

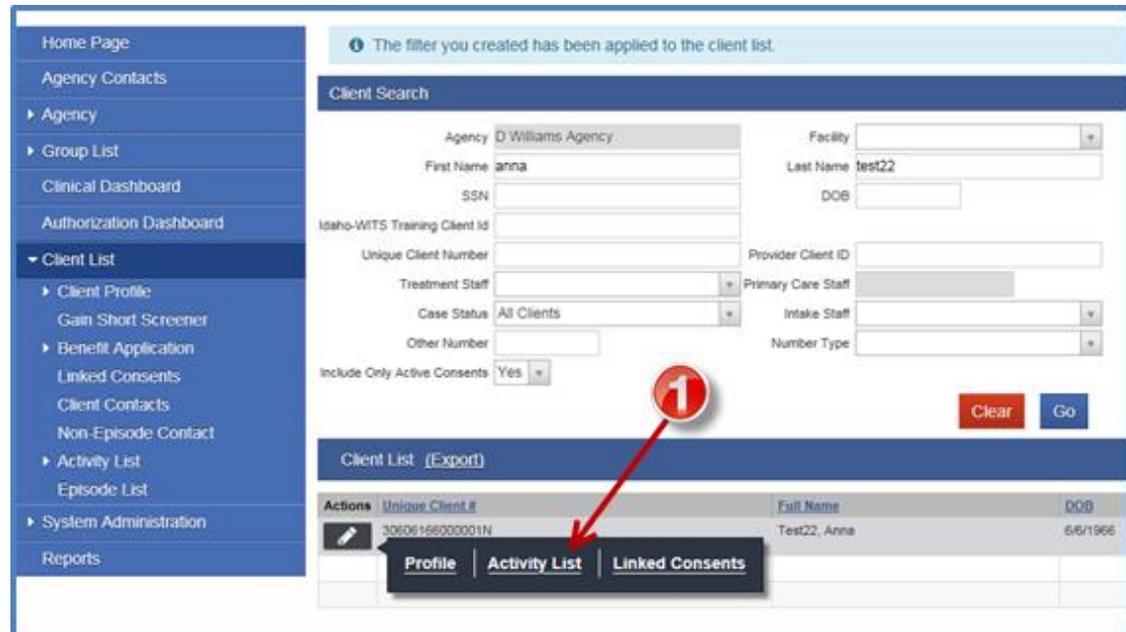
# Creating and Billing a Successful Follow Up for DHW and IDJC Clients

## NOTES:

- Clients must sign an informed consent specific to outcome data collection located on the WITS website.
- Do not complete a Follow Up for an ATR funded client.
- An Authorization is not required to bill for the Follow Up Survey.

## Complete the Follow Up

1. **Getting here:** Login, click **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, locate the client name and hover over  under Actions and click **Activity List**.



The filter you created has been applied to the client list.

**Client Search**

Agency: D Williams Agency | Facility: [dropdown]  
First Name: anna | Last Name: test22  
SSN: [input] | DOB: [input]  
Idaho-WITS Training Client Id: [input]  
Unique Client Number: [input] | Provider Client ID: [input]  
Treatment Staff: [dropdown] | Primary Care Staff: [input]  
Case Status: All Clients | Intake Staff: [dropdown]  
Other Number: [input] | Number Type: [dropdown]  
Include Only Active Consents: Yes [dropdown]

Clear Go

**Client List (Export)**

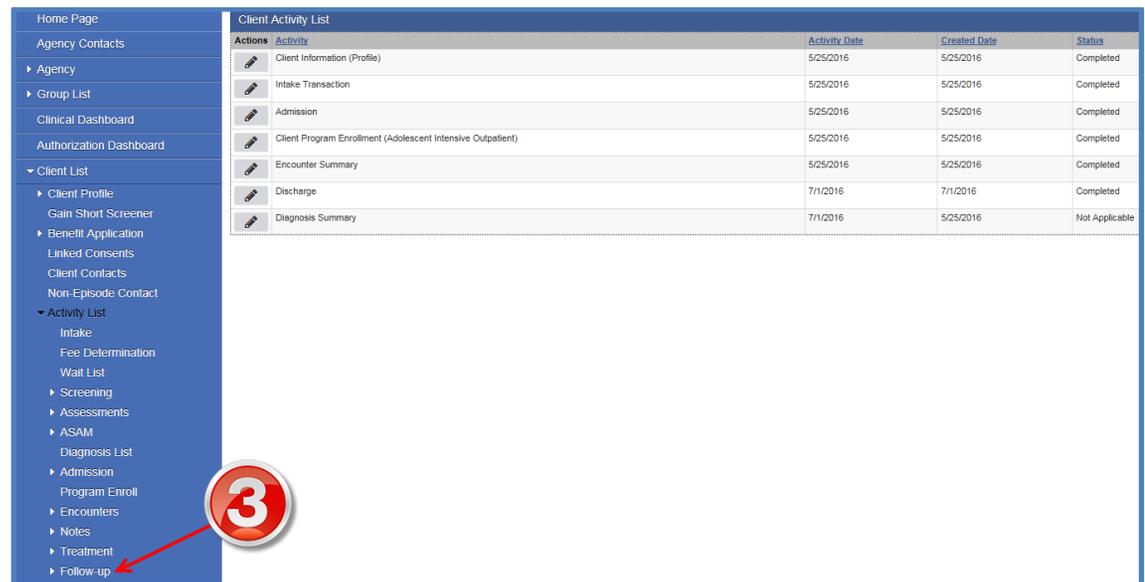
Actions	Unique Client #	Full Name	DOB
	3050616600001N	Test22, Anna	6/6/1966
Profile   Activity List   Linked Consents			

2. Hover over  under Actions and click **Review** to review the Episode of Care.



Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE
	1	Closed	Williams Treatment	Van Skike, Anna	5/25/2016	7/1/2016	Williams Treatment/Add

3. Click **Follow Up** on the Navigation Pane (left menu) under the Activity List.



Home Page	Client Activity List				
Agency Contacts	Actions	Activity	Activity Date	Created Date	Status
Agency		Client Information (Profile)	5/25/2016	5/25/2016	Completed
Group List		Intake Transaction	5/25/2016	5/25/2016	Completed
Clinical Dashboard		Admission	5/25/2016	5/25/2016	Completed
Authorization Dashboard		Client Program Enrollment (Adolescent Intensive Outpatient)	5/25/2016	5/25/2016	Completed
Client List		Encounter Summary	5/25/2016	5/25/2016	Completed
Client Profile		Discharge	7/1/2016	7/1/2016	Completed
Gain Short Screener		Diagnosis Summary	7/1/2016	5/25/2016	Not Applicable
Benefit Application					
Linked Consents					
Client Contacts					
Non-Episode Contact					
Activity List					
Intake					
Fee Determination					
Wait List					
Screening					
Assessments					
ASAM					
Diagnosis List					
Admission					
Program Enroll					
Encounters					
Notes					
Treatment					
Follow-up					

**NOTE:** Update all contact information for the client as applicable.

4. Click **Add New Annual Update Record**.

Actions	Follow Up Type	Follow Up Status	Discharge Date	Follow Up Date

[Add New Annual Update Record](#)

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	123 Test St Boise, ID 83702	No	5/25/2016	5/25/2016

[Add Address](#)

Actions	Type	Name	Address	Phone

[Add New Contact](#)

5. Select the **Follow Up Type**, update the **County of Residence**, and select **Completed Follow-Up** as the **Follow Up Status**.

6. **Complete all fields.**

7. Click  and .

**Follow Up Profile**

Follow Up Type: 6 month  
County of Residence: ADA  
Follow Up Status: Completed Follow-Up

Admission Date: 6/17/2016  
Discharge Date: 6/17/2016  
Follow Up Date: 06/27/2016

# of Mail-Out Attempts: 0  
# of Telephone Attempts: 0  
# of Face-to-Face Attempts: 0  
# of Follow-Up Attempts: 0

**Record Status**

Record Created By: \_\_\_\_\_ Created Date: \_\_\_\_\_  
Last Updated By: \_\_\_\_\_ Last Updated Date: \_\_\_\_\_

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

8. Complete all fields.

9. Click  and .

Follow Up Profile (cont.)

Employment Status

Living Arrangements

Primary Source of Income

Arrests in Prior 30 Days

Source of Information

Participated in a Self-Help Group in Past 30 Days

Participated in an Education/Training Program Since Discharge

Graduated From an Education/Training Program Since Discharge





10. Select the **Substance Used**, **Freq of Use** and **Route of Admin** for Primary Drug, Secondary Drug, and Tertiary Drug as applicable.

11. **Complete all fields.**

12. Click  and .

Follow Up Substance Abuse

**Primary Drug**

Substance Used  

Freq of Use   Route of Admin  

**Secondary Drug**

Substance Used  

Freq of Use   Route of Admin  

**Tertiary Drug**

Substance Used  

Freq of Use   Route of Admin  

Received Substance Abuse Treatment Since Discharge  

Currently in Substance Abuse Treatment  

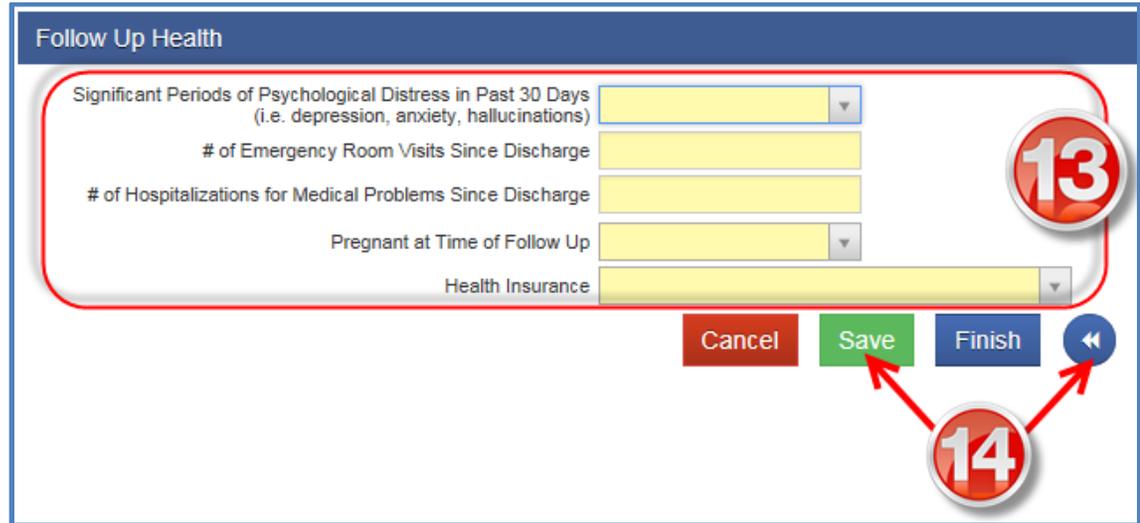
# of Days in Past 30 Missed Work/School Due to Drinking/Drug Use

13. Complete all fields.

14. Click  and .

**NOTE:** When all fields are completed and the status is Completed Follow up, WITS will automatically open the Intake and create the Follow Up Program Enrollment.



The screenshot shows a web form titled "Follow Up Health". The form contains five input fields, each with a yellow background and a dropdown arrow on the right:

- Significant Periods of Psychological Distress in Past 30 Days (i.e. depression, anxiety, hallucinations)
- # of Emergency Room Visits Since Discharge
- # of Hospitalizations for Medical Problems Since Discharge
- Pregnant at Time of Follow Up
- Health Insurance

At the bottom of the form are four buttons: "Cancel" (red), "Save" (green), "Finish" (blue), and a back arrow (blue). A red circle with the number "13" is positioned to the right of the form fields, with a red line connecting it to the top-right corner of the form. A second red circle with the number "14" is located below the buttons, with red arrows pointing to the "Save" and "Finish" buttons.

## Create a Client Group Enrollment

1. Click Client Profile and Client Group Enrollment on the Navigation Pane (left menu).

**NOTE: Create a new Client Group Enrollment each time you are billing for a Follow-Up.**

Home Page  
Agency Contacts  
▶ Agency  
▶ Group List  
Clinical Dashboard  
Authorization Dashboard  
▼ Client List  
    ▼ Client Profile  
        Alternate Names  
        Additional Information  
        Military Information  
        Contact Info  
        Collateral/Cust. Contacts  
        Other Numbers  
        History  
        Client Group Enrollment  
        Authorization  
        Employment  
        Allergies

Profile

First Name: Anna  
Middle Name:   
Last Name: Test22  
Suffix:   
Gender: Female  
DOB: 6/6/1966  
SSN: 000-00-0000  
Driver's License:   
Access Category:   
file: Yes

Provider Client ID:   
Unique Client Number: 3060616  
State Client ID:   
Record Created By: Van Skik  
Last Updated By: Clinical S  
Created Date: 5/25/201  
Last Updated Date: 6/21/201

Administrative Actions

Cancel Save

2. Click Add Government Contract Enrollment.

Payor List

Add Benefit Plan Enrollment Add Government Contract Enrollment

Actions	Priority	Plan	Group	Contract	Subscriber/ Acct#	Subscriber/ Resp Party	Start Date	End Date
		State General	DHW Adult	DHW-D Williams SUD	3060616600001N		7/1/2015	6/30/2016

3. Select the Contract that starts with “DHW” or “IDJC” followed by your agency name (whichever is applicable.)
4. Select DHW Follow up or IDJC-Follow Up as the Plan Group.
5. Enter the day you completed the Follow-Up as the Start and End Date.

Government Contract Billing Information

Plan Type: Government Contract

Contract: 1,DHW-D Williams SUD

Plan-Group: DHW-Follow up-DHW Follow up

Subscriber #: 30606166000001N

Payor Priority Order: 1

Start Date: 7/1/2016

End Date: 7/1/2016

Administrative Actions:

Callout 3 points to the Contract dropdown menu.

Callout 4 points to the Plan-Group dropdown menu.

Callout 5 points to the Start and End Date fields.

6. Click  .

Government Contract Billing Information

Plan Type: Government Contract

Contract: 1,DHW-D Williams SUD

Plan-Group: DHW-Follow up-DHW Follow up

Subscriber #: 30606166000001N

Payor Priority Order: 1

Start Date: 7/1/2016

End Date: 7/1/2016

Administrative Actions:

Callout 6 points to the Save button.

## Bill Follow Up Survey (Create an Encounter)

1. Click **Activity List** and **Encounters** on the Navigation Pane (left menu).

The screenshot shows a navigation pane on the left and a 'Client Activity List' on the right. The navigation pane includes links for Home Page, Agency Contacts, Agency, Group List, Clinical Dashboard, Authorization Dashboard, Client List, Client Profile, Gain Short Screener, Benefit Application, Linked Consents, Client Contacts, Non-Episode Contact, Activity List, Intake, Fee Determination, Wait List, Screening, Assessments, ASAM, Diagnosis List, Admission, Program Enroll, Encounters, Notes, and Treatment. The 'Encounters' link is highlighted with a red circle containing the number 1. Red arrows point to this circle from the left and bottom. The 'Client Activity List' on the right has tabs for 'Actions' and 'Activity'. Under 'Activity', there are links for Client Information (Profile), Intake Transaction, Admission, Client Program Enrollment (Adolescent Intensive Outpatient), Encounter Summary, Discharge, Follow Up, and Diagnosis Summary.

2. Click **Add Encounter**.

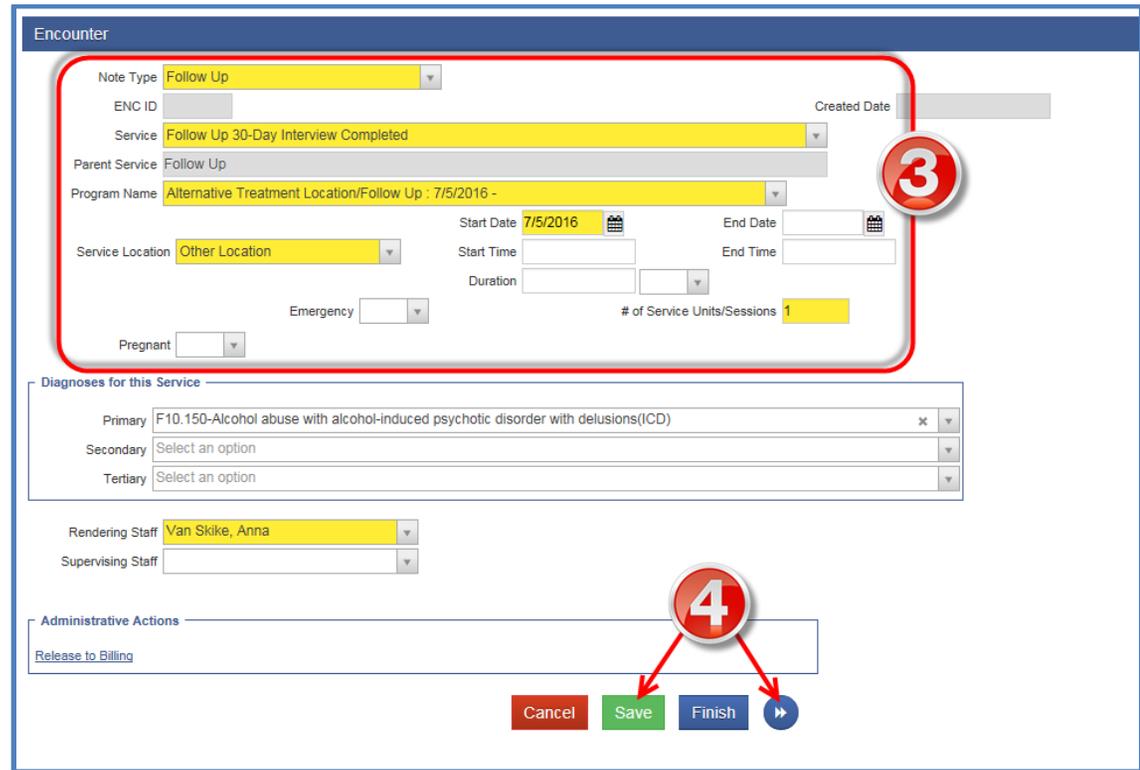
The screenshot shows the 'Encounter Search' form and the 'Encounter List'. The search form includes fields for Start Date (12/2/2014), End Date (12/2/2015), Rendering Staff, Encounter Status, Allow Disclosure of Note, Service, and Program. There are 'Clear' and 'Go' buttons. The 'Encounter List' has a link for '(Export)' and an 'Add Encounter' button. A red circle with the number 2 is placed over the 'Add Encounter' button, with a red arrow pointing to it from the left. Below the list is a table with one row of data.

Actions	Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status
	5/17/2015	Adult Safe & Sober Housing	9190	Brown, Michelle	Adult Recovery Support Services	Released

3. Complete the following:

- Select **Follow Up** as the **Note Type**
- Select the **Service** of **Follow Up 30-Day Interview Completed**, **Follow Up 6-Month Interview Completed**, or **Follow Up 12-Month Interview Completed**
- Enter the **Start Date**
- Select the **Service Location**
- **Enter 1** for the **# of Service Units/Sessions**.

4. Click  and .



Encounter

Note Type: Follow Up

ENC ID: [ ] Created Date: [ ]

Service: Follow Up 30-Day Interview Completed

Parent Service: Follow Up

Program Name: Alternative Treatment Location/Follow Up : 7/5/2016 -

Service Location: Other Location

Start Date: 7/5/2016

End Date: [ ]

Start Time: [ ]

End Time: [ ]

Duration: [ ]

Emergency: [ ]

Pregnant: [ ]

# of Service Units/Sessions: 1

Diagnoses for this Service

Primary: F10.150-Alcohol abuse with alcohol-induced psychotic disorder with delusions(ICD)

Secondary: Select an option

Tertiary: Select an option

Rendering Staff: Van Skike, Anna

Supervising Staff: [ ]

Administrative Actions

Release to Billing

Cancel Save Finish Next

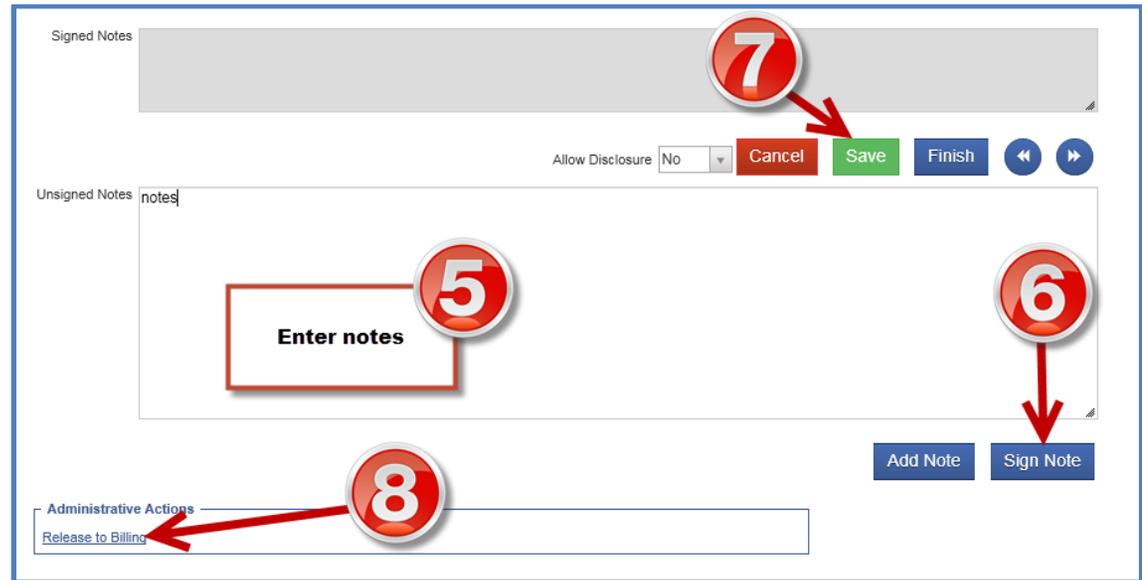
5. **Enter a note** in the Unsigned Note section.

6. Click **Sign Note**.

7. Click **Save**.

8. Click **Release to Billing**.

**NOTE: When the Encounter Releases to Billing, WITS will prompt you to close the case (Intake).**



9. Select **Yes** when prompted to close the case.

**NOTE: WITS will automatically close the Follow Up Program Enrollment when the Intake is closed.**

