.

To set a Contract Service Rate:

1. From the left Navigation Menu, click **Agency**.
2. Click **Contract Management** in the sub-menu to expand it and show additional menu items.

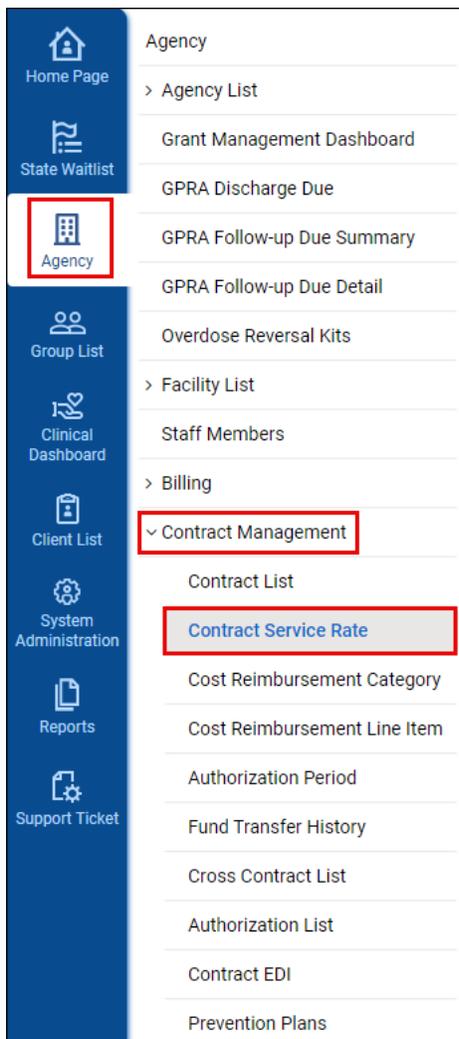


Figure 26: Contract Service Rate

3. Click **Contract Service Rate**.
4. The Contract Service Rate Search screen will display.
 - a. The user can search for existing rates, which will display in the Contract Service Rate List.

Contract Service Rate Search

Service	Provider Facility
<input type="text"/>	<input type="text"/>
Group	Contract
<input type="text"/>	<input type="text"/>
Contractor	Deprecated
Alabama Department of Mental Health (Contractor)	<input type="radio"/> Yes <input checked="" type="radio"/> No
Rate Type	Effective Date
<input type="text"/>	<input type="text"/>
Expiration Date	Contract #
<input type="text"/>	<input type="text"/>
ASAM	Contract Status
<input type="text"/>	Active

Contract Service Rate List

Currently, there are no results to display for the Contract Service Rate List.

Figure 27: Contract Service Rate Search

5. Under Contract Service Rate List, click **+Add New Contract Rate**.

Contract Service Rate Profile

Service <input type="text"/>	Priority <input type="text"/>
Rate Type <input type="text"/>	Duration Type <input type="text"/>
Group <input type="text"/>	Duration <input type="text"/>
Contract <input type="text"/>	Effective Date <input type="text"/>
Provider Facility <input type="text"/>	Expiration Date <input type="text"/>
Contractor Alabama Department of Mental Health	Created Date <input type="text"/>
Rate Per Unit <input type="text"/>	Created By <input type="text"/>
Description 1 unit =	Updated Date <input type="text"/>
Minimum Billing Units <input type="text"/>	Updated By <input type="text"/>
Minimum Days between Services <input type="text" value="0"/>	
ASAM <input type="text"/>	

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

Figure 28: Contract Service Rate Profile

6. Complete the required fields and any other relevant fields.
 - a. For information on the different fields, see table Contract Service Rate below.
7. Click **Save and Finish**.

Table 8: Contract Service Rate

Field	Description	Required
-------	-------------	----------

Service	This links the rate to a specific service. Available services are loaded on the backend.	Yes
Priority	This field displays when Rate Type is set to Standard or Contract. Used in payor adjudication to determine the priority in paying claims.	Yes
Rate Type	Determines which contracts are affected. <ul style="list-style-type: none"> • Standard applies the rate to all contracts. • Contract applies the rate to a specific contract. • Non-Contracted Service prevents a provider from billing for the set service. 	Yes
Group	Associates the rate to the select group.	Yes
Contract	This option links the service rate to a specific contract.	No
Provider Facility	If a contract is selected, the rate can be further limited to a particular facility.	No
Contractor	Automatically set to the state contracting agency.	Yes
Rate Per Unit	The dollar amount that will be paid per set unit.	Yes
Description	This field can be used to define the unit.	No
Minimum Billing Units	Set if there is a minimum number of units that must be billed.	No
Minimum Days between Services	Set if there is a waiting period before a client can receive the service again.	No
ASAM	The level of care for the service rate can be set here if needed.	No
This service/rate may only be added by the Contractor	Yes or No. This should always be set to Yes.	Yes
Duration Type	The time unit for the entered duration. This field is used if the service is duration based.	No
Duration	A numeric value that corresponds with duration type to define the length of time for the service.	No
Effective Date	When the service rate becomes active and available for selection.	Yes
Expiration Date	Does the service rate expire after a specific date? If so, then set the date here.	No

5.3. Cost Reimbursement

Cost reimbursement is one of two methods the state can setup to process claims from prevention provider agencies. Cost reimbursement allows for strategy implementation activities to be invoiced for reimbursement from the state.

5.3.1. Cost Reimbursement Category

The categories are a grouping of services/activities a provider agency might perform that are not directly client related, such as prevention services/activities in the community.

To setup a cost reimbursement category:

1. From the left Navigation Menu, click **Agency**.

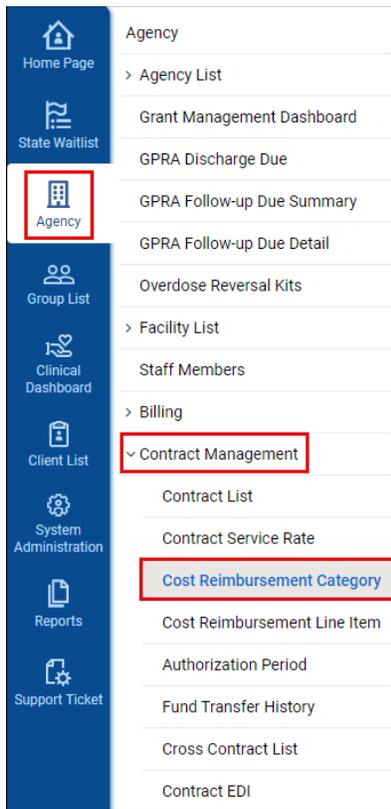


Figure 29: Cost Reimbursement Category

2. In the sub-menu, click **Contract Management** and then click **Cost Reimbursement Category**.
3. The Cost Reimbursement Category List displays.
 - a. Existing categories will be listed here.

Cost Reimbursement Category List

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

Currently, there are no results to display for the Cost Reimbursement Category List.

Cost Reimbursement Category Profile

Cost Category

Sort Order

Status

Description

[Finish](#)

Figure 30: Cost Reimbursement Category List

4. Click **+Add New** to display the Cost Reimbursement Category Profile screen.
5. Complete the required fields and the Description field as needed.
 - a. Two fields that need additional explanation are:
 - i. Cost Category – These are associated with the various strategy activities a prevention agency might perform.
 - ii. Sort Order – Its display ranking in the category list. The lower the number, the higher it will display in the list.

Cost Reimbursement Category List

[+ Add New](#) [↗ Export](#)

Currently, there are no results to display for the Cost Reimbursement Category List.

Cost Reimbursement Category Profile

Cost Category

Sort Order

Status

Description

Figure 31: Cost Reimbursement Category Profile

6. Click **Save and Finish**.

5.3.2. Cost Reimbursement Line Item

Cost reimbursement categories need to be setup before creating their corresponding line items.

A line item is a specific service/activity within a category performed by a prevention agency.

To setup a cost reimbursement line item:

1. From the left Navigation Menu, click **Agency**.

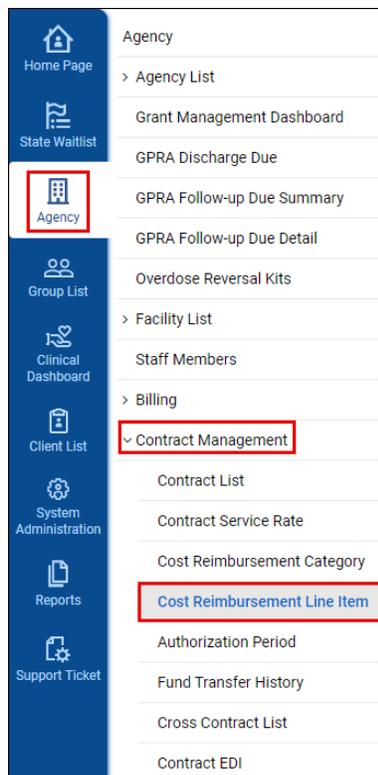
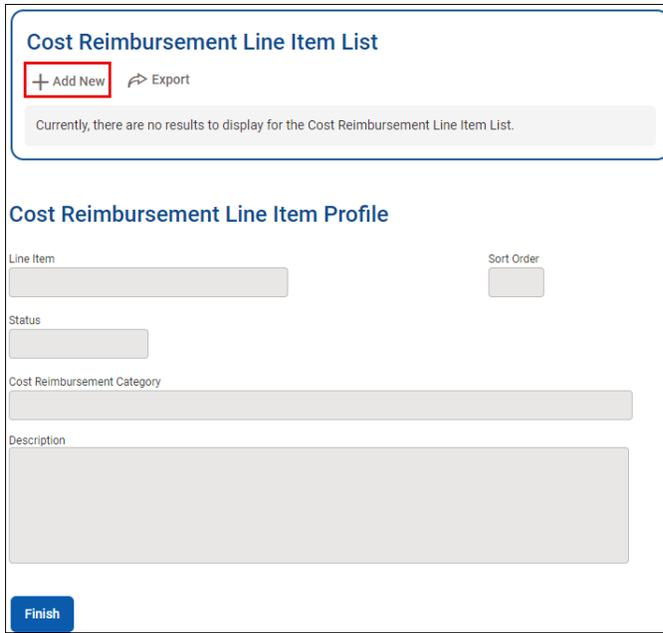


Figure 32: Cost Reimbursement Line Item

2. In the sub-menu click **Contract Management** and then click **Cost Reimbursement Line Item**.
3. The Cost Reimbursement Line Item List displays.
 - a. Existing line items will display in the list section.



The screenshot shows a web interface for managing Cost Reimbursement Line Items. At the top, there is a header "Cost Reimbursement Line Item List" with two buttons: "+ Add New" (highlighted with a red box) and "Export". Below this is a message: "Currently, there are no results to display for the Cost Reimbursement Line Item List." The main section is titled "Cost Reimbursement Line Item Profile" and contains several input fields: "Line Item", "Sort Order", "Status", "Cost Reimbursement Category", and "Description". A "Finish" button is located at the bottom left of the profile section.

Figure 33: Cost Reimbursement Line Item List

4. Click **+Add New** to display the Cost Reimbursement Line Item Profile.
5. Complete the required fields and the Description field as needed.
 - a. Two fields that need additional explanation are:
 - i. Line Item – This is the specific service or activity being performed by the provider.
 - ii. Sort Order - Its display ranking in the category list. The lower the number, the higher it will display in the list.

Cost Reimbursement Line Item List

+ Add New
↗ Export

Currently, there are no results to display for the Cost Reimbursement Line Item List.

Cost Reimbursement Line Item Profile

Line Item

Sort Order

Status ▼

Active

Cost Reimbursement Category ▼

Description

Save
Save and Finish
× Cancel

Figure 34: Cost Reimbursement Line Item Profile

6. Click **Save and Finish**.

5.4. Contract Creation

Before a provider can create and submit a prevention plan to the state, the state must add the contract to their agency into WITS.

- One active contract should be created for each provider.
 - If a provider offers more than one domain of service, both can be listed on the same contract.
 - Alternately, two contracts can exist for the same provider, as long as the domain is different in each.
- Active contracts cannot overlap for the same provider and domain.

NOTE: Before creating a contract, the state administrator must access the state (contractor) agency.

To add a contract to the state agency:

1. Click **Agency** from the left Navigation Menu.

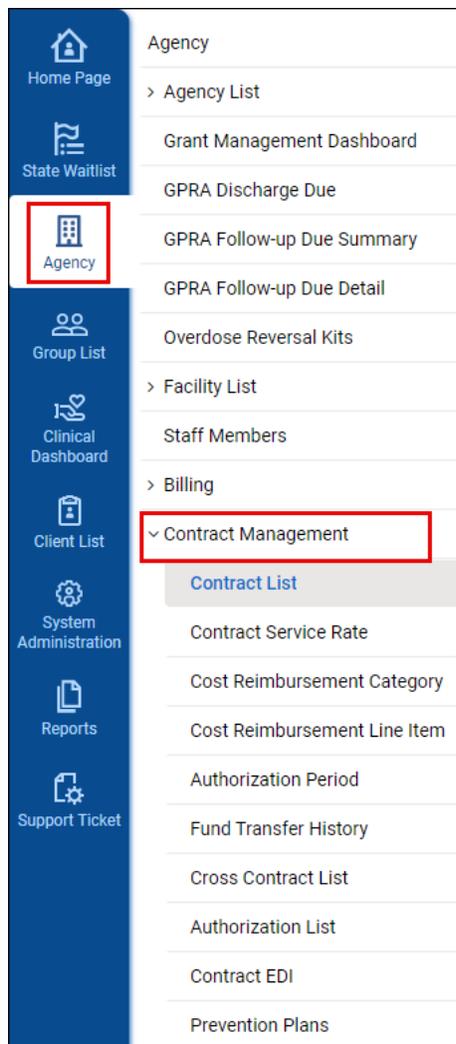


Figure 35: Contract Management

2. In the sub-menu, click **Contract Management**.
3. The Contract Search screen displays.
 - a. The user can search for existing contracts here that will display in the Contract List.

Contract Search

Contract #	Contract Name	Contracting Agency
<input type="text"/>	<input type="text"/>	ADMH
Provider Agency	Administering Agency	Status
<input type="text"/>	<input type="text"/>	Active
Effective Date	Termination Date	
<input type="text"/>	<input type="text"/>	

Contract List

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

Figure 36: Add Contract

- Under the Contract List section, click **+Add Contract**.

Contract Profile

^ Hide Context Information

Contract ID	Contract Type Government Contract	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

Administrative Actions

Figure 37: Contract Profile

- Complete the required fields and any other relevant fields. Use the table Contract Management for completing the contract.

Table 9: Contract Management

Field	Description
Contract #	This is an alpha-numeric identifier set by the state agency.
Contract Name	The contract name. This can be anything to help the contractor and provider agency quickly identify the correct contract.

Effective Date	This should be set to when the contract will go into effect.
Termination Date	This only needs to be set if the contract has a definitive termination date and will not be renewed.
Status	The status of the contract. <ul style="list-style-type: none"> • Pending – The contract is still being setup and not active, yet. In this status, claims and invoices cannot be billed. • Active – The contract is active in WITS. Claims and invoices can be billed. • Suspended – The contract has been suspended. This status will prevent any new billing or payments against the contract. • Inactive – Use this status when the contract has ended, there are no active authorization periods, and the claim filing date has passed.
Contracting Agency	This should auto populate the state contracting agency.
Contracting Agency Contact	The contracting agency’s point of contact.
Contracting Agency Contact Email	The contracting agency’s email address. Multiple email addresses can be entered here. Separate each with a semi-colon (;). NOTE: At least one email address must be entered here to receive a notification on submitted prevention plans.
Provider Agency	The name of the agency receiving the contract.
Remit Payment To	The information in this field will populate the “Remit To” section of the Invoice Report.
Provider Agency Contact	The point of contact for the provider agency.
Provider Agency Contact Email	The point of contact’s email address for the provider agency. Multiple email addresses can be entered here. Separate each with a semi-colon (;). Contacts listed here will receive email notifications when: <ul style="list-style-type: none"> • Prevention plans are approved or rejected. • The 999 file is generated.
Monthly Cap	If there is a monthly dollar cap amount on claim submissions, enter that information here. Otherwise, leave this field blank. NOTE: ADMH is not using monthly caps.
Email to Contractor on Provider Submit	If this is set to Yes , the contracting agency will be emailed anytime a claim or invoice is submitted by the provider.
Domains	The domains this contract covers should be added to the Selected Domains field.

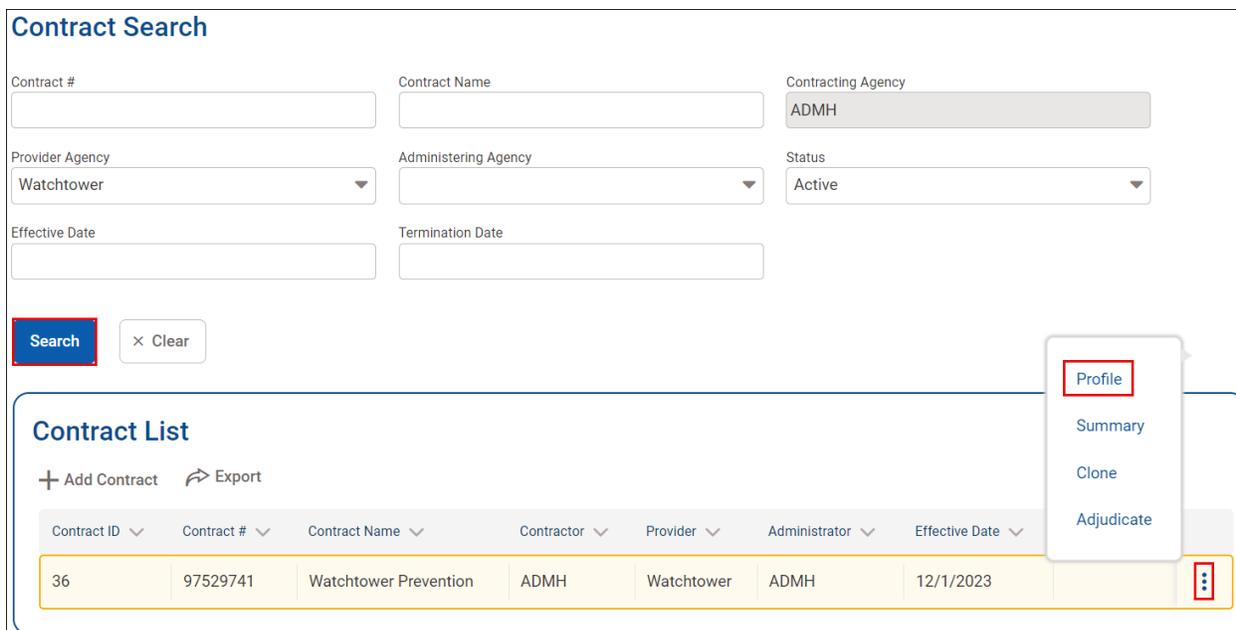
6. Click **Save**.

Once the contract has been created, it will need to be configured for [Contract Management - Cost Reimbursement](#) and/or [Contract Management - Fee for Service](#).

5.4.1. Contract Management – Cost Reimbursement

Once the contract has been created, the following steps will need to be completed before a provider will be able to submit invoices for reimbursement.

1. Return to the provider’s contract.
 - a. **Agency > Contract Management**
 - b. Search for the contract.
2. To the right of the contract, click the **vertical ellipsis** and then click **Profile**.



Contract Search

Contract # Contract Name Contracting Agency

Provider Agency Administering Agency Status

Effective Date Termination Date

Search

Contract List

+ Add Contract

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	
36	97529741	Watchtower Prevention	ADMH	Watchtower	ADMH	12/1/2023	⋮

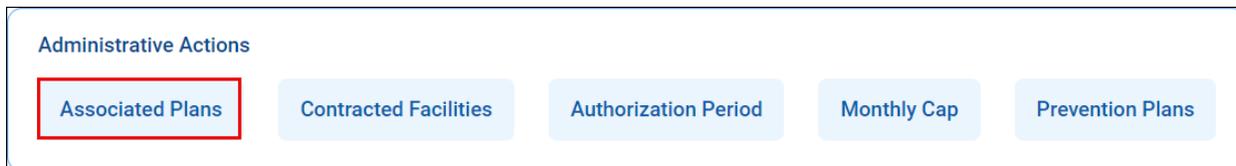
Profile
Summary
Clone
Adjudicate

Figure 38: Contract Search

3. On the Contract Profile screen, locate the Administrative Actions section towards the bottom of the profile.

5.4.1.1. Associate Plans – Cost Reimbursement

The first action that needs to be taken is associating a payor plan to the contract.

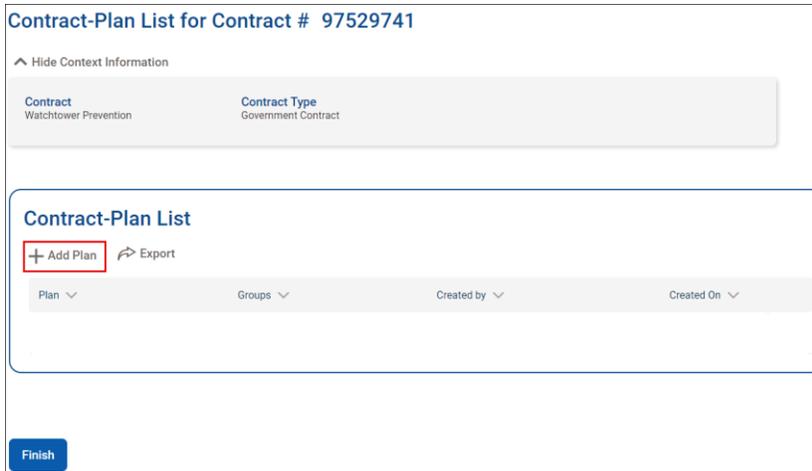


Administrative Actions

Associated Plans

Figure 39: Associated Plans

1. Under Administrative Action, click **Associated Plans**.
2. The Contract-Plan List screen displays.



Contract-Plan List for Contract # 97529741

Hide Context Information

Contract: Watchtower Prevention Contract Type: Government Contract

Contract-Plan List

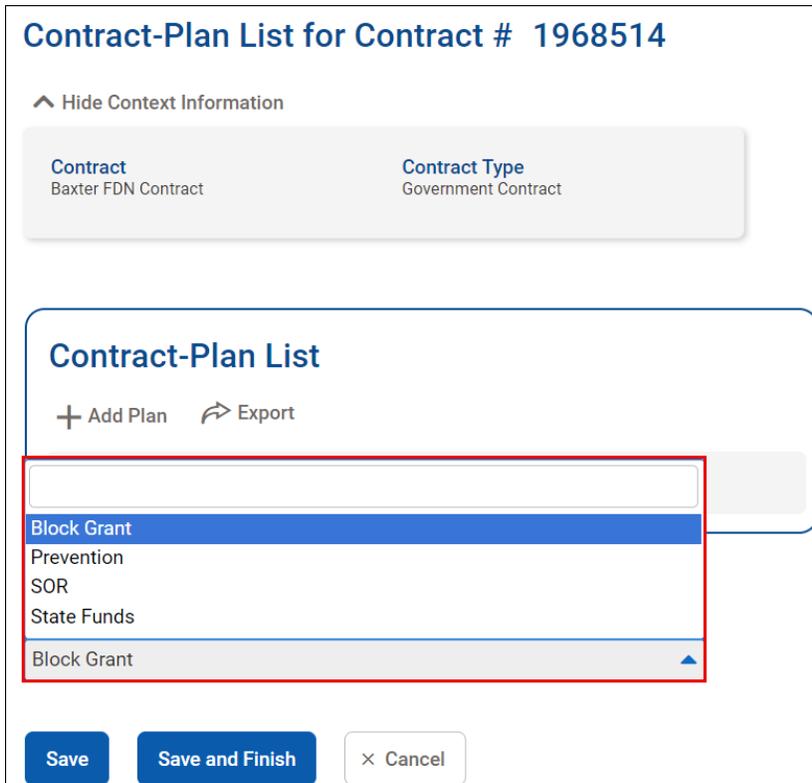
+ Add Plan Export

Plan Groups Created by Created On

Finish

Figure 40: Contract-Plan List

3. Click **+Add Plan**.
4. The Plan dropdown displays. Select the plan(s) to be associated with the contract.



Contract-Plan List for Contract # 1968514

Hide Context Information

Contract: Baxter FDN Contract Contract Type: Government Contract

Contract-Plan List

+ Add Plan Export

Block Grant
Prevention
SOR
State Funds
Block Grant

Save Save and Finish × Cancel

Figure 41: Contract-Plan List

5. Click **Save**.
6. If more than one plan needs to be added, continue adding until all relevant plans are added to the contract.

7. Each plan then needs to be assigned to a group(s). To the right of the plan, click the **vertical ellipsis**, and then click **Groups**.
 - a. Only existing groups can be assigned to a contract.
 - b. Only groups that a provider will be using needs to be added to the contract.

Contract-Plan List for Contract # 1968514

^ Hide Context Information

Contract Baxter FDN Contract	Contract Type Government Contract
--	---

Contract-Plan List

+ Add Plan ↗ Export

Plan ▾	Groups ▾	Created by ▾	Created On ▾
Block Grant		Wilson, Scott	12/18/2023

Groups
⋮

Finish

Figure 42: Adding Groups

8. The Contract-Plan-Group List screen displays.
9. Move groups from the Available Groups to Associated Groups.

Contract-Plan-Group List for Contract # 1968514

^ Hide Context Information

Contract Baxter FDN Contract	Contract Type Government Contract	Plan Block Grant	
Created By	Created Date	Updated By	Updated Date

Available 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

Associated Groups

➤
➤

Save
Save and Finish
× Cancel

Figure 43: Contract-Plan-Group List

10. Click **Save and Finish**.
11. Click **Finish** to be returned to the Contract Profile.

5.4.1.2. Associate Authorization Period – Cost Reimbursement

Each fiscal year, a new authorization period is created in the state contracting agency. This authorization period will need to be associated to any active provider contracts and the fund allocation tiers set.

To associate an authorization period to a contract:

1. Under Administrative Actions at the bottom of the Contract Profile, click **Authorization Period**.

Administrative Actions

Associated Plans
Contracted Facilities
Authorization Period
Monthly Cap
Prevention Plans

Figure 44: Authorization Period

2. The Contract Authorization Period screen displays.
 - a. Any existing periods will display under Authorization Period List.

Contract Authorization Period for Contract # 97529741

^ Hide Context Information

Contract	Provider	Effective Date	Termination Date
Watchtower Prevention	Watchtower	12/1/2023	

Authorization Period List for Watchtower Prevention

+ Add New Period Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date
31	9887	FY 2024	12/1/2023	9/30/2024	10/31/2024

Figure 45: Authorization Period List

3. Under Authorization Period List, click **+Add New Period**.
4. Below the Authorization Period List, Contract Authorization Period Profile becomes editable.
5. Complete the required fields and provide an Authorization # if needed.
 - a. Authorization Period – Any periods that have been created under [Authorization Period](#) will display here.
 - b. Effective Date – For existing provider contracts, this is will be the start date of the authorization period. For new provider contracts in the middle of an authorization period, this must match the contract’s start date.
 - c. Termination Date – This date cannot exceed the Authorization Period’s end date.
 - d. Claim Filing Cutoff Date – This is the last day that invoices can be submitted for reimbursement.
 - e. Fiscal Year Contract ID – An optional field that can be set by the state.
 - f. FS Contract ID – This is the funding source contract ID.

Contract Authorization Period for Contract # 1068410

^ Hide Context Information

Contract Titans Treatment	Provider Titans Trmmt	Effective Date 1/1/2024	Termination Date
-------------------------------------	---------------------------------	-----------------------------------	-------------------------

Authorization Period List for Titans Treatment

+ Add New Period ↗ Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date	
33	13544	FY 2024	1/1/2024	9/30/2024	10/30/2024	⋮

Contract Authorization Period Profile

Authorization Period:

Effective Date: Termination Date:

Claim Filing Cutoff Date: Fiscal Year Contract ID:

Authorization #:

Created By: Created Date:

Updated By: Updated Date:

Save **Save and Finish** × Cancel

Figure 46: Contract Authorization Period Profile

6. Click **Save** to remain on the screen for next steps.

Contract Authorization Period for Contract # 97529741

^ Hide Context Information

Contract Watchtower Prevention	Provider Watchtower	Effective Date 12/1/2023	Termination Date
--	-------------------------------	------------------------------------	-------------------------

Authorization Period List for Watchtower Prevention

+ Add New Period ↗ Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date	
31	9887	FY 2024	12/1/2023	9/30/2024	10/31/2024	⋮

Profile

Tiers

Figure 47: Authorization Period Tiers

7. To the right of the new period, click the **vertical ellipsis**, and then click **Tiers**.
8. The Contract Tier Management screen displays.
 - a. Existing tiers display in the Tire for Authorization Period section.

Contract Tier Management for Contract # 97529741

^ Hide Context Information

Contract Watchtower Prevention	Provider Watchtower	Total Authorized \$25,000.00	Effective Date 12/01/2023
End Date 09/30/2024	Claim Filing Cutoff 10/31/2024		

Tier for Authorization Period FY 2024

+ Add New Tier ↻ Export

Tier #	Plan-Group	Tier Type	ASAM	Current Auth/ Budget Amount	Spent Amount	Status	
66	Prevention-Prevention	Cost Reimbursement		\$25,000.00	\$100.00	Active	⋮

Figure 48: Add New Tier

9. Click **+Add New Tier**.

10. The Tier Profile section displays under Tier for Authorization Period.

Tier Profile

Plan-Group

Initial Authorized Amount

Status

Monthly Cap

Created By

Updated By

Tier Type

ASAM

FFS Equivalent
 Yes No

Created Date

Updated Date

Figure 49: Tier Profile

11. Complete the required fields.

- a. See table Tier Profile for information on the different fields.

Table 10: Tier Profile

Field	Description
Plan-Group	This is the associated plan-group that was setup under Associated Plans.
Initial Authorized Amount	This is the amount for use by the provider for the designated authorization period.
Tier Type	This should be set to Cost Reimbursement
Status	The status of the selected tier. This must be set to Pending when the tier is first created.
ASAM	This dropdown will list the different levels of care. This only needs to be set if the tier is being limited. NOTE: This field is not used for Alabama.
Monthly Cap	Choose whether monthly cap is fixed or variable. NOTE: For Alabama, this should be set to Variable.
FFS Equivalent	The fee for service equivalent. This is set to No for Alabama.

12. Click **Save**. Once the profile has been created, it will display in the Tier for Authorization Period section.



Contract Tier Management for Contract # 97529741

Hide Context Information

Contract Watchtower Prevention	Provider Watchtower	Total Authorized \$25,000.00	Effective Date 12/01/2023
End Date 09/30/2024	Claim Filing Cutoff 10/31/2024		

Tier for Authorization Period FY 2024

+ Add New Tier ↗ Export

Tier #	Plan-Group	Tier Type	ASAM	Current Auth/ Budget Amount	Spent Amount	Status	
66	Prevention-Prevention	Cost Reimbursement		\$25,000.00	\$100.00	Active	⋮

Profile
Adjust
Invoice-Budget

Figure 50: Invoice-Budget

- To the right of the created tier, click the **vertical ellipsis** and then click **Invoice-Budget**.
- The Invoice Template/Budget Profile screen displays.
- Set Categorize invoice to **Yes**, and then click **Save**.

Invoice Template/Budget Profile for Watchtower Prevention - 97529741 - FY 2024

^ Hide Context Information

Invoice Type Cost Reimbursement	Monthly Cap Variable Monthly		
Created By Wilson, Scott	Created Date 12/15/2023 12:37 PM	Updated By Wilson, Scott	Updated Date 12/15/2023 12:37 PM

Categorize Invoice
 Yes No

Invoice/Budget Line Items

Line Item ID	Category	Line Item	Status	Effective	Original Budget	Current Budget	Amount Available
						Total Budget	<input type="text"/>
						Total Available	<input type="text"/>

Figure 51: Add Invoice/Budget Line Item

16. The section Invoice/Budget Line Items displays existing items, as well as allows new line items to be created. Click **+Add**.
17. The Line Item Budget Profile screen displays.
18. Complete the required fields.
 - a. The displayed line items populate from [Cost Reimbursement Line Item](#).
 - b. The total for line items added cannot exceed the Authorized Budget Amount.

Line Item Budget Profile for Watchtower Prevention - 97529741 - FY 2024

^ Hide Context Information

Available Tier Budget \$0.00	Current Budget		
Created By	Created Date	Updated By	Updated Date

Line Item	Original Budget
<input type="text"/>	<input type="text"/>
Status	Effective MM/YY
<input type="text" value="Active"/>	<input type="text" value="1/2024"/>

Figure 52: Line Item Budget Profile

19. Click **Save and Finish**.
20. Repeat steps for adding Invoice/Budget Line Items as needed.
 - a. Again, the total for Invoice/Budget Line Items cannot exceed the Authorized Budget Amount.
 - b. The total amounts for line items should match the Authorized Budget Amount.
21. Click **Save and Finish** to return to the Contract Tier Management screen.
22. Click **Finish** to return to the Contract Tier Management screen.

Contract Tier Management for Contract # 97529741

^ Hide Context Information

Contract Watchtower Prevention	Provider Watchtower	Total Authorized \$25,000.00	Effective Date 12/01/2023
End Date 09/30/2024	Claim Filing Cutoff 10/31/2024		

Tier for Authorization Period FY 2024

+ Add New Tier ↗ Export

Tier #	Plan-Group	Tier Type	ASAM	Current Auth/ Budget Amount	Spent Amount	Status
66	Prevention-Prevention	Cost Reimbursement		\$25,000.00	\$100.00	<div style="border: 1px solid red; padding: 2px;">Profile</div> <div style="border: 1px solid red; padding: 2px;">Invoice-Budget</div>

Figure 53: Tier for Authorization Period Profile

23. Click the **vertical ellipsis** to the right of the tier and click **Profile**.

24. Change the Status to **Active**.

Tier Profile

Plan-Group
Prevention-Prevention

Initial Authorized Amount
\$25,000.00

Status
Active

Monthly Cap
Variable Monthly

Created By
Wilson, Scott

Updated By
Wilson, Scott

Tier Type
Cost Reimbursement

ASAM
[Empty]

FFS Equivalent
 Yes No

Created Date
12/15/2023 12:36 PM

Updated Date
12/18/2023 4:40 PM

Figure 54: Tier Profile Status

25. Click **Save and Finish**.

26. Click **Finish** to be returned to the Contract Authorization Period screen.

27. Click **Finish** again to be returned to the Contract Profile screen.

28. Click **Save and Finish** to finalize all changes and leave the contract.

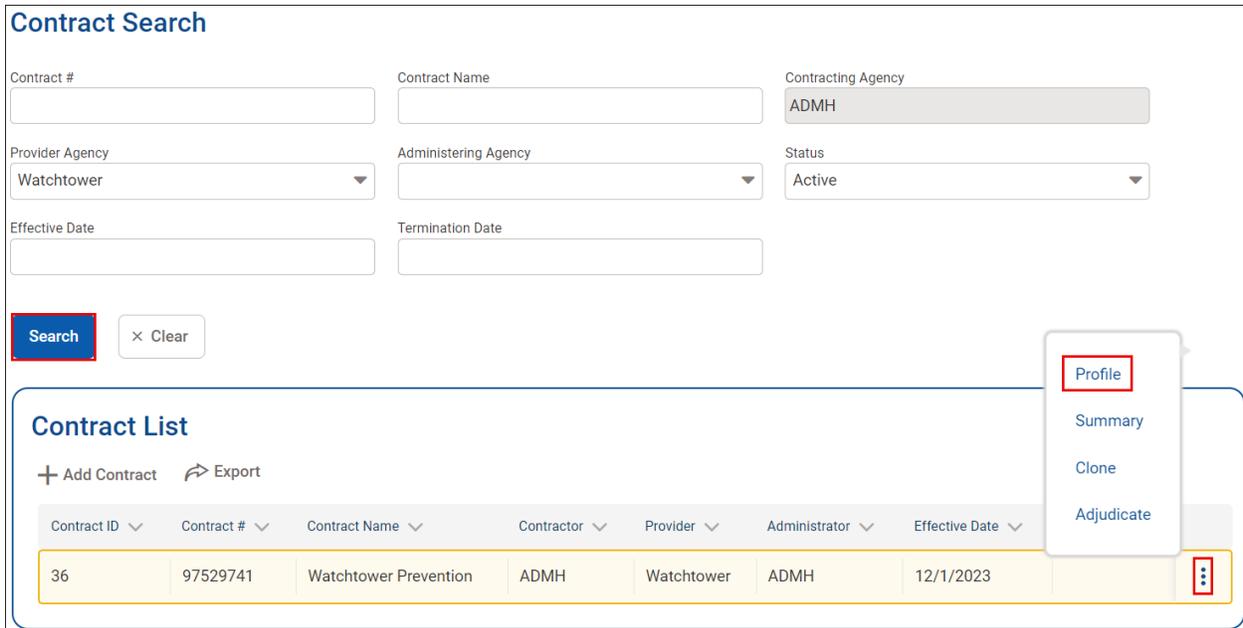
5.4.2. Contract Management – Fee for Service

For treatment providers and prevention providers using fee for service, the following contract administrative actions must be completed.

- Associated Plans
- Contracted Facilities
- Authorization Period

To access the contract’s profile:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Contract Management**.
3. **Search** for the contract being in question.



Contract Search

Contract # Contract Name Contracting Agency

Provider Agency Administering Agency Status

Effective Date Termination Date

Search

Contract List

+ Add Contract

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	
36	97529741	Watchtower Prevention	ADMH	Watchtower	ADMH	12/1/2023	⋮

Context Menu:

- Profile**
- Summary
- Clone
- Adjudicate

Figure 55: Contract Search

4. To the right of the contract, click the **vertical ellipsis** and then click **Profile**.

5.4.2.1. Associate Plans – Fee for Service

The first action that needs to be taken is associating a payor plan to the contract.

1. Under Administrative Actions, click **Associated Plans**.

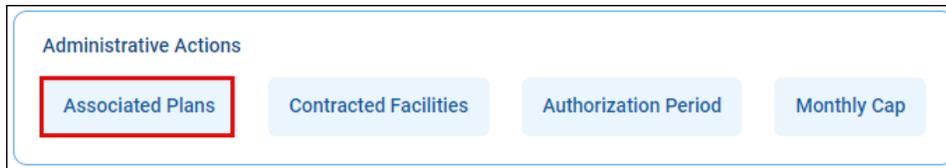


Figure 56: Associated Plans

2. The Contract-Plan List screen displays.

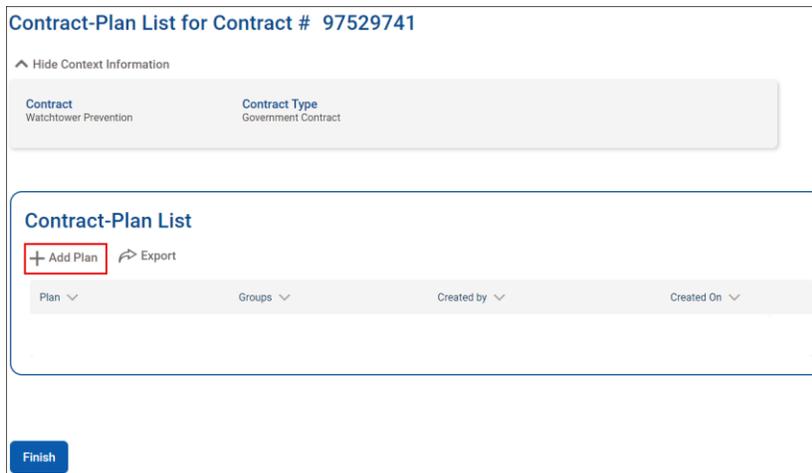


Figure 57: Contract-Plan List

3. Click **+Add Plan**.
4. The Plan dropdown displays. Select the Government Contract plan to be associated with the contract.
 - a. The plans available in dropdown are setup under [Payor Plans](#).
 - b. More than one plan can be added to a contract.

Contract-Plan List for Contract # 1968514

^ Hide Context Information

Contract Baxter FDN Contract	Contract Type Government Contract
--	---

Contract-Plan List

+ Add Plan ↗ Export

Block Grant
Prevention
SOR
State Funds
Block Grant

Save **Save and Finish** × Cancel

Figure 58: Contract-Plan List

5. Click **Save**.
6. If more than one plan needs to be added, continue adding until all relevant plans are added to the contract.
7. Each plan then needs to have group(s) assigned.
8. To the right of the plan, click the **vertical ellipsis**, and then click **Groups**.

Contract-Plan List for Contract # 1968514

^ Hide Context Information

Contract
Baxter FDN Contract

Contract Type
Government Contract

Contract-Plan List

+ Add Plan ↗ Export

Plan ▾

Groups ▾

Created by ▾

Created On ▾

Block Grant

Wilson, Scott

12/18/2023

Groups

Finish

Figure 59: Adding Groups

9. The Contract-Plan-Group List screen displays.
10. Move groups from the Available Groups to Associated Groups.
 - a. More than one group can be added to the selected plan.

Contract-Plan-Group List for Contract # 16584731

∨ Show Context Information

Available Groups

Adult
Children First
Drug Court
General
Prevention
Special Womens

Associated Groups



Save

Save and Finish

× Cancel

Figure 60: Contract-Plan-Group List

11. Click **Save and Finish**.

12. Click **Finish** to be returned to the Contract Profile.

5.4.2.2. Contracted Facilities – Fee for Service

Providers using fee for services must have their facilities linked to the contract.

1. Under Administrative Actions, click **Contracted Facilities**.

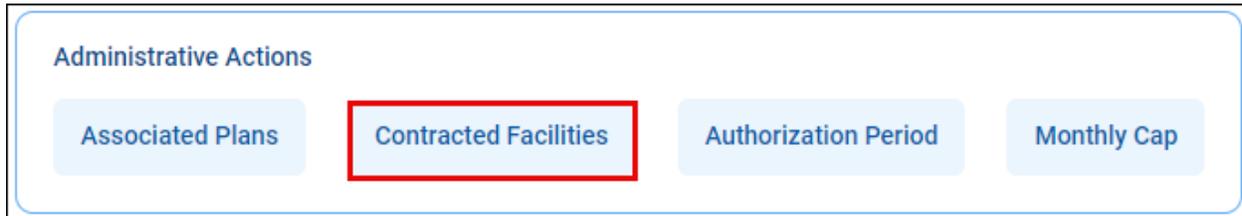


Figure 61: Contracted Facilities

2. The Contract-Facility List screen will display for the current Contract #.

3. Move facilities associated with the contract to the **Facilities Covered under Contract** section.

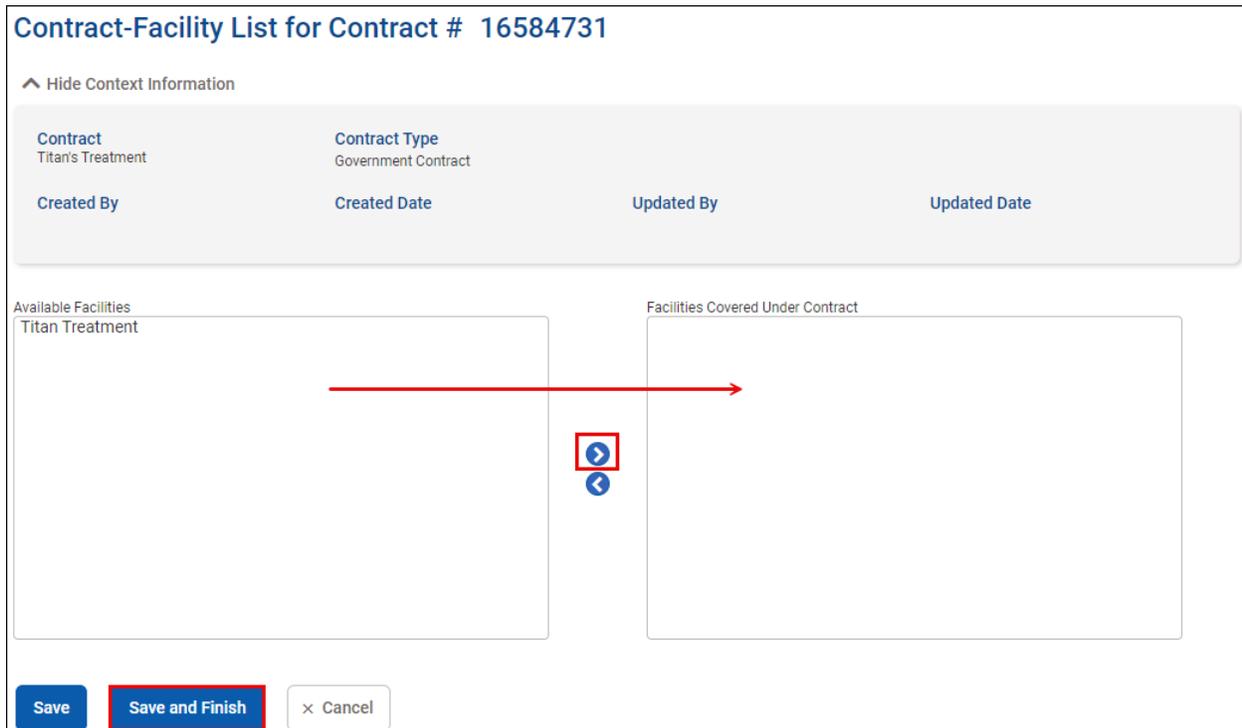


Figure 62: Contract Facility

4. Click **Save and Finish** to be returned to the Contract Profile screen.

5.4.2.3. Authorization Period – Fee for Service

Each fiscal year, a new authorization period is created in the state contracting agency. This authorization period will need to be associated to any active provider contracts and the fund allocation tiers set.

To associate an authorization period to a contract:

1. Under Administrative Actions at the bottom of the Contract Profile, click **Authorization Period**.

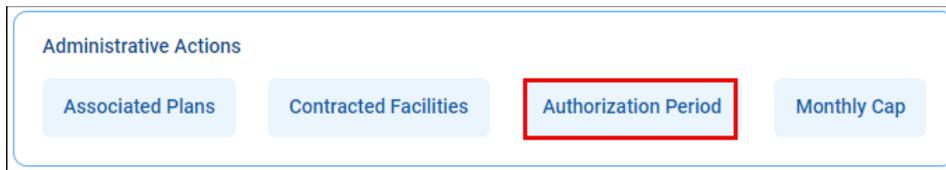


Figure 63: Authorization Period

2. The Contract Authorization Period screen displays.
 - a. Any existing periods will display under Authorization Period List.



Figure 64: Authorization Period List

3. Under Authorization Period List, click **+Add New Period**.
4. Below the Authorization Period List, Contract Authorization Period Profile will display.
5. Complete the required fields and provide an Authorization # if needed.
 - a. Authorization Period – Any periods that have been created under [Authorization Period](#) will display here.
 - b. Effective Date – For existing provider contracts, this is will be the start date of the authorization period. For new provider contracts in the middle of an authorization period, this must match the contract’s start date.
 - c. Termination Date – This date cannot exceed the Authorization Period’s end date.
 - d. Claim Filing Cutoff Date – This is the last day that claims can be submitted for reimbursement.
 - e. Fiscal Year Contract ID – This is the state created ID for the provider for the fiscal year.

Contract Authorization Period for Contract # 1068410

^ Hide Context Information

Contract	Provider	Effective Date	Termination Date
Titans Treatment	Titans Trtmnt	1/1/2024	

Authorization Period List for Titans Treatment

+ Add New Period ↗ Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date	
33	13544	FY 2024	1/1/2024	9/30/2024	10/30/2024	⋮

Contract Authorization Period Profile

Authorization Period:

Effective Date: Termination Date:

Claim Filing Cutoff Date: Fiscal Year Contract ID:

Authorization #:

Created By: Created Date:

Updated By: Updated Date:

Figure 65: Contract Authorization Period Profile

6. Click **Save**.

Contract Authorization Period for Contract # 97529741

^ Hide Context Information

Contract	Provider	Effective Date	Termination Date
Watchtower Prevention	Watchtower	12/1/2023	

Authorization Period List for Watchtower Prevention

+ Add New Period ↗ Export

Period #	Fiscal Year Contract ID	Period Name	Effective Date	Termination Date	Claim Filing Cutoff Date	
31	9887	FY 2024	12/1/2023	9/30/2024	10/31/2024	⋮

Profile

Tiers

Figure 66: Authorization Period Tiers

7. To the right of the new period, click the **vertical ellipsis**, and then click **Tiers**.
8. The Contract Tier Management screen displays.
 - a. Existing tiers display in the Tire for Authorization Period section.

Contract Tier Management for Contract # 97529741

^ Hide Context Information

Contract Watchtower Prevention	Provider Watchtower	Total Authorized \$25,000.00	Effective Date 12/01/2023
End Date 09/30/2024	Claim Filing Cutoff 10/31/2024		

Tier for Authorization Period FY 2024

+ Add New Tier ↻ Export

Tier #	Plan-Group	Tier Type	ASAM	Current Auth/ Budget Amount	Spent Amount	Status	
66	Prevention-Prevention	Cost Reimbursement		\$25,000.00	\$100.00	Active	⋮

Figure 67: Add New Tier

9. Click **+Add New Tier**.

10. The Tier Profile section displays under Tier for Authorization Period.

Tier Profile

Plan-Group

Initial Authorized Amount

Status

Monthly Cap

Created By

Updated By

Tier Type

ASAM

FFS Equivalent

Created Date

Updated Date

Save Save and Finish × Cancel

Figure 68: Tier Profile

11. Complete the required fields.

- Tier Type needs to be set to Fee for Service.
- See table Tier Profile for information on the different fields.

Table 11: Tier Profile

Field	Description
Plan-Group	This is the associated plan-group that was setup under Associated Plans.
Initial Authorized Amount	This is the amount for use by the provider for the designated authorization period.
Tier Type	This should be set to Fee for Service.
Status	The status of the selected tier to Active
ASAM	This dropdown will list the different levels of care. This only needs to be set if the tier is being limited. NOTE: This field is not used for Alabama.
Monthly Cap	Choose whether monthly cap is fixed or variable. NOTE: For Alabama, this should be set to Variable.
FFS Equivalent	The fee for service equivalent. This is set to No for Alabama.

12. Click **Save and Finish**.
13. Click **Finish** to be returned to the Contract Authorization Period screen.
14. Click **Finish** again to be returned to the Contract Profile screen.
15. Click **Save and Finish** to finalize all changes and leave the contract.

5.5. Financial Summary

If needed, the state can access a provider's financial summary for a selected authorization period.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Contract Management**.

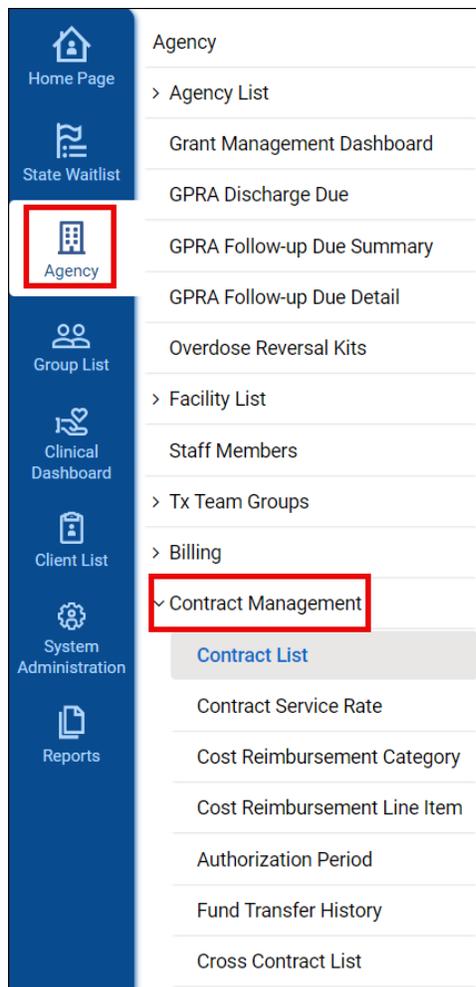


Figure 69: Accessing Contract Management - Financial Summary

3. The Contract Search screen will display. Use **Search** to locate a specific contract.
4. To the right of the contract, click on the **vertical ellipsis** and then click **Summary**.

Contract Search

Contract #

Contract Name

Contracting Agency

Provider Agency

Administering Agency

Status

Effective Date

Termination Date

Contract List

[+ Add Contract](#) [↗ Export](#)

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	Term Date
9	16584731	Titan's Treatment	ADMH	Titan Treatment	ADMH	1/1/2024	

- Profile
- Summary
- Clone
- Adjudicate

Figure 70: Accessing Financial Summary

5. The Financial Summary screen will display. Set the **Authorization Period** and the Financial Summary Detail section will update to list associated plans and expenditure amounts.
6. Click **Finish** once done adding and reviewing data.

Financial Summary for Titan's Treatment

Authorization Period SFY 2024	Contract ID 9
Contract Type Government Contract	Contract # 16584731
Contracting Agency ADMH	Effective Date 1/1/2024
Provider Agency Titan Treatment	Termination Date
Administering Agency ADMH	Pre Paid Balance \$0.00

Financial Summary Detail

Export

Associated Plan	Tier Type	Group	ASAM	Authorized/Budgeted	Encumbered	Expended	Total Spent	FFS Equivalent	Amount Available	Status
Block Grant	Cost Reimbursement	Adult		\$24,000.00	\$0.00	\$1,000.00	\$1,000.00		\$23,000.00	Active
Block Grant	Fee for Service	Adult		\$30,000.00	\$0.00	\$270.00	\$270.00		\$29,730.00	Active
Block Grant	Fee for Service	Children First		\$210,000.00	\$0.00	\$0.00	\$0.00		\$210,000.00	Active
Block Grant	Fee for Service	General		\$400,000.00	\$0.00	\$0.00	\$0.00		\$400,000.00	Active
Block Grant	Fee for Service	Special Womens		\$200,000.00	\$0.00	\$60.00	\$60.00		\$199,940.00	Active
State Funding	Fee for Service	Adult		\$400,000.00	\$0.00	\$0.00	\$0.00		\$400,000.00	Active
State Funding	Fee for Service	Children First		\$200,000.00	\$0.00	\$0.00	\$0.00		\$200,000.00	Active

Finish Cancel

Figure 71: Financial Summary Screen

5.6. Fund Transfer

If needed, funds can be transferred between tiers in the same contract or between contracts.

1. Navigate to the Contract List.
 - a. Agency > Contract Management
2. Search for the contract that funds where funds will be removed.

Contract Search

Contract # Contract Name Contracting Agency

Provider Agency Administering Agency Status

Effective Date Termination Date

Contract List

Contract ID	Contract #	Contract Name	Contractor	Provider	Administrator	Effective Date	
36	97529741	Watchtower Prevention	ADMH	Watchtower	ADMH	12/1/2023	<input type="button" value="⋮"/>

Profile

Summary

Clone

Adjudicate

Figure 72: Contract Summary

3. To the right of the contract listing, click the **vertical ellipsis** and then click **Summary**.
4. The Financial Summary screen displays.

Financial Summary for Watchtower Prevention

Authorization Period

Contract ID

Contract Type Contract #

Contracting Agency Effective Date

Provider Agency Termination Date

Administering Agency Pre Paid Balance

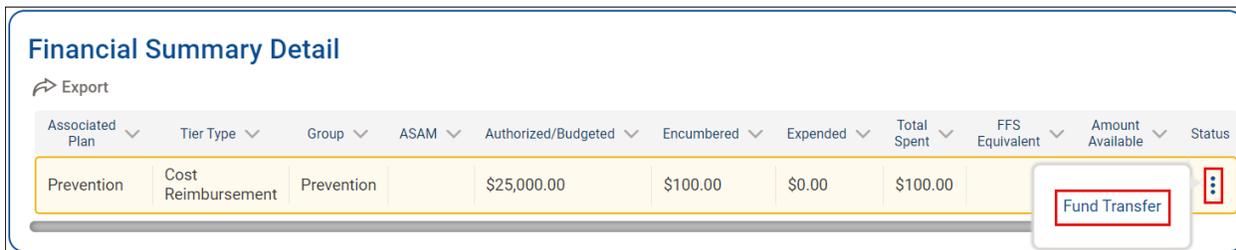
Financial Summary Detail

Currently, there are no results to display for Financial Summary Detail.

Figure 73: Set Authorization Period

5. Set the Authorization Period.

6. The Financial Summary Detail section will update and display summary data.

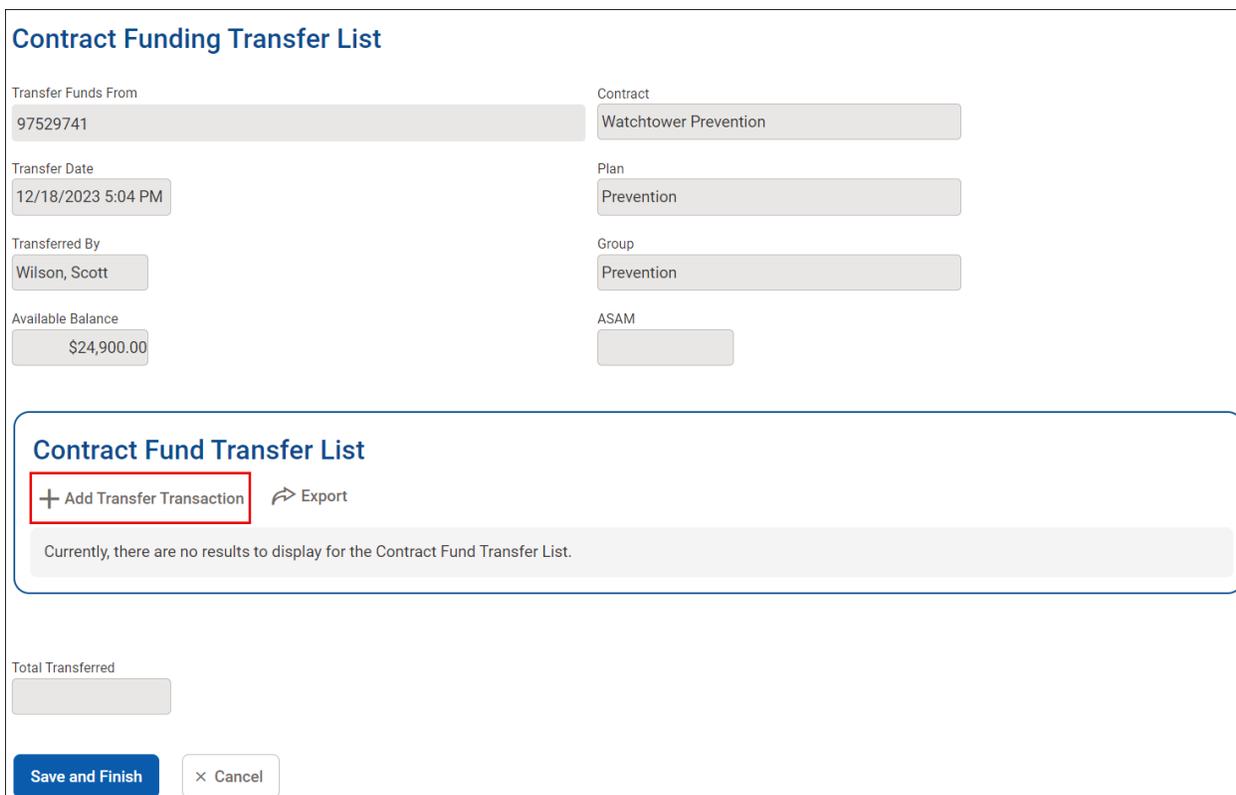


Associated Plan	Tier Type	Group	ASAM	Authorized/Budgeted	Encumbered	Expended	Total Spent	FFS Equivalent	Amount Available	Status
Prevention	Cost Reimbursement	Prevention		\$25,000.00	\$100.00	\$0.00	\$100.00			Fund Transfer

Figure 74: Fund Transfer

7. To the right of the associated plan, click the **vertical ellipsis** and then click **Fund Transfer**.

8. The Contract Funding Transfer List screen displays.



Contract Funding Transfer List

Transfer Funds From: 97529741
 Contract: Watchtower Prevention

Transfer Date: 12/18/2023 5:04 PM
 Plan: Prevention

Transferred By: Wilson, Scott
 Group: Prevention

Available Balance: \$24,900.00
 ASAM:

Contract Fund Transfer List

+ Add Transfer Transaction Export

Currently, there are no results to display for the Contract Fund Transfer List.

Total Transferred:

Save and Finish × Cancel

Figure 75: Contract Funding Transfer

9. Click **+Add Transfer Transaction**.

10. The Contract Funding Transfer Profile displays.

- a. The originating contract cannot be edited.
- b. Contract – Set the contract the funds are being transferred to.
- c. Plan-Group-ASAM – Set the plan-group the funds are being transferred to.
 - i. Options will not display until a contract with associated plans-groups is selected.
- d. Transfer Amount – The amount of money being transferred.

Contract Funding Transfer Profile

Transfer Funds From	:
97529741	
Contract	Transfer Date
Watchtower Prevention	12/18/2023 5:10 P
Plan	Transferred By
Prevention	Wilson, Scott
Group	Available Balance
Prevention	\$24,900.00
ASAM	
Transfer Funds To	
Contract	Plan-Group-ASAM
Transfer Amt	
Save and Finish	× Cancel

Figure 76: Contract Funding Transfer Profile

Click **Save and Finish**.

5.7. Fund Transfer History

This screen allows the administrator to view fund transfers that have taken place within a contract.

To view the contract fund transfer history:

1. From the left Navigation Menu, click **Agency**.

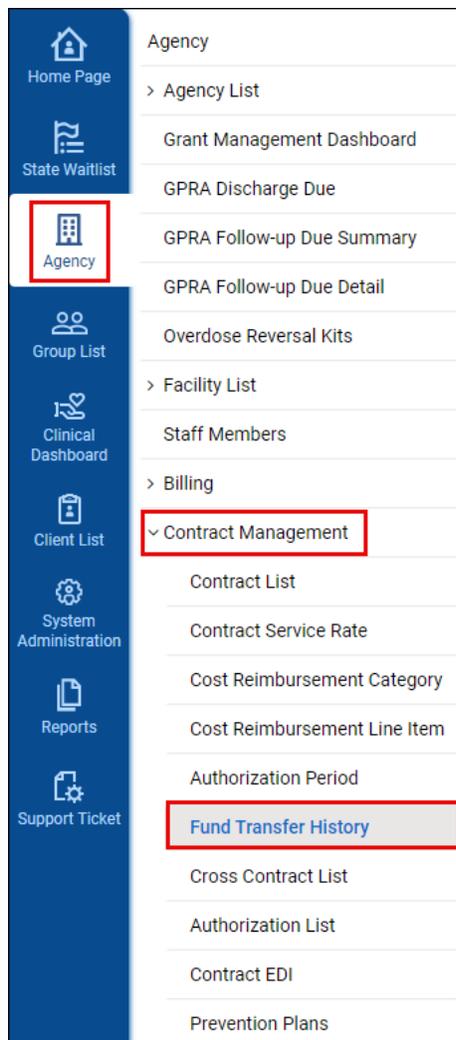


Figure 77: Fund Transfer History

2. In the sub-menu, click **Contract Management** and then click **Fund Transfer History**.
3. The Contract Fund Transfer History Search screen displays.
 - a. The user can search for a particular transfer of funds.
 - b. Results display in the Contract List section.

Contract Fund Transfer History Search

Funding Source

Contracting Agency

Population

Provider Agency

Authorization Period

Administering Agency

ASAM Level of Care

Contract List

Transfer #	Contract #	Contract Name	Plan	Group	ASAM	Transfer Amt	Transfer Date	FY	Transferred By
1	[REDACTED]	Community Contract	Block Grant	Children's First		-\$100.00	5/30/2023	FY 2021	Carroll, Tim
1	[REDACTED]	Community Contract	Block Grant	General		\$100.00	5/30/2023	FY 2021	Carroll, Tim
2	[REDACTED]	Community Contract	Block Grant	Detox Hospital		-\$1,000.00	5/30/2023	FY 2021	Carroll, Tim
2	[REDACTED]	Community Contract	Block Grant	Children's First		\$1,000.00	5/30/2023	FY 2021	Carroll, Tim
3	[REDACTED]	Montgomery Metro Treatment Center	Block Grant	General		-\$10,000.00	10/31/2023	FY 2024	Carroll, Tim

Figure 78: Contract Funds Transfer History Search

5.8. 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.

1. From the left Navigation Menu, click **Agency**.
2. In the sub-menu, click **Contract Management**.
3. Under Contract Management menu items, click **Cross-Contract List**.
4. The Cross-Contract Search screen appears.
5. Enter desired criteria and click **Search**.
6. To export the data, click the **Export** button.

Cross-Contract Search

Funding Source

Contracting Agency
ADMH

Population

Provider Agency

Authorization Period

Administering Agency

% Available

ASAM Level of Care

Contract Tier

Contract ID	Contract #	Contract Name	Plan	Group	ASAM	Auth Amt	Spent Amt	FY
15	478320	Addiction Prevention Coalition	Covid - 19 Prevention	Prevention		\$122,350.00	\$0.00	FY 2023
15	478320	Addiction Prevention Coalition	Covid - 19 Prevention	Prevention		\$52,650.00	\$0.00	FY 2023
15	478320	Addiction Prevention Coalition	Covid - 19 Prevention	Prevention		\$50,000.00	\$0.00	FY 2024
15	478320	Addiction Prevention Coalition	Covid - 19 Prevention	Prevention		\$48,310.44	\$0.00	FY 2024
15	478320	Addiction Prevention Coalition	Covid - 19 Prevention	Prevention		\$0.00	\$0.00	FY 2025

Figure 79: Cross Contract Search

5.9. Contract EDI

For providers that will be uploading their 837's into WITS, the state will need to create an EDI Profile for the provider.

The EDI contract profile is created under the contracting agency. To create an EDI contract profile:

4. From the **Agency** submenu, click **Contract Management**.
5. Click **Contract EDI**.

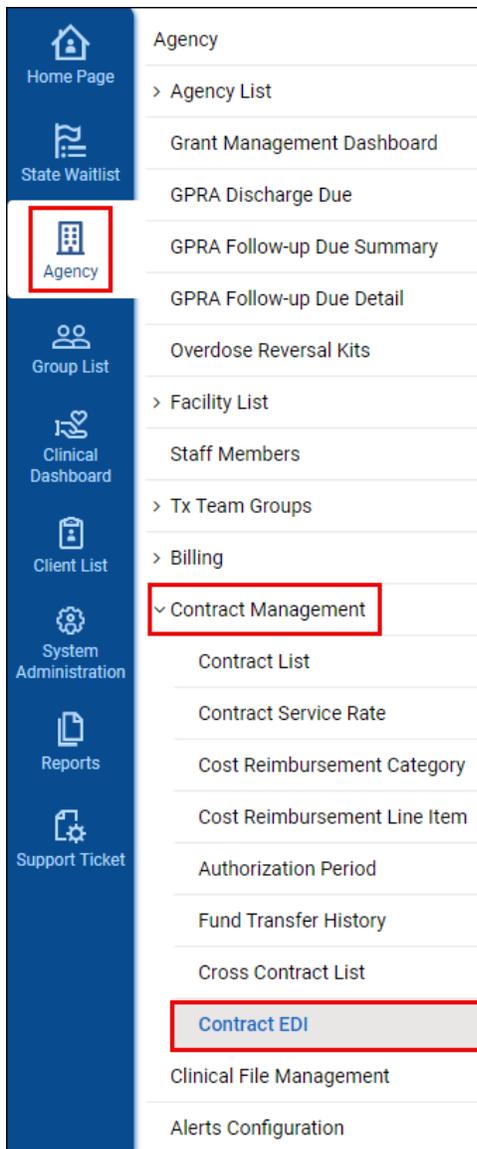


Figure 80: Accessing Contract EDI

6. The Contract EDI Search screen will display.
 - a. Existing contract EDI's display under Contract EDI List.
 - b. **Search** can be performed to narrow the results listed.

Contract EDI Search

Contract #

Contracting Agency

Contract Name

Provider Agency

Effective Date

Administering Agency

Termination Date

Status

Contract EDI List

Provider Agency	Contract Name	Interchange Sender ID	Application Sender's Code	Submitter ETIN	
Administrative Agency	Example Provider Contract	999999	999999	999999	⋮
Agency for Substance Abuse Prevention	Community Contract	123	456	123	⋮
Birmingham Recovery Center	Birmingham Recovery Center	555444333222111	555444333222111	555444333222111	⋮
Montgomery Metro Treatment Center	Montgomery Metro Treatment Center	111222333444555	111222333444555	111222333444555	⋮

Figure 81: Contract EDI

7. Click **+Add Contract EDI**.
8. The Contract EDI Profile screen will display.
9. Complete the required and relevant fields.

Contract EDI Profile

Provider Agency

Interchange Sender ID

Contract Name

Application Sender's Code

Contract #

Submitter ETIN

Contract ID

Figure 82: Contract EDI Profile

10. Click **Save and Finish**.

6. PROVIDER AGENCY SETUP

This section covers billing setups that must be performed at the provider agency level.

The setup for the screens below requires the user to have the contracting agency active in WITS.

1. Navigate to the contracting agency by clicking on the active **agency and facility** in the top right of the WITS header.
2. The Change Facility screen will display. Change the **New Agency** and **New Facility** fields to match the contracting agency and facility.
3. Click **Go** to switch to the contracting agency.

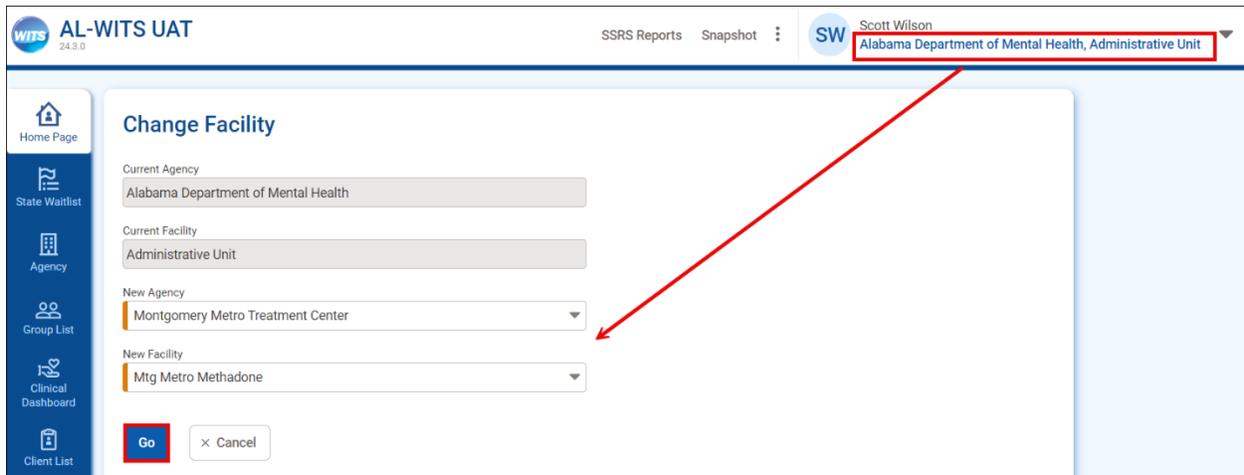


Figure 83: Change Provider Agency and Facility

6.1. Provider Agency Profile

There are several fields that must be set in the contracting agency profile for the claim item submission feature to function properly.

1. From the left navigation menu, click **Agency**.
2. In the Agency List submenu, click **Agency Profile**.

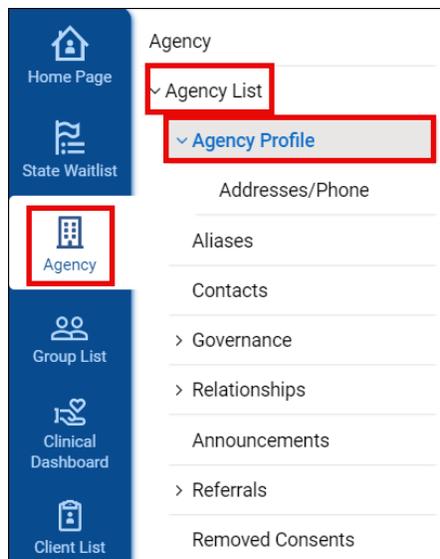
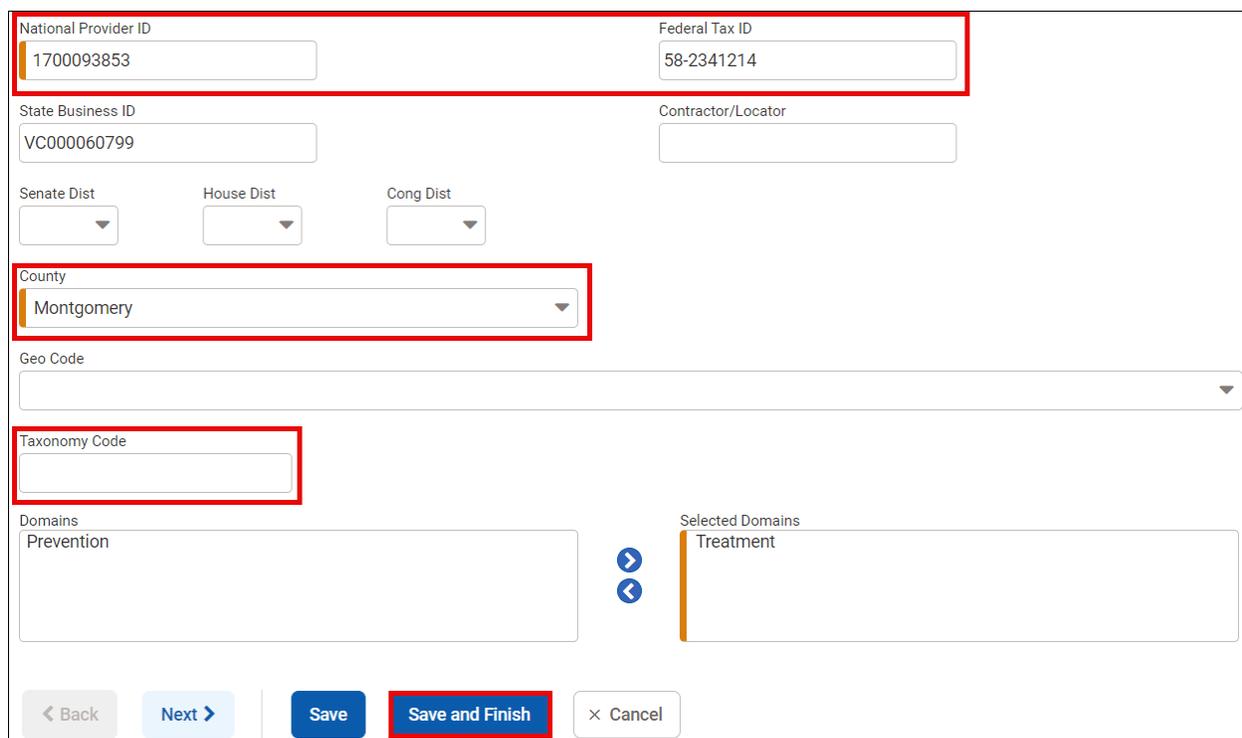


Figure 84: Accessing Provider Agency Profile

3. Scroll down the profile to the fields displayed in the screenshot below.
4. Complete these fields and click **Save and Finish**.



National Provider ID: 1700093853

Federal Tax ID: 58-2341214

State Business ID: VC000060799

Contractor/Locator:

Senate Dist:

House Dist:

Cong Dist:

County: Montgomery

Geo Code:

Taxonomy Code:

Domains: Prevention

Selected Domains: Treatment

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

Figure 85: Billing – Provider Agency Profile

The highlighted fields above are described in the table below.

Table 12: Provider Agency Profile - Billing Fields

Field	Description
National Provider ID	Enter the provider's national provider ID.
Federal Tax ID	Enter the provider's federal tax ID.
County	Enter the county where the agency resides.
Taxonomy Code	Enter the provider's taxonomy code.

6.2. Identifiers

For any identifiers not located in the Agency Profile, they can be recorded on the Identifiers screen.

This includes the Medicaid Contract Number, which must be entered each fiscal year for any provider that bills to Medicaid.

NOTE: The steps below assume the applicable provider agency is set to the user's active agency.

1. From the left navigation menu, click **Agency**.
2. Click **Agency Profile** to expand its menu options and then click **Identifiers**.

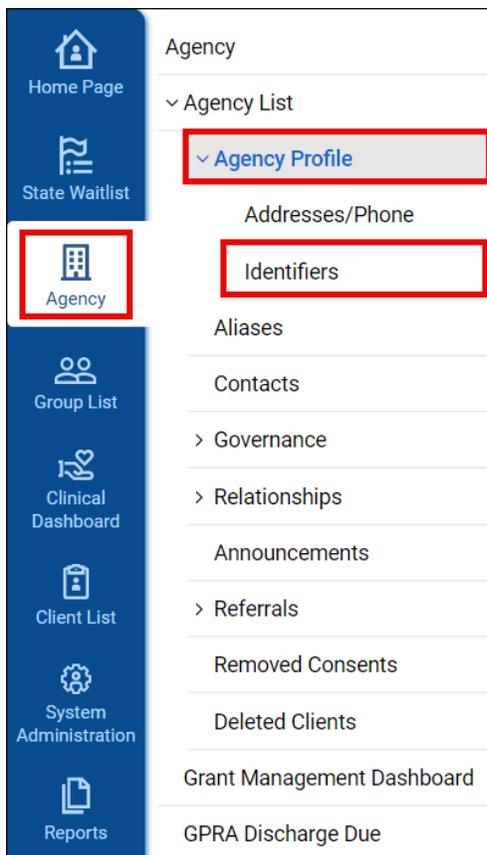


Figure 86: Accessing Identifiers

3. The Identifiers screen will display. Click **+Add Identifier**.

Identifiers List

+ Add Identifier

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

Identifier Profile

Category

Type

Expiration Date

Identifier #

Effective Date

Comments

Save and Finish
× Cancel

Figure 87: Identifier Profile

- The Identifier Profile section will become editable. Complete the required and relevant fields. Use the following table for information on each field.

Field	Description
Category	The category that aligns with the identifier. <ul style="list-style-type: none"> Medicaid Contract Number is used to identify the yearly provider contract with Medicaid.
Identifier #	An alphanumeric field for the identification number, such as the Medicaid contract number.
Type	Identifies the type of identifier. <ul style="list-style-type: none"> Medicaid Contract Number is used to identify the yearly provider contract with Medicaid.
Effective Date	When the identifier takes effect. For example, the Medicaid contract's start date.
Expiration Date	When the identifier is no longer valid. For example, the Medicaid contract's end date.
Comments	Text field for entering any additional notes relating to the identifier.

- Click **Save and Finish**.

6.3. Contacts: File Import - Billing

A contact must be set for each provider agency that is using the Claim Item Submission feature for uploading 837P files to WITS. The contact set must have an email address associated with their staff account. This contact will receive an email with the billing file could not be uploaded to WITS from the SFTP server.

6. From the left navigation menu, click **Agency**.
7. Under the Agency List submenu, click **Contacts**.

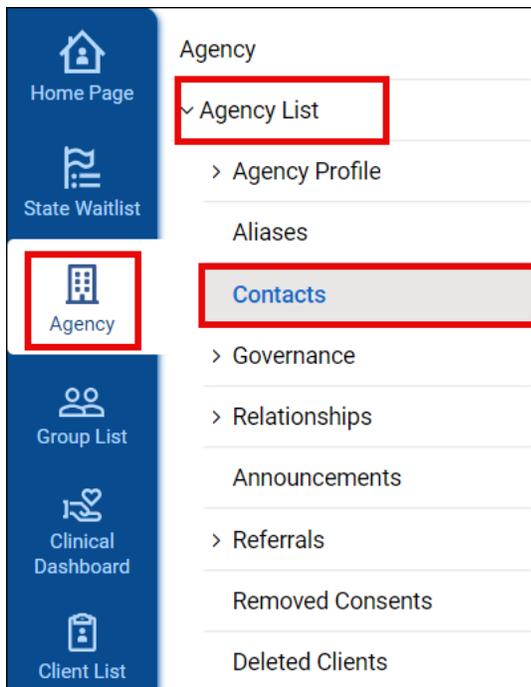


Figure 88: Accessing Provider Contacts

8. On the Contacts screen, click **+Add Contact**.
9. Complete all fields and click **Save and Finish**.

Contacts for Alabama Department of Mental Health

Agency Contact List

+ Add Contact

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

Agency Contact Profile

Staff

Effective Date

Contact Type

Status

Save
Save and Finish
× Cancel

Figure 89: Fill Import - Billing Contact

How the fields should be completed are detailed in the table below.

Table 13: File Import - Billing Contact

Field	Description
Staff	A provider staff member with a valid associated email.
Contact Type	File Import – Billing
Effective Date	Use current date.
Status	Active

6.4. TPL Payor Plan – Provider Agency Profile

The Payor Plan – Agency Profile will need to be set for all agencies that will be processing TPL claims. The TPL payor plan will need to be created at the contractor level (see [Third-Party Liability Payor Plan](#)) before the following steps can be completed.

1. Navigate to the provider agency by clicking on the active **agency and facility** in the top right of the WITS header.
2. The Change Facility screen will display. Change the **New Agency** and **New Facility** fields to match the contracting agency and facility.
3. Click **Go** to switch to the contracting agency.

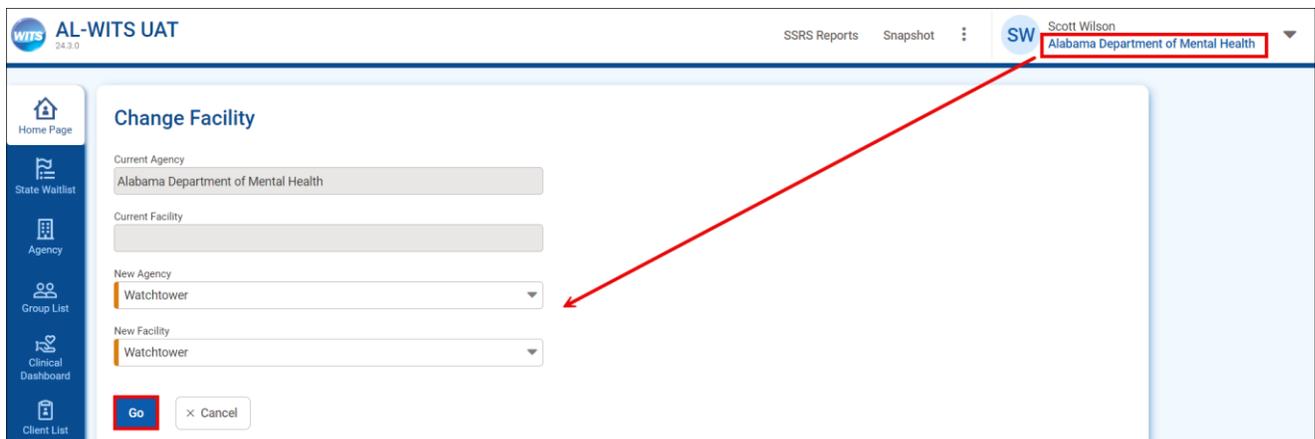


Figure 90: Switching to Provider Agency

4. From the left navigation menu, click **Agency**.
5. Scroll down the submenu and click **Billing** to expand its options.
6. Click **Payor Plan List** from the Billing submenu.

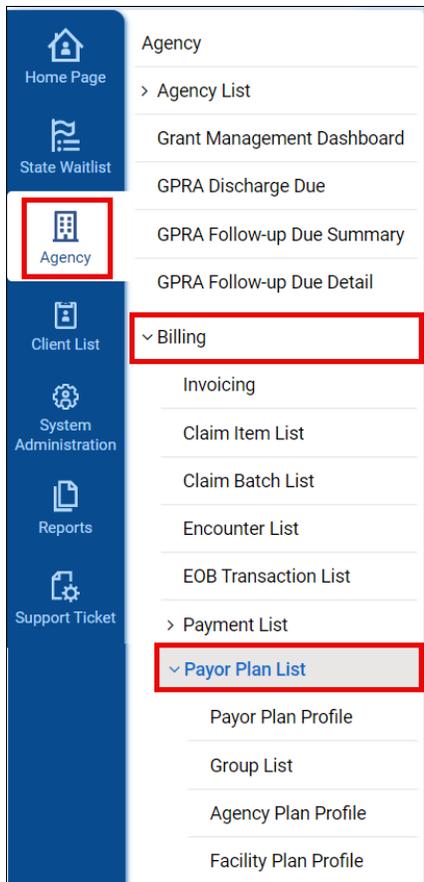


Figure 91: Accessing Payor List - Provider

7. The Payor Plan List screen will display. If needed, use Search to locate the third-party liability payor plan.
8. Under the section Payor Plan List, click on the **vertical ellipsis** to the right of payor plan for Third Party Liability and then click **Profile**.

Payor Plan Search

Plan Name

Payor Company

Plan Type
Group Insurance ▼

CH Agency

Billing Form

Plan Status
 Active Inactive

Payor Plan List

+ Add New Payor Plan

Company ▼	Plan Name ▼	CH Agency ▼	Plan Type ▼	HIPAA Payor ID ▼	Billing Form ▼	Status ▼	
TPL	Third Party Liability		Group Insurance	123	CMS-1500	A	<div style="border: 1px solid gray; padding: 2px;">Profile Delete</div>

Figure 92: Third Party Liability - Payor Plan

9. The Payor Plan Profile will display in a read only format.

Payor Plan Profile

Plan Type Group Insurance	Plan Name Third Party Liability
Billing Form CMS-1500	Company Name TPL
Agency [Empty]	Clearing House Agency [Empty]
Claim Filing Type Commercial Insurance Co.	Client Confidential <input type="radio"/> Yes <input type="radio"/> No
Release To Billing Enabled <input checked="" type="radio"/> Yes <input type="radio"/> No	Is Authorization Required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Effective Date 10/1/2020	Expiration Date [Empty]
Reactivated Date 4/23/2024	

HIPAA EDI Information

Payor Name TPL	Payor ID# 123
Receiver Name [Empty]	Receiver ETIN [Empty]
Application Receiver # [Empty]	Interchange Receiver # [Empty]
HIPAA Processing Set [Empty]	Segment Delimiter [Empty]
Element Delimiter [Empty]	Composite Delimiter [Empty]

< Back | Next > | Save | Save and Finish | × Cancel

Figure 93: Payor Plan Profile - TPL

10. Click **Next** twice to navigate to the Agency Profile screen.

Agency Profile for Third Party Liability

Billing Form

Agency Primary Provider #

Agency Secondary Provider #

Primary Provider # Type

Secondary Provider # Type

HIPAA EDI Information

Submitter ETIN

Application Sender #

Interchange Sender #

Figure 94: Agency Profile - Third Party Liability

11. Complete the fields with the information from the table below.

Table 14: Agency Profile - TPL

Field	Description
Agency Primary Provider #	This is a generic identifier determined by ADMH.
Primary Provider # Type	Employer's Identification Number
Agency Secondary Provider #	This is a generic identifier determined by ADMH.
Secondary Provider # Type	Location Number

12. Click **Save and Finish**.

6.5. Government Contract Payor Plan – Provider Agency Profile

The Payor Plan – Agency Profile will need to be set for all agencies that will be processing government contract claims. The government contract payor plan will need to be created at the contractor level (see [Government Contract Payor Plan](#)) before the following steps can be completed.

1. Navigate to the provider agency by clicking on the active **agency and facility** in the top right of the WITS header.
2. The Change Facility screen will display. Change the **New Agency** and **New Facility** fields to match the contracting agency and facility.
3. Click **Go** to switch to the contracting agency.

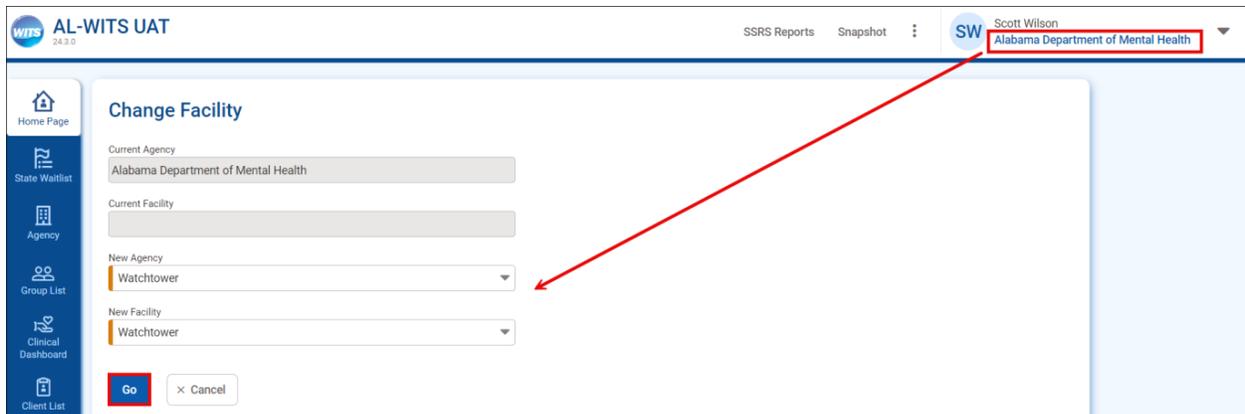


Figure 95: Switching Agency

4. From the left navigation menu, click **Agency**.
5. Scroll down the submenu and click **Billing** to expand its options.
6. Click **Payor Plan List** from the Billing submenu.

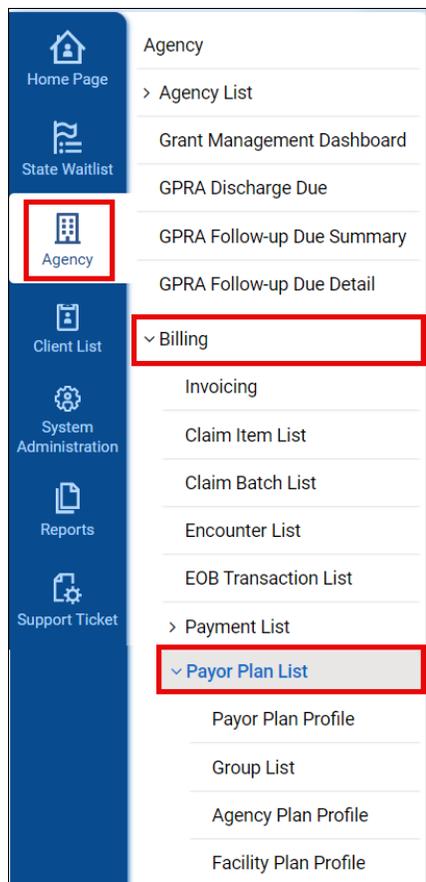


Figure 96: Accessing Provider Payor List

7. The Payor Plan List screen will display. If needed, use Search to locate the government contract payor plan.
8. Under the section Payor Plan List, click on the **vertical ellipsis** to the right of payor plan for government contract and then click **Profile**.

Payor Plan Search

Plan Name

Payor Company

Plan Type
 Government Contract

CH Agency

Billing Form

Plan Status
 Active Inactive

Payor Plan List

+ Add New Payor Plan

Company v	Plan Name v	CH Agency v	Plan Type v	HIPAA Payor ID v	Billing Form v	Status v	
ADMH	SOR III		Government Contract		WITS Batch	Active	⋮
ADMH	Block Grant		Government Contract		WITS Batch	A	⋮
ADMH	Covid 19 Prevention		Government Contract		WITS Batch	A	⋮
ADMH	State Funding		Government Contract		WITS Batch	Acuve	⋮

Profile

Delete

Figure 97: Government Contract - Payor Plan

9. The Payor Plan Profile will display in a read only format.

Payor Plan Profile

Plan Type Government Contract	Plan Name Block Grant
Billing Form WITS Batch	Company Name ADMH
Agency 	Clearing House Agency
Claim Filing Type 	Client Confidential
Release To Billing Enabled Yes	Contracting Agency Alabama Department of Mental H
Funding Source Block Grant	Is Authorization Required? No
Effective Date 10/1/2007	Expiration Date
Reactivated Date 	Budget Allocation Method

HIPAA EDI Information

Payor Name 	Payor ID#
Receiver Name 	Receiver ETIN
Application Receiver # 	Interchange Receiver #
HIPAA Processing Set 	Segment Delimiter
Element Delimiter 	Composite Delimiter

< Back **Next >** Finish × Cancel

Figure 98: Payor Plan Profile - Government Contract

10. Click **Next** twice to navigate to the Agency Profile screen.

Agency Profile for Block Grant

Billing Form

Agency Primary Provider #

Agency Secondary Provider #

Primary Provider # Type

Secondary Provider # Type

HIPAA EDI Information

Submitter ETIN

Application Sender #

Interchange Sender #

Figure 99: Agency Profile - Government Contract

11. Complete the fields with the information from the table below.

Table 15: Agency Profile - Government Contract

Field	Description
Agency Primary Provider #	This is a generic identifier determined by ADMH.
Primary Provider # Type	Employer’s Identification Number
Agency Secondary Provider #	This is a generic identifier determined by ADMH.
Secondary Provider # Type	Location Number

12. Click **Save and Finish**.

7. STAFF MANAGEMENT

Once the agency has been created, staff can be assigned.

NOTE: Since staff will likely need to be assigned to a facility, it is recommended that a staff account is not created until after all facilities have been created.

7.1.1. Staff Creation

Before creating a staff member, the admin will access the agency the staff member will be assigned.

1. From the left Navigation Menu, click **Agency**.

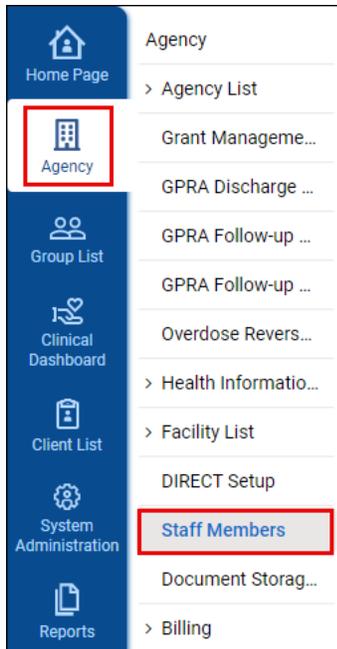


Figure 100: Accessing Staff Members

2. In the sub-menu, click **Staff Members**.
3. The Staff Member Search screen displays.
 - a. The user can search for existing users already assigned to the agency.
 - b. Staff members will be listed under the search section.

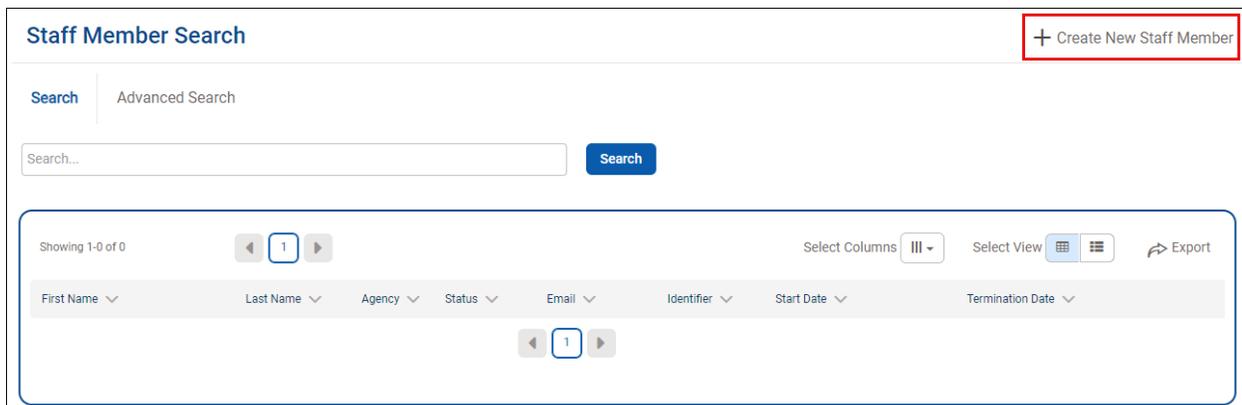
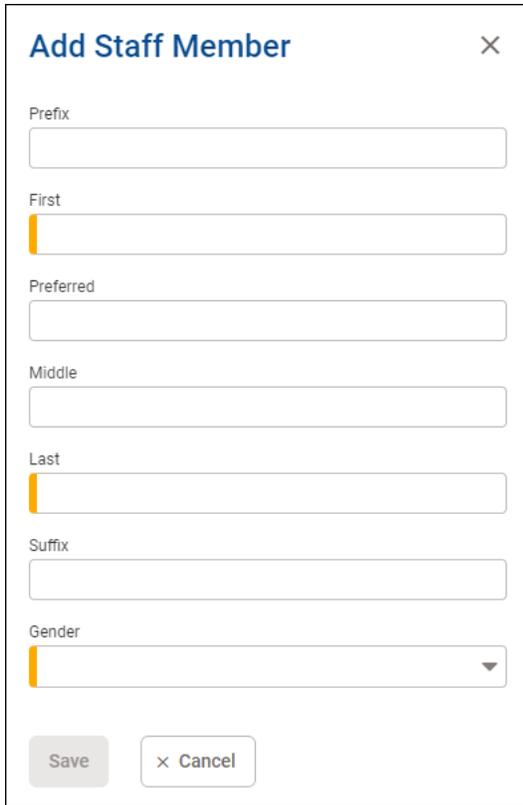


Figure 101: Create Staff Member

4. In the upper right corner of the screen, click **+Create New Staff Member**.
5. The Add Staff Member window appears.



Add Staff Member ×

Prefix

First

Preferred

Middle

Last

Suffix

Gender

Save × Cancel

Figure 102: Add Staff Member

6. At a minimum, complete the required fields and click **Save**.
7. The screen will refresh, and the user will now be on the Staff Member Workspace.
 - a. The workspace is divided into four parts.
 - i. Sections of the workspace are listed to the left for quick navigation.
 - ii. The main workspace and its sections are used to define a staff member and their role.
 - iii. Various action buttons that allow the user to manipulate the workspace.
 - iv. On the right, are two parts.
 1. Completion Requirements – Displays the minimum tasks that must be completed for the staff member’s account.
 2. Additional Items – Navigation actions that can be selected to quickly access different parts of the staff member’s workspace.

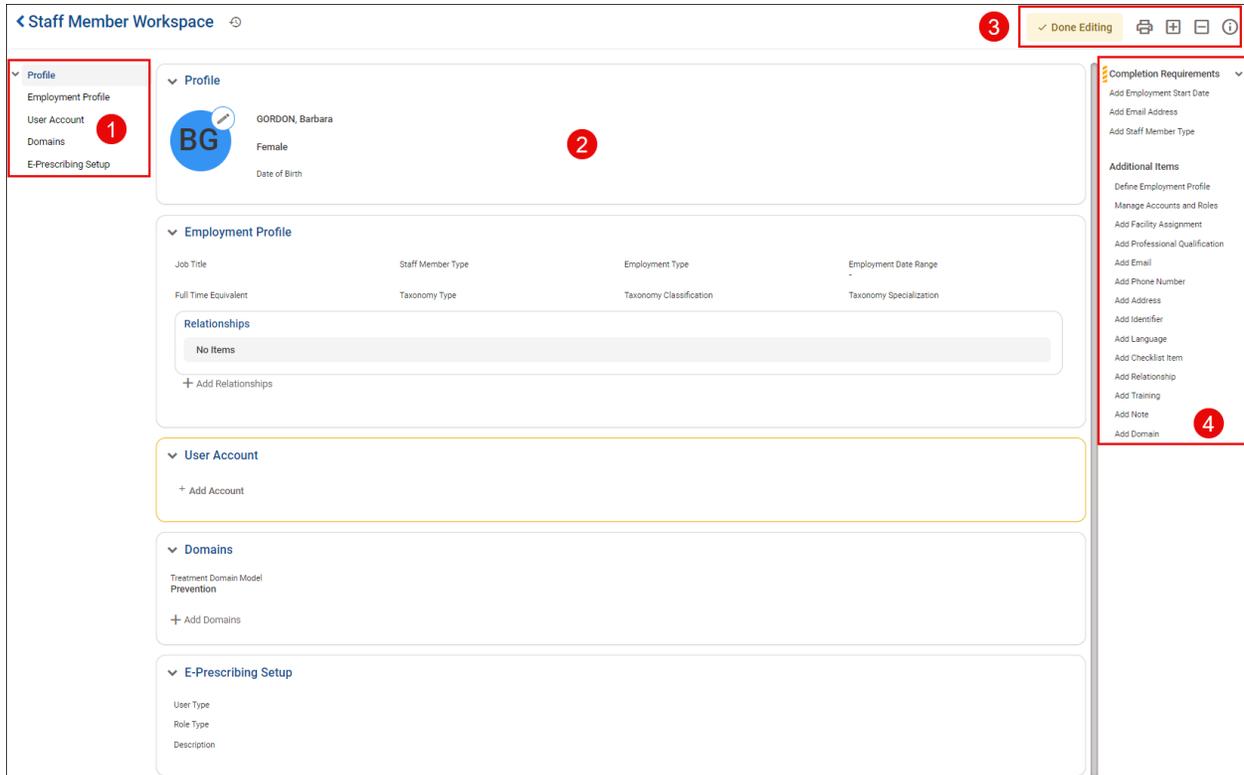


Figure 103: Staff Member Workspace

8. Resolve the Completion Requirements.

- a. Clicking on a completion requirement will navigate to the associated section of the workspace.
- b. Completion Requirements vary depending on state requirements. See table Staff Member Required Fields below.
 - i. Add Employment Start Date
 - ii. Add Staff Member Type
 - iii. Add Email Address
 - iv. Add Social Security Number

Table 16: Staff Member Required Fields

Requirement	Workspace Location	Description
Employment Start Date	Employment Profile	<ul style="list-style-type: none"> • This is the Employment Date Range. • The first box is the start date. • The second is the user's termination date (in instances of temporary hires). This can be left blank for permanent employees. • Has end date should be unchecked for permanent employees.
Staff Member Type	Employment Profile	The user's role at the agency.
Email Address	Contact Information	The user's primary email address. It should be their work email address.

Social Security Number	Identifiers	The user's SSN.
------------------------	-------------	-----------------

9. Complete other sections of the workspace as needed.
 - a. See [Staff Member Workspace](#) for information on the different sections.

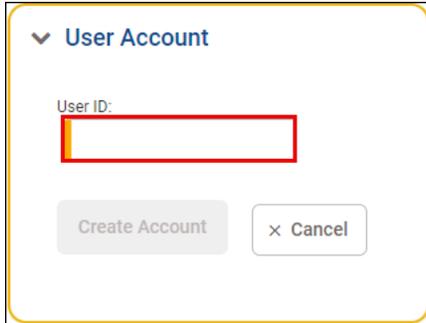


Figure 104: User Account

10. Under workspace section User Account, click **+Add Account**.
 - a. **NOTE:** This only needs to be done for users that will need to access WITS.
 - b. Enter User ID and click **Create Account**.
 - c. Two emails are generated as discussed in *WITS Overview and Basic Navigation*.
11. Roles will now display under the User Account section.



Figure 105: Manage Roles

12. Click **+Manage Roles** in the User Account section.
13. Assign roles to the user's account as needed.
 - a. Search for the role(s) to be assigned.

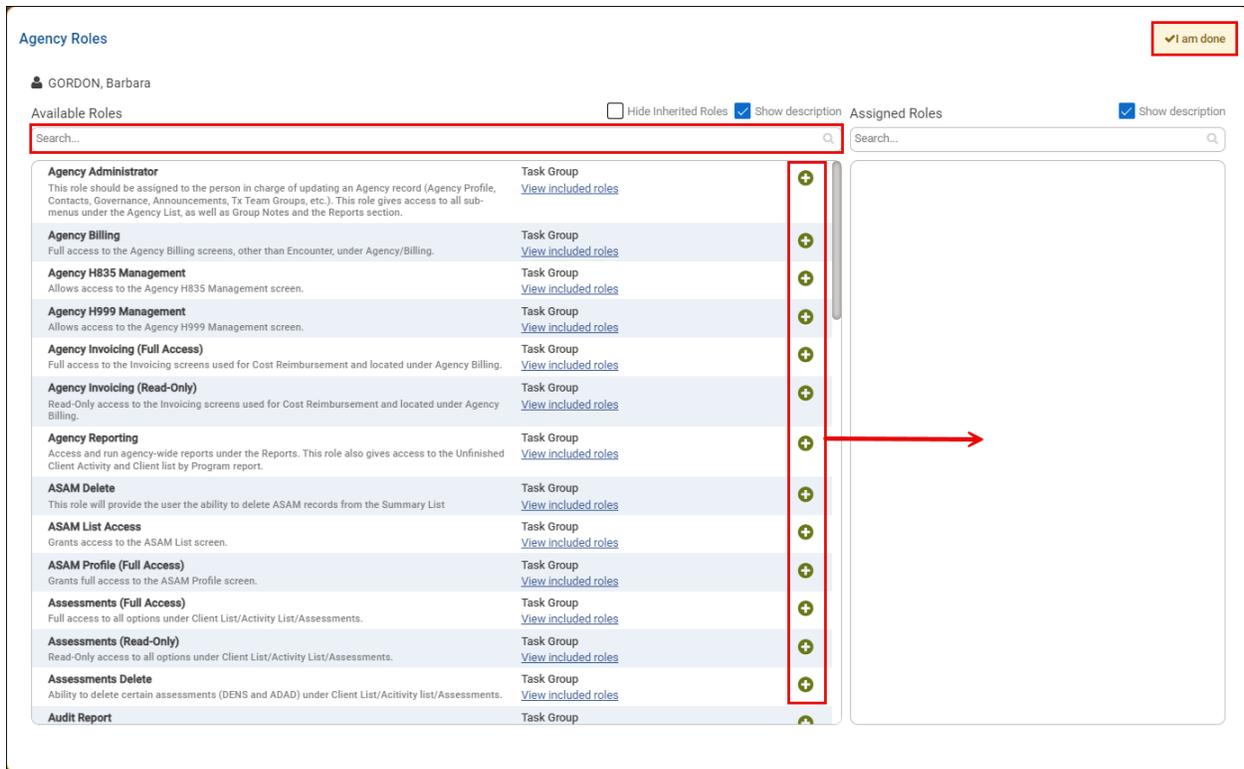


Figure 106: Assigning Roles

14. Click the + symbol to the right of the Available Role to move it to the Assigned Roles box.
 - a. See table below for information on roles and their uses.

Table 17: Agency Roles

Role Name	Description
Agency Billing	Full access to the Agency Billing screens, other than Encounter, under Agency/Billing.
Agency H835 Management	Allows access to the Agency H835 Management screen.
Agency H999 Management	Allows access to the Agency H999 Management screen.
Agency Invoicing (Full Access)	Full access to the Invoicing screens used for Cost Reimbursement and located under Agency Billing.
Agency Invoicing (Read Only)	Read-Only access to the Invoicing screens used for Cost Reimbursement and located under Agency Billing.
Billing Encounter List	Allow user to access the Encounter List screen under Agency/Billing.
Contract Management (Full Access)	Full access to all contract screens under Agency/Contract Management.
Contract Management (Read-Only)	Read-only access to contract management under Agency/Contract Management but without access to adjustments of on Contract Management/Contract List/Authorization Period/Tiers/Adjust link.
Create Agency Claim Batch	Create Provider Claim Batches by Agency by the Create Batches link on the Agency/Billing/Claim Item List screen.
Create Facility Claim Batches	Create Claim Batches by Facility by the Create Batches link on Agency/Billing/Claim Item List screen.
Encounter (Delete)	Enable user to delete the encounter under Client List/Activity List.

Role Name	Description
Invoice Attestation	The role allows user to sign a cost reimbursement invoice and record the attestation statement to be displayed on the printed invoice.
Payor Adjudication	Full access to all functionality under Payor Adjudication for their agency.
Rate (Full Access)	Full access to System Administration/Rates. This role allows the user to read, add, and edit rates.
Rate (Read-Only)	Read-Only access to Agency Rate Profile on System Administration/Rates screen.
Release To Billing	Allows user to release encounters to Billing by the Release to Billing action link on the Encounter Profile screen.
WITS Billing Administrator	Full access to the system wide billing screens including Agency/Billing, System Admin/Rate, Billing reports.

15. Click **I am done** in the top right corner of the window when finished.
16. From Additional Items list to the right of the workspace, click **Add Facility Assignment**.
 - a. If the user has access to multiple facilities, each one will need to be assigned.
17. The Facilities window displays.
 - a. Click on the facility the user will be accessing.
 - b. Set the Effective Date Range.
 - i. End date is blank for permanent employees of the facility.
 - c. Click Save.
 - d. Repeat these steps for each facility the user will be accessing.
18. Click **Done Editing** in the top right corner of the Staff Member Workspace to lock fields.



Figure 107: Leaving Staff Member Workspace

19. Click < to the left of Staff Member Workspace to leave the record and return to the Staff Member Search screen.

7.1.2. Staff Member Workspace

Each section of the Staff Member Workspace is explained here to assist admins in completing user setups.

7.1.2.1. Profile

The user's name, gender, and date of birth display here if those fields are set.



Figure 108: Staff Member Profile

A photo can also be added to the profile by clicking the pencil icon.

- Once added, images can be replaced and/or removed.

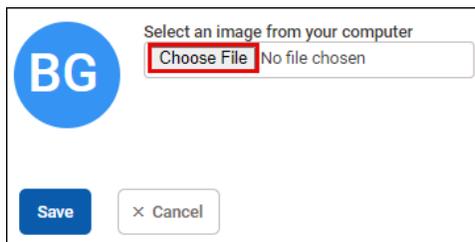


Figure 109: Profile Image Upload

The admin will be prompted to choose the image file.

- The file must be accessible from the user's computer.
 - Exists on local drives.
 - Exists on accessible server drives.

7.1.2.2. Employment Profile

There are two places in this section for managing information regarding the user's employment at the agency.

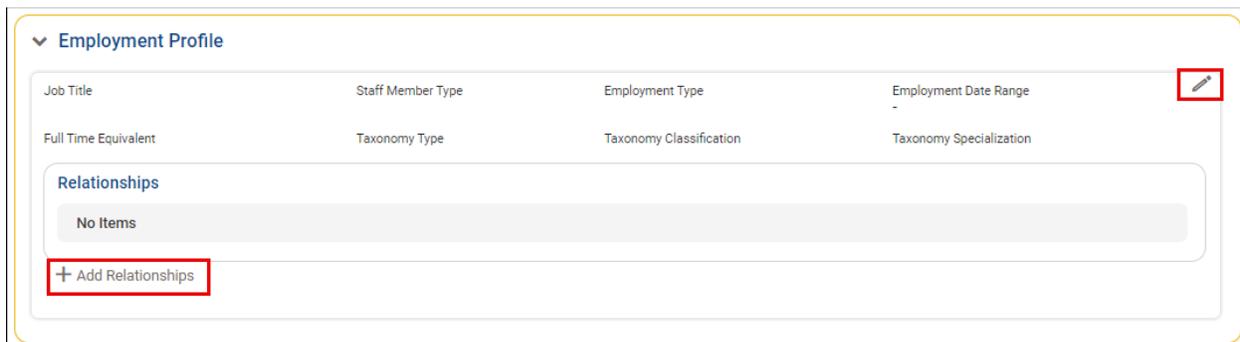


Figure 110: Employment Profile

The **Pencil** icon allows the following information to be edited.

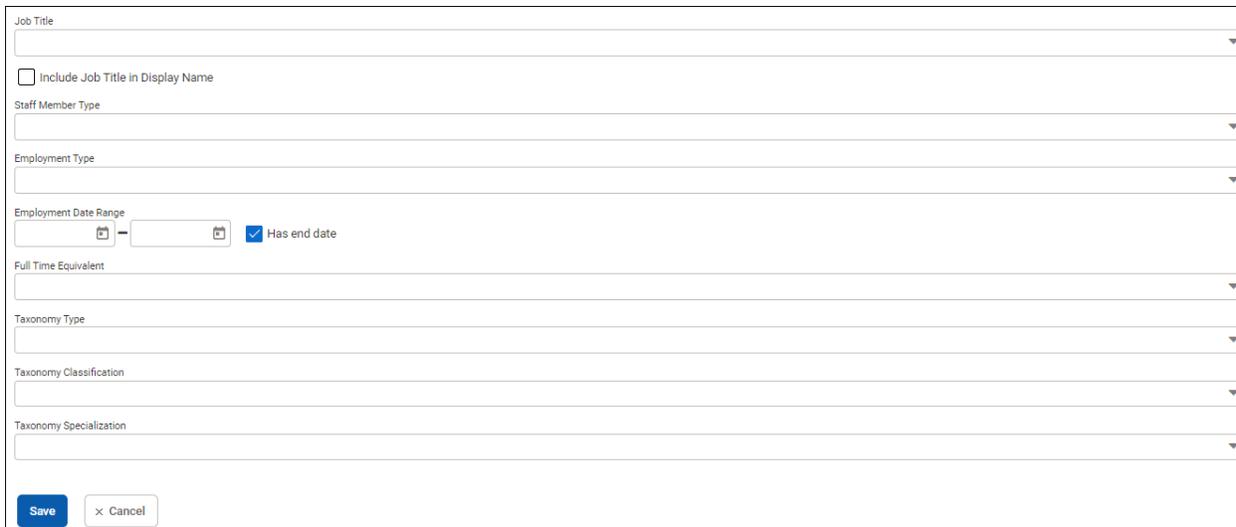


Figure 111: Employment Profile Edit

The fields are described below.

Table 18: Employment Profile

Field	Description
Job Title	The user's job title at the agency.
Include Job Title in Display Name	Checking this box will show their title anywhere their name displays.
Staff Member Type	The user's role at the agency.
Employment Type	Identifies the user's employment type further (intern, contractors, volunteers, permanent, etc.)
Employment Date Range	<ul style="list-style-type: none"> This is the Employment Date Range. The first box is the start date. The second is the user's termination date (in instances of temporary hires). This can be left blank for permanent employees. Has end date box can be unchecked for permanent employees.
Full Time Equivalent	Denotes whether the employee is full or part time.
Taxonomy Type	<ul style="list-style-type: none"> Applicable to healthcare practitioners and identifies their healthcare field. If this field is set, then Taxonomy Classification becomes a required field.
Taxonomy Classification	<ul style="list-style-type: none"> Set Taxonomy Type before setting classification. The taxonomy code related to the user's healthcare profession.
Taxonomy Specialization	<ul style="list-style-type: none"> Set Taxonomy Classification before setting specialization. Specialization code related to the selected classification.

Click **+Add Relationships** in the Employment Profile section to identify users that are related in some capacity.



Figure 112: Add Relationships

There are two fields that will need to be entered.

- Relationship to this Staff Member – The relationship between staff members (wife, husband, sister, brother, etc.).
- Related Staff Member – Identifies the related staff member.
 - The related staff member must have a user account in WITS at the same agency.

7.1.2.3. User Account

This is where a user’s account is created to allow them access to WITS. Once the account is created, additional fields and options become available.

- Reset Credentials – Selecting this option will send an email to the user prompting them to reset their login credentials.
- Lock Agency Access – This blocks the user’s access to the WITS application.
 - When selected, the admin will be prompted to enter a Lock Reason.
- System Roles – Assigned system specific roles display here.
 - These roles can only be assigned by WITS administrators.
 - See [System Accounts](#) for more information on assigning system roles to a user.
- Agency Roles – Assigned agency specific roles display here.
 - +Manage Roles – This is selected to add agency specific roles to the user.



Figure 113: User Account Options

7.1.2.4. Contact Information

Information related to contacting the user is captured here. This section does not display until **Add Email**, **Add Phone Number**, or **Add Address** is clicked from the Additional Items list to the right of the Staff Member Workspace.

NOTE: Email address is a required field when creating a staff member.



Figure 114: Contact Information

Preferred Contact Method – denotes how the user prefers to be contacted. It can be set by selecting the Pencil icon.

+Add Email Address

- Allows email addresses to be added to the user account.
- Multiple email addresses can be added.
- Primary box identifies that email address as the primary account. This is where system emails will be sent.

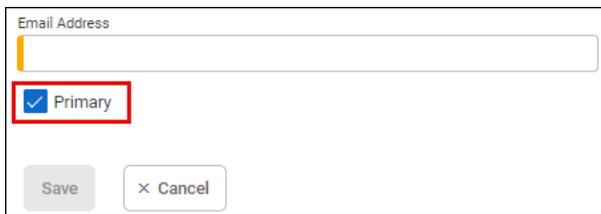


Figure 115: Email Address

+Add Phone Numbers

- Allows phone numbers to be added to the user account.
- Multiple numbers can be added.
- Type – Denotes the type of number (home, mobile, emergency, etc.)
- Primary box identifies that phone number as the primary number.

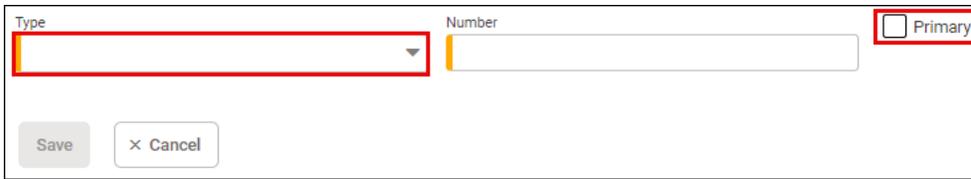


Figure 116: Phone Number

+Add Physical Addresses

- Allows user's physical address to be added to their account.
- Multiple addresses can be added.
- Type – Denotes the type of address (home, work, current, etc.)
- Confidential box will hide the address information from showing anywhere in the system.
- Validate Address – When selected, the address is checked through usps.com for validity.

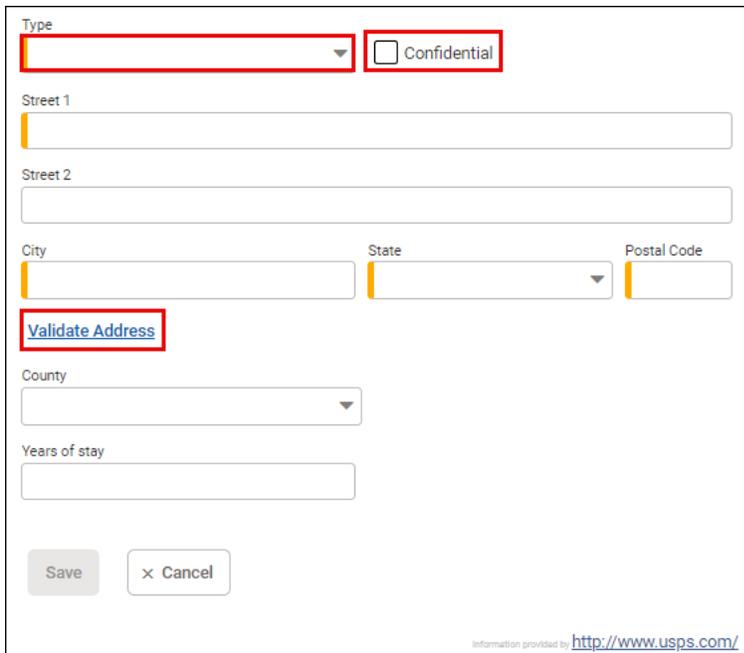


Figure 117: Physical Address

7.1.2.5. Domains

Domains assigned to the user displays here. By default, the domains assigned to the agency are assigned to the user.

- Pencil icon – Allows editing of the assigned domain.
- Trashcan icon – Removes the assigned domain from the user's account.
- +Add Domain – Selected to add additional domains to a user's account.
 - Only domains assigned to the agency can be added.



Figure 118: Domains

7.1.2.6. Facility Assignments

This must be set for agency users before they are able to access specific agency locations. This section does not display until **Add Facility Assignment** is clicked from the Additional Items list to the right of the Staff Member Workspace.

- Assigned facilities can be edited or deleted by selecting the pencil or trashcan icon, respectively.
- An assigned facility can then have program assignments added by clicking **+Add Program Assignment**.
- Additional facilities can be assigned to a user by clicking **+Add Facility Assignments**.

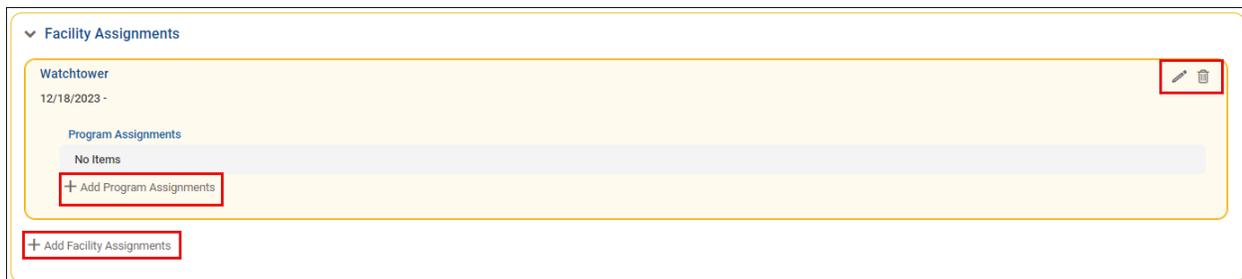


Figure 119: Facility Assignments

Program Assignments identifies what programs are assigned to the user at the selected facility.

NOTE: Setting this is optional.

- Program – Only programs available for the facility will show in this dropdown.
- Effective Dates – If effective dates are set, the user will only have program access within the set dates.
- Has end date – Uncheck this if there is no end date for a user’s access to the program.
- Hours/Week – The number of hours per week the user works within that program.
 - This is only an informational field and has no effect on the user’s access of the WITS system.



Figure 120: Program Assignments

+Add Facility Assignments opens the window below.

- Available facilities will display in the left Facilities column.
- When selected, the facility moves to the right column.
- Effective Date – The first field identifies when the user’s access to the facility begins. The second field identifies when the user’s access to the facility ends.
 - Uncheck the box **Has end date** if the user always has access to the facility.

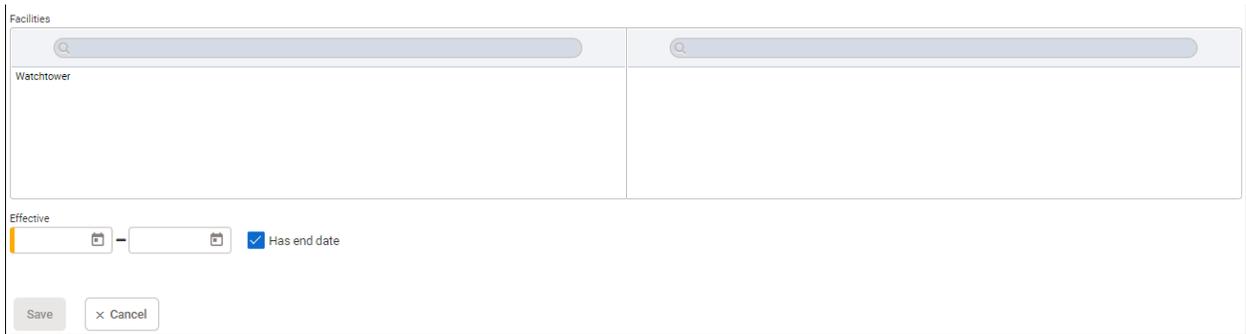


Figure 121: Add Facility Assignment

7.1.2.7. Professional Qualifications

This section can be used to capture certifications, degrees, and licenses. This section does not display until **Add Professional Qualifications** is clicked from the Additional Items list to the right of the Staff Member Workspace.



Figure 122: Professional Qualifications

Information on the different fields can be found in the table below.

Table 19: Professional Qualifications

Field	Description
Category	The qualification type (certification, degree, license).
Type	Further defines the qualification (type of degree, certification, or license).
Issuer Name	The name of the organization that administered the qualification.
Include in Display Name	When checked, the qualification will display wherever the user's name displays.
Qualification Number	If the qualification has an identifier code, enter it here.
Effective Dates	When the qualification was bestowed and when it expires (if at all).
Has end date	Uncheck if there is no expiration date for the qualification.
Note	Optional notes that can be added.

7.1.2.8. Identifiers

Various identifiers can be added a user's accounts as needed. This section does not display until **Add Identifiers** is clicked from the Additional Items list to the right of the Staff Member Workspace.



Figure 123: Identifiers

Information on the different fields is described in the table below.

Table 20: Identifiers

Field	Description
Type	This is a dropdown of possible identifiers.
Identifier	The alpha numerical identification code for the selected identifier type.
Effective Dates	The active dates for the identifier. For example, a driver's license would have an issue and expiration date.
Has end date	Uncheck if there is no expiration date for the identifier.
Note	Optional notes that can be added.

7.1.2.9. Languages

Language fluency can be captured here. This section does not display until **Add Language** is clicked from the Additional Items list to the right of the Staff Member Workspace.

- Language – Choose the language from the dropdown.
- Reading – Record the fluency from no proficiency to extremely proficient.
- Speaking – Record the fluency from no proficiency to extremely proficient.
- Writing – Record the fluency from no proficiency to extremely proficient.

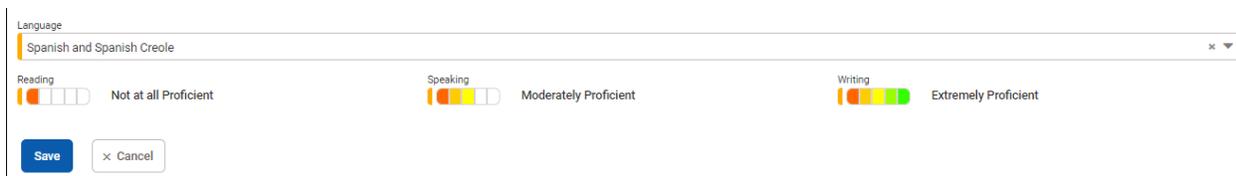


Figure 124: Languages

7.1.2.10. Checklist Items

Checklist Items are used to record tasks throughout a user's career. Examples of data that can be recorded include on boarding, periodic, and separation. This section does not display until **Add Checklist Item** is clicked from the Additional Items list to the right of the Staff Member Workspace.

- **Category** – The type of checklist being captured (on boarding, periodic, separation, etc.).
- **Type** – Different kinds of tasks that might be captured during that stage of employment. Examples include background checks, policy and procedure reviews, development plans, etc.

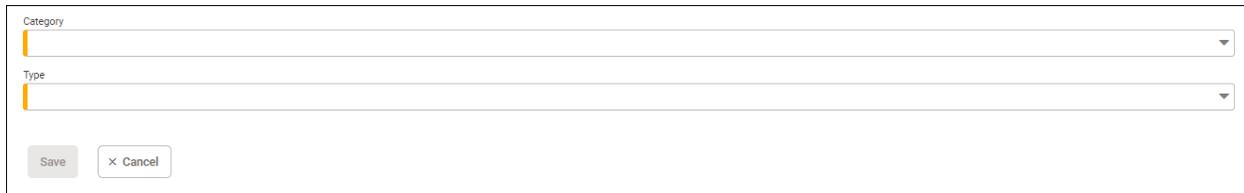


Figure 125: Checklist Items

Once a checklist item has been created, there are additional steps that may be required.

- Noting whether the task was completed and when.
- Deleting the task if it is no longer applicable.
- Adding and answering follow-up questions.

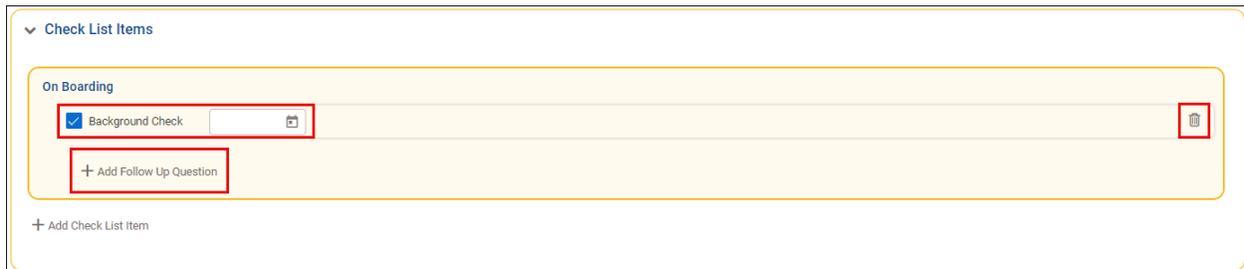


Figure 126: Checklist Follow-up

7.1.2.11. Training

This section is used to record training received by the user. This section does not display until **Add Training** is clicked from the Additional Items list to the right of the Staff Member Workspace.

- **Training Course** – The name of the course taken.
- **Completed** – The date the course was completed.

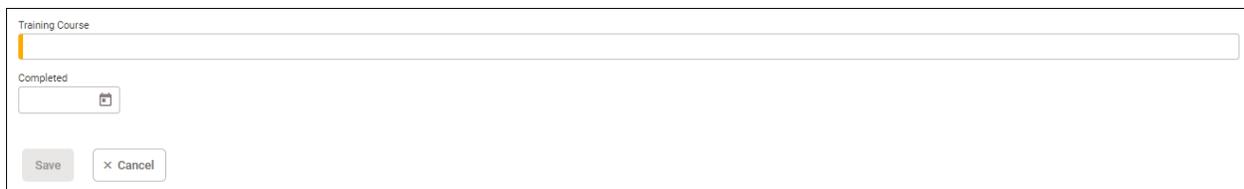


Figure 127: Training

7.1.2.12. Notes

This section is used to capture any notes relevant to the user and/or their account. This section does not display until **Add Notes** is clicked from the Additional Items list to the right of the Staff Member Workspace.

- When selected, a blank text box displays for the admin to enter information.

7.1.3. Staff Management Functions

This section covers information on different functions an administrator might need to perform when managing staff accounts. Click on the **vertical ellipsis** to the right of the of the staff member's name.

- **Lock Agency Access** – Locks the user's account. The admin will have to provide a reason for locking the account. This automatically happens if the user enters the wrong password three times.
- **Reset Credentials** – Resets the user's login credentials.
- **View Profile** – Select this to access the user account.

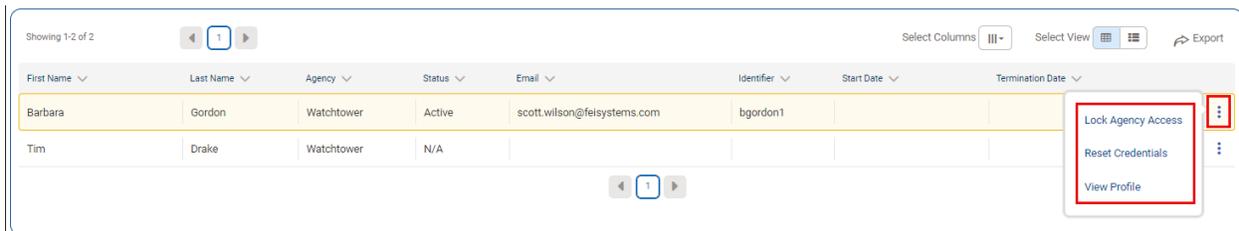


Figure 128: User Account Actions

- **Release Agency Lock** – This unlocks the user account. This is also selected when the user enters the wrong password three times.

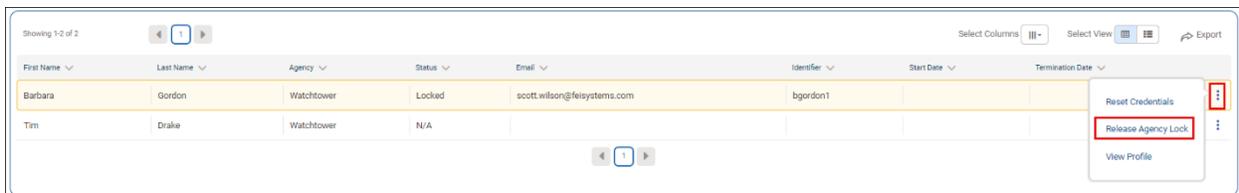


Figure 129: Release Agency Lock

8. CLAIM ITEM SUBMISSION

Providers using an Electronic Health Record (EHR) that is not WITS can be setup to upload their 837P claims into WITS. To use this feature, the contracting agency must establish the following for each provider:

- An active contract using fee for service. See [Contract Management – Fee for Service](#).
 - The Contracting Agency Contact Email field must be completed under the Contract Profile.
 - The contact(s) listed here will receive an email notification when the 999 and 835 files are generated by WITS.
- A billing file import contact must be added to the provider agency's contact list. See [Billing File Import Contacts](#).
- A contract EDI profile must be created for the provider. See [Contract EDI](#).

There are two ways to upload an 837P file. The first is through the H837 Management screen in WITS. The second is by using an SFTP site. The process for uploading an 837P using either method is covered under the Billing End User Guide under the Claim Item Submission section.

After an 837P is uploaded and successfully processed:

- An encounter is created under the client record indicated in the 837P file. The encounter will be in the released status.
- A claim is created against the client's encounter. The claim will be in the released status.
- A 999 file is generated. A notification is emailed to the email address(es) listed on the Contracting Agency Contact Email field in the provider's contract informing that a 999 was generated.

8.1. SFTP Setup

Before a provider can use the SFTP site to upload an 837P file, they must have an account created for the site and the requisite folders established. ADMH will need to contact the WITS Support team and request access for the provider.

- Send an email to support@witsweb.org
- In the email, include the name of the provider agency and the email address that will be linked to the SFTP account.

9. MEDICAID CLAIM MANAGEMENT

The billing process is briefly discussed in the [Billing Workflows](#) section. For detailed information on how the provider will process claims, see the **WITS Billing End User Guide**.

The claim management process here is specific to how the contracting agency (ADMH) will process Medicaid and government contract claims.

9.1. Clearing House

Alabama is acting as the clearing house for all providers that will be submitting claims for Medicaid. Once WITS processes and batches a provider's claims, the provider's claim batch will display under the ADMH contracting agency on the Clearing House Item menu option.

The provider batched claims will be in the Released status. From there, a processor will execute and any batched claims from providers in a Released status will be batched together in a clearing house batch. The clearing house batch will then be transmitted to Medicaid.

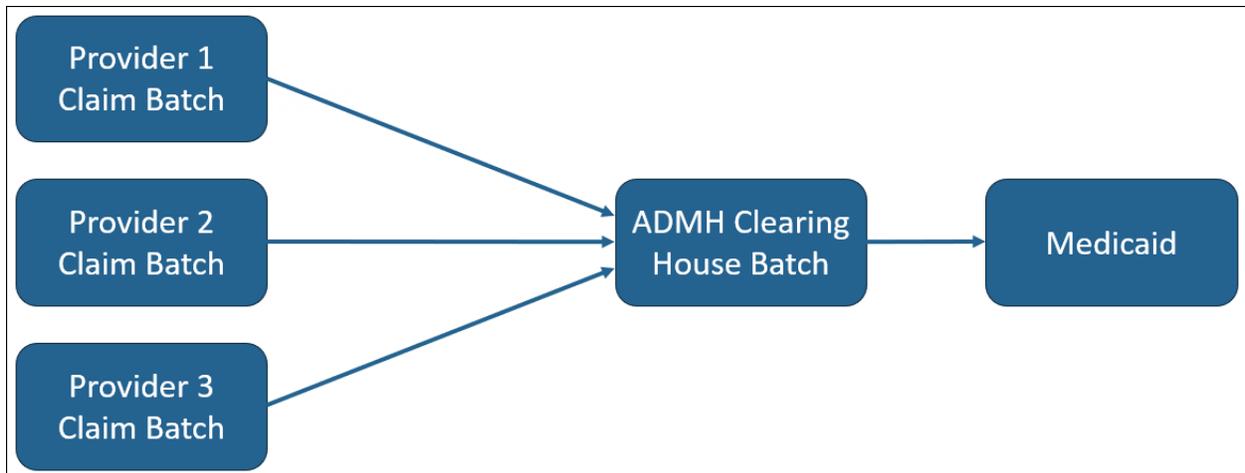


Figure 130: Clearing House Batch Process

9.1.1. Clearing House Item

If needed, provider batches can be reviewed and manually batched by ADMH from the Clearing House Item menu option.

To access these claim batches:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Clearing House Item**.

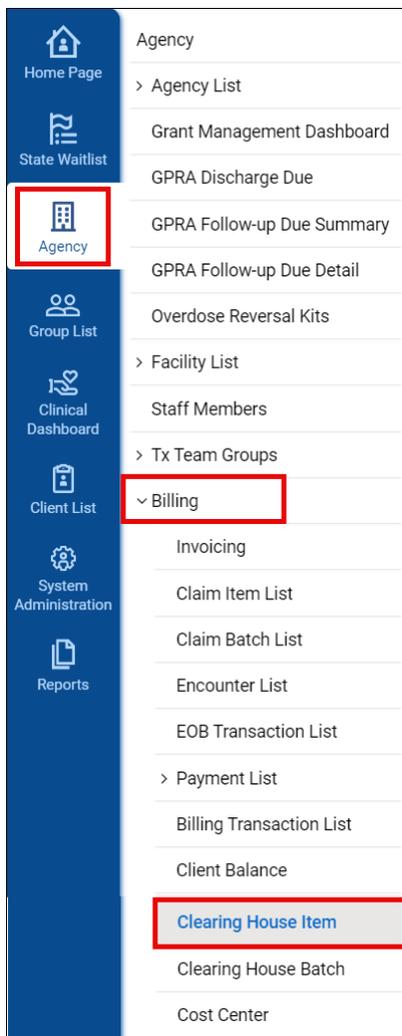


Figure 131: Access Clearing House Item

4. The Provider Claim Batch Search screen will display. Use **Search** as needed to locate specific or all batched provider claims.

Provider Claim Batch Search

Plan

Agency Name

Provider Batch #

Billing Form

CH Item #

Facility Name

Rel To CH Date

CH Item Status

[Create CH Batches](#)

[Search](#) [x Clear](#)

Provider Claim Batch List

[Export](#)

CH Item#	Provider Batch#	Agency Name	Facility Name	Billing Form	Rec'd Date	Svc Mo/Yr	Plan	CH Item Status	Charge
14	6	Alcohol and Drug Abuse Treatment		837	5/6/2024 12:00 AM	Dec 2023	Alabama Medicaid	Released	Profile

Figure 132: Provider Claim Batch Search Screen

To batch all provider claims in the Released status, click **Create CH Batches**.

To review or edit a batched provider claim:

1. Click on the **vertical ellipsis** to the right of a batched claim and then click **Profile**.
2. The Provider Claim Batch Profile screen will display. **NOTE:** Administrative actions at the bottom of the screen may show the following actions, but no actions need to be taken by the ADMH staff since this workflow is automated.
 - a. Awaiting Review – Places the claim in a review status.
 - b. Hold – Places the claim in a hold status.
 - c. Rejected by Clearing House – Rejects the claim.

Provider Claim Batch Profile

[^ Hide Context Information](#)

Plan: Alabama Medicaid	CH Item # 11	Agency Name Alcohol and Drug Abuse Treatment	Facility Name
Provider Batch # 21	Released to CH Date 4/18/2024	Billing Form: 837	CH Item Status: Released
Service Month/Year Apr 2024	Charge \$0.00		

Claim Item List

[Export](#)

Claim #	Claim Item #	Unique Client Number	Service	Billing Units	Charge	Delay Reason	Override Reason
22	20	J693913SF203555	H0006/HF	0.00	\$0.00		

Save and Finish
× Cancel

Administrative Actions

Awaiting Review
Hold
Rejected By Clearing House

Figure 133: Provider Claim Batch Profile

3. Click **Save and Finish** to finalize changes or click **Cancel** to return to the Provider Claim Batch Search screen without making changes to the batched claim.

9.1.2. Clearing House Batch

When the batch is created for the clearing house, the batch will be in the Released status.

To review or make changes to the clearing house batch:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Billing** to expand its options.
3. Click **Clearing House Batch**.

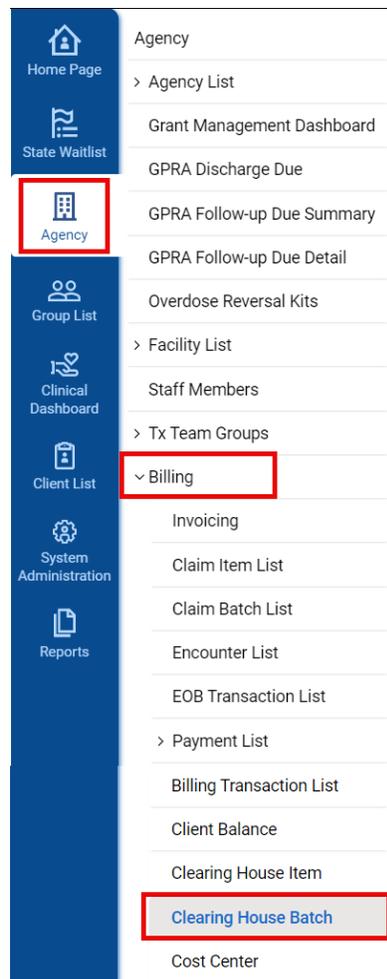


Figure 134: Accessing Clearing House Batch

4. The Clearing House Batch Search screen will display. Use **Search** to locate specific batches.
5. Click on the **vertical ellipsis** to the right of the batch to display two options.
 - a. **Provider Batches** – Click this option to display the provider claim batches included in the clearing house batch.
 - b. **Profile** – This option displays the Clearing House Batch Profile screen.

Clearing House Batch Search

Plan

Billing Form

CH Batch #

H837 Status

Service Month/Year

Created Date

Status

Clearing House Batch List

[Export](#)

Batch #	Status	H837 Status	Plan	Billing Form	Charges	Service Mo/Yr	Created
6	Released		Alabama Medicaid	837	\$6,205.05	Mar 2024	<input type="button" value="Provider Batches Profile"/>

Provider Claim Batch List

Currently, there are no results to display for the Provider Claim Batch List.

Figure 135: Clearing House Batch Search Screen

9.1.2.1. Provider Claim Batch List

This section populates with the provider batches included in the clearing house batch when **Provider Batches** is clicked.

If a provider batch needs to be removed, click the check box to the left of the batch, and then click **Remove from Clearing House Batch**.

Clearing House Batch List

[Export](#)

Batch #	Status	H837 Status	Plan	Billing Form	Charges	Service Mo/Yr	Created
6	Released		Alabama Medicaid	837	\$6,205.05	Mar 2024	⋮

Provider Batches

Profile

Provider Claim Batch List

[Remove From Clearing House Batch](#)

<input type="checkbox"/>	Provider Batch #	Agency Name	Status	Charge
<input type="checkbox"/>	11	Alcohol and Drug Abuse Treatment	Batched	\$864.00
<input type="checkbox"/>	12	BHG Huntsville Treatment Center	Batched	\$288.00
<input type="checkbox"/>	13	BHG Huntsville Treatment Center	Batched	\$5,053.05

Figure 136: Provider Claim Batch List

9.1.2.2. Clearing House Batch Profile

To the right of the batch click the vertical ellipsis and then click **Profile**.

Clearing House Batch Search

Plan

Service Month/Year

Billing Form

Created Date

CH Batch #

Status

H837 Status

Clearing House Batch List

[Export](#)

Batch #	Status	H837 Status	Plan	Billing Form	Charges	Service Mo/Yr	Created
7	Awaiting Review		Alabama Medicaid	837	\$2,552.10	Oct 2022	
12	Awaiting Review		Alabama Medicaid	837	\$0.00	Apr 2024	

Provider Batches
Profile

Figure 137: Accessing Clearing House Batch Profile

The Clearing House Batch Profile screen will display.

Clearing House Batch Profile

Batch #

Charge Amount

Status

Created Date

Plan

Updated Date

Billing Form

Service Month/Year

HIPAA Processing Set

H837 Status

Errors List

[Export](#)

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

Administrative Actions

Figure 138: Clearing House Batch Profile

The following Administrative Actions are available.

- Summary Report – This option provides a summary report of the provider claim batches included in the clearing house batch.
- Awaiting Review – Places the batch in an awaiting review status.
- Hold – Places the batch on hold.
- Void – Voids the batch.
- Bill It – This option changes the Status of the clearing house batch to Billed and H837 Status to Queued.
- Reprocess Batch – This option only displays if the 837 fails to generate due to missing required elements.

i The 837 file has been queued and will be processed in a background task. x

Clearing House Batch Profile

<p>Batch # <input type="text" value="6"/></p> <p>Status <input style="border: 2px solid red;" type="text" value="Billed"/></p> <p>Plan <input type="text" value="Alabama Medicaid"/></p> <p>Billing Form <input type="text" value="837"/></p> <p>HIPAA Processing Set <input type="text"/></p>	<p>Charge Amount <input type="text" value="\$6,205.05"/></p> <p>Created Date <input type="text" value="4/18/2024 9:09 AM"/></p> <p>Updated Date <input type="text" value="5/7/2024 12:24 PM"/></p> <p>Service Month/Year <input type="text" value="3/1/2024"/></p> <p>H837 Status <input style="border: 2px solid red;" type="text" value="Queued"/></p>
--	--

Figure 139: Clearing House Batch – Billed

See [Processing Medicaid Claims](#) for next steps in this process.

9.1.2.3. Clearing House Batch Summary Report

When Summary Report is clicked under Administrative Actions, the Clearing House Summary Report screen will display. The report lists all provider claim batches that are included in the clearing house batch.

If needed, the report can be exported by clicking **Export**. This will allow the user to save the report to their computer in an Excel format.

Clearing House Batch Summary Report Report

Export
Save
Save and Finish
× Cancel

Clearing House Batch Summary Report Report List

Provider Agency	Facility	Facility Secondary Provider #	Procedure	Modifiers	Court Ordered	Charges	Units
Alcohol and Drug Abuse Treatment	ADATC Birmingham		H0006	HF	No	\$864.00	864.00
BHG Huntsville Treatment Center	BHG Huntsville Level I Outpatient		H0006	HF	No	\$288.00	288.00
BHG Huntsville Treatment Center	BHG Huntsville Methadone		90834	HF	No	\$5,053.05	45.00

Figure 140: Clearing House Batch Summary Report

9.2. Processing Medicaid Claims

At set intervals, WITS will generate an 837P file for all clearing house claim batches with an H837 Status of Queued on the Clearing House Batch Profile. See [Clearing House Batch Profile](#).

Once the 837P file is created by WITS, the H837 Status will change to Generated. The file will then transmit to Medicaid.

If the file fails to transmit to Medicaid, WITS will place the batch in one of the following statuses:

- 837 Generation Errors – No Retry
- 837 Generation Errors – Auto Retry
- 837 Transmission Errors – No Retry
- 837 Transmission Errors – Auto Retry

The section Errors List will display any 837 Generation errors (for example missing tax DI, NPI, EDI contacts, etc.). **NOTE:** These sorts of errors are resolved during initial setup and testing.

When any of the above errors occur, contact WITS Production Support for assistance.

9.2.1. 999 File

The 999 is an acknowledgement from the receiving entity that the 837P file was accepted. In this case, the 999 file will be generated by Medicaid and returned to ADMH with one of two responses.

If the transmission was successful, and Medicaid accepted the 837P, the H837 Status field will update to Transmitted.

After WITS receives and processes the 999, the Status will change to Accepted by Payor.

Clearing House Batch Profile

Batch #	5	Charge Amount	\$12.00
Status	Accepted By Payor	Created Date	2/14/2024 2:19 PM
Plan	Alabama Medicaid	Updated Date	5/8/2024 3:03 PM
Billing Form	837	Service Month/Year	2/1/2024
HIPAA Processing Set	Alabama Medicaid (5010)	H837 Status	Transmitted

Errors List

[Export](#)

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

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

Administrative Actions

[Summary Report](#)

Figure 141: Clearing House Batch Accepted

If the transmission was successful but Medicaid rejected the 837P, the Status field will state Rejected by Payor instead. **NOTE:** In these instances, contact WITS Production Support for assistance.

Clearing House Batch Profile

Batch # 10	Charge Amount \$9.00
Status Rejected By Payor	Created Date 4/18/2024 11:07 AM
Plan Alabama Medicaid	Updated Date 5/8/2024 3:14 PM
Billing Form 837	Service Month/Year 4/1/2024
HIPAA Processing Set Alabama Medicaid (5010)	H837 Status Transmitted

Errors List

[Export](#)

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

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

Administrative Actions

[Summary Report](#)

Figure 142: Clearing House Batch Rejected

If needed, the 999 file can be downloaded.

Note: Only users with the WITS Administrator role can access the 999 files from Medicaid.

To download the 999 file from Medicaid:

1. From the left navigation menu, click **System Administration**.
2. In the submenu, click **H999 Management** to display the H999 Management screen.

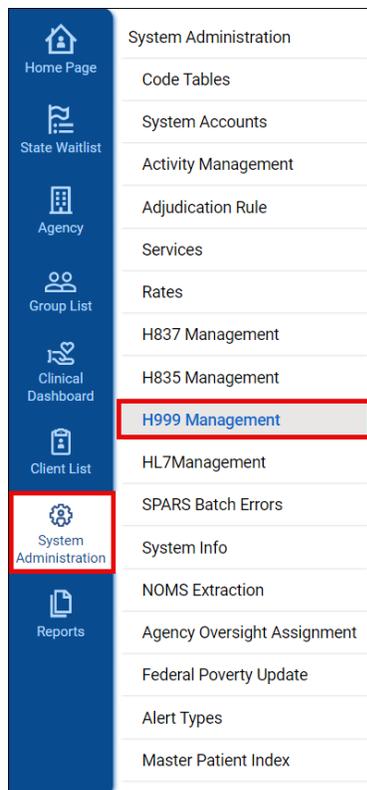


Figure 143: Accessing System Administration - H999 Management

3. Click on the **vertical ellipsis** to the right of the file and then click **Download**.

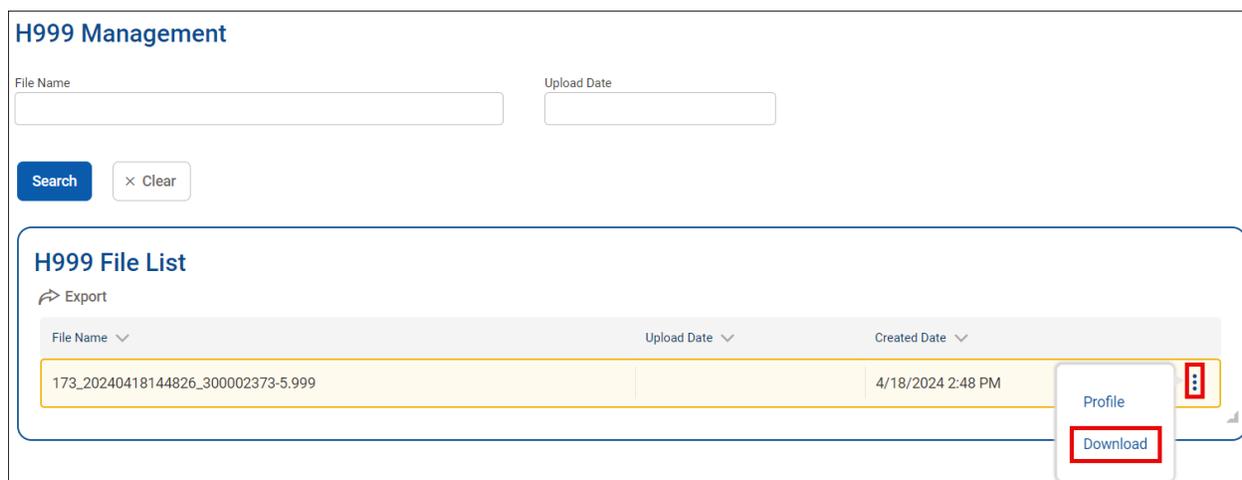


Figure 144: Medicaid H999 Management

4. Choose where to save the file and click **Save**.

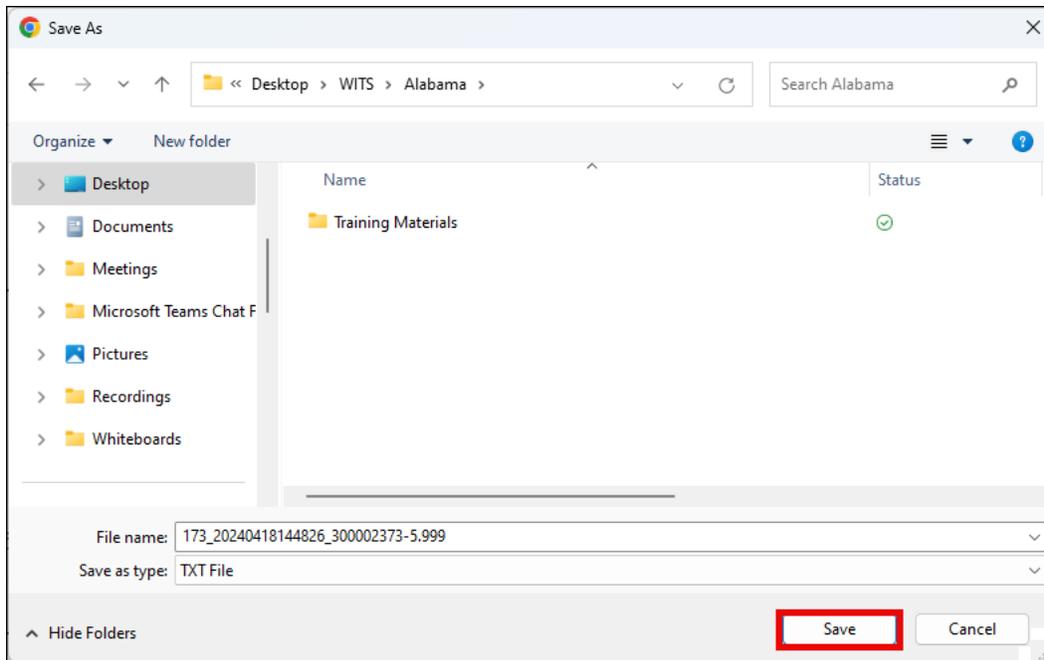


Figure 145: Download Medicaid 999

9.2.2. 835 File

Once Medicaid processes the claim on their end, an 835 file will be generated and transmitted to ADMH. The 835 informs on the status of the processed claim: paid or denied.

NOTE: The 835 from Medicaid can only be viewed by a user with the WITS Administrator role.

To access and download the 835 from Medicaid:

1. From the left navigation menu, click **System Administration**.
2. In the submenu, click **H835 Management**.

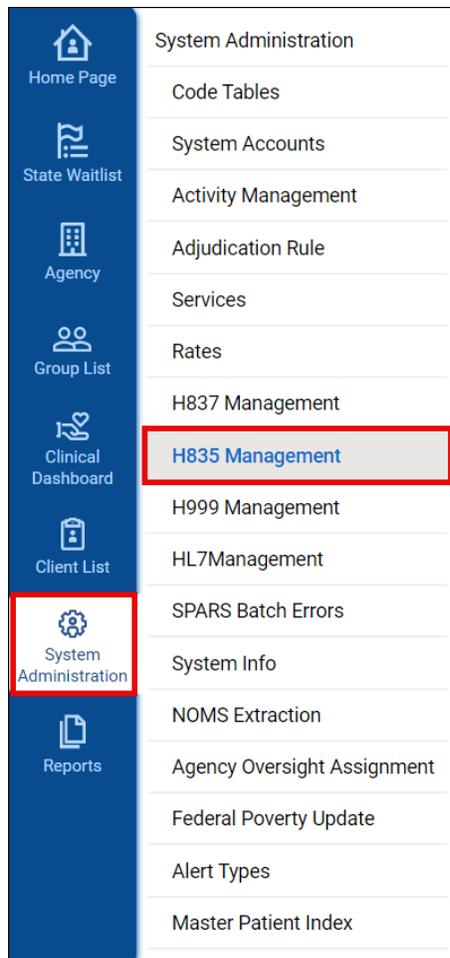


Figure 146: Accessing System Administration - H835 Management

3. The H835 Management screen will display. Click on the **vertical ellipsis** to the right of the file and then click **Download**.

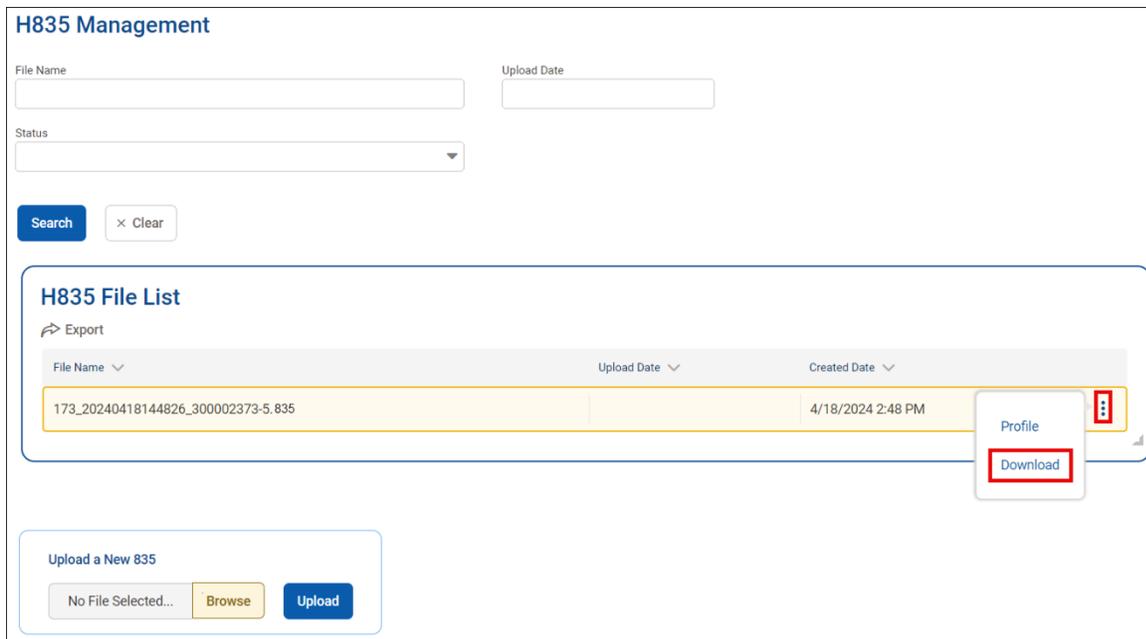


Figure 147: Medicaid H835 Management

4. Choose where to save the file and click **Save**.

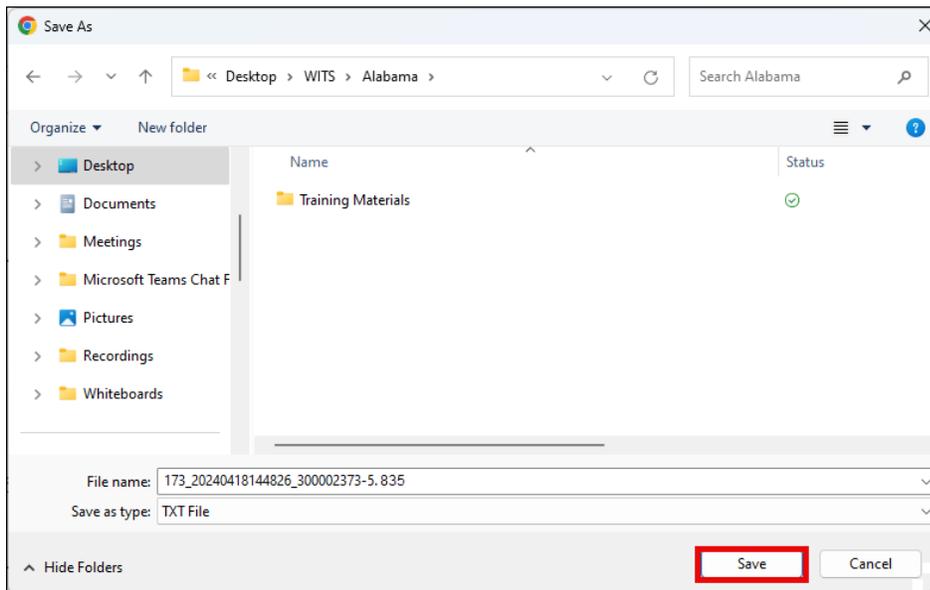


Figure 148: Downloading 835

If needed, a user can manually upload an 835 file from Medicaid on this screen.

At the bottom of the H835 Management screen, click **Browse** under the section Upload a New 835.

H835 Management

File Name Upload Date

Status

H835 File List

Currently, there are no results to display for the H835 File List.

Upload a New 835

No File Selected...

Figure 149: Upload a Medicaid 835 File

Locate and click on the 835 file to be uploaded, and then click **Open**.

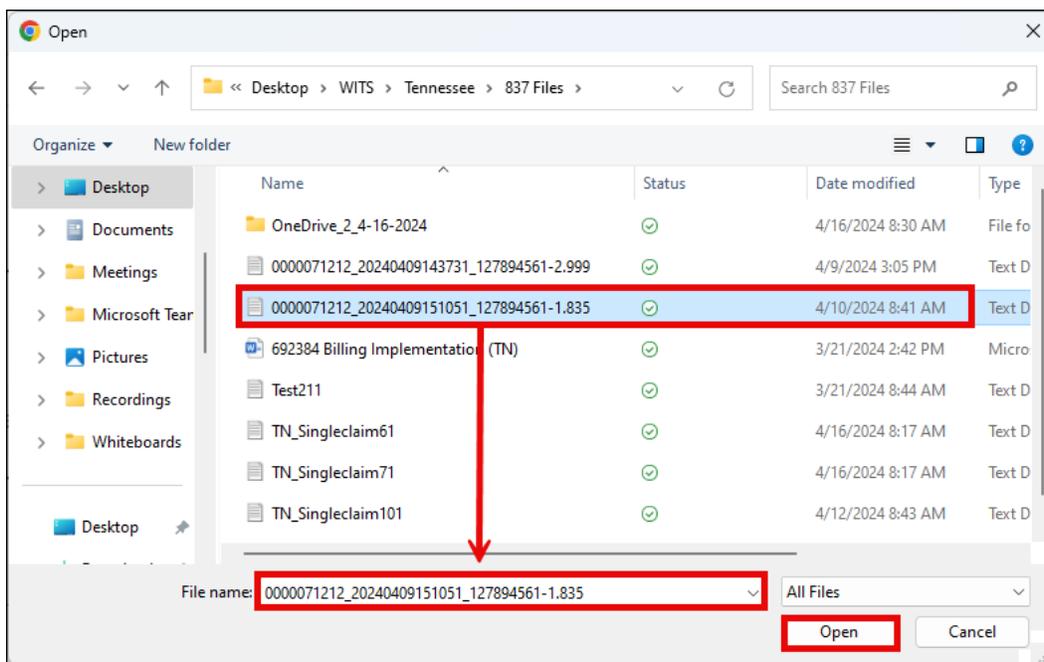


Figure 150: Locate Medicaid 835 File for Upload

The file name will display to the left of the Browse button. Click **Upload** to complete the process.

H835 Management

File Name

Upload Date

Status

Search
× Clear

H835 File List

Currently, there are no results to display for the H835 File List.

Upload a New 835

0000071212_20240409151051_127894561-1.835.txt

Browse

Upload

Figure 151: Upload Medicaid 835 File

835 files received electronically or uploaded manually will be in the Queued status. At set intervals (determined by the state) WITS will process the 835 file. Once processed, the status of the file will be either:

- **Processed** – The file was successfully processed by WITS and the claim remittances within the file applied to the client account(s).
- **Failed** – The file failed processing in WITS. Contact WITS production support team for resolution.

835 files successfully processed will have its claim remittances applied to the client account(s).

NOTE: A claim remittance does not mean that the claim was paid. It means that Medicaid has provided a response to the claim.

Providers can access the Payment List screen to review payments received from TPL, Medicaid, and government contracts. See the Billing End User Guide for more information.

10. PAYOR ADJUDICATION

The payor adjudication screens are used to manage government contract claims and invoiced claims submitted by the providers. The screens accessed under Payor Adjudication depends on type of claim being managed.

10.1. Government Contract

When claims are generated against a government contract, WITS will process the claims automatically using the following workflow.

- The claim is created in the Released status.
- At set intervals, government contract claims for a provider are batched together and sent to the state (ADMH) contracting agency.
- At set intervals, WITS will adjudicate the claims.
- Payor adjudication occurs under the state (ADMH) contracting agency.
- The adjudication rules are set to deny the claim.
- If no rules are triggered during the adjudication process, the claim is approved.
- An EOB/remittance is sent back to the provider and the claim is paid.

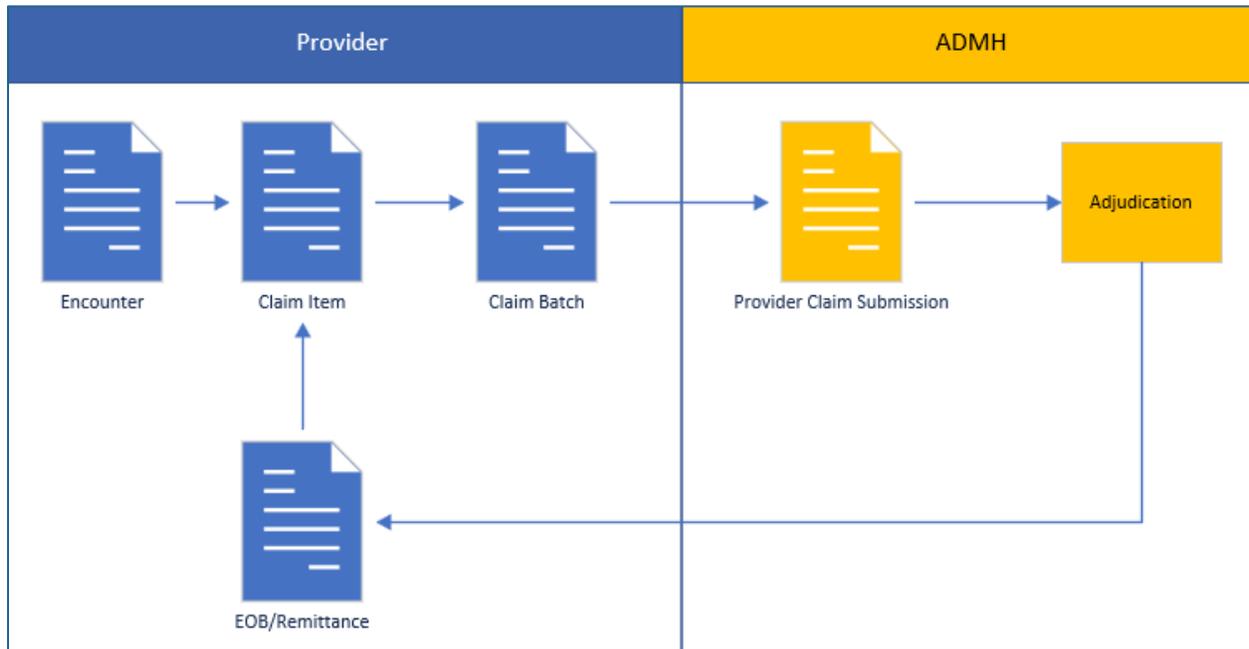


Figure 152: Payor Adjudication Workflow

Government contract claims that do not trigger an adjudication rule are paid under the highest priority tier with available funds.

The entire process for adjudicating government contract claims is automated, and no action needs to be taken by the state billing team.

10.1.1. Claim Submission

Government contract claims that have been submitted to the state contracting agency can be accessed from the Provider Claim Submission screen.

To view the government contract claims at the state contracting level:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Payor Adjudication**.

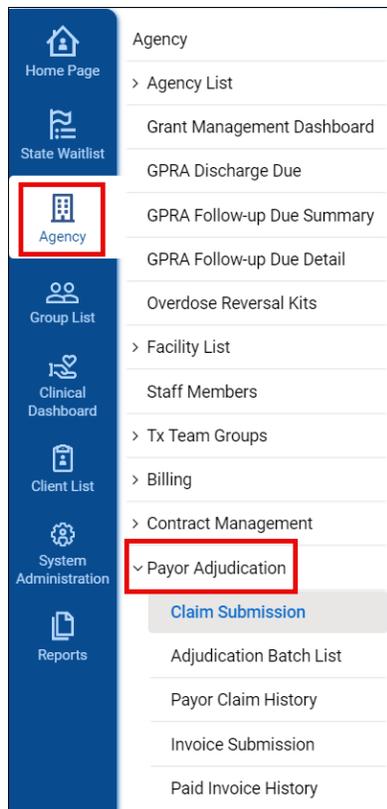


Figure 153: Accessing Provider Claim Submission

3. The Provider Claim Submission screen will display. Use **Search** to locate specific claims.
4. Claims will display under the Provider Claim Submission List. Other actions can be taken by clicking on the **vertical ellipsis** to the right of the claim and then clicking **Profile**.

Provider Claim Submission Search

Contract

Provider Agency Processing Status

Received Date Pending Count

Fully Adjudicated Contract Status

Provider Batch #

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	
13	47	Titan's Treatment	FFS	Titans Treatment	Titan Treatment	\$60.00	5/29/2024	Accepted	Yes		Profile
11	42	Titan's Treatment	FFS	Titans Treatment	Titan Treatment	\$20.00	5/22/2024	Accepted	Yes		

Figure 154: Provider Claim Submission Screen

5. The Provider Claim Submission Profile screen will display. Under the Administrative Actions, users can perform the following functions:
 - a. **Adjudicate Contract** – Used to manually adjudicate a claim.
 - i. **NOTE:** The adjudication process is automatic, and this button does not need to be used.
 - b. **Export Service List** – Allows the user to save an Excel file containing data on the services included in the claim.

Provider Claim Submission Profile

^ Hide Context Information

Claim Status Accepted	Submission ID 13	Type WITS	Contract Name Titan's Treatment
Claim Count 1	Service Count 1	Total Charge \$60.00	Received Date 5/29/2024
Control # 47			

Pre-Adjudication Results

	Amount	Service Count
Pay	\$60.00	1
Deny	\$0.00	0
Pend	\$0.00	0

Save and Finish

Administrative Actions

Adjudicate Contract

Export Service List

Figure 155: Provider Claim Submission Profile

10.1.2. Adjudication Batch List

The Adjudication Batch List allows the user to access provider batches instead of individual claims.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Payor Adjudication** to expand its options.
3. Click **Adjudication Batch List**.

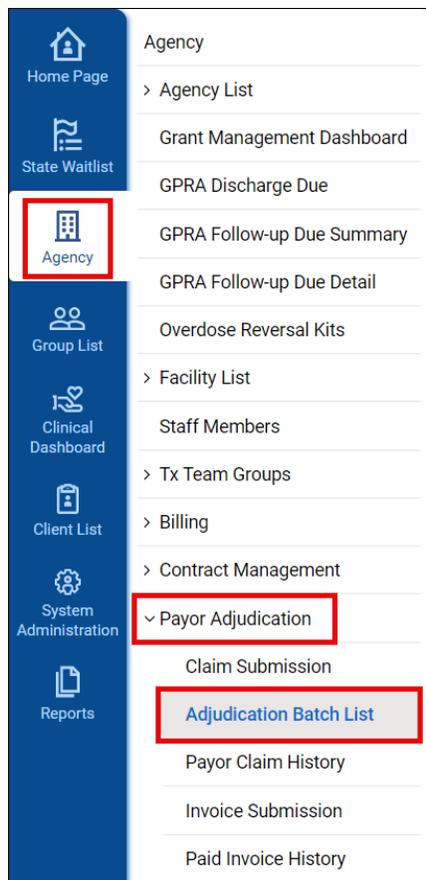


Figure 156: Accessing Adjudication Batch List

4. The Payor Adjudication Batch screen will display. Use **Search** to locate specific batches.
5. To the right of a batch, click the vertical ellipsis to display the following options:
 - a. **Profile** – Accesses the Payor Adjudication Batch Profile screen.
 - b. **Detail** – This option allows the user to download an Excel file containing information on the claims included in the batch.

Payor Adjudication Batch Search

Contract # <input type="text"/>	Contract Name <input type="text"/>
Authorization Period <input type="text"/>	Provider Agency <input type="text"/>
Adjudicated Date <input type="text"/>	Batch # <input type="text" value="13"/>
FFS Type Fee for Service <input type="text"/>	Contract Status Active <input type="text"/>
Payment Amount <input type="text"/>	Payment # <input type="text"/>

Payor Adjudication Batch List

[Export](#)

Batch #	Payment #	Contract Name	FFS Type	Provider	Authorization Period	Charge Amt	Paid Amt	Adj Date	
13	46	Titan's Treatment	FFS	Titans Treatment	SFY 2024	\$60.00	\$60.00		<input type="button" value="Profile"/> <input type="button" value="Detail"/>

Figure 157: Payor Adjudication Batch Screen

The payor adjudication batch profile displays information on the status of the claims in the batch and which groups claims were charged against.

Payor Adjudication Batch Profile for Titans Treatment

^ Hide Context Information

Contract Name Titans Treatment	Contract # 16584731	Payment # 46	Adjudicated Date 5/29/2024
Adjudication Batch # 13	FFS Type Fee for Service	Adjudicated By : User, System	

Adjudication Results

	Charge Amount	Paid Amount	Service Count
Paid	\$60.00	\$60.00	1
Denied	\$0.00	\$0.00	0
Pended	\$0.00	\$0.00	0
Total:	\$60.00	\$60.00	1

Adjudication Summary by Tier

↗ Export

TierID	Plan	Group	Tier Type	ASAM	Paid	Denied Charges	Pended Charges
27	Block Grant	Special Womens	Fee for Service		\$60.00	\$0.00	\$0.00

Save and Finish

Figure 158: Payor Adjudication Batch Profile

10.1.3. Payor Claim History

Individual claim lines can be reviewed by using the Payor Claim History menu option.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Payor Adjudication** to expand its options.
3. Click **Payor Claim History**.

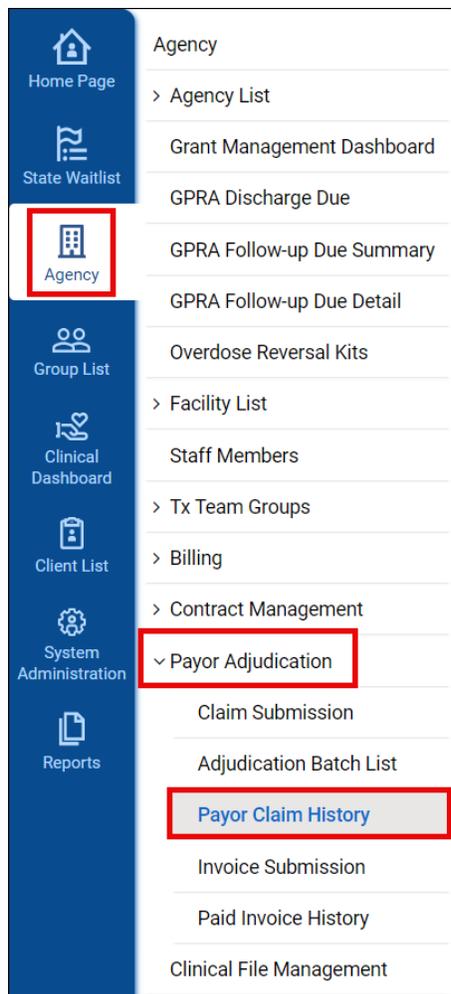


Figure 159: Accessing Payor Claim History

4. The Claim Line History Search screen will display. Use **Search** to locate specific claim lines.
5. The Adjudicated Claim Lines section lists the searched claim lines. To the right of the claim line, click the **vertical ellipsis** and then click **Profile**.

Claim Line History Search

Auth Period FY:

Contract Name:

Claim Line Reference:

Plan:

Service:

Group:

Date of Service:

Subscriber ID:

Adjudication Date:

Audit: Yes No

Authorization Number:

Contract Status:

Rendering Provider:

Provider Agency:

Adjudicated Claim Lines

[Export](#)

Ref #/ EnclD	Adjudication Batch ID#	Auth #	Procedure	Start Date	Units	Adjudication Action	FFS Type	Charge	Payment	Cost Share	OIC Payment	Adjud Date	Audit
57	13		H0006/HF	5/29/2024	6.00	Paid	FFS	\$60.00	\$60.00	\$0.00	\$0.00		Profile

Figure 160: Claim Line History Search Screen

6. The adjudication information on the claim line will be displayed. Click **Finish** to exit this screen.

Adjudication for Titan's Treatment- Alabama Department of Mental Health

Adjudication Id: 17	UCN J053752EZ870544
Authorization Period FY: SFY 2024	Subscriber ID J053752EZ870544
Start Date 5/29/2024	Procedure: H0006/HF
Units 6.00	Service Description Case Management Adult (H0006)
Service Location Comprehensive Outpatient Rehab f	Rendering Provider ID
Rendering Provider 	FFS Type: FFS Tier Type: Fee for Service
ASAM: 2.1	Audit Flag: No
Adjudication Action: Paid	Reviewed Indicator: No
Adjudication Rule: 	Adjustment Group:
Adjustment Reason: 	Remark:
Comments: 	Claim Note

Finish

Figure 161: Claim Line Adjudication Screen

10.2. Invoice Management

Invoices submitted by providers will need to be manually adjudicated.

To access submitted invoices:

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Payor Adjudication** to expand its options.
3. Click **Invoice Submission**.

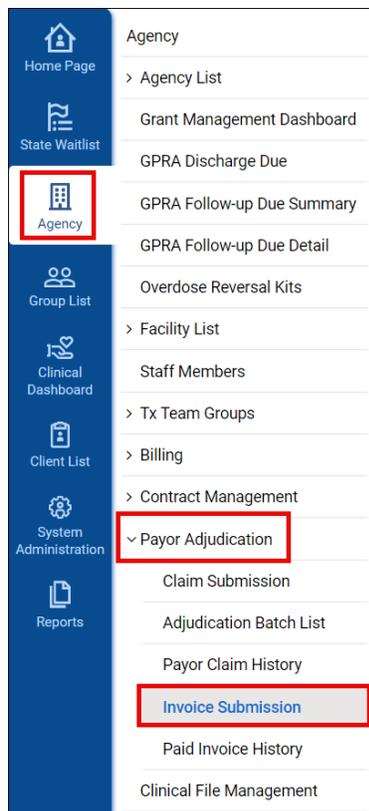


Figure 162: Accessing Invoice Submission

4. The Provider Invoice Submission screen will display. Use **Search** to display specific invoices.
 - a. Processing Status – Awaiting Review will display the most recent invoice submissions that need to be adjudicated.
5. To the right of the invoice, click the **vertical ellipsis** and then click **Profile**.

Provider Invoice Submission Search

Contract

Received Date

Provider Agency

Invoice Type

Processing Status **Awaiting Review**

Invoice MM/YY

Authorization Period

Contract Status

Search

Provider Invoice Submission List

[Export](#)

Submission ID	Contract Name	Contract Tier	Tier Type	Provider	Invoice Period (FY)	Invoice Amt	Pay/Paid Amt	Rec'd Date	Status
11	Titans Treatment (16584731)	Block Grant-Adult	Cost Reimbursement	Titans Treatment	2/2024 (SFY 2024)	\$1,000.00	\$1,000.00	5/30/2024	Profile

Figure 163: Provider Invoice Submission Screen

6. The Provider Invoice Profile will display. Use the Administrative Actions to begin the adjudication process.
 - a. Accept – The invoice is accepted, and the adjudication process starts.
 - b. Reject – The invoice is rejected before adjudication begins.
 - i. This option returns the invoice to the provider to allow for corrections and resubmission of the invoice.
7. Click **Accept** to begin the adjudication process.

Provider Invoice Profile

Contract Name Titan's Treatment	FY SFY 2024
Plan-Group Block Grant-Adult	Contract # 16584731
MM/YY 2/2024	Invoice Type Cost Reimbursement
Prepared By Wilson, Scott	Prepared On 5/30/2024
Current Month Actual - Total \$1,000.00	Adjudicated By
Adjudicated On	Current Month Amount Paid - Total \$1,000.00

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	\$1,000.00	\$3,000.00	\$1,000.00	\$1,000.00	\$5,666.67	\$1,000.00	⋮

Save and Finish

Administrative Actions

Accept

Reject

Print Invoice

Export

Figure 164: Provider Invoice Profile

8. The Provider Invoice Submission Acceptance Confirmation screen displays. Click **Accept**.
 - a. An email is sent to the provider's contact email address listed in the provider's contract informing that the reimbursement invoice submission was accepted.
 - b. While the invoicing item has been accepted, adjudication has not yet been finalized.

Provider Invoice Submission Acceptance Confirmation

The following e-mail will be sent upon acceptance

To robertswilson2013@gmail.com

CC ADMH

Subject Reimbursement Invoice Submission - Accepted

Message This email is to acknowledge receipt and acceptance of your reimbursement invoice submission received on 5/30/2024 with invoice totaling \$1,000.00.

× Cancel

Accept

Figure 165: Invoice Acceptance Confirmation

9. Back on the Provider Invoice Profile, new options are available under the Administrative Actions.
 - a. Request Information – This option is used if the state has questions or requires additional information to adjudicate the invoice.
 - i. **NOTE:** The state will need to contact the provider for the needed information to complete adjudication.
 - b. Finalize Adjudication – Pays the invoice.
10. The default state of the invoiced items is Pay. To deny an invoice item, click on the **vertical ellipsis** to the right of the invoiced item and then click **Deny**.
 - a. **NOTE:** Most invoices will have multiple line items. Deny must be chosen for each line being denied payment.
11. Once adjudication is complete, click **Finalize Adjudication**.

Provider Invoice Profile

Contract Name Titan's Treatment	FY SFY 2024
Plan-Group Block Grant-Adult	Contract # 16584731
MM/YY 2/2024	Invoice Type Cost Reimbursement
Prepared By Wilson, Scott	Prepared On 5/30/2024
Current Month Actual - Total \$1,000.00	Adjudicated By
Adjudicated On	Current Month Amount Paid - Total \$1,000.00

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	\$1,000.00	\$3,000.00	\$1,000.00	\$1,000.00	\$5,666.67	\$1,000.00	Deny

Save and Finish

Administrative Actions

Request Information Finalize Adjudication Print Invoice Export

Figure 166: Invoice Adjudication

12. The profile will update the following fields:

- a. Adjudicated On – The date adjudication was completed for the invoice.
- b. Adjudicated By – Who adjudicated the invoice.

13. There are two actions that can be taken under Administrative Actions:

- a. Print Invoice – Creates a PDF copy of the invoice that the user can print or save to their computer.
- b. Export – Allows the user to save the invoice to their computer as an Excel file.

14. Click **Save and Finish**.

Provider Invoice Profile

Contract Name Titan's Treatment	FY SFY 2024
Plan-Group Block Grant-Adult	Contract # 16584731
MM/YY 2/2024	Invoice Type Cost Reimbursement
Prepared By Wilson, Scott	Prepared On 5/30/2024
Current Month Actual - Total \$1,000.00	Adjudicated By Wilson, Scott
Adjudicated On 5/30/2024	Current Month Amount Paid - Total \$1,000.00

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	\$1,000.00	\$3,000.00	\$1,000.00	\$1,000.00	\$5,666.67	\$1,000.00	⋮

Save and Finish

Administrative Actions

Print Invoice **Export**

Figure 167: Adjudicated Invoice

10.2.1. Paid Invoice History

The state can review invoices that have been paid by accessing the Paid Invoice History.

1. From the left navigation menu, click **Agency**.
2. In the submenu, click **Payor Adjudication** to expand its options.
3. Click **Paid Invoice History**.

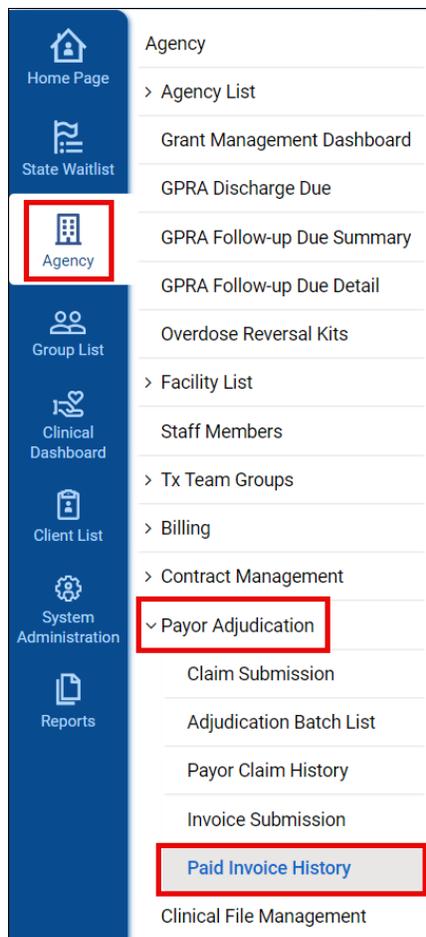


Figure 168: Accessing Paid Invoice History

4. The Invoice Search screen will display. Use **Search** to display specific invoices.
5. Click on the vertical ellipsis to the right of an invoice for the following options:
 - a. Profile – Accesses the profile for the invoice.
 - b. Export – Allows the user to save the invoice to their computer as an Excel file.
 - c. Print Invoice – Creates a PDF copy of the invoice that the user can save to their computer.

Invoice Search

Contract #

Contract Name

Adjudicated Date

Authorization Period

Provider

Invoice MM/YY

Plan

Group

Tier Type

Tier

Contract Status

Paid Invoice List

[Export](#)

Invoice ID	Contract Name (Number)	Plan-Group	Invoice Period (FY)	Amount Invoiced	Amount Paid	Adjudicated Date	
6	Titan's Treatment (16584731)	State Funding-General	3/2024 (SFY 2024)	\$1,000.00	\$1,000.00		⋮
7	Titan's Treatment (16584731)	Block Grant-Adult	1/2024 (SFY 2024)	\$0.00	\$0.00		⋮
8	Titan's Treatment (16584731)	Block Grant-Adult	2/2024 (SFY 2024)	\$1,000.00	\$1,000.00		⋮

Profile

Export

Print Invoice

Figure 169: Invoice Search Screen

11. PAYMENT VOUCHER

This section covers the setup and functionality of the Payment Voucher feature.

11.1. Payment Voucher Setup

Before using payment voucher, each provider agency will need to have the following setups completed.

11.1.1. Vendor Customer ID

In the provider agency's profile, the field Vendor Customer ID must be set. This is a required field when setting up an agency.

Agency Profile

Agency Name

Display Name

Agency Type

Govt Organization Yes No Clinical File Upload Agency Yes No

Parent Agency

Agency Features
 Funding
 Reporting
 Contract Management
 Service Provider

Comments

National Provider ID

Vendor Customer ID

Senate Dist House Dist Cong Dist

County

Geo Code

Taxonomy Code

Domains
 Prevention
 Treatment

DBA

Start Date Inactive Date

Consumer Rep Met Yes No

URL

Selected Agency Features

Contract Role Provider

Federal Tax ID

Contractor/Locator

Selected Domains

Figure 170: Vendor Customer ID

11.1.2. Agency EDI Address

An electronic data interchange address needs to be created for all provider agencies. This is in addition to any other address types that need to be recorded for the agency. When adding the address to the agency record, the Address ID field is a required field and must be completed.

NOTE: Verify the correct provider agency is set in the top left corner before adding the address.

Address Information

Address Type
Agency EDI Address

Confidential
 Yes No

Address Line 1

Address Line 2

County

Address ID

City

State

Zip

Phone Numbers

+ Add Phone

Currently, there are no results to display for Phone Numbers.

Save and Finish

Cancel

Figure 171: Agency EDI Address ID

11.1.3. Agency Identifier

For each provider with payment voucher functionality, an agency identifier must be created containing Medicaid contract information. This identifier must be entered for each Medicaid fiscal year.

NOTE: Verify the correct provider agency is set in the top left corner before adding the agency identifier.

1. From the left navigation menu, click **Agency**.
2. Under the Agency List submenu, click **Agency Profile** to expand its options, and then click **Identifiers**.

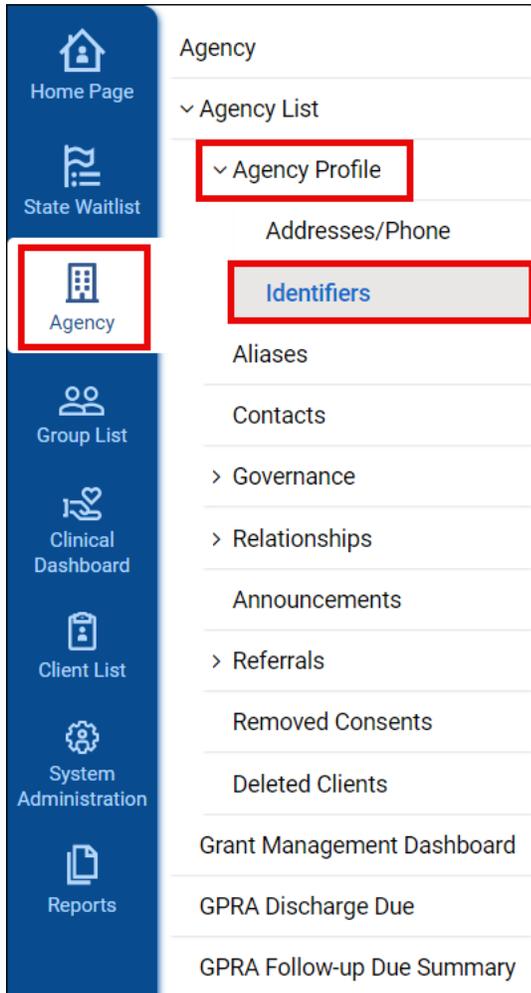


Figure 172: Accessing Identifiers

3. On the Identifiers screen, click **+Add Identifier** to display the Identifier Profile.
4. Complete all required fields.
 - a. Category – Medicaid Contract Number
 - b. Type – Medicaid Contract Number
 - c. Identifier Date – Medicaid contract number for the fiscal year
 - d. Effective Date – Fiscal year start date
 - e. Expiration Date – Fiscal year end date
5. Click **Save and Finish**.

Identifiers List

[+ Add Identifier](#)

Identifier Profile

Category Medicaid Contract Number	Identifier #
Type Medicaid Contract Number	Effective Date 9/19/2024
Expiration Date 	Comments

[Save and Finish](#) [× Cancel](#)

Figure 173: Identifier Profile

11.1.4. Government Payor Groups

For government contracts that are included in payment voucher functionality, the following fields must be completed for each group that is created for the payor plan.

- Group #
- Template ID
- Program Code

NOTE: This is done at the contractor (state) agency level.

Group List for Block Grant

+ [Add Group](#)

Group Name	Number	Agency	Program Code
Recovery Community	SRCC		⋮

Group Name

Group #

Last Updated

Plan Type

Age Group

Template Id

Agency

Intervention Type

Last Updated By

Covered Population

Gender Specific

Program Code

Figure 174: Group #, Template ID, and Program Code

11.1.5. Authorization Period Tiers

Providers using fee for service must have the FS Contract ID field set for payment voucher functionality.

NOTE: This is done at the contractor (state) agency level.

Tier Profile

Plan-Group

Initial Authorized Amount

Status

Monthly Cap

FS Contract ID

Created By

Updated By

Tier Type

ASAM

FFS Equivalent Yes No

Created Date

Updated Date

Figure 175: FS Contract ID

11.1.6. Aid Type Code Table

The Aid Type Code table collects Medicaid federal and state percentages for each fiscal year. When adding this information to the code table, the Template IDs and Template Lines must be added to the Aid Type code table.

Aid Type Code Table

Aid Type List

+ New ↗ Export

Id

Description

Sort Order

Effective Date

Expiration Date

Category

Share of Cost

FFP%

Enhanced FFP%

SGF%

Aid Code

Medicaid Treatment Template Id

Medicaid Treatment Line

State Match Treatment Template Id

State Match Treatment Line

Medicaid Transportation Template Id

Medicaid Transportation Line

State Match Transportation Template Id

State Match Transportation Line

Created By

Created Date

Updated By

Updated Date

Save

Save and Finish

× Cancel

Figure 176: Template IDs and Template Lines

11.2. Payment Voucher Functionality

At set intervals determined by the state, the payment voucher will be generated and transmitted to STAARS, which is responsible for paying for provider services rendered.

To generate the payment voucher:

1. Click **System Administration** from the left navigation menu.
2. In the submenu, click **Payment Voucher**.

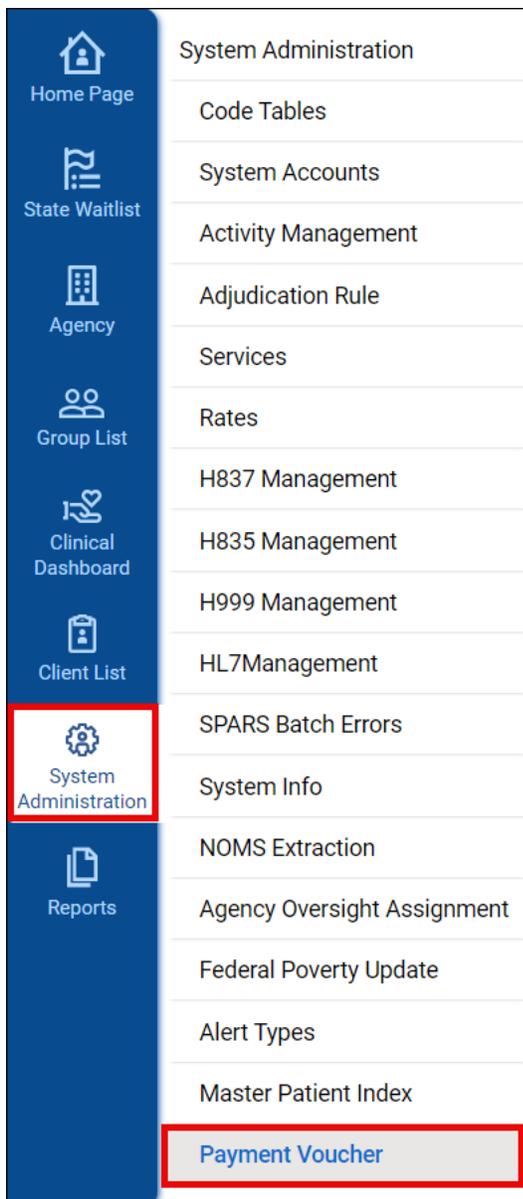


Figure 177: Accessing Payment Voucher

3. Click **+Add Payment Voucher**.

Payment Voucher Search

Plan Type

Status

Check-write Date

Created Date

Search

Payment Voucher List

+ Add Payment Voucher

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

Figure 178: Add Payment Voucher

- Complete all fields and click **Save and Finish**.

Payment Voucher Profile

Plan Type

Check-write Date

Change FY in DOC_ID

Yes No

Save and Finish

Figure 179: Payment Voucher Profile

- The payment voucher is created in the **Queued** status.
- The system processes payment voucher requests on an hourly basis. Once processed, the status of the voucher will change to **Generated**.
 - NOTE:** If the voucher remains in the Queued status for more than an hour, data may be incorrect or missing. Contact WITS Production Support for assistance.
- The voucher should be downloaded and reviewed to ensure data is accurate.
 - To view the file in an XML format, hover over the **vertical ellipsis** to the right of the voucher and click **Download**.

- b. To view the file in an Excel format, hover over the **vertical ellipsis** and then click **Export to Excel**.
- c. If the file needs to be deleted, hover over the **vertical ellipsis** and then click **Delete**.

Payment Voucher Search

Plan Type

Check-write Date

Status

Created Date

Search
× Clear

Payment Voucher List

+ Add Payment Voucher
↗ Export

File Name	Plan Type	Check-write Date	Status	Created Date	
STFN_061_GAX11_HSA_20240917.xml	Government Contract	09/17/2024	Generated		⋮

Finalize

Download

Delete

Export To Excel

Figure 180: Payment Voucher Generated

8. Once the information in the file has been verified for accuracy, hover over the **vertical ellipsis** and click **Finalize**.

Once the payment voucher has been finalized, it will transmit to STAARS SFTP site. This could take an hour for the transmission to process. Once complete, the status of the payment will change to **Transmitted**.

The user should then log into the STAARS SFTP site and verify was accepted and processed in the STAARS system.

12. SYSTEM ADMINISTRATION

System Administration functions are managed by users with the WITS Administrator role assigned to their account. Changes to the screens covered in this section can have a serious impact on your instance's functionality.

12.1. System Accounts

Changes to user accounts at a system level are only performed by WITS Administrators. Changes made here affect the user account access across the entire WITS instance.

For example, giving a user access to a screen or module here grants that access across all agencies in the WITS instance.

1. From the left navigation menu, click **System Administration**.
2. In the sub menu, click **System Accounts**.

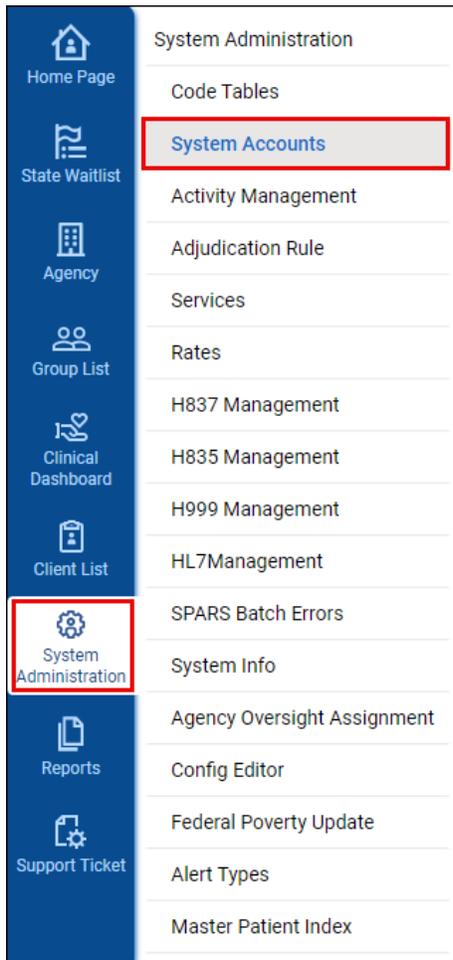


Figure 181: Accessing System Accounts

3. The **System Account Search** screen will display.
4. **Search** for the user record to be modified.
5. To the right of user, click the **vertical ellipsis** and then click **View Profile**.

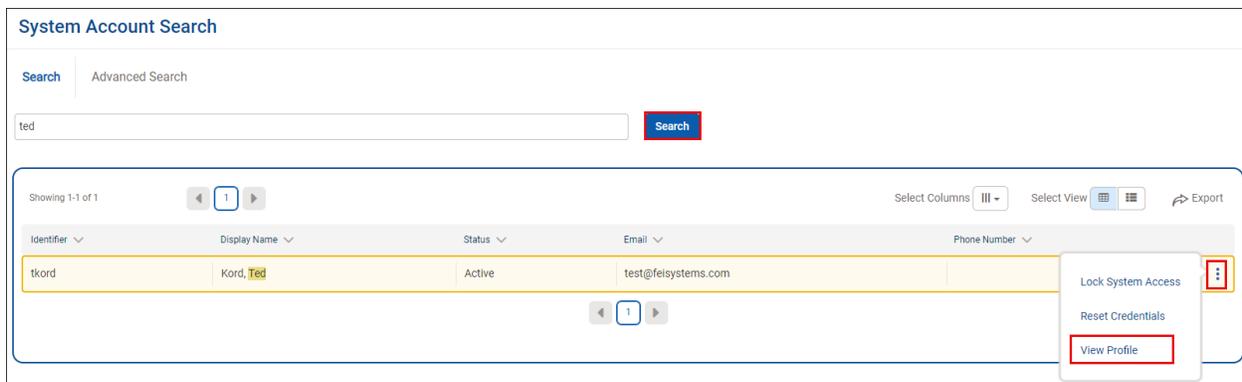


Figure 182: System Account Search Screen

6. The System Account Workspace will display.

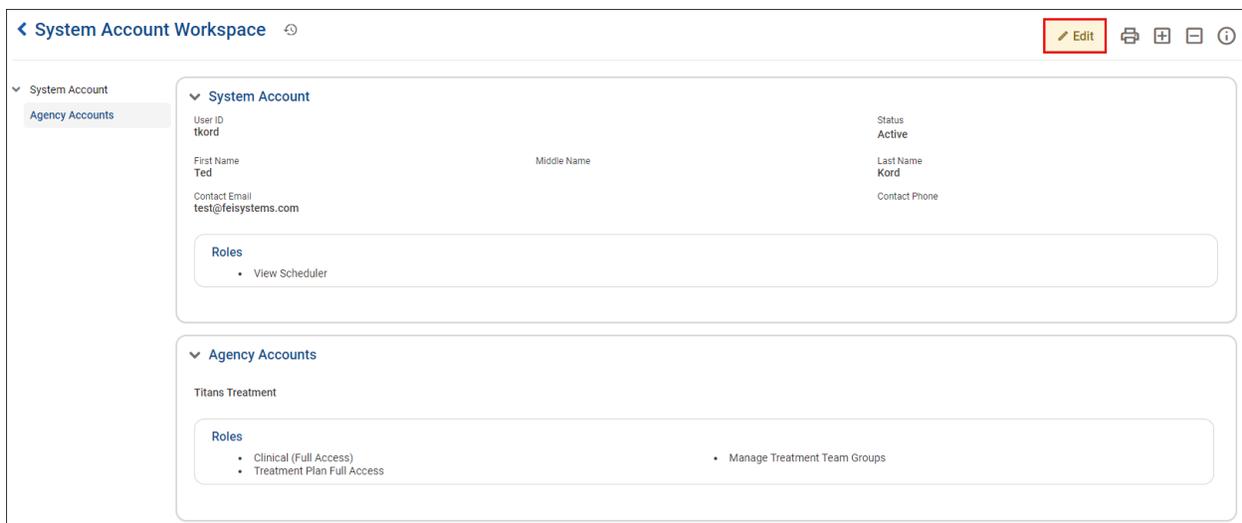


Figure 183: System Account Workspace

7. Click **Edit**.
8. Under the System Account section, click **+Manage Roles**.

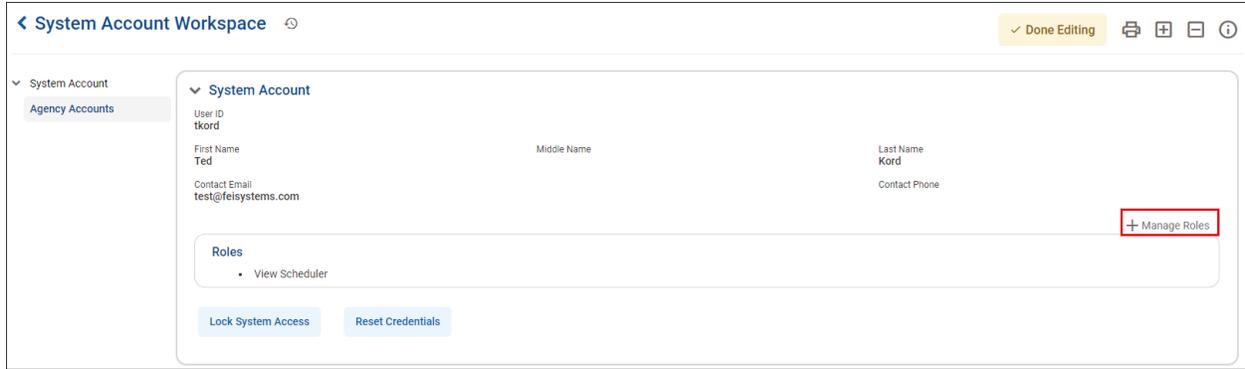


Figure 184: System Account - Manage Roles

9. The Roles screen will display.

10. Move the desired **Available Roles** to the **Assigned Roles** section.

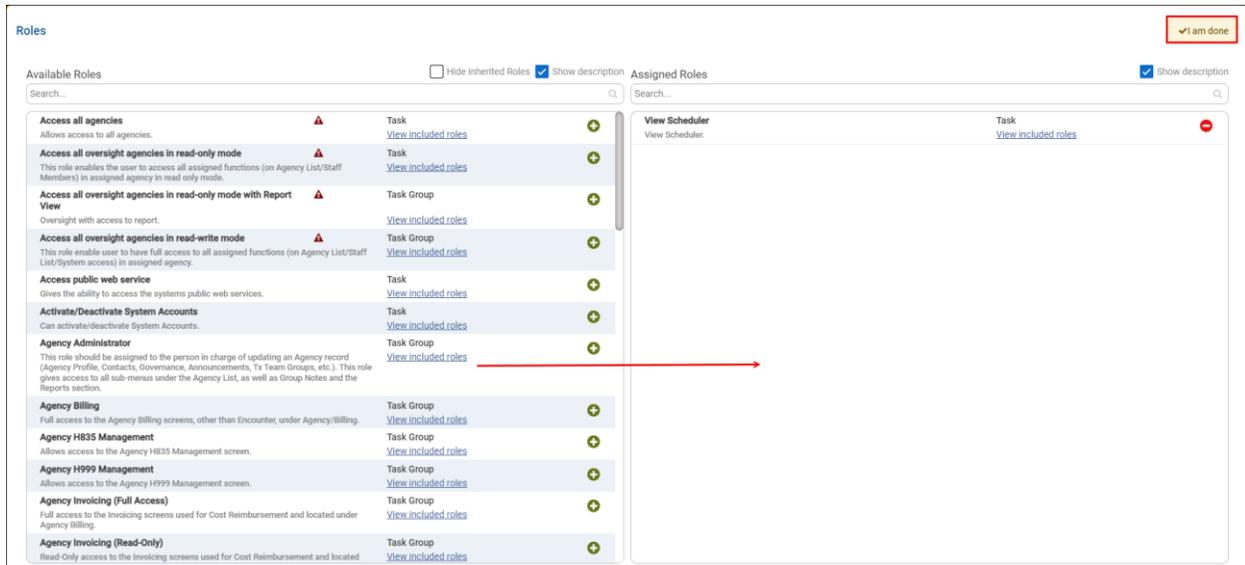


Figure 185: Roles

11. Click **I am done** once all desired roles are set.

12. Click **Done Editing** to lock the user's account fields.

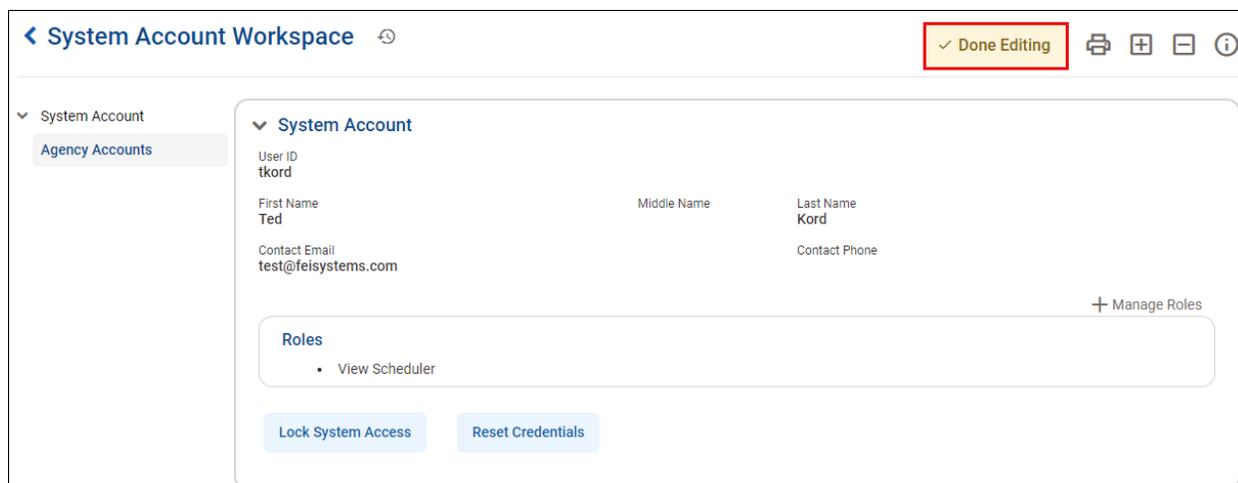


Figure 186: Done Editing

12.2. Code Tables

WITS makes use of code tables to create flexibility within each state’s implementation. There are over 150 code tables within WITS that can be modified by the WITS Administrator.

Once data has been added to the code table, the new value will be available to select within the associated field(s).

NOTE: If values for fields on “Workspace” screens (staff profile, screeners, assessments, diagnosis, and treatment plan) need to be edited, the WITS Administrator will need to contact WITS Support team (support@witsweb.org).

NOTE: Certain values have a negative ID number (e.g., -101). These are linked to business rules and cannot be edited by WITS Administrators.

1. From the left Navigation Menu, click **System Administration**.
2. In the sub-menu, click **Code Tables**.

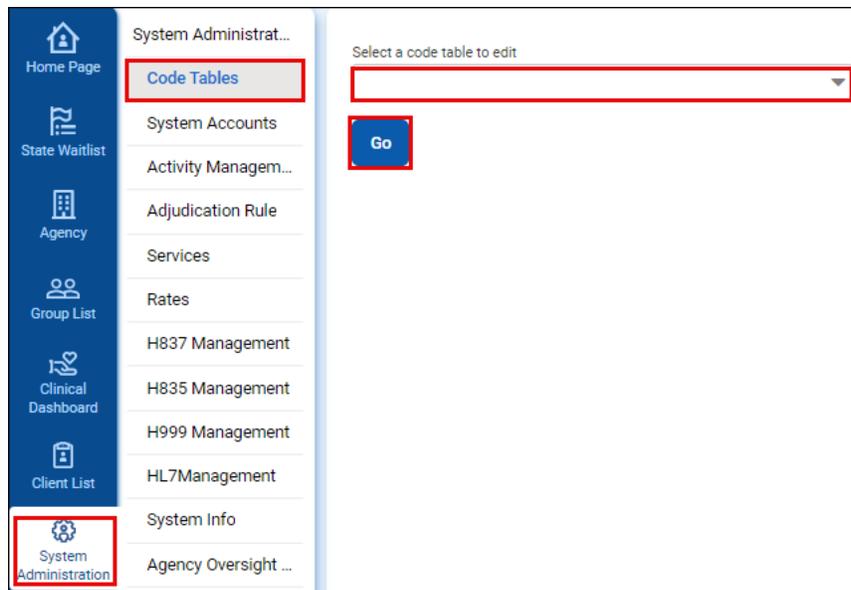


Figure 187: Accessing Code Tables

3. Choose the desired code table from the dropdown and then click **Go**.
4. The code table for the selection will display.

Csap Activity Code Table

Show Search **1**

Csap Activity List

+ New **2** Export **3**

Csap Activity Id	Description	State Code	Sort Order	Effective Date	Expiration Date	Csap Xcode	Csap Strategy	Collect Demographics	Created By	Created Date	Updated By	Updated Date	
-101	BASICS	EI02		6/23/2020	5/3/2023	34	Problem Identification and Referral	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
-100	Teen Intervene	EI01		6/23/2020	5/3/2023	34	Problem Identification and Referral	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
1	Clearinghouse/Information resources centers			6/23/2020		1	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
2	Resource directories			6/23/2020		2	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
3	Media campaigns			6/23/2020		3	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
4	Brochures			6/23/2020		4	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
5	Radio and TV public service announcements			6/23/2020		5	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
6	Speaking engagements			6/23/2020		6	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
7	Health fairs and other health promotion, e.g., conferences, meetings, seminars			6/23/2020		7	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮
8	Information lines/Hot lines			6/23/2020		8	Information Dissemination	Yes	User, System	5/3/2023 4:44 PM		5/3/2023 4:44 PM	⋮

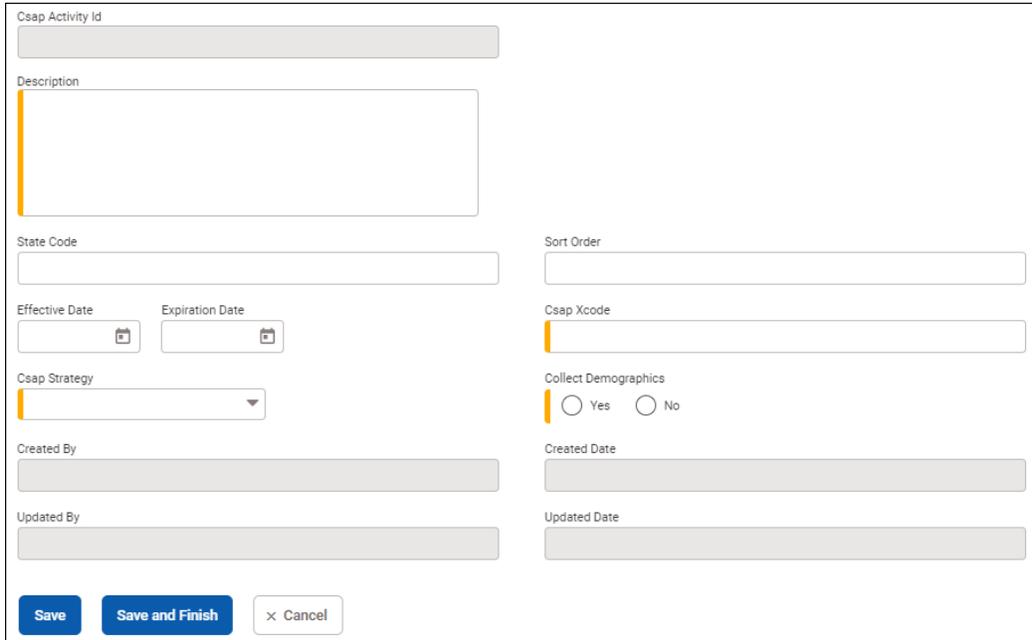
Figure 188: Code Table Screen

There are some actions that can be taken here.

1. **Show Search** – This action shows search options to identify a specific code within the table.
2. **+New** – This option will allow a new code to be added to the table.
3. **Vertical Ellipsis** – Clicking this allows the user to review (edit) or delete the code from the table.

To add a code to a table:

1. Click **+New**.
2. A section below the table becomes available.
3. Complete the required and relevant fields.
 - a. The fields that are available here vary depending on the table selected.
4. Click **Save**.



The screenshot shows a form for adding a new code. The fields are organized as follows:

- Csap Activity Id:** A text input field.
- Description:** A large text area with a vertical orange bar on the left side.
- State Code:** A text input field.
- Effective Date:** A date picker field.
- Expiration Date:** A date picker field.
- Csap Strategy:** A dropdown menu.
- Created By:** A text input field.
- Updated By:** A text input field.
- Sort Order:** A text input field.
- Csap Xcode:** A text input field with a vertical orange bar on the left side.
- Collect Demographics:** Radio buttons for 'Yes' and 'No'.
- Created Date:** A text input field.
- Updated Date:** A text input field.

At the bottom of the form, there are three buttons: **Save** (blue), **Save and Finish** (blue), and **Cancel** (grey).

Figure 189: Example Code Addition

Code tables that are managed for the billing module are defined in the table Billing Code Tables below.

Table 21: Code Tables

Code Table	WITS Screen	WITS Field	Description
Adjustment Reason	EOB Transaction		Contains the Claim Adjustment Reason Codes (CARC) used on the 835.
Agency Other Identifier Category	Identifiers	Category	Identifies different categories for tracking agency identifiers such as Medicaid contract numbers, certifications, accreditations, etc
Agency Other Identifier Type	Identifiers	Type	Identifies different types for tracking agency identifiers such as Medicaid contract numbers, certifications, accreditations, etc. Identifier Types must refer to an Identifier Category.
Aid Type	Billing Transaction	Share – Denotes Federal or State. Percentage – Denotes percentage amount.	Used to define the Federal/State percentages for Medicaid payments.
Age Group Specific Treatment	Payor Plan	Age Group	Used define the age groups covered under government contracts.
Bill Adjustment Reason	Billing Transaction Adjustment	Adjustment Reason	Provides a list of reasons for making an adjustment to a client's bill.
Claim Item Reject Reason	Claim Item List	Rejection Reason	List of possible reasons for rejecting a claim.
Covered Populations	Payor Plan	Covered Population	Used to define covered population groups under government contracts.
Diagnosis	Used for the inbound 837P. Should be synced to vocabulary table used on the diagnosis screen. NOTE: WITS Production Support manages the vocabulary table.	None	Used to validate the diagnosis on inbound 837P files.
EOB Adjustment Reason	EOB Transaction	Adjustment Reason	Contains the claim adjustment reason codes used on the 835.
Funding Source	Multiple	Funding Source	The source of funds a claim is billed against.
Gender Specific Treatment	Payor Plan	Gender Specific	Used to define genders covered under government contracts.
Modality Approved Services	Encounter	Encounter Service	This table is used to filter the encounter services

			dropdown for the selected program enrollment.
Note Type	Encounter	Note Type	Allows a template for the selected note type to be available when the Add Note button is clicked on the Encounter's second page.
Payment Intent	Payment Profile	Intended For	Allows the user to specify what a payment is intended for.
Procedure	Multiple	Procedure Code	A code used to identify the service performed for a client.
Procedure Modifier	Multiple	Modifier 1/2/3/4	An identifier that provides additional information about the medical procedure or service provided to the client.
Remittance Advice Remarks	None	None	Contains the remittance advice reason codes used on the 835.
Service Diagnosis Category	System Administration – Service Profile	Diagnosis Category	Used to identify all the diagnosis that are linked to a service for billing purposes.
Service Location Type	Encounter	Service Location	A list of locations where client services can be performed.
Service Note Type	Encounter	Note Type	Used to prepopulate encounter notes with a template.

12.3. 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.

NOTE: Adjudication rules may be reviewed, but they should not be updated without confirming functionality with FEI.

If a rule is updated to place a claim in a pending “pend” status, then any claims triggering the rule must be manually adjudicated by someone at the ADMH agency.

To review the adjudication rules:

1. From the left navigation menu, click **System Administration**.

2. In the submenu, click **Adjudication Rule**.

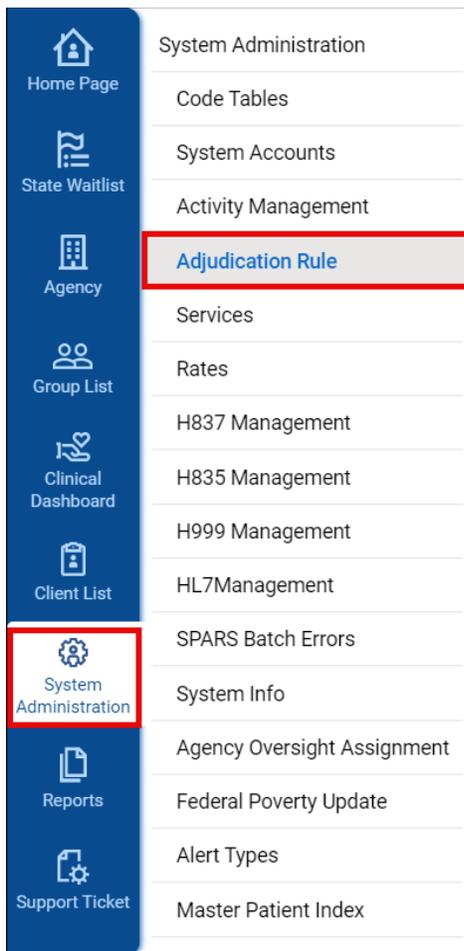


Figure 190: Accessing Adjudication Rules

3. The Adjudication Rule List screen will display.
4. To review an adjudication rule, click the **vertical ellipsis** to the right of the rule, and then click **Profile**.

Adjudication Rule List

+ Add Adjudication Rule Export

Rule #	Name	Description	Action	Group	Reason	Remark
-142	Mutually Exclusive Services	Mutually Exclusive Services	Deny	Contractual Obligations	Mutually exclusive procedures cannot be done in the same day/setting. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	Profile
-141	Rebill Residential to Drug Medi-CAL (Deny)	Rebill Residential to Drug Medi-CAL (Deny)	Deny	Contractual Obligations	This care may be covered by another payer per coordination of benefits.	Delete
-140	Rebill Residential to Drug Medi-CAL (Pend)	Rebill Residential to Drug Medi-CAL (Pend)	Deny	Contractual Obligations	This care may be covered by another payer per coordination of benefits.	N196

Figure 191: Accessing Adjudication Rule Profile

5. Update fields as necessary.
 - a. **NOTE:** The fields Adjustment Group, Adjustment Reason, and Remark Code are used on the outbound 835 and should not be updated without confirming with FEI (WITS Product Support).
6. Click **Save and Finish**. If no changes were be made, click **Cancel**.

Adjudication Rule Profile

Adjudication Rule Id
-142

Adjudication Rule Name
Mutually Exclusive Services

Description
Mutually Exclusive Services

Adjudication Action
Deny

Fee for Service Equivalent Adjudication Action
Deny

Adjustment Group
Contractual Obligations

Adjustment Reason
Mutually exclusive procedures cannot be done in the same day/setting. Note...

Remark Code
Not covered when performed during the same session/date as a previously p...

Created By
User, System

Updated By
User, System

Created Date
6/1/2023 7:41 AM

Updated Date
6/1/2023 7:41 AM

Save **Save and Finish** **× Cancel**

Figure 192: Adjudication Rule Profile

12.4. Services

Services are created for each procedure/modifier combination. Services can also determine required fields when creating an encounter. Services are maintained by ADMH since they contain key data elements used for contract management, billing, payor adjudication, and reporting.

The services screen contains the master list of services used across all providers.

NOTE: Services are linked to procedure codes and modifiers. If a new procedure code needs to be added for the service, the code table **Procedure** must be updated, first. To add a new modifier to a service, the modifier must first be added to the **Procedure Modifier** code table. See [Code Tables](#) for information on completing this step.

Once a service is created, it will need to be linked to a rate to be used for billing. For services that are not billable do not set a rate.

To create a service:

1. From the left navigation menu, click **System Administration**.
2. In the submenu, click **Services**.

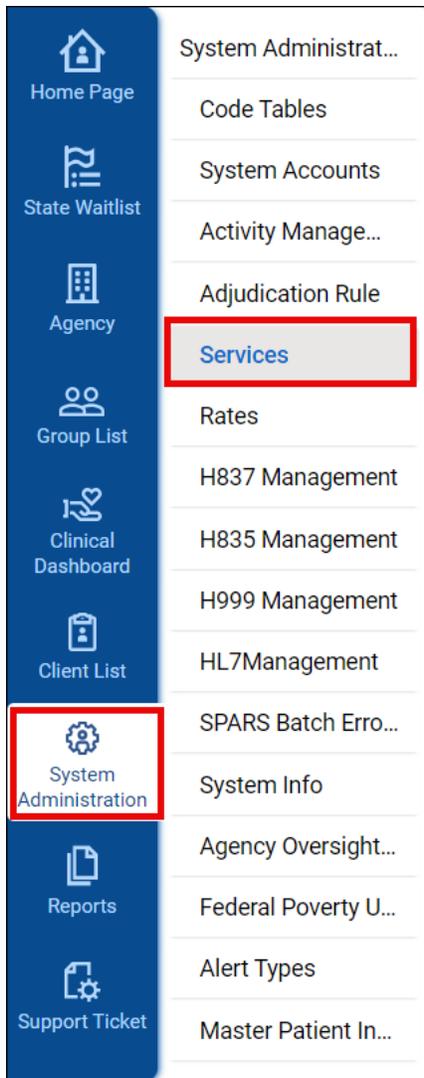


Figure 193: Accessing Services

3. On the Service Search screen, click **+Add New Service** under the Service List section.

Service Profile

Service #

Description Effective Date Expiration Date

Procedure Code

Modifier 1 Modifier 2

Modifier 3 Modifier 4

Measure Type

Date Span Allowed Yes No

Rendering Provider Required Yes No

Start/End Time Required Yes No

Add-On Level Maximum Billing Units Per Day

GPRA Service

Domains Selected Domains

Created By Created Date

Updated By Updated Date

Figure 194: New Service Profile

4. Use the table below to complete the required and relevant fields.

Table 22: Service Profile

Field	Description
Description	Provide a name for the service.
Effective Date	This denotes when the service will become available for client encounters.
Expiration Date	This is set if the service is only available for a set timeframe or to make the service no longer available on client encounters.
Procedure Code	A code used to identify the service performed for a client.

Modifier 1/2/3/4	An identifier that provides additional information about the medical procedure or service provided to the client.
Measure Type	Select “Duration” for services billed in time increments or “Unit” for services billed once per day (methadone, bed units, etc.).
Rendering Provider Required	Select “Yes” to require the rendering provider (staff member) on the encounter. NOTE: Even if set to “Yes” an encounter created from an uploaded 837P file will not populate the Rendering Provider field.
Date Span Allowed	Select “Yes” to allow date span on the Encounter (e.g., creating one encounter for 30 days of methadone treatment).
Start/End Time Required	Select “Yes” to require the start and end time to be added on the Encounter.
Add-On Level	Set to None.
Maximum Billing Units Per Day	The maximum billing units allowed for the service in a single day.
GPRA Service	If the service is linked to a GPRA service, identify that service from the dropdown list.
Domains	Identify which domains this service is available.

1. Click **Save and Finish**.

12.4.1. Updating a Service

To update an existing service:

1. From within the Service Search screen, use the search fields to locate a specific service or click **Search** to display all services.
2. To the right of the service being updated, click the **vertical ellipsis** and then click **Profile**.

Service Search

Procedure Code Service Description Display Expired Services Yes No

Add-On Level Start/End Time Required Yes No

Service List

Svc #	Service Description	Procedure	Add-On Level	Measure Type	Revd Prov Req	Allow Date Span	Start/End Time Required	Effective	Expiration	
21	Intake Evaluation - Adult Assessment	90791/HF	None	Unit	Yes	No	No	10/1/2019		Profile
22	Individual Counseling 16 minutes to 37 minutes	90832/HF	None	Duration	Yes	No	No	10/1/2019		Clone
23	Individual Counseling 38 minutes to 52 minutes	90834/HF	None	Duration	Yes	No	No	10/1/2019		
29	Test Service	99205/U6	None	Unit	Yes	No	No	3/14/2024		

Figure 195: Accessing Service Profile

- The Service Profile screen will display. Review and/or make the necessary changes.

Service Profile

Service #

Description Effective Date Expiration Date

Procedure Code

Modifier 1 Modifier 2

Modifier 3 Modifier 4

Measure Type Rendering Provider Required Yes No

Date Span Allowed Yes No Start/End Time Required Yes No

Add-On Level Maximum Billing Units Per Day

GPRA Service

Domains Selected Domains

Created By Created Date

Updated By Updated Date

Figure 196: Updating Service Profile

4. Click **Save and Finish**.

12.5. Rates

Rates are created for each service that is billable to Medicaid or Third-Party Liability (TPL).

NOTE: Rates here are used to bill from WITS to external entities, such as Medicaid or a TPL.

NOTE: When creating or editing a rate for Medicaid, always enter the rate amount Medicaid will pay.

NOTE: For rates specific to government contract billing and payment, see [Contract Service Rate](#).

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

To create a service rate:

1. From the left navigation menu, click **System Administration**.
2. In the submenu, click **Rates**.

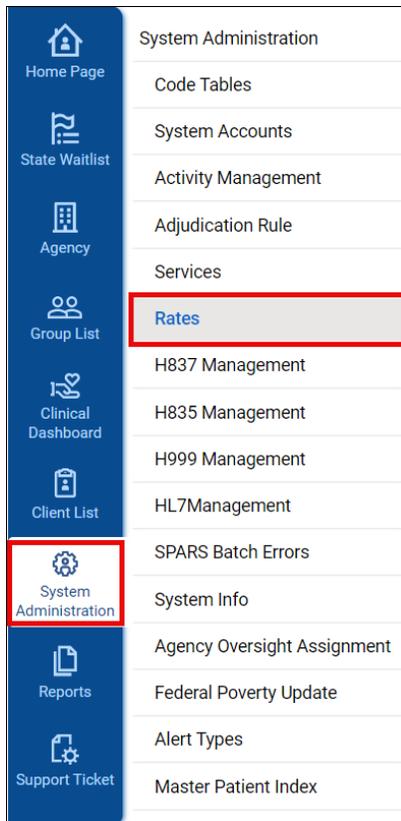


Figure 197: Accessing Rates

3. The Agency Rate Search screen will display.
4. Under the Agency Rate List section, click **+Add Rate**.

Agency Rate Search

Agency

Plan

Service

Duration

Effective Date Expiration Date

Rate Per Unit

Deprecated Yes No

Agency Rate List

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

Figure 198: Adding a Service Rate

5. The Agency Rate Profile screen will display. Complete the required and relevant fields.

Agency Rate Profile

▼ Show Service Information

Rate #

Rate Per Unit

Service

Description

Effective Date

Expiration Date

Duration

Rate Type

Agency

Facility

Plan

Created By

Created Date

Updated By

Updated Date

Figure 199: Agency Rate Profile

6. Use the table below to complete the required and relevant fields.

Table 23: Agency Rate Profile

Field	Description
Rate Per Unit	The rate for the service per each unit.
Service	Select the service from the dropdown list. Only services that have been created under System Administration – Services will display here.
Description	1 unit = enter a description of what 1 unit means for this service rate.
Effective Date	This denotes when the rate will become available for the service.
Expiration Date	This is set if the rate is only available for a set time frame or to make the rate no longer available for the service.
Duration	This field is populated from the service and will become locked once a service is selected.
Rate Type	<ul style="list-style-type: none"> Agency – Plan Specific is used for agencies that have their own rate for a plan’s service (Medicaid or TPL).

	<ul style="list-style-type: none"> • Agency – Standard sets the rate of a service at the agency level regardless of the plan (Medicaid or TPL). • Plan – Specific applies the rate to all agencies under a specific plan (Medicaid or TPL). <p>NOTE: ADMH only used the option Plan – Specific.</p>
Plan	Select the plan the rate applies to Medicaid or TPL.

2. Click **Save and Finish**.

NOTE: Only one service can be associated to a rate. If the same rate information will be used for a group of services, use the **Clone** action to duplicate the rate, and then modify the Service field for the new service.

To clone a rate, click the **vertical ellipsis** to the right of the service, and then click **Clone**.

A cloned rate will still need to be edited to link it to the appropriate service.

12.5.1. Deprecate a Service Rate

To make a service rate inactive, it will need to be deprecated. To deprecate an existing service rate:

1. From within the Agency Rate Search screen, find the rate in question using the search fields and clicking **Search**.
2. Click on the **vertical ellipsis** to the right of the rate be updated and then click **Profile**.

Agency Rate Search

Agency

Plan

Service

Duration

Effective Date Expiration Date

Rate Per Unit

Deprecated Yes No

Agency Rate List

[+ Add Rate](#) [Export](#)

Svc #	Rate #	Service Desc	Procedure	Agency Name	Plan	Rate/Unit	Effective	Expiration	Unit Desc	Active	Deprecated
30	13	Prevention - Information Dissemination	H0024		Prevention Payor	\$15.94	4/1/2020		1 unit = 15 Min	Yes	<input type="button" value="Profile"/>
31	14	Prevention - Information Dissemination Service - American Rescue Plan Act	H0024/AR		Prevention Payor	\$15.94	10/1/2021		1 unit = 15 Min	Yes	<input type="button" value="Clone"/>
34	16	Information Dissemination - CADCA - Covid	H0024/CA/CV		Prevention Payor	\$15.94	10/1/2021		1 unit = 15 Min	Yes	No
32	15	Prevention Environmental	H0025		Prevention Payor	\$26.74	4/1/2020		1 unit = 15 Min	Yes	No

Figure 200: Updating a Rate

3. Scroll to the bottom of the Agency Rate Profile screen and click **Deprecate**.

Agency Rate Profile

▼ Show Service Information

Rate #
4

Rate Per Unit
\$85.07

Service
90832/HF/Individual Counseling 16 minutes to 37 minutes

Description
1 unit = 30 Min

Effective Date
10/1/2019

Expiration Date

Duration
30 Min

Rate Type
Plan-Specific

Agency

Facility

Plan
Alabama Medicaid

837 Type
837P

Created By
Ballentine, Yolanda

Created Date
9/26/2023 2:38 PM

Updated By
Garrepelly, Arun K.

Updated Date
5/22/2024 12:09 PM

Finish

Administrative Actions

Deprecate

Figure 201: Agency Rate Profile

4. A confirmation screen will display. Click **Yes** to deprecate the service.

Do you want to Deprecate the Rate?

Yes

× No

Figure 202: Confirm Deprecate Rate

5. Click **Save and Finish**.

Appendix A: Acronyms

Table 24: Acronyms

Acronym	Literal Translation
ACN	Attachment Control Number
ADMH	Alabama Department of Mental Health
ASAIS	Alabama Substance Abuse Information System
CGE	Client Group Enrollment
COB	Coordination of Benefits
EDI	Electronic Data Interchange
EHR	Electronic Health Record
EOB	Explanation of Benefits (also known as remittance)
FFS	Fee For Service
MMIS	Medicaid Management Information System
MRN	Medical Record Number
NPI	National Provider Identifier
PV	Payment Voucher
RTB	Release (encounter) To Billing
SAIS	Substance Abuse Information System
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
STAARS	State of Alabama Accounting and Resource System
TPL	Third Party Liability

Appendix B: Glossary

Table 25: Glossary

Term	Definition
270	This is an electronic file that is sent to Medicaid verifying a client's Medicaid eligibility.
271	This is an electronic file returned from Medicaid indicating a client's Medicaid eligibility status.
837	An electronic claim file.
835	The electronic claim remittance.
999	An electronic file acknowledging that a claim file (837) was received.
Adjustment Claim Item	WITS term for Replacement Claim Item
BAP Claim Item	Bill Another Payor Claim Item (used with TPL claims)
Clearing House	ADMH will be acting as an intermediary by submitting Medicaid claims to Medicaid on the provider's behalf.
Clearing House Item	Clearing House Item, created in the clearing house agency (ADMH) when the provider submits a Medicaid Claim Batch.
Clearing House 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
Contracting Agency	This is the state (ADMH).
Provider Agency	The agencies that work with the state to provide treatment and/or prevention services.

