

# 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

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

### CAP INCREASE REQUEST

<b>SERVICE REQUEST TYPE</b>	Information Request
<b>SUMMARY</b>	Participant Cap Increase Request
<b>DESCRIPTION</b>	Include participant WITS ID, funding category, and brief information about the request – such as why the participant needs more funding  <i>**note** For cap increase requests, you want to ensure to include the extenuating circumstances that warrants a request, what services the participant has received in the past, how the participant has responded to services, how the participant will maintain beyond Recovery Works and any other information you feel may be pertinent.</i>

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## VOUCHER CHANGE REQUEST

<b>SERVICE REQUEST TYPE</b>	Billing Issues
<b>SUMMARY</b>	Voucher Request
<b>DESCRIPTION</b>	Include participant WITS ID, voucher #, and services to be added/removed/edited

## ACCOUNT CREATION

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