# JIRA HELP DESK SUPPORT

Division of Mental Health and Addiction (DMHA)

### **INSTRUCTIONS FOR SUBMITTING TICKETS:**

- 1. Visit the Recovery Works help desk at: https://dmha.fssa.in.gov/helpdesk/?div=dmha
- 2. Enter your email address into the email address space, and click "create ticket"
- 3. Customer Name, Division, and Related Provider should auto-populate
- 4. **Related Application** = 'WITS Recovery Works DMHA'
- 5. Service Request Type select the request that is most similar to what you will be asking
  - a. Access Problem or Password Reset use for password resets
  - b. Account Creation use for new WITS or Jira account setups
  - c. Billing Issues use for voucher, encounter, or general WITS billing issues
  - d. Information Request use for client balance requests
  - e. Question use for general Recovery Works programmatic questions
  - f. Training use for clarification on training guidelines or request of training
- 6. **Summary** would be similar to the subject line of an email; summarize what your request is in a few words
- 7. **Description** include the specific details of your request
- 8. Attachment only one attachment can be included at a time

### TEMPLATES FOR COMMON REQUESTS:

### **INSURANCE DENIALS**

| SERVICE REQUEST TYPE | Question  |
|----------------------|---|
| SUMMARY              | Insurance Denial  |
| DESCRIPTION          | Include participant WITS ID, service name & date, insurance denial reason (explained thoroughly)                            |
| ATTACHMENT           | Attach the insurance denial from the insurance company. Please highlight the date of service and denial reason on the form. |

### **CAP INCREASE REQUEST**

| SERVICE REQUEST TYPE Information  | Request  |
|---|--|
| SUMMARY Participant C   | ap Increase Request  |
| about the red<br>**note** For<br>extenuating<br>participant h<br>to services, h | cipant WITS ID, funding category, and brief information<br>quest – such as why the participant needs more funding<br>r cap increase requests, you want to ensure to include the<br>circumstances that warrants a request, what services the<br>as received in the past, how the participant has responded<br>ow the participant will maintain beyond Recovery Works<br>or information you feel may be pertinent. |

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### **VOUCHER CHANGE REQUEST**

SERVICE REQUEST TYPE SUMMARY DESCRIPTION

Billing Issues Voucher Request Include participant WITS ID, voucher #, and services to be added/removed/edited

## **ACCOUNT CREATION**

| SERVICE REQUEST TYPE | Account Creation   |
|----------------------|--|
| SUMMARY              | WITS Account Setup   |
| DESCRIPTION          | Include employee's name, email address, and account type                 |
| ATTACHMENT           | Attach the WITS Setup Spreadsheet with the employee's name, email        |
|                      | address, and account type (rendering, data entry, or release to billing) |

### **RCO Eligibility**

| SERVICE REQUEST TYPE | Information Request                      |
|----------------------|--|
| SUMMARY              | RCO Eligibility Request                  |
| DESCRIPTION          | Include participant first/last name, DOB |

### **CHANGES IN WITS/JIRA**

| SERVICE REQUEST TYPE | Account Creation   |
|----------------------|--|
| SUMMARY              | WITS Account Setup   |
| DESCRIPTION          | Include employee's name, email address, and account type   |
| ATTACHMENT           | Attach the WITS Setup Spreadsheet with the employee's name, email<br>address, and account type (rendering, data entry, or release to billing).<br>Remember to ONLY include individuals whose profiles need to be changed<br>(added/deleted/changed). |