Indiana Division of Disability and Rehabilitative Services

Vocational Rehabilitation Claim Payment System
Vendor Registration User Guide

September 10, 2018

PCG | **Human Services**
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How to Complete a VR Vendor Account Request

Before Beginning:

Review the vendor manual at https://www.in.gov/fssa/ddrs/5448.htm.

Use the checklist at https://www.in.gov/fssa/files/Business-checklist1.pdf to gather the prerequisite information to complete the process.

1. Navigate to https://vrcps.fssa.in.gov/Public/Portal.aspx
2. Select/Click on **Registration.**

3. Select/Click on **Vendor Account Request**.

4. Enter information in **the Username, First Name, Last Name, Email, and Business Name** fields. Information can also be entered in the non-required (Pay To) fields.
5. Select/Click on **Submit.**
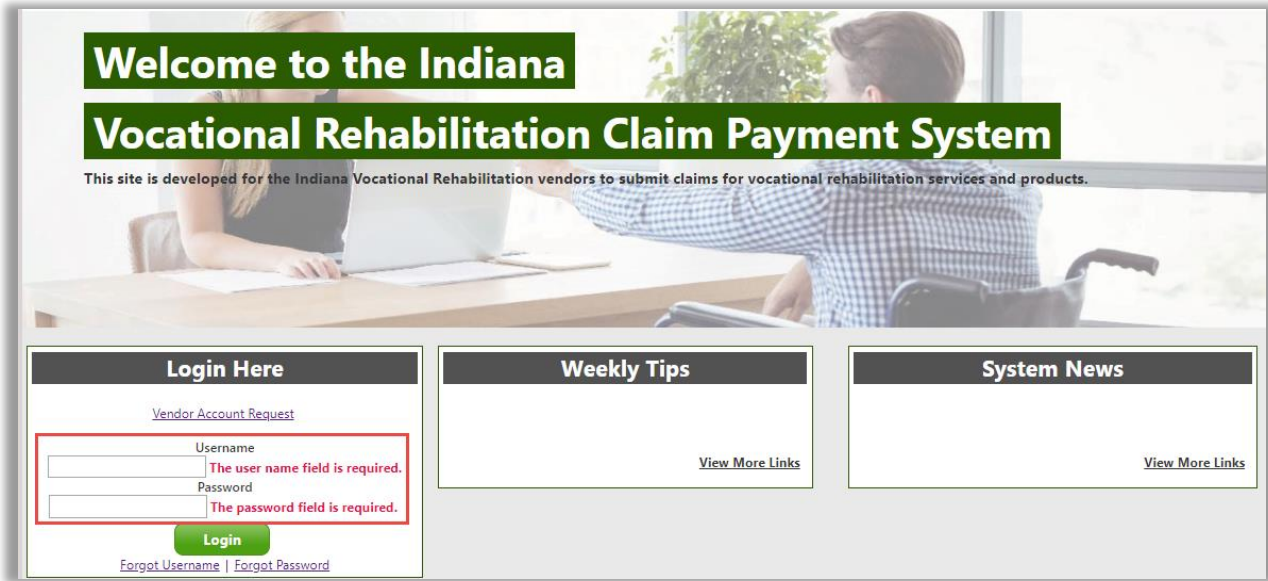
A message stating "Your vendor registration account request has been accepted. You will receive an email shortly, with your login credentials." If you do not see the e-mail in your Inbox check your spam folder.
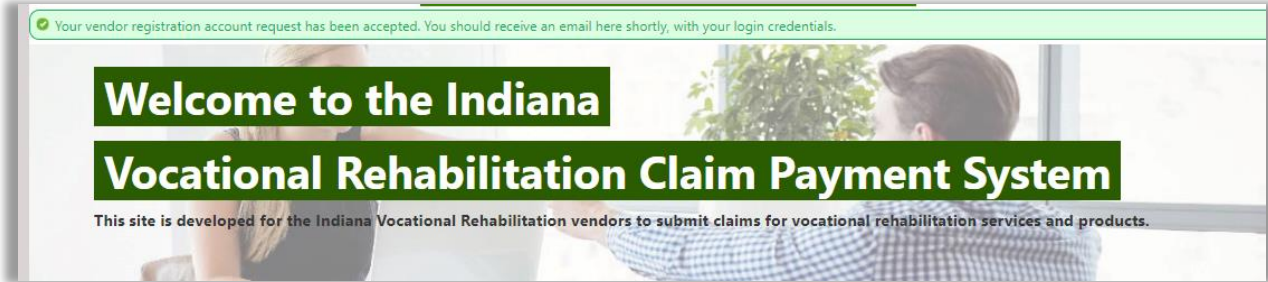
How to Login

1. Enter information in the **Username** and **Password** fields, then Select/Click on the **Login** button.

How to Recover a Lost Password

1. Select/Click on **Forgot Password** on the login screen**.**


2. Enter information in the **Username** or **Email Address** fields and the Select/Click on **Reset Password.** It is suggested when possible for users to use the "Username" field, if users have multiple accounts with the same email, users will need to use the "Username" field or contact the Customer Service Center at 1-833-3061.
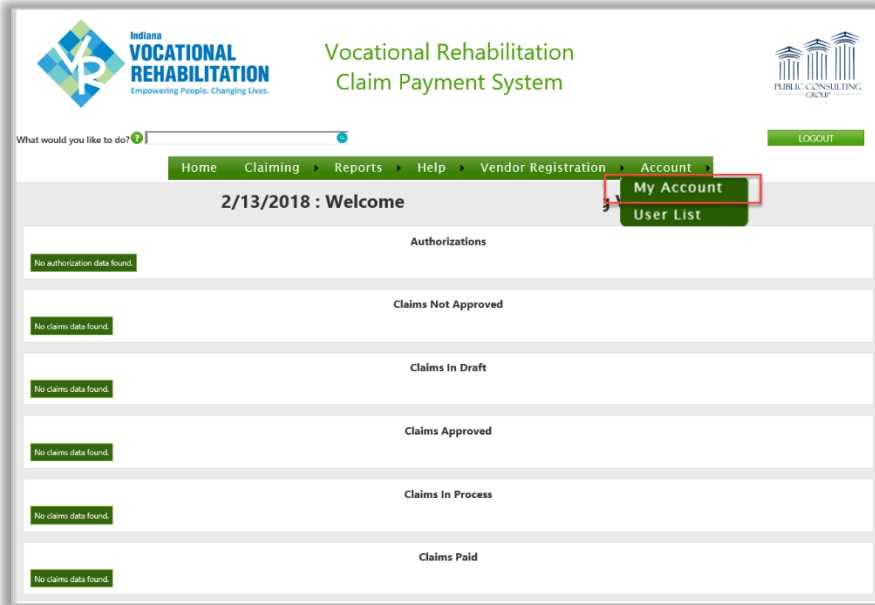

3. Login to the system with the password e-mailed to you.

How to Reset Password (once logged in)

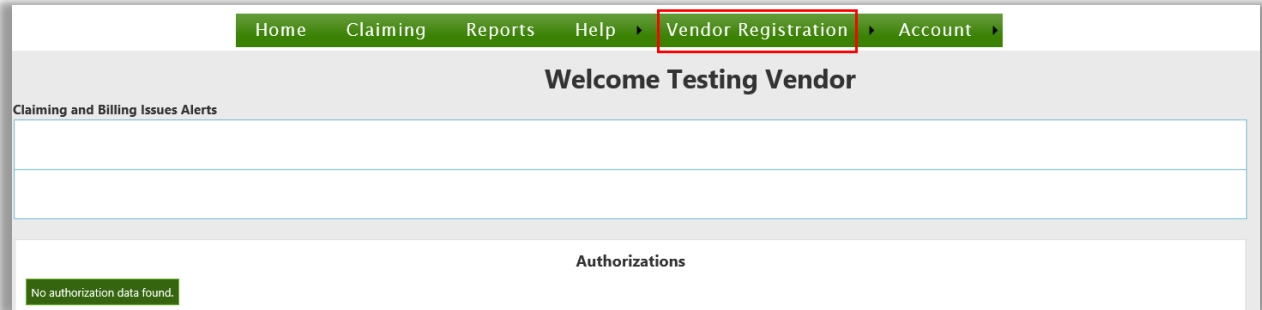1. Select/Click on **Account**.
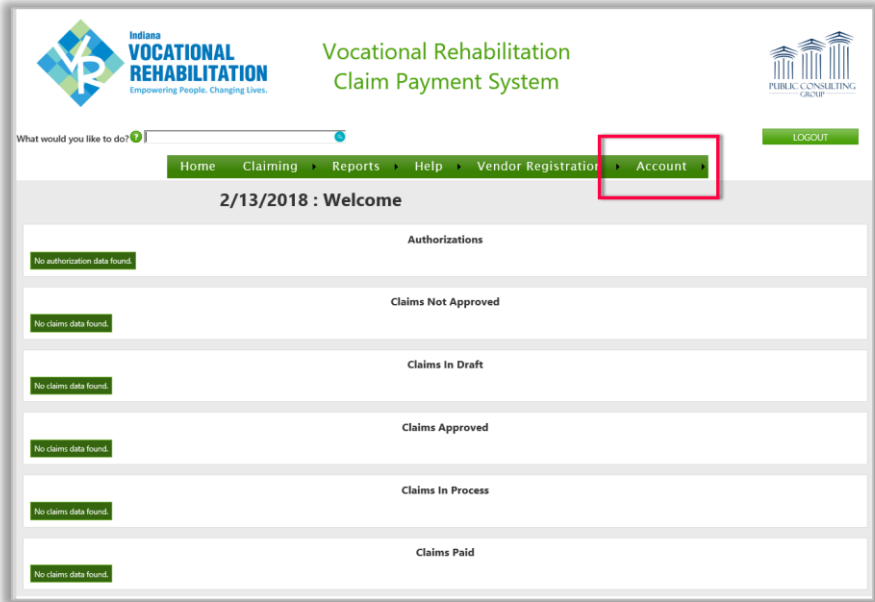
2. Select/Click **My Account**.

3. Enter information in the **Current Password**, **New Password** and **Confirm Password** fields, then Select/Click on **Change Password**.
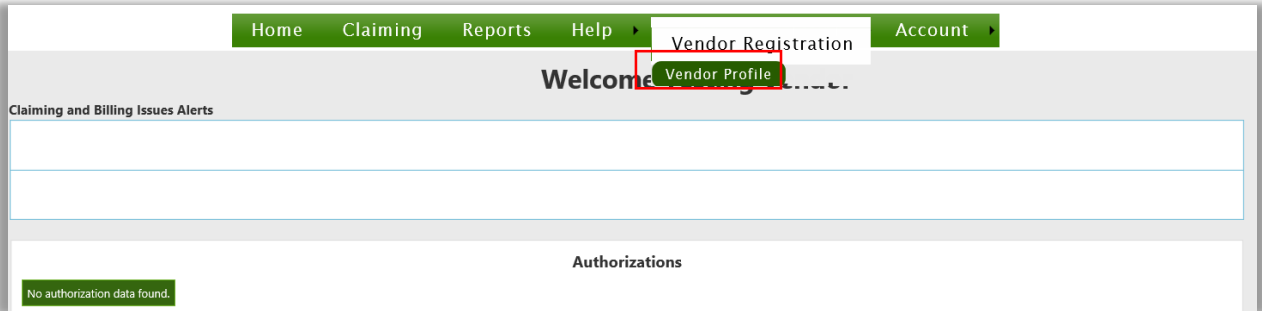
How to Complete Vendor Registration

1. Select/Click on **Vendor Registration**.

2. Select/Click on **Vendor Profile**.

General Information Tab

1. Select/Click on the **General Information** tab.

2. Enter information in the **Business Name**, **Business Website, First Name, Last Name, Doing Business As (DBA), FEIN/Federal ID, Vendor Bidder Number, Vendor Classification, DUNS Number, Agency Primary Contact First Name, Agency Primary Contact Last Name, Agency Primary Contact Title and Agency Primary Contact Email** fields.

   If you do not know your DUNS number you can find it at https://www.dnb.com/duns-number/lookup.html.

   If you do not know your Bidder number you can find it at https://www.in.gov/idoa/2464.htm.

3. Enter information in **the Secondary Contact** section *(if applicable).* Enter information in the **Pay-To Address and First Phone Number** section.

4. Complete the Business Classification Section. Select/Click on a **Business Classification**. Select/Click on Yes or No in response to both the **Current Vocational Rehabilitation Services Vendor** and **Outstanding Federal or State Tax Debt** drop-down menus.

5. Upload registration documents in the Supporting Documentation section. Select/Click on the arrow in the **Valid files: Any** drop-down menu to choose a **Document Type**. Select/Click on **Browse**. Enter a **File Name,** then select/click on the **Upload** button.

Please refer to the Vendor Registration Manual at https://vrcps.fssa.in.gov//Public/Documents/ImportantLink/VR%20Services%20Manual%20-%20Version%204.0.pdf to determine which documents are required for upload based on the Vendor Classification Type selected in Step 2.

Select/Click on the **View** button to view the uploaded document.

Select/Click on the **Delete** button to remove the uploaded document.

6. Select/Click on the **Update** button to save information entered.

Addresses Tab

1. Enter Address information. Select/Click on the **Addresses** tab. Each vendor must enter at least one physical address.
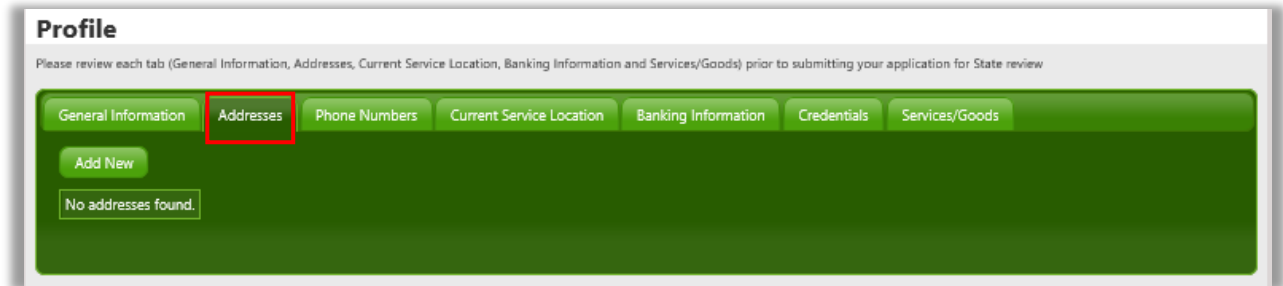
2. Select/Click on the **Add New** button.
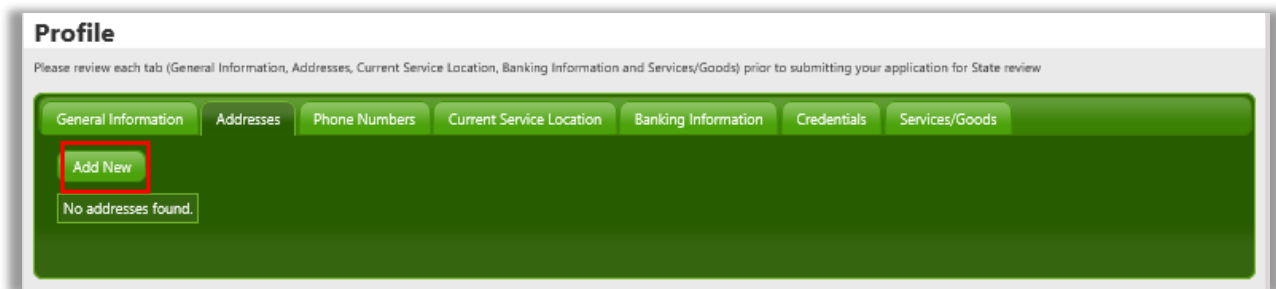
3. Enter **Vendor Address**. Select/Click on an **Address Type**, indicate if address is primary, and enter address details. Select/Click on the **Add** button.

Multiple addresses can be added to a vendor's Address tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct address information entered.

Select/Click on the **Delete** link to remove address information entered.
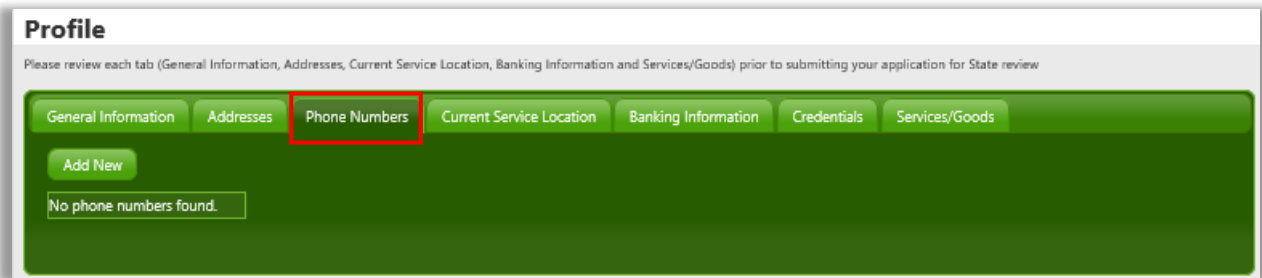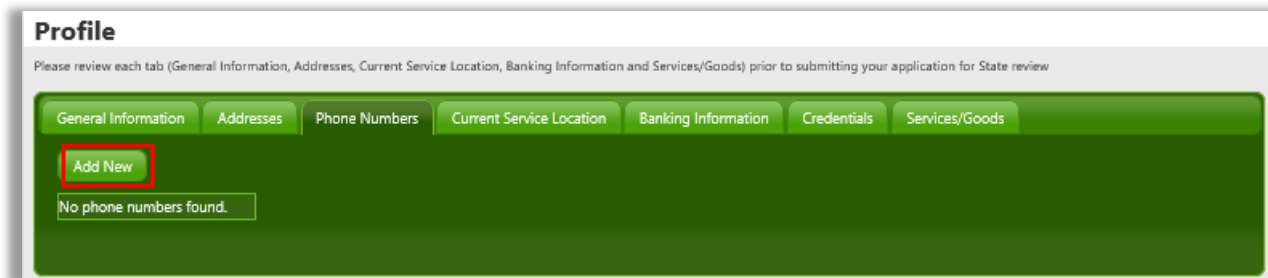
Phone Numbers Tab

1. Enter Phone Number information. Select/Click on the **Phone Numbers** tab.
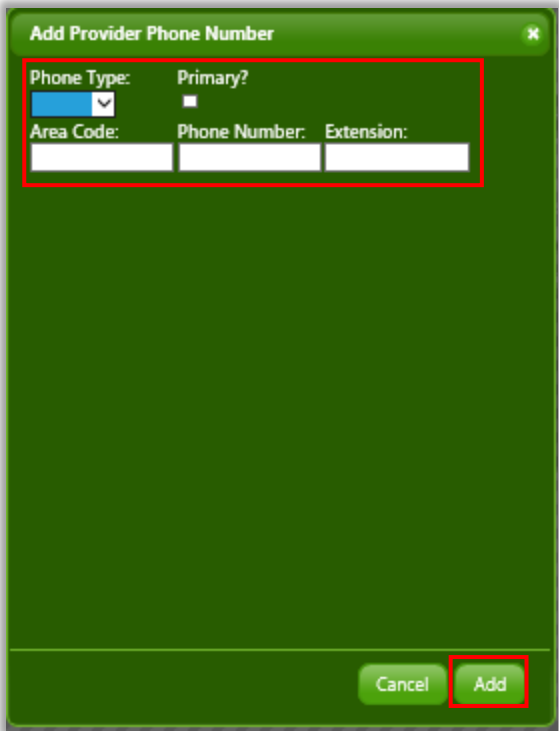
2. Select/Click on the **Add New** button.

3. Enter **Vendor Phone Number**. Select/Click on an **Phone Type**, indicate if phone number is primary, and enter phone number details. Select/Click on the **Add** button.
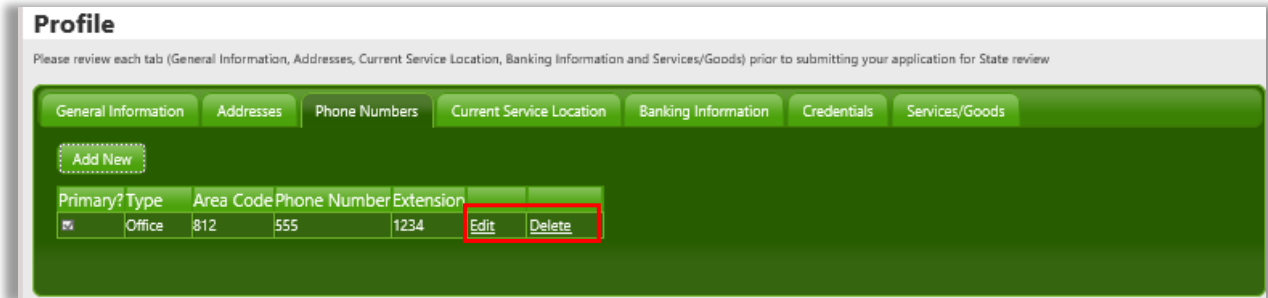
Multiple phone numbers can be added to a Vendor's **Phone Numbers** tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct phone information entered.

Select/Click on the **Delete** link to remove phone information entered.

Current Service Location Tab

1. Add Current Service Location information. Select/Click on the **Current Service Location** tab. At least one service location must be entered.

1. Select/Click on the checkbox to select a **County Name**, then select/click on the **Add** button.

Select/Click on the **Delete** link to remove a county.

Banking Information

1. Select/Click on the **Banking Information** tab.

2. Select/Click on the **Request New EFT Account Setup** button.

3. Enter banking information in the **Routing Number, Confirm Routing Number, Account Number, Confirm Account Number, Account Description, Contact Email Address,** and **Confirm Contact Email Address** fields.

4. Select/Click on the **Submit** button.

EFT Setup Request

Routing Number		Confirm Routing Number

Account Number ... **Confirm Account Number**

Account Description

Submit

Upload Waiver Direct Deposit Form

The Waiver Direct Deposit Form includes submittal of documentation from a banking institution indicating that the vendor is not permitted to obtain a checking account.

1. Select/Click on **Browse**. Enter a **File Name** then select/click on the **Upload** button

Upload Bank Information Documents

Filter

No banking documents found.

Valid files: Any
Waiver Direct Deposit Form ∨ Browse... Enter file name Upload Document

2. Enter information in the **First Name, Middle Name** (if applicable), **Last Name** and **Date Bank Signed Waiver** fields, then select/click on the **Save** button.

Upload Bank Information Documents

Filter

Name	Type	Uploaded Date	
Training	Waiver Direct Deposit Form	02/16/2018 05:30 PM	View Delete

Business Entity Form from Secretary of State Valid files: Any (*.*)
Waiver Direct Deposit Form ∨ Browse... Enter file name Upload Document

First Name: Middle Name: Last Name: Save
Date Bank Signed Waiver:

Credentials Tab

1. Enter Credential Information *(if applicable)*. Select/Click on the **Credentials** tab.

   See the Vendor Registration Manual
   (https://www.in.gov/fssa/files/VR%20Services%20Manual%20-%20Version%204.0.pdf) page
   3 for information on credentials.
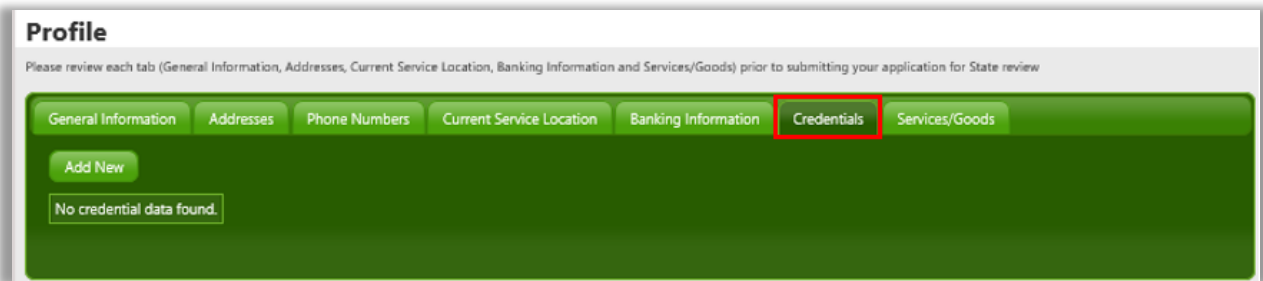
2. Select/Click on **Add New**.
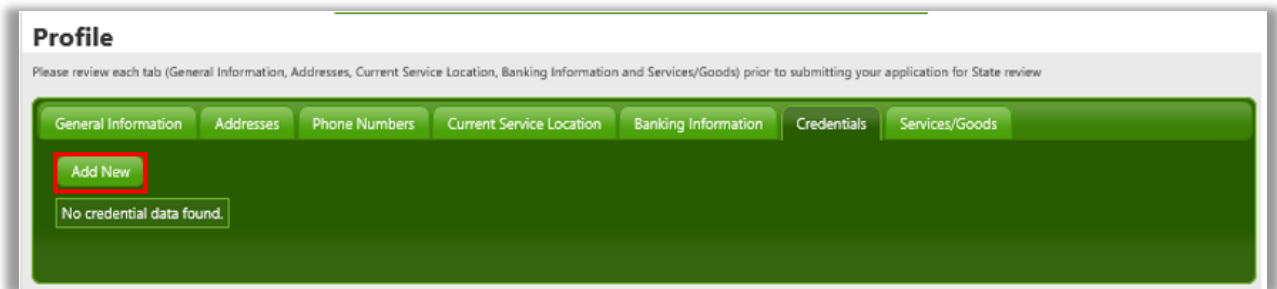
3. Select/Click on a **Credential Type.** Select/Click on a **Credential Status**. Enter information in
   the **State Issued By, Issue Date, Expiry Date, Staff Name and License Number** fields.
   Select/Click on the **Add** button.

Multiple **Credentials** can be added to a Vendor's **Credentials** tab by selecting/clicking on the **Add New** button and repeating the previous steps.

Select/Click on the **Edit** link to update or correct credentials information entered.

Select/Click on the **Delete** link to remove credentials information entered.

Services/Goods Tab

1. Select/Click on the **Services/Goods** tab.

2. Select/Click on the **Add New** button.

3. Enter Services/Goods information. Select/Click on a **Service Category, Service Type** and **Service Sub-Type** and select/click on the **Add** button.

Select/Click on the **Delete** link to remove a service/good. Add all services your agency will be claiming for.

Profile

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

| General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods |

Submit Registration

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Diagnostic and Evaluation	Assessment - MRI and X-rays *Licensure and/or Certification Required	Other (Specify with narrative box)	Training	9/10/2018	Delete
Treatment Services	Medication & Supplies	Other (Specify with narrative box)	Training	9/10/2018	Delete

4. Select/Click on the **Submit Registration** button. **REGISTRATION IS NOT COMPLETE UNTIL YOU CLICK ON SUBMIT REGISTRATION.**

Profile

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

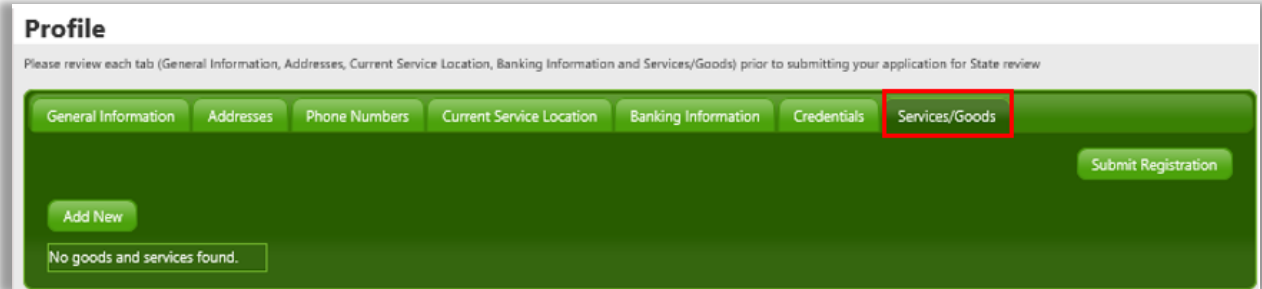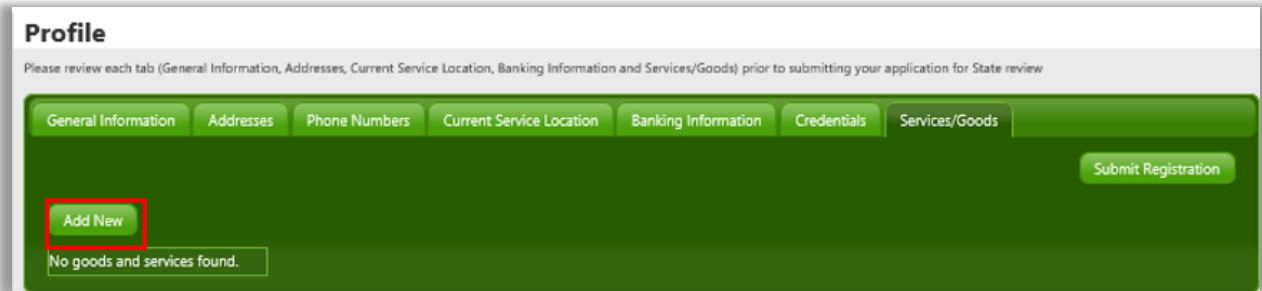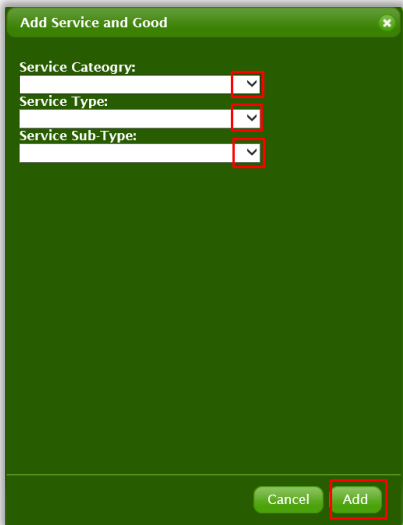| General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods |

Submit Registration

Add New

Service Category	Service Type	Service Sub-Type	Description	Last Modified	
Diagnostic and Evaluation	Assessment - MRI and X-rays *Licensure and/or Certification Required	Other (Specify with narrative box)	Training	9/10/2018	Delete
Treatment Services	Medication & Supplies	Other (Specify with narrative box)	Training	9/10/2018	Delete

5. <u>Almost finished, please read the agreement and acknowledge that you agree!</u>

If you do not see the agreement look for red text exampling missing items, then make corrections and submit again.

The red text will be specific to the fields that require corrections, here is an example:

Profile

All vendor types must upload "Completed IRS Form W-9" before submitting.
At least one Physical address is required in order to submit successfully.
Must select and add at least 1 service location.
Must add at least 1 service and good.

Please review each tab (General Information, Addresses, Current Service Location, Banking Information and Services/Goods) prior to submitting your application for State review

| General Information | Addresses | Phone Numbers | Current Service Location | Banking Information | Credentials | Services/Goods |

CONGRATS your registration has been submitted. Indiana FSSA staff will review your registration. The approval process can take up to 4 to 6 weeks. Once the registration review is completed, the primary contact will receive an auto-generated email from VRNOREPLY@fssa.in.gov.