

## BPA Frequently Asked Questions regarding October 1, 2013 Implementation

Version date: 11/22/13

Version Summary	New Questions Added	Answers Revised
9/16/13	1-11	n/a
10/1/13	12-26	4, 7
10/7/13	27-33	5, 13, 14, 15
10/15/13	34-36	None
11/22/13	37-41	37
11/7/13	42-58	None
11/22/13	59-70	None

### General Changes

#### 1. Does BPA's role change on October 1, 2013?

The new contract resulted in many significant changes in BPA's role. The following represent some significant changes providers will see:

- a. BPA's primary role is to credential and manage the performance of a Statewide Substance Use Disorder Network that can be used by IDHW, IDOC, IDJC and the Supreme Court (ISC).
- b. BPA will continue to manage clients, utilization and claims payment for only certain populations. Here is a summary of who will conduct certain activities based on the state funding source (ex. IDHW Eligibility Screening will be conducted by BPA):

SUD Services					
	Network Management	Eligibility Screening	Initial Authorization	Continued Stay Review	Claims
IDHW	BPA	BPA	BPA	BPA	BPA
IDOC	BPA	IDOC	IDOC	BPA	BPA
IDJC	BPA	IDJC	IDJC	IDJC	IDJC
Courts	BPA	Courts	Courts	Courts	Courts

- c. BPA will be combining the requirements of the Facility Approval Audits (previously performed by CASAT) into the BPA audits and site visits. The information collected by BPA during audits will be used by IDHW for the purposes of Facility Renewal for providers in the BPA network.
- d. BPA and providers will begin using WITS on October 1, 2013. Providers will receive authorizations and send claims to BPA in WITS (see question 2).

Although many significant changes are effective 10/1/13, the full contract is being implemented in phases through the rest of the calendar year. This will allow us to ensure we are meeting the Partners' objectives in a timeframe that allows the system to reasonably adapt.

#### 2. How will the change work from BPA's eCura/Provider Connect to WITS?

The “cut off” for data being in one system or the other is the date that the service occurred. Services that occur on or before 9/30/13 will be authorized and paid for in the eCura/Provider Connect system. Services that occur on or after 10/1/13 will be authorized and paid for in WITS.

Additionally, it is important to note that BPA staff will start entering referrals and authorizations that will be effective 10/1/13 prior to that date. Please do not accept the referrals and authorizations in WITS from BPA until 10/1/13.

Providers should expect to utilize both systems until all 9/30/13 and earlier services are billed and paid. Provider Connect will be available for your use until approximately 11/30/13. We will notify providers before Provider Connect is inactivated.

### **3. Do the October 1 changes apply to all populations?**

No. It was recently determined that ATR WITS will not be available until approximately 11/1/13. Therefore, ATR clients (existing and new) will continue to be managed in the eCura/Provider Connect system through the month of October. This means authorizations, claims and GPRA interviews will be in eCura/Provider Connect. There will be no changes to GPRA processes for ATR clients until ATR WITS is active: providers will need to submit intake, follow up and discharge GPRAs via Provider Connect.

On 9/17/13, BPA began extending authorization for ATR clients. Any authorization ending 9/30/13 that was originally cut short for the WITS transition, will automatically be extended to the standard length. For example, if you received an authorization for assessment on 9/15/13, the standard end date (30 days) would have been 10/14/13 instead of 9/30/13, and it will be extended. If you received an authorization for assessment on 9/1/13, the standard end date would have been 9/30/13, and it will not be extended.

During the month of October, the WITS Helpdesk will be creating ATR episodes of care for ATR funded clients in your WITS agency. This is in preparation of using WITS for ATR clients. During this time, it is important that you continue to only work within your current Substance Use Disorder episode of care. If your agency currently has a Substance Use Disorder episode of care open for an ATR funded client, search for the client, and view their Activity List. WITS will display the Episode List where you can select which episode of care you wish to work in. Please do not use the ATR Episode until after ATR is live in WITS (post 11/1/13). For additional details contact the IDHW WITS Help Desk.

### **4. Which parts of WITS should providers use starting 10/1?**

Provider should plan to use WITS for all SUD client activities including:

- Accepting Referrals
- Accepting Authorizations
- Requesting Service Authorizations
- GAIN
- Program Enrollment
- Admission
- Treatment Plan (Service Plan)

- Encounters
- Miscellaneous Notes
- Billing Claims Batches
- Discharges

All areas except Treatment Plan (Service Plan) are required in WITS for claims to be processed.

*Clarification 10/1/13: Providers can use Treatment Plans in WITS, but are not required to use the Treatment Plan in WITS at this point. Providers need to continue to ensure that treatment plans (in WITS or paper) are IDAPA compliant.*

### **5. What will be in WITS on October 1, 2013?**

BPA is currently entering all active IDHW and IDOC clients into the WITS system. Beginning on approximately 9/19/13, BPA will enter authorizations for dates of services 10/1/13 and beyond. Any current authorizations that expire past 9/30/13 will be split, with BPA's eCura/Provider Connect system covering until 9/30/13 and WITS starting on 10/1/13.

BPA cannot guarantee that all authorizations will be in WITS on 10/1. Clients still admit into care or receive continuing authorizations every day, therefore it could take several days to get authorizations that occur in the last few days of September entered into both systems. Please call BPA if you are unable to find an authorization in the WITS system as of 10/1/13.

*Update 10/4/13: BPA has entered all authorizations with valid service dates of 10/1 or later into WITS. Please call BPA if you are unable to find an authorization in the WITS system.*

### **6. What can I do to prepare for 10/1?**

We recommend focusing on the WITS system. Anything you can do to ensure your staff is ready to use WITS will be helpful. Also, making sure any work that you have done in WITS for dates of service prior to 10/1/13 is fully processed will lessen any confusion related to dates of service. If dates of service through 9/30/13 are released to billing after 10/1/13, they will be denied in WITS by BPA. Providers must bill those dates of service through Provider Connect. Please refer to the IDHW document "Preparing for October 1, 2013" for more detail on preparing your WITS environment.

### **7. With all these changes, who do I call if I have questions or need help?**

Getting questions answered quickly will be important during the initial transition period. To help facilitate this we want to point you in the right direction, but please remember you can call BPA's Regional Coordinators or central office staff and we will do our best to help resolve your questions or concerns.

We expect that questions will arise regarding the WITS system. We at BPA are also new users of the system, and many providers have more experience using it than we do. If your question or need involves WITS functionality, it is best to call the WITS Helpdesk. WITS users may contact the WITS

Helpdesk via email at DBHWITSHD@DHW.IDAHO.GOV or by calling the central WITS Helpdesk phone line at (208) 332-7316. WITS Helpdesk support is available to answer calls Monday through Friday, 8:00 a.m. to 5:00 p.m. MST. However, during the month of October, the WITS Helpdesk will be providing extended hours in an effort to support you with the transition. The Helpdesk will be available Monday through Thursday, 8:00 a.m.-6:30 p.m.; Friday, 8:00 a.m. -5:00 p.m.; and Saturday, 10:00 a.m. -2:00 p.m. MST.

You should call a BPA Regional Coordinator or the BPA Provider Line for any question about contracts, audits, and training (WITS training information is available on the WITS website). For other questions, please refer to the grid in Question 1 to decide the best place to call. (ex. For a question about an initial authorization for an IDOC client, call IDOC. )

BPA Provider Line	800-688-4013
BPA Regional Coordinators	Nancy Irvin - Region 1&2 208-964-4868 <a href="mailto:nancyi@bpahealth.com">nancyi@bpahealth.com</a> Dean Allen - Region 2 208-305-4439 <a href="mailto:dean.allen@bpahealth.com">dean.allen@bpahealth.com</a> LaDessa Foster - Region 3&4 208-284-4511 <a href="mailto:LaDessa.Foster@bpahealth.com">LaDessa.Foster@bpahealth.com</a> Doug Hulett - Region 6 & 7 208-921-8923 <a href="mailto:doug.hulett@bpahealth.com">doug.hulett@bpahealth.com</a>
WITS Helpdesk	(208) 332-7316 <a href="http://www.WITS.dhw.idaho.gov">www.WITS.dhw.idaho.gov</a>
IDOC	If it is an IDOC offender specific question, please contact the offender's PO. If it is a district level clinical question, please contact the IDOC district clinician, or they can email the district SUD intake box ( <a href="mailto:d1sudintake@idoc.idaho.gov">d1sudintake@idoc.idaho.gov</a> , <a href="mailto:d2sudintake@idoc.idaho.gov">d2sudintake@idoc.idaho.gov</a> , etc.). If it is a larger, statewide issue regarding the SUD program, please email the SUD team at IDOC Central Office <a href="mailto:idocsud@idoc.idaho.gov">idocsud@idoc.idaho.gov</a> , or call SUD Coordinator Jim Meldrum at 208-658-3425.
IDJC	Joni Ward Substance Use Disorder Program Specialist Idaho Department of Juvenile Corrections (208) 577-5450 (Office)  Sharon Burke Substance Use Disorder Program Manager Idaho Department of Juvenile Corrections (208) 577-5424 (Office)
Idaho Supreme Court	Ryan H. Porter LPC, CADC Behavioral Health and Quality Assurance Manager Idaho Supreme Court Desk – 208.947.7430 <a href="mailto:rporter@idcourts.net">rporter@idcourts.net</a>  Scott Ronan Idaho Supreme Court

	Senior Manager, problem-solving courts & sentencing alternatives (208) 947-7428 SRonan@idcourts.net
--	---

*Revised 10/1/13: BPA will host weekly provider call in hours from September 24, 2013-October 29, 2013 to take questions from providers. All questions answered during that call will be used to prepare the next update to the Frequently Asked Questions document. To participate in the call please use the following toll free number and passcode: Toll free: 1-800-356-7330, Participant Passcode: 228835*

**8. I'm getting really short authorization spans on my BPA authorizations. Do I need to call on September 30 to get another authorization?**

BPA has been ending all authorization on 9/30/13 in anticipation of the transition to WITS. If you have an authorization expiring on 9/30/13 that under normal circumstances would have had a greater end date, BPA will create an authorization in WITS that starts 10/1/13 and end on the standard end date. (ex. Currently, if a client had a 30 day assessment authorization issued on 9/15/13 the authorization is set to expire on 9/30/13. An additional authorization will be added to WITS for 10/1/13 through 10/14/13, allowing for the standard 30 day time period). Continued Stay Review (CSR) processes should be followed for providers wishing to extend authorizations for authorizations expiring on or before 9/30/13 if the authorization was for a standard time period (ex. if the authorization, as in the above example, was shortened to 9/30/13 it will be automatically extended as described above; however if an authorization was set to the full 30 days and expired on 9/28/13, a provider would have to submit a CSR). Please review Question 2 above for more on the time frame transition.

If after 10/1/13 you are unable to find an authorization for a current IDHW or IDOC client in WITS (excluding ATR clients), please call BPA.

**9. Several hard copy forms we currently use require client signature, and the client signature is audited by BPA Regional Coordinators. What do we do now that everything is electronic and in WITS?**

If the client signature is an IDAPA or SAPT Block Grant requirement, providers will be expected to have a client signed version of the form during time of audit. One way to accomplish this is to print the item in WITS, have the client sign and date the printed version, and keep in a client's hardcopy file. For assistance on printing from WITS, please contact the WITS Helpdesk. Client signature requirements currently include:

- DHW Block Grant Release of Information
- Client Rights and Confidentiality Rights/Limitations
- Client Informed Consent
- Client Financial Eligibility Determination
- Notified of HIV/TB Testing

- Client Treatment Plan and Treatment Plan Reviews (also known as Client Service Plan and updates).

## **10. How are audits changing under the new contract?**

We have made several significant changes to the audit process in hopes of streamlining the process for providers. Here are a few notable changes:

- Clinical supervision audits will occur annually. (This is not a change to the current process, but a change from the original RFP request of quarterly.)
- Client record audits will occur annually. (This is not a change to the current process, but a change from the original RFP request of every six months.) The audit sample for client records will be 5% of new clients since the last audit.
- We expect that items that can be audited remotely using WITS will not be reviewed on site. Please review question 9 regarding items for which providers must provide a client signature.
- Providers will still be subject to corrective action plans and for cause audits if there are concerns about performance.
- For RSS providers, after an initial Compliance and Training Audit, BPA will conduct desk top audits using WITS. These audits will be conducted annually.
- BPA will conduct RSS provider on site audits under three scenarios:
  - As needed in “for cause” investigations;
  - For a yearly random sample of high volume providers;
  - At time of facility renewal.
- BPA and IDHW will be modifying the BPA audits to include all items needed for IDHW Facility Renewal. IDHW will use the information collected during BPA audits to inform its Facility Renewal decision. Both BPA and IDHW hope that this will lessen the burden on providers.
  - To accomplish the Facility Renewal needs, BPA and IDHW will be modifying current BPA audit schedules, as needed, to ensure alignment with each agency’s facility approval expiration.

As previously mentioned, the full implementation of BPA’s contract will take place over several months. Because of this, we are unable to provide all the specifics of how the audits will be changing at this time. We recognize that will cause concern for providers. We also recognize that the introduction of WITS into the SUD system is significant for the recording of client and clinical data used for audits.

BPA will conduct training on the new audit tool when it is finalized. Until that time, as long as a provider is doing their best to comply with IDAPA requirements, BPA expects to exercise flexibility during the first round of audits. If there is a documented statewide outage of part or all of the WITS system, that will be taken into consideration during audits. BPA is not able to be flexible if providers have not taken advantage of trainings offered by IDHW or BPA, or if providers do not keep up to date on provider communications. Continued collaboration and communication are imperative to the success of the SUD Program. We will work with providers to achieve a successful contract implementation.

**11. Will the 5% incentive continue after 9/30/13?**

The incentive program will continue only for the populations for whom BPA pays the claims - IDHW and IDOC. IDJC and ISC do not plan on continuing the incentive.

For BPA paid populations, the process for the incentive will be modified. For claims that are paid in eCura/Provider Connect, providers claimed and were paid 95% of the total possible fee; for example, the provider billed and BPA paid \$11.81 for a unit of individual treatment which had a total possible fee of \$12.40. BPA would then bill IDHW \$12.40 for the unit of individual treatment. The difference between \$11.81 and \$12.40 was held in an incentive pool and paid quarterly to the provider.

In WITS, claims will be processed at the total possible fee. This means that WITS will show payment of \$12.40 for 15 minutes of individual treatment. BPA will adjudicate claims batches in WITS, and determine the total amount payable for a batch; for example, a batch of ten 15 minute services is a total of \$124.00. This information will be extracted from WITS and entered into BPA's accounts payable system. BPA's accounts payable system will *withhold* 5% of the batch amount, or \$6.20, and a check will be cut for \$117.80. Quarterly, BPA will pay all withheld funds to any provider who is in good standing with contractual requirements. Any funds not paid out to providers will be returned to IDHW or IDOC for use as available treatment funds.

*Revised 10/25/13: All BPA provider contracts include a 5% withhold provision. RSS contracts with the IDHW did not include a withhold provision. Both RSS and Treatment services are subject to the withhold. If you would like additional information about the withhold process, please contact your BPA Regional Coordinator.*

**12. Will authorizations in WITS be the same as authorizations that providers have received in the past?**

Starting on 10/1/13 the initial authorization for clients in the IDOC and IDHW populations will be for an assessment, rather than the treatment bundle that has been authorized in the past. BPA staff will also work with providers to ensure that an appointment for assessment can be made within 14 days to meet block grant requirements. The ability for the provider to enter an authorization request in WITS and for BPA to approve the request in WITS should speed up the process for requesting services after the assessment.

**13. We currently bill for case staffing using the Non-client Specific Reimbursement Request form. Should we continue to use that process for staffing on or after 10/1/13?**

All services paid for through WITS must be client specific. Staffing will now be a service that is authorized to each client. If you are currently billing for any staffing services, you need to request an authorization for staffing for current clients in WITS. Because staffing is currently not authorized on a client basis, BPA is not able to pre-populate WITS with staffing authorizations.

*Update 10/4/13: To enter staffing encounters for billing, please pay special attention to the time you spent staffing each client. For billing, WITS calculates actual time (beginning and end times entered in the encounter). If you spend 1 hour staffing multiple clients, put in encounters that match the time spent on each clients, for example, a 5 minute note for one client, a 25 minute note for another and three 10 minute notes on three other clients for a total of 1 hour. WITS will appropriately calculate the units, or fractions of units, and bill a total of 1 hour for the staffing of the 5 clients.*

**14. Do providers continue to use the same forms after WITS is implemented?**

Many existing forms will be replaced by functionality in WITS for dates of service 10/1/13 and later. The tables below outline the status of BPA forms after WITS implementation.

**On our Website:**

Form	Form Type	Status 10/1/13	Replace with Process
<b>SUD Provider Staffing Reimbursement Request Form</b>	Claims	Eliminated for Dates of Service 10/1/13 and after	Each client will be authorized for Staffing when requested by the provider through WITS.
<b>Continued Stay Review (CSR) Form</b>	Clinical	Eliminated for Requested Dates of Services 10/1/13 and after	Providers will submit an Authorization Request in WITS for all services (which may include RSS). An ASAM Concurrent Review is required for treatment services.
<b>Recovery Support Service (RSS) Form</b>	Clinical	Eliminated for Requested Dates of Services 10/1/13 and after	Providers will submit an Authorization Request in WITS to request initial or continued RSS.
<b>Client Service Transfer (CST) Form</b>	Clinical	Eliminated for Requested Transfers on 10/1/13 and after	Providers will submit an Authorization Request in WITS for all service transfers (which may include RSS). An ASAM Concurrent Review is required for treatment services.
<b>GRRS Clarification Response Form</b>	Clinical	Eliminated for GRRS Submissions on 10/1/13 and after	BPA will use WITS for any clarification and response to clarification.
<b>Client Services Discharge (CSD) Form</b>	Clinical	Eliminated for Clients Discharging 10/1/13 and after	Providers will submit an Authorization Request in WITS as a "Note to Authorizer" when they have discharged the client. Providers will then discharge their client records directly in WITS. **NOTE: Providers will need to make sure to enter and release all encounters prior to discharging clients.
<b>Financial Eligibility Form</b>	Clinical	Eliminated for Updates	Providers will keep their client's financial information

	<p>to Client Financials 10/1/13 and after</p> <p>up to date in the “Fee Determination” screen of WITS. ** NOTE: Financial Information is still required on Paper Pathway clients.</p>
--	---

**Other Forms & Letters from BPA:**

Form	Form Type	Status 10/1/13	Replace with Process
<b>TEDS Form External Intake Packet</b>	Intake	Removed for Paper Pathway Clients 10/1/13 and after	A new paper intake form will be distributed to referral sources. BPA will still require a Release of Information with all paper pathway clients.
<b>Authorization Letters (any letters generated as a result of an authorization)</b>	Authorization	Not Sent after 10/1/13	Providers will view their authorizations and status directly in WITS.
<b>Screening / Service Assessment Print Outs</b>	Authorization	Not Sent after 10/1/13	BPA on behalf of IDHW will consent client information in WITS to the provider that will contain items typically seen on the Screening Print Out.
<b>Request for Authorization Form</b>	Authorization	Eliminated for 10/1/13	This form is no longer required for admission into any Level III Treatment

**New Forms / Remaining Forms:**

Form	Form Type	Status 10/1/13	Process Remaining
<b>Funding Profile Form</b>	Authorization from Referral Source	NEW for referring after 10/1/2013 (replaces the “Intake Packet”)	Referral Source will send this form (which includes the financial information) and a Use & Disclose that has been signed by the client.
<b>Child Welfare Case Termination</b>	Termination from CP/SUD Referral Source	Remains for terminating clients from CP/SUD Coverage	Referral Source will send this form to BPA. BPA will terminate CP/SUD funding in WITS.
<b>GPRA Intake Interview (ATR-III)</b>	ATR-III : GPRA Interview	Entry into Provider Connect post 10/1/2013	Treatment providers will continue to enter GPRA Intakes through eCura/Provider Connect NOTE: After 10/31/13, GPRA Interviews for ATR Clients will be entered directly in WITS .
<b>GPRA 6 Month Follow-up Interview (ATR-III)</b>	ATR-III : GPRA Interview	Entry into Provider Connect post 10/1/2013	Treatment providers will continue to enter GPRA Follow-ups through eCura/Provider Connect NOTE: After 10/31/13, GPRA Interviews for ATR Clients will be entered directly in WITS .
<b>GPRA Discharge Interview (ATR-III)</b>	ATR-III : GPRA Interview	Entry into Provider Connect post 10/1/2013	Treatment providers will continue to enter GPRA Discharges through eCura/Provider Connect NOTE: After 10/31/13, GPRA Interviews for ATR Clients will be entered directly in WITS .
<b>Telephonic GPRA Interview Consent</b>	ATR-III : GPRA Consent	Remains for client consent to do GPRA’s telephonically	BPA & Referral Sources will not need to collect the client’s consent to do telephonic GPRA’s via the consent form after 10/31/13.
<b>ATR-III Adolescent Form</b>	Authorization from Referral	Remains for referring clients into ATR	Referral Source will send this form to BPA. BPA will manage the client through eCura/Provider Connect

	Source	Adolescent Funding	
<b>ATR-III Misdemeanant Form</b>	Authorization from Referral Source	Remains for referring clients into ATR Misdemeanant Funding	Referral Source will send this form to BPA. BPA will manage the client through eCura/Provider Connect

*Update 10/4/13: There have been no changes to BPA Complaints or Appeals forms. Continue to use the same forms you have in the past.*

**15. If a provider accepts the authorization in WITS, and there is no billing activity in 30 days, does the authorization expire? If so, does the client have to rescreen?**

The authorization will close if there is no billing activity in 30 days. If the provider has not provided any billable services for 30 days, BPA will end the treatment episode, the provider will need to discharge the client and BPA will require a new screening.

*Update 10/4/13: BPA recommends waiting until the client presents at the provider's office to accept the referral in WITS. If the client does not present (no-show, incarcerated, etc.), it is much easier for you to deny the referral and authorization. If you have accepted the client referral and authorization, you will have to go through the process of discharging the client in WITS.*

**16. If RSS providers have their own system (ex. a transportation log) can the providers reference this outside documentation in the Encounter Note section in WITS?**

Yes. RSS providers can reference other systems for documentation outside of WITS in the Encounter Note. Providers must have the systems referenced readily available for auditing purposes.

**17. When providers need to send requests in WITS, what agency do they send the request to?**

There is no BPA agency in WITS because BPA is working on behalf of IDOC and IDHW in WITS. Providers should send requests to IDOC or IDHW, whichever funding source the client is under.

**18. Our agency received a new application and contract documents from BPA this week. Can you explain why new contracts are required?**

New Provider applications and contracts need to be completed to ensure that provider information is updated. Additionally, RSS providers were previously contracted with IDHW, but will now contract with BPA directly. Updated provider contracts will also ensure compliance with the contract between BPA and IDHW, IDOC, IDJC and ISC. For example, BPA will no longer authorize services or pay claims for IDJC or ISC which necessitated changes in the provider contract addenda for IDJC and ISC. Additionally, the new contract gives the provider the ability to sign to serve only certain populations, or sign all addenda to serve all populations.

Please contact BPA's Provider Relations Department with questions about provider contract.

Provider Relations Department

Toll Free 1-800-688-4013

Local 208-947-4377

**19. Do providers have to have everything submitted into WITS within 5 days? Is the requirement 5 business days?**

If a client has received care or client has made contact with provider, data is required to be entered into WITS within 5 business days. Claims have to be released to billing through WITS within 30 days. Timely entry of data into WITS will be included in the provider's performance reviews.

**20. If there is a CSR due shortly after 10/1/13 does the provider submit the CSR in WITS? What is the expected response time to these CSRs?**

Providers should submit all information for dates of service 10/1 and later in WITS, including CSRs. BPA expects our response time in reviewing documents to remain consistent with current response times. BPA will monitor turnaround times to ensure a high level of customer service. If you have questions about how to submit an authorization request in WITS, please contact the WITS Helpdesk.

**21. If Providers don't discharge clients will they be penalized?**

Submitting discharges is required to obtain complete and accurate client information and a client cannot receive any further authorizations in WITS until a discharge is received. Client discharges will be reviewed as a part of provider performance monitoring and could have bearing on payment of withheld amounts. It should be noted that BPA will allow some leeway at the beginning of the implementation period because we understand that system changes require flexibility and time for adjustments.

For clients that discharge on or after 10/1/13 the client will need to discharge in WITS. If a client discharges prior to 10/1/13 the provider should submit a discharge form to BPA.

**22. The client is in jail, so why didn't I receive an authorization for an institutional assessment and institutional travel?**

**Because some IDOC clients are constantly in and out of jail, IDOC's initial authorization will only be for an "assessment" for 20 units.** If at the time of the assessment the client was actually in jail, you (the provider) will need to send a "Note to Authorizer" authorization change request via WITS requesting two (2) additional units for the "assessment" and "travel for professionals" in the amount of 120 units, if needed. This can all be in one Authorization Change Request.

**23. I've completed the GAIN assessment for an IDOC client. What do I need to do in WITS?**

You'll first need to edit and then download the GRRS (GAIN Summary) into WITS. After the GRRS is downloaded into WITS: **If the GAIN was authorized as part of the "19-2524" funding process, (1) create**

a consent in WITS to the appropriate DHW Mental Health Region and to the appropriate IDOC probation and parole district, and (2) create a referral in WITS to the same DHW Mental Health Region (do not refer to IDOC). **If the GAIN was authorized as part of a “Risk to Revoke” or “Reentry” funding process**, (1) create a consent and referral in WITS to the appropriate IDOC probation and parole district (do not consent and refer to DHW Mental Health).

**24. My initial authorization was for pretreatment. How can I obtain a copy of the GRRS that was completed by another SUD provider?**

Contact the provider that conducted the GRRS and ask the person who completed the GRRS to electronically consent the GRRS to your agency in WITS. The provider should ask you to obtain a new ROI from the client and send it to them prior to consenting the GRRS to your agency. Note: It is very important that the person who completed the GRRS also download the GRRS into WITS. The GRRS auto-populates with the name of the person who downloads into WITS and not the name of the person who actually completed the GRRS in the Chestnut system. This means that if the person who downloads the GRRS is not the person who completed it, when you consent the GRRS to another agency in WITS the wrong name will appear as the person who completed it.

**25. I have a Medicaid client who would benefit from receiving IDOC SUD funded services. How do I determine eligibility and request braided IDOC SUD funded services?**

If the Medicaid client already has an open IDOC authorization in WITS, you (the Medicaid provider) will need to send an “Change to Authorization” or “Note to Authorizer” (for RSS service) authorization change request via WITS detailing the type of service needed, the name of the provider that will be providing the service, the specific provider “facility” (or site location), and the date that services are to start. BPA will approve or deny your authorization change request, and authorize services in WITS if appropriate.

If the Medicaid client does not have an open IDOC authorization in WITS, you will need to send a secure email to [IDOCsUD@IDOC.IDAHO.GOV](mailto:IDOCsUD@IDOC.IDAHO.GOV). Ensure that the subject line of the email contains the client’s IDOC #, and the word “Medicaid”. You will also need to ensure that the body of the email contains the client’s last name, type of service needed, the name of the provider that will be providing the service, the specific provider “facility” (or site location), and the date that services are to start. IDOC will review the email to determine client eligibility for services, and authorize services in WITS if appropriate. If your request is denied, IDOC will still enter the client’s profile into WITS so that the reason for the denial of services can be documented.

**26. Can RSS Providers request our own authorizations now?**

Initial RSS requests should be submitted by the Treatment Provider in WITS. RSS Providers can request subsequent authorizations in WITS. RSS Providers should still be in communication with the Treatment Provider to coordinate services as we are unable to authorize RSS services if there is not an active treatment authorization.

**27. Does BPA still want Authorization Change Requests (previously Continued Stay Review) two weeks in advance of the end of the current authorization? What is BPA’s turnaround time?**

BPA will process authorization requests in two business days. We still recommend submitting requests two weeks before the end of the current authorization (for services other than residential). Two weeks allows time for requests for additional information and clarification if it is needed.

**28. There seem to be different processes for Authorization Change Requests. Which should I use?**

Based on the scenario, you can use Add New Service, Change to Service or Note to Authorizer to request continued services. The WITS Helpdesk has developed guidance documents that can be found here: [www.wits.idaho.gov](http://www.wits.idaho.gov), WITS User Guide tab, Authorization Change Requests heading

Please refer to the Overview document for a quick reference. These documents will be updated as needed.

**29. If I need to document a non-billable item, does WITS allow for that?**

Yes. Miscellaneous Note in WITS allows you to document information that cannot be connected to a billable encounter.

**30. How do providers submit appeals process in WITS?**

Appeals and complaints will not be entered into the WITS system. Please continue to submit appeals and complaints to BPA using the same processes.

**31. I thought all IDOC clients had a co-pay. Why is WITS showing 100% funding? Is it incorrect in WITS?**

IDOC has adjusted their sliding fee to go up to 100% funding. Provider will need to complete the Fee Determination at the time of the first encounter. When Fee Determination information is entered in WITS, the client’s funding level will be calculated and applied to future services. Some clients could have all services funded at 100%.

**32. The BPA application asks for an “NPI”, but we don’t have one. Do we have to get one?**

All Treatment Providers are required to have a National Provider Identifier (NPI). RSS-Only Providers who provide drug testing or case management must have a NPI. Transportation, Safe & Sober Housing, and Child Care providers are not required to have a NPI. The following link has the NPI Application Form, Application Help and FAQs:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

**33. If a mistake has been made on a signed and released note, how do we correct it? If our billing staff rejects it back to the clinician, what can the clinician do to correct it? Do we ever create a new note?**

Please review the updated Agency WITS Administrator eManual on the WITS Helpdesk website. There is a Protocol for requesting the deletion of Encounter Notes and other client activities in WITS.

**34. Some providers are receiving referrals from IDOC with no client phone numbers. What is the expectation from IDOC for this? Do providers need to contact PO to get this number? How do I contact these clients?**

Providers should always check both "contact info" or "collateral/cust. contacts" in the WITS "client profile" to obtain the client's contact info or the contact info of a friend or relative who may have good contact information for the client.

If the client is pre-sentencing 19-2524, IDOC does not always receive client contact information from the courts and the client will not have a probation and parole officer assigned. So, for those situations, IDOC will provide the pre-sentencing investigator's (PSI) name and contact information (phone number and email address) in the authorization comment and the provider can contact the PSI to track down the client and report back to them. If the provider does not receive a response from the PSI within 72 hours, they can email the appropriate district SUD intake box ([d1sudintake@idoc.idaho.gov](mailto:d1sudintake@idoc.idaho.gov), [d2sudintake@idoc.idaho.gov](mailto:d2sudintake@idoc.idaho.gov), etc.). When emailing the district SUD intake box please ensure the subject line includes the client's last name, PSI's last name (if known), or "no PSI" (if not known).

If the client is post-sentencing 19-2524, the client has been assigned a probation and parole officer (PPO). So, for those situations, IDOC will also provide the PPO's name and contact information (phone number and email address) in the authorization comment, and the provider can contact the PPO to track down the client and report back to them.

IDOC is also expecting the client to report directly to the provider as soon as they have a WITS authorization. As a result, IDOC would also like the providers to always check WITS client profile information at intake and update WITS accordingly with any missing or incorrect contact information.

**35. Are we still required to have a BPA/eCura client ID on client file items (forms, etc.)?**

With the last changes to IDAPA, there is no longer a requirement to have a client id on all pages of the client record. BPA modified our audit last year to accommodate the change.

It is best practice to have some type of unique client identifier on each piece of information in a file. That could be client name, WITS ID, agency generated ID, etc.

**36. How will providers be receiving clarification letters?**

BPA will not be sending clarification letters anymore. If a request submitted in WITS is missing any information or does not have sufficient clinical information, it will be denied. The denial will have the reason in the Denial Comments section to assist the provider in what information needs to be clarified.

Providers should be able to go back into the denied Concurrent Review, correct/clarify the areas concerned and resubmit the request.

**37. Do providers need to continue to fax in GAINs?**

No, please do not fax GAIN summaries to BPA. ~~unless it is for an ATR client.~~ Providers need to Consent the GAIN to BPA in WITS. Providers should also add a Note to Authorizer when consenting the GRRS with their Level of Care recommendation and chosen treatment provider. RSS services requests can also be put in the Note to Authorizer when consenting the GAIN, please specify what RSS service and the chosen provider for that service.

*Note: Question updated with strikethrough on 11/22/13.*

**38. Should I bill for my GAIN assessment in one 5 hour note (even if I didn't spend five consecutive hours on the assessment)? Or should my encounter note in WITS reflect the actual time I spent on the assessment (meaning multiple notes up to my authorized amount)?**

WITS requires the provider to choose a date and then enter the duration of the encounter note. Providers should enter as many notes as needed until they maximize the authorized units. Encounter notes should be reflective of the actual time spent working on the assessment. For example:

10/15/13 10am-12pm – assessment (e.g., face to face with client) (bill 2 hours)

10/16/13 1pm-2pm – assessment (e.g., collateral contacts) (bill 1 hour)

**10/17/13 2-4pm – assessment (e.g., editing GRRS) (bill 2 hours)**

**39. How long is Provider Connect available to bill claims?**

Provider Connect will remain active for claims until January 1, 2014. This will give you time to bill all ATR October of 2013 claims within 30-days and to submit any corrected bills. Timely billing requirement still apply.

**40. What am I supposed to do if I can't sync the GAIN in WITS due to a "bug" in the system**

You should contact the WITS help desk for every client in which you have issues syncing the GAIN. If the WITS help desk is unable to fix the issue in a timely manner (i.e. the same day) they will warm transfer you to BPA and BPA will discuss alternate options if needed (e.g., BPA needs the GRRS to authorize additional services and this can't wait).

**41. Before 11/1 providers were told to document attempts to conduct Follow-up GPRAs. Do they need to do that now? If so, where would they do that?**

Providers are expected to document any GPRa follow-up attempts in the client record.

## ATR WITS

Also see FAQs at

<http://wits.idaho.gov/Portals/0/Medical/SUD/NetHelp/WITS%20FAQ.html#!Documents/generalquestions.htm>

### **42. How do I get trained on the ATR module if I was unable to attend one of the ATR trainings?**

Go to [www.WITS.idaho.gov](http://www.WITS.idaho.gov) and click on WITS User Guides and scroll down until you see the heading ATR, click on the video link.

### **43. I have staff in my agency who need to complete a GPRA but they don't have the option in left side navigation menu. What permissions do I need to give staff who complete GPRAs?**

The WITS user will only have access to the GPRA if the client record has been referred and accepted as an ATR client, and the user has the appropriate permissions. All Treatment Agency clinical staff who work with ATR clients will need the ATR PROVIDER – CLINICAL and ATR CASE MANAGER permissions added to their staff profile (the GPRA is linked to the ATR Case Manager permissions). All RSS Agency staff will need the ATR PROVIDER – CLINICAL permissions added to their staff profile. All Treatment Agency and RSS Agency billing staff will need the ATR PROVIDER – BILLING permission added to their staff profile.

### **44. Are treatment providers able to complete the GAIN before the GPRA in WITS? Or does WITS force providers to complete the GPRA first?**

WITS does not require a provider to complete the GPRA first. Providers should complete the GAIN before the GPRA in WITS. Providers should then proceed to bill both the GAIN and the GPRA.

### **45. When we try to accept an ATR authorization, the system says we need to complete a GPRA first but we haven't completed the GAIN assessment yet.**

This is correct, in the ATR module; you can't accept an authorization until you have completed the intake GPRA. Once you have completed the GAIN assessment and determined the client meets eligibility, you should complete the GPRA, accept the authorization, and bill the GAIN and GPRA in WITS. We are continuing to work on the process for clients who do not meet eligibility criteria after the GAIN is completed. An updated answer will be sent to providers soon.

### **46. Are we able to upload (sync) an ATR GAIN into WITS now?**

Yes, as of 11/1/2013 providers should complete ATR funded GAIN assessments under the ATR intake in WITS.

### **47. How will providers know when GPRAs are due in WITS?**

On the left side navigation menu, choose Agency then choose GPRA Follow Up. This screen will allow providers to sort on GPRA's that are coming due or are past due. GPRA's should be completed by treatment providers.

**48. How do providers know when GPRA discharges are due in WITS?**

On the left side navigation menu, choose Agency then choose GPRA Discharge Due. This screen will allow providers to sort on GPRA's that are in need of a discharge.

**49. What if the provider completes the follow-up GPRA but forgets to complete the discharge GPRA?**

WITS will allow providers to complete the follow-up and then auto-create the discharge for the provider. WITS will ask the provider at the time of the follow-up GPRA if they are discharging the client. Answer accordingly.

**50. When can providers start billing ATR clients in WITS?**

All services rendered 11/1/13 forward should be billed through WITS. All services rendered before 11/1/13 should be billed in Provider Connect.

**51. When a provider completes the GPRA in WITS will they automatically get paid or do they need to do an encounter note?**

An encounter note will need to be completed and released to billing to get paid for a GPRA in WITS. The encounter note cannot be created until the GRPA is entered and the authorization is accepted.

**52. Can a provider bill for ATR services without doing the GPRA intake first?**

No, the WITS system will not allow a provider to bill for any services rendered until you have entered the GPRA intake. An incomplete intake GPRA (completed by the treatment provider) will also prevent an RSS provider from billing for services for this client.

**53. I don't see the admission for an ATR client in WITS, what am I supposed to do?**

The ATR module in WITS does not require an admission or a discharge. You only need to open an intake (which is created automatically when BPA refers the client) and then close the intake when the client discharges from services.

**54. I am a treatment provider who already entered ATR clients into WITS as part of early implementation. Now I have a SUD intake and an ATR intake. Can these items be combined so I can see all of the notes in one place?**

No, the ATR module in WITS is a standalone module that can't be combined with the SUD module. You will need to close the SUD intake and only work from the ATR intake. However, you can still see the records in the ATR intake if needed.

**55. When I go to add an ATR client to the group roster, the client won't show up. Why?**

The group notes module does not currently allow you to enter ATR clients meaning you will need to create individual encounter notes for ATR clients who attend group. IDHW is working with the vendor FEi to allow for ATR clients to be added to the group module. More information is forthcoming about timelines for this fix in WITS.

**56. I know I am supposed to do a "Note to Authorizer" to request RSS services (ex. drug testing) but what else am I supposed to do?**

For November 1 – 17, 2013: Complete the "Note to Authorizer" on the Authorization Change request in WITS.

For November 18, 2013 – forward: For SUD clients continue to send the "Note to Authorizer" on the Authorization Change request in WITS. For ATR Clients, treatment providers will be required to send a provisional voucher. More detailed information about this process will be published shortly.

**57. Does the person doing the GPRA still have to be certified and is BPA still offering this training?**

The person doing the GPRA still needs to be certified. Providers should contact Michael Bartlett at bartletm@dhw.idaho.gov for training and certification.

**58. Will I have to re-enter a GPRA into WITS that I already entered into BPA's system?**

No. If you go into an ATR intake and notice that the GPRA has not been completed (yet you completed the GPRA through the BPA system) call the WITS help desk and explain the situation. The WITS help desk will follow up with BPA to get the previously completed GPRAs and enter them into WITS on your behalf.

**59. I received an ATR referral from BPA to complete the GAIN but the client does not qualify clinically after I completed the GAIN. How do I get paid?**

Decline the authorization you received from BPA. Consent the GAIN to BPA and enter an Auth Change Request type of "Note to Authorizer" and inform BPA that the client does not meet clinically for treatment.

BPA will re-issue an SUD referral and Assessment authorization for you to bill under. This referral and authorization will remove the requirement for the GPRA interviews to be completed.

Do not enter a GPRA Intake. If the GPRA is completed, the authorization cannot be re-issued.

**60. If we do the GPRA before the GAIN assessment, how will we know which services to choose on the GPRA?**

You should complete the GAIN assessment before completing the GPRA.

If the client meets for treatment clinically, proceed to complete the GPRA and bill for the services you have performed. If the client does not meet for treatment clinically, enter an Auth Change Request type of “Note to Authorizer” and BPA will re-issue your Assessment authorization.

**61. Does the GPRA Intake interview have to be face-to-face?**

Yes, the GPRA Intake Interview must be face-to-face. WITS does not change the GPRA requirements.

**62. Would a client ever have a SUD and ATR episode open at the same time?**

No. A client can only be covered under one population at a time.

**63. Does the treatment provider still complete an Authorization Change Request of type “Note to Authorizer” to request RSS services to a Stand Alone RSS provider for the client?**

No. The November 15, 2013 correspondence outlined the interim process. Then, effective December 9<sup>th</sup>, 2013 the treatment provider only need to complete the Provisional Voucher in WITS to the Stand Alone RSS provider to request RSS services not provided by the treatment provider agency.

**64. On the 10-day deadline for completing the GPRA, does this count also include weekends or is it just business days?**

The deadline for completing GPRA entry into WITS has not changed. All GPRA interview must be entered into WITS within 7 business days. The 10-day deadline includes weekends.

**65. I received a referral for a problem solving court client that indicated it was for ATR3. What should I do?**

Reject this referral as it was made in error. You should only accept ATR3 referrals from the DHW Contractor (on behalf of the Department of Health and Welfare). If you accept the referral in error and the ATR3 intake is created please contact the WITS help desk for assistance.

**66. Does a Discharge GPRA have to be done face-to-face? Often the client is incarcerated and a provider is asked to discharge the client. Can the provider bill for the discharge GPRA if it is not conducted face-to-face?**

A provider can submit an administrative discharge which does not require an interview. There is a question in the Record Management section, “did you conduct a discharge interview”. If not, it instructs the provider to skip to the discharge status section. A provider may bill for an administrative discharge.

<b>IDOC</b>
-------------

**67. If I reject the referral, does IDOC also want me to enter a specific reason in the referral comment box as to why I'm rejecting the referral?**

Yes. It helps IDOC when they are conducting research to answer inquiries about the case/client. IDOC would also like the provider staff member to put his/her initials and the date at the end of the comment.

**68. If I accidentally reject the referral, but I accept the authorization, what does IDOC want me to do?**

IDOC would like for the provider staff member to enter a comment in the referral comment box stating that the referral was rejected by accident. IDOC would also like the provider staff member to put his/her initials and the date at the end of the comment.

**69. If I reject the referral on purpose, does IDOC also want me to decline the authorization?**

Yes. IDOC would like the provider staff member to decline the authorization so that authorized treatment dollars can be immediately freed up for use by another client. When declining the authorization, please enter a specific reason in the declined authorization comment box that is also commensurate with the reason stated in the rejected referral comment box. IDOC would also like the provider staff member to put his/her initials and the date at the end of the comment.

**70. If I accept the referral, but decline the authorization because I can't provide any or some of the authorized services, does IDOC also want me to enter a specific reason in the declined authorization comment box as to why I'm declining the authorization?**

Yes, It helps IDOC when they are conducting research to (1) answer inquiries about the case/client, (2) modify the authorization, and (3) issue a brand new authorization. When declining the authorization, please enter a specific reason in the declined authorization comment box that is also commensurate with the reason stated in the rejected referral comment box. IDOC would also like the provider staff member to put his/her initials and the date at the end of the comment.