

# BIBS PROVIDER ENROLLMENT FAQS

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## 1. Overview

All BIBS enrollment forms, with the exception of the Direct Deposit form and voided check, must be sent to your local District Early Intervention Coordinator (EIC) for the county where the provider resides. The District will e-mail the forms to [bcw.contracts@dph.ga.gov](mailto:bcw.contracts@dph.ga.gov). The Direct Deposit form and voided check must be sent to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com). Once these forms are reviewed by the state they are forwarded to Gainwell Technologies for processing.

When enrolling in the Babies Can't Wait program for the first time, complete all applicable forms listed on the checklist.

## 2. Types of Forms

**Q: When to use Agency forms and when to use Independent Provider forms?**

A: See below:

- If a provider owns an LLC but will **never** have other providers enrolled under the LLC, they should use [Independent Provider forms](#).
- If a provider owns an LLC and **will** have providers enrolled under the LLC (now or at some future date), they must use [Agency forms](#).
- If a provider is enrolling under their Social Security Number, and **may** have other providers enrolled under them in the future, they must use [Agency forms](#).
- If a provider is enrolling under their Social Security Number and will **never** have other providers enrolled under them, they should use [Independent Provider forms](#).

### **Form Packets**

#### **A. Agency**

#### **B. Independent Provider/Self-Employed**

#### **C. District**

## A. Agency Forms Packet

- Agency Billing Enrollment Form
- Agency Online Access Enrollment Form
- Agency Provider Enrollment Form
- Certification for Online Claims Form
- Direct Deposit/EFT Authorization Form
- District Specialty Certification Form
- Electronic Signature Agreement Form
- W-9

Agency Checklist			
✓	Form Name and Description	Original Signature Required?	District Approval Required?
	1. Agency Billing Enrollment Form - <i>Required</i> - Complete this form to enroll as a contracted Agency.	Yes	Yes
	2. Agency Online Access Enrollment Form - <i>Required</i> - Complete this form to receive access to the BIBS system.	Yes	Yes
	3. Agency Provider Enrollment Form - <i>Required</i> - Complete this form to enroll as a Provider employed by an Agency.	Yes	Yes
	4. Certification for Online Claims Form - <i>Required</i> - Complete this form to perform direct data claim entry into the BIBS system.	Yes	No
	5. Direct Deposit/EFT Authorization Form – <i>Required (Except 3-4 East Metro)</i> - Complete this form to receive electronic payments instead of payments by check.	Yes	No
	6. District Specialty Certification Form - <i>Required</i> - Complete this form to certify the Provider has been credentialed by the District(s).	Yes	Yes
	7. Electronic Signature Agreement Form - <i>Required</i> - Complete this form to certify authorization of your electronic signature for all actions within the BIBS system.	Yes	No
	8. W-9 Request for Taxpayer Identification Number and Certification Form – <i>Required (Except 3-4 East Metro)</i> - Complete this form to receive a 1099.	Yes	No

**Exhibit 3 Agency Checklist**

## B. Independent Provider/Self-Employed Forms Packet

- Certification for Online Claims Form
- Direct Deposit/EFT Authorization Form
- District Specialty Certification Form
- Electronic Signature Agreement Form
- Independent Provider Online Access Enrollment Form
- Independent Provider/Self-Employed Billing Enrollment Form
- Independent Provider/Self-Employed Enrollment Form
- W-9

Independent Provider/Self-Employed Checklist			
✓	Form Name and Description	Original Signature Required?	District Approval Required?
	1. Certification for Online Claims Form - <i>Required</i> - Complete this form to perform direct data claim entry into the BIBS system.	Yes	No
	2. Direct Deposit/EFT Authorization Form – <i>Required (Except 3-4 East Metro)</i> - Complete this form to receive electronic payments instead of payments by check.	Yes	No
	3. District Specialty Certification Form - <i>Required</i> - Complete this form to certify the Provider has been credentialed by the District.	Yes	Yes
	4. Electronic Signature Agreement Form - <i>Required</i> - Complete this form to certify authorization of your electronic signature for all actions within the BIBS system.	Yes	No
	5. Independent Provider Online Access Enrollment Form - <i>Required</i> - Complete this form to receive access to the BIBS system.	Yes	Yes
	6. Independent Provider/Self-Employed Billing Enrollment - <i>Required</i> - Complete this form this form to receive payments as a Self-Employed Independent Provider.	Yes	Yes
	7. Independent Provider/Self-Employed Enrollment - <i>Required</i> - Complete this form to enroll as a Self-Employed Independent Provider.	Yes	Yes
	8. W-9 Request for Taxpayer Identification Number and Certification Form – <i>Required (Except 3-4 East Metro)</i> - Complete this form to receive a 1099.	Yes	No

**Exhibit 4 Independent Provider/Self-Employed Checklist**

### C. District Forms Packet

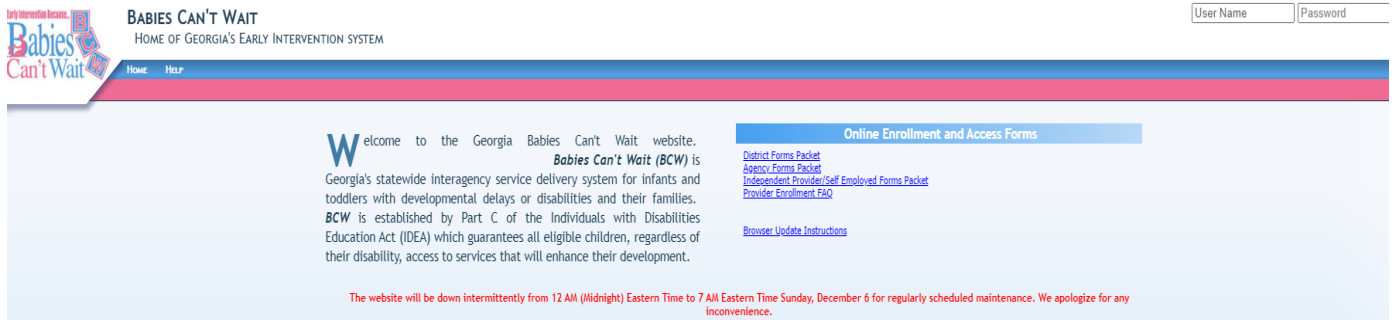
- Certification for Online Claims Form
- District (Employee) Online Access Enrollment Form
- District Employee Provider Enrollment Form
- Provider Deactivation Form
- District Specialty Certification Form
- Electronic Signature Agreement Form

District Checklist			
✓	Form Name and Description	Original Signature Required?	District Approval Required?
	1. Certification for Online Claims Form - <i>Required</i> - Complete this form to perform direct data claim entry into the BIBS system.	Yes	No
	2. District Employee Online Access Enrollment Form - <i>Required</i> - Complete this form to receive access to the BIBS system.	Yes	Yes
	3. District Employee Provider Enrollment – <i>Required</i> - Complete this form to enroll a Provider employed by the District.	Yes	Yes
	4. Provider Deactivation Form – <i>Optional</i> - Complete this form to deactivate a Provider from a District.	Yes	Yes
	5. District Specialty Certification Form - <i>Required</i> - Complete this form to certify the Provider has been credentialed by the District.	Yes	Yes
	6. Electronic Signature Agreement Form - <i>Required</i> - Complete this form to certify authorization of your electronic signature for all actions within the BIBS system.	Yes	No

**Exhibit 5 District Checklist**

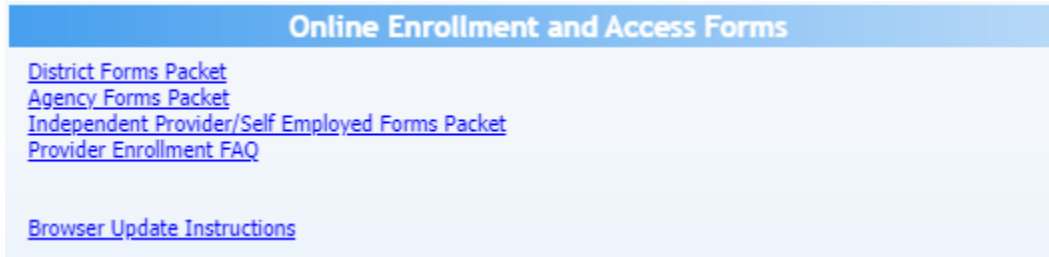
### 3. Access

The enrollment forms can be accessed on the 'BIBS' website prior to logging in (Exhibit 1).



**Exhibit 1 BIBS website prior to log in**

Click on the applicable link (Exhibit 2)



**Exhibit 2 Enrollment and Access forms link**



Below are instructions on what forms to submit when first enrolling or making updates/changes to an existing enrollment. All BIBS forms will be sent to your local District Early Intervention Coordinator.

## 4. Agency

### A. New Agency

#### 1. Q: How to enroll a new agency if the owner is NOT enrolling as a provider?

A: Complete the following forms listed below found in the Agency Forms Packet:

- [Agency Billing Enrollment](#)
- [Agency Online Access Enrollment](#) (for Agency Administrator access for the owner)
- [Certification for Online Claims](#)
- [Direct Deposit EFT Authorization](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))
- [Electronic Signature Agreement](#)
- [W-9](#)
- [Voided Check](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))

#### 2. Q: How to enroll a new agency if the owner is enrolling as a provider?

A: Complete the following forms listed below found in the Agency Forms Packet:

- [Agency Billing Enrollment](#)
- [Agency Coordinator Online Access Enrollment](#) – only if the owner is a Service or Intake Coordinator
- [Agency Online Access Enrollment](#) (for Agency Administrator access)
- [Agency Online Access Enrollment](#) (for Agency Provider access)
- [Agency Provider Enrollment](#)
- [Certification for Online Claims](#)
- [Direct Deposit EFT Authorization](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))
- [District Specialty Certification](#)
- [Electronic Signature Agreement](#)
- [W-9](#)
- [Voided Check](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))

## **B. Existing Agency**

**1. Q: How does an agency change their address, phone number, fax number or email address?**

A: Complete an [Agency Billing Enrollment Form](#)

**2. Q: How does an agency get added to a district?**

A: Complete an [Agency Billing Enrollment Form](#)

**3. Q: How does an agency get removed from a district?**

A: Complete an [Agency Billing Enrollment Form](#)

**4. Q: How does an agency add/or change a new agency administrator?**

A: Complete an [Agency Online Access Enrollment Form](#)  
Complete an [Electronic Signature Agreement](#)

**5. Q: How does an agency add/or change a new agency claims & billing agent?**

A: Complete an [Agency Online Access Enrollment Form](#)  
Complete an [Electronic Signature Agreement](#)

**6. Q: What online forms are needed if the person who is going to be an agency administrator is also going to enroll as a provider?**

A: Complete (2) [Agency Online Access Enrollment Forms](#) with different User IDs:

- Check “Agency Administrator” on one form
- Check Agency “Provider (Billing)” or Agency Provider (Non-Billing)”, on the other form.
  - [Agency Coordinator Online Access Enrollment](#) – only if the owner is a Service or Intake Coordinator
  - [Agency Provider Enrollment](#)
  - [Certification for Online Claims](#)
  - [District Specialty Certification](#)
  - [Electronic Signature Agreement](#)

**7. Q: How does an agency end the online access of an agency administrator?**

A: Complete an [Agency Online Access Enrollment Form](#)

- Do not fill out the entire form
- Put the Agency Name in the top blank
- In the middle of the form, put the name of the person whose access you’re ending in the User First and Last Name blank
- Have the agency owner sign and date page 2

**8. Q: How does an agency end the online access of an agency claims and billing agent?**

A: Complete an [Agency Online Access Enrollment Form](#)

- Do not fill out the whole form
- Put the Agency Name in the top blank

- In the middle of the form, put the name of the person whose access you're ending in the User First and Last Name blank
- Have the agency owner sign and date page

## 5. Agency Provider

### A. New Provider

**1. Q: How to add a new provider to an existing agency?**

A: Complete the following forms listed below found in the [Agency Forms Packet](#):

- [Agency Provider Enrollment Form](#):
  - o [Agency Information Section](#): Enter the Agency Name and the FEIN/Tax ID#
  - o [Provider Information Section](#): Select 'Add New Agency Provider' box. Enter the Provider name, entire address of agency, phone and fax number, NPI # and email address
  - o [District Information](#): Select all the Districts in which services will be provided
  - o [In-Network Private Insurance Information](#): Enter all in-network private insurance ID# and enter start date
  - o [Medicaid/CMO Information](#): Select the Medicaid/CMO information and enter start date
  - o All applicable signatures and dates are required
- [Agency Online Access Enrollment Form](#) and/or [Agency Coordinator Online Access Enrollment Form](#)
- [Electronic Signature Agreement Form](#)
- [Certification for Online Claims Form](#)
- [District Specialty Certification Form](#)

### B. Existing Provider

**1. Q: How to add a specialty to an existing agency provider contract?**

A: Complete a [District Specialty Certification Form](#)

**2. Q: How to add service or intake coordination to an existing agency provider contract?**

A: Complete a [District Specialty Certification Form](#)  
Complete an [Independent Coordinator](#) or [Agency Coordinator Online Access Enrollment Form](#)

**3. Q: How does a provider for an agency change their name, address and phone number?**

A: Complete the [Agency Provider Enrollment Form](#) and the [Agency Online Access Enrollment Form](#)

**4. Q: How does an agency provider change their email address?**

A: Complete the [Agency Provider Enrollment Form](#)

**5. Q: How to deactivate an agency provider who is no longer contracting with BCW?**

A: Complete the [Provider Deactivation Form](#)

**6. Q: How to add an additional district to an agency provider contract?**

A: If the agency is already enrolled in the District, and the provider is not a Service or Intake Coordinator, no action needs to be taken. District enrollment is dictated by the agency.

If the agency is already enrolled in the District, and the provider is a Service or Intake Coordinator, complete an [Agency Coordinator Online Access Enrollment Form](#). This can be a copy of the online form the Service or Intake Coordinator filled out back when they were enrolled, as long as the new District signs it.

If the agency is not already enrolled in the District, complete the [Agency Billing Enrollment Form](#) for the agency the provider is enrolled with. If the provider is also a Service or Intake Coordinator, complete an [Agency Coordinator Online Access Enrollment Form](#). Again, this can be a copy of the online form the Service or Intake Coordinator filled out back when they were enrolled, as long as the new District signed it.

**7. Q: How to remove an agency provider from a District?**

A: An agency provider cannot be removed from a District if the agency is still enrolled in that District. However, an Intake or Service Coordinator can have their BIDS access removed from a District. Complete an [Agency Coordinator Online Access Enrollment Form](#). (This can be a copy of the online form the Service or Intake Coordinator filled out back when they were enrolled.) Mark Change Information and Modify Access on page 1. On page 2, mark the District and write Remove next to it.

## 6. Independent Provider/Self-Employed

### A. New Provider

**1. Q: How to enroll a new independent/self-employed provider to a district?**

A: Complete the following forms listed below found in the Independent Provider/Self-Employed Forms Packet:

- [District Specialty Certification Form](#)
- [Independent Provider Online Access Enrollment Form](#)
- [Independent Provider/Self-Employed Billing Enrollment Form](#)
- [Independent Provider/Self-Employed Enrollment Form](#)
- [Electronic Signature Agreement Form](#)
- [Certification for Online Claims Form](#)
- [Direct Deposit EFT Authorization/Change Form](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))
- [W-9](#)
- [Voided Check](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))

**2. Q: How to enroll a new independent/self-employed provider who is providing service or intake coordination to a district?**

A: Complete the following forms listed below found in the Independent Provider/Self-Employed Forms Packet:

- [District Specialty Certification Form](#)
- [Independent Provider Online Access Enrollment Form](#)
- [Independent Provider/Self-Employed Billing Enrollment Form](#)
- [Independent Provider/Self-Employed Enrollment Form](#)
- [Independent Coordinator Online Access Enrollment Form](#)
- [Electronic Signature Agreement Form](#)
- [Certification for Online Claims Form](#)
- [Direct Deposit EFT Authorization/Change Form](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))
- [W-9](#)
- [Voided Check](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com))

**3. Q: How to enroll a new Independent/Self-employed provider who would like to provide services in multiple districts?**

A: Complete the following forms listed below found in the Independent Provider/Self-Employed Forms Packet:

- [District Specialty Certification Form](#)
- [Independent Provider Online Access Enrollment Form](#)
  - **Note: This form must be signed and dated by the Independent Provider (User Signature) and a District EIC (District EIC Signature) from ONE of the Districts selected**

- [Independent Provider/Self-Employed Billing Enrollment Form](#)
  - **Note: This form must be signed and dated by the EICs of ALL of the Districts in which the Independent/Self-Employed provider will provide services. The EICs can sign and date anywhere in the white space on page 2**
- [Independent Provider/Self-Employed Enrollment Form](#)
- [Independent Coordinator Online Access Enrollment Form](#)
  - **Note: This form must be signed and dated by the Independent Provider (User Signature) and the District EIC (District EIC Signature) from ALL the Districts selected**
- [Electronic Signature Agreement Form](#)
- [Certification Form Online Claims Form](#)
- [Direct Deposit EFT Authorization/Change Form](#) (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com) )
- [W-9](#)
- Voided Check (exception, email directly to [gaeienroll@gainwelltechnologies.com](mailto:gaeienroll@gainwelltechnologies.com) )

(NOTE: The '[Independent Coordinator Online Access Enrollment Form](#)' would only need to be submitted if service or intake coordination is being provided).

## **B. Existing Provider**

1. **Q: How to add a specialty to an existing provider's contract?**  
A: Complete a [District Specialty Certification Form](#)
  
2. **Q: How to add service or intake coordination to an existing providers contract?**  
A: Complete a [District Specialty Certification Form](#)  
Complete an [Independent Coordinator Online Access Enrollment Form](#)
  
3. **Q: How does a provider change their email address, phone number, or fax number, or physical address? Same for name change (e.g. gets married)?**  
A: Complete an [Independent Provider/Self-Employed Enrollment Form](#). For a name change, they also complete a [W-9](#) and an [Independent Provider Online Access Enrollment Form](#). And for a service/intake coordinator, also complete an [Independent Coordinator Online Access Enrollment Form](#).
  
4. **Q: How does a provider update their bank information?**  
A: Complete a [Direct Deposit EFT Authorization/Change Form](#) and submit a Voided Check
  
5. **Q: How to deactivate an independent provider who is no longer contracting with BCW?**

- A: Complete the [Provider Deactivation Form](#)
- 6. Q: How to add an additional District to an independent provider contract?**  
A: Complete the [Independent Provider/Self-Employed Billing Enrollment](#). If the provider is also a Service or Intake Coordinator, complete an [Independent Coordinator Online Access Enrollment Form](#). This can be a copy of the online form the provider filled out back when they were enrolled, as long as the new District signs it.
- 7. Q: How to remove an independent provider from a district?**  
A: Complete the [Independent Provider/ Self-Employed Billing Enrollment](#). If the provider is also a Service or Intake Coordinator, complete an [Independent Coordinator Online Access Enrollment Form](#). (This can be a copy of the online form the provider filled out back when they were enrolled.) Mark Change Information and Modify Access on page 1. On page 2, mark the District and write Remove next to it.

## 7. Districts

### **A. New District Employee**

**1. Q: How does a District request EIC access for someone?**

A: Complete a [District \(Employee\) Online Access Enrollment Form](#) and an [Electronic Signature Agreement Form](#)

**2. Q: How to enroll a District employee who needs District Provider access?**

A: Complete the following forms listed below found in the District Forms Packet:

- [Certification for Online Claims Form](#)
- [District \(Employee\) Online Access Enrollment Form](#) (mark District – Provider at the bottom of page 1)
- [District Employee Provider Enrollment Form](#)
- [District Specialty Certification Form](#)
- [Electronic Signature Agreement Form](#)

**3. Q: How to enroll a District employee who needs Service or Intake Coordinator access?**

A: Complete the following forms listed below found in the District Forms Packet:

- [Certification for Online Claims Form](#)
- [District Coordinator Online Access Enrollment Form](#)
- [District Employee Provider Enrollment Form](#)
- [District Specialty Certification Form](#)
- [Electronic Signature Agreement Form](#)

### **B. Existing District Employee**

**1. Q: How does a District provider add a specialty?**

A: Complete a [District Specialty Certification Form](#)

**2. Q: How does a District provider add the specialty or intake coordination?**

A: Complete a [District Specialty Certification Form](#) and a [District Coordinator Online Access Enrollment Form](#).

**8. Q: How to deactivate a district provider who is no longer contracting with BCW?**

A: Complete the [Provider Deactivation Form](#)

**3. Q: How does a District end a district employee's (non-provider) access?**

A: Complete a [District \(Employee\) Online Access Enrollment Form](#).

- Don't fill out the whole form
- Put the District Name in the top blank
- In the middle of the form, mark Delete Access and put the name of the person whose access you're ending in the User First and Last Name blank
- Have the EIC sign and date page 2



**4. Q: How does a district end someone's district provider or service /intake coordinators access?**

A: Complete a [Provider Deactivation Form](#). The CFO will disenroll the provider and end their access.

**5. Q: How to add a district employee to a new district?**

A: Complete all new forms with the new Districts information. This is considered a new enrollment.

- [Certification for Online Claims Form](#)
- [District \(Employee\) Online Access Enrollment Form](#) (mark District – Provider at the bottom of page 1)
- [District Employee Provider Enrollment Form](#)
- [District Specialty Certification Form](#)
- [Electronic Signature Agreement Form](#)