BHSDSTAR

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 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.
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 bhsdtar 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.)
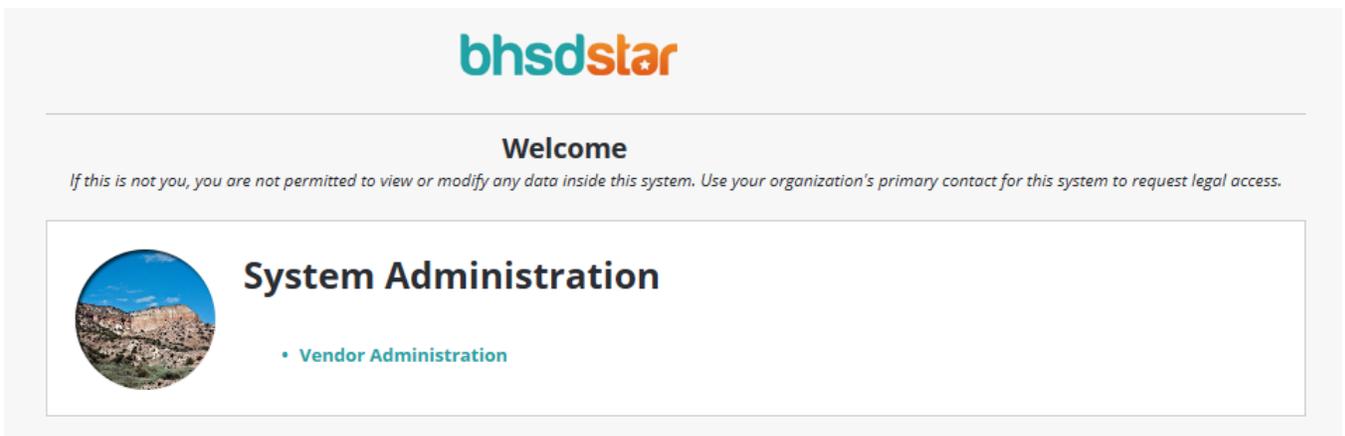

2. Enter bhsdstar.org/ in the browser window and press the Enter key.

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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.
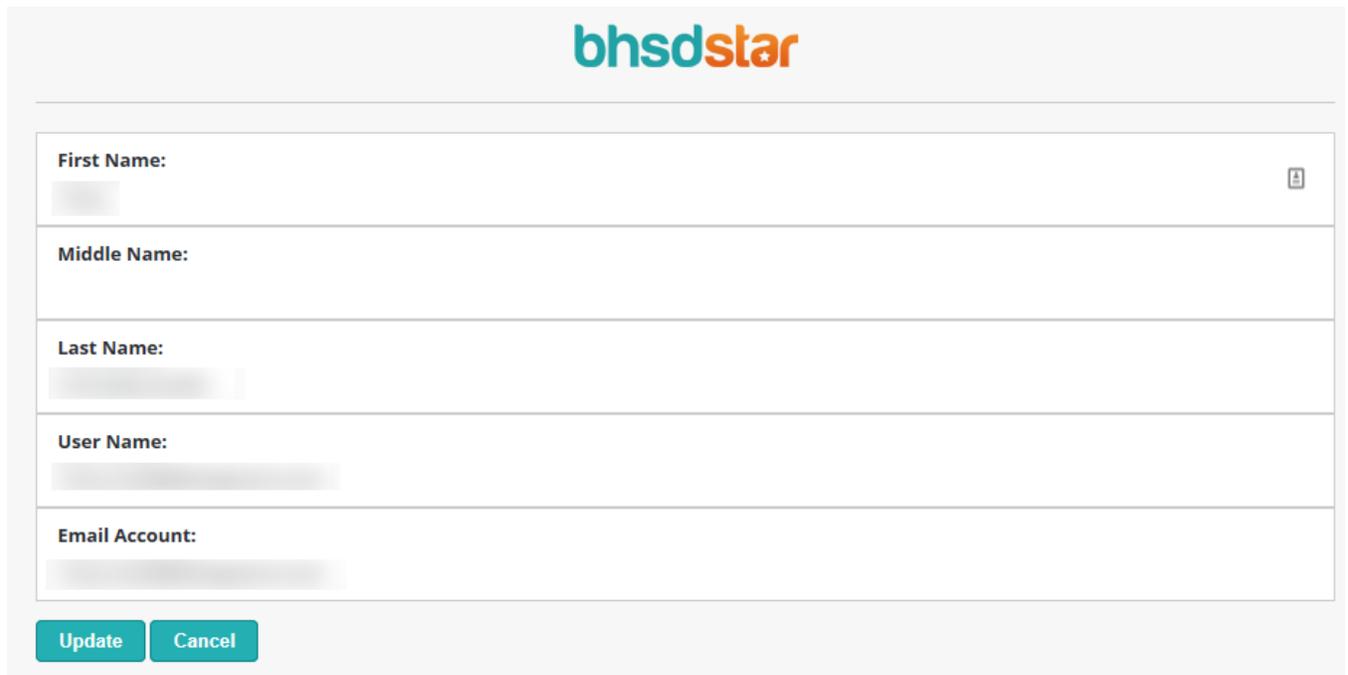5. Click the Login button.

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.
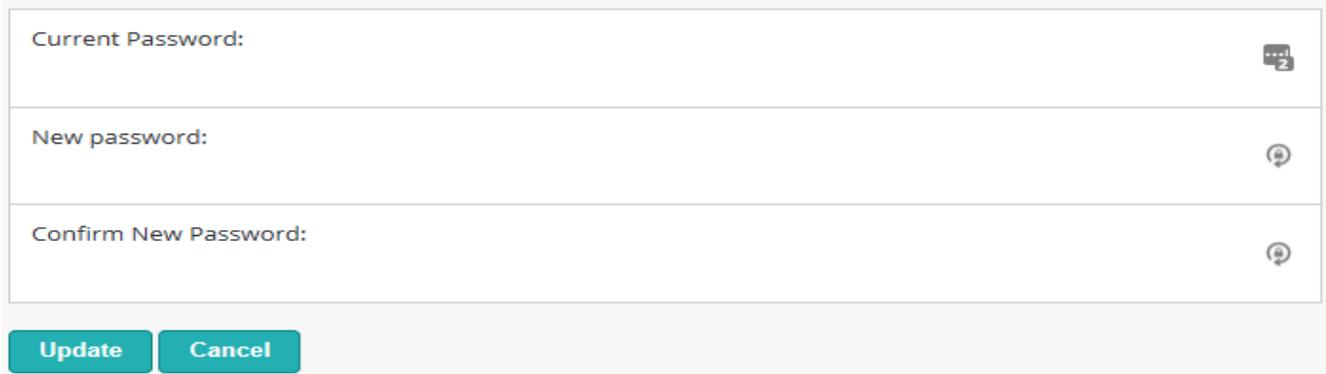4. Click Update.

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.

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**.

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:						
Test Provider Site						
Doing Business As (DBA):						
Do you have a business license for this location?			Federal Tax ID:			
		▼	XXX-XX-XXXX or XX-XXXXXXX			
Do you have an NPI?	NPI: Required	Do you have a billing NPI?	Billing NPI: Required	Do you have a Medicaid ID?	Medicaid ID: Required	
☑Yes		☑Yes		☑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

Address:
101 First Street

City: Santa Fe
State: New Mexico
Zip: 87501

Billing Address

Use the physical address?
☑Yes

Mailing Address

Use the physical address?
☐Yes

Address:
101 First Street Suite #101

City: Santa Fe
State: New Mexico
Zip Code: * 87501

Executive Contact - First Name:
Sarah

Executive Contact - Last Name:
Test

Executive Contact - Phone:
505-988-8888

Executive Contact - Email:
sarat@test.com

Billing Contact - First Name:
Bob

Billing Contact - Last Name:
Biller

Billing Contact - Phone:
505-988-8889

Billing Contact - Email:
bobb@test.com

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

MCO Credential
- ☑ Blue Cross Blue Shield
- ☐ Conduet/Xerox
- ☑ Molina
- ☑ Presbyterian
- ☑ United

Languages:
- ☑ English
- ☑ Spanish
- ☐ Chinese
- ☐ Japanese
- ☐ Vietnamese
- ☐ Keres
- ☑ Navajo

- ☑ Tewa
- ☑ Towa
- ☐ French
- ☐ Zuni
- ☐ Tagalog
- ☐ Urdu
- ☐ Hindi

- ☐ Italian
- ☐ K'iche'
- ☐ Maya
- ☑ Tiwa
- ☐ Apache
- ☐ Dine
- ☐ Other

Specialties:
- ☐ Crisis Intervention
- ☑ LGBT
- ☐ Pregnant IV Users
- ☑ SMI/SED
- ☐ Trauma Informed Care
- ☑ Veterans
- ☑ Women Services

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

Facility Type

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

Blank Forms:

EFT Form:

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

⬇ Download EFT Form

W-9 Form:

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

⬇ 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".

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).

3.4   Add a Comment:

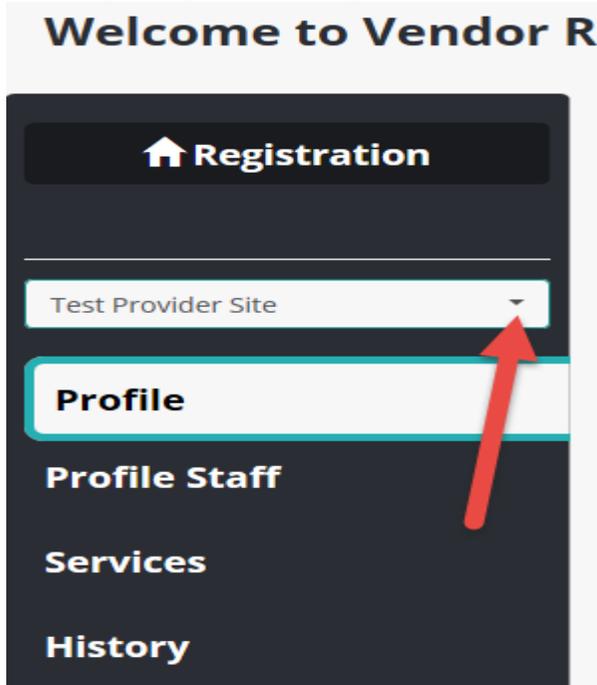1. Click History on the left navigation bar.
2. Click Add a Comment.
3. Click Comment field and enter comments.
4. Click Save Comment.
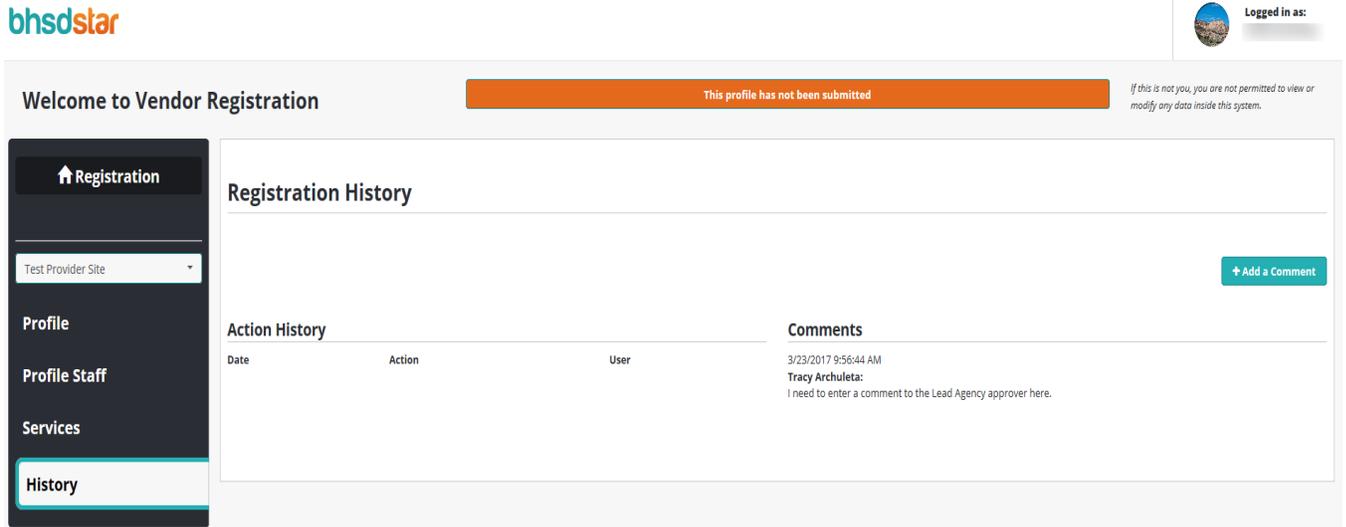
Tip: The above steps need to be repeated for each Site if the Vendor has multiple sites. Click the site drop-down on the left navigation to navigate between sites and enter the applicable information.

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 you 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

For any system issues email support@bhsdstar.org