Indiana Division of Disability and Rehabilitative Services

Vocational Rehabilitation Claim Payment System
Claiming User Guide

May 9, 2019

PCG | Human Services
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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.

Dashboards

The VR-CPS Dashboard is based on the User type. All State Users have the same dashboard where they can see authorizations. The Vendor Users' dashboard displays authorizations and claims broken down by the status.

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

Each section of the dashboard displays up to the latest 100 records within the last 90 days.

The dashboard also provides each User group to view the progress of the Vendor registration and claiming processes, including statuses and hyperlinks to other forms.

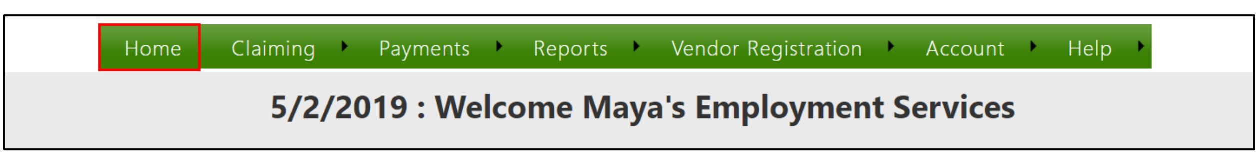
Vendor Dashboard

The Vendor Dashboard displays authorizations and claims broken down by the status.

Business Scenario

Step / Action

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



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

Authorizations

Authorization ID	Auth. Date	Part. First Name	Part. Last Name	Remaining Funds	Current Auth. Amt.	Last Update Date
10001	04/01/2019	Tonya	Jones	$6,700.00	$6,700.00	04/01/2019

The **Claims Not Approved** section shown below, the most recent 100 claims in a not approved status.

Claims Not Approved

Claim ID	Invoice ID	Authorization ID	Claim Date	Claim Amount	Days 'Not Approved'	Part. First Name	Part. Last Name	Counselor Name
10005-1	1234	10005	04/01/2019	$840.00	0.54	Aaron	Sours	Jennett, Shelby

The **Claims in Draft** section shown below displays claims being worked on 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
10005-2		10005	05/02/2019	$0.00	Aaron	Sours	Jennett, Shelby

The **Claims Approved** section shown below displays approved claims.

Claims Approved

Claim ID	Invoice ID	Authorization ID	Claim Date	Claim Amount	Part. First Name	Part. Last Name	Counselor Name
10003-1		10003	04/01/2019	$2,000.00	Wai	Saio	Dean, Charles

The **Claims Submitted** section shown below, claims submitted to the State for review and approval.

Claims Submitted

Claim ID	Invoice ID	Authorization ID	Claim Date	Claim Amount	Part. First Name	Part. Last Name	Counselor Name
10005-1	1234	10005	04/01/2019	$840.00	Aaron	Sours	Jennett, Shelby
10001-1	12345	10001	04/01/2019	$1,760.00	Tonya	Jones	Jennett, Shelby
10001-2		10001	04/01/2019	$540.00	Tonya	Jones	Jennett, Shelby
10004-3		10004	04/01/2019	$840.00	Sha	Cheng	Jennett, Shelby

The **Claims Paid** section displays the most recent 100 claims paid.

Claims Paid

Claim ID	Invoice ID	Authorization ID	Claim Date	Paid Amount	Paid Date	Part. First Name	Part. Last Name	Counselor Name
10003-1		10003	04/01/2019	$2,000.00	05/09/2019	Wai	Saio	Dean, Charles

State Dashboard

The State Dashboard offers a comprehensive view of pended and finalized claims through the Indiana Vocational Rehabilitation (VR) Claim Payment System (CPS) web portal. State Users can view Vendor Registration, Authorizations, and Claims in a pended or finalized status.

Business Scenario

Step / Action

1. To access the State Dashboard while logged in as a State User, Select/Click Home from any screen.

Home | Claiming | Payments | Reports | Vendor Registration | Account | Maintenance | Help

Vendor Registration

Business Name	DBA	Contact First Name	Contact Last Name	Contact Email	Contact Phone Number	Date Submitted	Status
Vendor123		tt	test	tt@test.com	(518) 5551111	1/1/0001	NotApproved
XYZ Sole Proprietor				salexander@pcgus.com	(461) 5551234	1/1/0001	NotApproved
Abad, Madeline D					0	1/1/0001	PendingReview
Abayev, Yelena					0	1/1/0001	PendingReview
Test7	Test	test	test	test	0	2/14/2018	NotApproved
Test11					0	2/14/2018	NotApproved
Mo Home Modifications	Mo Home Modifications	mo	MONEY	rkovaleski@pcgus.com	0	2/16/2018	NotApproved
Test9	Tet	test	test	test	0	2/17/2018	NotApproved

The **Vendor Registration** section shown below displays vendor registration requests that are not approved or are pending.

Vendor Registration

Business Name	DBA	Contact First Name	Contact Last Name	Contact Email	Contact Phone Number	Date Submitted	Status
Vendor123		tt	test	tt@test.com	(518) 5551111	1/1/0001	NotApproved
XYZ Sole Proprietor				salexander@pcgus.com	(461) 5551234	1/1/0001	NotApproved
Abad, Madeline D					0	1/1/0001	PendingReview
Abayev, Yelena					0	1/1/0001	PendingReview
Test7	Test	test	test	test	0	2/14/2018	NotApproved
Test11					0	2/14/2018	NotApproved
Mo Home Modifications	Mo Home Modifications	mo	MONEY	rkovaleski@pcgus.com	0	2/16/2018	NotApproved
Test9	Tet	test	test	test	0	2/17/2018	NotApproved

The **Authorizations** section shown below displays the most recent 100 authorizations.

Authorizations

Authorization ID	Auth. Date	Client Id	Part. First Name	Part. Last Name	Vendor First Name	Vendor Last Name	Counselor Name	Last Updated Date
20001	04/10/2019	169	Ryan	Abell	test	test	Jennett, Shelby	04/10/2019
20002	04/10/2019	169	Ryan	Abell	test	test	Jennett, Shelby	04/10/2019
10001	04/01/2019	1001	Tonya	Jones	MAYA	Cox	Jennett, Shelby	04/01/2019

The **Claims** section shown below displays the most recent 100 claims submitted, not approved, approved, or paid status.

Claims

Claim ID	Authorization ID	Claim Date	Claim Status	Remaining Funds on Auth.	Addit. Inv.	Days 'Not Approved'	Client ID	Part. First Name	Part. Last Name	Vendor First Name	Vendor Last Name	Counselor Name
10003-2	10003	04/01/2019	NotApproved	$3,190.00		1	1002	Wai	Saio	MAYA	Cox	Dean, Charles
10003-1	10003	04/01/2019	Approved	$3,190.00		0	1002	Wai	Saio	MAYA	Cox	Dean, Charles
10005-1	10005	04/01/2019	NotApproved	$5,920.00		1	1004	Aaron	Sours	MAYA	Cox	Jennett, Shelby
185229414-16	185229414	08/04/2017	Submitted	($915.39)		97	TEST12345	Tyler	Dupree	Vanessa	Charles	
170072-5	170072	03/10/2019	Submitted	$714.00		0	169	Ryan	Abell	Vanessa	Charles	Jennett, Shelby

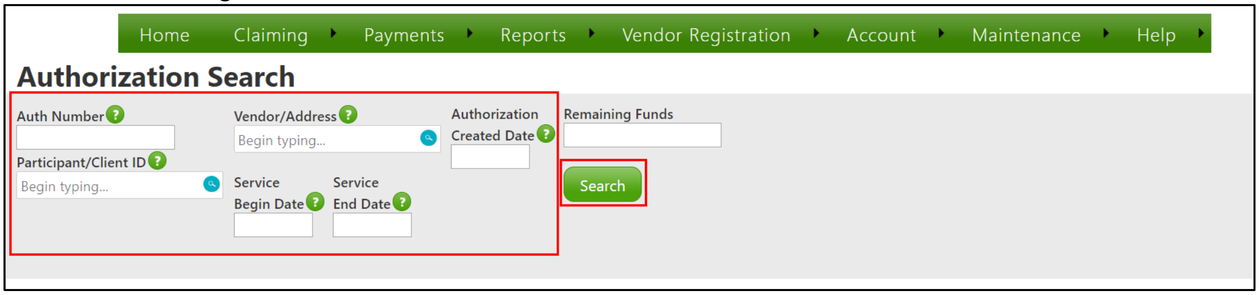
How to View an Authorization

Step / Action

1. Select/Click **Claiming.**

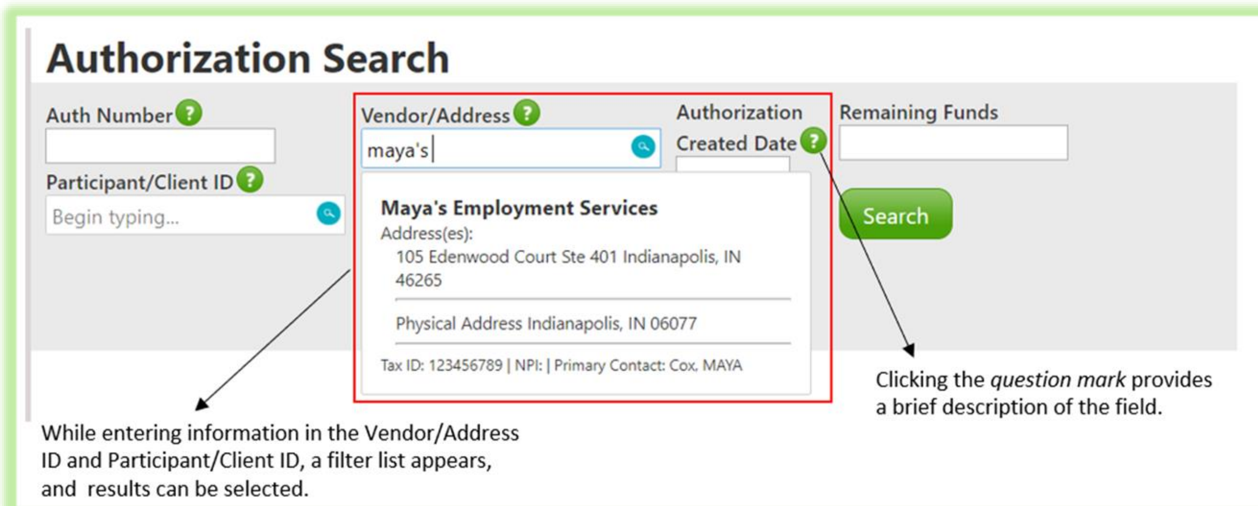
2. Select/Click on **Authorization Search**.

3. Users can enter information in the **Auth Number**, **Vendor**/Address ID, Authorization **Created Date**, Participant/Client ID, Service **Begin Date**, Service **End Date**, **Service Type**, and **Remaining Funds** fields.



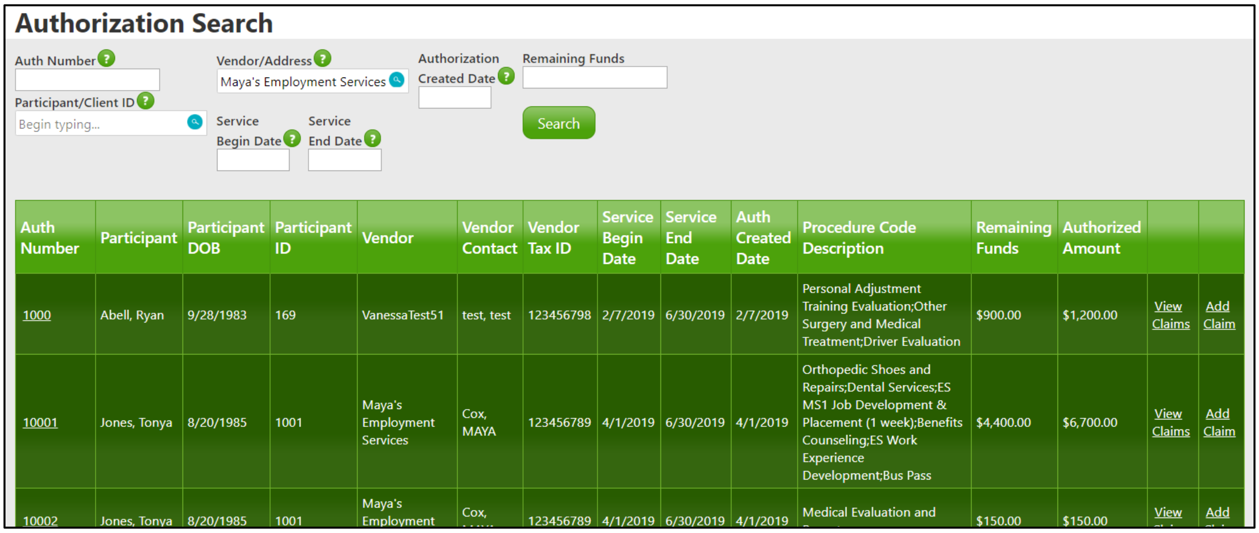
4. Next, click **Search**.

Service "Begin Date" and "End Date" must be within the authorization start and end date range.

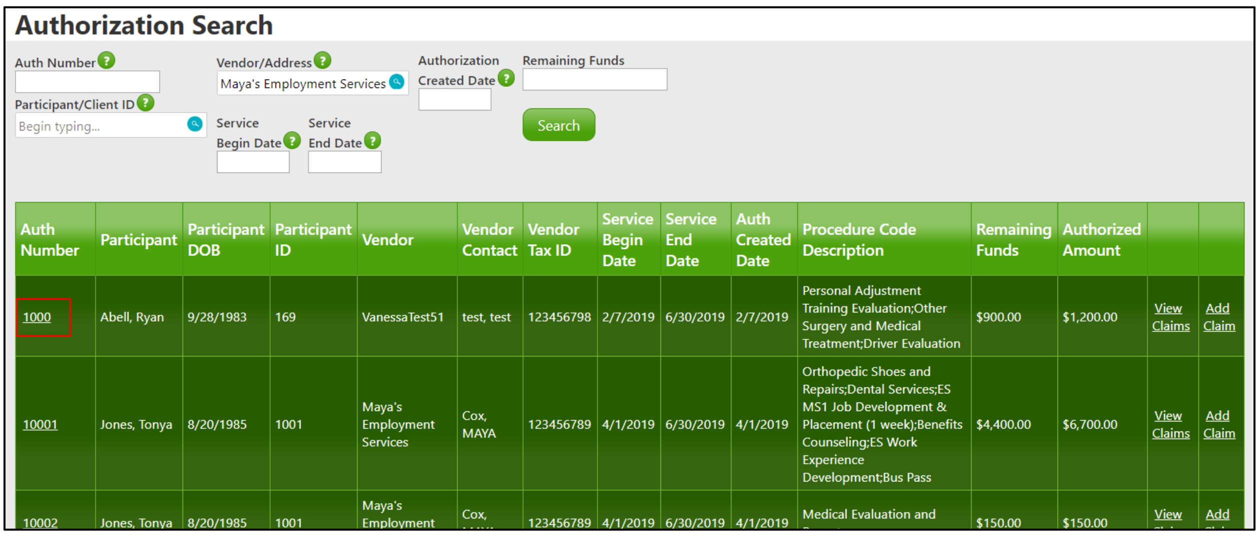


Authorization Search: The Vendor name always take precedence when selecting Vendor/Address Field. The address will populate when the User has a minimum of two words.

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



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



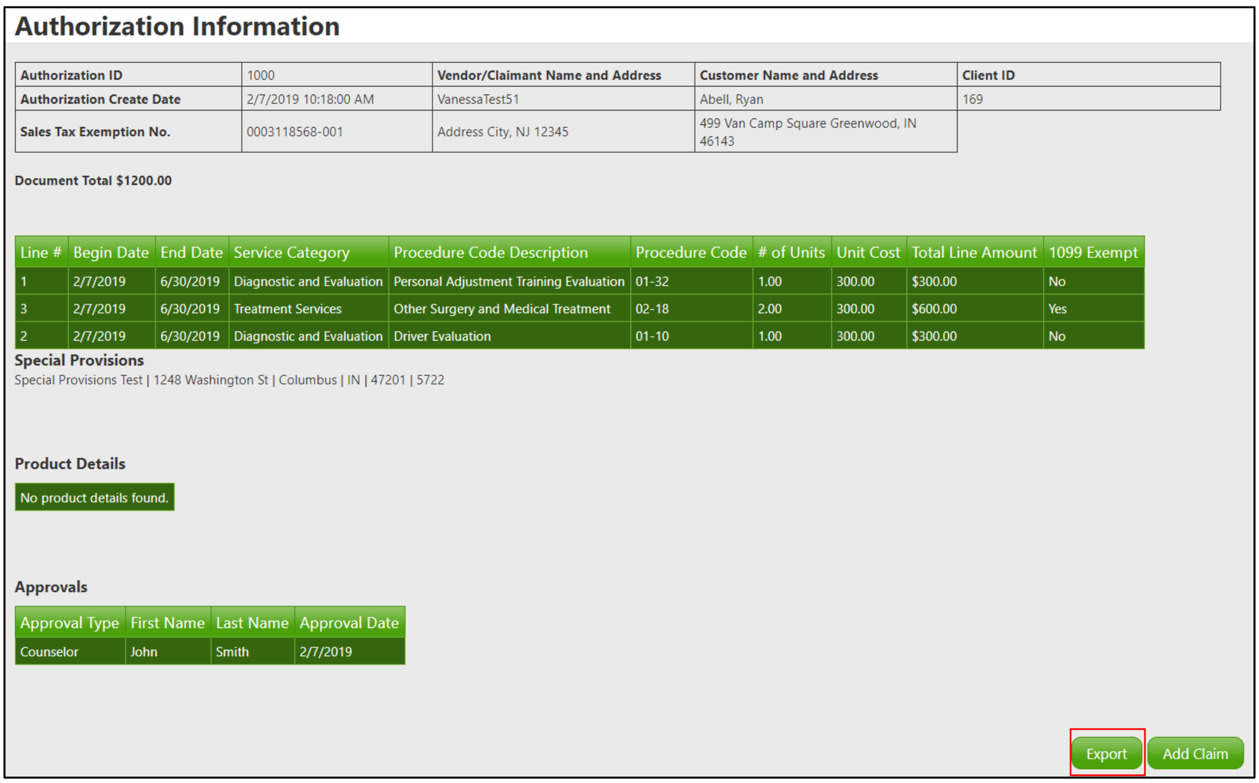
The **Authorization Information** form (screen) appears displaying detail information on the authorization claim (shown in the next section).

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

Authorization ID	1000	**Vendor/Claimant Name and Address**	**Customer Name and Address**	**Client ID**
Authorization Create Date	2/7/2019 10:18:00 AM	VanessaTest51	Abell, Ryan	169
Sales Tax Exemption No.	0003118568-001	Address City, NJ 12345	499 Van Camp Square Greenwood, IN 46143	

Document Total $1200.00

Line #	Begin Date	End Date	Service Category	Procedure Code Description	Procedure Code	# of Units	Unit Cost	Total Line Amount	1099 Exempt
1	2/7/2019	6/30/2019	Diagnostic and Evaluation	Personal Adjustment Training Evaluation	01-32	1.00	300.00	$300.00	No
3	2/7/2019	6/30/2019	Treatment Services	Other Surgery and Medical Treatment	02-18	2.00	300.00	$600.00	Yes
2	2/7/2019	6/30/2019	Diagnostic and Evaluation	Driver Evaluation	01-10	1.00	300.00	$300.00	No

Special Provisions
Special Provisions Test | 1248 Washington St | Columbus | IN | 47201 | 5722

Product Details

No product details found.

Approvals

Approval Type	First Name	Last Name	Approval Date
Counselor	John	Smith	2/7/2019

Export | Add Claim

Export Functionality

The VR-CPS has a feature that "exports" data shown in the spreadsheet/grid section (if applicable).

Step / Action

1. To create a copy of the authorization in PDF format (shown above), click the **Export** button.

How to Enter a Claim

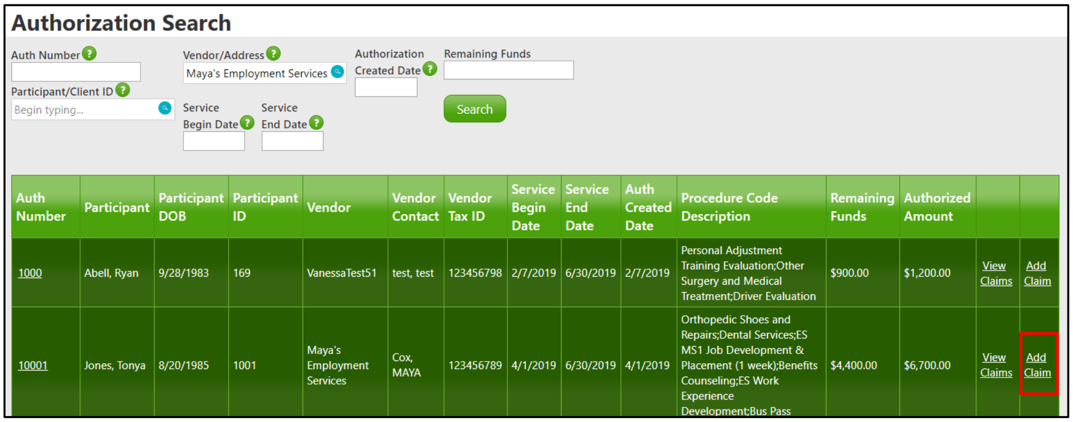
Users can add a claim to an authorization using one of two methods, described below.

- Users can add multiple claims for authorization, but a claim can on*ly 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

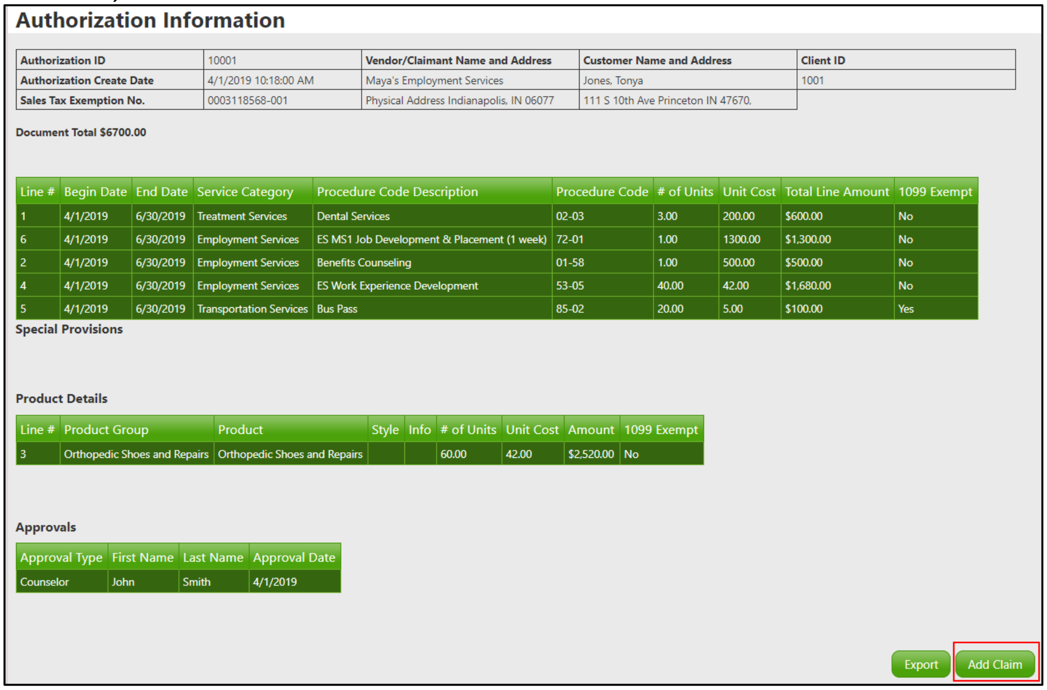
Auth Number | Vendor/Address: Maya's Employment Services | Authorization Created Date | Remaining Funds
Participant/Client ID: Begin typing... | Service Begin Date | Service End Date | Search

Auth Number	Participant	Participant DOB	Participant ID	Vendor	Vendor Contact	Vendor Tax ID	Service Begin Date	Service End Date	Auth Created Date	Procedure Code Description	Remaining Funds	Authorized Amount		
1000	Abell, Ryan	9/28/1983	169	VanessaTest51	test, test	123456798	2/7/2019	6/30/2019	2/7/2019	Personal Adjustment Training Evaluation;Other Surgery and Medical Treatment;Driver Evaluation	$900.00	$1,200.00	View Claims	Add Claim
10001	Jones, Tonya	8/20/1985	1001	Maya's Employment Services	Cox, MAYA	123456789	4/1/2019	6/30/2019	4/1/2019	Orthopedic Shoes and Repairs;Dental Services;ES MS1 Job Development & Placement (1 week);Benefits Counseling;ES Work Experience Development;Bus Pass	$4,400.00	$6,700.00	View Claims	Add Claim

Method 2

Step / Action

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



Authorization Information

Authorization ID	10001	Vendor/Claimant Name and Address	Customer Name and Address	Client ID
Authorization Create Date	4/1/2019 10:18:00 AM	Maya's Employment Services	Jones, Tonya	1001
Sales Tax Exemption No.	0003118568-001	Physical Address Indianapolis, IN 06077	111 S 10th Ave Princeton IN 47670,	

Document Total $6700.00

Line #	Begin Date	End Date	Service Category	Procedure Code Description	Procedure Code	# of Units	Unit Cost	Total Line Amount	1099 Exempt
1	4/1/2019	6/30/2019	Treatment Services	Dental Services	02-03	3.00	200.00	$600.00	No
6	4/1/2019	6/30/2019	Employment Services	ES MS1 Job Development & Placement (1 week)	72-01	1.00	1300.00	$1,300.00	No
2	4/1/2019	6/30/2019	Employment Services	Benefits Counseling	01-58	1.00	500.00	$500.00	No
4	4/1/2019	6/30/2019	Employment Services	ES Work Experience Development	53-05	40.00	42.00	$1,680.00	No
5	4/1/2019	6/30/2019	Transportation Services	Bus Pass	85-02	20.00	5.00	$100.00	Yes

Special Provisions

Product Details

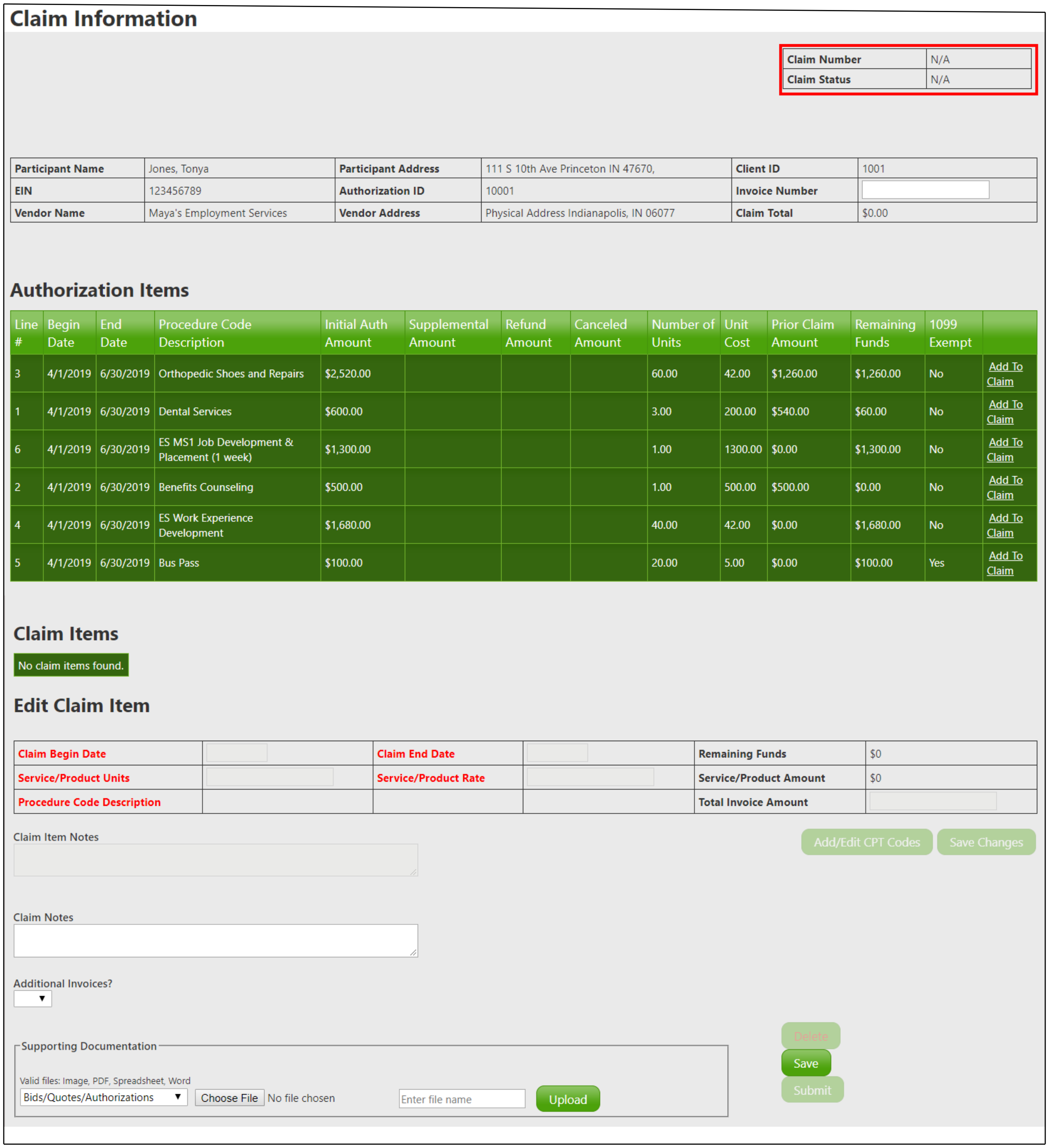
Line #	Product Group	Product	Style	Info	# of Units	Unit Cost	Amount	1099 Exempt
3	Orthopedic Shoes and Repairs	Orthopedic Shoes and Repairs			60.00	42.00	$2,520.00	No

Approvals

Approval Type	First Name	Last Name	Approval Date
Counselor	John	Smith	4/1/2019

Export | Add Claim

Using either method (mentioned above) shows the Claim Information form (screen). Shown below (unsaved claim), the claim is **not** saved. The claim is saved once a **Claim Number** is populated and the Claim Status is set to "**Draft**."



Claim Information

Claim Number	N/A
Claim Status	N/A

Participant Name	Jones, Tonya	Participant Address	111 S 10th Ave Princeton IN 47670,	Client ID	1001
EIN	123456789	Authorization ID	10001	Invoice Number	
Vendor Name	Maya's Employment Services	Vendor Address	Physical Address Indianapolis, IN 06077	Claim Total	$0.00

Authorization Items

Line #	Begin Date	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	
3	4/1/2019	6/30/2019	Orthopedic Shoes and Repairs	$2,520.00				60.00	42.00	$1,260.00	$1,260.00	No	Add To Claim
1	4/1/2019	6/30/2019	Dental Services	$600.00				3.00	200.00	$540.00	$60.00	No	Add To Claim
6	4/1/2019	6/30/2019	ES MS1 Job Development & Placement (1 week)	$1,300.00				1.00	1300.00	$0.00	$1,300.00	No	Add To Claim
2	4/1/2019	6/30/2019	Benefits Counseling	$500.00				1.00	500.00	$500.00	$0.00	No	Add To Claim
4	4/1/2019	6/30/2019	ES Work Experience Development	$1,680.00				40.00	42.00	$0.00	$1,680.00	No	Add To Claim
5	4/1/2019	6/30/2019	Bus Pass	$100.00				20.00	5.00	$0.00	$100.00	Yes	Add To Claim

Claim Items

No claim items found.

Edit Claim Item

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

Claim Item Notes

Add/Edit CPT Codes   Save Changes

Claim Notes

Additional Invoices?

Supporting Documentation

Valid files: Image, PDF, Spreadsheet, Word

Bids/Quotes/Authorizations   Choose File   No file chosen   Enter file name   Upload

Delete

Save

Submit

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	N/A
Claim Status	N/A

Participant Name	Jones, Tonya	Participant Address	111 S 10th Ave Princeton IN 47670,	Client ID	1001
EIN	123456789	Authorization ID	10001	Invoice Number	
Vendor Name	Maya's Employment Services	Vendor Address	Physical Address Indianapolis, IN 06077	Claim Total	$0.00

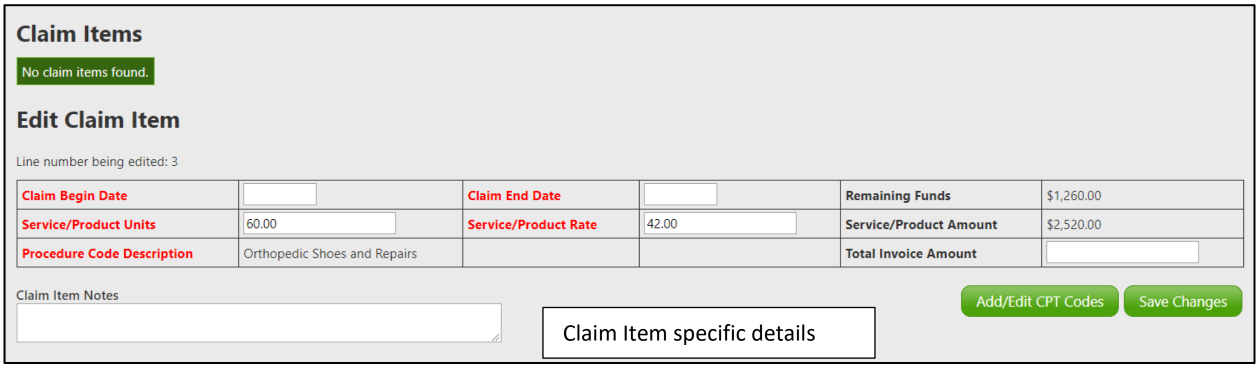
Authorization Items

Line #	Begin Date	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	
3	4/1/2019	6/30/2019	Orthopedic Shoes and Repairs	$2,520.00				60.00	42.00	$1,260.00	$1,260.00	No	Add To Claim
1	4/1/2019	6/30/2019	Dental Services	$600.00				3.00	200.00	$540.00	$60.00	No	Add To Claim
6	4/1/2019	6/30/2019	ES MS1 Job Development & Placement (1 week)	$1,300.00				1.00	1300.00	$0.00	$1,300.00	No	Add To Claim
2	4/1/2019	6/30/2019	Benefits Counseling	$500.00				1.00	500.00	$500.00	$0.00	No	Add To Claim
4	4/1/2019	6/30/2019	ES Work Experience Development	$1,680.00				40.00	42.00	$0.00	$1,680.00	No	Add To Claim
5	4/1/2019	6/30/2019	Bus Pass	$100.00				20.00	5.00	$0.00	$100.00	Yes	Add To Claim

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

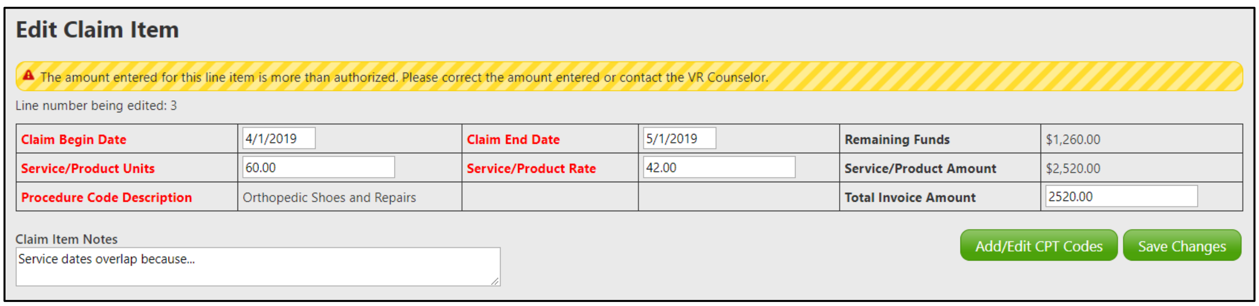
3. Users can also enter the Total Invoice Amount for vendor-specific data. This amount will not be calculated to the Service/Product Amount on the claim unless exceptions apply with CPT Codes (explained in later sections of this document).
   - *Note, use the Total Invoice Amount field if Vendors would like to track their bill rates for the particular service/product provided.*

4. Users can also add **Claim Item Notes** (shown below).
    - *Note, if a User enters multiple claims that overlap in service dates (claim begin and end date), an explanation is required in this field.*



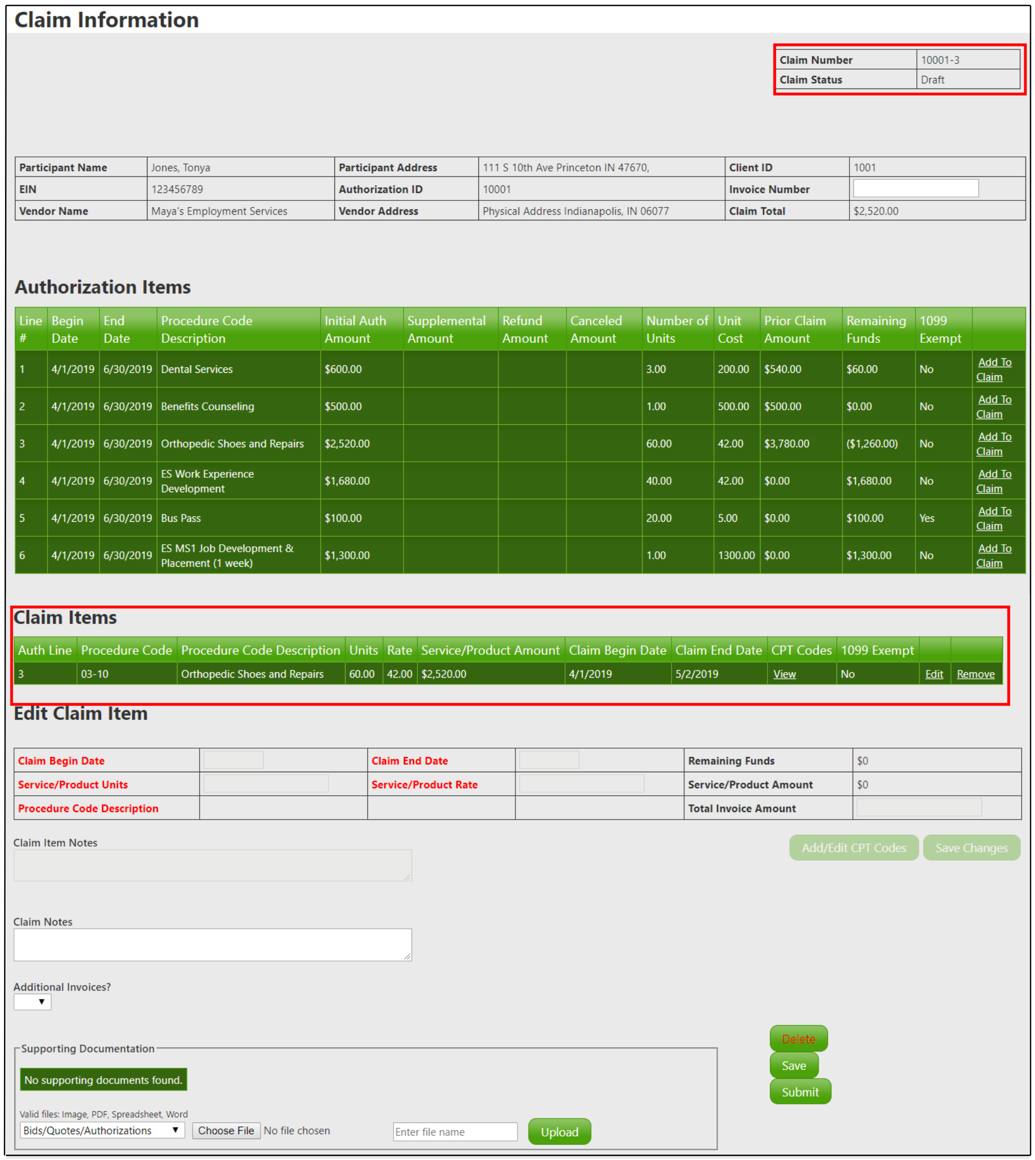
Once a User clicks the **Save Changes** button, the Claim Item section populates.

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



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 below).

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



Claim Information

Claim Number	10001-3
Claim Status	Draft

Participant Name	Jones, Tonya	Participant Address	111 S 10th Ave Princeton IN 47670,	Client ID	1001
EIN	123456789	Authorization ID	10001	Invoice Number	
Vendor Name	Maya's Employment Services	Vendor Address	Physical Address Indianapolis, IN 06077	Claim Total	$2,520.00

Authorization Items

Line #	Begin Date	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	
1	4/1/2019	6/30/2019	Dental Services	$600.00				3.00	200.00	$540.00	$60.00	No	Add To Claim
2	4/1/2019	6/30/2019	Benefits Counseling	$500.00				1.00	500.00	$500.00	$0.00	No	Add To Claim
3	4/1/2019	6/30/2019	Orthopedic Shoes and Repairs	$2,520.00				60.00	42.00	$3,780.00	($1,260.00)	No	Add To Claim
4	4/1/2019	6/30/2019	ES Work Experience Development	$1,680.00				40.00	42.00	$0.00	$1,680.00	No	Add To Claim
5	4/1/2019	6/30/2019	Bus Pass	$100.00				20.00	5.00	$0.00	$100.00	Yes	Add To Claim
6	4/1/2019	6/30/2019	ES MS1 Job Development & Placement (1 week)	$1,300.00				1.00	1300.00	$0.00	$1,300.00	No	Add To Claim

Claim Items

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Service/Product Amount	Claim Begin Date	Claim End Date	CPT Codes	1099 Exempt		
3	03-10	Orthopedic Shoes and Repairs	60.00	42.00	$2,520.00	4/1/2019	5/2/2019	View	No	Edit	Remove

Edit Claim Item

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

Claim Item Notes

Add/Edit CPT Codes Save Changes

Claim Notes

Additional Invoices?

Supporting Documentation

No supporting documents found.

Valid files: Image, PDF, Spreadsheet, Word

Bids/Quotes/Authorizations Choose File No file chosen Enter file name Upload

Delete

Save

Submit

Adding Multiple Claim Items to the Same Claim

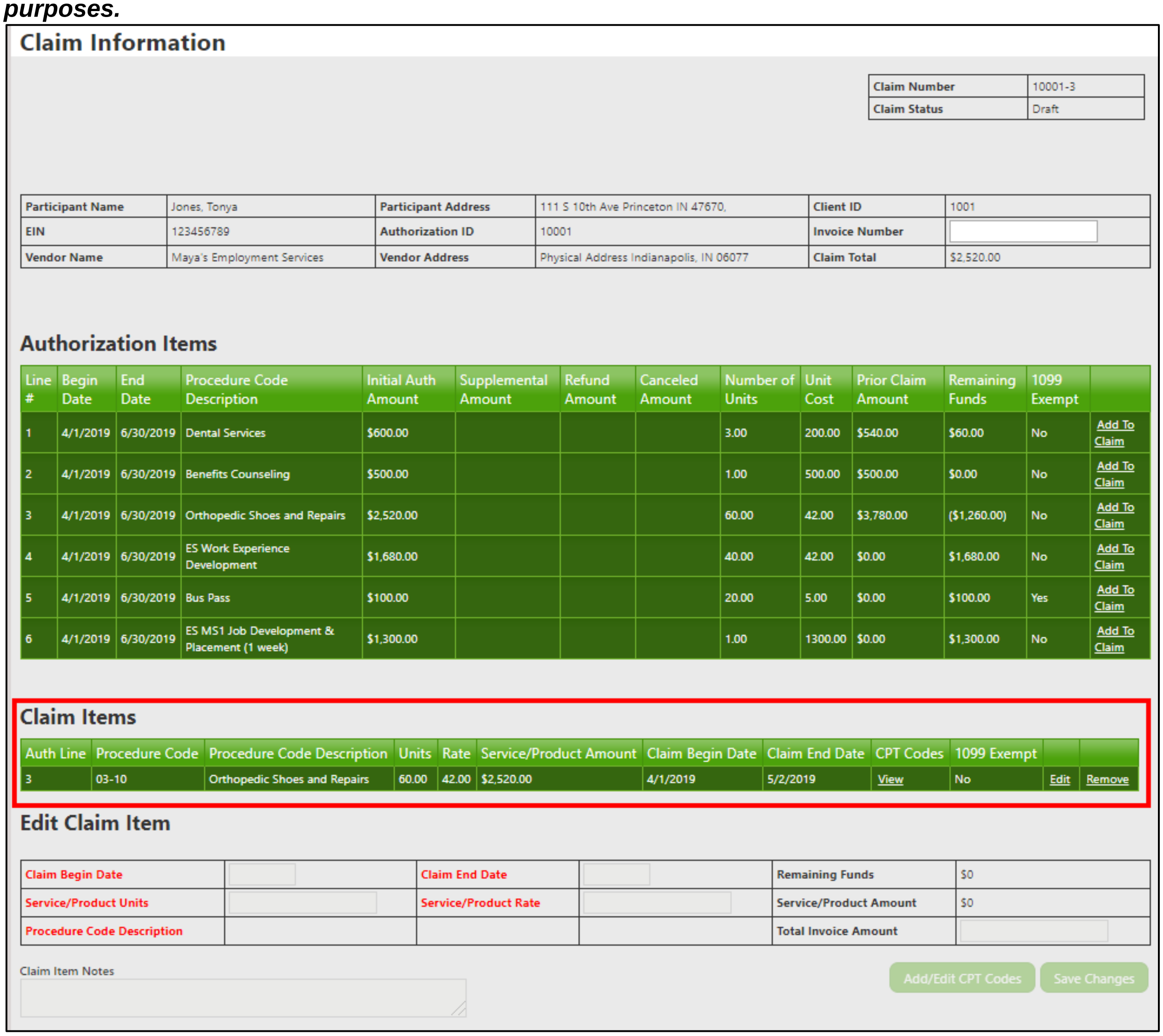
Business Scenario

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 Changes** button beneath the Edit Claim item grid.

The "Invoice Number" field is Vendor specific data that the User can enter for identifying purposes.



Claim Information

Claim Number	10001-3
Claim Status	Draft

Participant Name	Jones, Tonya	Participant Address	111 S 10th Ave Princeton IN 47670,	Client ID	1001
EIN	123456789	Authorization ID	10001	Invoice Number	
Vendor Name	Maya's Employment Services	Vendor Address	Physical Address Indianapolis, IN 06077	Claim Total	$2,520.00

Authorization Items

Line #	Begin Date	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	
1	4/1/2019	6/30/2019	Dental Services	$600.00				3.00	200.00	$540.00	$60.00	No	Add To Claim
2	4/1/2019	6/30/2019	Benefits Counseling	$500.00				1.00	500.00	$500.00	$0.00	No	Add To Claim
3	4/1/2019	6/30/2019	Orthopedic Shoes and Repairs	$2,520.00				60.00	42.00	$3,780.00	($1,260.00)	No	Add To Claim
4	4/1/2019	6/30/2019	ES Work Experience Development	$1,680.00				40.00	42.00	$0.00	$1,680.00	No	Add To Claim
5	4/1/2019	6/30/2019	Bus Pass	$100.00				20.00	5.00	$0.00	$100.00	Yes	Add To Claim
6	4/1/2019	6/30/2019	ES MS1 Job Development & Placement (1 week)	$1,300.00				1.00	1300.00	$0.00	$1,300.00	No	Add To Claim

Claim Items

Auth Line	Procedure Code	Procedure Code Description	Units	Rate	Service/Product Amount	Claim Begin Date	Claim End Date	CPT Codes	1099 Exempt		
3	03-10	Orthopedic Shoes and Repairs	60.00	42.00	$2,520.00	4/1/2019	5/2/2019	View	No	Edit	Remove

Edit Claim Item

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

Claim Item Notes

Add/Edit CPT Codes | Save Changes

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

Adding claim items and clicking "Save Changes" does not submit a claim for state review.

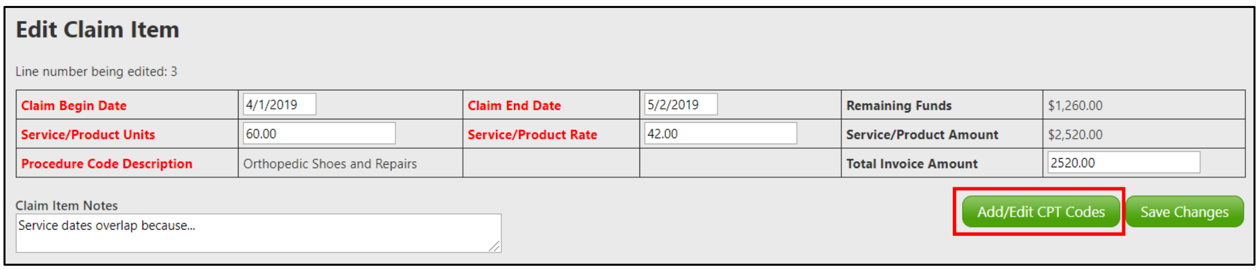
Adding CPT Codes to a Claim Item

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

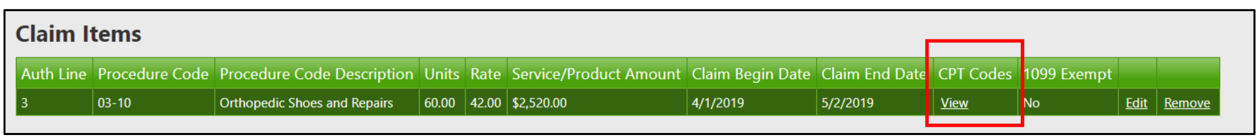
Business Scenario

Step / Action

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

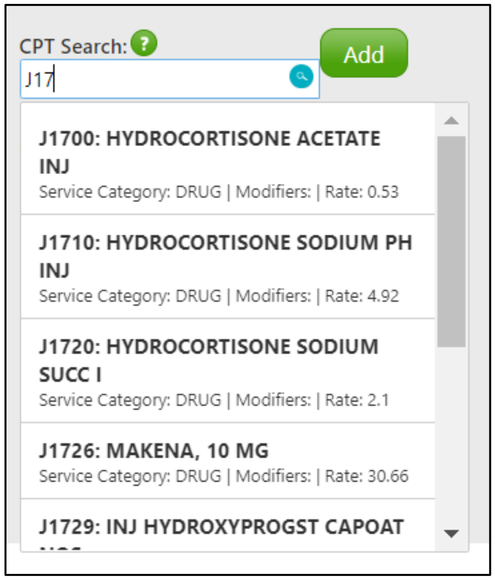


2. If the claim item is already saved, click the **View** hyperlink under CPT Codes in the **Claim Items** spreadsheet/grid (shown below).



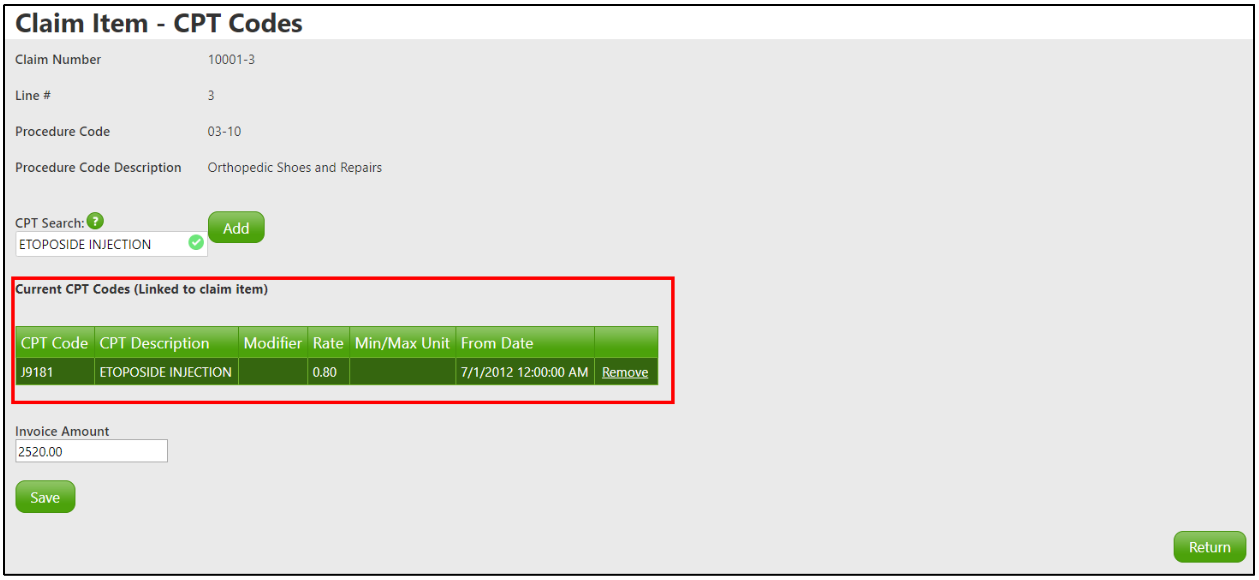
In both methods (mentioned above), the **Claim Items – CPT Codes** form (screen) displays (shown below).

Typing the CPT code in the "CPT Search" field, a list of the most current CPT codes and rates appear (shown below).



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

At this point, the CPT code is not added to the Claim Item. Users <u>must</u> click the "Add" button (shown below). Once added, the CPT code information displays under Current CPT Codes (Linked to claim items).



Removing a CPT code

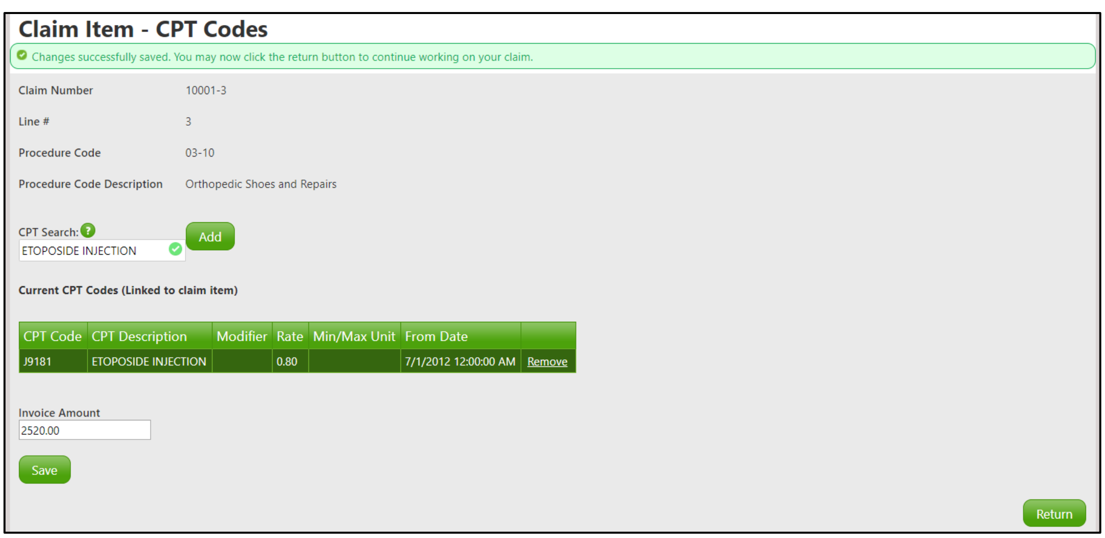
Business Scenario

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

Saving a CPT code

Step / Action

1. To save the CPT code to the Claim Item, click the **Save** button. The following message displays (shown below).

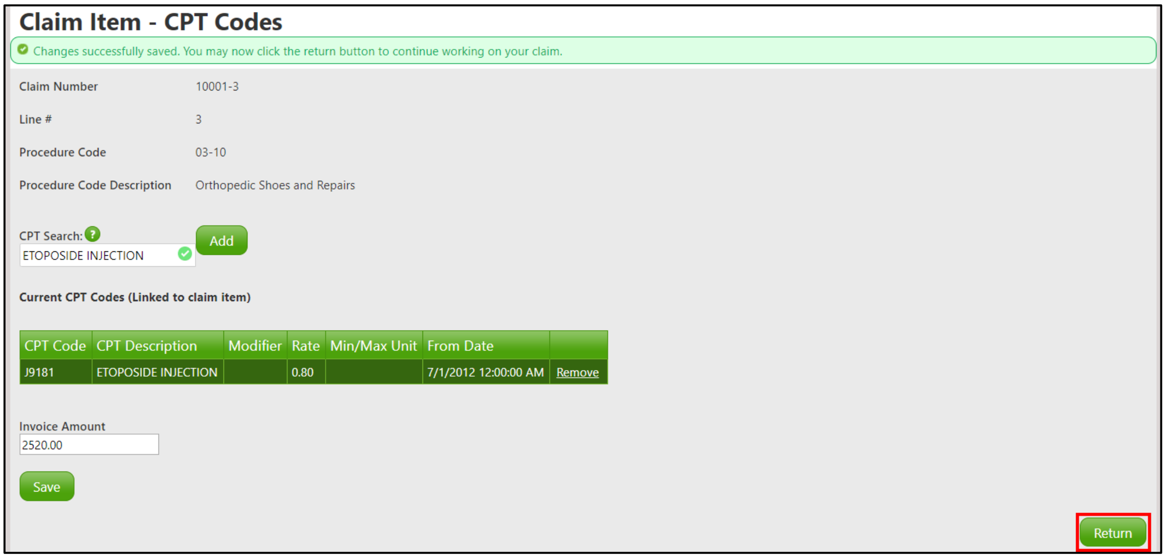


If a User adds a CPT code that has a rate of zero (0), the "Invoice Amount" field is <u>mandatory</u>.

Returning to Claim Information

Step / Action

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

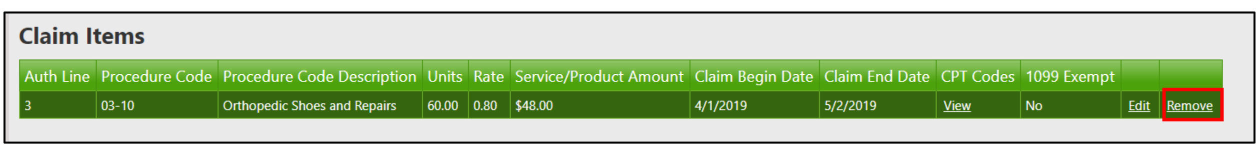


Removing a Claim Item

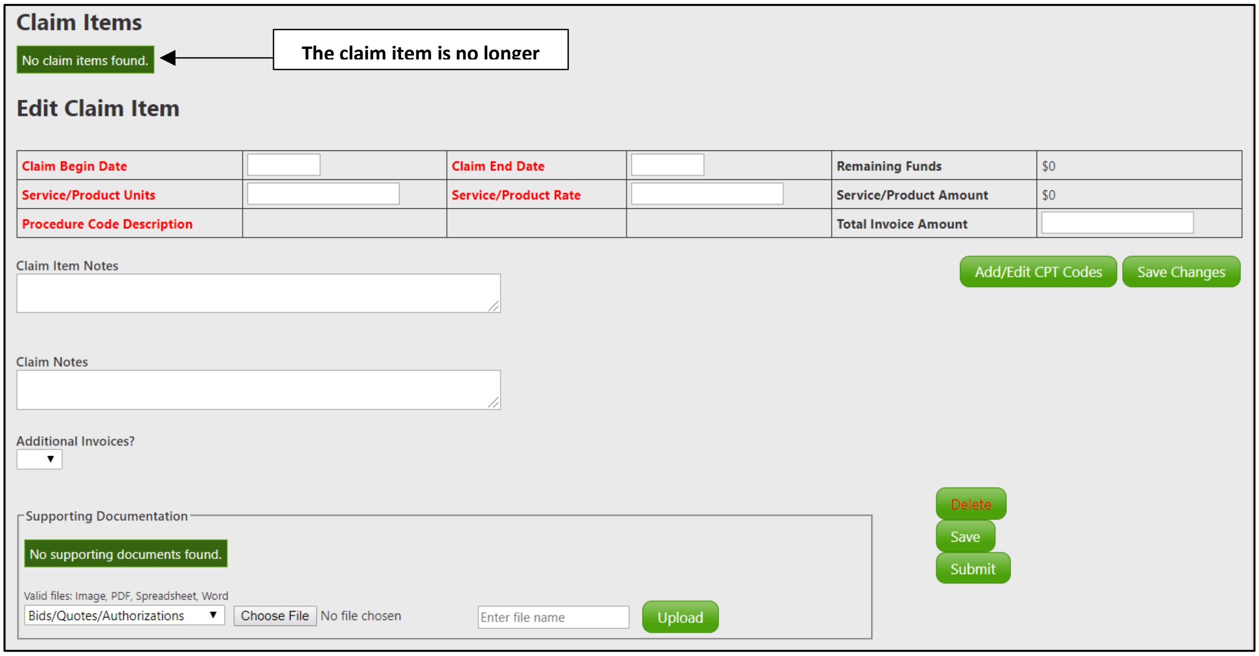
Business Scenario

Step / Action

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



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


Claim Items
No claim items found.
The claim item is no longer
Edit Claim Item
Claim Begin Date
Claim End Date
Remaining Funds
$0
Service/Product Units
Service/Product Rate
Service/Product Amount
$0
Procedure Code Description
Total Invoice Amount
Claim Item Notes
Add/Edit CPT Codes
Save Changes
Claim Notes
Additional Invoices?
Delete
Save
Submit
Supporting Documentation
No supporting documents found.
Valid files: Image, PDF, Spreadsheet, Word
Bids/Quotes/Authorizations
Choose File
No file chosen
Enter file name
Upload

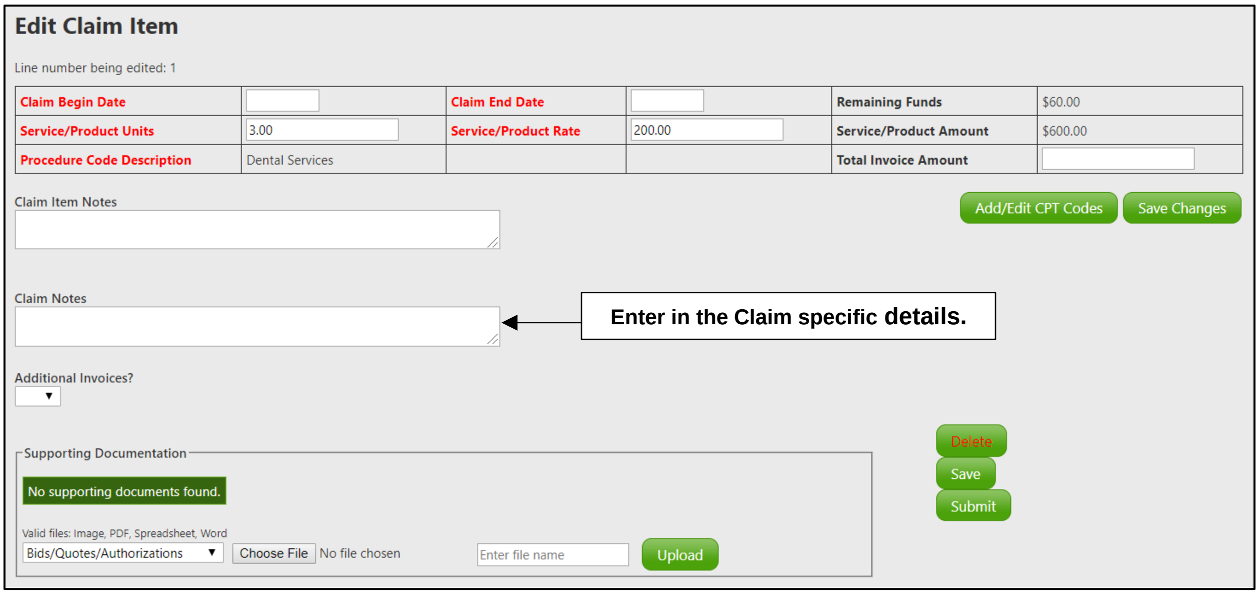
Adding Additional Information to a Claim

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

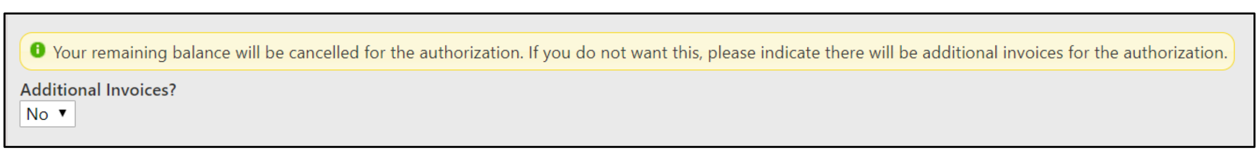
Step / Action

1. Users can add **Claim Notes** for the entire claim.



2. Users can indicate if there are additional invoices for the authorization. An additional Invoice is optional. Selecting from the drop-down list are as follows:
   - **No**: Remaining funds of the authorization selected are canceled.
   - **Yes**: Remaining funds are NOT canceled.

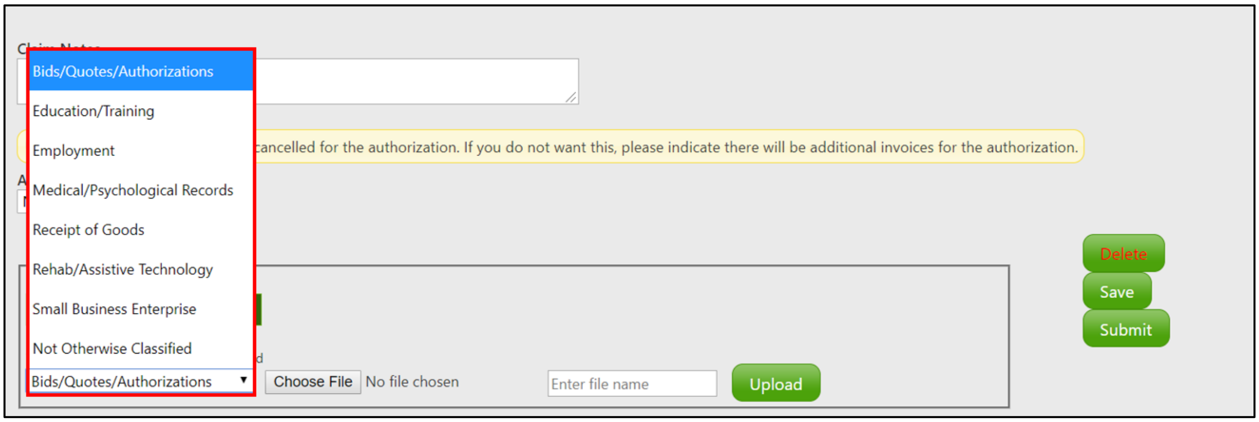
If a User indicates "No" for the "Additional invoices" selection, the following message then displays (shown below).



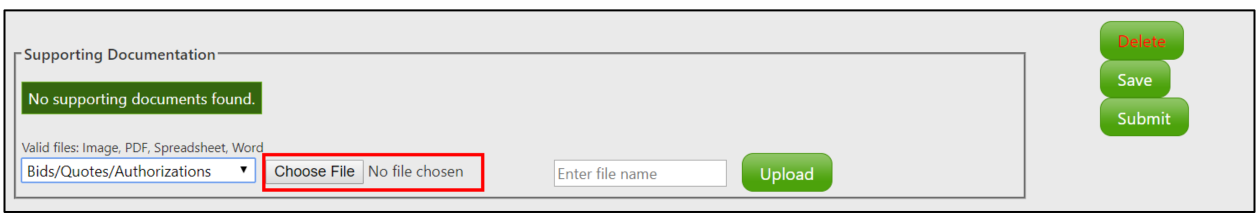
How to Attach a Supporting Document

Step / Action

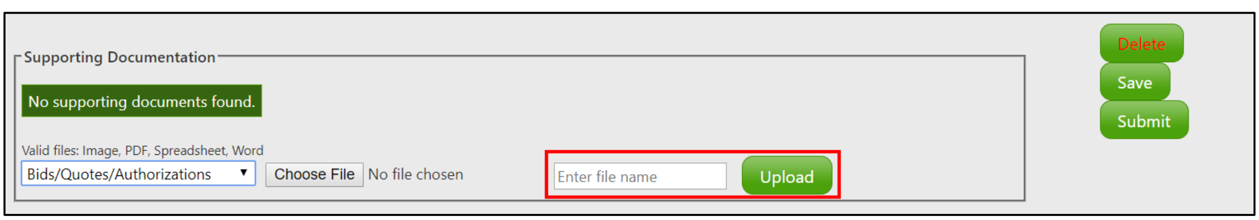
1. Click the drop-down (valid files: image, PDF, Spreadsheet, Word) and select the appropriate document type from the list.



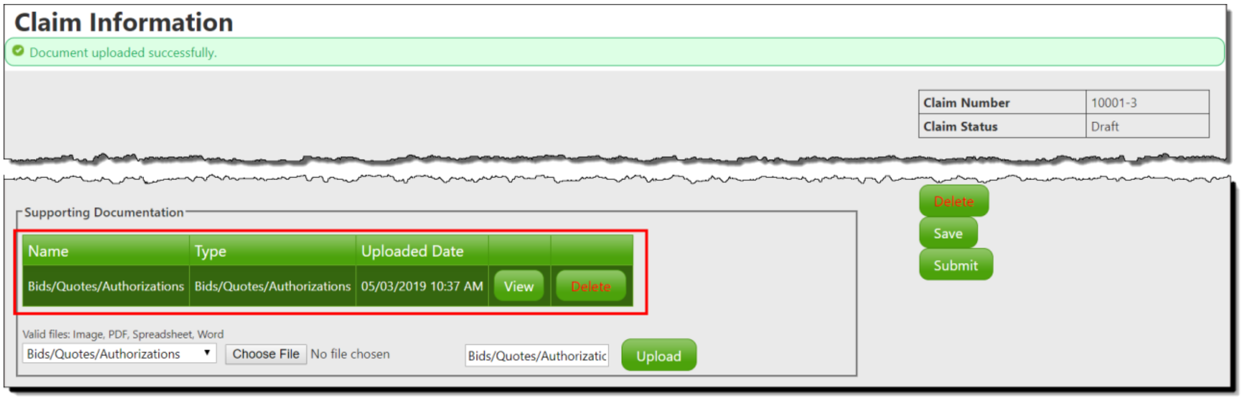
2. Next, click the **Choose File** button (shown below) and using the popup dialog ("Choose file to upload"), select the appropriate document. To confirm file selection, click the **Open** button on the dialog.



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

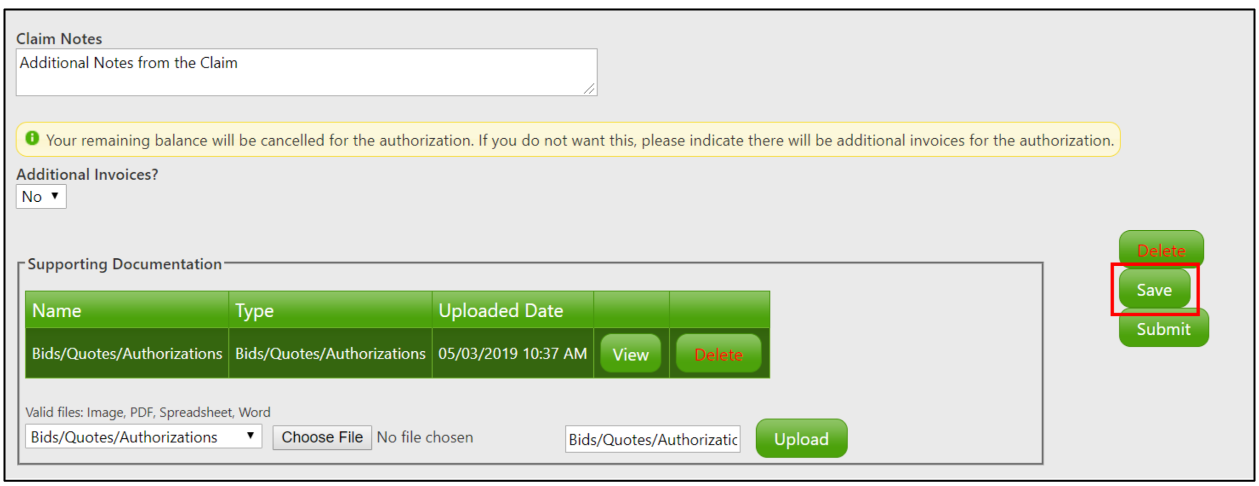


Listed is the Supporting Documentation group, the document is uploaded successfully (shown below).



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

This information will not automatically save when saving a claim item.

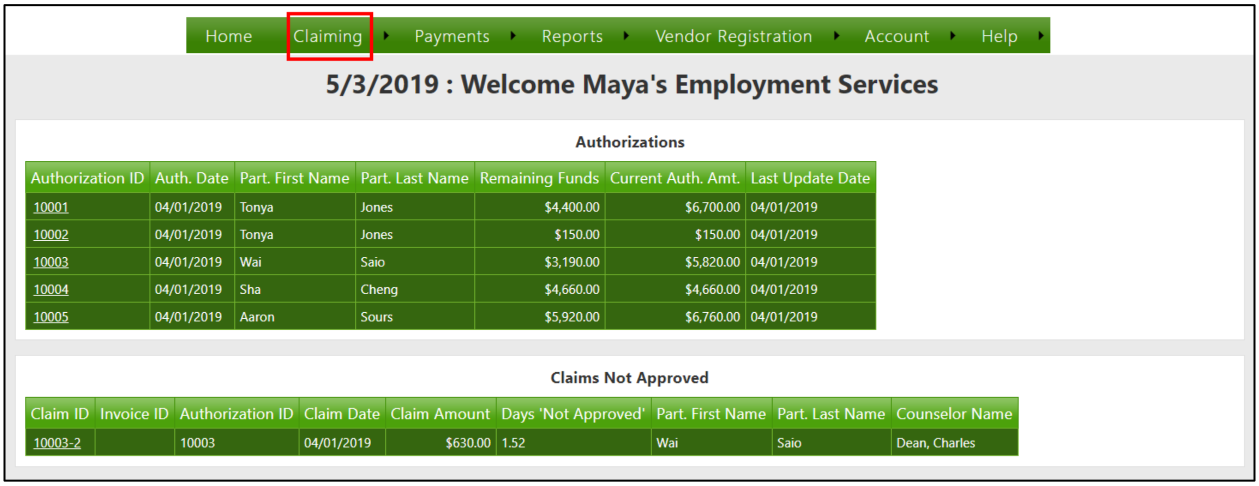


How to Search for a Claim

Business Scenario

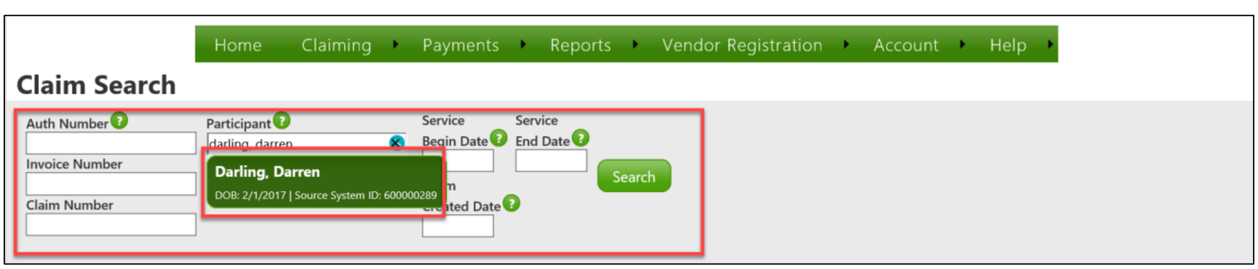
Step / Action

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



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

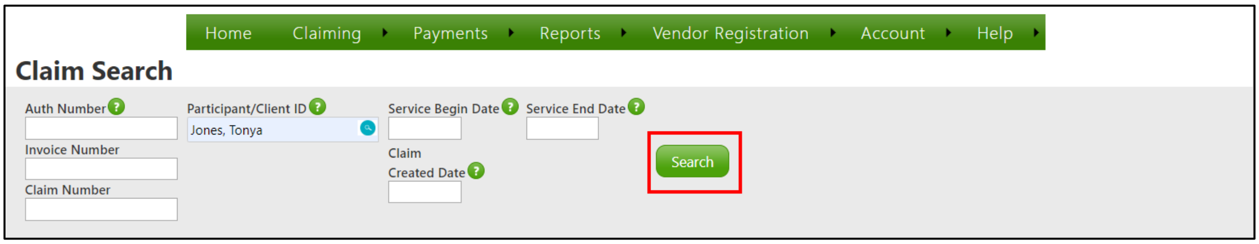
3. Select a Participant from the results menu as you type, or, enter multiple search criteria in the text fields.



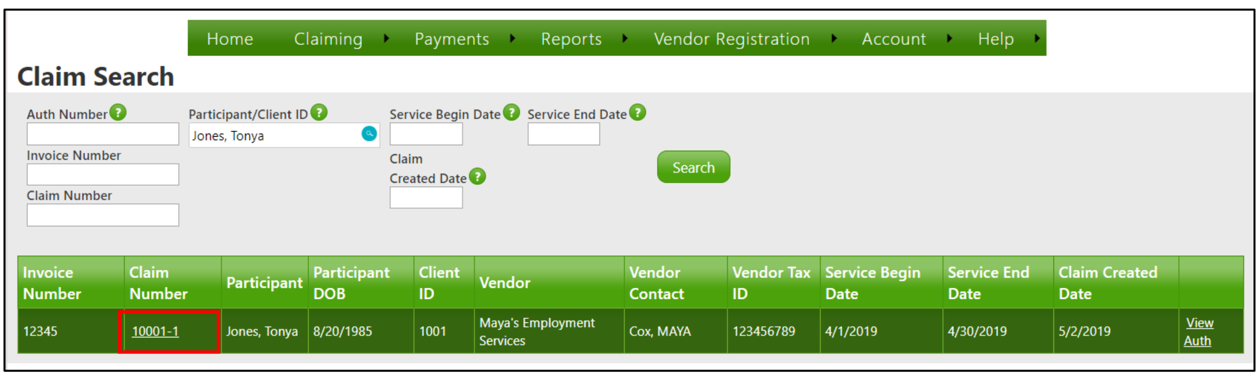
4. Enter information in the following fields:

- Auth Number
- Participant/Client ID
- Service Begin Date
- Service End Date
- Invoice Number
- Claim Number
- Claim Created Date

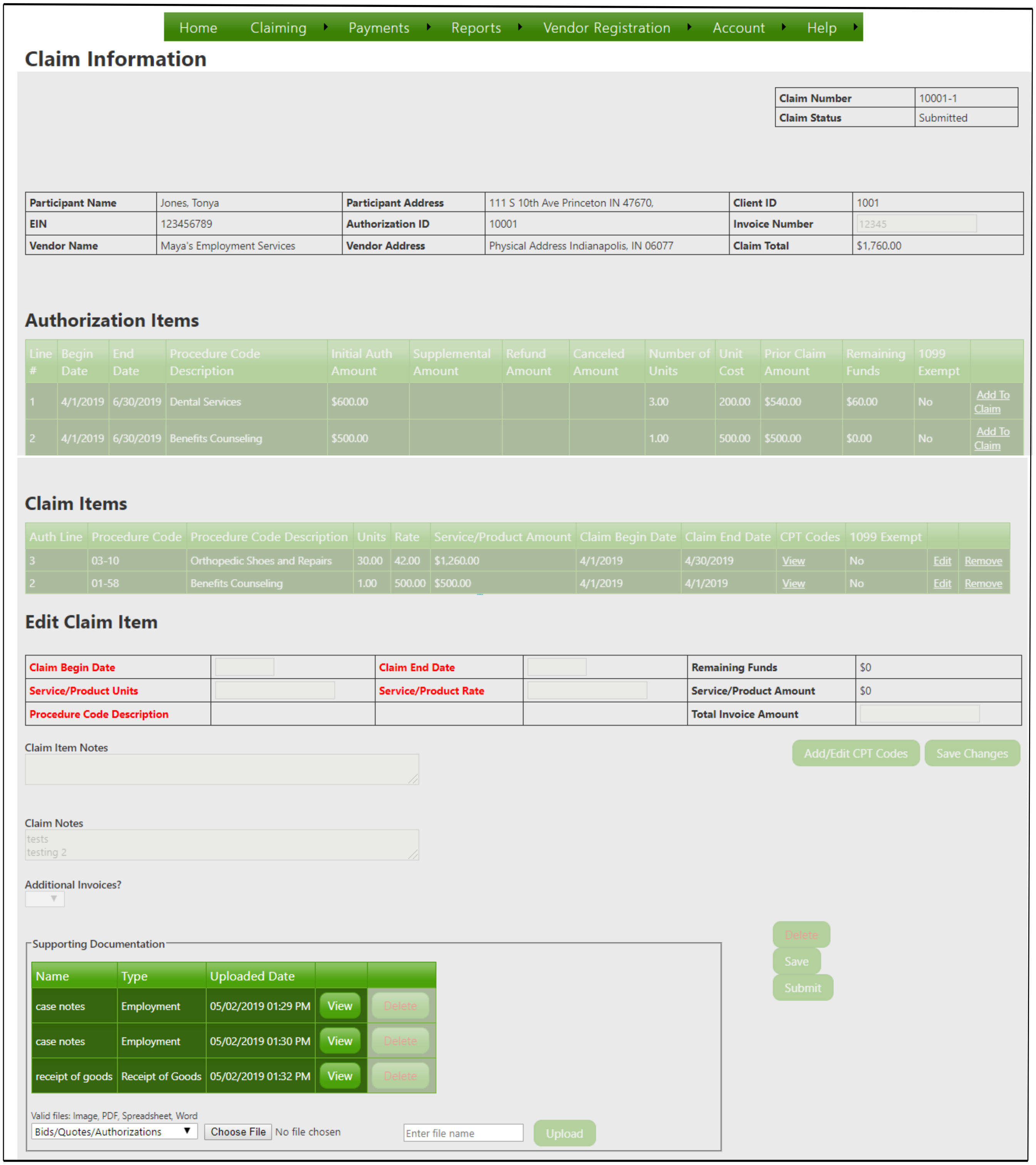
5. Click the **Search** button (shown below).



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



The Claim Information screen displays (shown below).



Claim Statuses

Status	Description	User Permissions
Draft	Claim has been started and saved, but not submitted for State review.	The claim can be edited (see roles in Appendix II).
Submitted	Claim has been submitted for State review.	The claim cannot be edited.
Not Approved	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).
Not Approved – Removed	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.
Approved	The Claim has been reviewed by State staff and the claim is approved for payment.	The claim cannot be edited.
Paid	The Claim has been paid.	The claim cannot be edited.

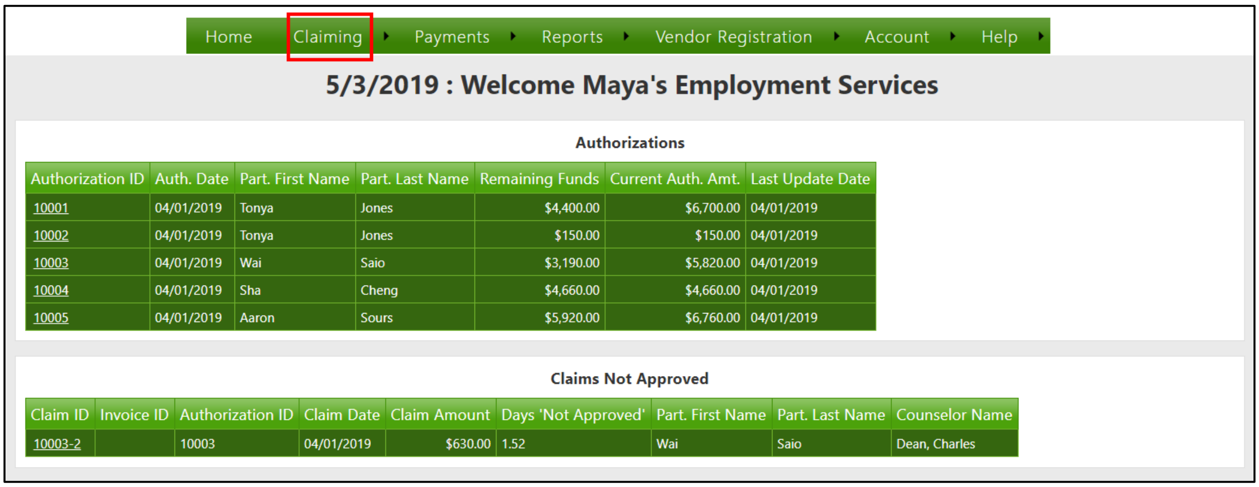
Finding Information and Reporting

Participant Lookup

Business Scenario

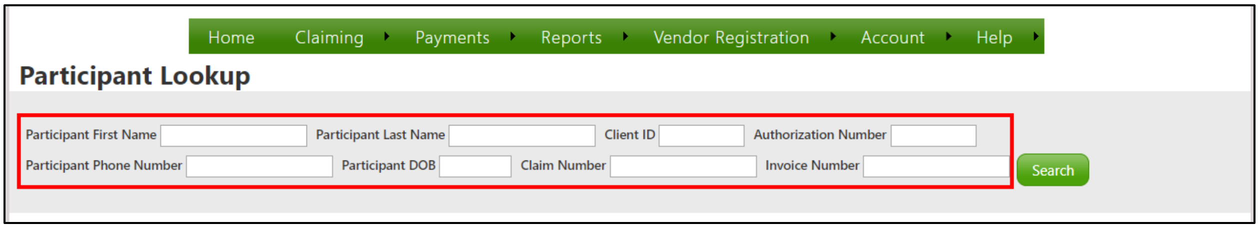
Step / Action

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

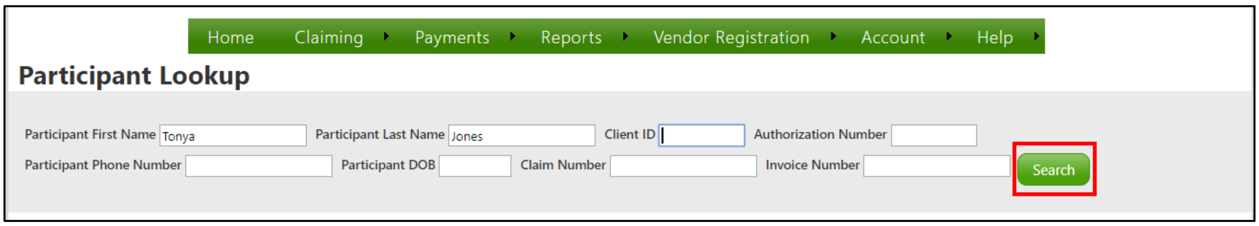


2. Select/click **Participant Lookup** from the drop-down menu (shown below).

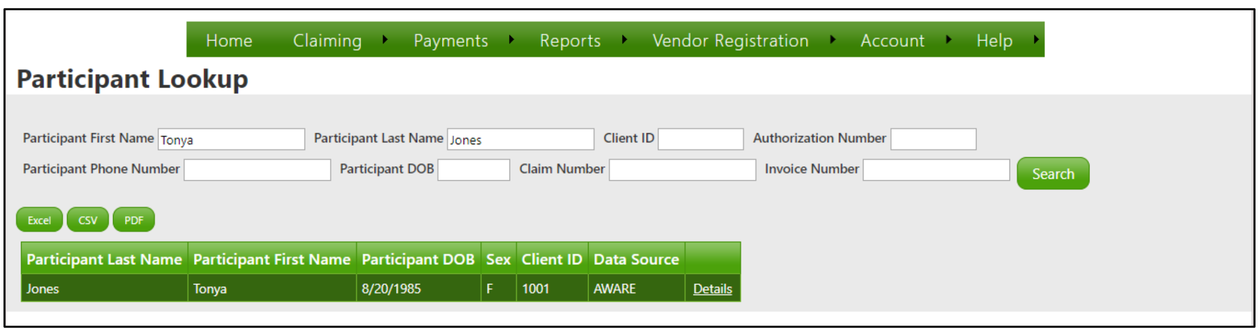
3. Enter the information in the following fields:
    - Participant First Name
    - Participant Last Name
    - Client ID
    - Authorization Number
    - Participant Phone Number
    - Participant DOB
    - Claim Number
    - Invoice Number



4. Next, click the **Search** button (shown below).



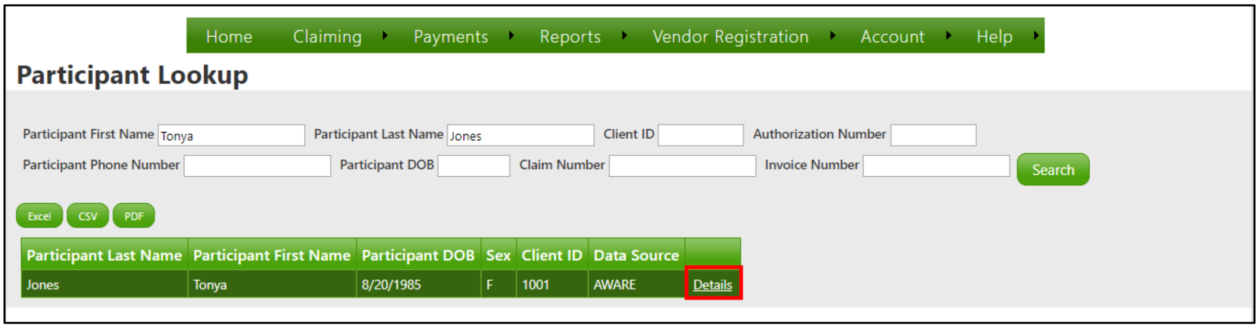
The Participant data displays (show below).



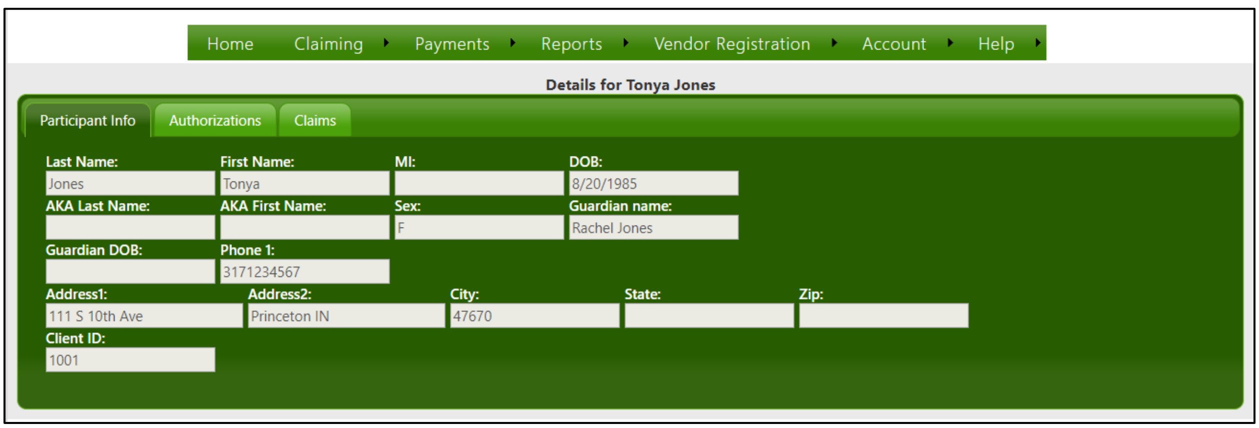
Accessing Participant Details (Multi-tabbed)

Step / Action

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

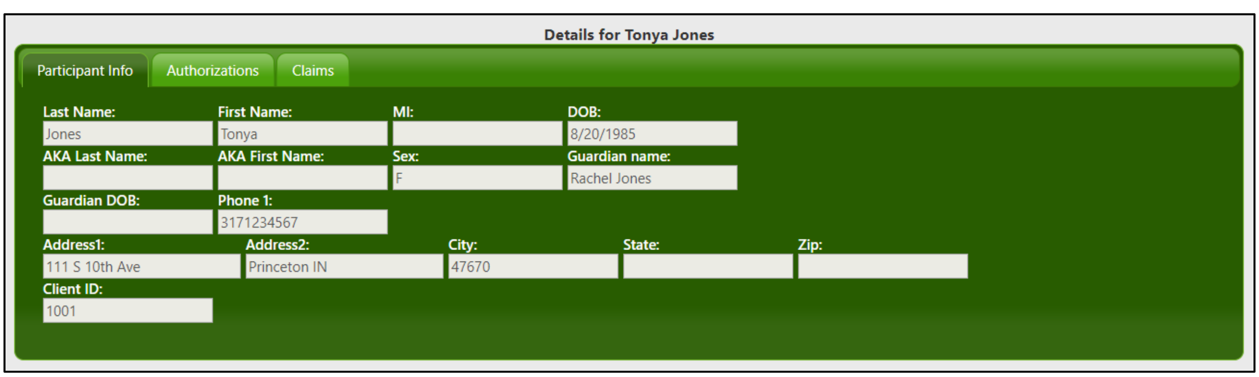


The complete data for the selected participant displays (shown below).

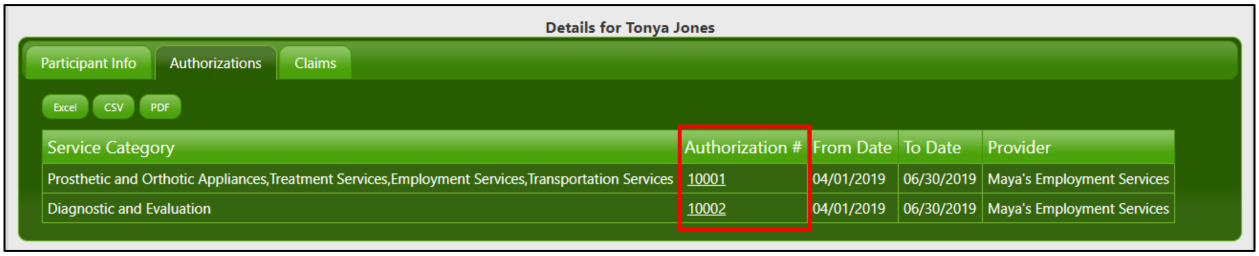


Use the tabs to view particular details for the participant, including Participant Info, Authorizations, and Claims.

Participant Info Tab



Authorizations Tab



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

Claims Tab

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).

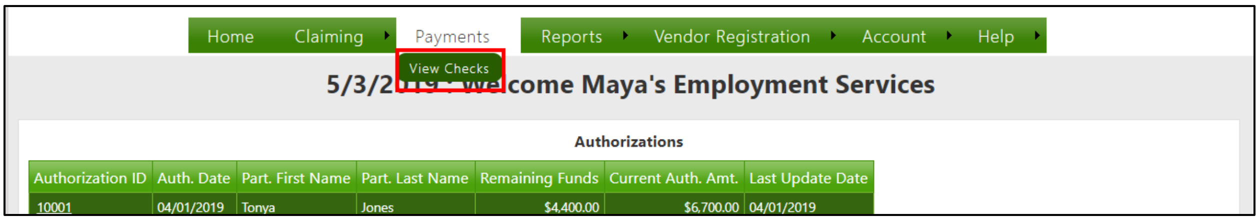
Payments

View Checks

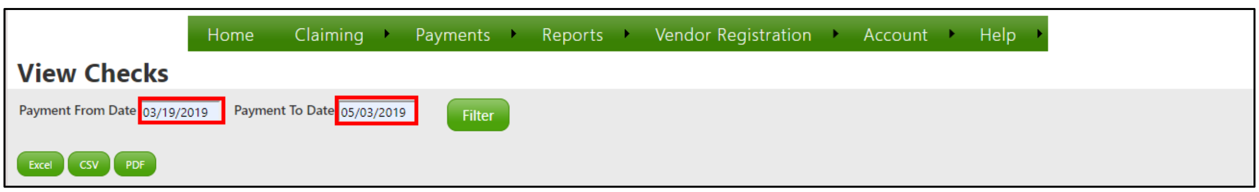
Business Scenario

Step / Action

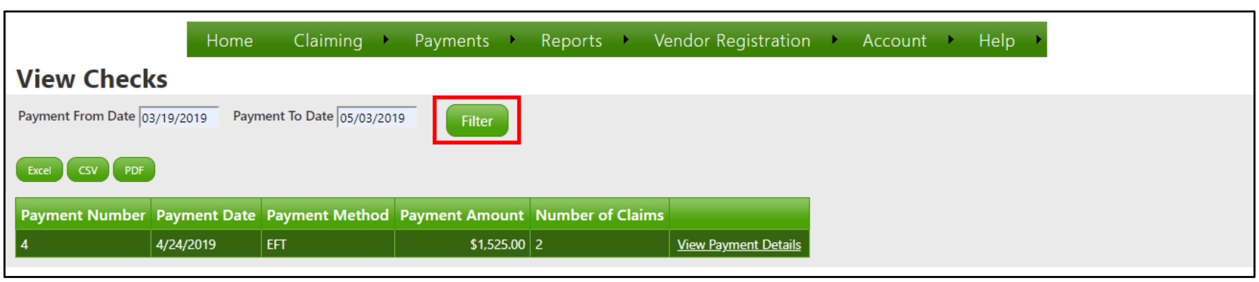
1. From the navigation bar, select/click **Payments**, and select/click **View Checks** from the drop-down menu (shown below).



2. Next, enter a date range (example shown below).



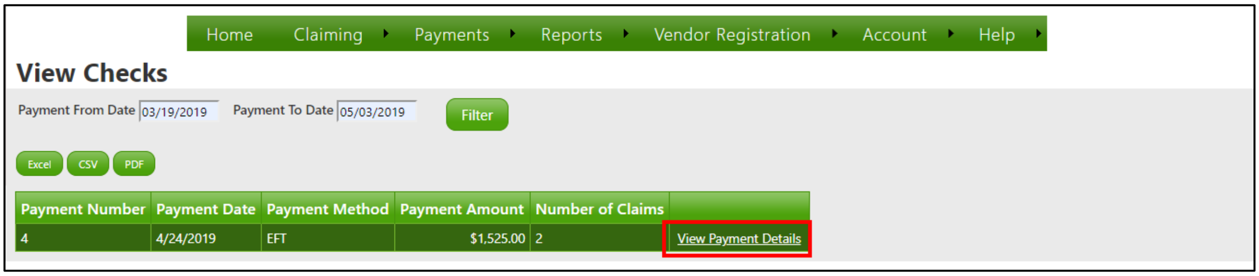
3. Click the **Filter** button, and the data results display in a spreadsheet/grid (shown below).



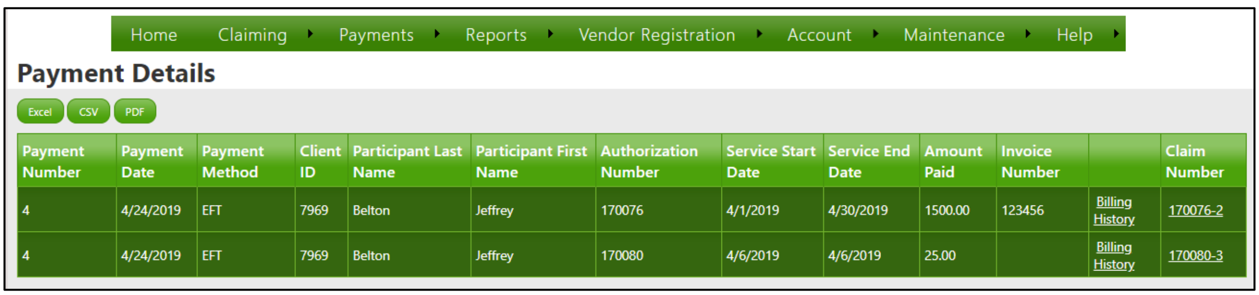
Viewing Payment Details

Step / Action

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



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



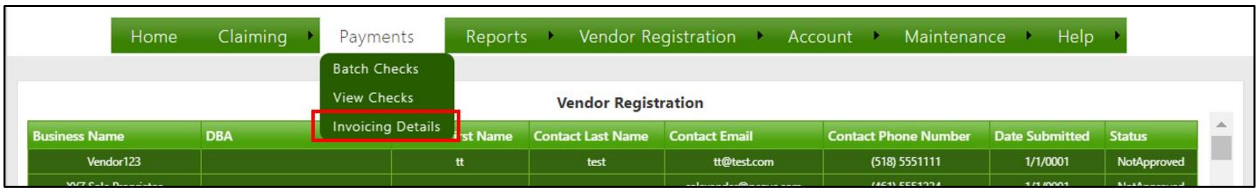
State Users Only: Finding Information and Reporting

Invoicing Details

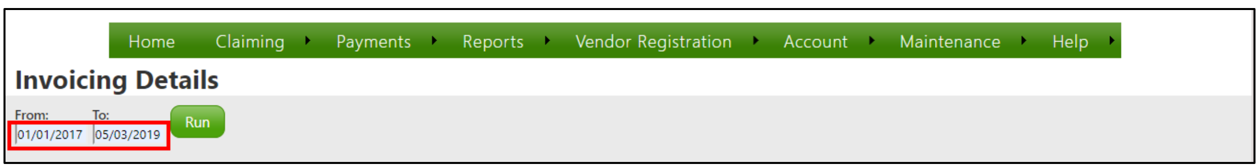
Business Scenario

Step / Action

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

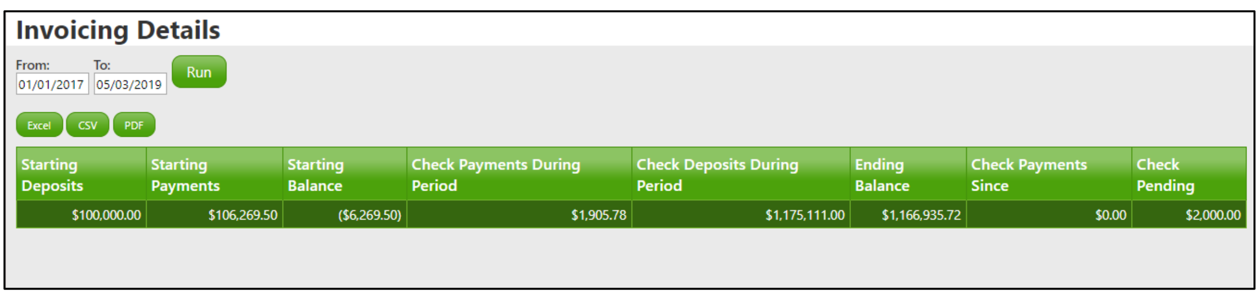


2. Enter a date range (example shown below).



3. Click the **Run** button.

The Invoicing Details data results in displays in a spreadsheet/grid (shown below).

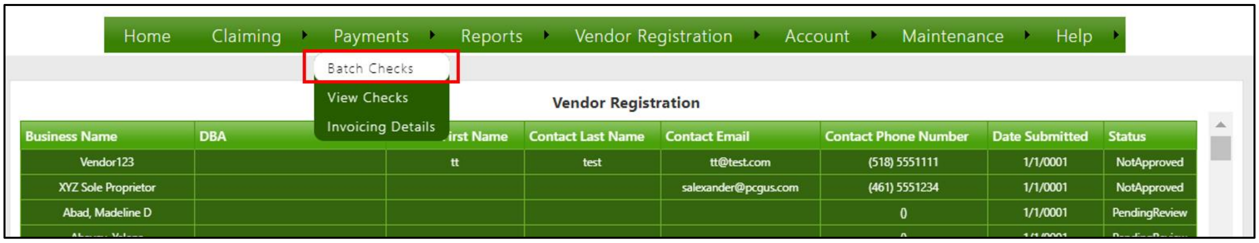


Batch Checks

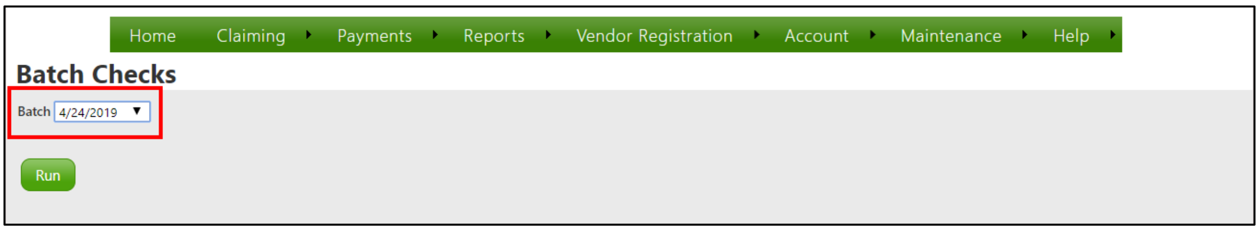
Business Scenario

Step / Action

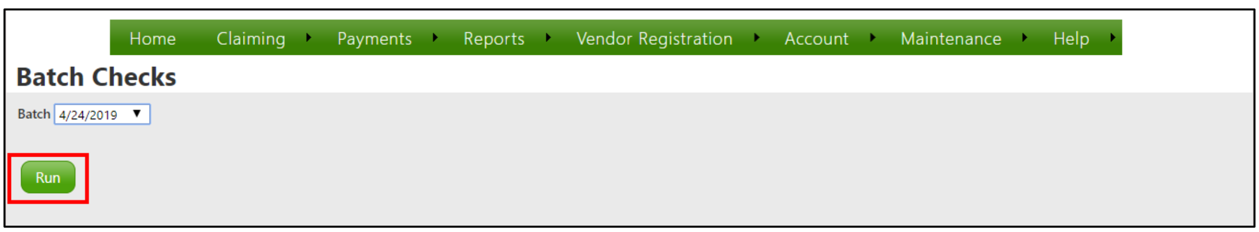
1. From the navigation bar, select/click **Payments**, and select/click **Batch Checks** from the drop-down menu (shown below).



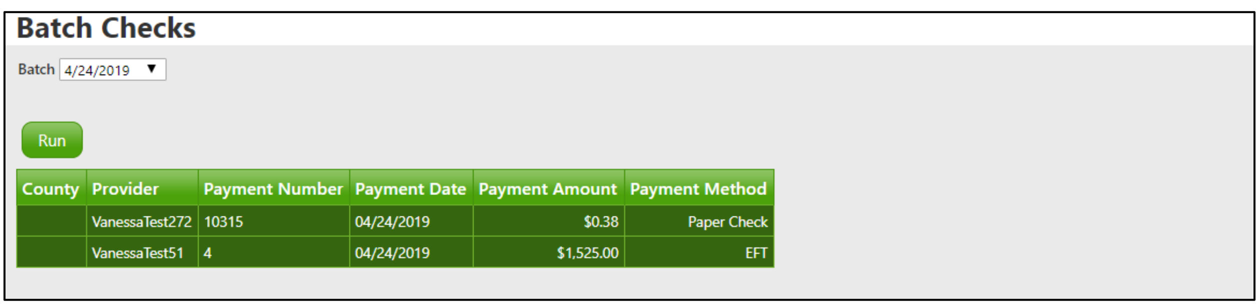
2. Select a **Batch** from the drop-down menu (shown below).



3. Click the **Run** button (shown below).



The Batch Checks data displays in a grid (shown below).



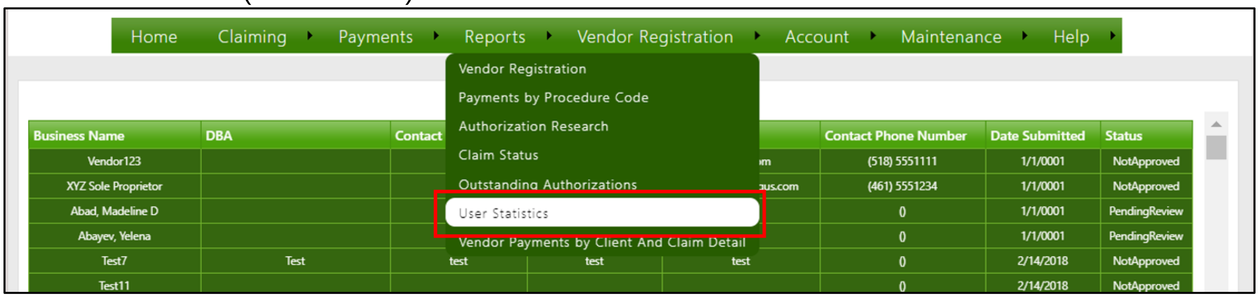
Reports

User Statistics

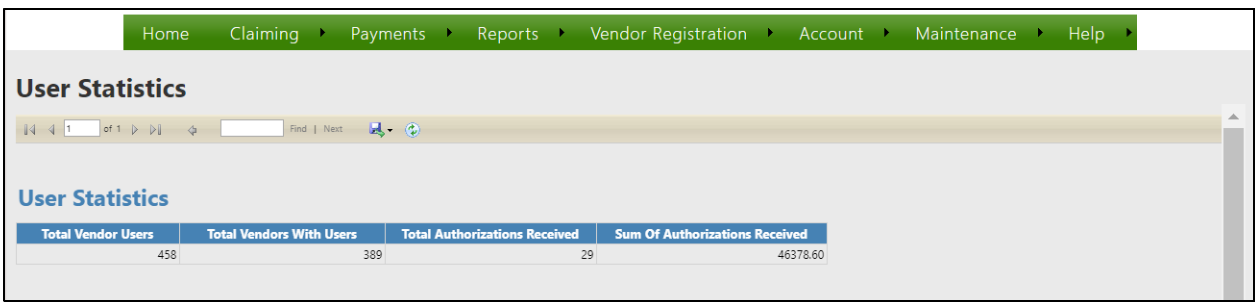
Business Scenario

Step / Action

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



The User statistic data displays (shown below).



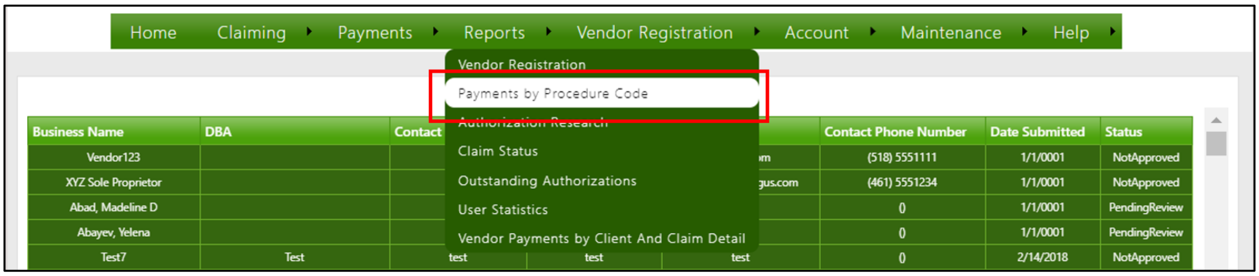
Payments by Procedure Code

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

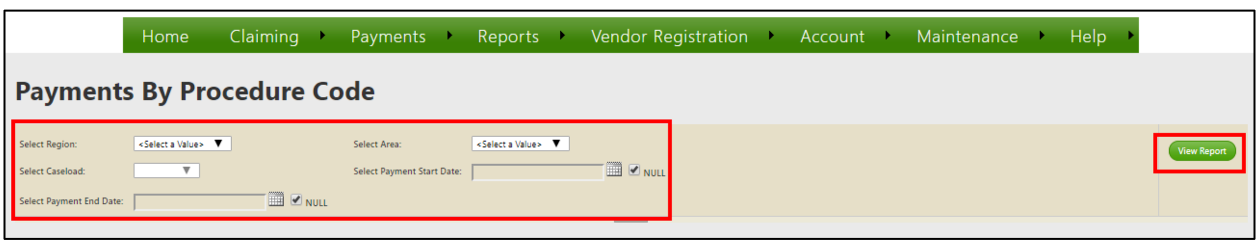
Business Scenario

Step / Action

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

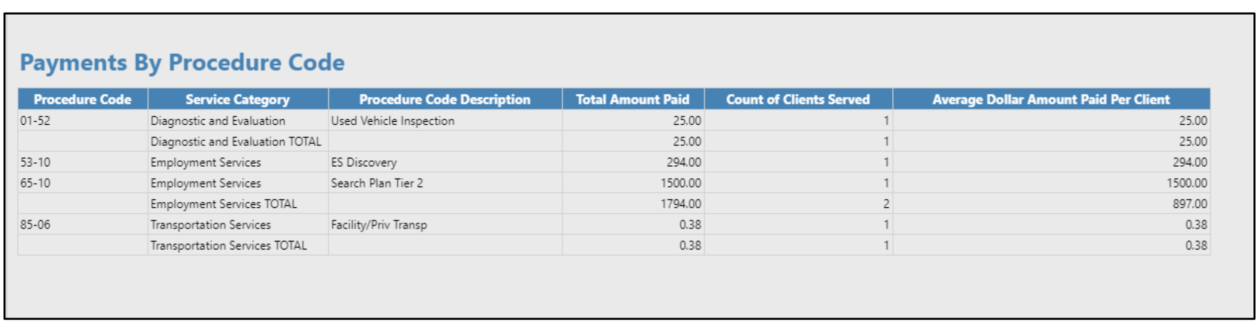


2. Enter the information in the following fields (shown below):
   - Select Region
   - Select Area
   - Select Caseload
   - Select Payment Start Date (00/00/0000)
   - Select Payment End Date (00/00/0000)



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

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



Payments By Procedure Code

Procedure Code	Service Category	Procedure Code Description	Total Amount Paid	Count of Clients Served	Average Dollar Amount Paid Per Client
01-52	Diagnostic and Evaluation	Used Vehicle Inspection	25.00	1	25.00
	Diagnostic and Evaluation TOTAL		25.00	1	25.00
53-10	Employment Services	ES Discovery	294.00	1	294.00
65-10	Employment Services	Search Plan Tier 2	1500.00	1	1500.00
	Employment Services TOTAL		1794.00	2	897.00
85-06	Transportation Services	Facility/Priv Transp	0.38	1	0.38
	Transportation Services TOTAL		0.38	1	0.38

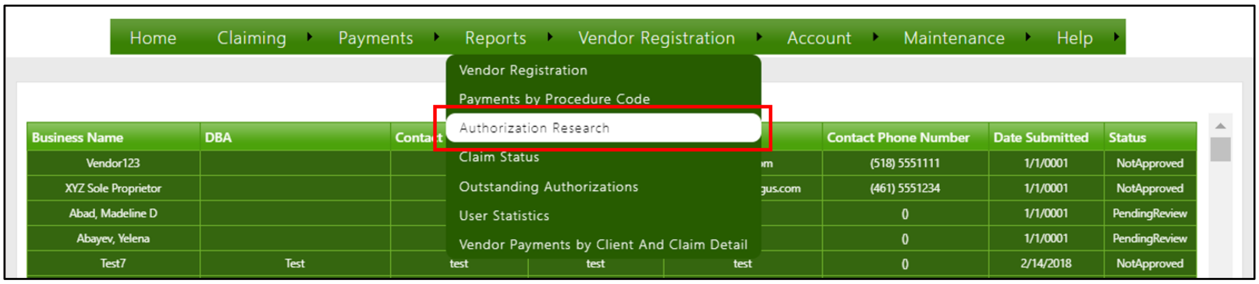
Authorization Research

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

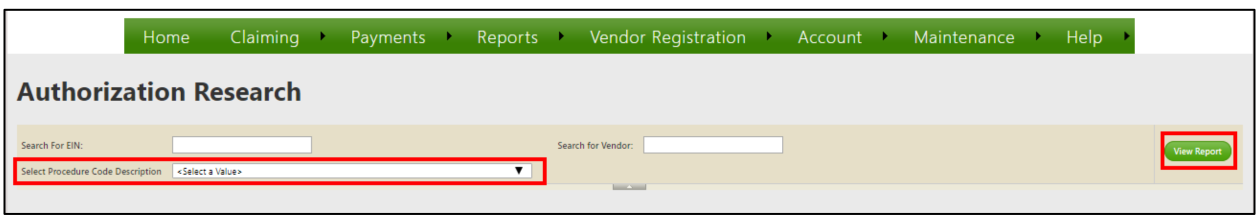
Business Scenario

Step / Action

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

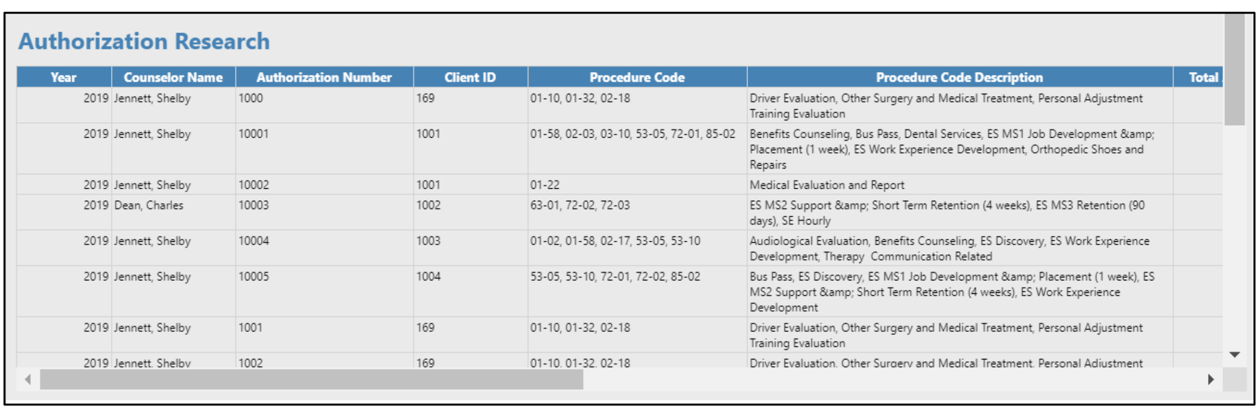


2. Click/Select the appropriate **Select Service Type** from the drop-down list (shown below).



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

The Authorization Research data displays (shown below).



For Vendor Users, the "Search for FEIN" and "Search for Vendors" are prepopulated with the Vendor/EIN (Vendors cannot see anyone but themselves).

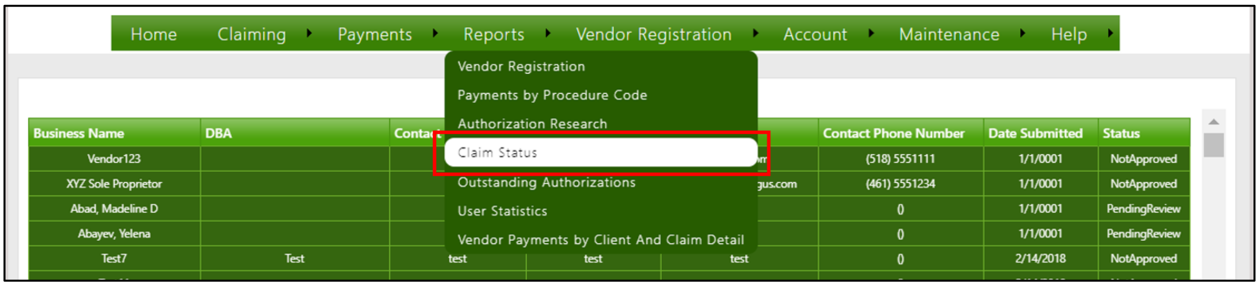
Claim Status

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

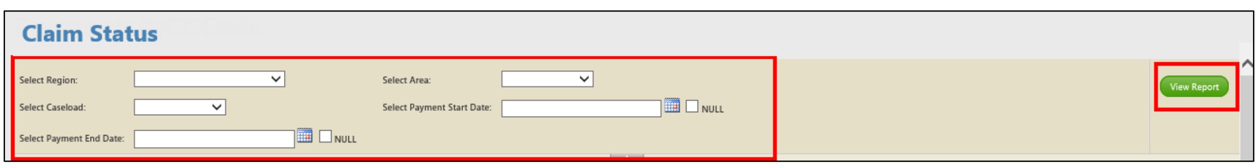
Business Scenario

Step / Action

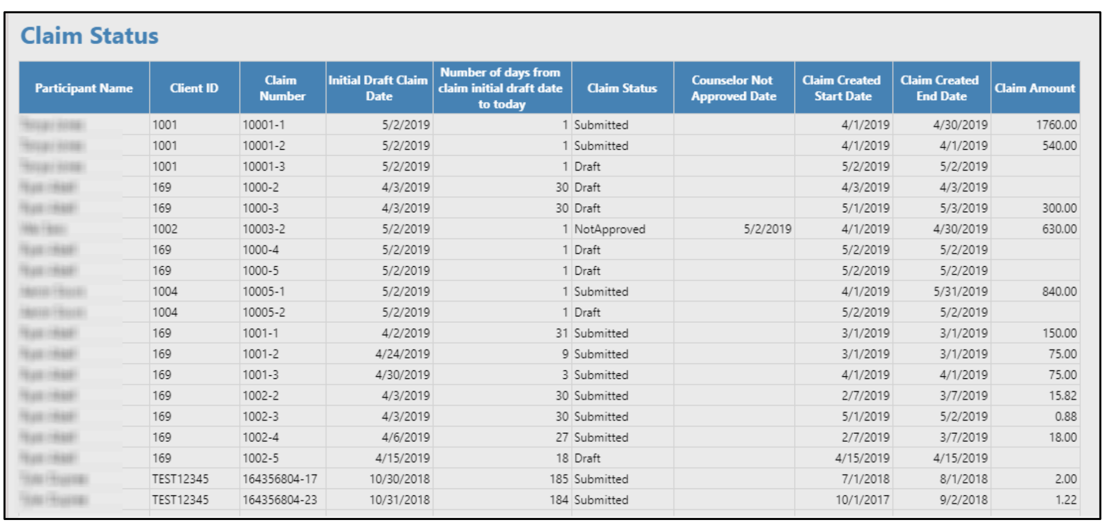
1. From the navigation bar, select/click **Reports**, and select/click **Claim Status** from the drop-down menu (shown below).



2. Enter the information in the following fields (shown below):
   - Select Region
   - Select Area
   - Select Caseload
   - Select Payment Start Date (00/00/0000)
   - Select Payment End Date (00/00/0000)
3. Click the **View Report** button.



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



Claim Status

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	Claim Created Start Date	Claim Created End Date	Claim Amount
[illegible]	1001	10001-1	5/2/2019	1	Submitted		4/1/2019	4/30/2019	1760.00
[illegible]	1001	10001-2	5/2/2019	1	Submitted		4/1/2019	4/1/2019	540.00
[illegible]	1001	10001-3	5/2/2019	1	Draft		5/2/2019	5/2/2019	
[illegible]	169	1000-2	4/3/2019	30	Draft		4/3/2019	4/3/2019	
[illegible]	169	1000-3	4/3/2019	30	Draft		5/1/2019	5/3/2019	300.00
[illegible]	1002	10003-2	5/2/2019	1	NotApproved	5/2/2019	4/1/2019	4/30/2019	630.00
[illegible]	169	1000-4	5/2/2019	1	Draft		5/2/2019	5/2/2019	
[illegible]	169	1000-5	5/2/2019	1	Draft		5/2/2019	5/2/2019	
[illegible]	1004	10005-1	5/2/2019	1	Submitted		4/1/2019	5/31/2019	840.00
[illegible]	1004	10005-2	5/2/2019	1	Draft		5/2/2019	5/2/2019	
[illegible]	169	1001-1	4/2/2019	31	Submitted		3/1/2019	3/1/2019	150.00
[illegible]	169	1001-2	4/24/2019	9	Submitted		3/1/2019	3/1/2019	75.00
[illegible]	169	1001-3	4/30/2019	3	Submitted		4/1/2019	4/1/2019	75.00
[illegible]	169	1002-2	4/3/2019	30	Submitted		2/7/2019	3/7/2019	15.82
[illegible]	169	1002-3	4/3/2019	30	Submitted		5/1/2019	5/2/2019	0.88
[illegible]	169	1002-4	4/6/2019	27	Submitted		2/7/2019	3/7/2019	18.00
[illegible]	169	1002-5	4/15/2019	18	Draft		4/15/2019	4/15/2019	
[illegible]	TEST12345	164356804-17	10/30/2018	185	Submitted		7/1/2018	8/1/2018	2.00
[illegible]	TEST12345	164356804-23	10/31/2018	184	Submitted		10/1/2017	9/2/2018	1.22

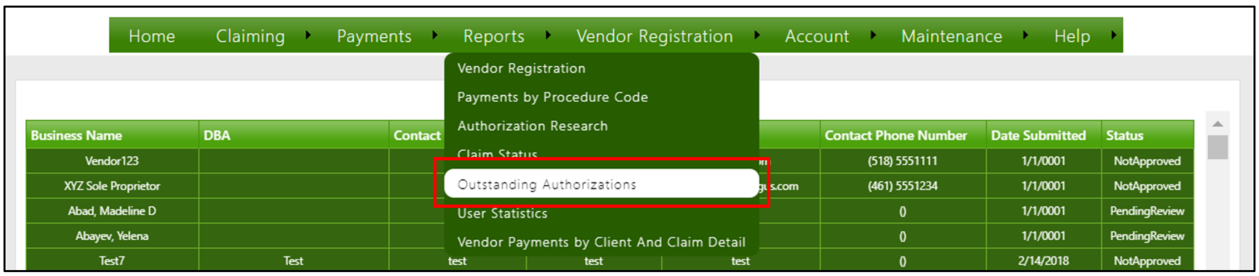
Outstanding Authorizations

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.

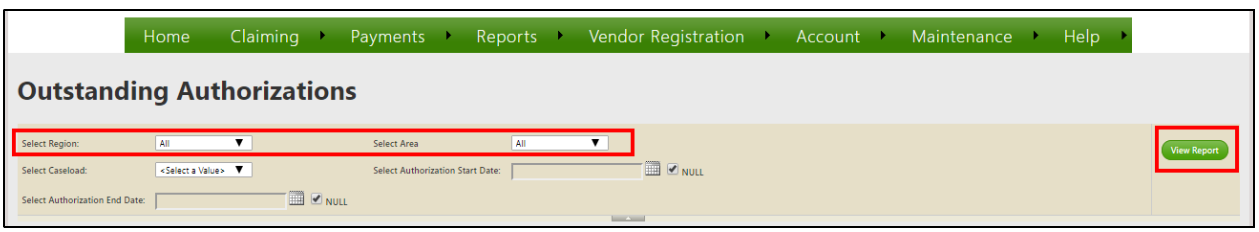
Business Scenario

Step / Action

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

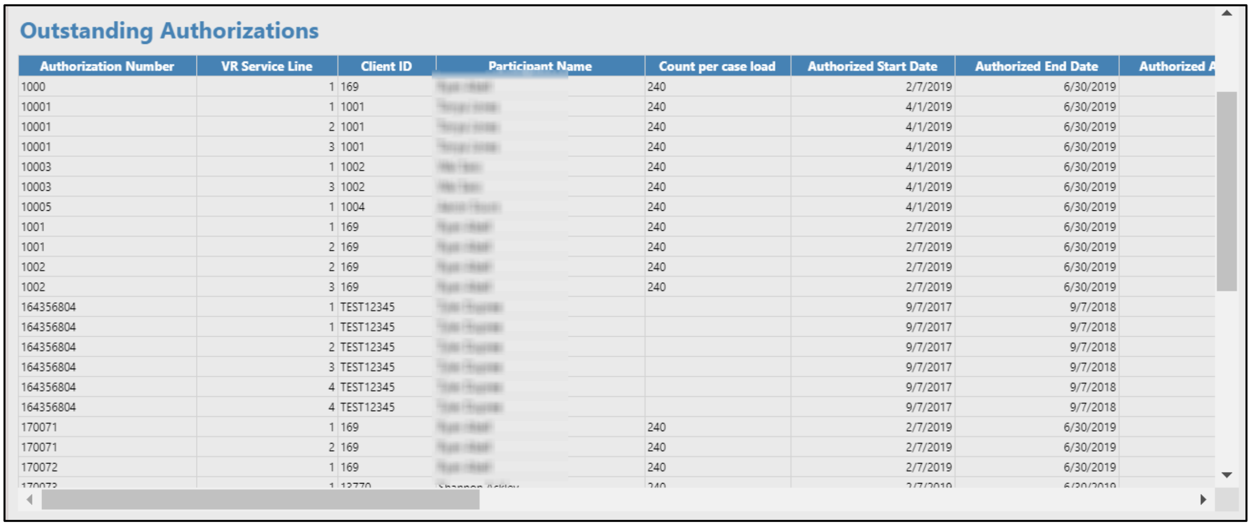


2. Select/Click the appropriate **Select Area and Select Region** from the drop-down list (shown below).



1. Click the **View Report** button.

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



Outstanding Authorizations

Authorization Number	VR Service Line	Client ID	Participant Name	Count per case load	Authorized Start Date	Authorized End Date	Authorized A
1000	1	169	[illegible]	240	2/7/2019	6/30/2019	
10001	1	1001	[illegible]	240	4/1/2019	6/30/2019	
10001	2	1001	[illegible]	240	4/1/2019	6/30/2019	
10001	3	1001	[illegible]	240	4/1/2019	6/30/2019	
10003	1	1002	[illegible]	240	4/1/2019	6/30/2019	
10003	3	1002	[illegible]	240	4/1/2019	6/30/2019	
10005	1	1004	[illegible]	240	4/1/2019	6/30/2019	
1001	1	169	[illegible]	240	2/7/2019	6/30/2019	
1001	2	169	[illegible]	240	2/7/2019	6/30/2019	
1002	2	169	[illegible]	240	2/7/2019	6/30/2019	
1002	3	169	[illegible]	240	2/7/2019	6/30/2019	
164356804	1	TEST12345	[illegible]		9/7/2017	9/7/2018	
164356804	1	TEST12345	[illegible]		9/7/2017	9/7/2018	
164356804	2	TEST12345	[illegible]		9/7/2017	9/7/2018	
164356804	3	TEST12345	[illegible]		9/7/2017	9/7/2018	
164356804	4	TEST12345	[illegible]		9/7/2017	9/7/2018	
164356804	4	TEST12345	[illegible]		9/7/2017	9/7/2018	
170071	1	169	[illegible]	240	2/7/2019	6/30/2019	
170071	2	169	[illegible]	240	2/7/2019	6/30/2019	
170072	1	169	[illegible]	240	2/7/2019	6/30/2019	

Vendor Payments by Client and Claim Detail

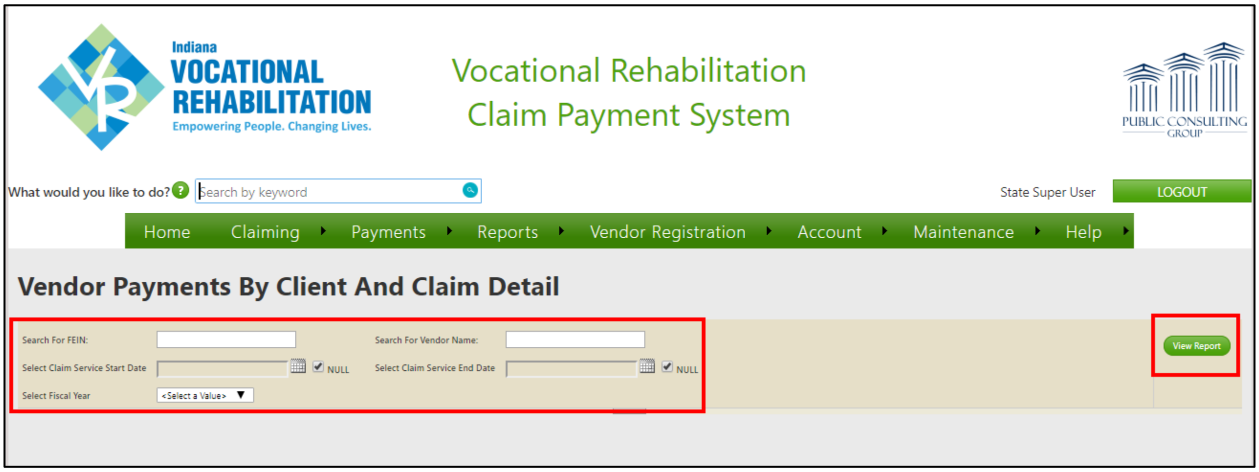
The Vendor Payments by Client and Claim Details report displays all claims in a paid status. This report will display a single line per claim.

Business Scenario

Step / Action

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

2. Enter the information in the following fields (shown below):
   - Search for FEIN
   - Search for Vendor Name
   - Select Claim Service Start Date
   - Select Claim Service End Date
   - Select Fiscal Year
3. Click the **View Report** button.



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

Vendor Payments By Client And Claim Detail

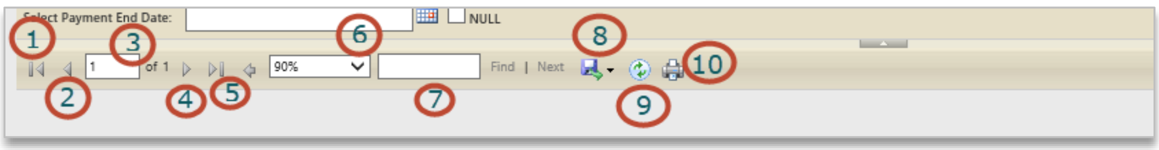
Coun #	Procedure Code	Client ID	Participant Name	Claim Number	Invoice Number	Claim Service Start Date	Claim Service End Date	Payment Date	Payment Number	Amount Paid
	01-52	7969	[illegible]	170080-3		4/6/2019	4/6/2019	4/24/2019	4	25.00
	13-01	600000289	[illegible]	174719829-5	958775140	8/1/2016	8/31/2016	5/21/2013	10312	300.00
	53-10	TEST12345	[illegible]	185229414-10		6/20/2018	6/21/2018	3/19/2019	3	42.00
	53-10	TEST12345	[illegible]	185229414-11	123456	6/20/2018	7/1/2018	3/19/2019	3	42.00
	53-10	TEST12345	[illegible]	185229414-17		8/20/2018	9/20/2018	3/19/2019	3	42.00
	53-10	TEST12345	[illegible]	185229414-21		9/21/2018	9/25/2018	3/19/2019	3	84.00
	53-10	TEST12345	[illegible]	185229414-4		9/1/2017	10/1/2017	3/19/2019	3	42.00
	53-10	TEST12345	[illegible]	185229414-5		10/2/2017	10/31/2017	3/19/2019	3	42.00
	65-10	7969	[illegible]	170076-2	123456	4/1/2019	4/30/2019	4/24/2019	4	1500.00
	85-06	169	[illegible]	170071-3		5/1/2019	5/1/2019	4/24/2019	10315	0.38
	86-01	TEST12345	[illegible]	164356804-58		10/1/2017	10/1/2017	3/19/2019	2	0.40
	86-01	TEST12345	[illegible]	164356804-9		7/17/2018	8/7/2018	3/19/2019	2	2.00

For Vendor Users, the "Search for FEIN" and "Search for Vendors" are prepopulated with the Vendor/EIN (Vendors cannot see anyone but themselves).

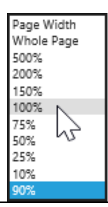
Appendix A

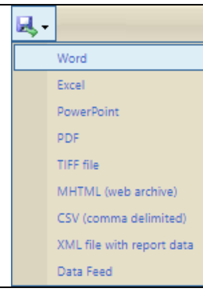
A.1 Report Navigation Bar

All controls are visible in Microsoft Internet Explorer (IE), but not in Microsoft Edge, Chrome, or Firefox. ***Recommend Microsoft IE for full functionality.***



The operational icon buttons numerically reference 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** 1 of 1	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** 90% 	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	**Print**	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

Role	Claiming Screens								Claiming Functionality	
	Authorization Search	Claim Search	Authorization Information	Draft Claim Information	Not Approved Claim Information	Sub, In Proc or Paid Claim Info	File Upload - Claim Information	Billing History	Submit claim more than 90 days	Submit Claim Created by another user
State										
StateReader	R	R	R	R	R	R	R	R	N	N
StateStandard	R	R	R	U	U	R	U	R	N	N
StateSuperUser	R	R	R	U	U	R	U	R	U	U
Vendors										
SuperVendor	R	R	R	U	U	R	U	R	N	N
SubVendor	R	R	R	U	U	R	U	R	N	N

Role	Payment - All			Payment - State		Other	Reports						
	View Checks	Check Summary	Payment Details	Batch Check	Invoicing Details	Participant Lookup	Vendor Payments by Client and Claim Detail - Rep	Outstanding Authorization - Re	Claim Status Report Repor	Authorization Research Re	User Statistics Report	Payments by CC Code Rep	Vendor Registration Rep
State													
StateReader	R	R	R	R	R	R	R	R	R	R	R	R	R
StateStandard	R	R	R	R	R	R	R	R	R	R	R	R	R
StateSuperUser	R	R	R	R	R	R	R	R	R	R	R	R	R
Vendors													
SuperVendor	R	R	R	N	N	R	R	R	R	R	N	R	N
SubVendor	R	R	R	N	N	R	R	R	R	R	N	R	N

- State Super User can Edit, Delete or any Claim.
- 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.
- State Read Only User can **only** view all the Claims in read-only mode.
- Vendors of other organization **cannot** view information not related to their organization.

Appendix C

C.1 Acronym List

Term	Description of Term
BR	Business Requirement
BRD	Business Requirement Document
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
IRIS	Indiana Information Rehab System
PCG	Public Consulting Group
PDF	Portable Document Format
RTM	Requirements Traceability Matrix
SSN	Social Security Number
TFS	Team Foundation Server
VR	Vocational Rehabilitation

Appendix D

D.1 Service Types Matrix

Service Categories in CPS	Service Type	Service Sub Type
Assessment	1. Licensed physicians 2. Registered occupational therapists 3. Licensed psychologists 4. Licensed optometrists 5. Licensed podiatrists 6. Licensed speech-language pathologists 7. Licensed audiologists 8. Licensed speech and hearing therapists 9. Licensed nurses 10. Licensed alcohol and drug addiction counselors 11. Licensed clinical social workers 12. Licensed physician assistants 13) Other Assessment Services (specify)	
Diagnosis and Treatment	1. Corrective surgery or therapeutic treatment 2. Mental health services 3. Dentistry 4. Nursing services 5. Medications and supplies 6. Prosthetic, orthotic or other assistive devices 7. Hearing Aids and Dispensers 8. Eyeglasses and visual services 9. Podiatry 10. Physical therapy 11. Occupational therapy 12. Speech or hearing therapy 13. Special services (i.e. transplantation, dialysis, etc.) 14. Other Diagnostic and Treatment Services (specify)	
Training	1. Post-Secondary Training/Education 2. Technical Training 3. Disability-Related Skills Training 4. Other Training (see sub-type)	2 a) Occupational Training 2b) Vocational Training 2c) Other Technical Training (specify) 3a) Orientation and Mobility Training 3b) Rehabilitation training 3c) Low vision aid training 3d) Braille training

		3e) Speech reading training 3f) Sign language training 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)
Rehabilitation Technology	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)
Transportation Services	1. Transportation Training 2. Other Transportation Services (specify)	
Personal Assistance Services	1. Reader Services 2. Personal Attendant Service 3. 3) Other Personal Assistance Services (specify)	
Technical Assistance Services	1. Small Business Consultation 2. Other Technical Assistance Services (specify)	1a) Business plan development 1b) Conduct market research 1c) Other Small Business Services (specify)
Communication Access Services	1. ASL Interpreter 2. Certified Deaf Interpreter 3. Tactile Interpreter	1a) Nationally Certified 1b) IIC 1c) National Certified and IIC

	4. Oral Interpreter 5. Signing Exact English 6. Video Remote Interpreting (VRI) 7. C-PRINT 8. Remote CART 9. Live CART 10. 10) Other Communication Access Services (specify)	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 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 IIC6d) 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
CRP Employment Services	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)
Other VR Services	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.
- Supporting Documentation is required when a service/good 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.