

## **User Guide-Vendor Registration** **Version 1.0** *Updated 3/31/17*

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## 1. Purpose and Introduction

This document describes the basics of navigating in the bhsdstar Vendor Registration module including log in, profile settings, adding staff and licensure, adding services, adding comments, submitting, and reviewing the registration history.

### 1.1 General Information

1. You must have your own unique email address to have an account.
2. All activity done using an account is tracked and recorded in bhsdstar. Do not share your account information.
3. It is important to know your organizations primary and/or secondary account manager for bhsdstar. They will be able to answer most questions for you about how they want you to use the application.
4. Online videos, super-quick guides and comprehensive user guides are available on bhsdstar.org. For question that can't be answered by the online resources or your primary/secondary contact, or any issues you may encounter in bhsdstar, please email [support@bhsdstar.org](mailto:support@bhsdstar.org) to create a support ticket.
5. Any identifying client information sent through email is a HIPAA violation. Use only the bhsdstar Client ID when needing to reference a specific client.

### 1.2 Vendor Registration Process Overview

1. Vendor requests access to Vendor Registration by emailing [VendorRegistration@bhsdstar.org](mailto:VendorRegistration@bhsdstar.org).
2. FC Support provides Vendor Registration bhsdstar access.
3. Vendor completes and submits the Vendor Registration.
4. Vendor Authority (BHSD and/or CCYFD) reviews (approve, deny, or request additional information).  
*\*\*Note: Existing FY17 Vendors will be automatically approved.\*\**
5. FC Financial department configures the Vendor payment process.
6. FC Financial department assembles the Vendor Agreement (FY18 Contractual Documents).
7. Vendor Executive Contract electronically signs agreement via DocuSign.
8. FC CFO sign agreement and notifies Vendor Authority.
9. FC Support completes bhsdstar configuration and permissions and notifies Vendor.
10. Vendor attends bhsdstar Billing Training.
11. Vendor can begin Billing July 1, 2017.

## 2. Log In and Account Settings

### 2.1 To Log in:

1. From the desktop double-click your internet browser to launch. (For best results we recommend Goggle Chrome but other browsers can also be used.)



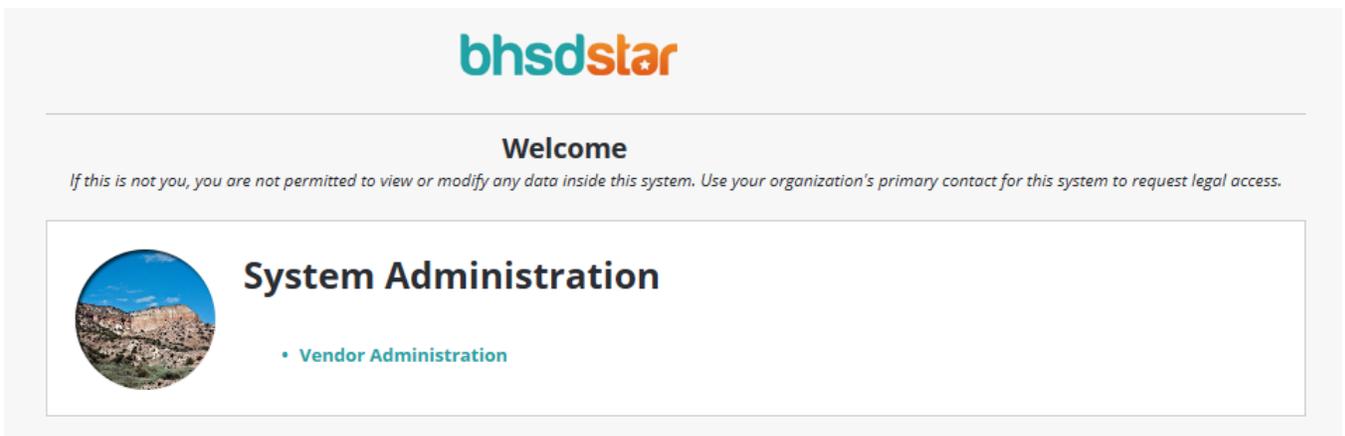
2. Enter [bhsdstar.org/](http://bhsdstar.org/) in the browser window and press the Enter key.



3. Click in the Username field and enter user name.
4. Press the Tab key or click in the Password field and enter user password.
5. Click the Login button.

A screenshot of the login page on bhsdstar.org. The page features the 'bhsdstar' logo at the top. Below the logo, it says 'Please login below:'. There are two input fields: 'Username:' and 'Password:'. A teal 'Login' button is positioned below the password field. To the right of the button is a link that says 'Did you forget your password?'. At the bottom of the page, it says 'InternetExplorer version 11 - Supported'.

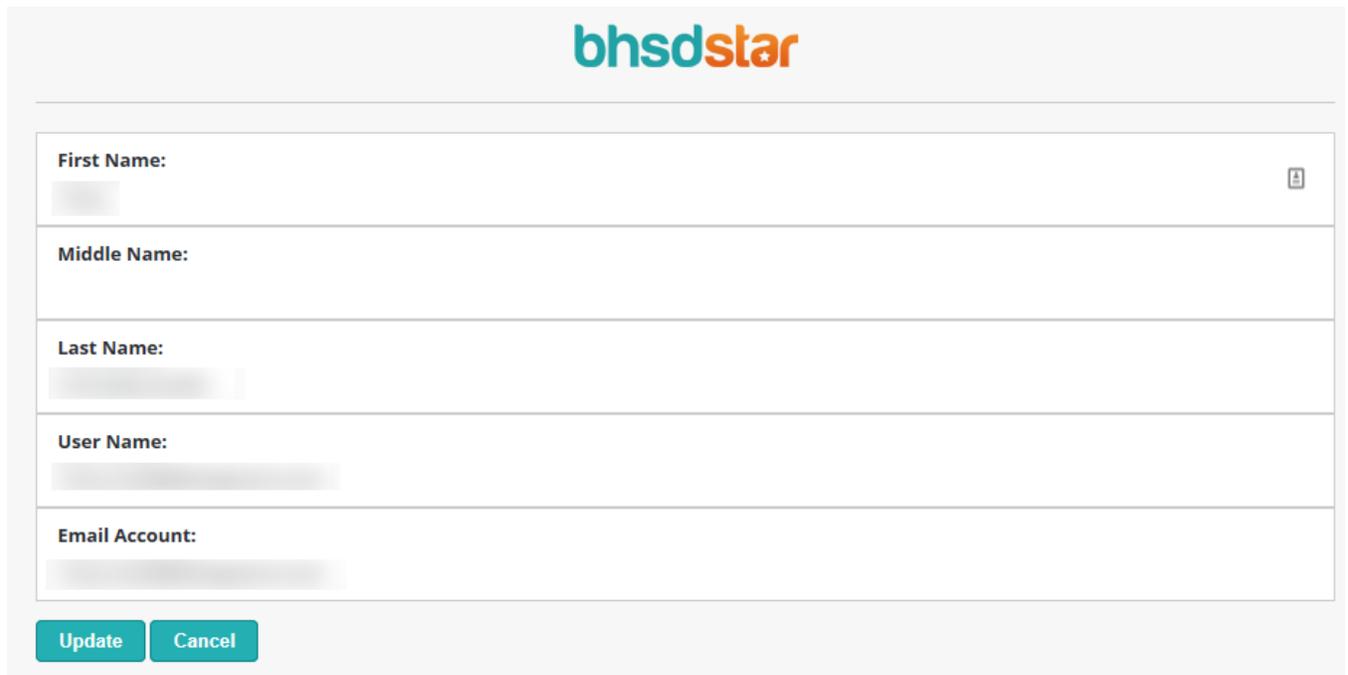
6. The Welcome screen will display.



7. Click Vendor Administration.

## 2.2 To edit Profile Settings:

1. Click on your logged in Name in the upper right corner.
2. Click Update Profile.
3. Click the field you want to edit and enter new information.
4. Click Update.



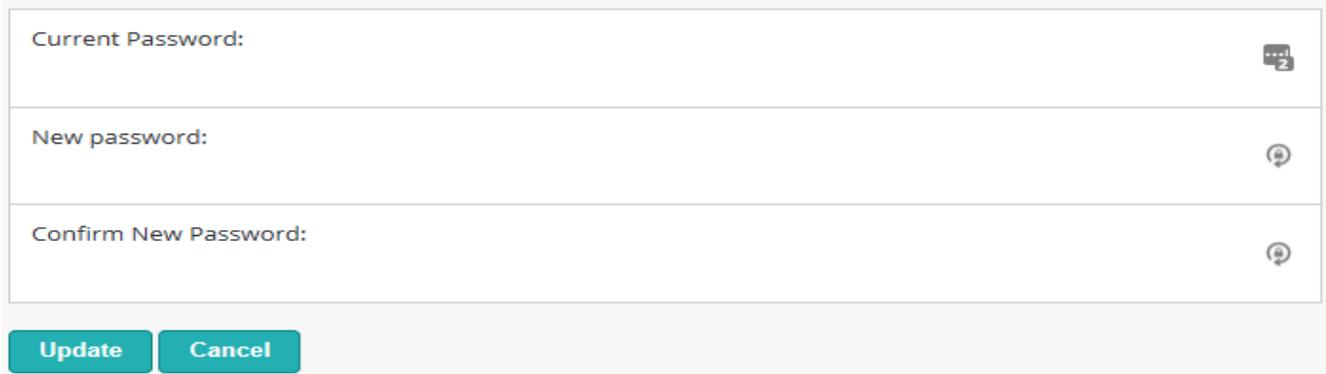
The screenshot shows a user profile update form with the BHSdstar logo at the top. The form contains five input fields: First Name, Middle Name, Last Name, User Name, and Email Account. Each field has a small icon in the top right corner. Below the fields are two buttons: 'Update' and 'Cancel'.

### 2.3 To edit Password:

1. Click on your logged in Name in the upper right corner.
2. Click Change Password.
3. Enter current password.
4. Enter a new password.
5. Re-enter the new password.
6. Click Update.

#### Use the following to change your password:

- Password must be at least 8 characters.
- Password must contain at least one number.
- Password must contain at least one lower case letter.
- Password must contain at least one upper case letter.
- Password must contain at least one special character.



The screenshot shows a password change form with three input fields: Current Password, New password, and Confirm New Password. Each field has a small icon in the top right corner. Below the fields are two buttons: 'Update' and 'Cancel'.

## 2.4 To contact Support via Email:

*Tip: Never send a client's name in the free text section of the email-refer to them by their ID number.*

1. Click on your logged in Name in the upper right corner.
2. Click Contact Support.

### Contact Us

Please send your question via email. Please remember that it is a HIPAA Violation to send client names through email.

If your question does not contain a client's name, please click [here](#) to use your default email program, or copy the following address in to your email program of choice: [support@bhsdstar.org](mailto:support@bhsdstar.org).

If your question is about a client and you do not know the individual's Id number, click on the Find tab above, enter their name or part of their name and click search. Use the Id number when communicating a question about a client.

## 2.5 To Logout:

1. Click on your logged in Name in the upper right corner.
2. Click Logout.

## 3. Registration

### 3.1 Add Profile Information:

1. Click Location Name and edit name. (if needed-as shown on your W-9 form)
2. Click Doing Business As field and enter name. (if different than Location Name)
3. Click Do you have a business license drop-down and click Yes or No.
4. Click Federal Tax ID field and enter ID. (A valid Federal ID number such as a Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN))
5. Click Do you have an NPI Yes checkbox to check. (if needed)
6. Click NPI field and enter your site NPI. (Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry)
7. Click Do you have a Billing NPI Yes checkbox to check. (if needed)
8. Click Billing NPI field and enter your billing NPI.
9. Click Do you have a Medicaid ID Yes checkbox. (if needed)
10. Click Medicaid ID field and enter ID. (if Yes is selected above. Healthcare providers acquire their unique Medicaid number to identify themselves as a Medicaid Provider)

| Test Provider Site                                |                      |   |  |   |                              |
|---|----------------------|---|--|---|------------------------------|
| Location Name:<br>Test Provider Site              |                      |   |  |   |                              |
| Doing Business As (DBA):                          |                      |   |  |   |                              |
| Do you have a business license for this location? |                      |   | Federal Tax ID:<br>XXX-XX-XXXX or XX-XXXXXXX |   |                              |
| Do you have an NPI?                               | NPI: <b>Required</b> | Do you have a billing NPI?              | Billing NPI: <b>Required</b>                 | Do you have a Medicaid ID?              | Medicaid ID: <b>Required</b> |
| <input checked="" type="checkbox"/> Yes           |                      | <input checked="" type="checkbox"/> Yes |  | <input checked="" type="checkbox"/> Yes |                              |

11. Click Address field and enter street address.
12. Click City field and enter City.
13. Click State drop-down and click state. (if needed)
14. Click Zip field and enter zip code.
15. Click Use the physical address Yes checkbox (if needed) for the Billing Address. (if not enter address fields).
16. Click Use the physical address Yes checkbox (if needed) for the Mailing Address (if not enter address fields)
17. Click Executive Contact-First Name field and enter name. (The person responsible for signing legal documentation for the business)
18. Click Executive Contact-Last Name field and enter name.
19. Click Executive Contact-Phone and enter number.
20. Click Executive Contact-Email and enter email address.
21. Click Billing Contact-First Name field and enter name. (The person responsible for submitting invoices, receiving statements, and/or bills)
22. Click Billing Contact-Last Name field and enter name.
23. Click Billing Contact-Phone and enter number.
24. Click Billing Contact-Email and enter email address.

**Contact**

| Physical Address  | Billing Address  | Mailing Address   |
|---|--|---|
| <p><b>Address:</b><br/>101 First Street</p> <p><b>City:</b> Santa Fe    <b>State:</b> New Mexico    <b>Zip:</b> 87501</p>   | <p>Use the physical address?<br/><input checked="" type="checkbox"/> Yes</p>   | <p>Use the physical address?<br/><input type="checkbox"/> Yes</p> <p><b>Address:</b><br/>101 First Street Suite #101</p> <p><b>City:</b> Santa Fe    <b>State:</b> New Mexico    <b>Zip Code:</b> 87501</p> |
| <p><b>Executive Contact - First Name:</b><br/>Sarah</p> <p><b>Executive Contact - Last Name:</b><br/>Test</p> <p><b>Executive Contact - Phone:</b><br/>505-988-8888</p> <p><b>Executive Contact - Email:</b><br/>sarat@test.com</p> | <p><b>Billing Contact - First Name:</b><br/>Bob</p> <p><b>Billing Contact - Last Name:</b><br/>Biller</p> <p><b>Billing Contact - Phone:</b><br/>505-988-8889</p> <p><b>Billing Contact - Email:</b><br/>bobb@test.com</p> |   |

25. Click MCO checkboxes for the MCOs this site is credentialed with.
26. Click Language checkboxes for the languages this site supports.
27. Click Specialties checkboxes for specialties this site supports.

**Registration**

|  |  |  |
|--|--|--|
| <p><b>MCO Credential</b></p> <p><input checked="" type="checkbox"/> Blue Cross Blue Shield<br/> <input type="checkbox"/> Conduet/Xerox<br/> <input checked="" type="checkbox"/> Molina<br/> <input checked="" type="checkbox"/> Presbyterian<br/> <input checked="" type="checkbox"/> United<br/> <input checked="" type="checkbox"/> Navajo</p> | <p><b>Languages:</b></p> <p><input checked="" type="checkbox"/> English    <input checked="" type="checkbox"/> Tewa    <input type="checkbox"/> Italian<br/> <input checked="" type="checkbox"/> Spanish    <input checked="" type="checkbox"/> Towa    <input type="checkbox"/> K'iche'<br/> <input type="checkbox"/> Chinese    <input type="checkbox"/> French    <input type="checkbox"/> Maya<br/> <input type="checkbox"/> Japanese    <input type="checkbox"/> Zuni    <input checked="" type="checkbox"/> Tiwa<br/> <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Tagalog    <input type="checkbox"/> Apache<br/> <input type="checkbox"/> Keres    <input type="checkbox"/> Urdu    <input type="checkbox"/> Dine<br/> <input checked="" type="checkbox"/> Navajo    <input type="checkbox"/> Hindi    <input type="checkbox"/> Other</p> | <p><b>Specialties:</b></p> <p><input type="checkbox"/> Crisis Intervention<br/> <input checked="" type="checkbox"/> LGBT<br/> <input type="checkbox"/> Pregnant IV Users<br/> <input checked="" type="checkbox"/> SMI/SED<br/> <input type="checkbox"/> Trauma Informed Care<br/> <input checked="" type="checkbox"/> Veterans<br/> <input checked="" type="checkbox"/> Women Services</p> |
|--|--|--|

28. Click Facility Type(s) to select that are applicable to the site.

**Facility Type**

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Ambulance - Land                                 | <input type="checkbox"/> Group Home   | <input type="checkbox"/> Military Treatment Facility                        | <input type="checkbox"/> Psychiatric Residential Treatment Center       |
| <input type="checkbox"/> Ambulance - Air or Water                         | <input type="checkbox"/> Home   | <input type="checkbox"/> Mobile Unit  | <input type="checkbox"/> Public Health Clinic                           |
| <input type="checkbox"/> Ambulatory Surgical Center                       | <input type="checkbox"/> Homeless Shelter   | <input type="checkbox"/> Non-residential Substance Abuse Treatment Facility | <input type="checkbox"/> Residential Substance Abuse Treatment Facility |
| <input type="checkbox"/> Assisted Living Facility                         | <input type="checkbox"/> Hospice  | <input type="checkbox"/> Nursing Facility                                   | <input type="checkbox"/> Rural Health Clinic                            |
| <input type="checkbox"/> Birthing Center                                  | <input type="checkbox"/> Independent Clinic   | <input type="checkbox"/> Off Campus-Outpatient Hospital                     | <input type="checkbox"/> School   |
| <input type="checkbox"/> Community Mental Health Center                   | <input type="checkbox"/> Independent Laboratory   | <input type="checkbox"/> Office   | <input type="checkbox"/> Skilled Nursing Facility                       |
| <input type="checkbox"/> Comprehensive Inpatient Rehabilitation Facility  | <input type="checkbox"/> Indian Health Service - Free-standing Facility                         | <input type="checkbox"/> On Campus-Outpatient Hospital                      | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facility | <input type="checkbox"/> Indian Health Service - Provider-based Facility                        | <input type="checkbox"/> Other Place of Service                             | <input type="checkbox"/> Temporary Lodging                              |
| <input type="checkbox"/> Custodial Care Facility                          | <input type="checkbox"/> Inpatient Hospital   | <input type="checkbox"/> Pharmacy   | <input type="checkbox"/> Tribal 638 - Free-standing Facility            |
| <input type="checkbox"/> Emergency Room - Hospital                        | <input type="checkbox"/> Inpatient Psychiatric Facility   | <input type="checkbox"/> Place of Employment-Worksite                       | <input type="checkbox"/> Tribal 638 - Provider-based Facility           |
| <input type="checkbox"/> End-Stage Renal Disease Treatment Facility       | <input type="checkbox"/> Intermediate Care Facility/ Individuals with Intellectual Disabilities | <input type="checkbox"/> Prison/Correctional Facility                       | <input type="checkbox"/> Urgent Care Facility                           |
| <input type="checkbox"/> Federally Qualified Health Center                | <input type="checkbox"/> Mass Immunization Center   | <input type="checkbox"/> Psychiatric Facility-Partial Hospitalization       | <input type="checkbox"/> Walk-in Retail Health Clinic                   |

29. Click Download EFT and/or W-9 Form as needed.

30. Click Browse for EFT Form, double-click EFT form to upload.

31. Click Browse for W-9 Form, double-click W-9 form to upload.

32. Click BHSD and/or CBHD under What agencies are you applying for.

33. Click Save.

**Documentation**

**Required Documentation:**

**EFT Form:**  
C:\Users\tracy.FALLINGCOLORS\Desktop\Test Document.docx Browse...

**W-9 Form:**  
C:\Users\tracy.FALLINGCOLORS\Desktop\Test Document.docx Browse...

**Blank Forms:**

Download EFT Form

Download W-9 Form

**Funding Agencies**

What agencies are you applying for funding with?

BHSD

CBHD

Save
Submit Profile

### 3.2 Add Profile Staff:

1. Click Profile Staff on the left navigation bar.
2. Click Add Staff.
3. Click First Name field and enter name.
4. Click Last Name field and enter name.
5. Click NPI field and enter NPI for the staff person.
6. Click Save.
7. Click Add Licensure/Certification.
8. Click Licensure/Certification Title drop-down and click name of the licensure or certification.
9. Click Licensure/Certification ID and enter the ID.
10. Click Yes under Expiration date to un-check if the licensure does not expire (if needed).
11. Click Expiration Date calendar and click date (if needed for licensure that does expire).
12. Click Browse for Licensure/Certification Form, double-click form to upload.
13. Click Save Licensure/Certification.
14. Repeat for every staff person at the site who will render services. (This is used to calculate the payment for the service based on the licensure in the fee schedule)

Note: Uploaded documents are not required for: (“CSSS worker - High School”, “CSSS worker – Bachelors”, “CSSS worker – Masters” and “PSR worker”.

Welcome to Vendor Registration

This profile has not been submitted

If this is not you, you are not permitted to view or modify any data inside this system.

Logged in as: [User Profile]

Registration

Test Provider Site

Profile

Profile Staff

Services

History

Test Provider Site

Staff currently registered at this site:

| Name            | NPI       | Active                              |
|-----------------|-----------|-------------------------------------|
| Test, Barney    | 123456789 | <input checked="" type="checkbox"/> |
| Test, MD, Tracy | 3564ghf   | <input checked="" type="checkbox"/> |

+ Add Staff

Staff Details

First Name: Barney

Last Name: Test

NPI: 123456789

Check all sites where this individual will render services:  
 Test Provider Site

Save Cancel

+ Add License/Certification

| Licensure/Certificate Title: | Licensure/Certification ID: | Expiration Date?                        | Expiration Date: | Upload Licensure/Certificate:                         |
|------------------------------|-----------------------------|---|------------------|---|
| MD/DO                        | 123456789                   | <input checked="" type="checkbox"/> Yes | 01/01/2099       | C:\Userstracy\FALLINGCOLORS\Desktop\Test... Browse... |

Save License/Certification Cancel

### 3.3 Add Services:

1. Click Services on the left navigation bar.
2. Click Add Services.
3. Click the category drop-down and click service category.
4. Click service checkbox to check for each service this site will provide that you have a licensed/certified staff member.
5. Click Add Service(s).

Welcome to Vendor Registration

This profile has not been submitted

If this is not you, you are not permitted to view or modify any data inside this system.

Logged in as: [User Profile]

Registration

Test Provider Site

Profile

Profile Staff

Services

History

Services

| Category                               | Name   | Status  |
|--|--|---------|
| Alcohol/Drug Medication and Monitoring | Administration of Oral/Intramuscular/Subcutaneous Medication               | Pending |
| Alcohol/Drug Medication and Monitoring | Alcohol and/or Drug Services - Residential - med. monitored detoxification | Pending |
| Alcohol/Drug Medication and Monitoring | RN Medication Monitoring   | Pending |
| Alcohol/Drug Medication and Monitoring | Suboxone (Buprenorphine)-Opioid Addiction                                  | Pending |

+ Add Services

Please choose a category to add a new service:  
Assessments and Evaluations

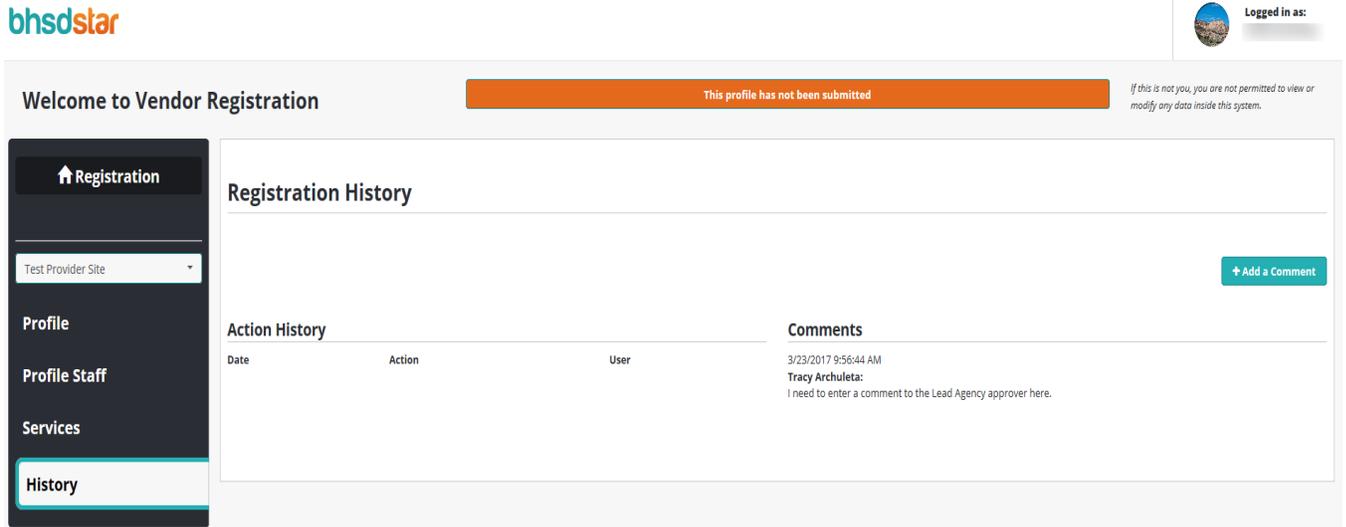
Adult Felony  
 Adult Misdemeanor  
 Assessments (Alcohol & Drug)  
 Behavioral Health Screening  
 Court Appearance Expenses  
 DX Interview w/Medical Services  
 Enhanced Assessment  
 Enhanced Assessment (CMHC or CSA)  
 Intake Assessment  
 Interactive Complexity Add-on Code  
 Job Training Assessment

Mental Health Assessment by Non-physician  
 Neuropsych Testing w/report, face-to-face and interpretation and report  
 Neuropsych Testing by computer w/interpretation and report  
 Neuropsych Testing w/report by Technician  
 Psychiatric Diagnostic Evaluation with Medical Services  
 Psychiatric Diagnostic Evaluation without medical services  
 Psychiatric Diagnostic Interview Examination  
 Psychological Testing by computer w/interpretation and report  
 Psychological Testing by Psych. Or MD face-to-face and interpretation and report  
 Psychological Testing by Technician

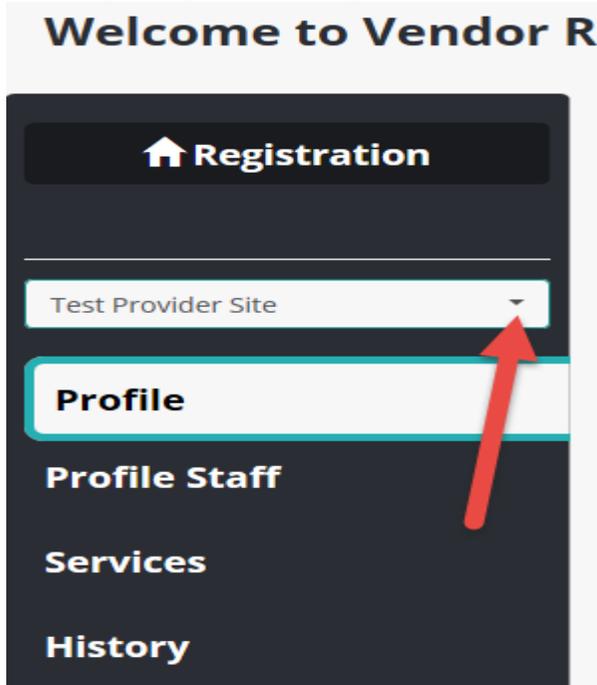
+ Add Service(s)

### 3.4 Add a Comment:

1. Click History on the left navigation bar.
2. Click Add a Comment.
3. Click Comment field and enter comments.
4. Click Save Comment.



*Tip: The above steps need to be repeated for each Site if the Vendor has multiple sites. Click the site drop-down on the left navigation to navigate between sites and enter the applicable information.*



## 3.5 Submit Registration:

After all required fields have been entered, all staff and their corresponding licensure/certification added, and all services that will be provided selected:

1. Click Profile on the left navigation bar.
2. Click Submit Profile.
3. Click Submit to Are you sure you want to submit for approval.
4. The Orange Indicator on the top will state Pending Approval.

*Tip: You are responsible for logging in on a regular basis to monitor the status of your registration. If additional information is requested from the Lead Agency the Orange Indicator on the top will state Additional Information Requested. When your registration is approved the Orange Indicator on the top will disappear and Approved will be indicated in the Registration History.*

## 3.6 Add Additional Information:

1. Click History on the left navigation bar.
2. View Comment from Lead Agency in the Comments section.
3. Make the necessary changes by following the processes above.
4. Click Profile on the left navigation bar.
5. Click Submit Profile.
6. Click Submit to Are you sure you want to submit for approval.
7. The Orange Indicator on the top will state Pending Approval.

## 4. Questions

For any questions email [vendorregistration@bhsdstar.org](mailto:vendorregistration@bhsdstar.org)

For any system issues email [support@bhsdstar.org](mailto:support@bhsdstar.org)