



## **Vocational Rehabilitation Claim Payment System Claiming User Guide**

**2024**



**Solutions that Matter**

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## Introduction

The Division of Disability and Rehabilitation Services, Bureau of Rehabilitation Services has contracted with Public Consulting Group (PCG) to implement an electronic Claim Payment System (CPS) for Vocational Rehabilitation (VR) service vendors for the submission of invoices and payment of claims.

- All VR Vendors, Participants, Guardians, individuals, and VR Staff must enter claims of an authorization no later than 90 days of the claim end date.
- All claims submitted are reviewed by VR State Staff.
- Only authorized State Users can delete or remove a claim created by another User.

## Note on screenshots

The screenshots used in this User guide may depict features and functions that vary depending on the User's role.

## Vendor Dashboard



**Vendors can only see information for participants they are authorized to serve; this includes authorizations and claims.**

For Vendor Super Users and Vendor Sub Users, the Vendor Dashboard includes Authorizations, claims in a Not Approved and Draft status that require action and a summary that displays new authorizations in the last 7 days, the number of outstanding authorizations, the last payment information, and the number of claims for each status broken down (**Draft, Submitted, Approved, Not Approved and Paid**).

What would you like to do?

Vendor Super User
LOGOUT

Home
Claiming
Payments
Reports
Vendor Registration
Account
Help

5/16/2024 : Welcome Call Center Staffing

**Dashboard Summary**

**Authorizations**

New authorizations in the last 7 days: 0  
Outstanding authorizations: 142  
For more information, use the [Outstanding Auths Report](#)

**Claims**

Claim Status	# of Claims	Total Amount
Draft	77	\$12,155.61
Submitted	30	\$8,513.93
Approved	2	\$130.00
Not Approved	2	\$250.00
Paid	6	\$2,782.95

For more information, use the [Claim Status Report](#)

**Payment**

Last Payment: \$2,488.95  
Last Check Number: 18  
For more information, [View Checks](#)

## Business Scenario

### Step/Action

1. Select/Click **Home** at any time to access the dashboard (shown below).

[Home](#)
[Claiming](#)
[Payments](#)
[Reports](#)
[Vendor Registration](#)
[Account](#)
[Help](#)

**5/3/2024 : Welcome Call Center Staffing**

The **Authorizations** section shown below displays the vendor's authorizations. Clicking on the *authorization ID* takes the User to the Authorization Information form (screen).

Authorizations								
Authorization ID	Auth. Date	Client Id	Part. First Name	Part. Last Name	Vendor First Name	Vendor Last Name	Counselor Name	Last Updated Date
<a href="#">50001</a>	10/07/2020	5001	DemoOne	Stephen	Maya	Cox	Jennett, Shelby	10/07/2020

The **Claims Not Approved** section shown below displays the most recent 100 claims in a not approved status. Once the claim is fixed and resubmitted it will move to a new location.

Claims Not Approved								
Claim ID	Invoice ID	Authorization ID	Claim Date	Claim Amount	Days 'Not Approved'	Part. First Name	Part. Last Name	Counselor Name
<a href="#">30007-2</a>		30007	04/13/2020	\$3.60	159.59	Potter	Christopher	Jennett, Shelby

The **Claims in Draft** section shown below displays created claim but not yet submitted.

Claims In Draft							
Claim ID	Invoice ID	Authorization ID	Claim Date	Claim Amount	Part. First Name	Part. Last Name	Counselor Name
<a href="#">30007-7</a>		30007	10/15/2020	\$0.00	Potter	Christopher	Jennett, Shelby

## How to View an Authorization

### Step/Action

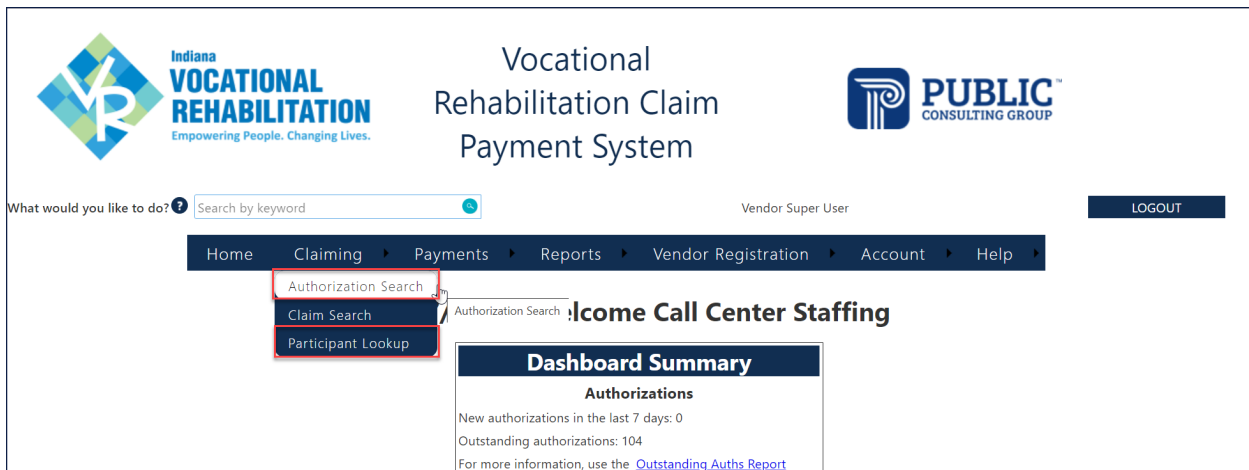
1. Select/Click **Claiming**. You can also view authorizations by going to the **Participant Lookup** tab.



The screenshot shows the Vocational Rehabilitation Claim Payment System interface. The header includes the Indiana Vocational Rehabilitation logo, the system title, and the Public Consulting Group logo. A search bar is present with the text "What would you like to do?". The navigation menu is highlighted, with "Claiming" selected. Below the menu, a "Vendor Registration" table is displayed.

Business Name	DBA	Contact First Name	Contact Last Name	Contact Email	Contact Phone Number	Date Submitted	Status
PCG 4.0					0	1/1/0001	PendingReview
Solo process Inc	Dean	gyle	gyle	pkhanduja@pcgus.com	(342) 9034634	7/8/2019	NotApproved
PCG	Phoenix Data Corporation	Katie	Harris	kharris@phoenixdatacorporation.com	(317) 3782936	7/14/2020	PendingReview
whitfield staffing	whitfield staffing	Kelley	Hunter	kehunter@pcgus.com	(219) 3133113	7/14/2020	PendingReview
Katie Harris				kharris@phoenixdatacorporation.com	(317) 9987777	7/16/2020	PendingReview
KDJ	KDJ	Kelli	Johnson	kjohnson@phoenixdatacorporation.com	(812) 6665555	7/17/2020	PendingReview
Kramerica Inc.	Kramerica Inc.	Kramer	Miller	kmiller@phoenixdatacorporation.com	(317) 2222222	7/24/2020	PendingReview
Maya's Employment Services	Maya Cox	Maya	Cox	macox@pcgus.com	(502) 6454155	9/4/2020	PendingReview

1. Select/Click on **Authorization Search** or **Participant Lookup**.



The screenshot shows the Vocational Rehabilitation Claim Payment System interface. The header includes the Indiana Vocational Rehabilitation logo, the system title, and the Public Consulting Group logo. A search bar is present with the text "What would you like to do?". The navigation menu is highlighted, with "Claiming" selected. A dropdown menu is open under "Claiming", showing "Authorization Search", "Claim Search", and "Participant Lookup". The "Authorization Search" option is highlighted. Below the menu, a "Dashboard Summary" box is visible.

### Dashboard Summary

#### Authorizations

New authorizations in the last 7 days: 0  
 Outstanding authorizations: 104  
 For more information, use the [Outstanding Auths Report](#)

2. Users can enter information in one of the following **Auth Number**, **Participant/Client ID**, **Authorization Begin Date**, **Authorization End Date**, **Authorization Created Date**, and **Remaining Funds** fields.

Indiana VOCATIONAL REHABILITATION  
Empowering People. Changing Lives.

Vocational Rehabilitation Claim Payment System

PUBLIC CONSULTING GROUP

What would you like to do? Search by keyword

Vendor Super User

LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help

**Authorization Search**

Auth Number ? Authorization Begin Date ? Authorization End Date ? Authorization Created Date ? Remaining Funds

Participant/Client ID ?

Begin typing...

Search

Ross, Patrick  
DOB: 8/20/1984 12:00:00 AM | Source System ID: 20045

3. Next, click **Search**.

Authorization “**Begin Date**” and “**End Date**” must be within the authorization start and end date range.

**Authorization Search**

Auth Number ? Authorization Begin Date ? Authorization End Date ? Authorization Created Date ? Remaining Funds

Participant/Client ID ?

ross

Ross, Patrick  
DOB: 8/20/1984 12:00:00 AM | Source System ID: 20045

Search

While entering information in the Participant ID field, a filter list appears, and results can be selected

Clicking the question mark provides a brief description of the field.

**Authorization Search:** The **Participant/Client ID** will populate when the user has entered a minimum of one name.

The Authorization spreadsheet/grid shown below, displays the User's results.

## Authorization Search

Auth Number <sup>?</sup>   
 Authorization Begin Date <sup>?</sup>  Authorization End Date <sup>?</sup>  Authorization Created Date <sup>?</sup>  Remaining Funds   
 Participant/Client ID <sup>?</sup>  ☒ Ross, Patrick

Auth Number	Participant	Participant DOB	Participant ID	Vendor	Vendor Contact	Vendor Tax ID	Authorization Begin Date	Authorization End Date	Auth Created Date	Procedure Code Description	Remaining Funds	Authorized Amount		
<a href="#">110001</a>	Ross, Patrick	8/20/1984	20045	Call Center Staffing	Hunter, Kelley	999999991	10/1/2022	12/31/2022	9/30/2022	Low Vision Aid Evaluation;ES Discovery;Low Vision Aids;Benefits Counseling;Dental Services;Training on Public Transportation;Medical Evaluation and Report;Bus Pass;ES MS1 Job Development & Placement (1 week);ES Work Experience Development	\$8,275.50	\$10,399.95	<a href="#">View Claims</a>	<a href="#">Add Claim</a>

4. Click on the **Auth Number** hyperlink (shown below).

## Authorization Search

Auth Number <sup>?</sup>   
 Authorization Begin Date <sup>?</sup>  Authorization End Date <sup>?</sup>  Authorization Created Date <sup>?</sup>  Remaining Funds   
 Participant/Client ID <sup>?</sup>  ☒ Ross, Patrick

Auth Number	Participant	Participant DOB	Participant ID	Vendor	Vendor Contact	Vendor Tax ID	Authorization Begin Date	Authorization End Date	Auth Created Date	Procedure Code Description	Remaining Funds	Authorized Amount		
<a href="#">110001</a>	Ross, Patrick	8/20/1984	20045	Call Center Staffing	Hunter, Kelley	999999991	10/1/2022	12/31/2022	9/30/2022	Low Vision Aid Evaluation;ES Discovery;Low Vision Aids;Benefits Counseling;Dental Services;Training on Public Transportation;Medical Evaluation and Report;Bus Pass;ES MS1 Job Development & Placement (1 week);ES Work Experience Development	\$8,275.50	\$10,399.95	<a href="#">View Claims</a>	<a href="#">Add Claim</a>

The **Authorization Information** form (screen) appears displaying detailed information on the authorization claim (shown in the next section).

## Authorization Information

The **Authorization Information** form (screen) allows vendors to view the services/goods they are authorized to provide for a particular participant.

At a high level, the Authorization Information includes:

- Vendor Information
- Participant Information
- Authorization Information
- Authorized Services & Goods
- Authorized Dates, Rates, and Quantity
- State Approvals & Contact Information
- Other Information



## Authorization Information

[Return To Search](#)

The Authorization Information screen gives you information about this authorization. Click 'Add Claim' at the bottom of the screen to add a claim to this authorization, or click 'Export' to export this screen.

Authorization ID	110002	Vendor/Claimant Name and Address	Customer Name and Address	Client ID
Authorization Create Date	9/30/2022 12:00:00 AM	Call Center Staffing	Praig, Harry	20046
Sales Tax Exemption No.	0003118568-001	101 market place Indianapolis, 18382	5469 Kensington Blvd. Indianapolis, IN 46239	

## Authorization Line Items

Line #	Authorization Begin Date	Authorization End Date	Service Category	Procedure Code Description	Procedure Code	# of Units	Unit Cost	Total Line Amount	Remaining Funds	1099 Exempt
1	10/1/2022	12/31/2022	Employment Services	ES MS2 Support & Short Term Retention (4 weeks)	72-02	1.00	\$2,000.00	\$2,000.00	\$2,000.00	No
2	10/1/2022	12/31/2022	Employment Services	ES MS3 Retention (90 days)	72-03	1.00	\$1,300.00	\$1,300.00	\$0.00	No
3	10/1/2022	12/31/2022	Employment Services Supported Employment	SE Hourly	63-01	60.00	\$42.00	\$2,520.00	\$2,436.00	No
								<b>\$5,820.00</b>	<b>\$4,436.00</b>	<b>Total Authorization Amounts</b>

## Special Provisions

No special provisions found.

## Product Details

No product details found.

## Approvals

Approval Type First Name Last Name Approval Date

## How to Enter a Claim

Users can add a claim to an authorization using one of three methods, described below.

- Users can add multiple claims for an authorization, but a claim can only *belong to one authorization*.
- Claims can be added to an authorization until funds are expended or remaining funds equal zero (0).

### Method 1

#### Step/Action

1. From the **Authorization Search** form (screen), select/click **Add Claim** *hyperlink* for the correct **Auth Number** line.

## Authorization Search

Auth Number <sup>?</sup> 10025  
 Authorization Begin Date <sup>?</sup>  Authorization End Date <sup>?</sup>  Authorization Created Date <sup>?</sup>  Remaining Funds   
 Participant/Client ID <sup>?</sup>

Auth Number	Participant	Participant DOB	Participant ID	Vendor	Vendor Contact	Vendor Tax ID	Authorization Begin Date	Authorization End Date	Auth Created Date	Procedure Code Description	Remaining Funds	Authorized Amount	<a href="#">View Claims</a>	<a href="#">Add Claim</a>
10025	Jones, Tonya	8/20/1985	1001	Kelley Staffing	Hunter, Kelley	777777701	8/13/2019	12/31/2019	12/6/2019	Eyeglasses for VI	(\$2,319.05)	\$400.95		

## Method 2

### Step/Action

1. From the **Authorization Information** form (screen), click the **Add Claim** button (shown below).

### Authorization Information

The Authorization Information screen gives you information about this authorization. Click 'Add Claim' at the bottom of the screen to add a claim to this authorization, or click 'Export' to export this screen.

Authorization ID	10025	Vendor/Claimant Name and Address	Customer Name and Address	Client ID
Authorization Create Date	12/6/2019 10:10:00 AM	Kelley Staffing	Jones, Tonya	1001
Sales Tax Exemption No.	0003118568-001	111 Design Street Merrillville, 46410	111 S 10th Ave Princeton IN 47670.	

### Authorization Line Items

No authorization details found.

### Special Provisions

Please mail eye glasses to Vocational Rehabilitation at 2602 Chicago St. Suite 200 Valparaiso, IN 46383. Thank You | 2602 Chicago St. Ste 200 | TEST | IN | 46383

### Product Details

Line #	Product Group	Product	Style	Info	# of Units	Unit Cost	Amount	1099 Exempt
1	Eyeglasses (for Visual Impairment)	Eyeglasses for VI			1.00	\$400.95	\$400.95	No

### Approvals

Approval Type	First Name	Last Name	Approval Date
Counselor	Vanessa	Smith	12/6/2019


Export

Add Claim


## Method 3

### Step/Action

1. From the **Participant Lookup** form (screen), enter Participant First and Last Name, Client ID or Authorization number, select 'Search'.



Vocational  
Rehabilitation Claim  
Payment System



What would you like to do? Search by keyword

Vendor Super User

LOGOUT

[Home](#)
[Claiming](#)
[Payments](#)
[Reports](#)
[Vendor Registration](#)
[Account](#)
[Help](#)

### Participant Lookup

Participant First Name
Participant Last Name
Client ID
Authorization Number

Participant Phone Number
Participant DOB
Claim Number
Invoice Number

Search

2. Select **'Details'** for additional information.

What would you like to do? Search by keyword Vendor Super User LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help

### Participant Lookup

Participant First Name: patrick Participant Last Name: ross Client ID: Authorization Number: Participant Phone Number: Participant DOB: Claim Number: Invoice Number: Search

Excel CSV PDF

Participant Last Name	Participant First Name	Participant DOB	Sex	Client ID	Data Source	
Ross	Patrick	8/20/1984	F	20045	AWARE	<a href="#">Details</a>

**Note, use the Invoice Number field to track bill rates for the particular service/product provided.**

3. Select the Authorizations tab and click on the necessary hyperlink to add the claim.

Home Claiming Payments Reports Vendor Registration Account Maintenance Help

### Details for Tonya Jones

Participant Info **Authorizations** Claims

Excel CSV PDF

Service Category	Authorization #	Authorization Begin Date	Authorization End Date	Provider
Diagnostic and Evaluation, Low Vision Services	30012	04/10/2020	06/30/2020	Kelley Staffing
Diagnostic and Evaluation, Low Vision Services	30014	04/10/2020	06/30/2020	Maya's Employment Services
Diagnostic and Evaluation, Low Vision Services	30015	04/10/2020	06/30/2020	Kelley Staffing
Low Vision Services	10026	11/07/2019	01/31/2020	Kelley Staffing
Low Vision Services	10028	11/07/2019	01/31/2020	Kelley Staffing
Low Vision Services	10030	11/07/2019	01/31/2020	Kelley Staffing
Low Vision Services	10032	11/07/2019	01/31/2020	Kelley Staffing

Using either of these methods (mentioned above) shows the Claim Information form (screen). Shown below (created claim), the claim has been created. The claim is created once a **Claim Number** is populated, and the Claim Status is set to **"Draft."**

## Claim Information

Claim Number	50001-10
Claim Status	Draft

Participant Name	Stephen, DemoOne	Participant Address	151 S 10th Ave Princeton, IN 47670	Client ID	5001
EIN	123456789	Authorization ID	50001	Invoice Number	
Vendor Name	October Demo	Vendor Address	115 RED OAK LN CARMEL 46033	Claim Total	\$0.00

Waiver for Medical Service(s)

## Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	1099 Exempt	Add To Claim
1	7/1/2020	12/30/2020	Dental Services	\$600.00				3.00	200.00	\$600.00	\$0.00	No	<a href="#">Add To Claim</a>
2	7/1/2020	12/30/2020	Medical Evaluation and Report	\$400.00				1.00	400.00	\$400.00	\$0.00	No	<a href="#">Add To Claim</a>
3	7/1/2020	12/30/2020	Benefits Counseling	\$500.00				1.00	500.00	\$500.00	\$0.00	No	<a href="#">Add To Claim</a>
4	7/1/2020	12/30/2020	ES Discovery	\$1,680.00				40.00	42.00	\$42.00	\$0.00	No	<a href="#">Add To Claim</a>
5	7/1/2020	12/30/2020	ES Work Experience Development	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>
6	7/1/2020	12/30/2020	ES MS1 Job Development & Placement (1 week)	\$1,300.00				1.00	1300.00	\$0.00	\$1,300.00	No	<a href="#">Add To Claim</a>
7	7/1/2020	12/30/2020	Bus Pass	\$50.00				1.00	50.00	\$50.00	\$0.00	Yes	<a href="#">Add To Claim</a>
8	7/1/2020	12/30/2020	Low Vision Aids	\$648.95				1.00	648.95	\$0.00	\$648.95	No	<a href="#">Add To Claim</a>
9	7/1/2020	12/30/2020	Low Vision Aid Evaluation	\$399.00				1.00	399.00	\$399.00	\$0.00	No	<a href="#">Add To Claim</a>
10	7/1/2020	12/30/2020	Training on Public Transportation	\$50.00				1.00	50.00	\$0.00	\$50.00	Yes	<a href="#">Add To Claim</a>

## Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

Service Begin Date		Service End Date		Remaining Funds	\$0
Service/Product Units		Service/Product Rate		Claim Item Amount	\$0
Procedure Code Description					

Claim Item Notes

[Add/Edit CPT Codes](#)

[Save Claim Item](#)

## Adding Line Items to a Claim

### Business Scenario

From the Claim Information form (screen), users can add authorization line items to the claim (shown below).

### Step/Action

1. Click **Add To Claim** listed in the correct Authorization Item Line #.

#### Claim Information

Claim Number	50001-5
Claim Status	Draft

Participant Name	Stephen, DemoOne	Participant Address	151 S 10th Ave Princeton, IN 47670	Client ID	5001
EIN	123456789	Authorization ID	50001	Invoice Number	
Vendor Name	October Demo	Vendor Address	115 RED OAK LN CARMEL, 46033	Claim Total	\$700.00

Waiver for Medical Service(s)

#### Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	1099 Exempt	Add To Claim
1	7/1/2020	12/30/2020	Dental Services	\$600.00				3.00	200.00	\$600.00	\$0.00	No	<a href="#">Add To Claim</a>
2	7/1/2020	12/30/2020	Medical Evaluation and Report	\$400.00				1.00	400.00	\$400.00	\$0.00	No	<a href="#">Add To Claim</a>
3	7/1/2020	12/30/2020	Benefits Counseling	\$500.00				1.00	500.00	\$500.00	\$0.00	No	<a href="#">Add To Claim</a>
4	7/1/2020	12/30/2020	ES Discovery	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>
5	7/1/2020	12/30/2020	ES Work Experience Development	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>

2. Enter Service **Begin Date** and Service **End Date**.

- *Note the Service Begin and End Date **must** be within the authorized service dates unless the claim is for tuition or related fees.*

#### Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

Line number being edited: 2

Service Begin Date	06/30/2020	Service End Date	06/30/2020	Remaining Funds	\$800.00
Service/Product Units	1	Service/Product Rate	800.00	Claim Item Amount	\$800.00
Procedure Code Description	Eyeglasses for VI				

Claim Item Notes

[Add/Edit CPT Codes](#) [Save Claim Item](#)

3. Users can also add **Claim Item Notes** (shown below).

- *Note, if a user enters multiple claims that overlap in service dates (service begin and end date), an explanation is required in this field.*
- *Note, this is where the vendor can enter notes for the VR state staff to see regarding the specific line items.*

### Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

**The amount entered for this line item is more than authorized. Please correct the amount entered or contact the VR Counselor.**

Line number being edited: 8

Service Begin Date	10/30/2020	Service End Date	10/30/2020	Remaining Funds	\$648.95
Service/Product Units	1	Service/Product Rate	700	Claim Item Amount	\$700.00
Procedure Code Description	Low Vision Aids				

Claim Item Notes  
 Service dates overlap because...

[Add/Edit CPT Codes](#) [Save Claim Item](#)

Once a User clicks the **Save Claim Item** button, the Current Claim Details section populates.

- Note, users are alerted if there are any errors/messages for the claim item (shown below).

### Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Claim Item Amount	Service Begin Date	Service End Date	View CPT Codes	1099 Exempt	Edit Item	Remove Item
8	20-07	Low Vision Aids	1.00	648.95	\$648.95	10/30/2020	10/30/2020	<a href="#">View</a>	No	<a href="#">Edit</a>	<a href="#">Remove</a>
		Total Claim Amount			\$648.95						

Claim Notes

Additional Claims Expected for this Authorization? (required)  
☐

#### Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word  
 Education/Training  No file chosen

[Delete Claim](#)  
[Save Claim](#)  
[Submit Claim](#)

Once the claim item passes the system's fiscal validation rules, the Claim Items section populates. At this point, the claim automatically is saved, and the claim status and claim number populate (shown above).

**The Edit Claim Item grid is not populated until a user "edits" an existing claim item or adds another authorization item to the claim.**

## Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

Service Begin Date	<input type="text"/>	Service End Date	<input type="text"/>	Remaining Funds	\$0
Service/Product Units	<input type="text"/>	Service/Product Rate	<input type="text"/>	Claim Item Amount	\$0
Procedure Code Description	<input type="text"/>				

Claim Item Notes

Add/Edit CPT Codes

Save Claim Item

## Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Claim Item Amount	Service Begin Date	Service End Date	View CPT Codes	1099 Exempt	Edit Item	Remove Item
1	53-10	ES Discovery	1.00	42.00	\$42.00	10/13/2022	10/20/2022	<a href="#">View</a>	No	<a href="#">Edit</a>	<a href="#">Remove</a>
				Total Claim Amount	\$42.00						

Claim Notes

Additional Claims Expected for this Authorization? (required)

## Supporting Documentation

Name	Type	Uploaded Date	View Document	Delete Document
receipt	Receipt of Goods	03/28/2024 03:30 PM	<a href="#">View</a>	<a href="#">Delete</a>

Delete Claim

Save Claim

Submit Claim

## Adding Multiple Claim Items to the Same Claim

### Business Scenario

Users can continue selecting/clicking authorization line items to add to a claim. Follow the same process outlined above to complete this.

### Step/Action

1. Continue selecting **Add to Claim** hyperlink(s), until all claim items are added to a claim.
2. Click the **Save Claim Item** button beneath the Edit Claim item grid.

## Claim Information

Claim Number	50001-6
Claim Status	Draft

Participant Name	Stephen, DemoOne	Participant Address	151 S 10th Ave Princeton, IN 47670	Client ID	5001
EIN	123456789	Authorization ID	50001	Invoice Number	
Vendor Name	October Demo	Vendor Address	115 RED OAK LN CARMEL 46033	Claim Total	\$648.95

Waiver for Medical Service(s)

## Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	99 Exempt	Add To Claim
1	7/1/2020	12/30/2020	Dental Services	\$600.00				3.00	200.00	\$600.00	\$0.00	No	<a href="#">Add To Claim</a>
2	7/1/2020	12/30/2020	Medical Evaluation and Report	\$400.00				1.00	400.00	\$400.00	\$0.00	No	<a href="#">Add To Claim</a>
3	7/1/2020	12/30/2020	Benefits Counseling	\$500.00				1.00	500.00	\$500.00	\$0.00	No	<a href="#">Add To Claim</a>
4	7/1/2020	12/30/2020	ES Discovery	\$1,680.00				40.00	42.00	\$42.00	\$1,638.00	No	<a href="#">Add To Claim</a>
5	7/1/2020	12/30/2020	ES Work Experience Development	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>
6	7/1/2020	12/30/2020	ES MS1 Job Development & Placement (1 week)	\$1,300.00				1.00	1300.00	\$0.00	\$1,300.00	No	<a href="#">Add To Claim</a>
7	7/1/2020	12/30/2020	Bus Pass	\$50.00				1.00	50.00	\$50.00	\$0.00	Yes	<a href="#">Add To Claim</a>
8	7/1/2020	12/30/2020	Low Vision Aids	\$648.95				1.00	648.95	\$648.95	\$0.00	No	<a href="#">Add To Claim</a>
9	7/1/2020	12/30/2020	Low Vision Aid Evaluation	\$399.00				1.00	399.00	\$0.00	\$399.00	No	<a href="#">Add To Claim</a>
10	7/1/2020	12/30/2020	Training on Public Transportation	\$50.00				1.00	50.00	\$0.00	\$50.00	Yes	<a href="#">Add To Claim</a>

## Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

Line number being edited: 8

Service Begin Date	10/30/2020	Service End Date	10/30/2020	Remaining Funds	\$648.95
Service/Product Units	1.00	Service/Product Rate	648.95	Claim Item Amount	\$648.95
Procedure Code Description	Low Vision Aids				

Claim Item Notes  
Service dates overlap because...

Add/Edit CPT Codes

Save Claim Item

At this point, a claim is saved in CPS and not submitted to the case management system.

Adding claim items and clicking **"Save Claim Item"** does not submit a claim for state review.



## Adding CPT Codes to a Claim Item

Users can add an unlimited number of CPT codes to a claim item.

### Business Scenario

#### Step/Action

1. Click the **Add/Edit CPT Codes** button (shown below).

#### Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.  
 Line number being edited: 2

Service Begin Date	<input type="text" value="11/10/2020"/>	Service End Date	<input type="text" value="11/10/2020"/>	Remaining Funds	\$100.00
Service/Product Units	<input type="text"/>	Service/Product Rate	<input type="text" value="1100.00"/>	Claim Item Amount	\$0.00
Procedure Code Description	Therapy Communication Related				

Claim Item Notes

[Add/Edit CPT Codes](#)
[Save Claim Item](#)

2. If the claim item is already saved, click the **View** hyperlink under View CPT Codes in the **Current Claim Details** spreadsheet/grid (shown below).

Current Claim Details											
Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'											
Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Claim Item Amount	Service Begin Date	Service End Date	View CPT Codes	1099 Exempt	Edit Item	Remove Item
1	01-02	Audiological Evaluation	1.00	1.00	\$12.00	7/1/2020	8/1/2020	<a href="#">View</a>	No	<a href="#">Edit</a>	<a href="#">Remove</a>
		Total Claim Amount			\$12.00						

In both methods (mentioned above), the **Claim Items – CPT Codes** form (screen) displays (shown below). CPT codes added will populate in either **CPT Code with Associated Rates** or **CPT Codes with a \$0 Rate**. Below the \$0 Rate section, users can add **Items with NO Corresponding CPT Codes**. The **Total Invoice Amount** section will auto-populate from the tables below.

## Claim Item - CPT Codes

Claim Number 50003-5  
Line # 1  
Procedure Code 01-02  
Procedure Code Description Audiological Evaluation  
Authorization Line Remaining Funds \$50.00

### CPT Code Search

CPT Search: ?

Begin typing...



Add CPT Code

### CPT Codes with Associated Rates:

No data found to display.

### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

No data found to display.

### Items with NO Corresponding CPT Codes:

Add Item

No data found to display.

### Total Invoice Amount

\$0.00

Return to claim information screen

Typing the CPT code in the “**CPT Code Search**” field, a list of the most current CPT codes and rates appears (shown below).

**CPT Code Search**

CPT Search:

<b>22510: PERQ CERVICOTHORACIC INJECT</b> Service Category: MEDSV   Modifiers:   Rate: 1192.22
<b>22511: PERQ LUMBOSACRAL INJECTION</b> Service Category: MEDSV   Modifiers:   Rate: 1180.45
<b>22512: VERTEBROPLASTY ADDL INJECT</b> Service Category: MEDSV   Modifiers:   Rate: 676.89
<b>22513: PERQ VERTEBRAL AUGMENTATION</b> Service Category: MEDSV   Modifiers:   Rate: 5050.05
<b>22514: PERQ VERTEBRAL AUGMENTATION</b> Service Category: MEDSV   Modifiers:   Rate: 5020.59
<b>22515: PERQ VERTEBRAL AUGMENTATION</b> Service Category: MEDSV   Modifiers:   Rate: 0.00

90% of usual and customary fees)

Codes:


Users can also select the CPT code from the pre-populated list (shown above).

### Claim Item - CPT Codes

Claim Number	50003-5
Line #	1
Procedure Code	01-02
Procedure Code Description	Audiological Evaluation
Authorization Line Remaining Funds	\$50.00

#### CPT Code Search

CPT Search: ?

PERQ VERTEBRAL AUGMENTATION 

Add CPT Code

#### CPT Codes with Associated Rates:

No data found to display.

#### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

No data found to display.

#### Items with NO Corresponding CPT Codes:

Add Item

No data found to display.

#### Total Invoice Amount

\$0.00

Return to claim information screen

At this point, the CPT code is not added to the Claim Item. Users must click the “**Add CPT Code**” button (shown above).

Once added, the CPT code information displays under the corresponding CPT Codes (CPT Codes with Associated Rates, CPT Codes with \$0 Rate, and Items with NO Corresponding CPT Codes) linked to claim items.

### Claim Item - CPT Codes

Claim Number 50003-5  
Line # 1  
Procedure Code 01-02  
Procedure Code Description Audiological Evaluation  
Authorization Line Remaining Funds \$50.00

#### CPT Code Search

CPT Search: ?

PERQ VERTEBRAL AUGMENTATION



Add CPT Code

#### CPT Codes with Associated Rates:

No data found to display.

#### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

CPT Code	Procedure Code Description	Additional Description	Usual and Customary Fee	Units	Total U and C	Total Allowable	Balance Due From VR	Edit	Remove
22515	PERQ VERTEBRAL AUGMENTATION							Edit	Remove
							\$0.00	Total	

#### Items with NO Corresponding CPT Codes:

Add Item

No data found to display.

#### Total Invoice Amount

\$0.00

Return to claim information screen

## Removing a CPT code

### Business Scenario

Users can **remove** an added CPT code by clicking the **Remove** hyperlink in the grid on the Claim Item – CPT Codes form (screen).

### Claim Item - CPT Codes

Claim Number 50003-5  
 Line # 1  
 Procedure Code 01-02  
 Procedure Code Description Audiological Evaluation  
 Authorization Line Remaining Funds \$50.00

### CPT Code Search

CPT Search: ?  
 PERQ VERTEBRAL AUGMENTATION ☒ Add CPT Code

### CPT Codes with Associated Rates:

No data found to display.

### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

CPT Code	Procedure Code Description	Additional Description	Usual and Customary Fee	Units	Total U and C	Total Allowable	Balance Due From VR	Edit	Remove
22515	PERQ VERTEBRAL AUGMENTATION							<input type="button" value="Edit"/>	<input type="button" value="Remove"/>
							\$0.00	Total	

### Items with NO Corresponding CPT Codes:

No data found to display.

### Total Invoice Amount

\$0.00

### Saving a CPT code

If a user adds a CPT code that has a rate of zero (0), the “Total Invoice Amount” field is **mandatory** and will populate after appropriate information is added (**additional Description, Usual and Customary Fee and units**), then click **Save**.

### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

CPT Code	Procedure Code Description	Additional Description	Usual and Customary Fee	Units	Total U and C	Total Allowable	Balance Due From VR	Edit	Remove
22515	PERQ VERTEBRAL AUGMENTATION	augmentation	45.00	1.00	\$45.00	\$40.50	40.50	<input type="button" value="Save"/> <input type="button" value="Cancel"/>	
							\$40.50	Total	

## Returning to Claim Information

### Step/Action

1. Click the **Return to claim information screen** button, to go back to the Claim Information form/screen (shown below).

### Claim Item - CPT Codes

Claim Number 50003-5  
 Line # 1  
 Procedure Code 01-02  
 Procedure Code Description Audiological Evaluation  
 Authorization Line Remaining Funds \$50.00

### CPT Code Search

CPT Search: ?  
 PERQ VERTEBRAL AUGMENTATION ✓ Add CPT Code

### CPT Codes with Associated Rates:

No data found to display.

### CPT Codes with \$0 Rate: (VR pays 90% of usual and customary fees)

CPT Code	Procedure Code Description	Additional Description	Usual and Customary Fee	Units	Total U and C	Total Allowable	Balance Due From VR	Edit	Remove
22515	PERQ VERTEBRAL AUGMENTATION							<span>Edit</span>	<span>Remove</span>
							\$0.00	Total	

### Items with NO Corresponding CPT Codes:

Add Item

No data found to display.

### Total Invoice Amount

\$0.00

Return to claim information screen

## Removing a Claim Item

### Business Scenario

### Step/Action

1. From the Claim Information form (screen), select the appropriate **Auth Line** number and click the **Remove** hyperlink.

### Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Claim Item Amount	Service Begin Date	Service End Date	View CPT Codes	1099 Exempt	Edit Item	Remove Item
6	72-01	ES MS1 Job Development & Placement (1 week)	1.00	1300.00	\$1,300.00	10/7/2020	10/7/2020	<a href="#">View</a>	No	<span>Edit</span>	<span>Remove</span>
				Total Claim Amount	\$1,300.00						

The Claim Items form (screen) displays, and the claim is no longer listed (shown below).

### Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

No claim items found.

**Claim items are no longer**

Claim Notes

Additional Claims Expected for this Authorization? (required)

### Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word

Education/Training

Choose File

No file chosen

Enter file name

Upload

Delete Claim

Save Claim

Submit Claim

## Medicaid Waivers

If there are CPT code(s) for a service line and there's a waiver for the authorization, **Service/Product Rate** can be increased up to amount listed on authorization for that service line.

***If a Medicaid waiver exists, CPT code requirement is waived. The CPT code function will be disabled.***



## Adding Additional Information to a Claim

The following section describes fields users can add to the claim. Keep in mind these fields are added to the claim, not the claim item.

### Business Scenario

#### Step/Action

1. Users can add **Claim Notes** for the entire claim. **Claim Notes** are for the vendor and are not seen by the VR state staff.

**Current Claim Details**

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

No claim items found.

Claim Notes

Additional Claims Expected for this Authorization? (required)  
Yes ▾

**Supporting Documentation**

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word  
Education/Training ▾ Choose File No file chosen Enter file name Upload

Delete Claim  
Save Claim  
Submit Claim

2. Users can indicate if there are additional claims expected for the authorization. The **additional claims expected** box is required to be selected. Selecting from the drop-down list are as follows:
  - **No:** Remaining funds of the authorization selected are canceled.
  - **Yes:** Remaining funds are NOT canceled.

*If a user indicates "No" for the "Additional invoices" selection, the following message then displays (shown below).*

**ⓘ** Your remaining balance will be cancelled for the authorization. If you do not want this, please indicate there will be additional invoices for the authorization.

Additional Claims Expected for this Authorization? (required)  
No ▾

## How to Attach a Supporting Document

### Step/Action

1. Click the drop-down (valid files: image, PDF, Spreadsheet, Word) and select the appropriate document type from the list.

### Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Claim Item Amount	Service Begin Date	Service End Date	View CPT Codes	1099 Exempt	Edit Item	Remove Item
9	01-20	Low Vision Aid Evaluation	1.00	399.00	\$399.00	10/7/2020	10/7/2020	<a href="#">View</a>	No	<a href="#">Edit</a>	<a href="#">Remove</a>
		Total Claim Amount			\$399.00						

Education/Training  
Employment  
Invoice/EOB  
Medical/Psychological Records  
Receipt of Goods  
Rehab/Assistive Technology  
Small Business Enterprise  
Not Otherwise Classified

No file chosen

2. Next, click the **Choose File** button (shown below) and using the popup dialog ("Choose file to upload"), select the appropriate document. To confirm file selection, click the **Open** button on the dialog.

### Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word

Education/Training
  No file chosen

3. Enter a file name in the text field and click **Upload** (shown below).

### Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word

Education/Training
  No file chosen

Listed is the Supporting Documentation group, the document is uploaded successfully (shown below).

**Claim Information**  
✔ Document uploaded successfully.

**Supporting Documentation**

Name	Type	Uploaded Date	View Document	Delete Document
invoice	Receipt of Goods	10/30/2020 04:36 PM	<a href="#">View</a>	<a href="#">Delete</a>

Valid files: Image, PDF, Spreadsheet, Word  
Receipt of Goods Choose File No file chosen invoice Upload

[Delete Claim](#)  
[Save Claim](#)  
[Submit Claim](#)

- Once all Additional Information is added to a claim, users must click the **Save Claim** button (shown below).

***This information (Vendor Invoice Number and Additional Claim expected, will not automatically be saved when saving a claim item. The Save Claim button must be used.***

**Supporting Documentation**

Name	Type	Uploaded Date	View Document	Delete Document
invoice	Receipt of Goods	10/30/2020 04:36 PM	<a href="#">View</a>	<a href="#">Delete</a>

Valid files: Image, PDF, Spreadsheet, Word  
Receipt of Goods Choose File No file chosen invoice Upload

[Delete Claim](#)  
[Save Claim](#)  
[Submit Claim](#)

## How to Search for a Claim

### Business Scenario

#### Method 1

#### Step/Action

1. From the navigation bar, select/click **Participant Lookup** (shown below).

Indiana VOCATIONAL REHABILITATION Empowering People. Changing Lives.

Vocational Rehabilitation Claim Payment System

PUBLIC CONSULTING GROUP

What would you like to do? Search by keyword

Vendor Super User LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help

Authorization Search  
Claim Search  
**Participant Lookup**

**2020 : Welcome Call Center Staffing**

**Dashboard Summary**

**Authorizations**

New authorizations in the last 7 days: 0  
Outstanding authorizations: 52  
For more information, use the [Outstanding Auths Report](#)

2. Enter the Participant's First and Last name, Client ID or Authorization number and click **Search** (shown below).

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Vocational Rehabilitation Claim Payment System

PUBLIC CONSULTING GROUP

What would you like to do? Search by keyword

Vendor Super User LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help

**Participant Lookup**

Participant First Name  Participant Last Name  Client ID  Authorization Number

Participant Phone Number  Participant DOB  Claim Number  Invoice Number  **Search**

3. Click on **Details** for additional information (shown below).

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Vocational Rehabilitation Claim Payment System

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What would you like to do? Search by keyword

Vendor Super User LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help

### Participant Lookup

Participant First Name  Participant Last Name  Client ID  Authorization Number

Participant Phone Number  Participant DOB  Claim Number  Invoice Number

Participant Last Name	Participant First Name	Participant DOB	Sex	Client ID	Data Source	
Larry	CallCentertwo	9/25/2004	F	20036	AWARE	<a href="#">Details</a>

- Under the **Claims** tab click on the **Claim number** hyperlink.

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What would you like to do? Search by keyword

Vendor Super User LOGOUT

Home Claiming Payments Reports Vendor Registration Account Help


### Details for CallCentertwo Larry

Participant Info Authorizations **Claims**

Status  Service Begin Date  Service End Date  Auth #


Current Status	Claim Number	Service Begin Date	Service End Date	Authorization Number	Amount	
Draft	<a href="#">40002-1</a>	07/16/2020	07/16/2020	40002	\$2,042.00	<a href="#">Billing History</a>
Draft	<a href="#">40002-2</a>	07/15/2020		40002	\$0.00	<a href="#">Billing History</a>
Draft	<a href="#">40002-3</a>	07/15/2020		40002	\$0.00	<a href="#">Billing History</a>
Draft	<a href="#">40002-5</a>	07/15/2020		40002	\$0.00	<a href="#">Billing History</a>
Draft	<a href="#">40002-6</a>	06/09/2020	06/09/2020	40002	\$42.00	<a href="#">Billing History</a>

The Claim Information screen displays (shown below).



**Indiana VOCATIONAL REHABILITATION**  
Empowering People. Changing Lives.

## Vocational Rehabilitation Claim Payment System



What would you like to do?  Vendor Super User [LOGOUT](#)

[Home](#) [Claiming](#) [Payments](#) [Reports](#) [Vendor Registration](#) [Account](#) [Help](#)

### Claim Information

Claim Number: 40002-1

Claim Status: Draft

Participant Name	Larry, CallCentertwo	Participant Address	5469 Kensington Blvd. Indianapolis, IN 46239	Client ID	20036
EIN	999999991	Authorization ID	40002	Invoice Number	
Vendor Name	Call Center Staffing	Vendor Address	101 market place Indianapolis, 18382	Claim Total	\$2,042.00

### Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	1099 Exempt	Add To Claim
1	6/9/2020	8/9/2020	SE Hourly	\$2,520.00		\$0.00		60.00	42.00	\$986.24	\$1,533.76	No	<a href="#">Add To Claim</a>
2	6/9/2020	8/9/2020	ES MS2 Support & Short Term Retention (4 weeks)	\$2,000.00		\$0.00		1.00	2000.00	\$2,000.00	\$0.00	No	<a href="#">Add To Claim</a>
3	6/9/2020	8/9/2020	ES MS3 Retention (90 days)	\$1,300.00		\$0.00		1.00	1300.00	\$1,300.00	\$0.00	No	<a href="#">Add To Claim</a>

## Method 2

### Step/Action

- From the navigation bar, select/click **Claiming** (shown below).

[Home](#) [Claiming](#) [Payments](#) [Reports](#) [Vendor Registration](#) [Account](#) [Help](#)

### 11/10/2020 : Welcome October Demo

#### Dashboard Summary

##### Authorizations

New authorizations in the last 7 days: 0  
Outstanding authorizations: 25  
For more information, use the [Outstanding Auths Report](#)

##### Claims

Claim Status	# of Claims	Total Amount
Draft	11	\$491.00
Submitted	5	\$1,642.00
Approved	2	\$2,920.00
Not Approved	1	\$100.00
Paid	1	\$1,300.00

For more information, use the [Claim Status Report](#)

##### Payment

Last Payment: \$1,300.00  
Last Check Number: 13  
For more information, [View Checks](#)

- From the drop-down menu, select/click **Claim Search** (shown below).

Home   Claiming   Payments   Reports   Vendor Registration   Account   Help

Authorization Search  
 Claim Search  
 Participant Lookup

### 10/2020 : Welcome October Demo

#### Dashboard Summary

**Authorizations**  
 New authorizations in the last 7 days: 0  
 Outstanding authorizations: 25  
 For more information, use the [Outstanding Auths Report](#)

**Claims**

Claim Status	# of Claims	Total Amount
Draft	11	\$491.00
Submitted	5	\$1,642.00
Approved	2	\$2,920.00
Not Approved	1	\$100.00
Paid	1	\$1,300.00

For more information, use the [Claim Status Report](#)

**Payment**  
 Last Payment: \$1,300.00  
 Last Check Number: 13  
 For more information, [View Checks](#)

3. Select a participant from the results menu as you type or enter multiple search criteria in the text fields.

### Claim Search

Auth Number ?   Participant/Client ID ?   Service Begin Date ?   Service End Date ?

Invoice Number

Claim Number

ste

**Stephen, DemoOne**

DOB: 8/20/2000 12:00:00 AM | Source System ID: 5001

Search

1. Enter information in the following fields-NOT all items are needed to search:
  - Auth Number
  - Participant/Client ID
  - Service Begin Date
  - Service End Date
  - Invoice Number
  - Claim Number
  - Claim Created Date
4. Click the **Search** button (shown below).

Home
Claiming
Payments
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Account
Help

### Claim Search

Auth Number ?

Participant/Client ID ?  
Stephen, DemoOne ✓

Service Begin Date ?

Service End Date ?

Invoice Number

Claim  
Created Date ?

Claim Number

5. Click a **Claim Number** hyperlink to view (shown below).

Home
Claiming
Payments
Reports
Vendor Registration
Account
Help

### Claim Search

Auth Number ?

Participant/Client ID ?  
Stephen, DemoOne ✓

Service Begin Date ?

Service End Date ?

Invoice Number

Claim  
Created Date ?

Invoice Number	Claim Number	Participant	Participant DOB	Client ID	Vendor	Vendor Contact	Vendor Tax ID	Service Begin Date	Service End Date	Claim Created Date	
	<a href="#">50001-1</a>	Stephen, DemoOne	8/20/2000	5001	October Demo	Cox, Maya	123456789	7/15/2020	7/15/2020	10/8/2020	<a href="#">View Auth</a>



The Claim Information screen displays (shown below).

[Home](#)
[Claiming](#)
[Payments](#)
[Reports](#)
[Vendor Registration](#)
[Account](#)
[Help](#)

### Claim Information

Claim Number	50001-6
Claim Status	Draft

Participant Name	Stephen, DemoOne	Participant Address	151 S 10th Ave Princeton, IN 47670	Client ID	5001
EIN	123456789	Authorization ID	50001	Invoice Number	
Vendor Name	October Demo	Vendor Address	115 RED OAK LN CARMEL, 46033	Claim Total	\$0.00

Waiver for Medical Service(s)

### Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	1099 Exempt	Add To Claim
1	7/1/2020	12/30/2020	Dental Services	\$600.00				3.00	200.00	\$600.00	\$0.00	No	<a href="#">Add To Claim</a>
2	7/1/2020	12/30/2020	Medical Evaluation and Report	\$400.00				1.00	400.00	\$400.00	\$0.00	No	<a href="#">Add To Claim</a>
3	7/1/2020	12/30/2020	Benefits Counseling	\$500.00				1.00	500.00	\$500.00	\$0.00	No	<a href="#">Add To Claim</a>
4	7/1/2020	12/30/2020	Discovery	\$1,680.00				40.00	42.00	\$42.00	\$1,638.00	No	<a href="#">Add To Claim</a>
5	7/1/2020	12/30/2020	ES Work Experience Development	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>
6	7/1/2020	12/30/2020	ES MS1 Job Development & Placement (1 week)	\$1,300.00				1.00	1300.00	\$0.00	\$1,300.00	No	<a href="#">Add To Claim</a>
7	7/1/2020	12/30/2020	Bus Pass	\$50.00				1.00	50.00	\$50.00	\$0.00	Yes	<a href="#">Add To Claim</a>
8	7/1/2020	12/30/2020	Low Vision Aids	\$648.95				1.00	648.95	\$0.00	\$648.95	No	<a href="#">Add To Claim</a>
9	7/1/2020	12/30/2020	Low Vision Aid Evaluation	\$399.00				1.00	399.00	\$399.00	\$0.00	No	<a href="#">Add To Claim</a>
10	7/1/2020	12/30/2020	Training on Public Transportation	\$50.00				1.00	50.00	\$0.00	\$50.00	Yes	<a href="#">Add To Claim</a>

## Edit Claim Item

Complete all fields to create the claim item. Note that dates must fall within authorization dates. Click 'Save Claim Item' to save your changes.

Service Begin Date	<input type="text"/>	Service End Date	<input type="text"/>	Remaining Funds	\$0
Service/Product Units	<input type="text"/>	Service/Product Rate	<input type="text"/>	Claim Item Amount	\$0
Procedure Code Description	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Claim Item Notes

Add/Edit CPT Codes

Save Claim Item

## Current Claim Details

Review claim items for accuracy. Complete relevant and required information. Click 'Save Claim' then 'Submit Claim'

No claim items found.

Claim Notes

Additional Claims Expected for this Authorization? (required)

## Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word

Education/Training

Choose File

No file chosen

Enter file name

Upload

Delete Claim

Save Claim

Submit Claim

## Claim Statuses

Status	Description	User Permissions
<b>Draft</b>	Claim has been started and saved, but not submitted for State review.	The claim can be edited (see roles in Appendix II).
<b>Submitted</b>	The claim has been submitted for State review.	The claim cannot be edited.
<b>Not Approved</b>	The Claim has been reviewed by State staff and the claim needs to be revised and resubmitted for State review. If this occurs, Users will be able to see the Not Approved Reason & Notes to assist in claim modification.	The claim can be edited (see roles in Appendix II).
<b>Not Approved – Removed</b>	The Claim has been reviewed by State staff and the claim needed to be revised. The claim has subsequently been removed.	The claim cannot be edited.
<b>Approved</b>	The Claim has been reviewed by State staff and the claim is approved for payment.	The claim cannot be edited.
<b>Paid</b>	The Claim has been paid.	The claim cannot be edited.

## Finding Information and Reporting

### Accessing Participant Details (Multi-tabbed)

Participant Lookup- Preferred method to view all authorizations and claims for a participant.

#### Business Scenario

##### Step/Action

1. Click the **Details** hyperlink of a participant (shown below).

Participant Lookup

Participant First Name  Participant Last Name  Client ID  Authorization Number

Participant Phone Number  Participant DOB  Claim Number  Invoice Number

Participant Last Name	Participant First Name	Participant DOB	Sex	Client ID	Data Source	
Antonio	Demofour	8/14/2002	M	5004	AWARE	<a href="#">Details</a>

### Participant Info Tab

The complete data for the selected participant displays (shown below). Use the tabs to view particular details for the participant, including **Participant Info**, **Authorizations**, and **Claims**.

Details for Demofour Antonio

**Participant Info** Authorizations Claims

Last Name:  First Name:  MI:  DOB:

Antonio Demofour N 8/14/2002

AKA Last Name:  AKA First Name:  Sex:  Guardian name:

Guardian DOB:  Participants Phone Number  Guardian Phone Number

3175644567 3172345534

Address1:  Address2:  City:  State:  Zip:

45 Court St. Indianapolis IN 46220

Client ID:

5004

### Authorizations Tab

Best view of all the authorizations for this participant.

Details for Demofour Antonio

**Participant Info** Authorizations Claims

Service Category	Authorization #	Authorization Begin Date	Authorization End Date	Provider
Employment Services	50004	06/20/2020	08/20/2020	October Demo

The “Authorization #” is a hyperlink to the Authorization Information form (screen).

## Claims Tab

Best view of all claims for this participant and the status of each claim. A vendor can navigate to draft or not approved claims to modify and re-submit by clicking the claim #.

Details for Demofour Antonio

Participant Info
Authorizations
**Claims**

Status
Service Begin Date
Service End Date
Auth #
Filter

Excel
CSV
PDF

Current Status	Claim Number	Service Begin Date	Service End Date	Authorization Number	Amount	
Paid	<a href="#">50004-1</a>	08/14/2020	08/19/2020	<a href="#">50004</a>	\$1,300.00	<a href="#">Billing History</a>
Draft	<a href="#">50004-2</a>	10/15/2020		<a href="#">50004</a>	\$0.00	<a href="#">Billing History</a>
Draft	<a href="#">50004-3</a>	10/15/2020		<a href="#">50004</a>	\$0.00	<a href="#">Billing History</a>

**The “Claim Number” is a hyperlink to the Claim Information form (screen) and the “Billing History” hyperlink will navigate users to the Billing History form (screen).**

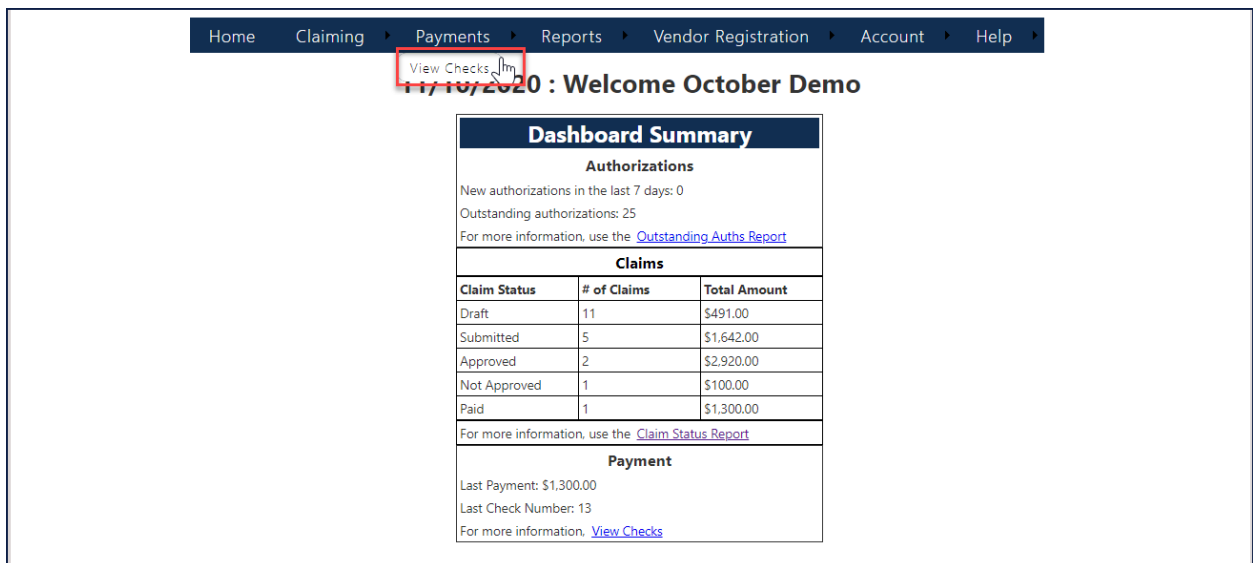
## Payments

### View Checks

#### Business Scenario

##### Step/Action

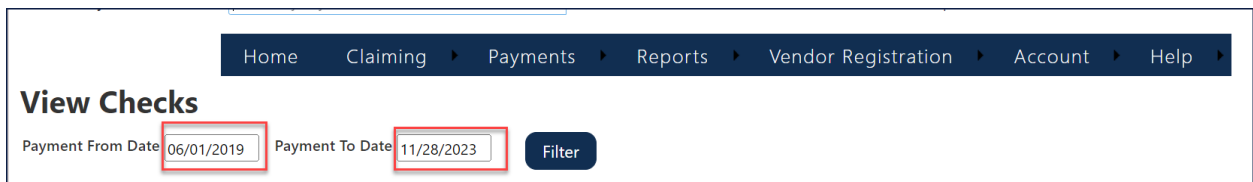
1. From the navigation bar, select/click **Payments**, and select/click **View Checks** from the drop-down menu (shown below).



The screenshot shows the system's navigation bar with 'Home', 'Claiming', 'Payments', 'Reports', 'Vendor Registration', 'Account', and 'Help'. The 'Payments' dropdown menu is open, and 'View Checks' is highlighted. Below the navigation bar, the date '11/10/2020' and 'Welcome October Demo' are displayed. The main content area features a 'Dashboard Summary' section with 'Authorizations' (New: 0, Outstanding: 25), a 'Claims' table, and 'Payment' information (Last Payment: \$1,300.00, Last Check Number: 13).

Claim Status	# of Claims	Total Amount
Draft	11	\$491.00
Submitted	5	\$1,642.00
Approved	2	\$2,920.00
Not Approved	1	\$100.00
Paid	1	\$1,300.00

2. Next, enter a date range (example shown below) and click the **Filter** button.



The screenshot shows the 'View Checks' page. The navigation bar is at the top. Below it, the 'View Checks' title is followed by two date input fields: 'Payment From Date' (06/01/2019) and 'Payment To Date' (11/28/2023). A 'Filter' button is located to the right of these fields.

3. The data results are displayed in a spreadsheet/grid (shown below).



The screenshot shows the 'View Checks' page with the date filters and 'Filter' button. Below these, there are buttons for 'Excel', 'CSV', and 'PDF'. A table displays the payment results. The first row is highlighted, and a 'View Payment Details' link is visible next to it.

Payment Number	Payment Date	Payment Method	Payment Amount	Number of Claims	
18	2/4/2022	EFT	\$2,488.95	5	<a href="#">View Payment Details</a>

## Viewing Payment Details

### Step/Action

1. Click the **View Payment Details** hyperlink on the row to see more information on a payment.

[Home](#)
[Claiming](#)
[Payments](#)
[Reports](#)
[Vendor Registration](#)
[Account](#)
[Help](#)

### View Checks

Payment From Date 
 Payment To Date

Payment Number	Payment Date	Payment Method	Payment Amount	Number of Claims	
13	10/9/2020	EFT	\$1,300.00	1	<a href="#">View Payment Details</a>

The data for the selected check displays a spreadsheet/grid (shown below).

[Home](#)
[Claiming](#)
[Payments](#)
[Reports](#)
[Vendor Registration](#)
[Account](#)
[Help](#)

### Payment Details

Payment Number	Payment Date	Payment Method	Client ID	Participant Last Name	Participant First Name	Authorization Number	Service Start Date	Service End Date	Amount Paid	Invoice Number	Claim Number
13	10/9/2020	EFT	5004	Antonio	Demofour	50004	8/14/2020	8/19/2020	1300.00		<a href="#">Billing History</a> 50004-1

## Refunds

FSSA currently receives refund payments from vendors. To accurately reflect refund amounts within CPS and on 1099's issued by PCG, refund information will be available to users in several different places.

On the **Claim Information Screen**, in the '**Authorization Items**' table, refund information will be populated in the column '**Refund Amount.**' This information will be related to the authorization line item (shown below).

## Claim Information

Claim Number	50001-10
Claim Status	Draft

Participant Name	Stephen, DemoOne	Participant Address	151 S 10th Ave Princeton, IN 47670	Client ID	5001
EIN	123456789	Authorization ID	50001	Invoice Number	
Vendor Name	October Demo	Vendor Address	115 RED OAK LN CARMEL 46033	Claim Total	\$0.00

Waiver for Medical Service(s)

## Authorization Items

Click 'Add to Claim' Hyperlink for the authorization line item you wish to add to the claim.

Line #	Authorization Begin Date	Authorization End Date	Procedure Code Description	Initial Auth Amount	Supplemental Amount	Refund Amount	Canceled Amount	Number of Units	Unit Cost	Prior Claim Amount	Remaining Funds	1099 Exempt	Add To Claim
1	7/1/2020	12/30/2020	Dental Services	\$600.00				3.00	200.00	\$600.00	\$0.00	No	<a href="#">Add To Claim</a>
2	7/1/2020	12/30/2020	Medical Evaluation and Report	\$400.00				1.00	400.00	\$400.00	\$0.00	No	<a href="#">Add To Claim</a>
3	7/1/2020	12/30/2020	Benefits Counseling	\$500.00				1.00	500.00	\$500.00	\$0.00	No	<a href="#">Add To Claim</a>
4	7/1/2020	12/30/2020	ES Discovery	\$1,680.00				40.00	42.00	\$42.00	\$0.00	No	<a href="#">Add To Claim</a>
5	7/1/2020	12/30/2020	ES Work Experience Development	\$1,680.00				40.00	42.00	\$0.00	\$1,680.00	No	<a href="#">Add To Claim</a>
6	7/1/2020	12/30/2020	ES MS1 Job Development & Placement (1 week)	\$1,300.00				1.00	1300.00	\$0.00	\$1,300.00	No	<a href="#">Add To Claim</a>
7	7/1/2020	12/30/2020	Bus Pass	\$50.00				1.00	50.00	\$50.00	\$0.00	Yes	<a href="#">Add To Claim</a>
8	7/1/2020	12/30/2020	Low Vision Aids	\$648.95				1.00	648.95	\$0.00	\$648.95	No	<a href="#">Add To Claim</a>
9	7/1/2020	12/30/2020	Low Vision Aid Evaluation	\$399.00				1.00	399.00	\$399.00	\$0.00	No	<a href="#">Add To Claim</a>
10	7/1/2020	12/30/2020	Training on Public Transportation	\$50.00				1.00	50.00	\$0.00	\$50.00	Yes	<a href="#">Add To Claim</a>

On the **Authorization Research** report, refund amounts by authorization will be populated in the existing column 'Total Fund Recovery' (shown below).

## Authorization Research

Total Draft Amount	Total Submitted Amount	Total Approved Amount	Total Not Approved Amount	Total Paid Amount	Total Fund Recovery	Remaining Funds
84.00	588.00	0.00	0.00	1862.00		
2466.70	42.00	0.00	0.00	2772.00		
1331.20	8.88	0.00	0.00	1470.00		
2458.00	1340.50	0.00	0.00	126.00		
699.50	2280.02	0.00	166.16	51.87		
115.80	27.40	0.00	0.00	0.00		
1300.00	2210.00	0.00	0.00	0.00		
777.00	0.00	0.00	0.00	1560.65		
1900.00	1150.00	0.00	0.00	0.00		
0.00	1300.00	0.00	0.00	0.00		
0.00	5820.00	0.00	0.00	0.00		
0.00	0.00	0.00	0.00	0.00		

On the **Outstanding Authorizations** report Refund amounts by authorization line item will be populated in the existing column, 'Fund Recovery Amount' (shown below).



Authorized Amount	Total Authorized Amount	Total Paid Claims Amount	Fund Recovery Amount	Total Waiting State Review	Total Waiting Vendor Action	Ar
1680.00	1680.00	462.00		588.00	84.00	
2520.00	2520.00	2000.00		0.00	0.00	
2000.00	2000.00	0.00		0.00	1300.00	
1300.00	1300.00	772.00		42.00	1166.70	
1680.00	1680.00	840.00		8.88	531.00	
1680.00	1680.00	630.00		0.00	800.20	
1680.00	1680.00	0.00		0.00	1680.00	
1680.00	1680.00	126.00		0.00	210.00	
100.00	100.00	0.00		0.00	24.00	
1300.00	1300.00	0.00		1300.00	0.00	
2000.00	2000.00	0.00		40.50	544.00	
600.00	600.00	51.87		0.00	422.16	
500.00	500.00	0.00		500.00	0.00	
2520.00	2520.00	0.00		48.00	265.50	
1680.00	1680.00	0.00		332.02	178.00	
100.00	100.00	0.00		100.00	0.00	
1300.00	1300.00	0.00		1300.00	0.00	
150.00	150.00	0.00		27.40	115.80	
2000.00	2000.00	0.00		2000.00	0.00	
1300.00	1300.00	0.00		0.00	1300.00	

## Reports

### Business Scenario

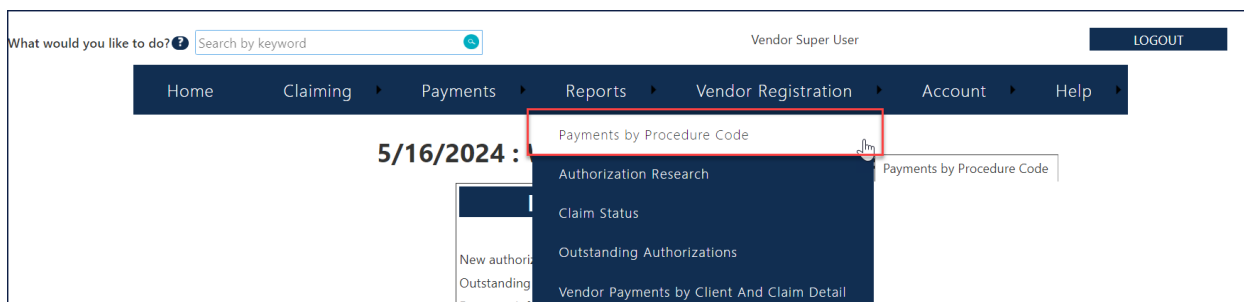
#### Payments by Procedure Code

The Payments by Procedure Code report displays all payments made based on the search criteria. This report displays a single line per service code.

### Business Scenario

#### Step/Action

- From the navigation bar, select/click **Reports**, and select/click **Payments by Procedure Code** from the drop-down menu (shown below).



- Enter the information in the following fields (shown below):

- Select Region
- Select Area
- Select Caseload
- Select Payment Start Date (00/00/0000)
- Select Payment End Date (00/00/0000)

3. Click the **View Report** button.

The **Payments by Procedure Code** data displays (shown below).

Procedure Code	Service Category	Procedure Code Description	Total Amount Paid	Count of Clients Served	Average Dollar Amount Paid Per Client
01-02	Diagnostic and Evaluation	Audiological Evaluation	275.10	1	275.10
01-22	Diagnostic and Evaluation	Medical Evaluation and Report	167.37	3	55.79
01-32	Diagnostic and Evaluation	Personal Adjustment Training Evaluation	105.00	2	52.50
	Diagnostic and Evaluation TOTAL		547.47	4	136.87
01-58	Employment Services	Benefits Counseling	1000.00	1	1000.00
53-05	Employment Services	ES Work Experience Development	3066.00	5	613.20
53-10	Employment Services	ES Discovery	4011.30	2	2005.65
72-01	Employment Services	ES MS1 Job Development & Placement (1 week)	5200.00	2	2600.00
72-03	Employment Services	ES MS3 Retention (90 days)	1402.00	1	1402.00
63-01	Employment Services Supported Employment	SE Hourly	4000.00	1	4000.00
	Employment Services Supported		4000.00	1	4000.00

## Authorization Research

The **Authorization Research** report displays all authorizations based on the search criteria.

## Business Scenario

### Step/Action

1. From the navigation bar, select/click **Reports**, and select/click **Authorization Research** from the drop-down menu (shown below).

2. Click/Select the appropriate **Procedure Code Description** from the drop-down list (shown below).

Home Claiming Payments Reports Vendor Registration Account Help

### Authorization Research

Select values for fields then click 'View Report':

Search For EIN: 999999991 Search For Vendor: Call Center Staffing

Select Procedure Code Description: <Select a Value> Select Authorization Begin Date: NULL

Select Authorization End Date: NULL

**View Report**

- Click the **View Report** button.

The Authorization Research data is displayed (shown below).

### Authorization Research

Select values for fields then click 'View Report':

Search For EIN: Search For Vendor: View Report

Select Procedure Code Description: All Select Authorization Begin Date: NULL

Select Authorization End Date: NULL

1 of 2 Find Next

Counselor Name	Authorization Number	Participant Name	Client ID	Authorization Begin Date	Authorization End Date	Units	Procedure Code	Proc
Jennett, Shelby	10001	Tonya Jones	1001	6/1/2019	8/31/2019	61.00	53-05, 72-01, 85-02	Bus Pass, ES MS1 Job Developr Experience Development
Jennett, Shelby	10003	Wai Saio	1002	4/10/2020	6/30/2020	62.00	63-01, 72-02, 72-03	ES MS2 Support & Short 1 days), SE Hourly
Jennett, Shelby	10004	Sha Cheng	1003	6/1/2019	8/31/2019	80.00	53-05, 53-10	ES Discovery, ES Work Experier
Jennett, Shelby	10005	Aaron Sours	1004	6/1/2019	8/31/2019	102.00	53-05, 53-10, 72-01, 72-02, 85-02	Bus Pass, ES Discovery, ES MS1 MS2 Support & Short Terr Development
Jennett, Shelby	10006	Aaron Sours	1004	6/1/2019	8/31/2019	125.00	01-58, 02-03, 03-10, 53-05, 72-01, 85-02	Benefits Counseling, Bus Pass, Placement (1 week), ES Work E Repairs
Jennett, Shelby	10007	Aaron Sours	1004	6/1/2019	8/31/2019	1.00	01-22	Medical Evaluation and Report
Nambiar, Singh	10008	Aaron Sours	1004	6/1/2019	8/31/2019	62.00	63-01, 72-02, 72-03	ES MS2 Support & Short 1



For vendors, the “**Search for FEIN**” and “**Search for Vendor**” are prepopulated with the Vendor/EIN (Vendors cannot see anyone but themselves).

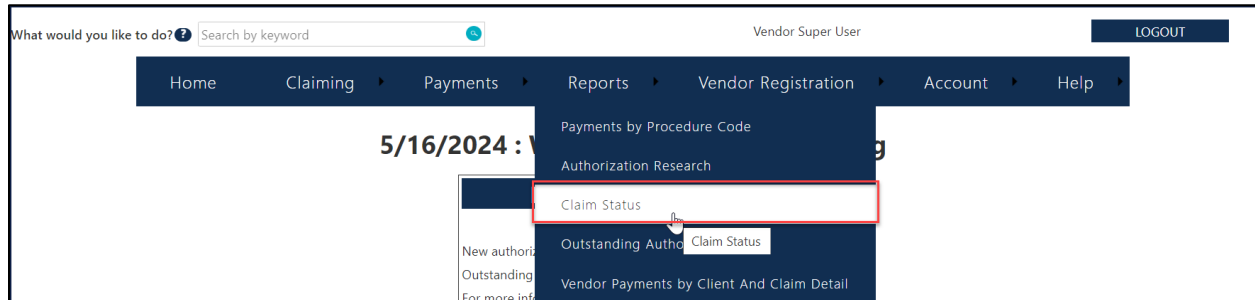
## Claim Status

The Claim Status report displays claims that are in draft, not approved, not approved removed, submitted, approved, and paid status. This report will display a single line per claim number.

## Business Scenario

### Step/Action

- From the navigation bar, select/click **Reports**, and select/click **Claim Status** from the drop-down menu (shown below).



2. Enter the information in the following fields (shown below):

- Select Region
- Select Area
- Select Caseload
- Service Claim Status
- Select Service Begin Date (00/00/0000)
- Select Service End Date (00/00/0000)

3. Click the **View Report** button.

**Claim Status**

Select values for fields then click 'View Report':

Select Region:  Select Area:

Select Caseload:  Select Claim Status:

Search for FEIN:  Search for Vendor Name:

Select Service Begin Date:  ☒ NULL Select Service End Date:  ☒ NULL

[View Report](#)

The Claim Status data is displayed in a grid (shown below).

Claim Status													
Vendor Name	Participant Name	Client ID	Claim Number	Initial Draft Claim Date	Number of days from claim initial draft date to today	Claim Status	Counselor Not Approved Date	Service Begin Date	Service End Date	Claim Amount	Claim Creator	Claim Submitted Date	
Maya's Employment Services	Tonya Jones	1001	10001-1	6/5/2019	524	Paid		6/1/2019	6/5/2019	1862.00	Maya Cox	5/20/2020	
Maya's Employment Services	Tonya Jones	1001	10001-10	4/6/2020	218	Draft		4/6/2020	4/6/2020		Kelley Hunter		
Maya's Employment Services	Tonya Jones	1001	10001-11	4/21/2020	203	Draft		7/1/2019	7/1/2019	42.00	approved approved		
Maya's Employment Services	Tonya Jones	1001	10001-12	4/21/2020	203	Draft		8/1/2019	8/1/2019	42.00	Approved Sub		
Maya's Employment Services	Tonya Jones	1001	10001-13	7/15/2020	118	Submitted		7/1/2019	7/2/2019	210.00	David Flores2	8/20/2020	
Maya's Employment Services	Tonya Jones	1001	10001-2	6/28/2019	501	Submitted		6/4/2019	6/4/2019	42.00	Poonamk Khanduja		
Maya's Employment Services	Tonya Jones	1001	10001-3	7/5/2019	494	Submitted		6/2/2019	6/4/2019	84.00	John Worth		
Maya's Employment Services	Tonya Jones	1001	10001-4	9/25/2019	412	Submitted		8/22/2019	8/23/2019	42.00	David Flores2		
Maya's Employment Services	Tonya Jones	1001	10001-5	9/25/2019	412	Submitted		8/27/2019	8/27/2019	42.00	David Flores2		
Maya's Employment Services	Tonya Jones	1001	10001-6	9/25/2019	412	Submitted		8/28/2019	8/28/2019	42.00	David Flores2		
Maya's	Tonya Jones	1001	10001-7	9/25/2019	412	Submitted		8/26/2019	8/26/2019	42.00	David Flores2		

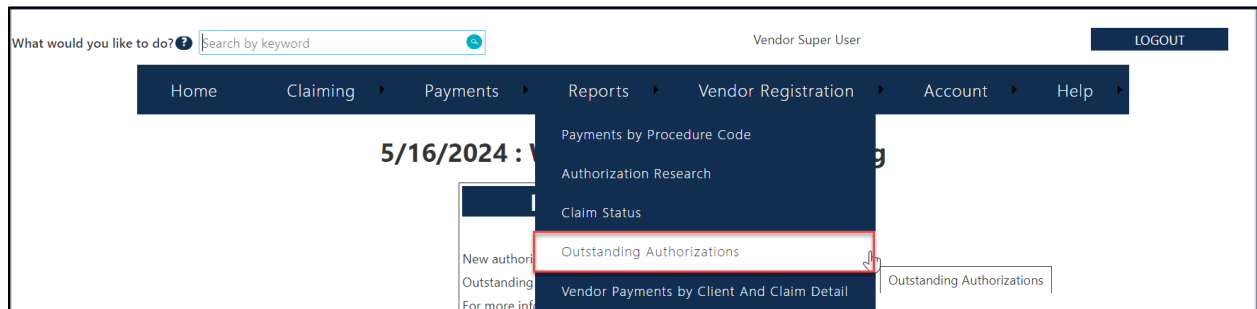
## Outstanding Authorizations

The Outstanding Authorizations report displays all authorizations that have remaining funds available (the remaining fund's field does not equal zero (0)). This report will generate a single line per authorization line; for example, an authorization can display multiple times if the authorization has multiple authorization lines with remaining funds.

### Business Scenario

#### Step/Action

1. From the navigation bar, select/click **Reports**, and select/click **Outstanding Authorizations** from the drop-down menu (shown below).



2. Select/Click the appropriate **Select Region** and **Select Area** from the drop-down list (shown below).
3. Click the **View Report** button.

A screenshot of the "Outstanding Authorizations" report form. The title "Outstanding Authorizations" is at the top. Below it, the instruction "Select values for fields then click 'View Report':" is displayed. The form contains several input fields: "Select Region:" with a dropdown menu set to "All", "Select Area:" with a dropdown menu set to "All", "Search For FEIN:" with a text input field, "Select Authorization Begin Date:" with a date picker, and "Select Authorization End Date:" with a date picker. There are checkboxes for "NULL" next to the date fields. A "View Report" button is located on the right side of the form, highlighted with a red box.

The Outstanding Authorizations data is displayed in a grid (shown below).

Authorization Number	VR Service Line	Client ID	Participant Name	Units	Procedure Code	Procedure Code Description	Authorized Begin Date
10001		4 1001	Tonya Jones	40.00	53-05	ES Work Experience Development	6/1/201
10003		1 1002	Wai Saio	60.00	63-01	SE Hourly	4/10/202
10003		2 1002	Wai Saio	1.00	72-02	ES MS2 Support & Short Term Retention (4 weeks)	4/10/202
10003		3 1002	Wai Saio	1.00	72-03	ES MS3 Retention (90 days)	4/10/202
10004		4 1003	Sha Cheng	40.00	53-10	ES Discovery	6/1/201
10004		5 1003	Sha Cheng	40.00	53-05	ES Work Experience Development	6/1/201
10005		1 1004	Aaron Sours	40.00	53-10	ES Discovery	6/1/201
10005		2 1004	Aaron Sours	40.00	53-05	ES Work Experience Development	6/1/201
10005		3 1004	Aaron Sours	20.00	85-02	Bus Pass	6/1/201
10005		4 1004	Aaron Sours	1.00	72-01	ES MS1 Job Development & Placement (1 week)	6/1/201
10005		5 1004	Aaron Sours	1.00	72-02	ES MS2 Support & Short Term Retention (4 weeks)	6/1/201
10006		1 1004	Aaron Sours	3.00	02-03	Dental Services	6/1/201
10006		2 1004	Aaron Sours	1.00	01-58	Benefits Counseling	6/1/201
10006		3 1004	Aaron Sours	60.00	03-10	Orthopedic Shoes and Repairs	6/1/201
10006		4 1004	Aaron Sours	40.00	53-05	ES Work Experience Development	6/1/201
10006		5 1004	Aaron Sours	20.00	85-02	Bus Pass	6/1/201
10006		6 1004	Aaron Sours	1.00	72-01	ES MS1 Job Development & Placement (1 week)	6/1/201
10007		1 1004	Aaron Sours	1.00	01-22	Medical Evaluation and Report	6/1/201
10008		1 1004	Aaron Sours	1.00	72-02	ES MS2 Support & Short Term Retention (4 weeks)	6/1/201

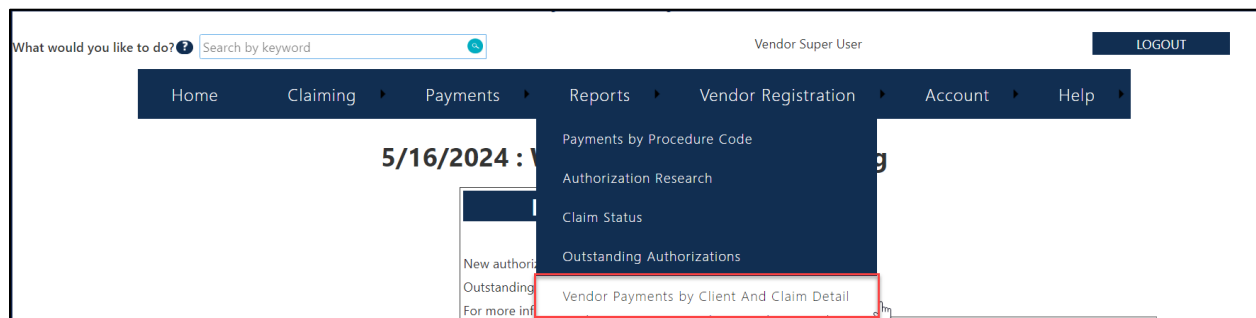
## Vendor Payments by Client and Claim Detail

The Vendor Payments by Client and Claim Details report displays all claims in a paid status. This report will display a single line per claim.

### Business Scenario

#### Step/Action


- From the navigation bar, select/click **Reports**, and select/click **Vendor Payments by Client And Claim Detail** from the drop-down menu (shown below).



- Enter the information in the following fields (shown below):


- Search for FEIN
- Search for Vendor Name
- Select Service Begin Date
- Select Service End Date
- Select Fiscal Year
- Select Payment Number
- Select Payment From Date
- Select Payment To Date
- 

- Click the **View Report** button.



**Indiana VOCATIONAL REHABILITATION**  
Empowering People. Changing Lives.

## Vocational Rehabilitation Claim Payment System



PUBLIC CONSULTING GROUP

What would you like to do?  State Super User [LOGOUT](#)

[Home](#) [Claiming](#) [Payments](#) [Reports](#) [Vendor Registration](#) [Account](#) [Maintenance](#) [Help](#)

### Vendor Payments By Client And Claim Detail

Select values for fields then click 'View Report':

Search For FEIN:

Select Service Begin Date:  ☒ NULL

Select Fiscal Year:

Select Payment From Date:  ☒ NULL

Search For Vendor Name:

Select Service End Date:  ☒ NULL

Select Payment Number:

Select Payment To Date:  ☒ NULL

[View Report](#)

The Vendor Payments by Client and Claim Detail is displayed in a grid (shown below).

Coun #	Procedure Code	Client ID	Participant Name	Claim Number	Invoice Number	Service Begin Date	Service End Date
240	01-02	1004	Aaron Sours	20011-1		6/10/2019	6/10/20
240	01-02	1004	Aaron Sours	20014-1		6/25/2019	6/25/20
240	01-02; 01-58; 02-17; 53-05; 53-10	1004	Aaron Sours	10009-3		6/1/2019	6/3/20
240	01-22	1004	Aaron Sours	20010-1		7/1/2019	7/1/20
240	01-22	1004	Aaron Sours	20013-1		7/5/2019	7/6/20
240	01-22	1004	Aaron Sours	20013-2		7/5/2019	7/6/20
240	01-22	2001	Tony Jones	20030-1		9/10/2019	9/10/20
240	01-22	2004	Alex Smith	20034-1		9/10/2019	9/10/20
240	01-32	2005	Bonie Smith	18005-3		4/1/2019	4/1/20
240	01-32; 15-01	2002	Lilly Saio	18002-1		1/1/2019	6/10/20
240	01-32; 72-01	2001	Tony Jones	18001-1		3/9/2019	3/9/20
240	01-58; 02-03; 03-10; 53-05; 72-01; 85-02	1004	Aaron Sours	10006-7		6/3/2019	7/8/20
240	01-58; 02-03; 03-10; 53-05; 72-01; 85-02	2006	Rustin Joseph	20017-1		8/19/2019	8/19/20
240	53-05; 53-10	1003	Sha Cheng	10004-2		6/1/2019	6/5/20
240	53-05; 53-10; 72-01; 72-02	5004	Demofour Antonio	50004-1		8/14/2020	8/19/20



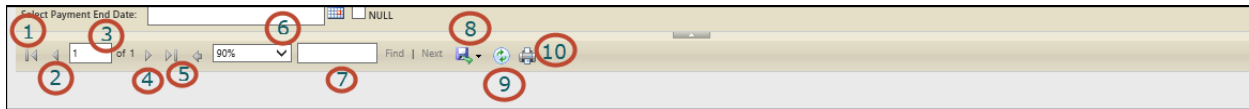
For vendors, the **“Search for FEIN”** and **“Search for Vendor Name”** are prepopulated with the Vendor/EIN (Vendors cannot see anyone but themselves).

## Appendix A

### A.1 Report Navigation Bar




All controls are visible in Microsoft Edge or Chrome. **Recommend Chrome for full functionality.**



The operational icon buttons numerically referenced above are referenced in the table below.

REF #	ACTION ICON BUTTON	DESCRIPTION
1	First Page	When clicked, jumps to the first page (Beginning). You must be viewing pages 2 for this function to be operative.
2	Previous Page	When clicked, goes back a page (must be viewing pages 2 and on).
3	Current Page and Page Total 	Displays the current page. To manually choose a specific page, type in a number (e.g., viewing pages 1-10).  If the page is not available for the given page number, the viewer retains the existing page in view.
4	Next Page	When clicked, advances to the next page (must be viewing pages 2 and on).
5	Last Page	When clicked, jumps to the last page (End).
6	Zoom Value 	To enter the page viewing, enter a percentage value or select the appropriate percentage from the popup menu.  Actual Size displays the page at 100% magnification.
7	Report Search Textbox	To find a specific name or value (alphanumeric), enter it into this textbox.
8	Export (drop-down menu)	Click on the drop-down arrow and select the appropriate export file format from the menu shown below: 
9	Refresh	When clicked, the data results in the spreadsheet/grid are refreshed based on



		values changed in any search fields/textboxes (e.g., Using the Authorization Research form and altering the values listed in the "Search For EIN" field).
19	<b>Print</b> 	When clicked, data shown in the spreadsheet/grid is printed using the browser's default printer settings.

## Appendix B

### B.1 Roles Matrix

**Permissions Key:**

- R = Read Only Access
- U = Update Access
- N = No Access

Claiming Screens								
	Authorization Search	Claim Search	Authorization Information	Draft Claim Information	Not Approved Claim Information	Paid Claim Information	Uploaded Claim Information	Billing History
<b>Vendors</b>								
Vendor Super User	R	R	R	U	U	R	U	R
Vendor Sub-user	R	R	R	U	U	R	U	R

Claiming Functionality		
	Submit Claim more than 90 days	Submit Claim Created by another user
<b>Vendors</b>		
Vendor Super User	N	U
Vendor Sub-user	N	N

	Payment All			Other
	View Checks	Check Summary	Payment Details	Participant Lookup
<b>Vendors</b>				
Vendor Super User	R	R	R	R
Vendor Sub-user	R	R	R	R

Reports					
	Payments by Client and Claim Detail	Outstanding Authorizations	Claim Status	Authorization research	Payments by CC Code
Vendor Super User	R	R	R	R	R
Vendor Sub-user	R	R	R	R	R

- Vendor Super Users can edit or submit any claim within a 90 day timeframe.
- Other Users can **only** Edit, Delete, or Remove claims entered by them only. Even the User with the same role cannot perform the above actions.
- Vendors of other organizations **cannot** view information not related to their organization.

## Appendix C

### C.1 Acronym List

Term	Description of Term
CMS	Case Management System
CPS	Claim Payment System
CRP	Community Rehabilitation Provider
EFT	Electronic Fund Transfer
FEIN	Federal Employer Identification Number
FSSA	Family and Social Services Administration
ID	Identification
IOT	Indiana Office of Technology
PCG	Public Consulting Group
PDF	Portable Document Format
SSN	Social Security Number
VR	Vocational Rehabilitation

## Appendix D

### D.1 Service Types Matrix

Service Categories in CPS	Service Type	Service Sub Type
Assessment	<ol style="list-style-type: none"> <li>1. Licensed physicians</li> <li>2. Registered occupational therapists</li> <li>3. Licensed psychologists</li> <li>4. Licensed optometrists</li> <li>5. Licensed podiatrists</li> <li>6. Licensed speech-language pathologists</li> <li>7. Licensed audiologists</li> <li>8. Licensed speech and hearing therapists</li> <li>9. Licensed nurses</li> <li>10. Licensed alcohol and drug addiction counselors</li> <li>11. Licensed clinical social workers</li> <li>12. Licensed physician assistants</li> <li>13) Other Assessment Services (specify)</li> </ol>	
Diagnosis and Treatment	<ol style="list-style-type: none"> <li>1. Corrective surgery or therapeutic treatment</li> <li>2. Mental health services</li> <li>3. Dentistry</li> <li>4. Nursing services</li> <li>5. Medications and supplies</li> <li>6. Prosthetic, orthotic or other assistive devices</li> <li>7. Hearing Aids and Dispensers</li> <li>8. Eyeglasses and visual services</li> <li>9. Podiatry</li> <li>10. Physical therapy</li> <li>11. Occupational therapy</li> <li>12. Speech or hearing therapy</li> <li>13. Special services (i.e., transplantation, dialysis, etc.)</li> <li>14. Other Diagnostic and Treatment Services (specify)</li> </ol>	
Training	<ol style="list-style-type: none"> <li>1. Post-Secondary Training/Education</li> <li>2. Technical Training</li> <li>3. Disability-Related Skills Training</li> <li>4. Other Training (see sub-type)</li> </ol>	<ol style="list-style-type: none"> <li>2 a) Occupational Training</li> <li>2b) Vocational Training</li> <li>2c) Other Technical Training (specify)</li> <li>3a) Orientation and Mobility Training</li> <li>3b) Rehabilitation training</li> <li>3c) Low vision aid training</li> <li>3d) Braille training</li> <li>3e) Speech reading training</li> <li>3f) Sign language training</li> </ol>

		3g) Cognitive training/retraining 3h) Other Disability Skills Training (specify) 4a) On-the-Job Training 4b) Apprenticeship Training 4c) Remedial or Literacy Training 4d) Other Training Not Covered (specify)
<b>Rehabilitation Technology</b>	1. Rehabilitation Engineering Service 2. Assistive Technology Devices 3. Assistive Technology Services 4. Home Modification Services 5. Vehicle Modification Services 6. Other Rehabilitation Technology (specify)	1a) Mobility 1b) Communications 1c) Hearing 1d) Low Vision/Blind 1e) Cognition 1f) Other Rehab Engineering Services (specify) 2a) Off-the-Shelf Devices 2b) Customized or Modified Devices 3a) AT Evaluation Services 3b) AT Purchasing/Leasing Services 3c) Repair/Customize/Fit/Design AT Devices 3d) Coordinating/Therapy/Interventions with AT 3e) AT Training or Technical Assistance 3f) Other AT Services (specify) 4a) Home Modification Evaluation 4b) Home Modification Contractor 4c) Other Home Modification Services (specify) 5a) Vehicle Modification Provider 5b) Vehicle Modification Evaluation 5c) Driver Training 5d) Driver Evaluation 5e) Other Vehicle Modification Services (specify)
<b>Transportation Services</b>	1. Transportation Training 2. Other Transportation Services (specify)	
<b>Personal Assistance Services</b>	1. Reader Services 2. Personal Attendant Service 3. 3) Other Personal Assistance Services (specify)	
<b>Technical Assistance Services</b>	1. Small Business Consultation 2. Other Technical Assistance Services (specify)	1a) Business plan development 1b) Conduct market research 1c) Other Small Business Services (specify)
<b>Communication Access Services</b>	1. ASL Interpreter 2. Certified Deaf Interpreter 3. Tactile Interpreter 4. Oral Interpreter 5. Signing Exact English 6. Video Remote Interpreting (VRI) 7. C-PRINT 8. Remote CART 9. Live CART	1a) Nationally Certified 1b) IIC 1c) National Certified and IIC 1d) Non-IIC 2a) Nationally Certified 2b) IIC 2c) National Certified and IIC 2d) Non-IIC 3a) Nationally Certified 3b) IIC 3c) National Certified and IIC

	10. 10) Other Communication Access Services (specify)	3d) Non-IIC 4a) Nationally Certified 4b) IIC 4c) National Certified and IIC 4d) Non-IIC 5a) Nationally Certified 5b) IIC 5c) National Certified and IIC 5d) Non-IIC 6a) Nationally Certified 6b) IIC 6c) National Certified and IIC 6d) Non-IIC 7a) Nationally Certified 7b) Non-Nationally Certified 8a) Nationally Certified 8b) Non-Nationally Certified 8c) CRSC 8d) NCRA or CCP 9a) Nationally Certified 9b) Non-Nationally Certified 9c) CRSC 9d) NCRA or CCP
<b>CRP Employment Services</b>	1. Discovery 2. Employment Services 3. Services Determining Eligibility 4. 4) Additional Services (see sub-type)	1a) Vocational Testing 1b) Situational Assessment 1c) Work Experience 1d) Job Shadows 1e) Other Discovery Activities (specify) 2a) Job Development/Placement/Retention 2b) Supported Employment 2c) On-the-Job Supports 2d) Job Readiness Training 3a) Trial Work Experience (TWE) 4a) Benefits Information Network (BIN) 4b) Ticket to Work (TTW) 4c) Other Additional Services (specify)
<b>Other VR Services</b>	1. TBI Resource Facilitation 2. Foreign Language Translation 3. Note taker Services 4. Tutoring Services 5. Tools and Equipment 6. Initial Stocks and Supplies 7. Occupational Licenses 8. 8) Other VR Services Not Listed (specify)	

## Appendix E

### E.1 Important Points

- All Indiana Vocational Rehabilitation Service Vendors must submit claims in the electronic Claim Payments System **within 90 days** of the claim end date.
- All **Not Approved claims** must be corrected and resubmitted in the electronic Claim Payment System within 30 days of denial.
- A receipt of goods is required when a product is **more than \$50**.
- Indiana Vocational Rehabilitation Service Vendors can call the Customer Service Call Center for assistance.
  - Customer Service Call Center Hours of Operation: Monday-Friday 8:30am-5:30pm EST
  - Customer Service Call Center Telephone #: 833-475-3061
  - The Family and Social Service Administration website is a resource for Vendors to receive updates, review FAQs, review recorded training and to sign up for the Vendor listserv.
  - [vrvendor@fssa.in.gov](mailto:vrvendor@fssa.in.gov)