

## Indiana First Steps Online Access Enrollment Form

### Agency/Billing Entity Information – Please Print (Please keep a copy for your records.)

Please complete all fields on this form. If you are enrolled with the Central Reimbursement Office (CRO), please provide the information currently on file with the CRO. Complete, sign and mail this form to: Central Reimbursement Office, c/o CSC, P.O. Box 29134 Shawnee Mission KS 66201-9134

Tax ID Number Agency/Billing Entity \_\_\_\_\_ Agency Name: \_\_\_\_\_

**Agency Administrator or Independent Provider Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

Primary Contact for Questions: \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

### User Information - Please Print

**New User Information:** Select One: \_\_\_ **Currently Enrolled First Steps Provider**        \_\_\_ **Other User**

**Change of Information:** Please indicate the type of change:    \_\_\_ **Delete Access\***        \_\_\_ **Modify Access\*\***

User First and Last Name: \_\_\_\_\_ Email\*\*\*: \_\_\_\_\_

Please select a User ID and Security Word. The User ID and Password will be used to log into the web system. User ID's may not be duplicated, please submit a second choice to be used if choice one is not available. The Security Word is used for user identification / verification and will be needed to gain initial access online. This word can be anything (i.e. mother's maiden name, pet's name) up to 20 characters. This word will be required when contacting the CRO for user access. This is not the password. We highly recommend the usage of your Service Matrix User ID (if applicable)

User ID: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Security Word: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

*\*Deleting Online Access does not end your enrollment with the CRO. Contact the CRO if you wish to end your account.*

*\*\* If this form is used to modify access – the access marked on this form will be the only access available to the user.*

*\*\*\* The email address must be unique per user. One agency email for all providers is not acceptable.*

#### User Access Description (for detail description please see Attachment 1)

Please select one of the following types (please see the following page for access descriptions). Please review the access permissions list carefully.

<input type="checkbox"/>	Independent Provider/No Agency Affiliation	<input type="checkbox"/>	Agency Provider - Billing
<input type="checkbox"/>	Agency Administrator	<input type="checkbox"/>	Agency Claims and Billing
<input type="checkbox"/>	Agency Provider – Non-Billing Provider	<input type="checkbox"/>	Third Party Billing (Clearinghouse)

User Signature: \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Signing this document legally obligates you to the Attachments (Attachment 1, 2 and 3) to this form.

The date the information is received and processed at the CRO office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the online system. Please keep this form for your records.

## Attachment #1 - User Access Detail

<b>Access Type</b>	<b>General Description</b>
<b>Agency Provider - Non-Billing Provider</b>	<p>This user is an enrolled Provider - usually with an Agency. The following attributes describe this type of access.</p> <ol style="list-style-type: none"><li>1. The provider may view - but not submit - claims online.</li><li>2. The provider may view and print authorizations and authorization information.</li><li>3. The provider may view - but not modify - certain elements of their enrollment with the CRO online.</li><li>4. The provider may agree to certain First Steps Agreements online.</li><li>5. The provider may select the email notifications to receive online.</li><li>6. The provider may read certain communications online.</li><li>7. The provider will not be able to view payment/remittance information online.</li></ol>
<b>Agency Provider - Billing</b>	<p>This person is a CRO-enrolled Provider - usually with an Agency. The following attributes describe this type of access.</p> <ol style="list-style-type: none"><li>1. The provider may view and submit claims online.</li><li>2. The provider may view and print authorizations and authorization information.</li><li>3. The provider may view and modify certain elements of their enrollment with the CRO online.</li><li>4. The provider may agree to certain First Steps Agreements online.</li><li>5. The provider may select the email notifications to receive online.</li><li>6. The provider may read certain communications online.</li><li>7. The provider will not be able to view payment/remittance information online.</li></ol>
<b>Agency Claims and Billing</b>	<p>This person is not enrolled with the CRO - and usually works with an Agency. This person usually is in an Agency support role. The following attributes describe this type of access.</p> <ol style="list-style-type: none"><li>1. The user may view and submit claims online across the entire Agency.</li><li>2. The user may view and print authorizations and authorization information across the entire Agency.</li><li>3. The user may not view and modify certain elements of the Agency information with the CRO.</li><li>4. The user may not agree to certain First Steps Agreements online.</li><li>5. The user may not select the email notifications to receive online.</li><li>6. The user will not be able to read certain communications online.</li><li>7. The user will be able to view payment/remittance information online.</li></ol>
<b>Independent Provider No Agency Affiliation</b>	<p>This person is enrolled with the CRO - and works as an Independent Provider. The following attributes describe this type of access.</p> <ol style="list-style-type: none"><li>1. The user may view and submit claims online.</li><li>2. The user may view and print authorizations and authorization information.</li><li>3. The user may view and modify certain elements of their information with the CRO.</li><li>4. The user may agree to certain First Steps Agreements online.</li><li>5. The user may select the email notifications to receive online.</li><li>6. The user will be able to read certain communications online.</li><li>7. The user will be able to view payment/remittance information online.</li></ol>

**Agency Administrator**

This person is not usually enrolled with the CRO - and works as an Agency Administrator.

The following attributes describe this type of access.

1. The user may view and submit claims online across the entire Agency.
2. The user may view and print authorizations and authorization information across the entire Agency.
3. The user may view and modify certain elements of their information with the CRO.
4. The user will not be able to agree to certain First Steps Provider Agreements online. The user will have access to Agency Agreements online.
5. The user may select the email notifications to receive online.
6. The user will be able to read certain communications online.
7. The user will be able to view payment/remittance information online across the entire Agency.

**Third Party Billing (Clearinghouse)**

This person is not enrolled with the CFO. This user is typically a clearinghouse for Agency electronic claims.

The following attributes describe this type of access.

1. The User will be able to send and receive HIPAA files.
2. The user may not view and print authorizations and authorization information.
3. The user may not view and modify certain elements of the Agency information with the CFO.
4. The user may not agree to certain First Steps Agreements online.
5. The user may not select the email notifications to receive online.
6. The user will not be able to read certain communications online.
7. The user will not be able to view payment/remittance information online.
8. The user may not submit claims online - they will be able to submit electronic claims online.

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**Attachment #2**

**Electronic Signature Agreement  
Indiana First Steps**

This is to certify my request for an electronic signature. Through the use of an electronic signature, you agree that the information you provide is accurate and complete to the best of your knowledge. You also acknowledge that you have read and understand the following statements:

- Any and all information submitted on my behalf shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information submitted to the web site.
- The undersigned will hold harmless and indemnify the Indiana Family and Social Services Administration (FSSA) and or its Fiscal Agent Contractor (CSC) from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence from the utilization of the web site.
- I further acknowledge that utilization of the web site does not alter my continuing obligation to comply with all applicable requirements of the Central Reimbursement Office Agreements which I have signed including but not limited to those requirements pertaining to payments, claims, timelines, confidentiality, privacy, records and records retention.
- I agree to immediately notify the Central Reimbursement Office (CRO) via phone and mail if my password to this web

site is lost, stolen, misplaced or has been compromised. I understand it is my responsibility to use the information provided to me on this web site for its intended purposes and to protect any password(s) issued to me.

- I agree to adhere to the stipulations and conditions outlined in the Family Educational Rights and Privacy Act (FERPA).
- I understand that violation of any of the provisions of this Agreement shall subject me to the actions set out in the FSSA policies on Central Reimbursement Office Provider Dis-enrollment and shall make access to the web site subject to immediate revocation at the FSSA's option.
- I understand it is our responsibility to notify the Central Reimbursement Office in the event of lost, stolen or compromised username/password.
- I understand that access will not be granted to the web site without this Agreement.
- I certify that I am in compliance with the Central Reimbursement Office Agreements.
- I warrant that I have the authority to make this agreement.

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### Attachment # 3

#### CERTIFICATION STATEMENT FOR PROVIDERS SUBMITTING CLAIMS BY MEANS OTHER THAN STANDARD PAPER

This is to certify that any and all information contained on any First Steps billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission, shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information contained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (i. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary or service bureau that submits billings to the Family and Social Services Administration or its Fiscal Agent Contractor is acting as my representative and not that of the FSSA or its Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of First Steps Central Reimbursement Office claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The provider will hold harmless and indemnify FSSA from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of First Steps Central Reimbursement Office billings by the provider through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of the FSSA.

I further acknowledge that submitting claims by means other than standard paper does not alter my continuing obligation to comply with all applicable requirements of the Central Reimbursement Office Agreement(s) and/or Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records and records retention.

I understand that the FSSA or its designees are prepared to provide necessary technical assistance to assist new providers or to correct technical problems which existing providers may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the provider in whose name the claim is submitted and the FSSA or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- Identification of data element requirements
- Identification of record layouts and other electronic specifications
- Identification of systematic problem areas and recommended solutions

I agree to notify either the FSSA or its Fiscal Agent Contractor of any changes in my provider name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by the FSSA or its Fiscal Agent Contractor.

I certify that I am in compliance with the Central Reimbursement Office Agreement(s) and Rider(s).

Fraud and abuse encompasses a wide range of improper billing practices that include misrepresenting or overcharging with respect to services delivered. Fraud generally involves a willful act; abuse involves actions that are inconsistent with acceptable fiscal, business or medical practices.

Frequently cited fraudulent or abusive practices include, but are not limited to, overcharging for services provided, charging for services not rendered, accepting bribes or kickbacks for referring patients, and rendering inappropriate or unnecessary services.

Procedures and mechanisms employed in the claims and payment surveillance and audit program include, but are not limited to, the following:

- Review of recipient profiles of use of services and payment made for such
- Review of provider claims, First Steps Program documentation or data and payment history for patterns indicating need for closer scrutiny
- Computer-generated listing of duplication of payments
- Computer-generated listing of conflicting dates of services

Computer-generated over-utilization listing internal and/or external checks on such items as procedures, quantity, duration, provider eligibility, recipient eligibility, etc. Staff review and application of established medical services parameters, Field-auditing activities conducted by the Family and Social Services Administration (FSSA) or its representatives, which may include required provider and recipient contacts or request for information.

In cases referred to law enforcement officials for prosecution, the Indiana Family and Social Services Administration has the obligation, where applicable, to seek restitution and recovery of monies wrongfully paid even though prosecution may be declined by the enforcement officials.

Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the FSSA Policy on Central Reimbursement Office Provider Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at the FSSA's option.

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