BIBS – ENROLLMENT GUIDE



NOVEMBER 2022 VERSION 1.0

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1

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1.0 Overview

This document has in-depth information regarding the enrollment process both for new enrollments and changes to an existing enrollment. There are different requirements for:

- Agencies and providers with an agency An agency has multiple providers who work for the agency. There is an agency owner, and the agency could have employees who complete billing activities for providers
 - Agency Owners and Office Personnel, please review sections 4.1 through 4.2 under 4.0 Agency, and section 8.1 Agency User Types for more detailed information
 - Agency providers, please review sections 5.1 through 5.2 under 5.0 Agency Provider, and section 9.1 Agency User Types for more detailed information
- Independent Providers A provider who works for themselves)
 - Please review sections 6.1 through 6.2 under 6.0 Independent Provider/Self-Employed, and section 8.2
 Independent Provider/Self-Employed User Types for more detailed information
- District Employees (Providers)
 - EIC or Designees, please review section 7.1 under 7.0 District and section 8.3 District User Types for more detailed information
 - District providers, please review sections 7.2 under 7.0 District and section 8.3 District User Types for more detailed information

When enrolling in the Babies Can't Wait program for the first time, complete all applicable forms listed on the BCW BIBS Enrollment Checklist. All BIBS enrollment forms must be sent to your local District Early Intervention Coordinator (EIC) for the county where the Agency/Business or provider resides.

- Exception: The Direct Deposit/EFT Authorization form
 - A voided check or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - o It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

The District will e-mail the forms to the State (<u>bcw.contracts@dph.ga.gov</u>). Once reviewed by the State the forms are forwarded to Gainwell Technologies for processing.

• If you have any questions, please contact the Provider Enrollment Unit at Gainwell Technologies at 1.855-708-6612 option 2

2.0 Access

The BCW BIBS enrollment forms can be accessed on the 'BIBS' website (<u>https://www.bcw-bibs.com/</u>) before logging in.

Bables Can't Wait	User Name Password Login
Home of Georgia's Early Intervention system	Ecrept Password
We come to the Georgia Babies Can't Wait website. Babies Can't Wait (BCW) is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families. BCW is established by Part C of the Individuals with Disabilities Education Act (IDEA) which guarantees all eligible children, regardless of their disability, access to services that will enhance their development.	Online Enrollment and Access Forms Errolment Forms BBS - Ervolment Gude Brouser Undete Instructions

Click on the applicable link

Online Enrollment and Access Forms
<u>Enrollment Forms</u> BIBS - Enrollment Guide
Browser Update Instructions

3.0 Checklist by Enrollment Type

The graph below explains which **BCW BIBS Enrollment Checklist** an Agency/Business or provider/coordinator enrolling should reference to assist with the completion of the BCW BIBS enrollment. See section 9 for user types and definitions.

Enrollment Type	The person enrolling with BCW is a:
	Owner of an Agency
A *	A provider or coordinator who works for an Agency/Business
Agency *	A provider whose business is an LLC
	A provider whose business uses a Social Security number
Independent Drevider (Colf Freedowed **	A provider whose business is an LLC
Independent Provider/Self-Employed **	Provider enrolling under their Social Security number
District	A provider or coordinator who will be an employee working at a
	District Office

* Agency or Business (LLC or Social Security Number) who *will or may have* more than one BCW enrolled provider working for them

** Provider owns an LLC or enrolling under a Social Security number who will not have other providers enrolled

4.0 Agency

4.1 New Agency

A new Agency enrolling with the BCW program will complete the following forms. These forms once completed will be submitted to the District Early Intervention Coordinator (EIC) for the county where the Agency/Business is located.

- BCW BIBS Enrollment Form
- BCW- BIBS.COM Online Access
- Certification for Online Claims Form and Electronic Signature Agreement
- Direct Deposit/EFT Authorization Form * *
- W-9 Request for Taxpayer Identification Number and Certification Form * *
- Agency Checklist

* * If the Agency will only be performing services in District 3-4 Lawrenceville/Gwinnett/East Metro these forms do not need to be completed. If additional districts are added later these forms must be completed

~	Form Name and Description	Original Signature Required?	District Approval Required?
	BCW BIBS Enrollment Form - Required Complete this form to enroll as a contracted Agency Complete this form to enroll as a Provider employed by an Agency	Yes	Yes
	2. BCW-BIBS.COM Online Access - Required - Complete this form to receive access to the BIBS system	Yes	Yes
	 Certification for Online Claims Form and Electronic Signature Agreement- Required Complete this form to perform direct data claim entry into the BIBS system and to certify authorization of your electronic signature for all actions within the BIBS system 	Yes	No
	 Direct Deposit/EFT Authorization Form - Required (Except 3-4 East Metro) Complete this form to receive electronic payments instead of payments by check A voided check will need to be submitted with the form 	Yes	No
	 5. W-9 Request for Taxpayer Identification Number and Certification Form – Required (Except 3-4 East Metro) Complete this form to receive a 1099 	Yes	No

4.1.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox at the top of the form

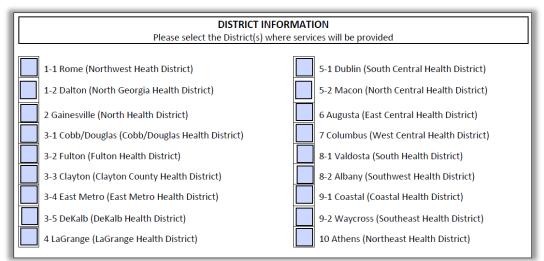
In the Payee Information Section

- Click the checkbox in front of New Payee/Agency/Business Name to select
- Enter information in the fillable fields

NOTE: Do not enter information in the Current Federal Tax ID Number or Current Payee/Agency Business Name fillable fields.

BABIES CAN'T WAIT		BIBS ENROLLMENT FO		'n
A completed form is required to enroll in you are enrolled in BCW, please provide t forms to the EIC.				
Agency (Payee) Independent	nt Provider District			
	PAYEE INF	ORMATION - PLEASE P	RINT	
Current Federal Tax ID Number:		Current Payee/Agen	icy/Business Name:	
New Payee/Agency/Busin Change Information (if thi		1		
Federal Tax ID Number:	Paye	e/Agency/Business Name:		
Address:				
City:	State:		Zip:	
Phone Number:		Fax Number:		
Email Address:				

In the **District Information section**, select the District(s) where services will be provided by the agency's enrolled providers.



At the bottom of the form complete the following:

- Provider Signature the signature of the Agency/Business owner
- Date

NOTE: The District Signature, Date, District Contact Name, and Phone Number will be completed by the District

4.1.1.1 Owner Enrolling as Provider and/or Coordinator

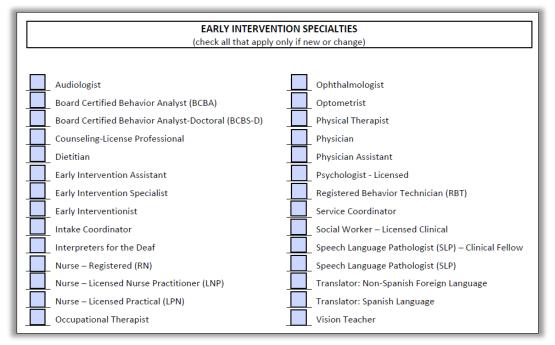
If the owner is enrolling as a provider and/or coordinator the following additional sections will need to be completed.

In the Provider Information section

- Add New Provider click the checkbox to select
- Enter the owner's information into the fillable fields
 - Gender select from the drop-down list
 - Race/Ethnicity select from the drop-down list(s)

PRC	VIDER INFORMATIO	N – PLEASE PRIN	т
Current Provider Name:			
Add New Provider (please complete in Deactivate Provider (last work date) Change Provider Information (if this is			oplies)
Name Address Phone Fax	Email 🔲 Add Distric	t 🔲 Delete District	t 🔲 Add Specialty 🔲 Delete Specialty
First Name:	MI: Last	Name:	
Address:			
City:	State:		Zip Code:
Work Email Address:		Provider NPI#	
Phone Number:	EXT:	Fax Number:	
Gender: Please make a selection	Race/Ethni	city: Please mak	e a selection
		Please mak	ke a selection
		Please mak	e a selection

In the Early Intervention Specialties section, add the applicable specialties by clicking on the checkbox for that specialty



In the In-**Network Private Insurance Information section**, enter the information of any private insurance carriers listed where the owner is an In-Network Provider.

	e private insurance carriers listed v			
s provided, but the Start Date is le	eft blank, then the date this form i	is received by CF	O Provider Enroll	ment will be used as the Start
)ate.				
Please Note: When submitting up				
Carrier Name	In-Network Provider ID		t Date	End Date
Carrier Name Aetna				
Aetna				
Aetna Blue Cross Blue Shield (BCBS)				

In the **Medicaid/COM Information section**, enter Medicaid or CMO information where the owner is an enrolled provider.

rovided, but the owing table blank.
owing table blank.
owing table blank.
1
End Date
/ /
/ /
/ /
/ /
End Date
End Date
End Date
End Date
/ / / / / /

At the bottom of the form complete the following:

- Provider Signature the name of the owner
- Date

4.1.2 BCW-BIBS.Com Online Access

A separate **BCW-BIBS.Com Online Access form** must be completed by the owner(s) and any office personnel who will need access to the BCW-BIBS.com website.

- Never share or allow someone else to use your username and password
 - If someone in the office requires access to the website that person must complete a *BCW-BIBS.Com Online Access* to receive a username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password. This information will also be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Agency

Early intervention because.	BCW-BIBS.COM ONLINE ACCESS		
Bables	(Please keep a copy for your records)		
Can't Wait	www.BCW-BIBS.com		
	District/Agency/Independent Provider Information (Please Print)		
Please complete the fields	on this form and send the form to your associated District.		
District/Agency/Independer	t Business Name		
Tax ID Number			
Type of Access: District (District employee)			
Agency (Agency with more than one provider)			
Independent (Indi	iduals who have their own business)		

In the User Information section, complete the following:

- New User Information click the checkbox to select
- User First, Last Name, Phone, Ext, and Email of the person requesting access
- User ID Enter 3 User IDs
- Security Word a single word to identify yourself
- Security Question the answer to the question 'What's your favorite artist?'

	L	Jser Information (Ple	ase Print)	
New User Informa	tion			
Change of Informa	ation: Please indicate the	e type of change	Delete Access *	Modify Access **
User First and Last Name	9			
Phone (EXT	Email***		
				te e alexa Bara te al
Please enter a User ID, 3	security word, and the an	swer to the Security Ques	ion. The User IDs may not	be duplicated.
		for user identification/verifi ed for the initial password		when contacting the CFO. Neither
User ID 1)	2)	3)	
(Please note: User IDs canr	ot be used more than once;) each Online User Access type	e requires a unique User ID)	
Security Word				
Security Question: What's your favorite artist? Answer				
•				
		end the Provider's enrollm is marked on this form will	ent with the CFO be the only access availab	le to the user
	nust be unique per bcw			

In the **User Online Access Types section**, click on the checkbox of the agency user type that is applicable. Only select one checkbox.



4.1.2.1 Owner Enrolling as Provider

If the owner is enrolling as a provider with a specialty other than coordination in the User Online Access Types section, select Agency Administrator and one of the Agency Provider user types

4.1.2.2 Owner Enrolling as Coordinator

If the owner is enrolling as a coordinator and does not have another specialty complete in the User Online Access Types section, select Agency Administrator and one or both Agency Coordinator Types

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4.1.2.3 Owner Enrolling as Provider and Coordinator

If the owner is enrolling as a provider and as a coordinator in the **User Online Access Types section**, select Agency Administrator, one of the Agency Provider User Types, and one or both Agency Coordinator User Types.

Agency User Types Agency Administrator
Agency Claims and Billing (Office personnel who performs billing for the agency)
Agency Provider
Provider - Billing Provider – Non-billing
A survey Countington
Agency Coordinator Intake Coordinator Service Coordinator

In the **District Information section**, select the checkbox(es) of the district(s) in which the Agency enrolled providers will be performing services. Only select the applicable districts, districts can be added later if necessary

District Information				
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.				
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 			
3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District)	 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 			
 3-5 DeKalb (DeKalb Health District) 4 LaGrange (LaGrange Health District) 	 9-2 Waycross (Southeast Health District) 10 Athens (Northeast Health District) 			

At the bottom of the form complete the following:

- First Name, Last Name, Phone, EXT, and Email of the person requesting access
- User Signature the signature of the person requesting access
- Date
- Agency Signature the signature of the owner
- Date

Please complete and submit the form to your District				
District Contact for Qu	estions:			
First Name	Last Name			
Phone ()	EXTEmail			
User Signature:		Date		
Agency Signature:		Date		
(only applicable if access is for an agency user type)				
District EIC Signature:		Date		
The date the information is received and processed at the CFO office will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access BCW-BIBS.com.				

4.1.2.3.1 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** are required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1 November 2022 Page **15** of **121** • A form must be completed for each owner and office personnel that will be entering claims on the BCW-BIBS.com website

4.1.2.3.2 Direct Deposit/EFT Authorization Form

Complete the **Direct Deposit/EFT Authorization form** for payments to be electronically transmitted into the agency's account. All funds must be designated to one account.

- A voided check or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - These can be emailed directly to gaeienroll@gainwelltechnologies.com

NOTE: If there is any change to the bank information a *Direct Deposit EFT Authorization form* must be completed to ensure payments are put into the correct account. A voided/canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable.

- If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
- These can be emailed directly to gaeienroll@gainwelltechnologies.com

4.1.2.3.3 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed to receive a 1099 form, all fields on the form are required.

4.2 Existing Agency

4.2.1 Change of Address, Phone/Fax Numbers, Or Email Address

To change the address, phone number, Fax number, or email address for an Agency complete the following: **BCW BIBS Enrollment** form

Click the Agency (Payee) checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number enter the Federal Tax ID number of the agency
- Current Payee/Agency/Business Name enter the name of the agency
- Change Information click the checkbox to select
 - Only enter information that has changed in the applicable fillable fields

BCW BIBS ENROLLMENT FORM CFO Agency (Payee)/Independent Provider/District Registration A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EC.				
Agency (Payee) Ind	lependent Provider	District		
	PAYE	EE INFORMATION – PLEASE PRINT		
Current Federal Tax ID Nur	nber:	Current Payee/Agency/Business Name:		
		ase complete information in this section) nly include updated information)		
Federal Tax ID Number:		Payee/Agency/Business Name:		
Address:				
City:	State:	zip:		
Phone Number:		Fax Number:		
Email Address:				

At the bottom of the form complete the following:

- Provider Signature the signature of the owner
- Date

4.2.2 Add or Remove District(s)

To remove a district(s) from an agency complete the following:

• BCW BIBS Enrollment form

Click the Agency (Payee) checkbox to select

In the Payee Information section, complete the following:

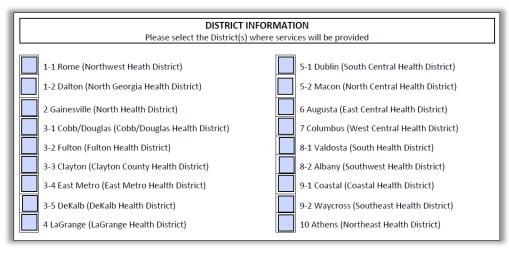
- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select

BABIES CAN'T WAIT (physicrylia.gov/locv CFO Agency (Payee)/Independent Provider/District Registration				
	Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If tion currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the			
Agency (Payee) Independent Provider	District			
	PAYEE INFORMATION – PLEASE PRINT			
Current Federal Tax ID Number:	Current Payee/Agency/Business Name:			
	ne (please complete information in this section) nge only include updated information)			
Federal Tax ID Number:	Payee/Agency/Business Name:			
Address:				
City:	State: Zip:			
Phone Number:	Fax Number:			
Email Address:				

To remove districts, in the **District(s) to be removed text field** enter the name of the district(s) to be removed. Please enter a comma between the districts if multiple districts are entered.

District(s) to be removed:	
	DISTRICT INFORMATION Please select the District(s) where services will be provided

To add a district(s), in the District Information section click on the checkbox(es) of the district(s) to be added.



At the bottom of the form complete the following:

- Provider Signature the signature of the owner
- Date

4.2.3 Add A New Owner or Agency Office Personnel

To add a new owner or Agency Office Personnel each person must complete the following forms:

- BCW-BIBS.COM Online Access
- Certification for Online Claims and Electronic Signature Agreement

4.2.3.1 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access click on Agency to select

District/Agency/Independent Provider Information (Please Print)				
Please complete the fields on this form and send the form to your associated District.				
District/Agency/Independent Business Name				
Tax ID Number				
Type of Access: District (District employee)				
Agency (Agency with more than one provider)				
Independent (Individuals who have their own business)				

In the User Information section complete the following information:

- New User Information click the checkbox to select
- Enter the First Name, Last Name, Phone, Ext, and Email of the person requesting access
- User ID Enter 3 User IDs
- Security Word a single word to identify yourself
- Security Question the answer to the question 'What's your favorite artist?'

User Information (Please Print)				
New User Information				
Change of Information: Please indicate the type of change Delete Access * Modify Access **				
User First and Last Name				
Phone ()EXTEmail***				
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.				
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.				
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)				
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)				
Security Word				
Security Question: What's your favorite artist? Answer				
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user				

In the User Online Access Types section, select the applicable Agency User Type.

- An owner would select Agency Administrator
- Office Personnel would select Agency Claims and Billing



At the bottom of the form complete the following:

- Provider Signature the signature of the owner or the office personnel person
- Date

4.2.3.1.1 Owner Enrolling as Provider

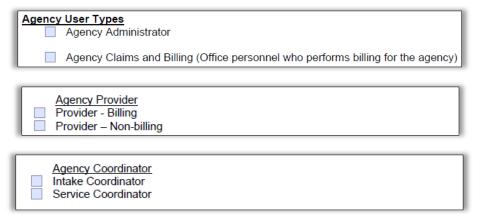
If the owner is enrolling as a provider with a specialty other than coordination, in the **User Online Access Types section** select Agency Administrator and one of the Agency Provider user types.

4.2.3.1.2 Owner Enrolling as Coordinator

If the owner is enrolling as a coordinator and does not have another specialty, in the **User Online Access Types section** select Agency Administrator and one or both Agency Coordinator types.

4.2.3.1.3 Owner Enrolling as Provider and as Coordinator

If the owner is enrolling as a provider and a coordinator, in the **User Online Access Types section** select Agency Administrator, an Agency Provider user type, and one or both Agency Coordinator user types.



At the bottom of the form complete the following:

- Provider Signature the signature of the owner
 - Date

4.2.3.2 Certification For Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

4.2.4 Remove Owner Or Agency Office Personnel

When the owner or office personnel leaves the agency the person(s) access must be ended by completing a **BCW-BIBS.COM Online Access**.

• If both owner and office personnel is leaving the agency each person will have to complete the form

In the District/Agency/Independent Provider Information section, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select
- User First and Last Name

Babies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com				
	District/Agency/Independent Provi	der Information (Please P	rint)		
Please complete the fields	on this form and send the form to your associa	ated District.			
District/Agency/Independe	nt Business Name				
Tax ID Number					
Type of Access:					
	Agency (Agency with more than one provider)				
Independent (Ind	Independent (Individuals who have their own business)				
User Information (Please Print)					
New User Informati	on				
Change of Informat	ion: Please indicate the type of change	Delete Access *	Modify Access **		
User First and Last Name					

In the User Online Access Types section, select the current user type of the person.



At the bottom of the form complete the following:

- Provider Signature The signature of the agency owner
- Date

4.2.4.1 Remove An Owners Specialty(ties)

If the owner will no longer be performing services as a provider or Intake/Service Coordinator the following form(s) must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

4.2.4.1.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox to select

In the **Payee Information section**, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select

BABIES CAN'T WAIT bey bower (fine were depresenting out/box) BCW BIBS ENROLLMENT FORM CFO Agency (Payee)/Independent Provider/District Registration				
A completed form is required to enroll in the Bab you are enrolled in BCW, please provide the info forms to the EIC.				
Agency (Payee) Independent Provi	der District			
	PAYEE INFOR	MATION – PLEASE PR	RINT	
Current Federal Tax ID Number:		Current Payee/Agend	cy/Business Name	
New Payee/Agency/Business N Change Information (if this is a			section)	
Federal Tax ID Number:	Payee/A	gency/Business Name:		
Address:				
City:	State:		Zip:	
Phone Number:		Fax Number:		
Email Address:				

In the **Provider Information section**, complete the following:

- Current Provider Name enter the owner's name
- Change Provider Information click the checkbox to select
- Delete Specialty click the checkbox to select

PROVIDER INFORMATION – PLEASE PRINT				
Current Provider Name:				
Add New Provider (please complete information in this section) Deactivate Provider (last work date) Change Provider Information (if this is a change only include information that applies)				
Name 🔲 Address 📄 Phone 📄 Fax 📄 Email 📄 Add District 📄 Delete District 📄 Add Specialty 📄 Delete Specialty				

In the **Specialty or Specialties to be removed text field** enter the specialty(ties) to be removed. Please enter a comma between each specialty entered.

Specialty or Specialties to be removed:	
	EARLY INTERVENTION SPECIALTIES (check all that apply only if new or change)

At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

4.2.4.1.2 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

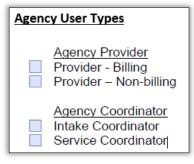
In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1 • User First and Last Name

BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com
District/Agency/Independent Provider Information (Please Print)
Please complete the fields on this form and send the form to your associated District.
District/Agency/Independent Business Name
Tax ID Number
Type of Access: District (District employee)
Agency (Agency with more than one provider)
Independent (Individuals who have their own business)
User Information (Please Print)
New User Information (Please Print)
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer

In the User Online Access Types section, click the checkboxes of all applicable user types that should be ended.



At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

4.2.4.2 Removing Owner Who is A Provider and/or Intake/Service Coordinator

To remove an owner who is a provider and/or Intake/Service Coordinator the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

4.2.4.2.1 BCW BIBS Enrollment Form

Select the Agency (Payee) checkbox at the top of the form

In the Payee Information section complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click on the checkbox to select

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1

BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration					
			oordinator, or to change current enrollment information. If ment forms, please keep a copy for your records, and send the		
Agency (Payee) Independe	nt Provider District				
	PAYEE INF	ORMATION – PLEASE P	PRINT		
Current Federal Tax ID Number:		Current Payee/Age	ncy/Business Name:		
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)					
Federal Tax ID Number:	Payee	e/Agency/Business Name:			
Address:					
City:	State:		Zip:		
Phone Number: Fax Number:					
Email Address:					

In the **Provider Information section**, complete the following:

- Current Provider Name enter the owner's name
- Deactivate Provider click in the checkbox to select
- (last work date) enter the date

PROVIDER INFORMATION – PLEASE PRINT					
Current Provider Name:					
Add New Provider (please complete information in this section) Deactivate Provider (last work date) Change Provider Information (if this is a change only include information that applies)					
Name Address	Phone Fax Email	Add District	Delete District	Add Specialty	Delete Specialty
First Name:	MI:	Last Nar	me:		
Address:					
City:	State:			Zip Code:	
Work Email Address:			Provider NPI#		
Phone Number:	EXT	:	Fax Number:		
Gender: Please make a selection					
			Please make	e a selection	-
			Please make	e a selection	•

At the bottom of the form complete the following:

- Provider signature the signature of the owner
- Date

4.2.4.2.2 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select
- User First and Last Name

BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com
District/Agency/Independent Provider Information (Please Print)
Please complete the fields on this form and send the form to your associated District.
District/Agency/Independent Business Name
Tax ID Number
Type of Access: District (District employee)
Agency (Agency with more than one provider)
Independent (Individuals who have their own business)
User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neith the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer

In the **User Online Access Types section** select Agency Administrator, the applicable agency provider user type, and the applicable agency coordinator user type(s).

Agency User Types Agency Administrator	
Agency Claims and Billing (Office personnel who performs billing for the agence	y)
Agency Provider Provider - Billing Provider – Non-billing Agency Coordinator Intake Coordinator Service Coordinator	

At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

4.2.5 Updating Bank Information

If the agency has changed banks or has a new bank account a new **Direct Deposit/EFT Authorization Form** must be completed. A voided/canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable.

- If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
- It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

The Direct Deposit/EFT Authorization will not have to be completed if the agency only performs services in District 3-4 Lawrenceville/Gwinnett/East Metro

4.2.6 Tax ID Change

4.2.6.1 Tax ID Change Only

If the Agency is changing only its Tax ID number, the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access
- Certification for Online Claims Form and Electronic Signature Agreement
- Direct Deposit/EFT Authorization Form
- W-9 Request for Taxpayer Identification Number and Certification Form
- Agency Checklist

NOTE: The providers associated with the existing agency that will be enrolled with the new Agency must also complete forms. See section 5.2.6 for more information.

4.2.6.1.1 BCW BIBS Enrollment Form

Select the Agency (Payee) checkbox at the top of the form

In the Payee Information section complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click on the checkbox to select
- Federal Tax ID Number enter the agency's new Federal Tax ID number

BABIES CAN'T WAIT Expression (All use dph.gorgit.gov/locw CFO Agency (Payee)/Independent Provider/District Registration					
A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.					
Agency (Payee) Independent Provider District					
PAYEE INFORMATION – PLEASE PRINT					
Current Federal Tax ID Number: Current Payee/Agency/Business Name:					
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)					
Federal Tax ID Number: Payee/Agency/Business Name:					
Address:					
City: State: Zip:					
Phone Number: Fax Number:					
Email Address:					

At the bottom of the form complete the following:

- Provider Signature enter the signature of the agency's owner
- Date

4.2.6.1.2 BCW-BIBS.Com Online Access

A separate **BCW-BIBS.Com Online Access form** must be completed by the owner(s) and any office personnel who will need access to the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password Georgia Babies Can't Wait

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• If someone in the office requires access to the website that person must complete a *BCW-BIBS.Com Online Access* to receive a username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password. This information will also be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Agency

Eaty intervention Because.	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records)			
Can't Wait	www.BCW-BIBS.com			
Di	strict/Agency/Independent Provider Information (Please Print)			
Please complete the fields on t	his form and send the form to your associated District.			
District/Agency/Independent B	usiness Name			
Tax ID Number				
Type of Access:	yee)			
Agency (Agency with	more than one provider)			
Independent (Individu	als who have their own business)			

In the User Information section, complete the following:

- New User Information click the checkbox to select
- User First, Last Name, Phone, Ext, and Email of the person requesting access
- User ID Enter 3 User IDs user IDs must be different than the IDs used currently
- Security Word a single word to identify yourself
- Security Question the answer to the question 'What's your favorite artist?'

User Information (Please Print)				
New User Information				
Change of Information: Please indicate the type of change Delete Access * Modify Access **				
User First and Last Name				
Phone ()EXTEmail***				
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.				
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.				
User ID 1) 2) 3)				
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)				
Security Word Security Question: What's your favorite artist? Answer				
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user				

In the **User Online Access Types section**, click on the checkbox of the agency user type that is applicable. Only select one checkbox.



4.2.6.1.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** are required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

- A form must be completed for each owner and office personnel that will be entering claims on the BCW-BIBS.com website
- Enter the agency's new Tax ID number in the Agency/Independent Provider/Self-Employed Tax ID field

4.2.6.1.4 Direct Deposit/EFT Authorization Form

A Direct Deposit/EFT Authorization form must be completed to ensure payments are put into the correct account.

- A voided/canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

4.2.6.1.5 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed with the new Tax ID number to receive a 1099 form, all fields on the form are required.

4.2.6.2 Tax ID and Agency Name Change

If the Agency is changing its Tax ID and agency name, the following forms must be completed

- BCW BIBS Enrollment Form
- BCW- BIBS.COM Online Access
- Certification for Online Claims Form and Electronic Signature Agreement
- Direct Deposit/EFT Authorization Form * *
- W-9 Request for Taxpayer Identification Number and Certification Form * *
- Agency Checklist

* * If the Agency will only be performing services in District 3-4 Lawrenceville/Gwinnett/East Metro these forms do not need to be completed. If additional districts are added later these forms must be completed

4.2.6.2.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox at the top of the form

In the Payee Information Section

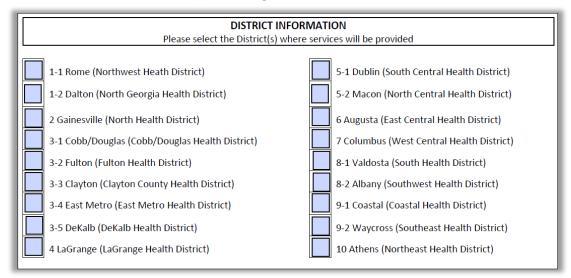
- Enter the Current Federal Tax ID Number
- Enter the Current Payee/Agency/Business Name
- Click the checkbox in front of *Change Information* to select
- Federal Tax ID Number enter the new Tax ID Number
- Payee/Agency/Business Name enter the new name of the agency
- Enter information in these fields if the information has changed:
 - o Address, City, State, Zip, Phone Number, Fax Number, Email Address

BABIES CAN'T WAIT Explosure CARE No. CFO Agency (Payee)/Independent Provider/District Registration					
		s service provider or service coordinator, or to change current enrollment information. If After completion of all enrollment forms, please keep a copy for your records, and send the			
Agency (Payee) Independent	t Provider District				
	PAYEE INFORM	MATION – PLEASE PRINT			
Current Federal Tax ID Number:		Current Payee/Agency/Business Name:			
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)					
Federal Tax ID Number:	Payee/Age	ency/Business Name:			
Address:					
City:	State:	Zip:			
Phone Number:		Fax Number:			
Email Address:					

If districts are being removed, enter the districts in the District(s) to be removed, please add a comma between district names

District(s) to be removed:

In the **District Information section**, if District(s) are being added click the checkbox in front of the district(s).



At the bottom of the form complete the following:

- Provider Signature the signature of the Agency/Business owner
- Date

4.2.6.3 Owner Enrolling as Provider and/or Coordinator

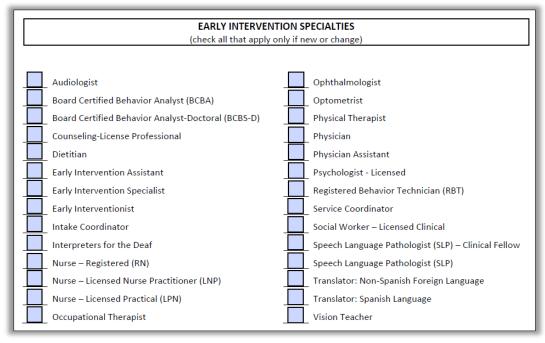
If the owner is enrolling as a provider and/or coordinator with the new business the following additional sections will need to be completed.

Georgia Babies Can't Wait BIBS – Enrollment Guide – V1 In the Provider Information section

- Add New Provider click the checkbox to select
- Enter the owner's information into the fillable fields
 - Gender select from the drop-down list
 - Race/Ethnicity select from the drop-down list(s)

PROVIDER INFORMATION – PLEASE PRINT					
Current Provider Name:					
Add New Provider (please complete information in this section) Deactivate Provider (last work date) Change Provider Information (if this is a change only include information that applies) Name Address Phone Fax Email Add District Delete District Add Specialty Delete Specialty					
First Name:	MI: Last I	lame:			
Address:			Zip Code:		
		Provider NPI#			
Phone Number:	EXT:	Fax Number:			
Gender: Please make a selection					
Please make a selection ·					
		Please mak	te a selectior	ו _	

In the Early Intervention Specialties section, add the applicable specialties by clicking on the checkbox for that specialty



In the In-**Network Private Insurance Information section**, enter the information of any private insurance carriers listed where the owner is an In-Network Provider.

IN – NETWORK PRIVATE INSURANCE INFORMATION	

Provide information for any of the private insurance carriers listed where you are an In-Network Provider. If an In-Network Provider ID is provided, but the Start Date is left blank, then the date this form is received by CFO Provider Enrollment will be used as the Start Date.

Please Note: When submitting updates, if no changes are required for Private Insurance information, leave the following table blank.

Carrier Name	In-Network Provider ID	Start	Date	End D)ate
Aetna		/	/	/	/
Blue Cross Blue Shield (BCBS)		/	/	/	/
Cigna		/	/	/	/
Tri-Care		/	/	/	/
United Health Care (UHC)		/	/	/	/

In the Medicaid/COM Information section, enter Medicaid or CMO information where the owner is an enrolled provider.

MEDICAID/CMO INFORMATION

Provide information for any of the Medicaid types where you are a Medicaid enrolled provider. If a Medicaid ID is provided, but the Start Date is left blank, then the date this form is received by CFO Provider will be used as the Start Date.

Please Note: When submitting updates, if no changes are required for Medicaid or CMO information, leave the following table blank.

Provide information	for all which apply:	Care Managem	Care Management Organization (CMO) - Amerigroup			
Medicaid ID	Traditional	Amerigroup CMO	10 PeachCare for Amerigroup 360		Start Date	End Date
	Medicaid		Kids - Amerigroup	Foster Care		
					/ /	/ /
					/ /	/ /
					/ /	/ /
					/ /	/ /

Provide information for all which apply:	Organizati	nagement on (CMO) – Source	Organizatio	anagement n (CMO) Peach itate		
Medicaid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
	CMO	for Kids –	State	for Kids –		
		CareSource	СМО	Peach State		
					/ /	/ /
					/ /	/ /
					/ /	/ /
					/ /	/ /

At the bottom of the form complete the following:

- Provider Signature the name of the owner
- Date

4.2.7 BCW-BIBS.Com Online Access

A separate **BCW-BIBS.Com Online Access form** must be completed by the owner(s) and any office personnel of the new agency who will need access to the BCW-BIBS.com website.

- Never share or allow someone else to use your username and password
 - If someone in the office requires access to the website that person must complete a *BCW-BIBS.Com Online Access* to receive a username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password. This information will also be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information complete the following:

• District/Agency/Independent Business Name – the new agency name Georgia Babies Can't Wait

BIBS – Enrollment Guide – V1

- Tax ID Number new agency Tax ID Number
- Type of Access select Agency

Babies Can't Wait	BCW-BIBS.COM ONLI (Please keep a copy for you www.BCW-BIBS.com	r records)
C	District/Agency/Independent Provide	r Information (Please Print)
Please complete the fields or	n this form and send the form to your associated	1 District.
District/Agency/Independent	Business Name	
Tax ID Number		
Type of Access:	oloyee)	
Agency (Agency wit	h more than one provider)	
Independent (Individ	duals who have their own business)	

In the User Information section, complete the following:

- New User Information click the checkbox to select
- User First, Last Name, Phone, Ext, and Email of the person requesting access
- User ID Enter 3 User IDs cannot be the same User IDs used previously
- Security Word a single word to identify yourself
- Security Question the answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the **User Online Access Types section**, click on the checkbox of the agency user type that is applicable. Only select one checkbox.



4.2.7.1 Owner Enrolling as Provider

If the owner is enrolling as a provider with a specialty other than coordination in the **User Online Access Types section**, select Agency Administrator and one of the Agency Provider user types

4.2.7.2 Owner Enrolling as Coordinator

If the owner is enrolling as a coordinator and does not have another specialty complete in the User Online Access Types section, select Agency Administrator and one or both Agency Coordinator Types

4.2.7.3 Owner Enrolling as Provider and Coordinator

If the owner is enrolling as a provider and as a coordinator in the **User Online Access Types section**, select Agency Administrator, one of the Agency Provider User Types, and one or both Agency Coordinator User Types.

Agency User Types Agency Administrator
Agency Claims and Billing (Office personnel who performs billing for the agency)
Agency Provider Provider - Billing
Provider – Non-billing
Agency Coordinator Intake Coordinator
Service Coordinator

In the **District Information section**, select the checkbox(es) of the district(s) in which the Agency enrolled providers will be performing services. Only select the applicable districts, districts can be added later if necessary

District Information					
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.					
1-1 Rome (Northwest Health District)	5-1 Dublin (South Central Health District)				
1-2 Dalton (North Georgia Health District)	5-2 Macon (North Central Health District)				
2 Gainesville (North Health District)	6 Augusta (East Central Health District)				
3-1 Cobb/Douglas (Cobb/Douglas Health District)	7 Columbus (West Central Health District)				
3-2 Fulton (Fulton Health District)	8-1 Valdosta (South Health District)				
3-3 Clayton (Clayton County Health District)	8-2 Albany (Southwest Health District)				
3-4 East Metro (East Metro Health District)	9-1 Coastal (Coastal Health District)				
3-5 DeKalb (DeKalb Health District)	9-2 Waycross (Southeast Health District)				
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)				

At the bottom of the form complete the following:

- First Name, Last Name, Phone, EXT, and Email of the person requesting access
- User Signature the signature of the person requesting access
- Date
- Agency Signature the signature of the owner
- Date

	Please complete and submit the fo	orm to your District	
District Contact for Question	s:		
First Name	Last Name		
Phone ()	EXTEmail		
User Signature:		Date	
Agency Signature:		Date	
(onl	y applicable if access is for an agency user type	e)	
District EIC Signature:		Date	
	eived and processed at the CFO office will dete s with further directions on how to access BCW	rmine the effective date of online access. An ema	il will

4.2.8 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** is required for the new agency to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

• A form must be completed for each owner and office personnel that will be entering claims on the BCW-BIBS.com website

4.2.9 Direct Deposit/EFT Authorization Form

Complete the **Direct Deposit/EFT Authorization form** for payments to be electronically transmitted into the agency's account. All funds must be designated to one account.

- A voided check or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - o It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

4.2.10 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed for the new agency to receive a 1099 form, all fields on the form are required.

4.2.11 Add A New Owner or Agency Office Personnel

To add a new owner or Agency Office Personnel each person must complete the following forms:

- BCW-BIBS.COM Online Access
- Certification for Online Claims and Electronic Signature Agreement

4.2.11.1 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name enter the new agency name
- Tax ID Number enter the agency's new tax ID number
- Type of Access click on Agency to select

District/Agency/Independent Provider Information (Please Print)				
Please complete the fields on this form and send the form to your associated District.				
District/Agency/Independent Business Name				
Tax ID Number				
Type of Access: District (District employee)				
Agency (Agency with more than one provider)				
Independent (Individuals who have their own business)				

In the User Information section complete the following information:

- New User Information click the checkbox to select
- Enter the First Name, Last Name, Phone, Ext, and Email of the person requesting access
- User ID Enter 3 User IDs
- Security Word a single word to identify yourself
- Security Question the answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the User Online Access Types section, select the applicable Agency User Type.

- An owner would select Agency Administrator
- Office Personnel would select Agency Claims and Billing

Agency User Types
Agency Administrator
Agency Claims and Billing (Office personnel who performs billing for the agency)

At the bottom of the form complete the following:

- Provider Signature the signature of the owner or the office personnel person
- Date

4.2.11.1.1 Owner Enrolling as Provider

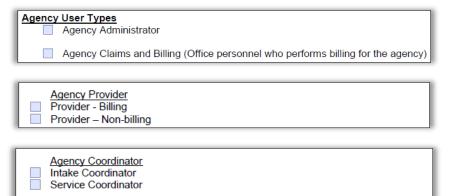
If the owner is enrolling as a provider with a specialty other than coordination, in the **User Online Access Types section** select Agency Administrator and one of the Agency Provider user types.

4.2.11.1.2 Owner Enrolling as Coordinator

If the owner is enrolling as a coordinator and does not have another specialty, in the User Online Access Types section select Agency Administrator and one or both Agency Coordinator types.

4.2.11.1.3 Owner Enrolling as Provider and as Coordinator

If the owner is enrolling as a provider and a coordinator, in the **User Online Access Types section** select Agency Administrator, an Agency Provider user type, and one or both Agency Coordinator user types.



At the bottom of the form complete the following:

• Provider Signature – the signature of the owner Georgia Babies Can't Wait BIBS – Enrollment Guide – V1 • Date

4.2.11.2 Certification For Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

4.2.12 Remove Owner Or Agency Office Personnel

When the owner or office personnel leaves the agency the person(s) access must be ended by completing a **BCW-BIBS.COM Online Access**.

• If both owner and office personnel is leaving the agency each person will have to complete the form

In the **District/Agency/Independent Provider Information section**, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select
- User First and Last Name

BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com		
District/Agency/Independent Provider Information (Please Print)		
Please complete the fields on this form and send the form to your associated District.		
District/Agency/Independent Business Name		
Tax ID Number		
Type of Access: District (District employee)		
Agency (Agency with more than one provider)		
Independent (Individuals who have their own business)		
User Information (Please Print)		
New User Information		
Change of Information: Please indicate the	the type of change Delete Access * Modify Access **	
User First and Last Name		

In the User Online Access Types section, select the current user type of the person.

Agency l	User Types Agency Administrator
	Agency Claims and Billing (Office personnel who performs billing for the agency)

At the bottom of the form complete the following:

- Provider Signature The signature of the agency owner
- Date

4.2.12.1 Remove An Owners Specialty(ties)

If the owner will no longer be performing services as a provider or Intake/Service Coordinator the following form(s) must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

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4.2.12.1.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select

BCW BIBS ENROLLMENT FORM
A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.
Agency (Payee) Independent Provider District
PAYEE INFORMATION – PLEASE PRINT
Current Federal Tax ID Number: Current Payee/Agency/Business Name:
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)
Federal Tax ID Number: Payee/Agency/Business Name:
Address:
City: State: Zip:
Phone Number: Fax Number:
Email Address:

In the **Provider Information section**, complete the following:

- Current Provider Name enter the owner's name
- Change Provider Information click the checkbox to select
- Delete Specialty click the checkbox to select

	PROVIDER INFORMATION – PLEASE PRINT
Current Provider Name:	
Add New Provider	(please complete information in this section)
Deactivate Provide	r (last work date)
Change Provider In	formation (if this is a change only include information that applies)
Name Address	Phone 🔄 Fax 📃 Email 🔄 Add District 📄 Delete District 📄 Add Specialty 📄 Delete Specialty

In the **Specialty or Specialties to be removed text field** enter the specialty(ties) to be removed. Please enter a comma between each specialty entered.

Specialty or Specialties to be removed:	
	EARLY INTERVENTION SPECIALTIES (check all that apply only if new or change)

At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

4.2.12.1.2 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

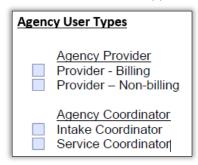
- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select
- User First and Last Name

Babies		OM ONLINE A		
Can't Wait	www.	BCW-BIBS.com		
Distric	t/Agency/Independ	ent Provider Info	rmation (Please	Print)
Please complete the fields on this fo	orm and send the form to	your associated Distri	st.	
District/Agency/Independent Busine	ss Name			
Tax ID Number				
Type of Access: District (District employee)				
Agency (Agency with more	than one provider)			
Independent (Individuals w	tho have their own busine	ess)		
New User Information	User Info	ormation (Please Pr	int)	
Change of Information: Plea	ase indicate the type of cl	nange 📃 D	elete Access *	Modify Access **
User First and Last Name				
Phone (EXT	Email***		
Phone (
. /	ord, and the answer to the	e Security Question. The entification/verification	ne User IDs may no and will be required	t be duplicated.
Please enter a User ID, Security Wo The Security Word and Security Que the Security Word nor Security Que User ID 1)	ord, and the answer to the estion is used for user ide stion will be used for the 2)	e Security Question. The security Question. The security Question. The security and security of the security o	ne User IDs may no and will be required 3)	t be duplicated.
Please enter a User ID, Security Wo The Security Word and Security Que the Security Word nor Security Que	ord, and the answer to the estion is used for user idd stion will be used for the 2) nore than once, each Online	e Security Question. The entification/verification initial password set-up	ne User IDs may no and will be required 3)	t be duplicated.

In the User Online Access Types section, click the checkboxes of all applicable user types that should be ended.



At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

4.2.12.2 Removing Owner Who is A Provider and/or Intake/Service Coordinator

To remove an owner who is a provider and/or Intake/Service Coordinator the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

4.2.12.2.1 BCW BIBS Enrollment Form

Select the Agency (Payee) checkbox at the top of the form

In the Payee Information section complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click on the checkbox to select

BABIES CAN Repr Busines (Alte Taus) diph georgia.gov/bo	T WAIT		ENROLLMEN pendent Provi			Registratio	n
							urrent enrollment information. If copy for your records, and send the
Agency (Payee) Inc	dependent Provider	listrict					
	PAYE	E INFORM	ATION – PLEA	SE PRI	NT		
Current Federal Tax ID Nur	mber:		Current Payee	/Agency	//Busin	ess Name:	
	/Business Name (plea (if this is a change on				ection))	
Federal Tax ID Number:		Payee/Agen	icy/Business Na	me:			
Address:							
City:	State:				Zip:		
Phone Number:			Fax Number:				
Email Address:							

In the Provider Information section, complete the following:

- Current Provider Name enter the owner's name
- Deactivate Provider click in the checkbox to select
- (last work date) enter the date

PROV	IDER INFORMATION	– PLEASE PRINT	
Current Provider Name:			
Add New Provider (please complete info Deactivate Provider (last work date) Change Provider Information (if this is a			ies)
Name Address Phone Fax	Email Add District	Delete District	Add Specialty Delete Specialty
First Name:	MI: Last Na	ime:	
Address:			
City:	State:		Zip Code:
Work Email Address:		Provider NPI#	
Phone Number:	EXT:	Fax Number:	
Gender: Please make a selection	Race/Ethnicit	y: Please make	a selection
		Please make	a selection 🗾
		Please make	a selection

At the bottom of the form complete the following:

- Provider signature the signature of the owner
- Date

4.2.12.2.2 BCW-BIBS.COM Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the Agency checkbox to select

In the User Information section, complete the following:

- Change of Information Click on the checkbox to select
- Delete Access Click on the checkbox to select
- User First and Last Name

Babies Can't Wait	(Please keep	COM ONLINE A a copy for your recor .BCW-BIBS.com		
Dis	trict/Agency/Independ	lent Provider Info	rmation (Please F	Print)
Please complete the fields on th	s form and send the form to	your associated Distrie	rt.	
District/Agency/Independent Bu	siness Name			
Tax ID Number				
Type of Access: District (District employ	ee)			
Agency (Agency with n	ore than one provider)			
Independent (Individua	s who have their own busine	ess)		
New User Information	User Info	ormation (Please Pr	int)	
Change of Information:	Please indicate the type of c	hange 📃 D	elete Access *	Modify Access **
User First and Last Name				-
Phone (FXT	Email***		
· /				he duelisated
Please enter a User ID, Security				
The Security Word and Security the Security Word nor Security (when contacting the CFO. Neith
User ID 1) (Please note: User IDs cannot be us	2) ed more than once: each Online	I lser Access type requir	3)	
Security Word				
Security Question: What's you				

In the **User Online Access Types section** select Agency Administrator, the applicable agency provider user type, and the applicable agency coordinator user type(s).

Agency User Types Agency Administrator	
Agency Claims and Billing (Office personnel who performs billing for the agence	y)
Agency Provider Provider - Billing Provider – Non-billing Agency Coordinator Intake Coordinator Service Coordinator	

At the bottom of the form complete the following:

- Provider Signature The signature of the owner
- Date

5.0 Agency Provider

5.1 New Provider (New Or Existing Agency)

To add a new provider to a new or existing Agency the following forms must be completed:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- Agency Checklist

Age	ncy Checklist		
~	Form Name and Description	Original Signature Required?	District Approval Required?
	BCW BIBS Enrollment Form - Required Complete this form to enroll as a contracted Agency Complete this form to enroll as a Provider employed by an Agency	Yes	Yes
	2. BCW-BIBS.COM Online Access - Required - Complete this form to receive access to the BIBS system	Yes	Yes
	Certification for Online Claims Form and Electronic Signature Agreement- Required Complete this form to perform direct data claim entry into the BIBS system and to certify authorization of your electronic signature for all actions within the BIBS system	Yes	No
	Direct Deposit/EFT Authorization Form – Required (Except 3-4 East Metro) Complete this form to receive electronic payments instead of payments by check A voided check will need to be submitted with the form	Yes	No
	 5. W-9 Request for Taxpayer Identification Number and Certification Form – Required (Except 3-4 East Metro) Complete this form to receive a 1099 	Yes	No

5.1.1 BCW BIBS Enrollment

Click the Agency (Payee) checkbox at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BABIES CAN'T WAIT		SENROLLMENT FO	
			ordinator, or to change current enrollment information. If ent forms, please keep a copy for your records, and send the
Agency (Payee) Independent P	rovider District		
	PAYEE INFORI	MATION – PLEASE PR	RINT
Current Federal Tax ID Number:		Current Payee/Agenc	cy/Business Name:
New Payee/Agency/Busines Change Information (if this is			section)
Federal Tax ID Number:	Payee/Ag	ency/Business Name:	
Address:			
City:	State:		Zip:
Phone Number:		Fax Number:	
Email Address:			

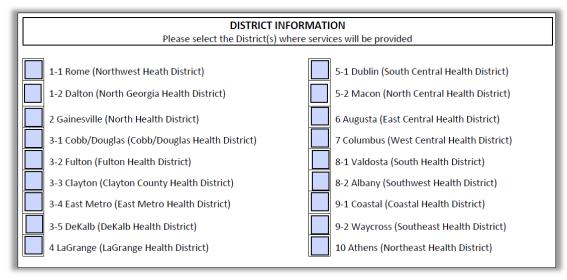
In the Provider Information section, complete the following:

• Add New Provider - Click in the checkbox to select Georgia Babies Can't Wait BIBS – Enrollment Guide – V1

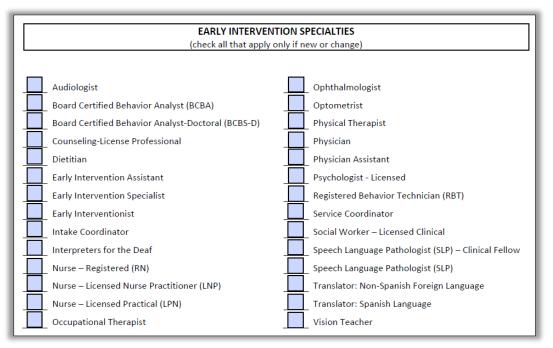
- Enter the provider's information
 - Gender Select from the drop-down
 - Race/Ethnicity Select from the drop-down(s)

	PROVI	DER INFO	RMATION	- PLEASE PRINT	Г	
Current Provider Name:						
Deactivate Provide Change Provider In	(please complete inform r (last work date) formation (if this is a cl	hange only	y include info	ormation that ap		alty 🔲 Delete Specialty
First Name:		MI:	Last Na	me:		
Address:						
City:		State:			Zip Code:	
Work Email Address:				Provider NPI#		
Phone Number:						
Gender: Please ma	ike a selection	Ra	ace/Ethnicity	: Please mak	e a selectior	1 <u>·</u>
				Please mak	e a selectior	ו <mark>.</mark>
				Please mak	e a selectior	י ד

In the **District Information section**, select the District(s) where services will be provided by the provider. Only select the applicable districts.



In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties for the provider.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where the provider is an In-Network provider.

	IN – NETWORK PRIVATE I	NSURANCE INF	ORMATION		
'	private insurance carriers listed were the state of the s	s received by CF	D Provider Enrollm	nent will be used a	s the Start
rease more miner submitting up	uates, il no changes are requireu i	or Frivate insura	nce information, i	cave the following	s table blatik.
Carrier Name	In-Network Provider ID	1	t Date	End D	
Carrier Name		1			
Carrier Name Aetna		1			
Carrier Name Aetna Blue Cross Blue Shield (BCBS)		1			
		1			

In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs the provider is enrolled with.

MEDICAID/CMO INFORMATION							
rovide information for any of the Medicaid types where you are a Medicaid enrolled provider. If a Medicaid ID is provided, but the							
	ank, then the date t						
lease Note: When	submitting updates	s, if no changes	are required f	or Medicai	d or CMO informati	on, leave the follow	wing table blank.
Provide information	for all which apply:	Care Man	agement Organiz	ation (CMC) - Amerigroup		
Medicaid ID	Traditional	Amerigroup (<u> </u>	are for	Amerigroup 360	Start Date	End Date
	Medicaid		Kids - An	nerigroup	Foster Care		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
		Care Ma	nagement	Care	Management		
		Organizati	on (CMO) –	Organiza	tion (CMO) Peach		
Provide information for all which apply:		Care	Source		State		
Media	aid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		CMO	for Kids –	State	for Kids –		
			CareSource	СМО	Peach State		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /

At the bottom of the form complete the following:

- Provider Signature The signature of the provider
- Date

5.1.2 BCW-BIBS.Com Online Access

A **BCW-BIBS.Com Online Access form** must be completed by the provider to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select Agency

Babies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com		
District/Agency/Independent Provider Information (Please Print)			
Please complete the fields on	nis form and send the form to your associated District.		
District/Agency/Independent E	isiness Name		
Tax ID Number			
Type of Access:	yee)		
Agency (Agency with	more than one provider)		
Independent (Individ	als who have their own business)		
Independent (Individuent)			
Independent (Individu New User Information	als who have their own business) User Information (Please Print)		
New User Information			
New User Information	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access **		
New User Information Change of Information User First and Last Name	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access **		
New User Information Change of Information User First and Last Name Phone ()	User Information (Please Print) Please indicate the type of change EXT Email*** Email***		
New User Information Change of Information User First and Last Name Phone () Please enter a User ID, Secur The Security Word and Securi	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access **		
New User Information Change of Information User First and Last Name Phone () Please enter a User ID, Secur The Security Word and Security Word nor Security	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access ** EXT Email***		
New User Information Change of Information User First and Last Name Phone () Please enter a User ID, Secur The Security Word and Securit the Security Word nor Securit User ID 1) (Please note: User IDs cannot be	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access ** EXTEmail*** Y Word, and the answer to the Security Question. The User IDs may not be duplicated. Question is used for user identification/verification and will be required when contacting the CFO. Neither		

In the User Information section, complete the following:

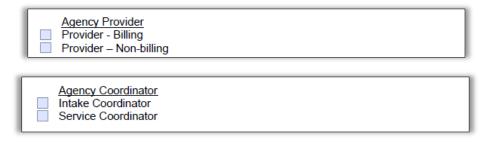
- New User Information click the checkbox to select
- Enter the First and Last Name, Phone, EXT, and Email of the person requesting access
- User ID enter 3 user IDs
- Security Word a single word to identify the provider
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)			
New User Information			
Change of Information: Please indicate the type of change Delete Access * Modify Access **			
User First and Last Name			
Phone ()EXTEmail***			
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.			
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.			
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)			
Security Word			
Security Question: What's your favorite artist? Answer			
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user			

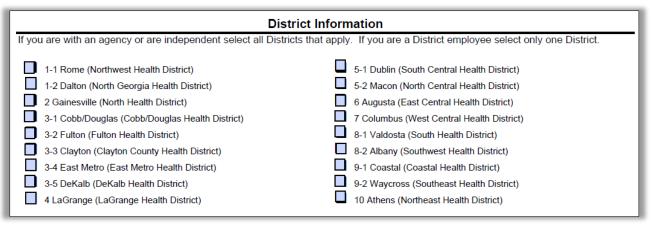
In the User Online Access Types section, the user access selected will depend on the provider's specialties.

- If the provider's specialty is not Intake or Service Coordination, select one of the Agency Provider user types
- If the provider is enrolling as an Intake and Service Coordinator select both Agency Coordinator user types
- If the provider is enrolling as a provider and Intake/Service Coordinator, select one of the agency provider user types and one or both agency coordinator user types depending on the specialties of the provider

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In the **District Information section**, select the checkbox(es) of the district(s) in which the provider will be performing services.



At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the provider requesting access
- Date
- Agency Signature Signature of the owner
- Date

5.1.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** are required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

5.2 Existing Providers

5.2.1 Add Or Remove A Specialty

To add a specialty to an existing enrolled provider a BCW BIBS Enrollment form must be completed.

• If adding Intake and/or Service Coordination specialties to a provider, a **BCW-BIBS.Com Online Access form** will also have to be completed

5.2.1.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration				
	A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.			
Agency (Payee) Indepen	ndent Provider D	District		
	PAYE	EE INFORMATION – PLEASE PRINT		
Current Federal Tax ID Number	r:	Current Payee/Agency/Business Name:		
	New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)			
Federal Tax ID Number:		Payee/Agency/Business Name:		
Address:				
City:	State:	: Zip:		
Email Address:				

In the **Provider Information section**, complete the following:

- Current Provider Name
- Change Provider Information Click the checkbox to select
- Add Specialty Click the checkbox to select

	PROVIDER INFORMATION – PLEASE PRINT		
Current Provider Name:			
Deactivate Provider (last wor	mplete information in this section) k date)		
Name Address Phone	Fax Email Add District Delete District Ad	dd Specialty 📃 Delete Specialty	
First Name:	MI: Last Name:		
Address:			
City:	State: Zip 0	Code:	
Work Email Address:	Provider NPI#		
Phone Number:	EXT: Fax Number:		
Gender: Please make a selection			
	Please make a sel	lection -	
	Please make a set	lection ·	

To remove a specialty on a provider, in the Specialty or Specialties to be removed text field enter the specialty/specialties to be removed. Please add a comma between the specialties.

RLY INTERVENTION SPECIALTIES
k all that apply only if new or change)

To add a specialty to a provider, in the Early Intervention Specialties section click the checkbox (s) of the specialty(ties) being added.

EARLY INTERVENTION SPECIALTIES (check all that apply only if new or change)				
Audiologist	Ophthalmologist			
Board Certified Behavior Analyst (BCBA)	Optometrist			
Board Certified Behavior Analyst-Doctoral (BCBS-D)	Physical Therapist			
Counseling-License Professional	Physician			
Dietitian	Physician Assistant			
Early Intervention Assistant	Psychologist - Licensed			
Early Intervention Specialist	Registered Behavior Technician (RBT)			
Early Interventionist	Service Coordinator			
Intake Coordinator	Social Worker – Licensed Clinical			
Interpreters for the Deaf	Speech Language Pathologist (SLP) – Clinical Fellow			
Nurse – Registered (RN)	Speech Language Pathologist (SLP)			
Nurse – Licensed Nurse Practitioner (LNP)	Translator: Non-Spanish Foreign Language			
Nurse – Licensed Practical (LPN)	Translator: Spanish Language			
Occupational Therapist	Vision Teacher			

At the bottom of the form complete the following:

- Provider Signature the signature of the provider
- Date

5.2.1.2 BCW-BIBS.Com Online Access

If adding the specialty of Intake and/or Service Coordinator to the existing enrolled provider a **BCW-BIBS.COM Online Access** form but be completed.

In the District/Agency/Independent Provider section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select Agency

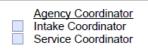
Babies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com	
District/Agency/Independent Provider Information (Please Print)		
Please complete the fields on t	his form and send the form to your associated District.	
District/Agency/Independent B	isiness Name	
Tax ID Number		
Type of Access:	yee)	
Agency (Agency with more than one provider)		
Independent (Individuals who have their own business)		

In the User Information section, complete the following:

- Change of Information click the checkbox to select
- Modify Access click the checkbox to select
- Enter the provider's First and Last Name

User Information (Please Print)				
New User Information				
Change of Information: Please indicate the type of change Delete Access * Modify Access **				
User First and Last Name				
Phone ()EXTEmail***				
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.				
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.				
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)				
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word				
Security Question: What's your favorite artist? Answer				
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user				

In the **User Online Access Types section**, select one or both Agency *Coordinator* types depending on the provider's enrolled specialties.



In the **District Information section**, select the district checkbox(es) where coordination services will be performed. Only select the applicable districts, districts can be added later if necessary.

District Information			
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.			
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 		
3-3 Clayton (Clayton County Health District)	8-2 Albany (Southwest Health District)		
3-4 East Metro (East Metro Health District)	9-1 Coastal (Coastal Health District)		
3-5 DeKalb (DeKalb Health District)	9-2 Waycross (Southeast Health District)		
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)		

At the bottom of the form complete the following:

- Enter the provider's First Name, Last Name, Phone, EXT, and Email
- User Signature the signature of the provider
- Date
- Agency Signature the signature of the owner
- Date

5.2.2 Provider Name, Phone Or Email Address Change

To change a provider's name or email address the following two forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIB.COM Online Access.

5.2.2.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BABIES CAN'T WAIT Expression dephgeorgie.gov/bow CFO Agency (Payee)/Independent Provider/District Registration				
A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.				
Agency (Payee) Independent Provid	ler District			
	PAYEE INFORMATION – PLEASE PRINT			
Current Federal Tax ID Number:	Current Payee/Agency/Business Name:			
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)				
Federal Tax ID Number:	Payee/Agency/Business Name:			
Address:				
City:	State: Zip:			
Phone Number:	Fax Number:			
Email Address:				

In the **Provider Information section**, complete the following:

- Current Provider Name
- Change Provider Information Click the checkbox to select

Click the applicable checkboxes below depending on the information that is changing

- Name
- Phone
- Email Address

Enter the information that changed in the applicable fields

- Name Change enter the new name in the First Name, MI, and Last Name fields
- Phone Change enter the new phone number in the Phone Number and EXT fields
 Leave EXT blank if there is no extension number
- Email Change enter the new email address in the Work Email Address field

	PROVIDER INFORMATION – PLEASE PRINT		
Current Provider Name:			
Add New Provider (please complete information in this section) Deactivate Provider (last work date) Change Provider Information (if this is a change only include information that applies) Name Address Phone Fax Email Add District Delete District Add Specialty Delete Specialty			
	MI: Last Name:		
Address:			
City:	State: Zip Code:		
Work Email Address:	Provider NPI#		
Phone Number:	EXT: Fax Number:		
Gender: Please make a selection			
Please make a selection -			
	Please make a selection		

At the bottom of the form complete the following:

- Provider Signature the signature of the provider
- Date –

5.2.2.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information Section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select Agency

Babies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com
D	istrict/Agency/Independent Provider Information (Please Print)
Please complete the fields on	this form and send the form to your associated District.
District/Agency/Independent E	3usiness Name
Tax ID Number	
Type of Access:	loyee)
Agency (Agency with	n more than one provider)
Independent (Individ	uals who have their own business)

In the User Information section, complete the following:

- Change of Information click the checkbox to select
- User First and Last Name

o If the provider's name has changed enter the current name and then the provider's new name

• Email – if the email has changed due to the name change enter the new email address

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

At the bottom of the form complete the following:

- Enter the provider's First Name, Last Name, Phone, EXT, and Email
- User Signature the signature of the provider
- Date
- Agency Signature the signature of the owner
- Date

5.2.3 Provider No Longer With Agency Or Contracted With BCW

If a provider is no longer working for an agency or contracted with the BCW program the following must be completed:

- BCW BIBS Enrollment Form
- BCW-BIB.COM Online Access.

5.2.3.1 BCW BIBS Enrollment Form

Click the Agency (Payee) checkbox to select

In the **Payee Information section**, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration						
A completed form is required to enroll you are enrolled in BCW, please provid forms to the EIC.						
Agency (Payee) Independent Provider District						
	PAYEE INF	FORMATION – PLEASE	E PRINT			
Current Federal Tax ID Number	r:	Current Payee/A	gency/Business Name:			
	New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)					
Federal Tax ID Number:	Paye	ee/Agency/Business Name	2:			
Address:						
City:	City: State: Zip:					
Phone Number:		Fax Number:				
Email Address:						

In the **Provider Information section,** complete the following:

- Current Provider Name
- Deactivate Provider click the checkbox to select
 - Enter the date the provider will no longer be with the agency or contracted with the BCW program

	PROVIDER INFORMATION – PLEASE PRINT
Current Provider Name:	
Deactivate Provider	(please complete information in this section) r (last work date) formation (if this is a change only include information that applies) Phone Fax Email Add District Delete District Add Specialty Delete Specialty
First Name:	MI: Last Name:
Address:	
City:	State: Zip Code:
Work Email Address:	Provider NPI#
Phone Number:	EXT: Fax Number:
Gender: Please ma	
	Please make a selection
	Please make a selection ·

At the bottom of the form complete the following:

- Provider Signature enter the name of the provider
- Date

5.2.3.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select Agency

Babie	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records)
Can't V	Wait www.BCW-BIBS.com
	District/Agency/Independent Provider Information (Please Print)
Please con	mplete the fields on this form and send the form to your associated District.
District/Age	jency/Independent Business Name
Tax ID Nur	imber
Type of A	Access: District (District employee)
	Agency (Agency with more than one provider)

In the User Information section, complete the following:

- Change of Information click the checkbox to select
- Delete Access click the checkbox to select
- User First and Last Name enter the name of the user whose access is being deleted

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up. User ID 1) 2) 3)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

At the bottom of the form complete the following:

- Enter the provider's First Name and Last Name
- Agency Signature the signature of the owner
- Date

5.2.4 Adding A District(s) To A Provider

If the agency is already enrolled in the District(s), and the provider is not a Service or Intake Coordinator, no action needs to be taken. A provider's district(s) is based on the districts associated with the agency.

• If the agency is not enrolled in the District(s), a **BCW BIBS Enrollment form** must be completed to add the districts to the agency

NOTE: If the provider is a Service or Intake Coordinator, a **BCW-BIBS.COM Online Access form** must be completed adding the new district(s).

5.2.5 Removing A District From A Provider

An agency provider cannot be removed from a district(s) if the agency is enrolled with that district(s). A **BCW BIBS Enrollment** form must be completed to remove the district(s) from the agency.

If the agency provider is an Intake or Service Coordinator the districts must be removed from their BIBS user access by completing a **BCW-BIBS.Com Online Access form**.

- In the District Information section, click on the checkbox(es) of the district(s) being removed
 - Write Remove to the right of the district name

5.2.6 Agency Tax ID Number Change

5.2.6.1 Tax ID Number Change Only

If the agency has a new Tax ID number, the following forms must be completed:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- Agency Checklist

5.2.6.1.1 BCW BIBS Enrollment

Click the Agency (Payee) checkbox at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Click the checkbox in front of *Change Information* to select
- Federal Tax ID Number enter the new Tax ID for the agency
- If any of the following has changed enter the new information
 - o Address, City, State, Zip, Phone Number, Fax Number, Email Address

BABIES CAN'T WAIT by the georgia gov/bov CFO Agency (Payee)/Independent Provider/District Registration						
	an't Wait program as a service provider or service coordinator, or to change current enrollment information. If ion currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the					
Agency (Payee) Independent Provider District						
	PAYEE INFORMATION – PLEASE PRINT					
Current Federal Tax ID Number:	Current Federal Tax ID Number: Current Payee/Agency/Business Name:					
	New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)					
Federal Tax ID Number:	Payee/Agency/Business Name:					
Address:						
City:	ty:State:Zip:					
Phone Number:	Fax Number:					
Email Address:						

In the **Provider Information section**, complete the following:

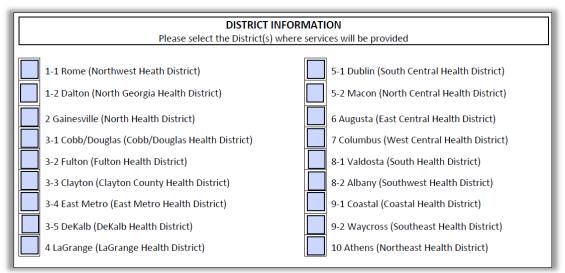
- Add New Provider Click in the checkbox to select
- Enter the provider's information
 - Gender Select from the drop-down
 - Race/Ethnicity Select from the drop-down(s)

	PROVIDER INFORMATIC	DN – PLEASE PRINT	
Current Provider Name:			
Deactivate Provider (last w	complete information in this section ork date)		
Name Address Pho	e 🔄 Fax 📄 Email 📄 Add Distri	ict 🔲 Delete District 📄 Add Specialty 🔲 Delete Special	ty
First Name:	MI: Last	Name:	
Address:			
City:	State:	Zip Code:	
Work Email Address:		Provider NPI#	
Phone Number:	EXT:	Fax Number:	
Gender: Please make a s	election Race/Ethn	icity: Please make a selection	•
		Please make a selection	•
		Please make a selection	•

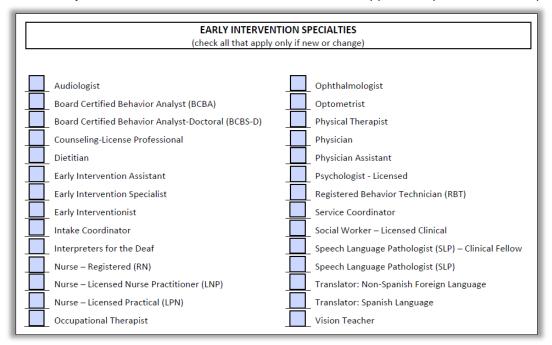
If district(s) are being removed, enter the district names in the **District(s)** to be removed section, please enter a comma between district names.

District(s) to be removed:

In the **District Information section**, if district(s) are being added select the District(s) where services will be provided by the provider. Only select the applicable districts.



In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties for the provider.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where the provider is an In-Network provider.

	e private insurance carriers listed w eft blank, then the date this form is				
ate.					
lease Note: When submitting up	dates, if no changes are required f	or Private Insurance	information, l	leave the followin	g table blank.
Carrier Name	In-Network Provider ID	Start Dat	te	End I	Date
	In-Network Provider ID	Start Dat	te /	End I	Date /
Aetna	In-Network Provider ID	Start Dat / /	te / /	End / /	Date / /
	In-Network Provider ID	Start Da / / / /	te / / / / / / / / / / / / / / / / / / /	End / / /	Date ///
Aetna Blue Cross Blue Shield (BCBS)	In-Network Provider ID	Start Da / / / /	te / / / / / / / / / / / / / / / / / / /	End / / / /	Date / / / / / / / / / / / / / / / / / / /

In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs the provider is enrolled with.

		М	EDICAID/CMC	INFORM	ATION		
Provide informatio	n for any of the Mee	dicaid types wi	nere you are a l	Medicaid er	nrolled provider. If	a Medicaid ID is pr	ovided, but the
Start Date is left bla	ank, then the date t	his form is rece	eived by CFO Pr	ovider will	be used as the Star	t Date.	
Please Note: When	Please Note: When submitting updates, if no changes are required for Medicaid or CMO information, leave the following table blank.						
Provide information for all which apply: Care Management Organization (CMO) - Amerigroup							
Medicaid ID	Traditional	Amerigroup (MO Peach	Care for	Amerigroup 360	Start Date	End Date
	Medicaid		Kids - An	nerigroup	Foster Care		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
			nagement		Management		
B (1) (1) (1)	6 H 15 H 1	-	on (CMO) –	Organiza	tion (CMO) Peach		
	for all which apply:	Care	Source		State		
Medie	caid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		CMO	for Kids –	State	for Kids –		
			CareSource	СМО	Peach State		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	

At the bottom of the form complete the following:

- Provider Signature The signature of the provider
- Date

5.2.6.1.2 BCW-BIBS.Com Online Access

A **BCW-BIBS.Com Online Access form** must be completed by the provider to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number enter the new Tax ID Number
- Type of Access Select Agency

Babies Can't Wait	BCW-BIBS.COM OI (Please keep a copy for www.BCW-BIB	your records)	
Di	strict/Agency/Independent Prov	ider Information (Please	Print)
Please complete the fields on t	his form and send the form to your assoc	iated District.	
District/Agency/Independent B	isiness Name		
Tax ID Number			
Type of Access:	yee)		
Agency (Agency with	more than one provider)		
Independent (Individu	als who have their own business)		
New User Information	User Information	(Please Print)	
Change of Information:	Please indicate the type of change	Delete Access *	Modify Access **
User First and Last Name			
Phone (EXT Em	ail***	
Please enter a User ID, Securi	y Word, and the answer to the Security (Question. The User IDs may no	t be duplicated.
	Question is used for user identification/ Question will be used for the initial pass		when contacting the CFO. Neither
User ID <u>1)</u> (Please note: User IDs cannot be a	2) sed more than once; each Online User Acces	3) s type requires a unique User ID)	
Security Word			
Security Question: What's yo	Ir favorite artist? Answer		

In the User Information section, complete the following:

- New User Information click the checkbox to select
- Enter the First and Last Name, Phone, EXT, and Email of the person requesting access
- User ID enter 3 user IDs
- Security Word a single word to identify the provider
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3)
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the User Online Access Types section, the user access selected will depend on the provider's specialties.

- If the provider's specialty is not Intake or Service Coordination, select one of the Agency Provider user types
- If the provider is enrolling as an Intake and Service Coordinator select both Agency Coordinator user types

• If the provider is enrolling as a provider and Intake/Service Coordinator, select one of the agency provider user types and one or both agency coordinator user types depending on the specialties of the provider

Agency Provider Provider - Billing Provider – Non-billing	
Agency Coordinator Intake Coordinator Service Coordinator	

In the **District Information section**, select the checkbox(es) of the district(s) in which the provider will be performing services.

District Inf	ormation
If you are with an agency or are independent select all Districts that a	apply. If you are a District employee select only one District.
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District) 3-5 DeKalb (DeKalb Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 9-2 Waycross (Southeast Health District)
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)

At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the provider requesting access
- Date
- Agency Signature Signature of the owner
- Date

5.2.6.1.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** are required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

5.2.6.2 Tax ID Number and Agency Name Change

If the agency has a new Tax ID number and agency name, the following forms must be completed:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- Agency Checklist

5.2.6.2.1 BCW BIBS Enrollment

Click the Agency (Payee) checkbox at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Click the checkbox in front of *Change Information* to select
- Federal Tax ID Number enter the new Tax ID for the agency
- Payee/Agency/Business Name enter the new name of the agency

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- If any of the following has changed enter the new information
 - o Address, City, State, Zip, Phone Number, Fax Number, Email Address

BABIES CAN'T WAIT		BENROLLMENT FORM
		service provider or service coordinator, or to change current enrollment information. If After completion of all enrollment forms, please keep a copy for your records, and send the
Agency (Payee) Independent Prov	ider District	
	PAYEE INFORM	MATION – PLEASE PRINT
Current Federal Tax ID Number:		Current Payee/Agency/Business Name:
New Payee/Agency/Business N Change Information (if this is a		
Federal Tax ID Number:	Payee/Age	ency/Business Name:
Address:		
City:	State:	Zip:
Phone Number:		Fax Number:
Email Address:		

In the **Provider Information section**, complete the following:

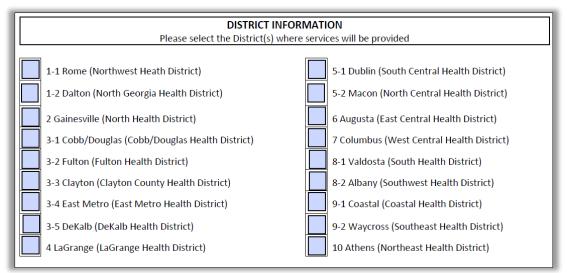
- Add New Provider Click in the checkbox to select
- Enter the provider's information
 - Gender Select from the drop-down
 - Race/Ethnicity Select from the drop-down(s)

		FORMATION	– PLEASE PRINT		
Current Provider Name:					
Deactivate Provider	please complete information r (last work date) formation (if this is a change			olies)	
Name Address	Phone Fax Email	Add District	Delete District	Add Specialty Delete Spe	cialty
First Name:	MI:	Last Na	me:		
City:	State:			_ Zip Code:	
Work Email Address:			Provider NPI#		
Phone Number:	EXT				
Gender: Please ma	ke a selection	Race/Ethnicit	y: Please make		•
			Please make	e a selection	•
			Please make	e a selection	•

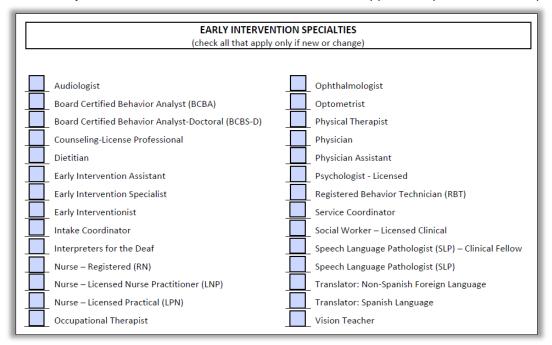
If district(s) are being removed, enter the district names in the **District(s)** to be removed section, please enter a comma between district names.

District(s) to be removed:

In the **District Information section**, if district(s) are being added select the District(s) where services will be provided by the provider. Only select the applicable districts.



In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties for the provider.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where the provider is an In-Network provider.

	e private insurance carriers listed w eft blank, then the date this form is				
ate.					
lease Note: When submitting up	dates, if no changes are required f	or Private Insurance	information, l	leave the followin	g table blank.
Carrier Name	In-Network Provider ID	Start Dat	te	End I	Date
	In-Network Provider ID	Start Dat	te /	End I	Date /
Aetna	In-Network Provider ID	Start Dat / /	te / /	End / /	Date / /
	In-Network Provider ID	Start Da / / / /	te / / / / / / / / / / / / / / / / / / /	End / / /	Date ///
Aetna Blue Cross Blue Shield (BCBS)	In-Network Provider ID	Start Da / / / /	te / / / / / / / / / / / / / / / / / / /	End / / / /	Date / / / / / / / / / / / / / / / / / / /

November 2022 Page **64** of **121** In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs the provider is enrolled with.

_							
		М	EDICAID/CMC		ATION		
Provide informatio	n for any of the Me	dicaid types wi	nere you are a l	Medicaid e	nrolled provider. If	a Medicaid ID is pr	ovided, but the
Start Date is left bla	ank, then the date t	his form is rece	eived by CFO Pr	ovider will	be used as the Star	t Date.	
Please Note: When	submitting updates	s, if no changes	s are required f	or Medicai	l or CMO informati	on, leave the follow	wing table blank.
Provide information	n for all which apply:	Care Man	agement Organiz	zation (CMO) - Amerigroup		-
Medicaid ID	Traditional	Amerigroup (Care for	Amerigroup 360	Start Date	End Date
	Medicaid		Kids - An	nerigroup	Foster Care		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
						1	
			nagement		Management		
	6 H 151 H	-	on (CMO) –	Organiza	tion (CMO) Peach		
	n for all which apply:	Care	Source		State		
Medio	caid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		СМО	for Kids –	State	for Kids –		
			CareSource	СМО	Peach State		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /

At the bottom of the form complete the following:

- Provider Signature The signature of the provider
- Date

5.2.6.2.2 BCW-BIBS.Com Online Access

A **BCW-BIBS.Com Online Access form** must be completed by the provider to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name enter the new name of the agency
- Tax ID Number enter the new Tax ID Number
- Type of Access Select Agency

Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com
[strict/Agency/Independent Provider Information (Please Print)
Please complete the fields of	his form and send the form to your associated District.
District/Agency/Independent	isiness Name
Tax ID Number	
Type of Access: District (District emp	yee)
Agency (Agency with a second secon	more than one provider)
Independent (Individent)	als who have their own business)
New User Information	User Information (Please Print)
	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access **
	· · · · ·
Change of Information User First and Last Name	· · · · ·
Change of Informatio	Please indicate the type of change Delete Access * Modify Access ** Ext Email***
Change of Informatio User First and Last Name Phone () Please enter a User ID, Secu The Security Word and Secu	Please indicate the type of change Delete Access * Modify Access **
Change of Informatio User First and Last Name Phone () Please enter a User ID, Secu The Security Word and Secu the Security Word nor Security	Please indicate the type of change Delete Access * Modify Access ** EXTEmail*** y Word, and the answer to the Security Question. The User IDs may not be duplicated. y Question is used for user identification/verification and will be required when contacting the CFO. Neither Question will be used for the initial password set-up.
Change of Informatio User First and Last Name Phone ()_ Please enter a User ID, Secu The Security Word and Secu the Security Word nor Securit User ID 1) (Please note: User IDs cannot b	Please indicate the type of change Delete Access * Modify Access ** EXTEmail*** y Word, and the answer to the Security Question. The User IDs may not be duplicated. y Question is used for user identification/verification and will be required when contacting the CFO. Neither

In the User Information section, complete the following:

- New User Information click the checkbox to select
- Enter the First and Last Name, Phone, EXT, and Email of the person requesting access
- User ID enter 3 user IDs IDS must be different than the IDS previously used
- Security Word a single word to identify the provider
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

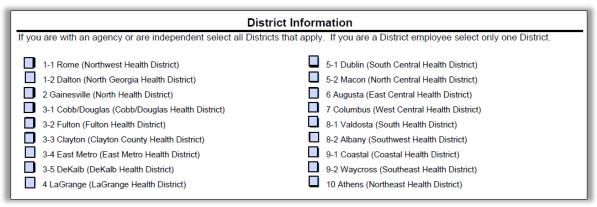
In the User Online Access Types section, the user access selected will depend on the provider's specialties.

- If the provider's specialty is not Intake or Service Coordination, select one of the Agency Provider user types
- If the provider is enrolling as an Intake and Service Coordinator select both Agency Coordinator user types
- If the provider is enrolling as a provider and Intake/Service Coordinator, select one of the agency provider user types and one or both agency coordinator user types depending on the specialties of the provider

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In the **District Information section**, select the checkbox(es) of the district(s) in which the provider will be performing services.



At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the provider requesting access
- Date
- Agency Signature Signature of the owner
- Date

5.2.6.2.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims Form and Electronic Signature Agreement** with the new agency's name and Tax ID number is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

6.0 Independent Provider/Self-Employed

6.1 New Independent Provider

A new Independent Provider enrolling with the BCW program will complete the following:

- BCW BIBS Enrollment Form
- BCW- BIBS.COM Online Access
- Certification for Online Claims Form and Electronic Signature Agreement
- Direct Deposit/EFT Authorization Form * *
- W-9 Request for Taxpayer Identification Number and Certification Form * *
- Independent Provider/Self-Employed Checklist

* * If the Independent Provider will only be performing services in District 3-4 Lawrenceville/Gwinnett/East Metro these forms do not need to be completed. If additional districts are added later these forms must be completed

Inde	pendent Provider/Self-Employed Checklist		
~	Form Name and Description	Original Signature Required?	District Approval Required?
	BCW BIBS Enrollment Form - Required Complete this form to enroll as a contracted Agency Complete this form to enroll as a Provider employed by an Agency	Yes	Yes
	BCW-BIBS.COM Online Access - Required Complete this form to receive access to the BIBS system	Yes	Yes
	 Certification for Online Claims Form and Electronic Signature Agreement- Required Complete this form to perform direct data claim entry into the BIBS system and to certify authorization of your electronic signature for all actions within the BIBS system 	Yes	No
	Direct Deposit/EFT Authorization Form – Required (Except 3-4 East Metro) Complete this form to receive electronic payments instead of payments by check	Yes	No
	W-9 Request for Taxpayer Identification Number and Certification Form – Required (Except 3-4 East Metro) Complete this form to receive a 1099	Yes	No

6.1.1 BCW BIBS Enrollment Form

Click the Independent Provider checkbox at the top of the form

In the Payee Information Section complete the following:

- New Payee/Agency/Business Name Click the checkbox to select
- Federal Tax ID Number
- Payee/Agency/Business Name
- The Address, City, State, Zip, Phone Number, Fax Number, and Email Address information

NOTE: Do not enter any information for Current Federal Tax ID Number or Current Payee/Agency Business Name.

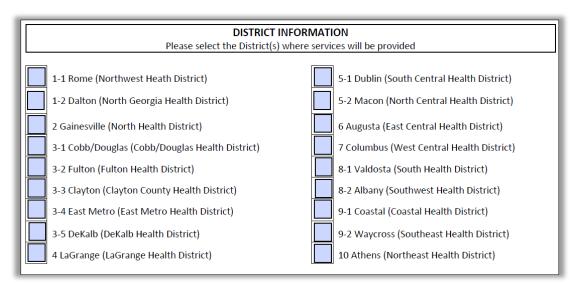
A completed form is required to enrol	AIT CFO Agency (P	ayee)/Indepe		der/Dist	rict Registr		enrollment information. If
you are enrolled in BCW, please provi forms to the EIC.							
Agency (Payee) Indepe	ndent Provider D	istrict					
	PAYE	INFORMAT	TION - PLEAS	SE PRIN	т		
Current Federal Tax ID Numbe	er:		Current Payee/	Agency/E	Business Na	ne:	
New Payee/Agency/Bu Change Information (if					tion)		
Federal Tax ID Number:		Payee/Agency	/Business Nam	ne:			
Address:							
City:	State:			;	Zip:		
Phone Number:			Fax Number:				
Email Address:							

In the **Provider Information section**, complete the following:

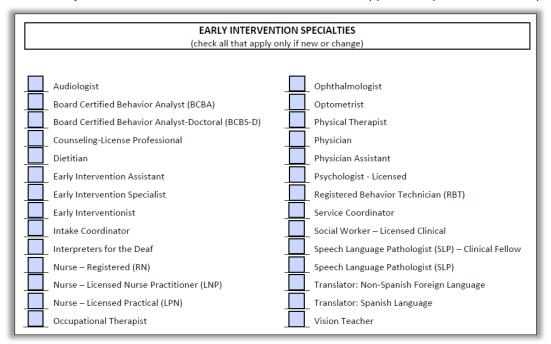
- Add New Provider Click in the checkbox to select
- Enter your provider information
 - Gender Select from the drop-down
 - Race/Ethnicity Select from all applicable dropdowns

	PROVI	DER INFOR	MATION -	PLEASE PRIN	Г		
Current Provider Name:							
Deactivate Provider	please complete infor r (last work date) formation (if this is a c Phone Fax	hange only i	nclude info		_	ialty 🗖 Delete Spe	ecialty
First Name:		MI:	Last Nar	ne:			
					Zip Code:		
Work Email Address:				Provider NPI#		- 	
Phone Number:		EXT:		Fax Number:			
Gender: Please ma	ke a selection	Rac	e/Ethnicity	: Please mak	e a selection	n	•
					e a selection		•
				Please mak	e a selection	n	•

In the **District Information section**, select the District(s) where services will be provided by you as the provider. Only select the applicable districts.



In the Early Intervention Specialties section, click on the checkboxes of all applicable Specialties for the provider.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where you are an In-Network provider.

	IN – NETWORK PRIVATE I	NSURANCE INFORMATION	
Provide information for any of the s provided, but the Start Date is le Date. P lease Note: When submitting upo	ft blank, then the date this form i	s received by CFO Provider Enro	
rease note: when submitting up	ates, if no changes are required i	or i mate insurance informatic	in, leave the following tuble blank.
Carrier Name	In-Network Provider ID	Start Date	End Date
		1	
Carrier Name		1	
Carrier Name Aetna		1	
Carrier Name Aetna Blue Cross Blue Shield (BCBS)		1	

In the Medicaid/CMO Information section, enter the information for any Medicaid or CMOs you are enrolled with.

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		M	EDICAID/CMC		ATION		
Provide information	n for any of the Mee	dicaid types wh	nere vou are a l	Medicaid e	nrolled provider. If	a Medicaid ID is pro	ovided. but the
	ank, then the date t						
lease Note: When	submitting updates	s, if no changes	are required f	or Medicai	d or CMO informati	on, leave the follow	wing table blank.
Provide information for all which apply:		Care Man	agement Organiz				
Medicaid ID	Traditional	Amerigroup C	MO Peach	are for	Amerigroup 360	Start Date	End Date
	Medicaid		Kids - An	nerigroup	Foster Care		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
		Care Management		Care Management			
		Organization (CMO) –		Organization (CMO) Peach			
Provide information for all which apply:		Care Source		State			
Medicaid ID		CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		CMO	for Kids –	State	for Kids –		
			CareSource	СМО	Peach State		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
				<u> </u>			

At the bottom of the form complete the following:

- Provider Signature your signature
- Date

6.1.2 BCW-BIBS.Com Online Access

A **BCW-BIBS.Com Online Access form** must be completed to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Independent (Individuals who have their own business)

Can't Wait	(Please kee	.COM ONLI ap a copy for you	,	
Di	istrict/Agency/Indeper	ndent Provide	r Information (Please	Print)
Please complete the fields on	this form and send the form	to your associated	d District.	
District/Agency/Independent B	Jusiness Name			
Tax ID Number				
Type of Access: District (District emplo	oyee)			
Agency (Agency with	more than one provider)			
Independent (Individu	uals who have their own busi	iness)		
New User Information	User In	nformation (Ple	ase Print)	
Change of Information	: Please indicate the type of	f change	Delete Access *	Modify Access **
User First and Last Name				
	EXT	Email***	•	
Phone (EXT			t he dunlicated
Phone () Please enter a User ID, Secur	EXT	the Security Ques	tion. The User IDs may no	be duplicated. when contacting the CFO. Neither
Phone () Please enter a User ID, Secur The Security Word and Security the Security Word nor Security	EXT ity Word, and the answer to ity Question is used for user y Question will be used for th	the Security Ques identification/verifi ne initial password	tion. The User IDs may no ication and will be required set-up.	
Phone (EXT ity Word, and the answer to ity Question is used for user y Question will be used for th 2) used more than once, each Onl	the Security Ques identification/verifi ne initial password	tion. The User IDs may no ication and will be required set-up.	

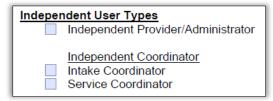
In the User Information section, complete the following:

- New User Information Click the checkbox to select
- Enter First and Last Name, Phone, Ext, and Email
- User ID Enter 3 User IDs
- Security Word A single word to identify yourself
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)								
New User Information								
Change of Information: Please indicate the type of change Delete Access * Modify Access **								
User First and Last Name								
Phone ()EXTEmail***								
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.								
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.								
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)								
Security Word								
Security Question: What's your favorite artist? Answer								
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user								

In the User Online Access Types section, if you are not enrolling with the specialties of Intake or Service Coordination only select Independent Provider/Administrator.

• If you are enrolling with the specialties of Intake or Service Coordination, select Independent Provider/Administrator and one or both Independent Coordinator types depending on your specialties



In the **District Information section**, select the checkbox(es) of the district(s) in which services will be performed. Only select the applicable districts, districts can be added later if necessary

District Information				
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.				
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District) 3-5 DeKalb (DeKalb Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 9-2 Waycross (Southeast Health District) 			
4 LaGrange (LaGrange Health District)	9-2 Waycross (Southeast Health District) 10 Athens (Northeast Health District)			

At the bottom of the form complete the following:

- First Name and Last Name
- Phone, EXT, and Email
- User Signature your signature
- Date
- Agency Signature your signature as the owner
- Date

6.1.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

6.1.4 Direct Deposit/EFT Authorization Form

Complete the **Direct Deposit/EFT Authorization form** for payments to be electronically transmitted into your account. All funds must be designated to one account.

- A voided or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - o It is acceptable to email these directly to <u>gaeienroll@gainwelltechnologies.com</u>

NOTE: If there is any change to the bank information a Direct Deposit/EFT Authorization form must be completed to ensure payments are put into the correct account.

- A voided check or canceled check must be submitted with the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

6.1.5 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed to receive a 1099 form, all fields on the form are required.

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6.2 Existing Independent Provider/Business

6.2.1 Change of Address, Phone/Fax Numbers, Or Email Address

To change the address, phone number, fax number, or email address complete the **BCW BIBS Enrollment** form.

• If your phone number and/or email address is changing, a **BCW-BIBS.Com Online Access** form must also be completed

6.2.1.1 BCW BIBS Enrollment Form

Click the Independent Provider checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select
 - Only enter information that has changed in the applicable fields

BABIES CAN'T WAIT type program (Annu Mar Provider / District Registration CFO Agency (Payee)/Independent Provider/District Registration				
	es Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If nation currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the			
Agency (Payee) Independent Provi	er District			
	PAYEE INFORMATION – PLEASE PRINT			
Current Federal Tax ID Number:	Current Payee/Agency/Business Name:			
	New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)			
Federal Tax ID Number:	Payee/Agency/Business Name:			
Address:				
City:	State: Zip:			
Phone Number:	Fax Number:			
Email Address:				

In the **Provider Information section**, complete the following:

• Current Provider Name

	PROVIDER INFORMATION – PLEASE PRINT
Current Provider Name:	
Deactivate Provider	formation (if this is a change only include information that applies)
Name Address	Phone Fax Email Add District Delete District Add Specialty Delete Specialty
First Name:	MI: Last Name:
Address:	
City:	State: Zip Code:
Work Email Address:	Provider NPI#
Phone Number:	EXT: Fax Number:
Gender: Please mal	ke a selection Please make a selection
	Please make a selection ·
	Please make a selection -

- Provider Signature your signature
- Date

6.2.1.2 BCW-BIBS.Com Online Access Form

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Independent (Individuals who have their own business)

In the User Information section, complete the following:

- Change of Information click in the checkbox to select
- Modify Access click to select
- User First and Last Name
- Enter the new phone number or email address

Babies Can't Wait		COM ONLII	records)		
Dist	ict/Agency/Independ	ent Provider	Information (Plea	se Print)	
Please complete the fields on this	form and send the form to	your associated	District.		
District/Agency/Independent Busi	ness Name				
Tax ID Number					
Type of Access: District (District employe	e)				
Agency (Agency with mo	re than one provider)				
Independent (Individuals)	who have their own busine	ess)			
	liser info	ormation (Plea	ee Print)		
New User Information		induon (nea			
Change of Information: P	ease indicate the type of ch	nange	Delete Access *	Modify Access	**
User First and Last Name					
Phone ()	EXT	Email***			
Please enter a User ID, Security	Nord, and the answer to the	e Security Quest	ion. The User IDs may	not be duplicated.	
The Security Word and Security Q the Security Word nor Security Q				red when contacting the CF	D. Neither
User ID <u>1)</u> (Please note: User IDs cannot be use	2) d more than once; each Online	User Access type	3) requires a unique User I	D)	
Security Word					
Security Question: What's your	avorite artist? Answer				
*Deleting BCW-BIBS.com online ** If this form is used to Modify Ac ***All email addresses must be	cess – the access marked	on this form will		ilable to the user	

- First Name and Last Name, Phone, EXT, and Email
- User Signature your signature
- Date
- Agency Signature your signature as the owner
- Date

6.2.2 Add or Remove District(s)

To remove a district(s) complete the following on the **BCW BIBS Enrollment** form.

 If you have the specialties of Intake or Service Coordination a BCW-BIBS.Com Online Access form must also be completed

6.2.2.1 BCW BIBS Enrollment Form

Click the Independent Provider checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select

BABIES CAN'T WAIT typ hysers of Alex Mail Aphgeory (age/for a control of the con				
A completed form is required to enroll in you are enrolled in BCW, please provide t forms to the EIC.				
Agency (Payee) Independe	nt Provider District			
	PAYEE INFORI	MATION – PLEASE PRI	NT	
Current Federal Tax ID Number:		Current Payee/Agency	/Business Name:	
New Payee/Agency/Busir Change Information (if thi			ection)	
Federal Tax ID Number:	Payee/Ag	ency/Business Name:		
Address:				
City:	State:		Zip:	
Phone Number:		Fax Number:		
Email Address:				

In the **Provider Information section**, complete the following:

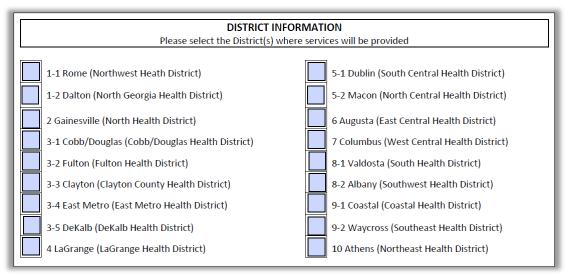
- Current Provider Name
- Add District click the checkbox to select if adding a District(s)
- Delete District click the checkbox to select if deleting a District(s)

	PROVIDER INFORMAT	TION – PLEASE PRINT
Current Provider Name:		
Deactivate Provider	olease complete information in this see (last work date) ormation (if this is a change only inclue	
Name Address	Phone Fax Email Add Dis	trict 📄 Delete District 📄 Add Specialty 📄 Delete Specialty
First Name:	MI: La	st Name:
Address:		
City:	State:	Zip Code:
Work Email Address:		Provider NPI#
Phone Number:	EXT:	Fax Number:
Gender: Please mak	Race/Et	nnicity: Please make a selection
		Please make a selection
		Please make a selection

To remove a district(s), in the **District(s) to be removed text field** enter the name(s) of the district(s) to be removed. Please enter a comma between the districts if multiple districts are being removed.

District(s) to be removed:	
	DISTRICT INFORMATION Please select the District(s) where services will be provided

To add a district(s), in the District Information section click on the checkbox(es) of the district(s) to be added.



At the bottom of the form complete the following:

- Provider Signature your signature
- Date

6.2.2.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Independent (Individuals who have their own business)

In the User Information section, complete the following:

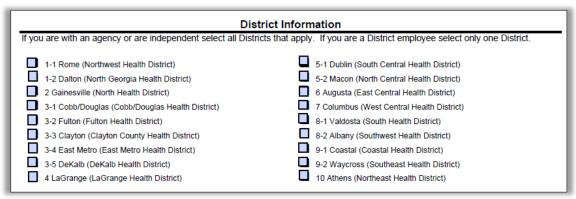
- Change of Information click in the checkbox to select
- Modify Access click the checkbox to select
- User First and Last Name

Babies Can't Wait	(Please keep	COM ONLINE ACCES a copy for your records) BCW-BIBS.com	<u>35</u>
District	Agency/Independ	dent Provider Information	n (Please Print)
Please complete the fields on this for	n and send the form to	your associated District.	
District/Agency/Independent Busines	Name		
Tax ID Number			
Type of Access: District (District employee)			
Agency (Agency with more t	han one provider)		
Independent (Individuals wh	o have their own busin	ess)	
	l la an Ind		
New User Information	User Inf	ormation (Please Print)	
Change of Information: Pleas	e indicate the type of c	hange 📃 Delete Ac	cess * 📃 Modify Access **
User First and Last Name			
Phone ()	EXT	Email***	
Please enter a User ID, Security Wor	d, and the answer to th	e Security Question. The User I	Ds may not be duplicated.
The Security Word and Security Quest the Security Word nor Security Quest			be required when contacting the CFO. Neithe
User ID 1) (Please note: User IDs cannot be used mo	2) pre than once; each Onlin	3 e User Access type requires a uniqu	
Security Word			
Security Question: What's your favo	rite artist? Answer		
*Deleting BCW-BIBS.com online acce ** If this form is used to Modify Acces ***All email addresses must be uni	s – the access marked	on this form will be the only acc	

To add a district(s), in the District Information section click on the checkbox(es) of the district(s) to be added.

To remove a district(s), in the District Information Section click on the checkbox(es) of the district(s) to be removed.

• Add the word remove to the right of the district name



At the bottom of the form complete the following:

- First Name and Last Name, Phone, EXT, and Email
- User Signature your signature
- Date
- Agency Signature your signature as the owner
- Date

6.2.3 Updating Bank Information

If you have changed banks or have a new bank account a **Direct Deposit/EFT Authorization Form** must be completed.

- A voided check or canceled check must be submitted with the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - o It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

The Direct Deposit/EFT Authorization form will not have to be completed if the Independent Provider only performs services in District 3-4 Lawrenceville/Gwinnett/East Metro

6.2.4 No Longer Contracting With BCW

If you will no longer be contracting with BCW the following forms must be completed:

- BCW-BIBS Enrollment
- BCW-BIBS.COM Online Access

6.2.4.1 BCW-BIBS Enrollment Form

Click the Independent Provider checkbox to select

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select

BCW BIBS ENROLLMENT FORM CFO Agency (Payee)/Independent Provider/District Registration A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If				
				e keep a copy for your records, and send the
Agency (Payee) Independen	nt Provider District			
	PAYEE INFOR	MATION – PLEASE P	RINT	
Current Federal Tax ID Number:	Current Federal Tax ID Number: Current Payee/Agency/Business Name:			
New Payee/Agency/Busin Change Information (if this			,	
Federal Tax ID Number:	Payee/Ag	gency/Business Name:		
Address:				
City:	State:		Zip:	
Phone Number:		Fax Number:		
Email Address:				

In the Provider Information section complete the following:

- Current Provider Name
- Deactivate Provider click on the checkbox to select
- (last work date) enter the date you will no longer be contracting with BCW

PROVI	DER INFORMATION – PLEASE PRINT	
Current Provider Name:		
Add New Provider (please complete infor Deactivate Provider (last work date) Change Provider Information (if this is a c		ies)
Name Address Phone Fax	Email Add District Delete District	Add Specialty Delete Specialty
First Name:	MI: Last Name:	
Address:		
City:	State:	Zip Code:
Work Email Address:	Provider NPI#	
Phone Number:	EXT: Fax Number:	
Gender: Please make a selection	Race/Ethnicity: Please make	a selection
	Please make	a selection 🗾
	Please make	a selection

- Provider Signature your signature
- Date

6.2.4.2 BCW-BIBS.COM Online Access Form

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select Independent (Individuals who have their own business)

In the User Information section, complete the following:

- Change of Information click in the checkbox to select
- Delete Access click the checkbox to select
- User First and Last Name

Babies Can't Wait	(Please keep	COM ONLINE a copy for your red BCW-BIBS.com			
Distr	ct/Agency/Independ	dent Provider In	nformation (Please Pl	rint)	
Please complete the fields on this	form and send the form to	your associated Dis	strict.		
District/Agency/Independent Busin	ess Name				
Tax ID Number					
Type of Access:)				
Agency (Agency with mo	e than one provider)				
Independent (Individuals	who have their own busine	ess)			
	llear Inf	ormation (Please	Print)		
New User Information	0361 1110	offication (Flease	Frink)		
Change of Information: Pla	ase indicate the type of c	hange 🗌	Delete Access *	Modify Access **	
User First and Last Name					
Phone ()	EXT	Email***			
Please enter a User ID, Security V	/ord, and the answer to th	e Security Question.	. The User IDs may not b	e duplicated.	
The Security Word and Security Q the Security Word nor Security Qu				hen contacting the CFO.	Neither
User ID 1) (Please note: User IDs cannot be used	2) more than once; each Online	e User Access type req	3) quires a unique User ID)		
Security Word					
Security Question: What's your fa	vorite artist? Answer				
*Deleting BCW-BIBS.com online a ** If this form is used to Modify Act ***All email addresses must be	ess – the access marked	on this form will be t		e to the user	

- First Name and Last Name
- Phone, EXT, and Email
- User Signature your signature
- Date
- Agency Signature your signature as the owner
- Date

6.2.5 Tax ID/Name Change

6.2.5.1 Tax ID Change With or Without Business Name change

If an Independent Provider is changing from SSN to a FEIN, the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW- BIBS.COM Online Access
- Certification for Online Claims Form and Electronic Signature Agreement
- Direct Deposit/EFT Authorization Form * *
- W-9 Request for Taxpayer Identification Number and Certification Form * *
- Independent Provider/Self-Employed Checklist

* * If the Independent Provider will only be performing services in District 3-4 Lawrenceville/Gwinnett/East Metro these forms do not need to be completed. If additional districts are added later these forms must be completed

6.2.6 BCW BIBS Enrollment Form

Click the Independent Provider checkbox at the top of the form

In the Payee Information Section complete the following:

- Current Federal Tax ID Number enter SSN or current FEIN number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select
- Federal Tax ID Number enter the new FEIN number
- Payee/Agency/Business Name if the business name is changing enter the new business name
- Enter the following information:
 - The Address, City, State, Zip, Phone Number, Fax Number, and Email Address

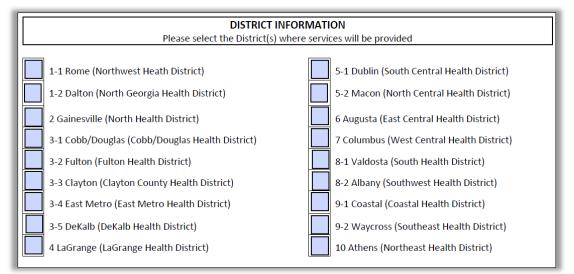
BABIES CAN'T WAIT Rep: Descence (CFO Agency (Payee)/Independent Provider/District Registration				
A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If you are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the forms to the EIC.				
Agency (Payee) Independent Provider District				
PAYEE INFORMATION – PLEASE PRINT				
Current Federal Tax ID Number: Current Payee/Agency/Business Name:				
New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)				
Federal Tax ID Number: Payee/Agency/Business Name:				
Address:				
City: State: Zip:				
Phone Number: Fax Number:				
Email Address:				

In the **Provider Information section**, complete the following:

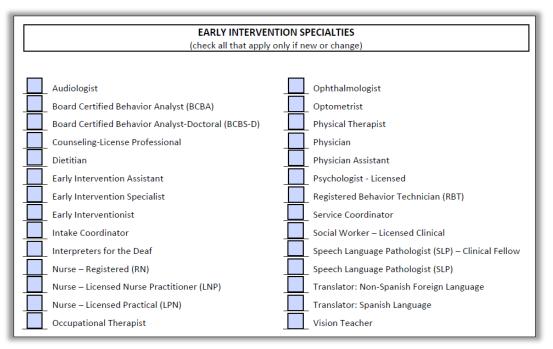
- Add New Provider Click in the checkbox to select
- Enter your provider information
 - o Gender Select from the drop-down
 - Race/Ethnicity Select from all applicable dropdowns

	PROVIDER INF	ORMATION -	PLEASE PRINT		
Current Provider Name:					
Deactivate Provider	olease complete information in (last work date) ormation (if this is a change of	nly include info		_	h. 🗖 odu ovdalu
Name Address	Phone Fax Email	Add District	Delete District	Add Specia	Ity Delete Specialty
First Name:	MI:	Last Nan	ne:		
Address:					
City:	State:			Zip Code:	
Work Email Address:		1	Provider NPI#		
Phone Number:	EXT:		Fax Number:		
Gender: Please mak	e a selection	Race/Ethnicity	Please make	e a selection	•
			Please make	e a selection	•
			Please make	e a selection	•

In the **District Information section**, select the District(s) where services will be provided by you as the provider. Only select the applicable districts.



In the Early Intervention Specialties section, click on the checkboxes of all applicable Specialties for the provider.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where you are an In-Network provider.

	IN – NETWORK PRIVATE I	NSURANCE INFORMATION	
	ft blank, then the date this form is	s received by CFO Provider Enro	
rease note, which submitting up	uates, il lio changes ale requireu i	or Private insurance informatio	n, leave the following table blank.
Carrier Name	In-Network Provider ID	Start Date	End Date
Carrier Name			
Carrier Name Aetna			
Carrier Name Aetna Blue Cross Blue Shield (BCBS)			

In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs you are enrolled with.

	MEDICAID/CMO INFORMATION						
Provide information	n for any of the Mee	dicaid types wh	nere vou are a l	Medicaid e	nrolled provider. If	a Medicaid ID is pro	ovided. but the
	ank, then the date t						
lease Note: When	submitting updates	s, if no changes	are required f	or Medicai	d or CMO informati	on, leave the follow	wing table blank.
Provide information	for all which apply:	Care Man	agement Organiz	ation (CMC) - Amerigroup		
Medicaid ID	Traditional	Amerigroup C	<u> </u>	are for	Amerigroup 360	Start Date	End Date
	Medicaid				Foster Care		
						/ /	1 1
						/ /	/ /
						/ /	/ /
						/ /	/ /
		Care Mai	nagement	Care	Management		
		Organizati	on (CMO) –	Organiza	tion (CMO) Peach		
Provide information	for all which apply:	Care	Source		State		
Media	aid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		CMO	for Kids –	State	for Kids –		
			CareSource	СМО	Peach State		
						/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /

- Provider Signature your signature
- Date

6.2.7 BCW-BIBS.Com Online Access

A BCW-BIBS.Com Online Access form must be completed to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- o If the business name has changed enter the new business name
- Tax ID Number enter in new FEIN number
- Type of Access select Independent (Individuals who have their own business)

Please complete the fields on this form and send the form to your associated District. District/Agency/Independent Business Name	En iteretialisan. Babies Can't Wait	(Please keep a copy for y	our records)				
District/Agency/Independent Business Name	Di	District/Agency/Independent Provider Information (Please Print)					
Tax ID Number Type of Access: District (District employee) Agency (Agency with more than one provider) Independent (Individuals who have their own business) User Information (Please Print) New User Information: Please Information: Please Information: Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word and Security Question will be used for the initial password set-up. User ID_1 2) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word	Please complete the fields on	his form and send the form to your associa	ted District.				
Type of Access: District (District employee) Agency (Agency with more than one provider) Independent (Individuals who have their own business) User Information (Please Print) New User Information: Please indicate the type of change Delete Access* Modify Access** User First and Last Name Phone (District/Agency/Independent B	usiness Name					
District (District employee) Agency (Agency with more than one provider) Independent (Individuals who have their own business) User Information (Please Print) New User Information Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name Phone () EXT Email*** Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.	Tax ID Number						
Independent (Individuals who have their own business) User Information (Please Print) New User Information Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name Phone (iyee)					
User Information (Please Print) New User Information Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name	Agency (Agency with	more than one provider)					
New User Information Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name Phone (Independent (Individu	als who have their own business)					
New User Information Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name Phone (
Change of Information: Please indicate the type of change Delete Access * Modify Access ** User First and Last Name Phone (_)EXTEmail*** Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up. User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word	New User Information	User Information (Please Print)				
Phone () EXT Email*** Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up. User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word		Please indicate the type of change	Delete Access *	Modify Access **			
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated. The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up. User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word	User First and Last Name						
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up. User ID 1 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word	Phone ()	EXT Ema	j***				
the Security Word nor Security Question will be used for the initial password set-up. User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word	Please enter a User ID, Secur	ty Word, and the answer to the Security Q	estion. The User IDs may not	be duplicated.			
Security Word				when contacting the CFO. Neither			
	User ID <u>1)</u> (Please note: User IDs cannot be	2) used more than once; each Online User Access	3) type requires a unique User ID)				
Convertion: Whot's your founds actists Annuar	Security Word						
Security Question: What's your favorite artist? Answer	Security Question: What's yo	ur favorite artist? Answer					

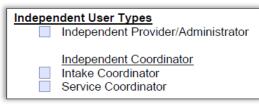
In the User Information section, complete the following:

- New User Information Click the checkbox to select
- Enter First and Last Name, Phone, Ext, and Email
- User ID Enter 3 User IDs IDS must be different than those previously used
- Security Word A single word to identify yourself
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the User Online Access Types section, if you are not enrolling with the specialties of Intake or Service Coordination only select Independent Provider/Administrator.

• If you are enrolling with the specialties of Intake or Service Coordination, select Independent Provider/Administrator and one or both Independent Coordinator types depending on your specialties



In the **District Information section**, select the checkbox(es) of the district(s) in which services will be performed. Only select the applicable districts, districts can be added later if necessary

District Information						
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.						
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District) 3-5 DeKalb (DeKalb Health District) 4 LaGrange (LaGrange Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 9-2 Waycross (Southeast Health District) 10 Athens (Northeast Health District) 					
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)					

At the bottom of the form complete the following:

- First Name and Last Name
- Phone, EXT, and Email
- User Signature your signature
- Date
- Agency Signature your signature as the owner
- Date

6.2.8 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

• The form must be completed with the FEIN number and the new business name if applicable

6.2.9 Direct Deposit/EFT Authorization Form

Complete the **Direct Deposit/EFT Authorization form** for payments to be electronically transmitted into your account. All funds must be designated to one account.

- A voided check or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

6.2.10 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed with the new FEIN to receive a 1099 form, all fields on the form are required.

• The form must be completed with the FEIN number and the new business name is applicable

6.2.10.1 Name Change

If an Independent Provider is changing their name but the Tax ID number is not changing the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW- BIBS.COM Online Access
- W-9 Request for Taxpayer Identification Number and Certification Form * *
 - $\circ \quad \text{Only needed if enrolled under your name} \\$

* * If the Independent Provider will only be performing services in District 3-4 Lawrenceville/Gwinnett/East Metro these forms do not need to be completed. If additional districts are added later these forms must be completed

NOTE: Need a legal document of name change either a marriage certificate, divorce decree, or legal documentation

6.2.10.1.1 BCW BIBS Enrollment Form

Click the Independent Provider checkbox at the top of the form

In the Payee Information Section complete the following:

- Current Federal Tax ID Number enter SSN or current FEIN number
- Current Payee/Agency/Business Name
- Change Information click the checkbox to select
- Payee/Agency/Business Name enter the new name of the business if changing
- Enter the following information:
 - The Address, City, State, Zip, Phone Number, Fax Number, and Email Address

	BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration A completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If						on. If			
you are enrolled in BCW, pl forms to the EIC.	lease provide the informa	tion curre	ntly on file. Afte	r completion of all	enrollmer	nt forms	, please keep a	copy for yo	ur records, and	send the
Agency (Payee)	Independent Provider		District							
		PAYE	E INFORMA	TION - PLEA	SE PRI	NT				
Current Federal Tax ID) Number:			Current Payee	/Agency	/Busin	ess Name:			
	ency/Business Nam ation (if this is a cha					ection)	1			
Federal Tax ID Numb	er:		Payee/Agen	cy/Business Nar	me:					
Address:	Address:									
City:		State:				Zip:				
Phone Number:	Phone Number: Fax Number:									
Email Address:										

In the **Provider Information section**, complete the following:

- Current Provider Name Enter your previous name
- Change Provider Information Click in the checkbox to select Name Click in the checkbox to select
- First Name, MI, Last Name Enter your new/current name

	PROVIDER	NFORMATION	– PLEASE PRINT	-	
Current Provider Name:					
Deactivate Provide	(please complete information r (last work date) formation (if this is a change			plies)	
Name Address	Phone Fax Email	Add District	Delete District	Add Specialty	Delete Specialty
First Name:	MI:	: Last Na	me:		
Address:					
City:	State			Zip Code:	
Work Email Address:			Provider NPI#		
Phone Number:	EX	(т:	Fax Number:		
_{Gender:} Please ma	ke a selection	Race/Ethnicit	y: Please mak	e a selection	•
			Please mak	e a selection	•
			Please mak	e a selection	•

- Provider Signature your signature
- Date

6.2.10.1.2 BCW-BIBS.Com Online Access

A BCW-BIBS.Com Online Access form must be completed to access the BCW-BIBS.com website.

• Never share or allow someone else to use your username and password

NOTE: It is very important to make a copy of this form. The information on this form will be used to create your password after receiving your temporary password and will be used to identify yourself when contacting Gainwell Technologies (BIBS vendor) when you have questions or problems.

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Enter the new name of the business if changing otherwise enter the current business name
- Tax ID Number enter current SSN or FEIN
- Type of Access select Independent (Individuals who have their own business)

Babies Can't Wait	BCW-BIBS.COM ON (Please keep a copy for y www.BCW-BIBS.	our records)	
Dis	trict/Agency/Independent Provi	der Information (Please P	'rint)
Please complete the fields on th	is form and send the form to your associa	ated District.	
District/Agency/Independent Bu	siness Name		
Tax ID Number			
Type of Access: District (District employ	ee)		
Agency (Agency with n	nore than one provider)		
Independent (Individua	Is who have their own business)		
New User Information	User Information (Please Print)	
	Please indicate the type of change	Delete Access *	Modify Access **
User First and Last Name			
Phone (EXTEma	il***	
Please enter a User ID, Security	Word, and the answer to the Security Q	uestion. The User IDs may not	be duplicated.
	Question is used for user identification/vo Question will be used for the initial passwo		when contacting the CFO. Neither
User ID <u>1)</u> (Please note: User IDs cannot be us	2) red more than once; each Online User Access	3) type requires a unique User ID)	
Security Word			
Security Question: What's you	r favorite artist? Answer		

In the User Information section, complete the following:

- Change of Information Click the checkbox to select
- Modify Access Click the checkbox to select
- User First and Last Name- -Enter new/current name

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

At the bottom of the form complete the following:

- First Name and Last Name
- Phone, EXT, and Email
- User Signature your signature

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- Date
- Agency Signature your signature as the owner
- Date

6.2.10.1.3 Direct Deposit/EFT Authorization Form

Complete the **Direct Deposit/EFT Authorization form** for payments to be electronically transmitted into your account if there is a name change on the bank account.

- A voided check or canceled check must accompany the Direct Deposit/EFT Authorization form, a copy is acceptable
 - If you do not have a check, a bank letter can be sent with the following required information: Routing number, Checking Account number, and Bank Name
 - o It is acceptable to email these directly to gaeienroll@gainwelltechnologies.com

6.2.10.1.4 W-9 Request for Taxpayer Identification Number and Certification Form

A **W-9 form** must be completed with the new FEIN to receive a 1099 form, all fields on the form are required.

• The form must be completed with the FEIN number and the new business name is applicable

6.2.11 Changing from an Independent Provider To An Agency

If an independent provider is going to hire other providers, the independent provider must be enrolled as an agency.

The Independent's provider's business and provider will be ended including their Online User Access. The independent provider must complete the forms as an agency and owner (see section 4.1).

The providers hired by the independent provider must complete forms for an agency provider (see section 5.1)

7.0 District

7.1 EIC or Designee

7.1.1 Add A New EIC or Designee (EIC Access Only)

To add an EIC or Designee to a district, complete the following forms:

- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- District Checklist

NOTE: If the new EIC or Designee will be enrolling as a provider, Intake, and/or Service Coordinator additional forms will need to be completed. See section 7.2.1 for information regarding additional forms and how to complete the BCW-BIBS.COM Online Access form.

	Required?	Required?
BCW BIBS Enrollment Form – Required Complete this form to enroll as a Provider employed by the District	Yes	No
BCW-BIBS.COM Online Access Form - Required Complete this form to receive access to the BIBS system	Yes	Yes
3. Certification for Online Claims Form and Electronic Signature Agreement Form – Required		
	Complete this form to enroll as a Provider employed by the District BCW-BIBS.COM Online Access Form - Required Complete this form to receive access to the BIBS system	Complete this form to enroll as a Provider employed by the District Yes Ves Complete this form to enroll as a Provider employed by the District BCW-BIBS.COM Online Access Form - Required Complete this form to receive access to the BIBS system Complete this form to receive access to the BIBS system Complete this form to perform and Electronic Signature Agreement Form – Required Complete this form to perform direct data claim entry into the BIBS system and to certify authorization Yes

7.1.1.1 BCW-BIBS.COM Online Access Form

In the District/Agency/Independent Provider Information section complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access click the checkbox *District (District employee)*

In the User Information section complete the following information:

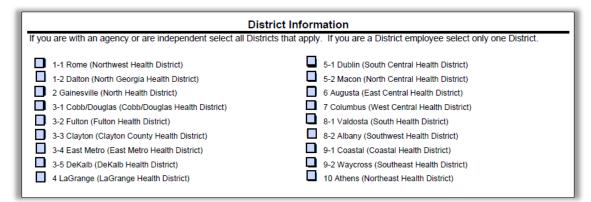
- New User Information click the checkbox to select
- User First and Last Name the name of the EIC or Designee
- Phone, Ext, and Email for the EIC or Designee
- User ID enter 3 IDs
- Security Word enter one word to identify the EIC or Designee
- Security Question answer the question 'What's your favorite artist?'

Babies	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records)					
Can't Wait	www.BCW-BIBS.com					
Di	District/Agency/Independent Provider Information (Please Print)					
Please complete the fields on	his form and send the form to your associated District.					
District/Agency/Independent B	usiness Name					
Tax ID Number						
Type of Access:	yee)					
Agency (Agency with	more than one provider)					
Independent (Individued)	als who have their own business)					
New User Information	User Information (Please Print)					
Change of Information	Please indicate the type of change Delete Access * Modify Access **					
User First and Last Name						
Phone (EXT Email***					
Please enter a User ID, Secur	y Word, and the answer to the Security Question. The User IDs may not be duplicated.					
	y Question is used for user identification/verification and will be required when contacting the CFO. Neith Question will be used for the initial password set-up.					
User ID 1) (Please note: User IDs cannot be	2) ised more than once; each Online User Access type requires a unique User ID)					
· · · · · · · · · · · · · · · · · · ·	ur favorite artist? Answer					

In the User Online Access Types section, select EIC or Designee (Case Admin) checkbox

User Online Access Types					
Refer to the Online User Access Type Descriptions in the BIBS-Enrollment Guide document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.					
District User Types EIC or Designee (Case Admin)					
District Provider					
District Coordinator Intake Coordinator Service Coordinator					

In the District Information section, select the applicable District checkbox



At the bottom of the form complete the following information:

- First Name and Last Name, Phone, EXT, and email address
- User Signature the signature of the EIC or Designee
- Date
- District EIC Signature the signature of the District EIC
- Date

7.1.1.2 Certification For Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information on the BCW-BIBS.com website. Please read the document completely before signing the form.

7.1.2 New EIC/Designee Enrolling As A Provider And/or Intake/Service Coordinator

If the new EIC or Designee will also be enrolling as a provider and as an Intake and/or Service Coordination the following forms must be completed:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- District Checklist

7.1.2.1 BCW BIBS Enrollment Form

Click the **District checkbox** at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

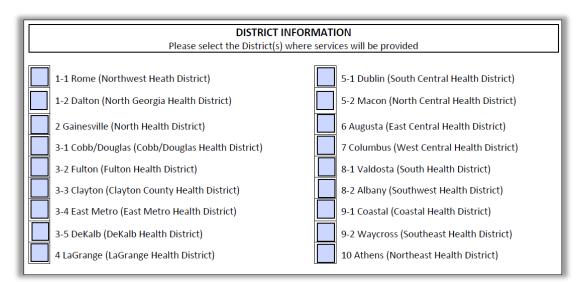
BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration									
you are enrolled in BCW, please provide forms to the EIC.									
	PAYE	E INFORM	ATION - PLEA	SE PRI	NT				
Current Federal Tax ID Number:			Current Payee	/Agency	/Busin	ess Name:			
New Payee/Agency/Busi Change Information (if th					ction)				
Federal Tax ID Number:		Payee/Agen	cy/Business Nar	me:					
Address:									
City:	State:				Zip:				
Phone Number: Fax Number:									
Email Address:									

In the **Provider Information section**, complete the following:

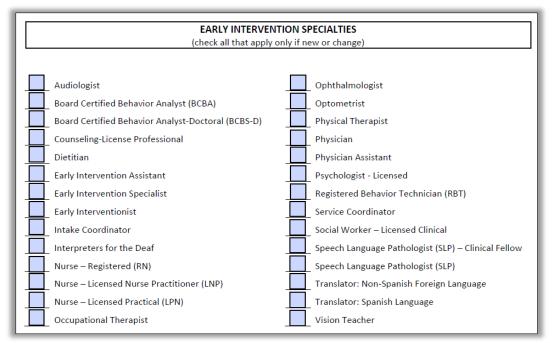
- Add New Provider click in the checkbox to select
- Enter the (EIC/Designee) provider information
 - Gender Select from the drop-down
 - Race/Ethnicity Select from the drop-down(s)

PROVIDER INFORMATION – PLEASE PRINT								
Current Provider Name:								
Add New Provider (please complete information in this section) Deactivate Provider (last work date) Change Provider Information (if this is a change only include information that applies)								
Name Address	Phone 🔲 Fax 📄 Email 📄 Add District 📄 Delete District 📄 Add Specialty 📄 Delete Specialty							
First Name:	MI: Last Name:							
Address:								
	State: Zip Code:							
Work Email Address:	Provider NPI#							
Phone Number:	EXT: Fax Number:							
Gender: Please make a selection								
Please make a selection								
	Please make a selection							

In the District Information section, select the district where services will be provided



In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where the EIC or Designee is an In-Network provider.

	IN - NETWORK PRIVATE	INSURANCE INFORMATION	4				
Provide information for any of the private insurance carriers listed where you are an In-Network Provider. If an In-Network Provider ID is provided, but the Start Date is left blank, then the date this form is received by CFO Provider Enrollment will be used as the Start Date. Please Note: When submitting updates, if no changes are required for Private Insurance information, leave the following table blank.							
rease noter when submitting up	uates, il no changes are required i	or Frivate insurance informat	ion, leave the following table blank.				
Carrier Name	In-Network Provider ID	Start Date	End Date				
		1					
Carrier Name		1					
Carrier Name Aetna Blue Cross Blue Shield (BCBS)		1					
Carrier Name Aetna		1					

In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs the EIC or Designee is enrolled with.

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MEDICAID/CMO INFORMATION							
-							
ovide information for any of the Medicaid types where you are a Medicaid enrolled provider. If a Medicaid ID is provided, but the							
tart Date is left blank, then the date this form is received by CFO Provider will be used as the Start Date.							
lease Note: When submitting updates, if no changes are required for Medicaid or CMO information, leave the following table blank.							
	n for all which apply:		agement Organi				
Medicaid ID	Traditional	Amerigroup (Care for	Amerigroup 360	Start Date	End Date
	Medicaid		Kids - Ar	nerigroup	Foster Care		
			L			/ /	/ /
						/ /	/ /
						/ /	/ /
						/ /	/ /
			·				
		Care Ma	nagement	Care	Management		
		Organizati	on (CMO) –	n (CMO) – Organization (CMO) Peach			
Provide informatior	n for all which apply:	Care	Source		State		
Medi	caid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
		смо	for Kids –	State	for Kids –		
			CareSource	смо	Peach State		
						/ /	/ /
				/ /	/ /		
						/ /	/ /

- Provider Signature the signature of the EIC or Designee
- Date

7.1.2.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select District (District employee)

Sabies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com					
District/Agency/Independent Provider Information (Please Print)						
Please complete the fields on th	s form and send the form to your associated District.					
District/Agency/Independent Bu	iness Name					
Tax ID Number						
Type of Access: District (District employ	e)					
Agency (Agency with r	ore than one provider)					
Indonondont /Individua	s who have their own business)					
Independent (individual	s who have their own business)					
Independent (Individual New User Information	User Information (Please Print)					
New User Information						
New User Information	User Information (Please Print)					
New User Information Change of Information:	User Information (Please Print)					
New User Information Change of Information: User First and Last Name Phone ()	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access ** EXTEmail***					
New User Information Change of Information: User First and Last Name Phone () Please enter a User ID, Security The Security Word and Security	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access **					
New User Information Change of Information: User First and Last Name Phone () Please enter a User ID, Security The Security Word and Security the Security Word nor Security User ID 1)	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access ** Ext					
New User Information Change of Information: User First and Last Name Phone () Please enter a User ID, Security The Security Word and Security the Security Word nor Security User ID 1)	User Information (Please Print) Please indicate the type of change Delete Access * Modify Access ** EXT					

In the User Information section, complete the following:

- New User Information click the checkbox to select
- First and Last Name, Phone, EXT, and Email of the person requesting access
- User ID enter 3 User IDs
- Security Word a single word to identify yourself
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)							
New User Information							
Change of Information: Please indicate the type of change Delete Access * Modify Access **							
User First and Last Name							
Phone ()EXTEmail***							
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.							
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.							
User ID 1) 2) 3)							
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID) Security Word							
Security Question: What's your favorite artist? Answer							
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user							

In the User Online Access Types section, the EIC or Designee requesting access would select the following checkboxes:

- If enrolling as an EIC/Designee and as a provider whose specialty is not Intake and/or Service Coordinator, select
 - EIC or Designee (Case Admin)
 - District Provider

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- If enrolling as an EIC/Designee and as an Intake and/or Service Coordinator, select
 - EIC or Designee (Case Admin)
 - District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both
- If enrolling as an EIC/Designee, provider, and Intake and/or Service Coordinator, select
 - EIC or Designee (Case Admin)
 - o District Provider
 - o District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both

User Online Access Types					
Refer to the Online User Access Type Descriptions in the BIBS-EnrolIment Guide document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.					
District User Types EIC or Designee (Case Admin)					
District Provider					
District Coordinator Intake Coordinator Service Coordinator					

In the **District Information section**, select the checkbox of the district.

District Information							
If you are with an agency or are independent select all Districts that apply. If you are a District employee select only one District.							
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District) 3-5 DeKalb (DeKalb Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 9-2 Waycross (Southeast Health District) 						
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)						

At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email
- User Signature Signature of the EIC or Designee requesting access
- Date
- Agency Signature Signature of the EIC
- Date

7.1.2.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required to enter claims/information claims on the BCW-BIBS.com website. Please read the document completely before signing the form.

7.1.3 Removing An EIC or Designee

7.1.3.1 Removing EIC or Designee Access Only

To remove an EIC or Designee who is not enrolled as a provider and/or Intake/Service Coordinator complete the following form:

BCW-BIBS.COM Online Access

In the **District/Agency/Independent Provider Information section**, complete the following:

- Agency Business Name
- Agency Tax ID number
- Type of Access click the District (district employee) checkbox to select

In the User Information section, complete the following:

- Change of Information click on the checkbox to select
- Delete Access click on the checkbox to select
- User First and Last Name

Babies Can't Wait	BCW-BIBS.CON (Please keep a cop www.BCW	oy for you	r records)				
District/Agency/Independent Provider Information (Please Print)							
Please complete the fields	on this form and send the form to your	associated	1 District.				
District/Agency/Independe	ent Business Name						
Tax ID Number							
Type of Access:	mployee)						
Agency (Agency	with more than one provider)						
Independent (Ind	ividuals who have their own business)						
New User Informati	User Informa	tion (Ple	ase Print)				
Change of Informat	tion: Please indicate the type of change	÷	Delete Access *	Modify Access **			
User First and Last Name							
Phone ()	EXT	_Email**	k				
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.							
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.							
User ID 1)	2)		3)				
(Please note: User IDs canno	2) It be used more than once; each Online User	Access typ	e requires a unique User ID)				
Security Word							
Security Question: What	's your favorite artist? Answer						

In the User Online Access Types section, click the checkbox in front of EIC or Designee (Case Admin) to select.

User Online Access Types					
Refer to the Online User Access Type Descriptions in the BIBS-Enrollment Guide document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.					
District User Types EIC or Designee (Case Admin)					
District Provider					
District Coordinator Intake Coordinator Service Coordinator					

- The First Name, Last Name, Phone, EXT, and Email
- User Signature and Date
- District EIC Signature and Date

7.1.3.2 Removing an EIC Who is a Provider/Coordinator

If an EIC or Designee is no longer contracted with a district the EIC/Designee access, provider specialty/specialties, and Intake and/or Service Coordinator specialty/specialties must be ended by completing the following forms:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access

7.1.3.2.1 BCW BIBS Enrollment Form

Click the District checkbox at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BCW BIBS ENROLLMENT FORM BABIES CAN'T WAIT CFO Agency (Payee)/Independent Provider/District Registration							
you are enrolled in BCW, please provide t forms to the EIC.	he information currently on file. Afte	r completion of all enrollme	ent forms, please keep a	copy for your records, and send the			
Agency (Payee) Independent	nt Provider District						
	PAYEE INFORMA	ATION – PLEASE PR	INT				
Current Federal Tax ID Number:		Current Payee/Agenc	y/Business Name:				
	ess Name (please complete s is a change only include up		ection)				
Federal Tax ID Number:							
Address:							
City:	State:		Zip:				
Phone Number: Fax Number:							
Email Address:							

In the **Provider Information section**, complete the following:

- Current Provider Name
- Deactivate Provider click the checkbox to select
- (last work date) enter the date the EIC will no longer be contracted with the district

	PROVIDER I	INFORMATION	– PLEASE PRINT	
Current Provider Name:				
Deactivate Provider	please complete informatio r (last work date) formation (if this is a change			lies)
Name Address	Phone Fax Email	Add District	Delete District	Add Specialty Delete Specialty
First Name:	MI	: Last Na	me:	
City:	State	e:		Zip Code:
Work Email Address:			Provider NPI#	
Phone Number:	EX	кт:	Fax Number:	
Gender: Please ma	ke a selection	Race/Ethnicit	y: Please make	a selection
			Please make	a selection
			Please make	a selection

- First Name, Last Name, Phone, EXT, and email
- User Signature and Date
- District EIC Signature and Date

7.1.3.2.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select District (District employee)

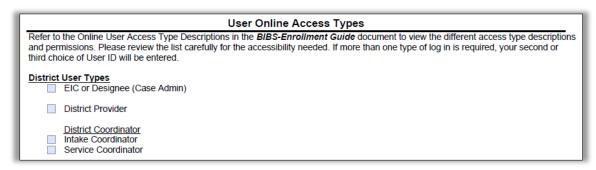
Babies Can't Wait	BCW-BIBS.COM ONI (Please keep a copy for yo www.BCW-BIBS.	our records)	
Dis	trict/Agency/Independent Provid	der Information (Please P	rint)
Please complete the fields on the	is form and send the form to your associa	ted District.	
District/Agency/Independent Bu	siness Name		
Tax ID Number			
Type of Access:	ee)		
Agency (Agency with r	nore than one provider)		
Independent (Individual	Is who have their own business)		
New User Information	User Information (F	Please Print)	
	Please indicate the type of change	Delete Access *	Modify Access **
User First and Last Name			
Phone ()	EXTEmai	***	
Please enter a User ID, Security	Word, and the answer to the Security Qu	estion. The User IDs may not	be duplicated.
	Question is used for user identification/ve Question will be used for the initial passwo		when contacting the CFO. Neither
User ID 1) (Please note: User IDs cannot be u	2) sed more than once; each Online User Access	3) type requires a unique User ID)	
Security Word			
Security Question: What's you	r favorite artist? Answer		

In the User Information section, complete the following:

- Change of Information click the checkbox to select
- Delete Access click the checkbox to select
- User First and Last Name

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the User Online Access Types section, select all the applicable user types associated with the EIC or Designee.



- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the EIC
- Date
- Agency Signature Signature of the EIC
- Date

7.2 District Provider or Intake/Service Coordinator

7.2.1 New District Provider or Intake/Service Coordinator

To add a new district provider or district Intake/Service Coordinator the following forms must be completed:

- BCW BIBS Enrollment
- BCW-BIBS.COM Online Access
- Certification For Online Claims and Electronic Signature Agreement
- District Checklist

~	Form Name and Description	Original Signature	District Approval
		Required?	Required?
	 BCW BIBS Enrollment Form – Required 	Yes	No
	 Complete this form to enroll as a Provider employed by the District 		
	2. BCW-BIBS.COM Online Access Form - Required	Yes	Yes
	 Complete this form to receive access to the BIBS system 	res	res
	3. Certification for Online Claims Form and Electronic Signature Agreement Form – Required		
	 Complete this form to perform direct data claim entry into the BIBS system and to certify authorization 	Yes	Yes

7.2.1.1 BCW BIBS Enrollment

Click the **District checkbox** at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

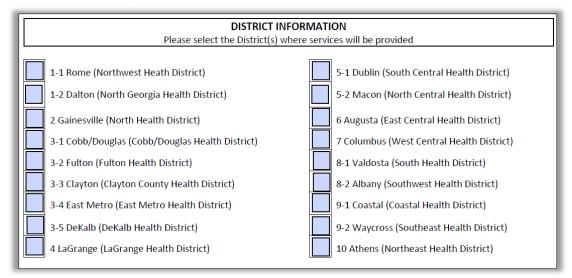
A completed form is required to enroll in	completed form is required to enroll in the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If ou are enrolled in BCW, please provide the information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the							
forms to the EIC. Agency (Payee) Independe								
	PAYEE INFORMATION – PLEASE PRINT							
Current Federal Tax ID Number:	Current Federal Tax ID Number: Current Payee/Agency/Business Name:							
	New Payee/Agency/Business Name (please complete information in this section) Change Information (if this is a change only include updated information)							
Federal Tax ID Number:	P	ayee/Agen	cy/Business Nam	ne:				
Address:								
City:								
Phone Number:			Fax Number:					
Email Address:								

In the Provider Information section, complete the following:

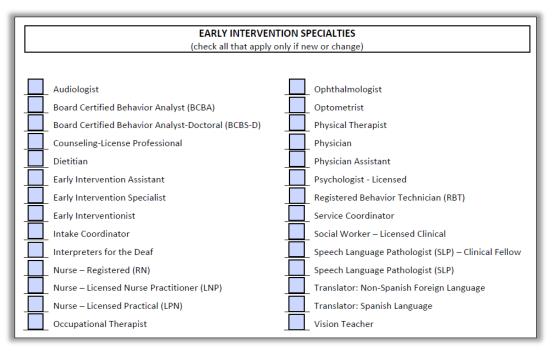
- Add New Provider Click in the checkbox to select
- Enter the provider's information
 - Gender select from the drop-down
 - Race/Ethnicity select from the drop-down(s)

	PROVIDER INFORMATION – PLEASE PRINT
Current Provider Name:	
Deactivate Provider	please complete information in this section) (last work date)
Name Address	Phone 🔄 Fax 📄 Email 📄 Add District 📄 Delete District 📄 Add Specialty 📄 Delete Specialty
First Name:	MI:Last Name:
Address:	
City:	Zip Code:
Work Email Address:	Provider NPI#
Phone Number:	EXT: Fax Number:
Gender: Please ma	ke a selection Race/Ethnicity: Please make a selection
	Please make a selection
	Please make a selection

In the District Information section, select the district.



In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties.



In the **In-Network Private Insurance Information section**, enter the information for any private insurance carriers listed where the provider is an In-Network provider.

	e private insurance carriers listed v				
provided, but the Start Date is le	eft blank, then the date this form i	s received by CFC) Provider Enrollm	ent will be used a	as the Start
ate.					
rease note. When submitting up	dates, if no changes are required f	for i mute moura	nee information, i	cuve the followin	B tubic blunk.
Carrier Name	In-Network Provider ID	Start	Date	End	Date
Carrier Name Aetna	In-Network Provider ID	Start /	: Date /	End I	Date /
	In-Network Provider ID	Start / /	: Date / / /	End / /	Date / / /
Aetna	In-Network Provider ID	Start / / /	: Date ///	End / / /	Date / / / / / / / / / / / / / / / / / / /
Aetna Blue Cross Blue Shield (BCBS)	In-Network Provider ID	Start / / / / / / / / / /	Date /	End I / / / /	Date / / / / / / / / / / / / / / / / / / /

In the **Medicaid/CMO Information section**, enter the information for any Medicaid or CMOs the provider is enrolled with.

	M	EDICAID/CMC		ATION		
n for any of the Me	dicaid types w	nere vou are a	Medicaid e	nrolled provider. If	a Medicaid ID is pr	ovided. but the
						· · · · · · · · · · · · · · · · · · ·
,						
submitting updates	s, if no change	s are required f	or Medicai	d or CMO informati	on, leave the follo	wing table blank.
for all which apply	Caro Man	agomont Organi	ration (CMC	Amorigroup		
		<u> </u>			Start Date	End Date
	Amerigioup			• •	Start Date	End Date
Wedicald		Kids - Al	Tengroup	Toster care	1 1	
			-			
			-			
			-			
					/ /	/ /
	C M		6	NA	l	
	-		-			
for all which apply	-		Organiza			
aid ID	CareSource	Peach Care	Peach	PeachCare	Start Date	End Date
	СМО	for Kids –	State	for Kids –		
		CareSource	СМО	Peach State		
					/ /	/ /
					/ /	/ /
					/ /	/ /
	ank, then the date t	n for any of the Medicaid types will ank, then the date this form is reco submitting updates, if no change for all which apply: Care Man Traditional Amerigroup (Medicaid Care Man Care Ma Organizati Care Ma Organizati Care Source	n for any of the Medicaid types where you are a l ank, then the date this form is received by CFO Pr submitting updates, if no changes are required f for all which apply: Care Management Organiz Traditional Amerigroup CMO Peacht Medicaid IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	n for any of the Medicaid types where you are a Medicaid e ank, then the date this form is received by CFO Provider will submitting updates, if no changes are required for Medicai for all which apply: Care Management Organization (CMC Traditional Amerigroup CMO PeachCare for Medicaid Care Management Organization (CMC Fids - Amerigroup Care Management Care Organization (CMO) – Care Source Peach Care Peach for all which apply: Care Source Peach Care State	ank, then the date this form is received by CFO Provider will be used as the Star submitting updates, if no changes are required for Medicaid or CMO informati for all which apply: Traditional Amerigroup CMO PeachCare for Kids - Amerigroup Amerigroup 360 Medicaid Kids - Amerigroup Foster Care Image: Start	n for any of the Medicaid types where you are a Medicaid enrolled provider. If a Medicaid ID is pr ank, then the date this form is received by CFO Provider will be used as the Start Date. submitting updates, if no changes are required for Medicaid or CMO information, leave the follo for all which apply: Care Management Organization (CMO) - Amerigroup Traditional Amerigroup CMO PeachCare for Amerigroup 360 Medicaid Amerigroup CMO Foster Care Medicaid ID Care Management Organization (CMO) – Care Management Organization (CMO) – Care Source Peach Care Management Organization (CMO) – Care Source Care Management Gare Source Care Management Organization (CMO) – Care Source Care State CareSource CMO Peach Care for Kids – CareSource CMO Peach Care for Kids – CareSource CMO Peach Care for Kids – CareSource CMO Peach Care for Kids –

- Provider Signature the signature of the provider
- Date the date the form was signed

7.2.1.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access select District (District employee)

Babies Can't Wait	BCW-BIBS.COM ONLINE ACCESS (Please keep a copy for your records) www.BCW-BIBS.com
Dis	rict/Agency/Independent Provider Information (Please Print)
Please complete the fields on th	s form and send the form to your associated District.
District/Agency/Independent Bu	iness Name
Tax ID Number	
Type of Access:	20)
Agency (Agency with n	ore than one provider)
Independent (Individua	s who have their own business)
New User Information	User Information (Please Print)
	Please indicate the type of change Delete Access * Modify Access **
User First and Last Name	
Phone (EXTEmail***
Please enter a User ID, Security	Word, and the answer to the Security Question. The User IDs may not be duplicated.
	Question is used for user identification/verification and will be required when contacting the CFO. Neither uestion will be used for the initial password set-up.
User ID <u>1)</u> (Please note: User IDs cannot be us	2) 3) ed more than once; each Online User Access type requires a unique User ID)
Security Word	
Security Question: What's you	favorite artist? Answer

In the User Information section, complete the following:

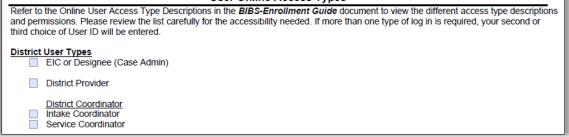
- New User Information Click the checkbox to select
- Enter the First and Last Name, Phone, EXT, and Email of the provider/coordinator requesting access
- User ID enter 3 User IDs
- Security Word A single word to verify the provider/coordinator
- Security Question The answer to the question 'What's your favorite artist?'

User Information (Please Print)
New User Information
Change of Information: Please indicate the type of change Delete Access * Modify Access **
User First and Last Name
Phone ()EXTEmail***
Please enter a User ID, Security Word, and the answer to the Security Question. The User IDs may not be duplicated.
The Security Word and Security Question is used for user identification/verification and will be required when contacting the CFO. Neither the Security Word nor Security Question will be used for the initial password set-up.
User ID 1) 2) 3) (Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
(Please note: User IDs cannot be used more than once; each Online User Access type requires a unique User ID)
Security Word
Security Question: What's your favorite artist? Answer
*Deleting BCW-BIBS.com online access does <u>not</u> end the Provider's enrollment with the CFO ** If this form is used to Modify Access – the access marked on this form will be the only access available to the user ***All email addresses must be unique per bcw-bibs.com user

In the User Online Access Types section, the provider or Intake/Service requesting access would select the following checkboxes:

- If enrolling as a provider whose specialty is not Intake and/or Service Coordinator, select
 - District Provider
- If enrolling as an Intake and/or Service Coordinator, select
 - o District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both
- If enrolling as a provider, and as an Intake and/or Service Coordinator
 - o District Provider
 - o District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both

User Online Access Types



In the **District Information section**, select the checkbox of the district.

District Inf	ormation
If you are with an agency or are independent select all Districts that a	apply. If you are a District employee select only one District.
 1-1 Rome (Northwest Health District) 1-2 Dalton (North Georgia Health District) 2 Gainesville (North Health District) 3-1 Cobb/Douglas (Cobb/Douglas Health District) 3-2 Fulton (Fulton Health District) 3-3 Clayton (Clayton County Health District) 3-4 East Metro (East Metro Health District) 3-5 DeKalb (DeKalb Health District) 	 5-1 Dublin (South Central Health District) 5-2 Macon (North Central Health District) 6 Augusta (East Central Health District) 7 Columbus (West Central Health District) 8-1 Valdosta (South Health District) 8-2 Albany (Southwest Health District) 9-1 Coastal (Coastal Health District) 9-2 Waycross (Southeast Health District)
4 LaGrange (LaGrange Health District)	10 Athens (Northeast Health District)

At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the provider requesting access
- Date
- Agency Signature Signature of the EIC
- Date

7.2.1.3 Certification for Online Claims and Electronic Signature Agreement

The **Certification for Online Claims and Electronic Signature Agreement** is required for the entry of claims/information and claims for services as a provider or Intake/Service Coordinator on the BCW-BIBS.com website. Please read the document completely before signing the form.

7.2.2 Existing District Provider or Intake/Service Coordinator

7.2.2.1 Add A Specialty

To add a specialty to a district provider or Intake/Service Coordinator the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

7.2.2.1.1 BCW BIBS Enrollment

Click the **District checkbox** at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

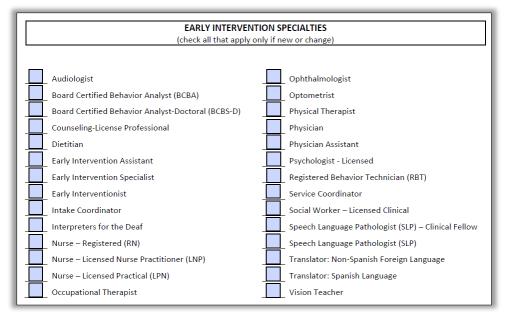
BABIES CAL Strap Construct All Constructions of the period of the second and the	a,w	gency (F	Payee)/Indep	NROLLMEN pendent Provi	ider/Dis	strict F	-	ollment infor	mation. If
you are enrolled in BCW, pleas forms to the EIC.		tion curre							
		PAYE	E INFORMA	TION - PLEA	SE PRI	NT			
Current Federal Tax ID N	y/Business Nan	ne (plea	se complete		n this se				
Federal Tax ID Number:		Ū	· ·		ĺ.				
Address:									
City:		State:				Zip:			
Phone Number:				Fax Number:				 	
Email Address:									

In the Provider Information section, complete the following:

- Current Provider Name enter the first/last name of the provider
- Change Provider Information click in the checkbox to select
- Add Specialty click in the checkbox to select

	PROVIDER INFORMATIO	I – PLEASE PRINT	
Current Provider Name:			
Deactivate Provider (last wo	omplete information in this sectio ork date) n (if this is a change only include i : Fax Email Add Distric	formation that applies)	alty 🔲 Delete Specialty
First Name:	MI: Last M	ame:	
	State:	Zip Code:	
Work Email Address:		Provider NPI#	
Phone Number:	EXT:	Fax Number:	
Gender: Please make a se	lection Race/Ethnic	ty: Please make a selection	ו <u>י</u>
		Please make a selection	·
		Please make a selection	ו <u>י</u>

In the Early Intervention Specialties section, click on the checkboxes of all applicable specialties to be added.



At the bottom of the form complete the following:

- Provider Signature the signature of the provider
- Date

7.2.2.1.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following :

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select District (District employee)

In the User Information section, complete the following:

- Change of Information Click the checkbox to select
- Enter the First and Last Name of the provider/coordinator

Babies Can't Wait		COM ONLIN a copy for your i v.BCW-BIBS.com	records)	
	District/Agency/Indepen	dent Provider	Information (Please	Print)
Please complete the fields of	n this form and send the form to	o your associated (District.	
District/Agency/Independent	Business Name			
Tax ID Number				
Type of Access:	bloyee)			
Agency (Agency with a second secon	th more than one provider)			
Independent (Individent)	duals who have their own busin	iess)		
New User Information		ormation (Plea	se Print)	
			se Print) Delete Access *	Modify Access **
Change of Information	n: Please indicate the type of o			Modify Access **
	n: Please indicate the type of o			Modify Access **
Change of Informatio	n: Please indicate the type of o	change Email***	Delete Access *	
Change of Informatio User First and Last Name Phone () Please enter a User ID, Secu The Security Word and Secu	n: Please indicate the type of o	change Email*** ne Security Questio dentification/verifica	Delete Access *	
Change of Informatio User First and Last Name Phone () Please enter a User ID, Secu The Security Word and Secu the Security Word nor Security	n: Please indicate the type of o EXT	Email*** Email*** ne Security Question dentification/verifica e initial password s	Delete Access * Delete Access * on. The User IDs may no ation and will be required et-up.	t be duplicated.
Change of Informatio User First and Last Name Phone () Please enter a User ID, Secu The Security Word and Secu the Security Word nor Securit User ID 1) (Please note: User IDs cannot b	n: Please indicate the type of o EXT	Email*** Email*** ne Security Question dentification/verific e initial password s	Delete Access * Delete Access * on. The User IDs may no ation and will be required et-up.	t be duplicated.

In the User Online Access Types section, the provider or Intake/Service requesting access would select the following checkboxes:

- If adding a specialty *that is not* Intake and/or Service Coordinator, select District Provider
- If adding a specialty of Intake and/or Service Coordinator, select District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both if the provider has both specialties

User Online Access Types
Refer to the Online User Access Type Descriptions in the BIBS-EnrolIment Guide document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.
District User Types EIC or Designee (Case Admin)
District Provider
District Coordinator Intake Coordinator Service Coordinator

At the bottom of the form complete the following:

- Enter the First Name, Last Name, Phone, EXT, and Email of the provider
- User Signature Signature of the provider
- Date
- Agency Signature Signature of the EIC
- Date

7.2.2.2 Remove A Specialty

To remove a specialty to a district provider or Intake/Service Coordinator the following forms must be completed:

- BCW BIBS Enrollment Form
- BCW-BIBS.COM Online Access

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7.2.2.2.1 BCW BIBS Enrollment

Click the District checkbox at the top of the form

In the Payee Information section, complete the following:

- Current Federal Tax ID Number
- Current Payee/Agency/Business Name

BABIES CAN'T WAIT	BCW BIBS ENROLLMENT FORM CFO Agency (Payee)/Independent Provider/District Registration
	the Babies Can't Wait program as a service provider or service coordinator, or to change current enrollment information. If he information currently on file. After completion of all enrollment forms, please keep a copy for your records, and send the nt Provider District
	PAYEE INFORMATION – PLEASE PRINT
Current Federal Tax ID Number:	Current Payee/Agency/Business Name:

In the **Provider Information section**, complete the following:

- o Current Provider Name enter the first/last name of the provider
- Change Provider Information click in the checkbox to select
- Delete Specialty click in the checkbox to select

	PROVIDER INFORMATION – PLEASE PRINT
Current Provider Name:	
Add New Provider	(please complete information in this section)
Deactivate Provide	r (last work date)
Change Provider Ir	formation (if this is a change only include information that applies)
Name Address	🎦 Phone 📄 Fax 📄 Email 📄 Add District 📄 Delete District 📄 Add Specialty 📄 Delete Specialty

In the **Specialty or Specialties to be removed text field** enter the specialty/specialties to be removed. Please enter a comma between the specialties.

Specialty or Specialties to be removed:	
	EARLY INTERVENTION SPECIALTIES (check all that apply only if new or change)

At the bottom of the form complete the following:

- Provider Signature the signature of the provider
- Date

7.2.2.2.2 BCW-BIBS.Com Online Access

In the District/Agency/Independent Provider Information section, complete the following:

- District/Agency/Independent Business Name
- Tax ID Number
- Type of Access Select District (District employee)

In the User Information section, complete the following:

- Change of Information Click the checkbox to select
- Enter the First and Last Name of the provider/coordinator

Can't Wait		OM ONLINE a copy for your rect		
D	istrict/Agency/Independ	ent Provider Inf	ormation (Please	Print)
Please complete the fields on	this form and send the form to	our associated Dist	rict.	
District/Agency/Independent E	Business Name			
Tax ID Number				
Type of Access: District (District empl	loyee)			
Agency (Agency with	n more than one provider)			
Independent (Individ	uals who have their own busine	ss)		
New User Information	User Info	rmation (Please I	Print)	
	: Please indicate the type of ch	ange	Delete Access *	Modify Access **
		ange 🗌	Delete Access *	Modify Access **
Change of Information			Delete Access *	Modify Access **
Change of Information User First and Last Name Phone	EXT	Email***		
Change of Information User First and Last Name Phone Phone Descurity Word and Secur	EXT	Email*** Security Question. ntification/verificatio	The User IDs may no	
Change of Information User First and Last Name Phone Please enter a User ID, Secur The Security Word and Secur the Security Word nor Securit	EXT	Email*** Security Question. ntification/verification itilal password set-u	The User IDs may not n and will be required p.	be duplicated.
Change of Information User First and Last Name Phone Please enter a User ID, Secur The Security Word and Secur the Security Word nor Securit	EXT	Email*** Security Question. ntification/verification itilal password set-u	The User IDs may not n and will be required p.	be duplicated.

In the User Online Access Types section, select the following:

- If removing a specialty <u>that is not</u> Intake and/or Service Coordination, select

 District Provider
- If removing a specialty of Intake and/or Service Coordination, select
 - Either Intake Coordinator or Service Coordinator
 - Can select both if applicable
- If removing all specialties including Intake and/or Service Coordinator
 - o District Provider
 - District Coordinator
 - Select either Intake or Service Coordinator
 - Can select both if applicable

User Online Access Types

 Refer to the Online User Access Type Descriptions in the BIBS-Enrollment Guide document to view the different access type descriptions and permissions. Please review the list carefully for the accessibility needed. If more than one type of log in is required, your second or third choice of User ID will be entered.

 District User Types
 EIC or Designee (Case Admin)

 District Coordinator
 Intake Coordinator

 Service Coordinator
 Service Coordinator

At the bottom of the form complete the following:

- Enter the First Name, Last Name of the provider/coordinator
- User Signature the signature of the provider/coordinator
- Date
- Agency Signature the signature of the EIC
- Date

8.0 User Types

8.1 Agency User Types

8.1.1 Agency Administrator

An Agency Administrator is the owner of an agency that has more than one BCW enrolled provider working at the agency.

The following briefly describes the permissions of this user type

- Home Page
 - o Has monitoring capabilities available via the Home page lists
- Child Care Management
 - May view child records
 - May enter progress notes for their BCW enrolled providers who have an active authorization and/or is an active IFSP Team Member
 - \circ $\,$ May upload documents to the Child Library PSP Teams $\,$
- PSP Teams
 - Does not have access
- Provider Account Management (PAM)
 - May view and submit claims for their BCW enrolled providers
 - o May view and print authorizations and authorization information for their enrolled providers
 - May view and modify certain elements of their information
 - o May view payment/remittance information
 - May select email notification to receive

8.1.2 Agency Claims and Billing

An Agency Claims and Billing Agent is the billing person for an agency. This user is not enrolled as a provider.

The following briefly describes the permissions of this user type

- Home Page
 - Does not have access to Home page lists
- Child Care Management (CCM)
 - o Cannot access to view child records
- PSP Team
 - Does not have access
- Provider Account Management (PAM)
 - May view and submit claims for the agency BCW enrolled providers
 - May view and print authorizations and authorization information for the agency-enrolled providers
 - \circ May view but not modify certain elements of the agency information

8.1.3 Agency Provider (Billing)

An Agency Provider (Billing) is an enrolled provider enrolled who works for an agency that has more than one enrolled provider.

The following briefly describes the permissions of this user type

- Home Page
 - Has child access available via the Home page lists
- Message Center
 - o May view messages sent to the provider from Child Care Management
 - \circ $\ \ \,$ May select the type of message to receive an email notification
- Child Care Management (CCM)
 - o If the provider has an active authorization and/or is an active IFSP Team Member on a child record

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- May view child records
- May enter progress notes
 - > Cannot enter progress notes for other providers in the agency
- May upload documents to the Child Library and complete Evaluation and Assessment Requests
- PSP Teams
 - Can view PSP Teams and PSP Meetings where the provider is an active PSP Team Member
- Provider Account Management (PAM)
 - May view and submit claims
 - Cannot enter claims for other providers in the agency
 - \circ $\,$ May view and print authorizations and authorization information where the provider is authorized
 - Cannot view or print authorizations for other providers in the agency
 - Cannot view payment information for the agency
 - \circ $\;$ May view and modify certain elements of their provider account $\;$

8.1.4 Agency Provider (Non-Billing)

An Agency Provider (Non-Billing) is an enrolled provider who works for an agency that has more than one enrolled provider.

The following briefly describes the permissions of this user type

- Home Page
 - Has child access available via the Home page lists
- Message Center
 - May view messages sent to the provider from Child Care Management
 - May select the type of message to receive an email notification
- Child Care Management (CCM)
 - o If the provider has an active authorization and/or is an active IFSP Team Member on a child record
 - May view child records
 - May enter progress notes
 - > Cannot enter progress notes for other providers in the agency
 - May upload documents to the Child Library
 - Complete Evaluation and Assessment Requests
- PSP Teams
 - Can view PSP Teams and PSP Meetings where the provider is on the PSP Team
- Provider Account Management (PAM)
 - May view their claims
 - Cannot enter claims for themselves or other providers in the agency
 - May view and print authorizations and authorization information where the provider is authorized
 - Cannot view or print authorizations for other providers in the agency
 - May view and modify certain elements of their provider account
 - Cannot view payment/remittance information for the agency

8.1.5 Agency Coordinator

8.1.5.1 Intake Coordinator

An Agency Intake Coordinator is a coordinator who performs intake activities when a child's status is Referral or Eligibility Determination. The coordinator must be enrolled with the specialty of Intake Coordination.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - o May select email notifications to receive

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- o May view messages
- Child Care Management (CCM)
 - May update child records in Referral and Eligibility Determination status if assigned as the active Intake Coordinator on the child record
 - Once Eligibility has been determined the Intake Coordinator will lose access to a child's record
 - May enter Coordination Notes
- PSP Teams
 - o Has access to PSP Teams or PSP Meetings where the Intake Coordinator is an active PSP Team Member
- Provider Account Management (PAM)
 - o Has access to enter claims for their Intake services

8.1.5.2 Service Coordinator

A Service Coordinator is a coordinator who performs activities based on IFSP. The coordinator must be enrolled with the specialty of Service Coordination.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - o May select email notifications to receive
 - o May view messages
- Child Care Management (CCM)
 - May view child records in Referral and Eligibility Determination status if assigned as the active ongoing Service Coordinator
 - Cannot edit information
 - Once a child is in IFSP status the ongoing Service Coordinator will have edit access to child records
 - o May enter Coordination Notes
 - Can review Progress Notes
 - Can upload documents to the Child Library
- PSP Teams
 - Has access to PSP Teams and PSP Meetings where the Service Coordinator is an active PSP Team Member
- Provider Account Management (PAM)
 - \circ $\;$ Has access to enter claims for their Service Coordination services

NOTE: If both Intake Coordinator and Service Coordinator are selected the Agency Coordinator can perform both Intake and Service Coordination activities.

• The provider must have the specialties of Intake Coordination and Service Coordination

8.2 Independent Provider/Self-Employed User Types

8.2.1 Independent Provider Admin

An Independent Provider/Administrator is an enrolled provider who is self-employed and is the only provider for the business.

The following briefly describes the permissions of this user type

- Home Page
 - Has child access available via the Home page lists
- Message Center
 - May select email notifications to receive
 - May view messages

- Child Care Management (CCM)
 - If the provider has an active authorization and/or is an active IFSP Team Member on a child record
 - May view child records
 - May enter progress notes
 - May complete Evaluation and Assessment Requests
 - May upload documents to the Child Library
- PSP Teams
 - May view PSP Teams PSP Meetings where the provider is on a PSP Team
- Provider Account Management (PAM)
 - May view and submit claims for themselves
 - May view and print authorizations and authorization information
 - \circ \quad \bullet May view and modify certain elements of their agency information
 - \circ $$ May view and modify certain elements of their provider account
 - May view payment information for their independent business

8.2.2 Independent Coordinator

8.2.2.1 Intake Coordinator

An Intake Coordinator is a coordinator who performs intake activities when a child's status is Referral or Eligibility Determination. The coordinator must be enrolled with the specialty of Intake Coordination.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - May select email notifications to receive
 - May view messages
- Child Care Management (CCM)
 - May update child records in Referral and Eligibility Determination status in Child Care Management (CCM) if assigned as the active Intake Coordinator
 - Once Eligibility has been determined the Intake Coordinator will lose access to a child's record
 - May enter Coordination Notes
- PSP Teams
 - o Has access to PSP Teams or PSP Meetings where the Intake Coordinator is an active PSP Team Member
- Provider Account Management (PAM)
 - \circ $\;$ Has access to enter claims for their Intake services

8.2.2.2 Service Coordinator

A Service Coordinator is a coordinator who performs activities based on IFSP. The coordinator must be enrolled with the specialty of Service Coordination.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - o May select email notifications to receive
 - May view messages
- Child Care Management (CCM)
 - May view child records in Referral and Eligibility Determination status if assigned as the active Service Coordinator
 - Cannot edit information
 - Once a child is in IFSP status the Service Coordinator will have edit access to child records

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- May enter Coordination Notes
- o Can review Progress Notes
- Can upload documents to the Child Library
- PSP Teams
 - \circ $\;$ Has access to PSP Teams and PSP Meetings where the Service Coordinator is an active PSP Team Member $\;$
- Provider Account Management (PAM)
 - \circ $\;$ Has access to enter claims for their Service Coordination services

NOTE: If both Intake Coordinator and Service Coordinator are selected the Independent Coordinator can perform both Intake and Service Coordination activities.

• The provider must have the specialties of Intake Coordination and Service Coordination

8.3 District User Types

8.3.1 EIC or EIC Designee

An EIC or EIC Designee is the District supervisor or a person who works in the office of the District. The EIC is responsible for the Service Coordination caseload for the District location.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - May view messages and receive notifications when an IFSP Meeting is ready to be finalized if an email address exists
- Child Care Management (CCM)
 - Has access to all child records, active and inactive, assigned to the district location
 - May update child data including Date of Birth
 - May enter/delete Progress Notes
 - May enter/delete Coordination Notes
 - May finalize IFSP Meetings
 - May upload/delete documents to the Child Library
 - May delete/add a document to a completed Evaluation/Assessment request
 - May add/delete documents to the Child Library
- PSP Teams
 - Has access to PSP Teams in the District
 - May create a PSP Teams
 - Add PSP members
 - Create PSP Meetings
 - Enter PSP meeting attendance
 - Provider Account Management (PAM)
 - Has access to limited options

NOTE: To enter or view claims for District employees an EIC will be required to have a user type of Agency Administrator with the District as the Agency.

• If a Designee will be entering the claims the Designee will be required to have a user type of Agency Claims and Billing.

8.3.2 District Agency Administrator

An Agency Administrator for the district is the EIC of the district who has coordinators and/or providers as district employees.

The following briefly describes the permissions of this user type

- Home Page
 - o Has monitoring capabilities available via the Home page lists
- Child Care Management
 - May view child records
 - \circ $\;$ May enter progress notes for the district's enrolled providers
 - \circ $\;$ May upload documents to the Child Library
- PSP Teams
 - Does not have access
- Provider Account Management (PAM)
 - May view and submit claims for the district providers/coordinators
 - May view and print authorizations and authorization information for the district providers/coordinators
 - May select email notification to receive

8.3.3 District Provider

A District Provider is an enrolled provider who works for a district as an employee.

The following briefly describes the permissions of this user type

- Home Page
 - o Has child access available via the Home page lists
- Message Center
 - May view messages sent to the provider from Child Care Management
 - May select the type of message to receive an email notification
- Child Care Management (CCM)
 - o If the provider has an active authorization and/or is an active IFSP Team Member on a child record
 - May view child records
 - May enter progress notes
 - > Cannot enter progress notes for other providers in the district
 - May upload documents to the Child Library
 - May Complete Evaluation and Assessment Requests
- PSP Teams
 - o Can view PSP Teams and PSP Meetings where the provider is an active PSP Team Member
- Provider Account Management (PAM)
 - May view and submit claims
 - Cannot enter claims for other providers in the district
 - May view and print authorizations and authorization information where the provider is authorized
 Cannot view or print authorizations for other providers in the district
 - Cannot view payment information for the agency
 - o May view and modify certain elements of their provider account

8.3.4 District Coordinator

8.3.4.1 Intake Coordinator

A district Intake Coordinator is a district employee who performs intake activities when a child's status is Referral or Eligibility Determination. The coordinator must be enrolled with the specialty of Intake Coordination.

The following briefly describes the permissions of this user type

• Home Page

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- Has monitoring capabilities available via the Home page lists
- Message Center
 - May select email notifications to receive
 - o May view messages
- Child Care Management (CCM)
 - May update child records in Referral and Eligibility Determination status if assigned as the active Intake Coordinator
 - Once Eligibility has been determined the Intake Coordinator will lose access to a child's record
 - May enter Coordination Notes
- PSP Teams
 - o Has access to PSP Teams or PSP Meetings where the Intake Coordinator is an active PSP Team Member
- Provider Account Management (PAM)
 - \circ $\;$ Has access to enter claims for their Intake services

8.3.4.2 Service Coordinator

A District Service Coordinator is a district employee who performs service coordination activities based on IFSP. The coordinator must be enrolled with the specialty of Service Coordination.

The following briefly describes the permissions of this user type

- Home Page
 - Has monitoring capabilities available via the Home page lists
- Message Center
 - o May select email notifications to receive
 - May view messages
- Child Care Management (CCM)
 - May view child records in Referral and Eligibility Determination status if assigned as the active ongoing Service Coordinator
 - Cannot edit information
 - o Once a child is in IFSP status the ongoing Service Coordinator will have edit access to child records
 - May enter Coordination Notes
 - Can review Progress Notes
 - Can upload documents to the Child Library
- PSP Teams
 - Has access to PSP Teams and PSP Meetings where the ongoing Service Coordinator is an active PSP Team Member
- Provider Account Management (PAM)
 - \circ $\;$ Has access to enter claims for their Service Coordination services

NOTE: If both Intake Coordinator and Service Coordinator are selected the District Coordinator can perform both Intake and Service Coordination activities.

• The provider must have the specialties of Intake Coordination and Service Coordination