



NH WITS Training

*Fee Determination
Provider Scorecard*

WITS

FEi Systems

7/9/2015

Introduction

This guide is designed to review the following functionality that was added to the WITS Electronic Health Record System.

- Fee Determination Modifications
- Provider Scorecard Functionality

Intended Audience

This guide is for users who are already familiar with using WITS.

Note: System Requirements

WITS is compatible with up-to-date versions of most modern browsers such as, Internet Explorer version 10+, Firefox, Google Chrome, and Safari.

All browsers require Silverlight plug-in for WITS Scheduler.

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Section 1. Fee Determination Updates

A. Ability to Create Fee Determination with No Intake

The WITS Fee Determination screen determines if a client is eligible to receive payment for treatment services from NHHPP, Medicaid, Self Insurance or the New Hampshire DHHS Bureau of Drug and Alcohol Services (NH BDAS).

With these changes, staff can use the following steps to create a Fee Determination screen:

- a) Create the client.
- b) Create the Fee Determination screen.
- c) The results on the Fee Determination screen will indicate if client is eligible for BDAS Contracted Services.
- d) If the client is not eligible for BDAS Contracted Services, the agency staff do not have to do any more work in WITS. The end user may opt to track the client in WITS – that is determined by the data entry policy for each agency.
- e) If the client is eligible for BDAS Contracted Services, the agency staff will follow the existing WITS process to create Non-Episode Contact, Social Detox Screen, an Episode (intake), Admission, Program Enrollment, etc.
- f) Once the staff creates an intake for an existing Fee Determination – the WITS system will automatically associate the Fee Determination with the Intake.

Below are some screen shots to walk through the process after the client has been created.

1. Client Fiona FeeDetermination has no current or past episode (intake)
2. Using the menu option Client > Activity List > Fee Determination allows you to create the Fee Determination. Will take you to the Fee Determination List screen.

17.24.0

NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES
Promoting Prevention and Recovery

New Hampshire Training

User: Canham, Patty | Location: BDAS, Administrative Unit

Client: FeeDetermination, Fiona | 415105011902FFN Clear Client

Please select a case, or click Start New Episode.

Episode List 1

| Actions | Case # | Status | Facility | Intake B |
|---------|--------|--------|----------|----------|
| | | | | |
| | | | | |

Client List

- Client Profile
- Social Detox Screen
- Linked Consents
- Non-Episode Contact
- Activity List
- Fee Determination** 2
- Episode List

1. From the Fee Determination List screen, click the **Add New** link.
2. This will cause the Fee Determination Profile screen to appear.
 - Please note – the ONLY time you can set the Effective Date field value is when you initially create the Fee Determination Profile.
 - This is important as WITS compares this Effective Date to the claim service date when applying the Client Cost Share to a client’s claim.
 - Once you save the Fee Determination you can no longer modify this Effective Date field, will need to create another Fee Determination with an appropriate date.
3. Complete the required fields and click on Save or Finish to save the Fee Determination Profile.

Client: FeeDetermination, Fiona | 415105011902FFN Clear Client

1

Fee Determination List **Add New**

| Actions | Fee Effective Date | Gross Annual Income | Number in Family | Total Annual Deductions | Adjusted Annual Income | Cost Share % | % of Poverty Level | Status |
|---------|--------------------|---------------------|------------------|-------------------------|------------------------|--------------|--------------------|--------|
| | | | | | | | | |

Client: FeeDetermination, Fiona | 415105011902FFN Clear Client

2

Fee Determination Profile

Effective Date: 5/15/2014

Has client signed paper form? No

Has staff member signed form? No

Monthly Income (from all sources) \$1,800.00

Number in family (including client) 1

Gross Annual Income \$21,600.00

Total Annual Deductions \$0.00

Adjusted Annual Income \$21,600.00

Client cost share 12%

Percent of poverty level 185.1%

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Alimony \$0.00

Available Funding Sources

Medicaid/NH Health Protection Program Status Ineligible

Private Insurance Status Has chosen not to enroll/No private insurance

Self Pay and DHHS Status DHHS Supported Services

Administrative Actions

Calculate Fee Percentage

3

Cancel Save Finish

4. The saved Fee Determination will appear on the Fee Determination List screen.

Client: FeeDetermination, Fiona | 415105011902FFN Clear Client

4

Fee Determination List **Add New**

| Actions | Fee Effective Date | Gross Annual Income | Number in Family | Total Annual Deductions | Adjusted Annual Income | Cost Share % | % of Poverty Level | Status |
|---------|--------------------|---------------------|------------------|-------------------------|------------------------|--------------|--------------------|-------------|
| | 5/15/2014 | \$21,600.00 | 1 | \$0.00 | \$21,600.00 | 12 | 185.1% | In Progress |

If the client is eligible for payment from BDAS, the clinician will need to create an episode (intake).

1. Once that intake is created, the WITS system will automatically associate the Fee Determination with the intake.
 - Notice on the left Navigation menu that the Fee Determination menu item is now listed directly under the Intake
 - Prior to the intake being saved – the Fee Determination had been listed directly under the Activity List menu item.

Client: FeeDetermination, Fiona | 415105011902FFN | 1 Clear Client

Intake Case Information

| | | | |
|----------------------------|--|--|---------------------|
| Intake Facility | Administrative Unit | Case # | 1 |
| Intake Staff | Canham, Patty | Case Status | Open Active |
| Initial Contact | By Appointment | Initial Contact Date | 5/1/2014 |
| Town of Residence | Alton | Intake Date | 5/10/2014 |
| Source of Referral | Unknown | Pregnant | No |
| Reason For Non-Admission | | Prenatal Treatment | |
| Referral Contact | | HIV tested | Yes |
| | Add Collateral Contact | Injection Drug User | No |
| Is Treatment Court Ordered | No | Problem Area | |
| | | Presenting Problem (In Client's Own Words) | Can't stop drinking |

| | |
|---|-------------------------------|
| Special Initiative | Special Initiative Selected |
| Acquired Brain Disorders | |
| Adult with Organic Disorder w/o SED | |
| Adult with Severe and Persistent Mental Illness | |
| Inter-Agency Service | Inter-Agency Service Selected |
| Child Protective Services (OCS) | |
| Court/Legal Interface | |
| DCSF | |
| Developmental Disabilities | |
| Domains | Selected Domains |
| | Substance Abuse |

Date Closed Save & Close the Case

Cancel Save Finish

Actions
[Move Intake](#) [Delete Intake](#)

B. New Fields on Fee Determination

1. Three required fields, related to Available Funding Sources, have been added to the Fee Determination screen.
 - Previously, these fields existed only on the printed version of the Fee Determination.
 - Medicaid / NH Health Protection Program Status
 - Private Insurance Status
 - Self Pay and DHHS Status

BDAS, Administrative Unit 2 Generate Report | Snapshot

Client: FeeDetermination, Fiona | 415105011902FFN Clear Client

Fee Determination Profile

Effective Date

Has client signed paper form?

Has staff member signed form?

Monthly Income (from all sources)

Gross Annual Income

Number in family (including client)

Total Annual Deductions

Adjusted Annual Income

Client cost share

Percent of poverty level

Allowable Monthly Deductions (enter \$ amount for all appropriate areas)

Alimony

Available Funding Sources

Medicaid/NH Health Protection Program Status

Private Insurance Status

Self Pay and DHHS Status

Administrative Actions

[Calculate Fee Percentage](#)

The agency staff will gather and enter all required fields during their review with the client.

2. They will have the ability to generate the Fee Determination form for the client to sign by clicking on the **Generate Report** function.
3. The **Generate Report** function will produce the BDAS FEE DETERMINATION form shown on the next page. The new fields, with the entered data, are outlined in red. This is the form that the agency staff will print in order to obtain the client's and staff signature agreeing to the funding source information captured in the Fee Determination.

Section 2. Provider Scorecard

A. Overview

New Hampshire has made significant changes to their billing processes because of Medicaid Expansion and ACA (related to Substance Abuse and Mental Health Parity).

- Treatment services are billed as fee for service (FFS) claims.
- Providers will be able to calculate their incentives, review and then bill for those incentives as an invoice.

B. Review of Incentive Criteria

1) Access to Services

For each client who screens eligible for services and starts receiving services, whether for the identified level of care or interim services, within 10 business days following the eligibility screening, the treatment contractor will receive an incentive payment of \$75.00. Access incentives will be calculated and paid on a monthly basis for services in the previous calendar month.

2) Completion

For each client who is discharged from the program because they have completed treatment (all treatment plan goals have been met) or transferred to another treatment provider as recorded in the Discharge Type field of the WITS Discharge Module, the treatment contractor will receive an incentive payment of \$75.00. Completion incentives will be calculated and paid on a monthly basis for services in the previous calendar month.

3) Client Outcomes

If a client who was discharged from the program for any reason meets at least 3 of the Outcome criteria below in the 3rd and/or 6th month post-discharge, as evidenced by the WITS Follow-Up module, the treatment contractor will receive an incentive payment in the amount of \$50. The 3rd month post discharge is considered to be 60 – 120 days post discharge. The 6th month post discharge is considered to be 150 – 210 days post discharge. Outcomes incentives will be calculated and paid on a monthly basis for clients meeting criteria in the previous calendar month. This incentive may be carried over to future contract years at the discretion of DHHS. It is expected that at least 50% of discharged clients will be contacted for 3 and/or 6 month follow-up over the contract year.

- i. Abstinence: The client reports reduced or no substance use in the past 30 days.
- ii. Employment/Education: The client reports increased or retained employment or the client reports returning to or staying in school.
- iii. Crime and Criminal Justice: The client reports no arrests in the past 30 days.
- iv. Stability in Housing: The client reports being in stable housing.

- v. Social Connectedness: The client reports engagement in Recovery Support Services, Care Coordination, and/or Community Based Support Groups in the past 30 days.

C. Incentive Calculations

The purpose of this section is to explain how the provider incentives are calculated. Agencies should review this information with their staff so their data entry practices will ensure that optimal incentives can be achieved.

1) Access to Services (\$75/Client that meets criteria)

Incentive Calculation pulls Encounters where:

- Encounter has been released to billing AND
- Encounter Start Date is within the invoice billing period AND
- There is an associated, previous Social Detox Screener with Outcome = “Eligible for services in this agency”

For the above selected records, when the Encounter Date is within 10 business days of the Interview Date (on associated Social Detox Screener), then client is set to having met criteria.

2) Completion (\$75/Client that meets criteria)

Incentive Calculation pulls Discharges where:

- Discharge Date is within the invoice billing period

For the above selected records, when the Discharge Reason is TEDS 01 or 04 or State Codes 1,2,3,4, or 5 then client is set to having met criteria.

The screenshot shows a 'Discharge Profile' form with the following fields and values:

- Discharged: 12/1/2014
- Date of Last Contact: 9/20/2014
- Discharge Staff: Canham, Patty
- Discharge Referral: [Empty]
- Reason: 1-Completed Treatment. No Substance Use
- Disposition: [Dropdown menu open]

The dropdown menu for Disposition is open, showing the following options:

- 1-Completed Treatment. No Substance Use
- 2-Completed Treatment. Some Substance Use
- 3-Transfer to CDS Program Within Agency for Continued Services
- 4-Transfer to Non-CDS Program Within Agency for Continued Services
- 5-Referred Outside Agency for Continued Services
- 6-Program Decision to Discharge Client for Non-Compliance with Program Rules
- 7-Client Left Before Completing Treatment
- 8-Incarcerated
- 9-Died

3) Client Outcomes (\$50/Client that meets criteria)

Incentive Calculation pulls Follow-ups where:

- Follow Up Date is within the invoice billing period AND
- Follow Up Type = “90 Day” or “6 Month” AND
- Follow Up Status = “Completed Follow-Up” AND
- Source of Information = Client

**Note: If both a 90 day and a 6 month followup are done for a client, and that client meets 3 of 5 outcome criteria on both followups – agency receives \$50 for both followups for a total of \$100.

For the above selected records, the Incentive Calculation examines the following information to determine if client met 3 of 5 Outcome criteria from the Followup. When 3 of the 5 Outcome criteria are met, then the client is set to having met criteria.

i. Abstinence

Compare “Freq of Use” fields by substance (across primary, secondary, tertiary)

The screenshot shows a form titled "Follow Up Substance Abuse" with three sections for drug use:

- Primary Drug:** Substance Used: 02-Alcohol; Freq of Use: 04-3-6 times in the past week; Route of Admin: 01-Oral
- Secondary Drug:** Substance Used: 09-Other Hallucinogens; Freq of Use: 03-1-2 times in the past week; Route of Admin: 01-Oral
- Tertiary Drug:** Substance Used: 07-Other Opiates and Synthetics; Freq of Use: 02-1-3 times in the past month; Route of Admin: 01-Oral

Additional fields at the bottom:

- Received Substance Abuse Treatment Since Discharge: No
- Currently in Substance Abuse Treatment: Unknown
- # of Days in Past 30 Missed Work/School Due to Drinking/Drug Use: 5

Buttons: Cancel, Save, Finish, and navigation arrows.

Abstinence Criteria is Met when:

- “Freq of Use” value decreases from Discharge to Follow Up for all substances. Note: Fewer substances at Follow up than at Discharge counts as a decrease.

- Primary Substance Used = “None” at Follow Up.
Note: In this case, Primary Substance Used can also = “None” at Discharge.

Abstinence Criteria Is NOT Met when:

- One or more substance “Freq of Use” value increases at Follow Up.
- There is a new substance at Follow Up, regardless of primary, secondary, or tertiary.

Additional examples:

- If follow-up substance use frequency = NA, not collected, or unknown, then compare to Discharge. If value was the same at discharge, then abstinence criteria is not met.
- If there was a drug at discharge and it’s NA at followup, then abstinence criteria is met.
- If there was a drug at discharge and it's not collected or unknown at followup, then we can't say yes or no. For those cases, abstinence criteria is not met

ii. Employment \ Education Criteria

Note: If client meets either the Employment OR Education/Training criteria below, then “Employment/Education Criteria Met?” = Yes (only one has to be met).

- A. Compare Discharge “Employment Status” to Follow Up “Employment Status”.
Employment is increased or retained when the “Discharge” to “Follow up” value changes as indicated below:

| Discharge Employment Status | Follow-Up Employment Status | Employment | Employment/ Education Criteria Met? |
|--|--------------------------------------|------------|-------------------------------------|
| 97, 98, 04, 03 (Unknown, Not Collected, Not In Labor Force, Unemployed) | 02 or 01 (Part Time or Full Time) | Increased | Yes |
| 02 (Part Time) | 01 (Full Time) | Increased | Yes |
| 02 (Part Time) | 02 (Part Time) | Retained | Yes |
| 01 (Full Time) | 01 (Full Time) | Retained | Yes |

- B. Client has returned to or stayed in school when “Participated in an Education/Training Program Since Discharge” = “Yes” OR “Graduated From an Education/Training Program Since Discharge” = “Yes”.

| Participated in an Education/Training Program Since Discharge | Graduated From an Education/Training Program Since Discharge | Employment/ Education Criteria Met? |
|---|--|-------------------------------------|
| Yes | | Yes |

| | | |
|--|-----|-----|
| | Yes | Yes |
|--|-----|-----|

iii. **Crime and Criminal Justice**

Crime/Criminal Justice criteria is met when the Follow Up field **# of Arrests Since Discharge** has a value of 0.

iv. **Stability in Housing**

Stability in Housing criteria is met when the Follow Up field **Living Arrangements** has a value of “Dependent Living” or “Independent Living”.

v. **Social Connectedness**

Social Connectedness criteria is met when the Follow Up field **Participated in a Self-Help Group in Past 30 Days** has a value of “Yes”.

Follow Up Profile (cont.)

Employment Status

Living Arrangements

Primary Source of Income

of Arrests Since Discharge

Source of Information

of Mail-Out Attempts

of Telephone Attempts

of Face-to-Face Attempts

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

D. Invoice Billing For Provider Incentive

The purpose of this section is to review the process and WITS Invoice screens that Agencies will use to bill the State for their incentives.

- Provider Incentive Invoices will be billed to the contract tier plan-group **BDAS Contracted Services – Provider Incentive**.
- Invoice processing for incentives should be done on a monthly basis.
- WITS invoice processing mandates that 1 month’s invoice has to be submitted and processed by the State, before the next invoice can be submitted.
- Invoices need to be submitted in sequential month order (e.g, 7/14, 8/14, 9/14, etc). The agency can skip a month, but you will lose out on any associated incentive for that skipped month, as you can not go back and rebill for the skipped month.
- The invoice process will calculate the incentive amount to be billed. It will also give you a detail and summary scorecard report that shows how the incentive was calculated.

Starting the Billing Invoice Process

1. From the left navigation menu, the Agency Administrator goes to Agency > Billing > Invoicing.
2. This will return the Cost Reimbursement Invoice Search and List screen. Enter appropriate search filter and click the **Go** button.
3. A list of invoices that meet the search filter criteria will be presented in the Invoice List section.

****Note:** The invoice tiers that can be submitted is determined by the Agency’s contract with the State

User: Canham, Patty | Location: BDAS Training, Provider Training | Snapshot

Cost Reimbursement Invoice Search

Contract# Contract Name Adjudicated Date
Authorization Period Contractor Invoice MM/YY
Plan Group Status
Invoice Type

Invoice List Tier

| Actions | Invoice ID | Contract Name (Number) | Plan-Group | Invoice Type | Invoice Period (FY) | Amount Invoiced | Amount Paid | Status |
|---------|------------|------------------------|--|--------------------|---------------------|-----------------|-------------|-----------------|
| | 69 | SlideFeeScale (202) | BDAS Contracted Services-Enhanced Services | Cost Reimbursement | 5/2014 (SFY2015) | \$2,000.00 | | Awaiting Review |
| | 77 | SlideFeeScale (202) | BDAS Contracted Services-Enhanced Services | Cost Reimbursement | 6/2014 (SFY2015) | \$0.00 | | Awaiting Review |

- In the Invoice List section **Tier** field select the value “BDAS Contracted Services – Provider Incentive”.
- Click on the **Add Invoice** link. The first time an invoice is generated, the system will automatically populate the **MM/YY** field based on the authorization period. The MM/YY field represents the monthly invoice billing period and will be used in the incentive calculations.
- To have the Provider Scorecard links appear – need to click on the **Save** button.

Cost Reimbursement Invoice Search

Contract# Contract Name Adjudicated Date
 Authorization Period Contractor Invoice MM/YY
 Plan Group Status
 Invoice Type

[Clear](#) [Go](#)

Invoice List (Export)

| Actions | Invoice ID | Contract Name (Number) | Tier | Status |
|---------|------------|--|------|-----------------|
| | 69 | SlideFeeScale-Slide Fee Scale-BDAS Contracted Services-Enhanced Services - SFY2015_Cost Reimbursement | | Awaiting Review |
| | 77 | SlideFeeScale-Slide Fee Scale-BDAS Contracted Services-Provider Incentive - SFY2015_Cost Reimbursement | | Awaiting Review |
| | | SlideFeeScale-Slide Fee Scale-Block Grant-Provider Incentive - SFY2015_Cost Reimbursement | | |
| | | SlideFeeScale-Block Grant-Women's Set Aside - SFY2015_Cost Reimbursement | | |

[Add Invoice](#)

Invoice Profile

Contract Name FY Plan-Group
 Contract# MM/YY Invoice Type
 Prepared By Prepared Adjudicated
 Created By Created On Status
 Updated By Updated On

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

Update Invoice

| Line Item | Current Month | Update Invoice | | | | | | |
|-----------|---------------|----------------|-----------------------------|-------------------------|------------------------|--------------------------------|-------------------------|--------------|
| Actions | Category | Line Item | Prior Period to Date - Paid | Current Month - Invoice | Current Month - Budget | Period to Date - Paid Estimate | Period to Date - Budget | Total Budget |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Current Month Invoice-Total

Calculating Incentive

The invoice now appears with 3 Links in the administrative actions (assuming user has appropriate agency billing and attestation roles).

1. Notice that the **Recommended Incentive** field is blank.
2. To have the incentive calculated – click on the [Calculate Incentive](#) administrative action.
3. This will cause several fields on the invoice to be populated, including **Recommended Incentive** and **Current Month Invoice**. Also captures the timestamp of the last time the Calculate Incentive process was run.
4. At this time, you may click on the [View Detail](#) and [View Summary](#) administrative actions to see the information used to calculate the incentive.

Invoice Profile

| | | | | | |
|---------------|-----------------|------------|------------------|--------------|--------------------------------|
| Contract Name | Concord SFY2015 | FY | SFY2015 | Plan-Group | BDAS Contracted Services-Provi |
| Contract # | 4545 | MMYY | 7/2014 | Invoice Type | Cost Reimbursement |
| Prepared By | | Prepared | | Adjudicated | |
| Created By | Canham, Patty | Created On | 7/9/2015 3:24 AM | Status | Awaiting Review |
| Updated By | Canham, Patty | Updated On | 7/9/2015 3:24 AM | | |

| Actions | Category | Line Item | Prior Period to Date - Paid | Current Month - Invoice | Current Month - Budget | Period to Date - Paid Estimate |
|---------|-----------|-----------|-----------------------------|-------------------------|------------------------|--------------------------------|
| | Incentive | Incentive | \$0.00 | \$0.00 | \$1,666.67 | \$0.00 |

Invoice Profile

| | | | | | |
|---------------|-----------------|------------|------------------|--------------|--------------------------------|
| Contract Name | Concord SFY2015 | FY | SFY2015 | Plan-Group | BDAS Contracted Services-Provi |
| Contract # | 4545 | MMYY | 7/2014 | Invoice Type | Cost Reimbursement |
| Prepared By | | Prepared | | Adjudicated | |
| Created By | Canham, Patty | Created On | 7/9/2015 3:24 AM | Status | Awaiting Review |
| Updated By | Canham, Patty | Updated On | 7/9/2015 3:25 AM | | |

| Actions | Category | Line Item | Prior Period to Date - Paid | Current Month - Invoice | Current Month - Budget | Period to Date - Paid Estimate |
|---------|-----------|-----------|-----------------------------|-------------------------|------------------------|--------------------------------|
| | Incentive | Incentive | \$0.00 | \$150.00 | \$1,666.67 | \$150.00 |

Administrative Actions

Calculate Incentive View Details View Summary

Scoring Version SFY 15

Recommended Incentive \$150.00

Last Calculation date/time 7/9/2015 3:25 AM

Current Month Invoice-Total \$150.00

Attestation

I, Patty Canham, on 7/9/2015, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Sign Invoice

Administrative Actions

Calculate Incentive View Details View Summary

Viewing Detail/Summary Scorecard Reports

The Detail Report shows detail information, including the client's UCN for the 3 incentive categories of Access, Completion and Outcomes.

- The Recommended Incentive field represents that total of the Incentive Payment fields.
- The Report also explicitly states if the client met the criteria for the category and provides information of the criteria data (e.g. Social Detox Interview Date, First Service Start Date).
- If the client did not meet the criteria – the Incentive Payment field will be zero.

Report Card for Concord Treatment Agency for 7/2014

Recommended Incentive: \$150.00
Invoiced Amount: \$150.00
Date Generated: 7/9/2015

Paid Amount:
Date Finalized:

Access

| UCN | Screener Modality Type | Interview Date | First Service Start Date | Days to first Delivered Service | Criteria Met? | Incentive Payment |
|-----------------|------------------------|----------------|--------------------------|---------------------------------|---------------|-------------------|
| 456607011851MOR | Outpatient | 07/01/2014 | 07/09/2014 | 6 | Yes | \$75.00 |

Completion

| UCN | Discharge Date | Reason | Criteria Met? | Incentive Payment |
|-----------------|----------------|---|---------------|-------------------|
| 456607011851MOR | 07/28/2014 | 1 - Completed Treatment. No Substance Use | Yes | \$75.00 |

Outcomes

| UCN | Follow Up Date | Employment/ Education Criteria Met? | Crime/ Criminal Justice Criteria Met? | Housing Criteria Met? | Social Correctedness Criteria Met? | Abstinence Criteria Met? | Three of Five Criteria Met? | Incentive Payment |
|-----|----------------|-------------------------------------|---------------------------------------|-----------------------|------------------------------------|--------------------------|-----------------------------|-------------------|
| | | | | | | | | |

The Summary Report shows summarized information for the invoice billing period.

Report Card for Concord Treatment Agency for 7/2014

Recommended Incentive: \$150.00 **Paid Amount:**
Invoiced Amount: \$150.00 **Date Finalized:**
Date Generated: 7/9/2015

| Measure | Total Clients | Total Met Criteria | Measure Incentive | Total Incentive Payment |
|------------|---------------|--------------------|-------------------|-------------------------|
| Access | 1 | 1 | \$75.00 | \$75.00 |
| Completion | 1 | 1 | \$75.00 | \$75.00 |
| Outcomes | 0 | 0 | | |

Operational Considerations

- The invoice process for provider incentive was designed this way so that agency administrators could review the information prior to billing the state.
- Those administrators can then work with their staff to update WITS for the month (eg. Ensure encounters are released, discharges have been created, and followups done).
- Then the administrator can go back into invoice billing and use the Calculate Incentive link again to see if there are changes to the invoice after staff finish their updates. The timestamp on last time the calculation was run can be used to aid that process.

Signing Invoice and Billing to State

- Once the Agency Administrator is satisfied with the invoice, they need to click the Sign Invoice button.
- At that point a Bill It administrative action will appear. Clicking the Bill It administrative action will submit the invoice to the State for processing.

Invoice Profile

| | | |
|-------------------------------|-----------------------------|--|
| Contract Name Concord SFY2015 | FY SFY2015 | Plan-Group BDAS Contracted Services-Provid |
| Contract # 4545 | MM/YY 7/2014 | Invoice Type Cost Reimbursement |
| Prepared By | Prepared | Adjudicated |
| Created By Canham, Patty | Created On 7/9/2015 3:24 AM | Status Awaiting Review |
| Updated By Canham, Patty | Updated On 7/9/2015 3:25 AM | |

| Line Item | | | | | | | |
|-----------|-----------|-----------|-----------------------------|-------------------------|------------------------|------------------|--|
| Actions | Category | Line Item | Prior Period to Date - Paid | Current Month - Invoice | Current Month - Budget | Period to Date - | |
| | Incentive | Incentive | \$0.00 | \$150.00 | \$1,666.67 | | |

Scoring Version SFY 15

Recommended Incentive \$150.00

Last Calculation date/time 7/9/2015 3:25 AM

Current Month Invoice-Total \$150.00

Attestation
 I, Patty Canham, on 7/9/2015, am verifying the information in this invoice is correct and accurate to the best of my knowledge.

Sign Invoice

Administrative Actions

[Calculate Incentive](#) [View Details](#) [View Summary](#)