



Contracted Providers

***Accessing the BHCS Network
Completing the Monthly Staff Attestation Form
Completing a Staff Request Form***

Mission Statement:

To maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experience a serious mental health, alcohol or drug concern.

Created by:
BHCS IS Support Group
January 30, 2017
Version 1.7

Monthly Staff Change Attestation E-Form

This document indicates the procedures for completing the Monthly Staff Change Attestation form which must be completed by all providers **no later than the 15th of each month for the prior month**. The monthly attestation form notifies the BHCS of any changes to your Staff (new, departed or updated) that took place within your respective organization during the prior month. The Attestation e-Form is to be completed by both Mental Health and Substance Use Disorder clinics.

OIG Exclusion List Background

In order to comply with Federal law, Behavioral Healthcare Services will not employ or contract with any persons or entities who are excluded from participating in providing items and/or services billed to Federal health care programs, such as Medicare, Medi-Cal, and all other Federal health care programs. Behavioral Healthcare Services receives Federal funding for administrative operations as well as direct client care. Therefore, Behavioral Healthcare Services must monitor all employees, contracted staff, contracted entities and paid interns to ensure persons are not on the Exclusion list. This is the procedure for how to update your active staff roster using the online forms developed by BHCS Information Services (IS). You are required to update this roster when any changes in your staffing occur, including the addition, removal or retirement of any staff with functions described within the OIG Policy. Failure to accurately record these changes will result in the loss of Federal funding for any activities performed by staff that are discovered to be on the OIG list but were not properly reported on your active staff roster.

Electronic Form Requests (E-Forms)

E-Forms are web based data entry forms that are similar to PDF forms but are accessed via your web browser (Internet Explorer or Google Chrome). E-Forms are dynamically created and can change based upon the input of the user. Once the E-Form is submitted, the form is automatically emailed to the IS Support Help Desk for processing (no faxing or manual emailing is required).

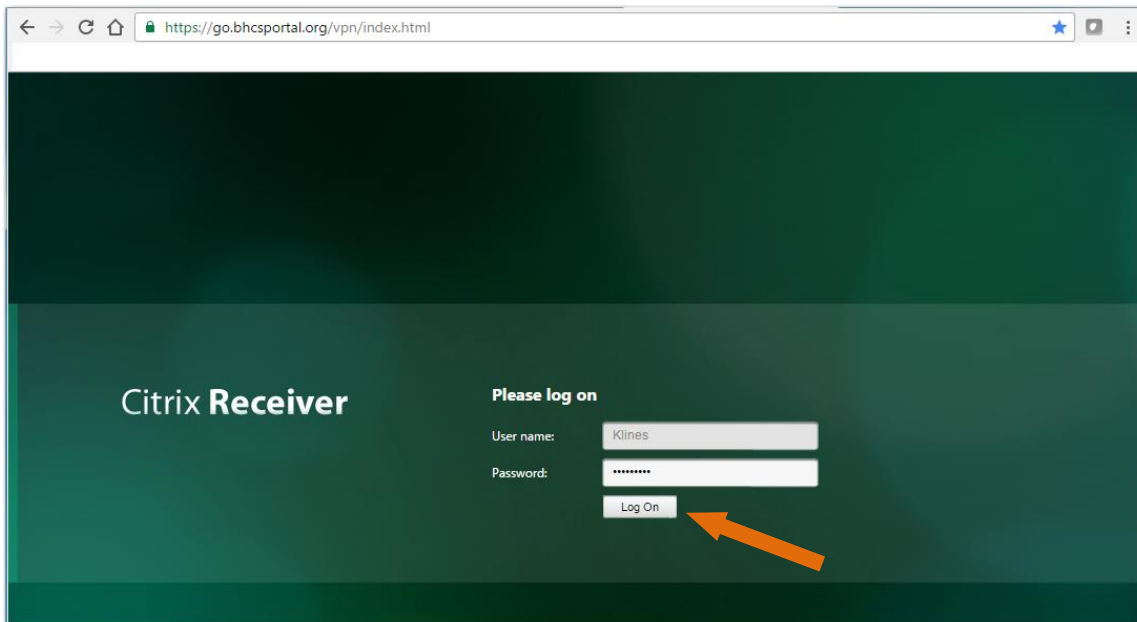
Accessing E-Forms (Web Portal Users)

Approved Contractors and CBO users (Community Based Organizations) can access the various E-Forms via the BHCS Web Portal. This is the same access point from which Clinician's Gateway and INSYST screens are accessed.

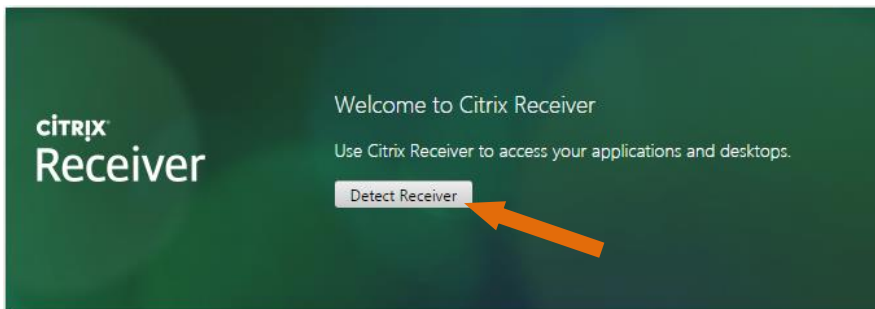
1. Log on to the BHCS Web Portal from your browser:

<https://go.bhcsportal.org/vpn/index.html>

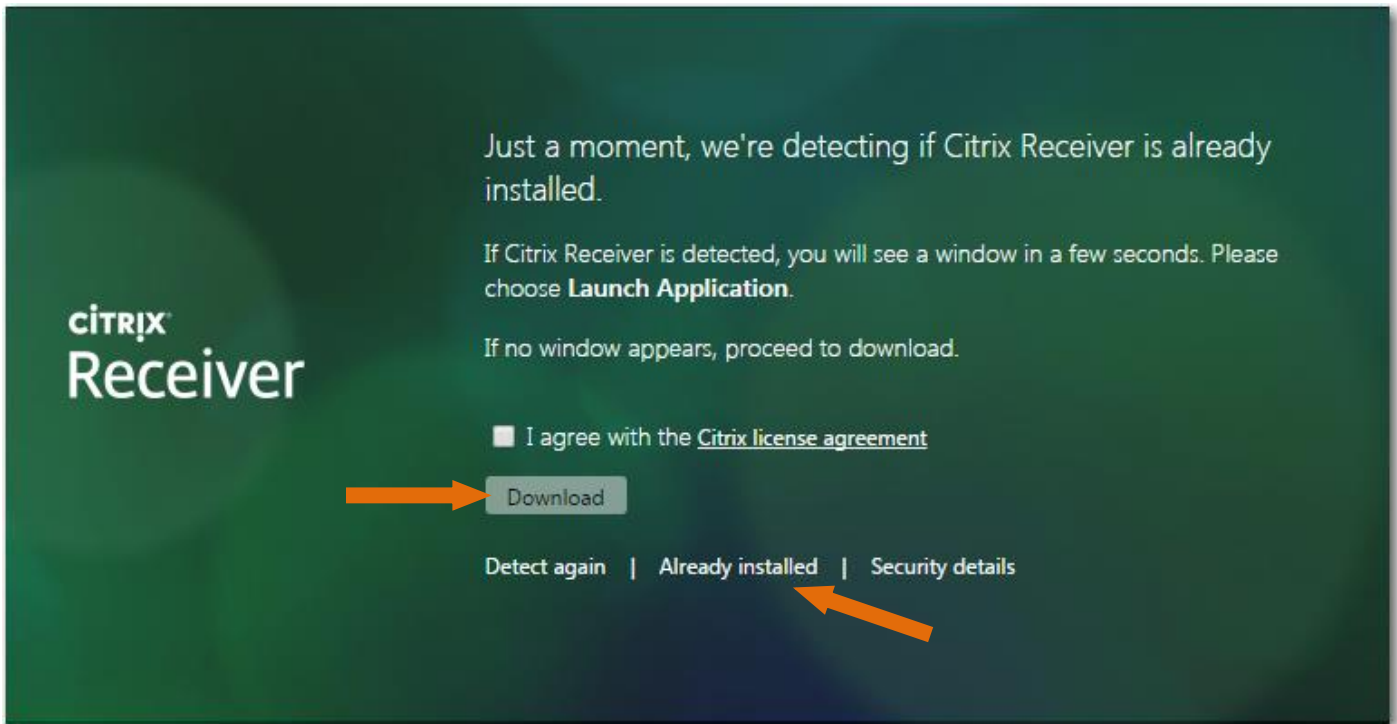
2. Enter your Username and Password in the appropriate fields and select "**Log In**". Each organization must have at least one or more individuals with access rights.



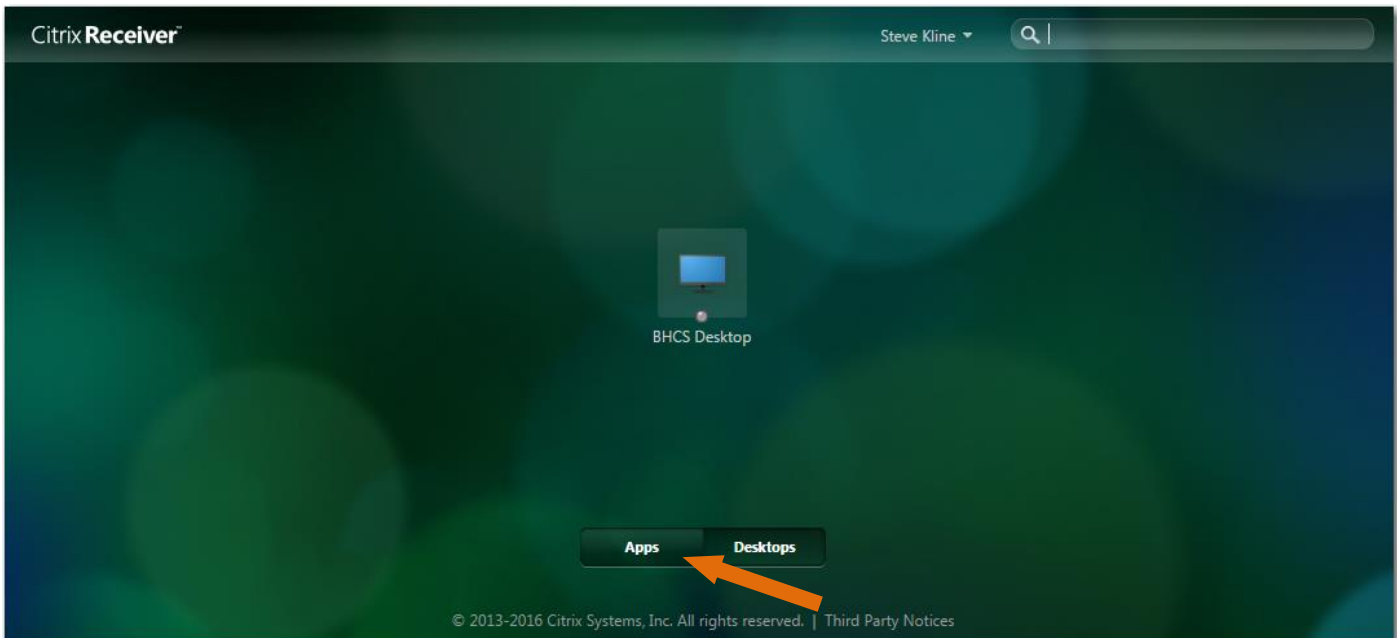
3. If necessary select "detect Receiver" at the Citrix menu.



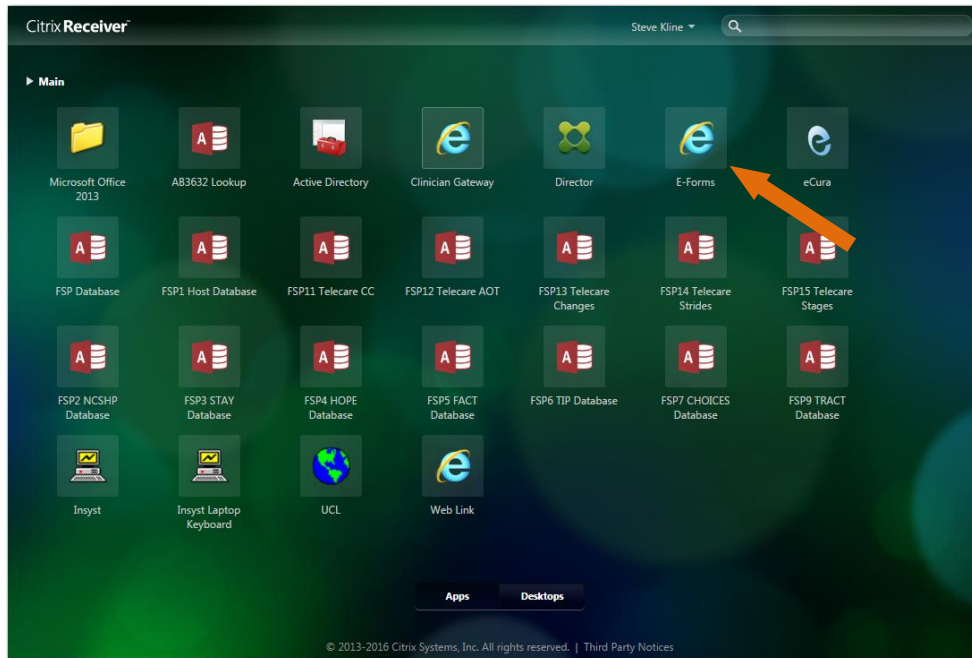
4. If necessary, select "I agree.." and then download the receiver. If already installed, select "Already Installed".



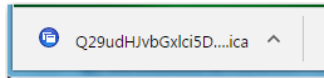
5. Click on the "Apps" link.



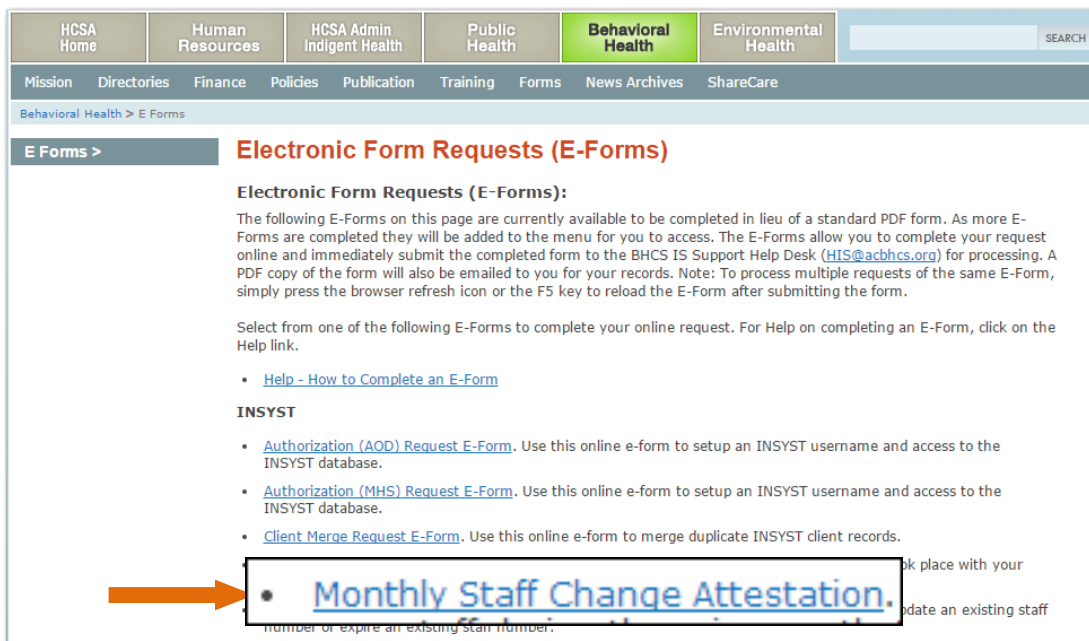
- From the "App" menu of the Web Portal, click on the link to the "E-Forms" App.
- This will download an "xxxxx.ica" file that needs to be run in order to access the E-Forms page.



- Click on the "xxxx.ica" item to run the Citrix connection to access the forms page.



- The E-Forms page contains various online forms that can be completed.
- Select the "**Monthly Staff Change Attestation**" from the list of available forms.



Monthly Staff Change Attestation Form

This attestation form is used to report on whether any changes took place with your clinical staff in the prior month. Before completing the form, please ensure that you have submitted a Staff Number Request form for any new staff, any staff that has departed or any clinical staff whose license has changed.

Monthly Staff Change Attestation (completed by the 15th of each month)

- Contact Information Section - Enter your 5-digit "**Vendor ID**" in the available field. Each CBO/Provider was issued a "Vendor ID" by the Network Office when your contract was established. This number is located on all disbursement checks. Ask your local admin person or contact your Contract/Fiscal Manager. The Vendor ID is required when filling out the Monthly Staff Attestation report. Note: the Vendor ID is a five-digit number with five leading Zero's (0000012345), do not enter the leading zero's.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
Monthly Staff Change Attestation

Please complete this form by the 15th of each month for the prior month (ie by November 15th for month of October). This form is used to report on whether any changes took place with your staff during the prior month. Before completing the form, please ensure that you have submitted Staff Change Requests for any new staff or any staff that are no longer with your organization. Refer to the links at the bottom of this form.

NOTE: This form is only completed once per Legal Entity # / Vendor ID #. This form is for centralized attestation and not for individual locations. If you have both MHS and SUD service types, only one attestation is required.

Use the TAB key to navigate through each field. Click on the GREEN circles for help on each field. When you have completed the form, click on the "Submit Monthly Staff Attestation" button. The completed form will be emailed to the IS Support Help Desk (HIS@acbhcs.org) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.

Today's Date : 01/30/2017

● Please enter your Vendor ID # : 123456

Agency / Vendor Name :

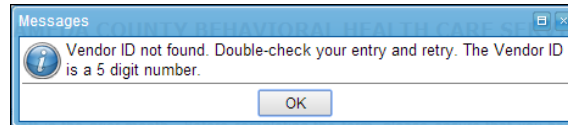
Vendor ID Number located on disbursement check

Vendor Number	Vendor Name	Total Discounts	\$0.00		
0000012345	HEALTH SERVICES				
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount	
24508	5/7/2014	\$40,491.53	\$0.00	\$40,491.53	

- After entering your Vendor ID, press the TAB key on your keyboard to search the database.



If you receive the following error message "**Vendor ID not Found**", ensure your 5-digit vendor ID is entered (example: 12345) and try again. **If the Vendor ID is still not found, proceed to step 4.**



- After pressing the TAB key, the form will automatically insert the Vendor Name into the Vendor Name field.

Today's Date :	10/27/2016
Please enter your Vendor ID # :	14611
Agency / Vendor Name :	ALAMEDA FAMILY SERVICES
Indicate type of request :	Monthly Staff Change Attestation

- If the Vendor ID is NOT found**, enter the Vendor ID and Vendor Name into the two Vendor "**not found**" fields that are displayed and then continue.

Today's Date :	01/30/2017
Please enter your Vendor ID # :	12345
Agency / Vendor Name :	
If Vendor ID is not found, enter it here:	12345
If Vendor Name is not found, enter it here:	Tele-Tubbies

- Monthly Staff Change Attestation – This section is for attesting to the various changes to your clinical or administrative staff. Any change (new staff, updates to existing staff or staff that have departed) during the prior month must have been submitted to the BHCS on a Staff Number request form.

Monthly Staff Change Attestation	
<p>Contractors are required to do the monthly attestation that they have updated their staff roster with staff additions, departures, and staff information changes. "Staff" used in this context includes contractor's clinical and non-clinical employees, volunteers, and agents of contractor who provide goods and services under the contract with BHCS. Contractors are no longer required to do their own monthly exclusion list checks as BHCS will be performing these monthly checks on all names that contractors submit to BHCS. Contractors are still required to do pre-employment and pre-contracting checks.</p>	
Is this for SUD or MHS?	MHS (Mental Health Services)
Indicate what Month this report covers:	October
Indicate what Year this report covers:	2016
Were there any Staff Changes during the month indicated ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Changes
Were ALL new Clinical staff reported to the help desk to receive a Staff Number ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were ALL new Non-Clinical staff reported to the help desk to receive a Staff Number ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were ALL inactive / expired staff reported to the BHCS ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I attest that the information indicated above is correct.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- When you select Yes to attesting to the staff changes listed above, additional fields will be displayed allowing you to indicate the person attesting to the information. If you cannot attest to the information, you will not be able to complete and submit the form.

Form Attestation

Was this form completed by someone other than the person attesting : ⓘ

• First Name of person Attesting : ⓘ

• Last Name of person Attesting : ⓘ

• Phone / Ext of person Attesting : ⓘ

• Title of person Attesting : ⓘ

• Email of person Attesting : ⓘ

Staff Change Notes

If any of the following staff changes occur after you have received a Staff Number, you must submit a Staff Change Form and indicate "**Update Staff Number**" as the request type.

- Name Change
- License change or new renewal date
- Taxonomy code change
- Enrollment in Medicare or Medi-Cal
- Staff Mask change

[MHS Staff Number Request Form Link](#) / [SUD Staff Number Request Form Link](#)

Additional email to include as a CC :

- Once you have attested to the information, the Submit button will become active so that the form can be completed.

Submitting

- Click on the "**Submit**" button at the bottom of the page to submit the form.
- If any required data is missing, the missing fields will be highlighted in yellow and require you to go back and populate those fields.
- A copy of the form will be emailed to the person attesting and the form will be displayed for viewing. Simply click on the Close button to close the form viewer.

Staff Number Request Form

An INSYST Staff Number must be assigned to all staff (BHCS staff, Provider Staff and Standard Services Personnel staff). This staff number is required for any clinician that will be treating patients as well as any non-clinician that will be accessing the Clinicians Gateway system and for individuals that need to be checked against the Federal Exclusion List.

The Staff Number form is also used to update clinician licensing information and indicate staff that are no longer with your organization.

1. Select the "**Staff Number (xyz) Request**" from the list of available forms.

The screenshot shows a web browser window displaying the intranet for the Health Care Services Agency. The page is titled "Electronic Form Requests (E-Forms)" and lists various forms available for completion. A red arrow points to the "Staff Number (MHS) Request E-Form" in the list.



Staff Number (MHS) Request E-Form. Use this online e-form to acquire an INSYST staff number for your clerical staff.

Staff Number Form

The Staff Number form must be completed for any staff that is being added, updated or removed from your organization.

Type of Staff Requests:

1. **New Clinician Staff Number.** Use this selection if the employee is a licensed clinician that treats patients.
2. **Clinicians Only-Change Demographics.** Use this selection to update the demographics of an existing clinician.
3. **Clinicians Only-Change Medicare Info.** Use this selection to update the Licensure information of an existing clinician in the event any of their license information changed.
4. **New Non-Clinician Staff Number.** Use this selection if the employee is not a licensed clinician but is required to access clinical charts or Clinician's Gateway but does not provide clinical care.
5. **Update Existing Non-Clinician Staff Number.** Use this selection if the employee is not a licensed clinician but their information needs to be updated.
6. **Expire Staff Number.** Use this selection if the employee has departed and no longer works for your organization.
7. **Objective Arts-Transfer Staff Number.** Use this selection to for Objective Arts transfers.



Contact Information

Staff Number (MHS) Request

Please complete this form and allow 3 business days for processing. An INSYST Staff Number must be assigned to all staff (BHCS staff, Provider Staff and Standard Services Personnel staff) to identify you as a Mental Health (MH) service provider. The Staff number is used to indicate the person as a clinician, non-clinician. Additional fields have been added to support the ability to check the individual against the Federal OIG Exclusion List and other exclusion lists.

As a clinician the Staff Number captures information such as: license number, Medicare number, NPI number and taxonomy codes that are used in the billing process of services provided by clinicians. The coordination of this information is essential between your licensing board, Medicare (Palmetto) and the NPPEs/NPI numerator. Only one staff number is issued regardless where the individual works.

Use the TAB key to navigate through each field. Click on the GREEN circles for help on each field. When you have completed the form, click on the "Submit MHS Staff Request" button. The completed form will be emailed to Provider Relations (ProviderRelations@acbhcs.org) or the IS Support Help Desk (HIS@acbhcs.org) and you will receive a copy for your records. Note: To process another request, simply press the Refresh icon or the F5 key to reload the form.

Staff Number Request Type:

- Use "New Clinician Staff Number" if the employee (Licensed or Unlicensed) provides services to clients.
- Use "New Non-Clinician Staff Number" if the employee is working in an admin or clerical capacity.

Today's Date :	10/27/2016
Indicate Type of Request :	New Non-Clinician Staff Number
Indicate Type of Staff :	Admin / Clerical
Contact Person's First Name :	Steven
Contact Person's Last Name :	Kline
Contact Person's Phone / Ext :	510.555.1212
Contact Person's Email :	steve@email.com
Enter Name of Organization(BHCS or CBO name) :	East Bay Services
Enter Name of Clinic / Program :	Oakland Clinic
Select The Type of User :	CBO (Community Based Organization)
For IS Only :	

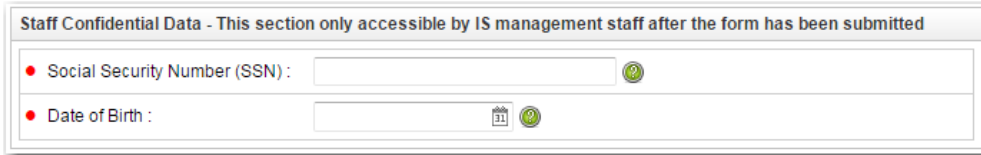
Complete the different sections of the Staff Form.

Staff Personnel Information Section:



Confidential Information Section:

- Once the SSN is entered, the field will be hidden so that it is not visible to anyone.
- This confidential information is only seen by the IS Management staff.



Licensing Information Section:

- This section is only for licensed clinicians and is not displayed for admin/clerical staff.



Languages Section:

- This section indicates the various languages that you speak.

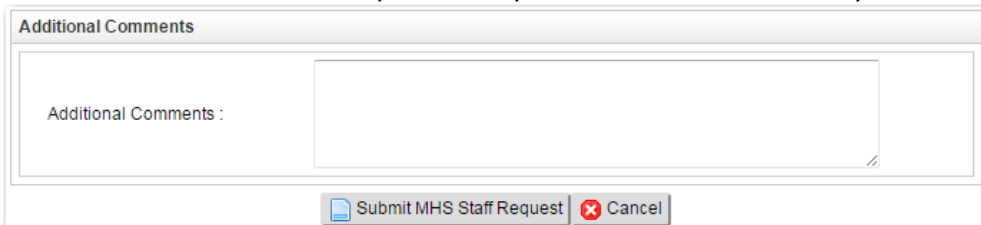


Additional Staff Information Section:








Comments Section:

- Add any additional comments regarding the request to this section.
- When the form is complete, press the Submit button.
- The form will be sent to the help desk and you will receive an email for your records.



E-Form Data Entry Notes

Completing an e-form is straight-forward and easy.

	After entering the field information, the TAB key takes you to the next data entry field.
	The F5 key clears all the fields and reloads the E-Form page
	The RED dot to the left of the field description column indicates the field is REQUIRED and that the field must be populated in order to submit the form.
	The GREEN dot to the left of the field description column indicates the required field has been populated.
	The GREEN button with the question mark to the right of the data field is a Help menu for that field. Click on the button for information regarding the field.

Frequently Asked Questions

Question	Answer
What does OIG stand for	Office of Inspector General
What is the Exclusion List	A list of individuals that have committed an act of fraud against Medicare and other federal health care programs
When does the checking of employees begin	September 2014
We do not have anyone with a user name and password for the web portal to access the attestation eform.	Each provider needs at least one person to access and complete the staff number request and attestation form. Complete the Network Access Request form on the providers website and email to IS support (his@acbhcs.org)
We are not sure if our staff have staff numbers	Contact the IS Help Desk to verify (his@acbhcs.org or 510.567.8181)
We don't know our Vendor ID number	Vendor ID is located on the bottom left of your disbursement check or Contact your Fiscal Manager in the network office.
Vendor ID not found	Re-enter vendor ID, ensure it is 5-digits
Is the attestation for both MHS and SUD?	Yes, the OIG is for both Mental Health and Substance Use Disorder. More information to follow.
Should the BHCS require providers to run an OIG check prior to hiring an employee?	It would be a wise decision for the CBO to perform the check prior to hiring but that BHCS cannot dictate the hiring process for the CBO's.
Since the exclusion list applies to personnel matters, should only HR be attesting?	This is a decision that needs to be determined individually by each provider. Changes will be made to the Attestation form to support someone other than the attester completing the form.
Are Interns also to be checked against the exclusion list?	Yes