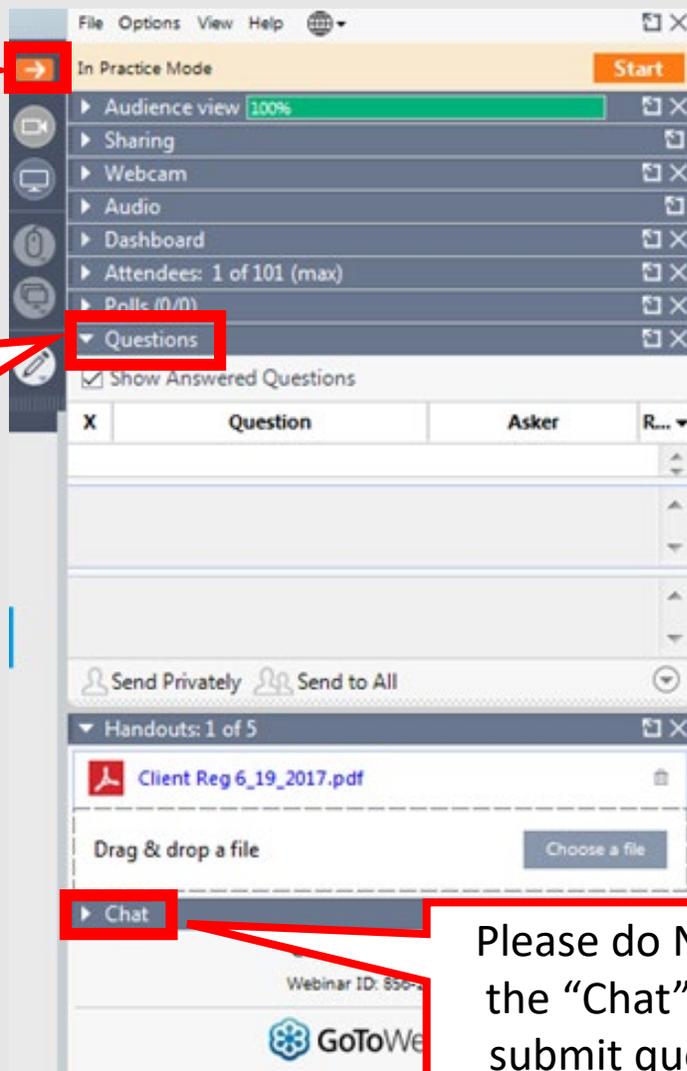


# Vendor Training for Claims

# Overview – Webinar Features

Use Arrow icon to minimize or expand the webinar box

Click the “Questions” arrow to open the questions box and enter your question.



Use Arrow icon to minimize or expand the webinar box

All Attendees will be in “Listen-Only mode for this webinar



Please do NOT use the “Chat” box to submit questions

# Webinar Information

- All Attendees will be in *Listen-Only*  mode for the duration of the Webinar.
- User Guides are located on [bhsdstar.org](https://bhsdstar.org)
- Questions can be entered in the *Questions*  area of the panel.  
(Be sure to listen to the entire presentation as your question may be answered later in the presentation)
- Questions submitted will be addressed the last 10-15 minutes of the webinar.



# Claims Submission Prerequisites

- Completed/Approved Vendor Registration including:
  - Locations with Location and Billing NPIs
  - Rendering Providers, Licensure/Certifications and NPIs
  - Signed BAA and Contract with Felling Colors
- Enrollment/Relationship with Claim MD
- Completed Client Registration in BHSDSTAR for new clients

# Why is Vendor Registration Important?

- Billing Information-Where to send payment
- Mailing Information-Where to send important correspondence
- Service Locations-Where services are being provided to clients
- Staff and Licensure-What staff are providing services (This determines the correct fee reimbursement for the service based on the fee schedule)

## ***Remember:***

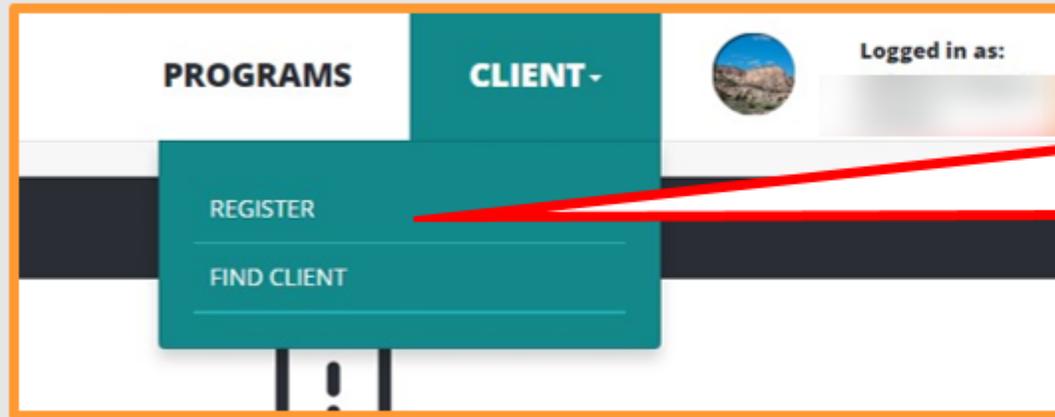
***It is important that the Vendor Registration information be kept current. Please review and update regularly.***

***Service Location must match exactly what is sent on the Claim.***

***Billing, Location, and Staff NPIs or IDs must match exactly what is sent on the Claim.***

# Client Registration in BHSDSTAR

Register the client:



1. Click on Client, Register on Client Tab from Dashboard

Client Registration:

- Registers the Client at your Vendor Organization.
- Collects Federally Mandated Data.
- Generates a BHSDSTAR Client ID. -for Claims the BHSDSTAR Client ID will be entered in the Insured ID Number field. All Claims clients must be registered in BHSDSTAR prior to submitting any Claims.

# Mandated Data

## Program Overview page --> Client Tracking --> **Check-In Required**

- A new tracker has been implemented for users who have access to financial, encounter-based projects. The tracker lists clients who are activated in a financial project (i.e., Claims) and have a Mandated Data Check-In due date of 90 days or less. Check-Ins are due every 210 days, with a 90-day notification window, thus, if a check-in has not been provided within the past 120 days, the client will appear on this list. Icons are used to indicate proximity to the 210-day 'limit' - red means late, orange means a Check-in is due within 30 days, yellow means a Check-in is due within 60 days, and blue means a Check-in is due within 90 days.

## Program Overview page --> Client Tracking --> **Deactivated Clients**

- A new tracker has been implemented for vendors with access to encounter-based projects. The Deactivated Clients icon displays a list of all clients whose most recent Mandated Data Check-In is 'Deactivate Client'. Clients can be reactivated by clicking the 'Reactivate Client' button. Clients with a Deactivation check-in will not appear in the "Active Clients" list, found on the same page.

## Client Dashboard --> Mandated Data tab

- The appearance of the orange exclamation alert that appears on the Mandated Data tab has been modified. Previously, the alert would display if the client did not have a completed mandated data record. Now, in addition to this rule, the alert will also display if the client's most recent record was completed 120+ days prior to today's date (and, the most recent record was not a Deactivation).

### **Claims Rules:**

- Claims will fail for clients whose most recent Mandated Data record is a Deactivation record.
- Claims will fail for clients whose most recent Mandated Data record is 210+ days old.

# Client Eligibility

Vendors are responsible for determining the eligibility of a client at the time service is rendered. **Non-Medicaid funds are intended for services for individuals not covered by Medicaid, do not have commercial insurance, or any other source of funding (e.g. county indigent funds).**

Vendors must check the Medicaid portal prior to administering a service for non-Medicaid reimbursement. By submitting a service for non-Medicaid reimbursement, Vendors are attesting that they have verified a client's non-Medicaid eligibility. Done here:

<https://nmmedicaid.portal.conduent.com/static/providerlogin.htm>

Depending on specific scopes of work, additional eligibility criteria may exist. If you are unsure of the eligibility of a client for the non-Medicaid funding you are receiving, please contact your State Agency Program Manager.

# Sending Claims to Falling Colors

- Providers can enroll with Claim MD at <https://www.claim.md/fallingcolors/> and submit claims via manual entry or via electronic upload of an 837P or 837I. There is **No Cost** to the provider for submitting claims directly to Falling Colors via Claim MD. (existing Claim MD customers do not need to re-enroll, but will just submit a claim using Payer ID FCC20)
- Providers can also submit claims to Claim MD via an already established relationship with their own Clearinghouse. Please ask your Clearinghouse to contact Claim MD at (855) 757-6060. Our Payer ID is FCC20.

***Falling Colors cannot accept paper claims.***

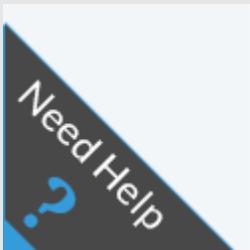
# Sending Claims in Claim MD

Upload Files:

File Name	Claims	Amount	Date
...ILLING TO 05-14.837P	200	\$16,378.40	06/16/17 11:05am
...ms_6969_837P (1).txt	9	\$549.86	06/05/17 09:52am
00016290-26510.837	1	\$10,400.00	06/05/17 09:50am
...ms_1403_837P (1).txt	35	\$2,688.68	06/05/17 09:41am
OSF16617-26741.837	1	\$70.00	06/05/17 09:39am
OSF16613-26940.837	1	\$490.00	06/05/17 09:37am
nm927cd0526.txt	83	\$12,524.00	06/05/17 09:28am
eclaims_698_837P.txt	5	\$344.64	06/05/17 09:24am
...ms_1275_837P (4).txt	15	\$1,176.78	06/05/17 09:07am
...05-11-1158-batch.txt	6	\$640.98	06/05/17 08:59am
Test for FC.txt	7	\$162.00	06/02/17 03:17pm
9206	125	\$17,721.50	06/02/17 03:15pm
9201	5	\$750.54	06/02/17 02:51pm
Test Claims.txt	5	\$226.80	06/02/17 02:45pm
GATEWAY03292017no8	5	\$541.60	06/02/17 09:18am
...aims_Example.xml.txt	2	\$97.33	04/21/17 11:06am

Create Blank Claim:  
*(Claim MD will remember  
 Your Clients, Billing, and  
 Rendering info)*

<Help in Claim MD



# Sending Claims in Claim MD

**CLAIM MD**

USER: TRACYA  
ACCT: 4728  
Falling Colors - Test

**Carrier Menu**

- Manage Accounts
- Online Users
- Carrier Reports
- Carrier Support

**Claim Menu**

- Summary Page
- Upload Files
- Manage Claims
- View ERA Reporting
- Eligibility Search

**Manage Account**

- Account Settings
- Support Tickets
- Manage Users
- View/Pay Invoices
- Prov. Enrollment

[LOGOUT](#)

VIEW/EDIT CLAIM  
Raw Inbound Sample 837
GET HELP
SAVE CLAIM

Professional Claim - Sent

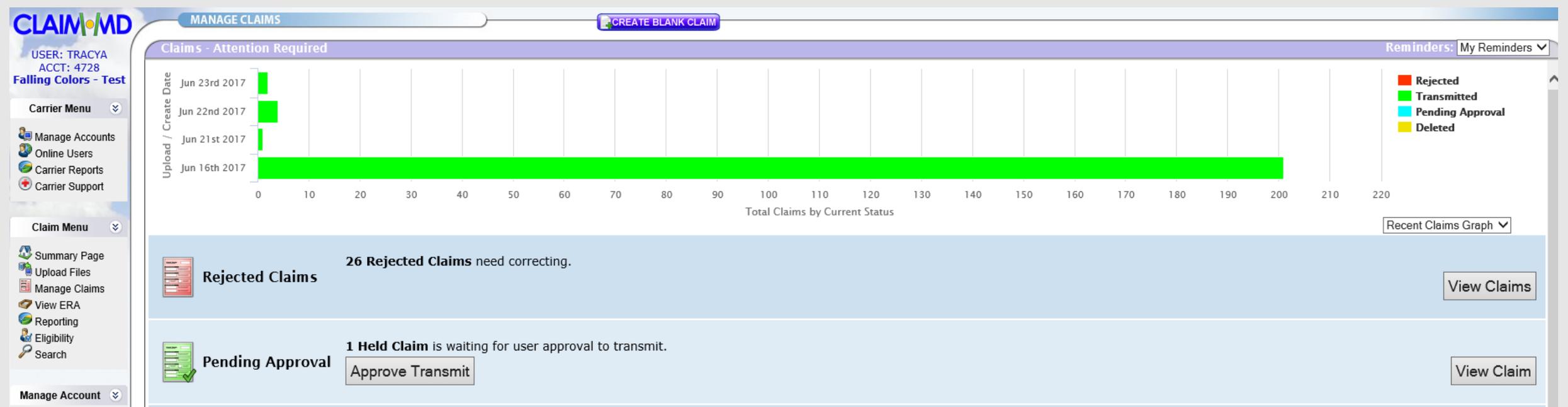
1. PAYER NAME <b>FALLING COLOR</b>		PAYER ID <b>FCC20</b>		Show Payer Address <input type="checkbox"/> <b>PRIMARY</b>		1a. INSURED I.D. NUMBER <b>C00100000075784</b>	
2. PATIENT'S NAME <b>TEST</b> , PERSON		3. PATIENT'S BIRTH DAY / SEX <b>06-01-1950</b> FEMALE		4. INSURED'S NAME <b>TEST</b> , PERSON		7. INSURED'S ADDRESS <b>1234 TEST ST</b>	
5. PATIENT'S ADDRESS <b>1234 TEST ST</b>		6. PATIENT RELATIONSHIP <b>SELF</b>		8. MARITAL STATUS		ADDRESS 2	
ADDRESS 2		8. MARITAL STATUS		EMPLOYMENT STATUS		ADDRESS 2	
CITY ST ZIP <b>SANTA FE NM 87501</b>		9. OTHER INSURED NAME (L, F, M)		10. PATIENT CONDITION RELATED:		CITY ST ZIP <b>SANTA FE NM 87501</b>	
a. OTHER INSURED'S POLICY		a. EMPLOYMENT <b>NO</b>		b. AUTO ACCIDENT <b>NO</b> STATE:		11. INSURED'S POLICY GROUP	
b. OTHER INSURED DATE OF BIRTH / SEX		c. OTHER ACCIDENT		c. INSURANCE PLAN NAME		a. INSURED'S DATE OF BIRTH / SEX <b>06-01-1950</b> FEMALE	
c. PRIMARY PAYMENT DATE		d. OTHER PAYER NAME OTHER PAYER ID		9e. OTHER PATIENT RELATIONSHIP		b. EMPLOYER'S NAME	
OTHER PAYER CLAIM ID		9f. Other Payer Group Name		9g. Other Payer Group Number		c. INSURANCE PLAN NAME	
14. DATE OF CONDITION		17. REFERRING PHYSICIAN NAME		17a. REFERRING NPI: OTHER ID:		18. HOSPITALIZATION DATES FROM TO	
19. CLAIM NARRATIVE		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to 24E by line)		22. RESUBMISSION CODE (Payer ICN) <b>AUTOMATIC</b>		23. PRIOR AUTHORIZATION NUMBER	
A. <b>F10121</b> B. C. D.		E. F. G. H. I. J. K. L.		24. A. DATE(S) OF SERVICE		B. POS	
06-15-17		06-15-17		12		C. EMG	
						D. PROCEDURE	
						90853	
						E. DIAG REF	
						A	
						F. \$ CHARGES	
						95.00	
						G. UNITS	
						1	
ADDITIONAL NARRATIVE							
Add Charge (alt-enter)							
25. TAX ID		26. PATIENT ACCT #		27. ACCEPT ASSIGN		28. TOTAL CHARGE	
123456789		4234222		YES		95.00	
TYPE		29. AMOUNT PAID		30. BALANCE			
EIN		0.00		95.00			
31. RENDERING PROVIDER (Last, First, Middle)		32. FACILITY		33. BILLING PROVIDER			
<b>TEST</b> , PROVIDER		<b>TEST FACILITY</b>		<b>PMS - TEST</b>			
Taxonomy		Address 1		Address 1			
		1234 FACILITY ST		1234 BILLING ST			
		Address 2		Address 2			
		City		City			
		St Zip		St Zip			
		SANTA FE NM 875019998		SANTA FE NM 875019998			

Need Help?

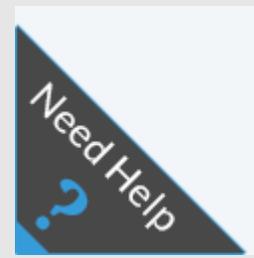
# Sending Claims in Claim MD

## Manual Claims:

- You must Transmit the Claim after creating and saving or after making corrections.



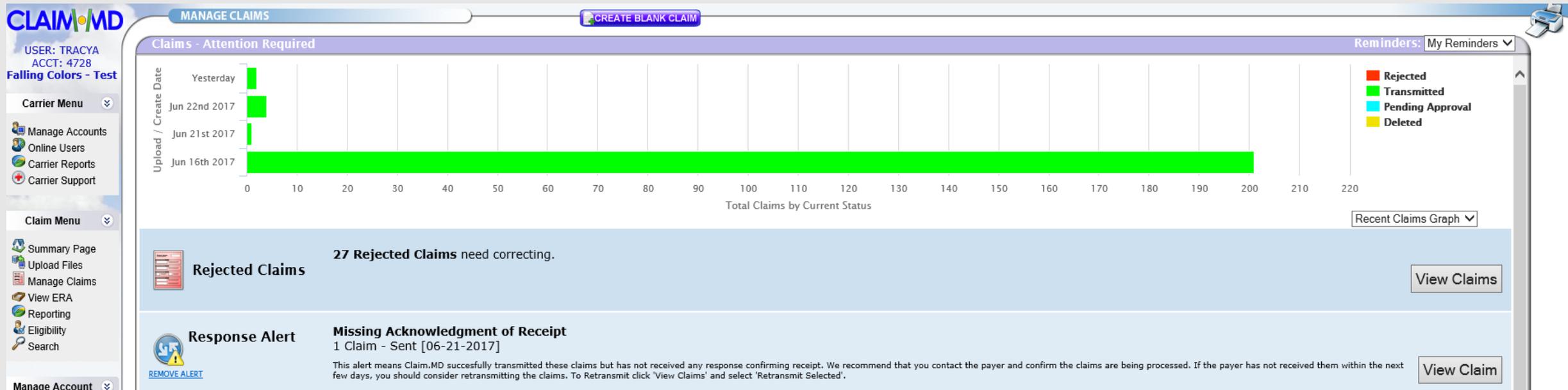
*<Help in Claim MD*



# Viewing Claims in Claim MD

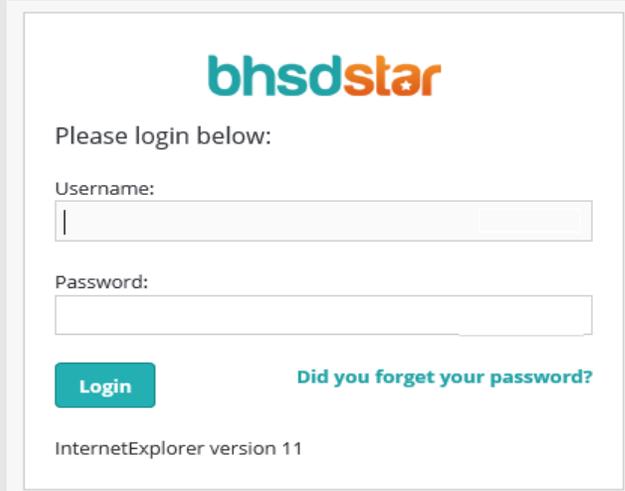
How do I know where a Claim is in the process or if it has been accepted or failed?

- A 277 is provided after Claim submission (will contain any error messages for failed claims)
- Go to: Claim MD-Manage Claims screen



# BHSDSTAR-Important Things to Remember

- Password Resets:

A screenshot of the BHSDSTAR login page. At the top center is the logo "bhsdstar" in blue and orange. Below it, the text "Please login below:" is displayed. There are two input fields: "Username:" and "Password:". Below the password field is a teal "Login" button and a link "Did you forget your password?". At the bottom left, it says "InternetExplorer version 11".

bhsdstar

Please login below:

Username:

Password:

Login [Did you forget your password?](#)

InternetExplorer version 11

- BHSDSTAR will auto-disable User accounts if no log-in within a 90 day period.
- Never send client names in email. Send last 5 digits of their BHSDSTAR Client ID.

Contact Support at: [support@bhsdstar.org](mailto:support@bhsdstar.org) for application issues.

# Viewing Claims in BHSDSTAR-Welcome

bhsdstar

Welcome Tracy Archuleta

*If this is not you, you are not permitted to view or modify any data inside this system. Use your organization's primary contact for this system to request legal access.*



## Services

- Guidance Center of Lea County (BHSD)
- Guidance Center of Lea County (CBHD)



## System Administration

- Vendor Administration

- Some Providers will see 2 entries for Claims

# Viewing Claims in BHS DSTAR-Overview

Displays projects user has access to

Indicate action items

Returns user to Dashboard

Provides access to client functions

Allows user to change username and password

The screenshot shows the BHS DSTAR-Overview dashboard. At the top left is the 'bhs star' logo. Below it is a sidebar with 'Test Provider' at the top, followed by 'Overview' (highlighted) and 'Claims'. The main content area is titled 'Overview Tracking' and contains five cards: 'Corrections Required' (0), 'Pending Invoices' (4), 'Invoice History', 'Client Roster' (65), and 'RUN REPORTS FOR Overview' (1). Each card has a corresponding button: 'Take Action', 'View', 'View', 'View', and 'Run Report'. At the top right, there are links for 'PROGRAMS' and 'CLIENT-', and a 'Logged in as:' section with a profile picture.

Provide at-a-glance information on Project specific information

# Viewing Claims in BHSdstar

- Claims are Bundled into Invoices on the 1<sup>st</sup> of each month based on Service Dates and Fund Sources

The screenshot displays the BHSdstar web application interface. The top navigation bar includes the logo, 'PROGRAMS', 'CLIENT-', and a user profile with the text 'Logged in as:'. A left sidebar shows 'Test Provider' and a menu with 'Overview' and 'Claims' (the latter is highlighted). The main content area is divided into two sections: 'Claims Tracking' and 'Fiscal Summary'. The 'Claims Tracking' section features three cards: 'Claims History' (with a 'View' button), 'Pending Invoices' (with a 'View' button and a notification badge showing '3'), and 'Invoice History' (with a 'View' button'). Below these cards is a table for the year 2017. The table has columns for 'Project', 'Allocation', 'Paid', 'Outstanding', and 'Remaining'. A red arrow points from a text box below to the 'Allocation' column for the 'Claims' row, which shows '\$0.00'. The 'Fiscal Summary' section contains a pie chart titled 'Fiscal Summary' with a legend for 'Paid', 'Outstanding', and 'Remaining'. The 'Outstanding' category is the largest, followed by 'Remaining', and 'Paid' is the smallest. The chart is currently empty, showing only the 'Outstanding' slice.

Project	Allocation	Paid	Outstanding	Remaining
Claims	\$0.00	\$0.00	\$0.00	\$0.00

Some Vendors will have Allocations

# Claim History



## Claim History

\*Claims in a failed status will need to be corrected and re-submitted via the Claim MD website, or by file upload.

Status: All From Date: 6/1/2017 To Date: 6/30/2017 Client ID (optional): Claim ID (optional): Search

### Claims By Upload Date

Upload Date	Total Claims	Accepted	Failed	Total Submitted Amount	Total Adjusted Amount
6/28/2017	8	4	4	\$1,486.00	\$823.03
6/27/2017	4	4	0	\$1,960.00	\$843.05

1

### Claims

Links to details

Claim ID	Client ID	Upload Date	Status	Provider NPI	Facility NPI	Total Charges	Total Submitted Amount	Total Adjusted Amount
195745858	C00000000041829	6/28/2017	⊘			1	\$101.00	\$31.25
195745858	C00000000041829	6/28/2017	⊘			1	\$102.00	\$31.25
195745858	C003000000065800	6/28/2017	✔		1447265160	1	\$102.00	\$31.25
195745858	C003000000065800	6/28/2017	⊘		1447265160	1	\$97.00	\$0.00
195745858	C003000000065800	6/28/2017	⊘		1447265160	1	\$92.00	\$0.00
195745858	C003000000065800	6/28/2017	✔		1447265160	1	\$12.00	\$35.00
194627937	C001000000075696	6/28/2017	✔		1447265160	3	\$490.00	\$347.14
194627937	C003000000065914	6/28/2017	✔		1447265160	3	\$490.00	\$347.14

### Claim Lines

Client ID	Service Start Date	Service End Date	Procedure	Modifier	Diagnosis	Amount
C001000000055444	6/21/2017	6/21/2017	90847		AB	\$100.00
C001000000055444	6/21/2017	6/21/2017	90832		B	\$95.00

1

# Claim History



## Claim History

\*Claims in a failed status will need to be corrected and re-submitted via the Claim MD website, or by file upload.

Status: All | From Date: 6/1/2017 | To Date: 6/30/2017 | Client ID (optional): | Claim ID (optional): | Search

### Claims By Upload Date

Upload Date	Total Claims	Accepted	Failed	Total Submitted Amount	Total Adjusted Amount
6/28/2017	8	4	4	\$1,486.00	\$823.03
6/27/2017	4	4	0	\$1,960.00	\$843.05

1

### Claims

Claim ID	Client ID	Upload Date	Facility NPI	Total Charges	Total Submitted Amount	Total Adjusted Amount
195745858	C00000000041829	6/28/2017		1	\$101.00	\$31.25
195745858	C00000000041829	6/28/2017		1	\$102.00	\$31.25
195745858	C003000000	6/28/2017	1447265160	1	\$102.00	\$31.25
195745858	C003000000065800	6/28/2017	1447265160	1	\$97.00	\$0.00
195745858	C003000000065800	6/28/2017	1447265160	1	\$92.00	\$0.00
195745858	C003000000065800	6/28/2017	1447265160	1	\$12.00	\$35.00
194627937	C001000000075696	6/28/2017	1447265160	3	\$490.00	\$347.14
194627937	C003000000065914	6/28/2017	1447265160	3	\$490.00	\$347.14

Failed

- The facility has not been registered in Star
- The rendering provider is not registered at this location

Navigate to Client Dashboard

Failure Reasons

# Client Dashboard-Accepted Claims



PROGRAMS

CLIENT-



Logged in as:



C003000000065800

Primary Language: English

SERVICES (2)

NOTES (0)

PROJECTS

MANDATED DATA

PROFILE

ADDRESS & PHONE

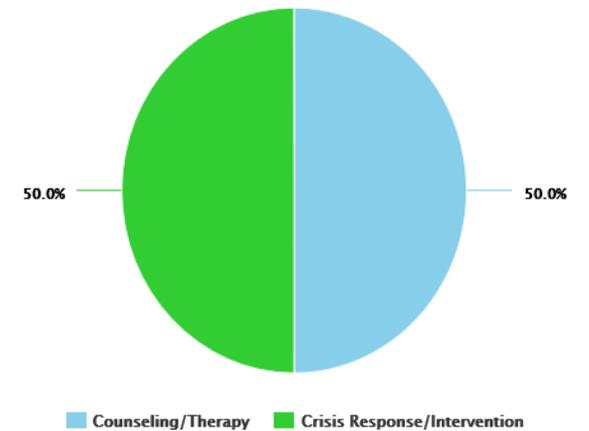
Add Service ▾

Click to view details

Transaction	Service	Date(s)	Units	Amount	Project
76	Crisis Intervention	05/18/2017	1.00	\$35.00	Claims - Claims - BHSD (BHSD)
73	Group Psychotherapy	05/18/2017	1.00	\$31.25	Claims - Claims - BHSD (BHSD)

Services

Total Services Provided: 2



Highcharts.com

# Client Dashboard-Accepted Claims

**bhsdstar** CLIENT - Logged in as:

Primary Language: English

SERVICES (2) NOTES (0) PROJECTS

Add Service

Transaction	Service	Date
76	Crisis Intervention	05/18/2017
73	Group Psychotherapy	05/18/2017

### Claim/Line Detail

<b>Claim</b>	<b>Billing Provider</b>
<b>Status</b> Processed	<b>Name</b> Santa Fe Recovery Center
<b>Number</b> 195745858	<b>NPI</b> 1447265160
<b>Submitted</b> \$12.00	<b>Facility</b>
<b>Diagnosis</b> F3189	<b>Name</b> Santa Fe Recovery Center
<b>Claim Line</b>	<b>NPI</b> 1447265160
<b>Submitted</b> \$12.00	<b>Staff</b>
<b>Allowed</b> \$35.00	<b>Name</b>
<b>Service From</b> 5/18/2017	<b>NPI</b>
<b>Service To</b> 1/1/0001	<b>Client</b>
<b>Procedure Code</b> H2011	<b>Name</b>
<b>Modifiers</b>	<b>Client ID</b> C003000000065800
<b>Units</b> 1.00	<b>Service</b>
	<b>Service</b> Crisis Intervention

Close

Total Services Provided: 2

Counseling/Therapy	50.0%
Crisis Response/Intervention	50.0%

Highcharts.com

# Invoices-Claims



Pending Invoices

View



Invoice History

View

Search criteria

Invoice Status

bhsdstar

PROGRAMS

CLIENT-



Logged in as:

Program	Project	Site	Payor	Fiscal Year	Status	Fund	Invoice Number
Claims	All	All	All	All	All Pending (Approval & Payn)	All	

AWAITING ACTION (1) IN REVIEW (1) ADMINISTRATIVE HOLD (0) IN PROCESS (0)

INVOICE COUNT

1

TOTAL AMOUNT

\$190.13

Program	Project	Invoice Details	Invoice	Fund	Fiscal Year	Payor	Activity Dates	Amount	Last Action Taken
Claims	Claims	Test Provider Site Tracy Archuleta	STAR-BHS 002 233	B200 - Federal	FY 17	FCT	Jun, 2017	\$190.13 on 06/21/2017	sys admin 06/21/2017

1

Comments

Last action

# Invoices-Claims

STAR-BHS 002 233

\$190.13

## Invoice Action History

Date	Action	User
6/21/2017	Invoice generated	sys admin

## Provider Site

Test Provider Site

## Invoice Date / Period / Fiscal Year

6/21/2017; Jun, 2017; FY17

## Project Manager

Tracy Archuleta

## Fund Source

B200 : Community MH Services Block Grant

## Provider Files

## Approver Files

## Comments:

06/26/2017 at 12:35 PM

**Tracy Archuleta:**

Here are comments from the Vendor

Add Comment

PDF

Activity Report

SUMMARY

DETAIL

Service Date(s)	Service	User	Created	Total
06/21/2017 - 06/21/2017	Family Psychotherapy with Patient	sys admin	06/21/2017	\$121.50
06/21/2017 - 06/21/2017	Psychotherpay 30 Min Patient and/or Family Member	sys admin	06/21/2017	\$68.63

Return to Invoice List

Click to view details

# Invoices-Claims

bhsdstar

STAR-BHS 002 233

Invoice Action History

Date	Action	User
6/21/2017	Invoice generated	sys a

PDF Activity Report

SUMMARY DETAIL

Service Date(s)	Service
06/21/2017 - 06/21/2017	Family
06/21/2017 - 06/21/2017	Psycho

Return to Invoice List

GRAMS CLIENT- \$190.13

Logged in as:

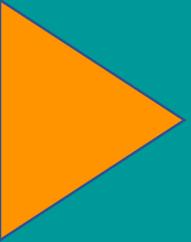
### Claim/Line Detail

<b>Claim</b>	<b>Billing Provider</b>
<b>Status</b> Processed	<b>Name</b> Test Provider
<b>Number</b> 195424144	<b>NPI</b> 1194886499
<b>Submitted</b> \$195.00	
<b>Claim Line</b>	<b>Facility</b>
<b>Submitted</b> \$100.00	<b>Name</b> Test Provider Site
<b>Service From</b> 6/21/2017	<b>NPI</b> 1194886499
<b>Service To</b> 1/1/0001	
<b>Allowed</b> \$121.50	<b>Staff</b>
<b>Procedure Code</b> 90847	<b>Name</b> Barney Test
<b>Modifiers</b>	<b>NPI</b> 1013027762
<b>Diagnosis</b> F0281 F0632	<b>Client</b>
	<b>Name</b> Jason Dean
	<b>Client ID</b> C001000000055444
	<b>Service</b>
	<b>Service</b> Family Psychotherapy with Patient

Close

	Created	Total
in	06/21/2017	\$121.50
in	06/21/2017	\$68.63

Add Comment

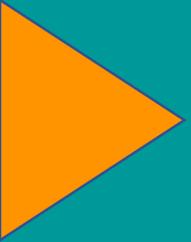


# Basic Claim Rules

Current Versions found at [bhsdstar.org](http://bhsdstar.org):

837 Companion Guide-Contains specifications for electronic claims submission.

Billing Guide-Contains Billing Rules for required fields per Claim type and Invalid service code combinations. Contains instructions for how to fix each Claim error in 837P, 837I, Claim MD UB04, and Claim MD CMS-1500.



# Claim Corrections

How do I correct a Claim?

BHSDSTAR Updates:

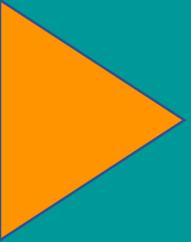
- Ensure the Client is registered in BHSDSTAR
- Ensure the Claim includes a BHSDSTAR Client ID
- Ensure the Rendering Provider and correct NPI is listed in Vendor Registration
- Ensure the correct Billing NPI is listed in Vendor Registration

# Claim Corrections continued

## Claim/Line Updates:

- Ensure the Claim includes Rendering and/or Attending NPIs
- Ensure the Claim includes a Billing NPI
- Ensure the Claim includes valid Services Dates
- Ensure the Claim includes valid Service Codes
- Ensure the Claim includes valid Modifiers (if applicable)
- Ensure the Claim includes valid Diagnoses

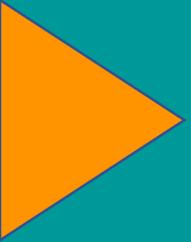
*After corrections are made the Claim should be re-submitted to/thru Claim MD.*



# Claim Timely Filing

Falling Colors must enforce the following timeframes for Vendors to submit all Claims:

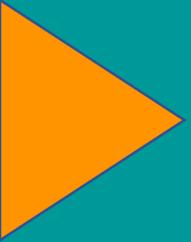
- Vendors have:
  - Until Midnight on the last day of the month following the month the service was rendered to submit claims.
  - Thirty (30) days from the date a correction was required to submit the corrections.



# Claim Timely Payment

- All submitted claims will be bundled into a BHSDSTAR invoice on the 1<sup>st</sup> and 16<sup>th</sup> of each month for payment.
- Claims invoices are pre-approved by Member Agencies for payment but will be reviewed by Falling Colors and processed for payment.
- Falling Colors will send an 835 to Claim MD which will be provided to Claims Vendors.

**All payments will be made no later than 30 days from the date of invoice approval.**



# Claim Issues and Questions

- Address questions, comments, or concerns to [support@bhsdstar.org](mailto:support@bhsdstar.org).
- Falling Colors will provide help to Vendors or will forward those requests to the Collaborative.

## ***Remember:***

***Falling Colors is committed to helping Claims Vendors thru this transition and assisting with questions and support.***

# Contact Information

**Website:** [www.bhsdstar.org](http://www.bhsdstar.org)

**Email:** [support@bhsdstar.org](mailto:support@bhsdstar.org)

**Phone Number:** (505) 428-0838

# Claims Staff Registration

## Staff Registration for BHSDSTAR Account Access

**Step 1:** Enter Organization Name and Site, Select Add or Remove, Enter First Name, Last Name, and Email Address.

**Step 2:** Select Project Access Needed in Column 1. (For Prevention and Financial Billing enter for what Projects in last line of the table below.)

**Step 3:** For each Project selected in Column 1-**Vendors** use Column 2, **MCOs** use Column 3, **BHSD** and **CYFD** use Column 4 and 5, **Financial Payors** use Column 6.

Organization Name AND Site(s):		Vendor Names and all Sites User Needs Access to goes here			
Access	First Name	Last Name	Email Address		
<input checked="" type="checkbox"/> Add User <input type="checkbox"/> Remove User	User First Name	User Last Name	User Email Address		
Project Access Needed	Vendor Permission Needed	MCO Permission Needed	State Agency Permission Needed	State Agency Designation	Payor Permission Needed
<input type="checkbox"/> CareLink	<input type="checkbox"/> Vendor	<input type="checkbox"/> MCO	<input type="checkbox"/> Manger		
<input checked="" type="checkbox"/> Claims	<input checked="" type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Consumer Satisfaction Survey	<input type="checkbox"/> CSS Updater <input type="checkbox"/> CSS Manager	<input type="checkbox"/> CSS Entity Rep	<input type="checkbox"/> CSS-Face to Face Updater <input type="checkbox"/> Manager		
<input type="checkbox"/> Methadone	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Prevention <i>specify projects below</i>	<input type="checkbox"/> Vendor <input type="checkbox"/> Vendor (Read Only)		<input type="checkbox"/> Manager <input type="checkbox"/> Manager (Read Only)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Back-Up	<input type="checkbox"/> Financial Manager <input type="checkbox"/> Financial Manager (Read Only)
<input type="checkbox"/> QA Review (Recoupment)	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> STOT	<input type="checkbox"/> Vendor				
<input type="checkbox"/> Synar	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Treat First	<input type="checkbox"/> Vendor		<input type="checkbox"/> Manager		
<input type="checkbox"/> Vendor Registration	<input type="checkbox"/> Vendor		<input type="checkbox"/> Vendor Authority		
<input type="checkbox"/> Financial (Workbooks or Encounters) <i>specify projects below</i>	<input type="checkbox"/> Vendor <input type="checkbox"/> Vendor (Read Only)		<input type="checkbox"/> Manager <input type="checkbox"/> Manager (Read Only)	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Back-Up	<input type="checkbox"/> Financial Manager <input type="checkbox"/> Financial Manager (Read Only)
<b>For Prevention and Financial Specify what Project(s):</b>					

Send completed forms to [support@bhsdstar.org](mailto:support@bhsdstar.org). Completed forms **must** come from your authorized representative (primary or secondary designee).

# Questions



**Remember**

