BPA Frequently Asked Questions regarding October 1, 2013 Implementation

Version date: 10/15/13

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	34-38	none

If you have a suggested question for the next FAQs, please email swoodley@bpahealth.com

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. What 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 1 208-964-4868 nancyi@bpahealth.com Dean Allen - Region 2 208-305-4439 dean.allen@bpahealth.com Jaime Goffin - Region 3, 4, & 5 208-921-2342 jaime.goffin@bpahealth.com Doug Hulett - Region 6 & 7 208-921-8923 doug.hulett@bpahealth.com
WITS Helpdesk	(208) 332-7316 www.WITS.dhw.idaho.gov
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 (d1sudintake@idoc.idaho.gov, d2sudintake@idoc.idaho.gov, etc.). If it is a larger, statewide issue regarding the SUD program, please email the SUD team at IDOC Central Office idocsud@idoc.idaho.gov, 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 rporter@idcourts.net 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.

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
SUD Provider Staffing Reimbursement Request Form	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.
Continued Stay Review (CSR) Form	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.
Recovery Support Service (RSS) Form	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.
Client Service Transfer (CST) Form	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.
GRRS Clarification Response Form	Clinical	Eliminated for GRRS Submissions on 10/1/13 and after	BPA will use WITS for any clarification and response to clarification.
Client Services Discharge (CSD) Form	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.
Financial Eligibility Form	Clinical	Eliminated for Updates to Client Financials 10/1/13 and after	Providers will keep their client's financial information up to date in the "Fee Determination" screen of WITS. ** NOTE: Financial Information is still required on Paper Pathway clients.

Other Forms & Letters from BPA:

Form	Form Type	Status 10/1/13	Replace with Process
TEDS Form External Intake Packet	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.
Authorization Letters (any letters generated as a result of an authorization)	Authorization	Not Sent after 10/1/13	Providers will view their authorizations and status directly in WITS.
Screening / Service Assessment Print Outs	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.
Request for Authorization Form	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
Funding Profile Form	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.
Child Welfare Case Termination	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.
GPRA Intake Interview (ATR-III)	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.
GPRA 6 Month Follow-up Interview (ATR-III)	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.
GPRA Discharge Interview (ATR-III)	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.
Telephonic GPRA Interview Consent	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.
ATR-III Adolescent Form	Authorization from Referral Source	Remains for referring clients into ATR Adolescent Funding	Referral Source will send this form to BPA. BPA will manage the client through eCura/Provider Connect
ATR-III Misdemeanant Form	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.

17. 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.

18. 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.

19. 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

20. 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.

21. 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.

22. 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.

23. 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.

24. 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 Revocate" 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).

25. 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.

26. 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. 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.

27. 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.

28. 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.

29. 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, 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.

30. 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.

31. 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.

32. 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%.

33. 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

34. 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.

35. 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, 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.

36. 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.

37. 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.

38. 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.