

MOFirstSteps.com Online Access Enrollment Form

Please keep a copy for your records

Agency/Billing Entity Information – Please Print

Please complete **ALL** fields on this form. If you are already enrolled with the CFO, please provide the information currently on file with the CFO. Complete, sign and mail this form to: Central Finance Office, c/o CSC, P.O. Box 29134, Shawnee Mission, KS 66201-9134.

Tax ID Number Agency/Billing Entity _____ **Agency Name:** _____

Agency Administrator, SPOE Personnel or Independent Provider Information:

First Name: _____ Last Name: _____ Email: _____

Address _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ EXT: _____

Primary Contact for Questions: _____

User Information - Please Print

New User Information: Select One: **Currently Enrolled First Steps Provider** **Other User** **New Enrollment**

Change of Information: Please indicate the type of change: **Delete Access*** **Modify Access**

User First and Last Name: _____

Email: Must be unique to each login account with MO First Steps: _____

User ID Selection: User ID's must be unique to each account within MOFirstSteps.com. Please submit two selections in case your first choice is not available.

User ID #1 _____ **#2** _____

Please choose a Security Word The Security Word is used for user identification/verification and will be needed to gain initial access online. This is a word of your choice and can be up to 20 characters, minimum of 3 characters long. This word will be required when contacting the CFO for user access. This is **NOT** the Password.

Security Word: _____

Social Security Number: _____ **Phone:** (____) _____ - _____ **EXT:** _____

**Deleting Online Access does not end the Provider's enrollment with the CFO.*

User Access Description

Please select one of the following types (Refer to the attached pages for access descriptions). Please review the access permissions list carefully.

Independent Provider/Provider Administrator
Agency Administrator
Agency Provider – Non-Billing Provider
Agency Provider - Billing

Agency Claims and Billing
SPOE Administrator
SPOE Intake and Ongoing Service Coordinator

Signing this document indicates agreement with all the terms and conditions set forth in this form.

User Signature: _____ **Date** _____

Administrator 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 the online system. Please keep a copy of this form for your records.

Attachment #1

User Access Detail

Access Type	General Description
Agency Provider - Non-Billing	<p>This user is an enrolled Provider - usually with an Agency.</p> <p>The following attributes describe this type of access.</p> <ol style="list-style-type: none">1. The provider may view - but not submit - claims online.2. The provider may view and print authorizations and authorization information.3. The provider may view - but not modify - certain elements of their enrollment with the CFO online.4. The provider may agree to certain First Steps Agreements online.5. The provider may select the email notifications to receive online.6. The provider may read certain communications from DESE online.7. The provider will not be able to view payment/remittance information online.
Agency Provider - Billing	<p>This person is an enrolled Provider - usually with an Agency.</p> <p>The following attributes describe this type of access.</p> <ol style="list-style-type: none">1. The provider may view and submit claims online.2. The provider may view and print authorizations and authorization information.3. The provider may view and modify certain elements of their enrollment with the CFO online.4. The provider may agree to certain First Steps Agreements online.5. The provider may select the email notifications to receive online.6. The provider may read certain communications from DESE online.7. The provider will not be able to view payment/remittance information online.
Agency Claims and Billing	<p>This person is not enrolled with the CFO - and usually works with an Agency.</p> <p>This person usually is in an Agency support role.</p> <p>The following attributes describe this type of access.</p> <ol style="list-style-type: none">1. The user may view and submit claims online.2. The user may view and print authorizations and authorization information.3. The user may not view and modify certain elements of the Agency information with the CFO.4. The user may not agree to certain First Steps Agreements online.5. The user may not select the email notifications to receive online.6. The user will not be able to read certain communications from DESE online.7. The user will be able to view payment/remittance information online.
Independent Provider (Provider Administrator)	<p>This person is enrolled with the CFO - and usually works as an Independent Provider.</p> <p>The following attributes describe this type of access.</p> <ol style="list-style-type: none">1. The user may view and submit claims online.2. The user may view and print authorizations and authorization information.3. The user may view and modify certain elements of their information with the CFO.4. The user may agree to certain First Steps Agreements online.5. The user may select the email notifications to receive online.6. The user will be able to read certain communications from DESE online.7. The user will be able to view payment/remittance information online.

Agency Administrator

This person is not enrolled with the CFO - and works as an Agency Administrator.

The following attributes describe this type of access.

1. The user may view and submit claims online.
2. The user may view and print authorizations and authorization information.
3. The user may view and modify certain elements of their information with the CFO.
4. The user will not be able to agree to certain First Steps Provider Agreements online. The user will have access to Agency Agreements online.
5. The user may select the email notifications to receive online.
6. The user will be able to read certain communications from DESE online.
7. The user will be able to view payment/remittance information online.

SPOE Agency Administrator

This person administers the local SPOE and has information access child records at the local SPOE's . The following attributes describe this type of access.

1. The user may submit claims online.
2. The user may view and print authorizations and authorization information outside the Intake and IFSP process.
3. The user may view and modify certain elements of the Agency information with the CFO.
4. The user may agree to certain First Steps Agreements online.
5. The user may select the email notifications to receive online.
6. The user will be able to read certain communications from DESE online.
7. The user will be able to view payment/remittance information online.
8. The user has administrative access to EI Teams and Child Care Management for the local SPOE.

SPOE Intake and Ongoing Service Coordinator

This person performs activities based around Intake and Initial IFSP development and is enrolled with the CFO. The user works with a SPOE.

The following attributes describe this type of access.

1. The user may submit claims online.
2. The user may view and print authorizations and authorization information outside of the Intake and IFSP process.
3. The user may not view and modify certain elements of the Agency information with the CFO.
4. The user may agree to certain First Steps Agreements online.
5. The user may select the email notifications to receive online.
6. The user will be able to read certain communications from DESE online.
7. The user will be able to view payment/remittance information online.

Attachment #2

Electronic Signature Agreement
MOFirstSteps.com

This is to certify your request for an electronic signature. An electronic signature is similar to your handwritten signature. Through the use of an electronic signature, you agree that the information you provide is accurate and complete to the best of your knowledge. You also acknowledge that you have read and understand the following statements. Please read these notices before providing us with your request for your electronic signature:

- Any and all information submitted on my behalf shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information submitted to the web site.
- The undersigned will hold harmless and indemnify the Missouri Department of Elementary and Secondary Education (D.E.S.E.) and or its Fiscal Agent Contractor from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence from the utilization of the web site.
- I further acknowledge that utilization of the web site does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Provider Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, claims, timelines, confidentiality, privacy, records and records retention.
- I agree to immediately notify the Central Finance Office (CFO) via phone and mail if my password to this web site is lost, stolen, misplaced or has been compromised. I understand it is my responsibility to use the information provided to me on this web site only for its intended purposes and to protect any password(s) issued to me.
- I agree to adhere to the stipulations and conditions outlined in the Family Educational Rights and Privacy Act (FERPA).
- I understand that violation of any of the provisions of this Agreement shall subject me to the actions set out in the D.E.S.E Policy on Central Finance Office Provider dis-enrollment and shall make access to the web site subject to immediate revocation at D.E.S.E.'s option.
- I understand that access will not be granted to the web site without this Agreement.
- I certify that I am in compliance with the Central Finance Office Service Provider Agreement and Riders.
- I warrant that I have the authority to make this agreement.

User Signature: _____ Date _____

Attachment #3

CERTIFICATION STATEMENT FOR PROVIDERS SUBMITTING CLAIMS BY MEANS OTHER THAN STANDARD PAPER

This is to certify that any and all information contained on any First Steps billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission, shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information contained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (i. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary or service bureau that submits billings to the Department of Elementary and Secondary Education (D.E.S.E.) or its Fiscal Agent Contractor is acting as my representative and not that of D.E.S.E or its Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of First Steps Central Finance Office claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The provider will hold harmless and indemnify D.E.S.E from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of First Steps Central Finance Office billings by the provider through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of D.E.S.E.

I further acknowledge that submitting claims by means other than standard paper does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Provider Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records and records retention.

I understand that D.E.S.E or its designees are prepared to provide necessary technical assistance to assist new providers, or to correct technical problems which existing providers may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the provider in whose name the claim is submitted and D.E.S.E or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- Identification of data element requirements
- Identification of record layouts and other electronic specifications
- Identification of systematic problem areas and recommended solutions

I agree to notify either D.E.S.E or its Fiscal Agent Contractor of any changes in my provider name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by D.E.S.E or its Fiscal Agent Contractor.

I certify that I am in compliance with the Central Finance Office Service Provider Agreement and Riders.

Fraud and abuse encompasses a wide range of improper billing practices that include misrepresenting or overcharging with respect to services delivered. Fraud generally involves a willful act; abuse involves actions that are inconsistent with acceptable fiscal, business or medical practices.

Frequently cited fraudulent or abusive practices include, but are not limited to, overcharging for services provided, charging for services not rendered, accepting bribes or kickbacks for referring patients, and rendering inappropriate or unnecessary services.

Procedures and mechanisms employed in the claims and payment surveillance and audit program include, but are not limited to, the following:

- Review of recipient profiles of use of services and payment made for such
- Review of provider claims, First Steps Program documentation or data and payment history for patterns indicating need for closer scrutiny
- Computer-generated listing of duplication of payments
- Computer-generated listing of conflicting dates of services
- Computer-generated over-utilization listing Internal and/or external checks on such items as procedures, quantity, duration, provider eligibility, recipient eligibility, etc. Staff review and application of established medical services parameters. Field-auditing activities conducted by the Department of Elementary and Secondary Education or its representatives, which may include provider and recipient contacts or request for information.

In cases referred to law enforcement officials for prosecution, the Missouri Department of Elementary and Secondary Education may, where applicable, seek restitution and recovery of monies wrongfully paid even though prosecution may be declined by the enforcement officials.

Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the D.E.S.E Policy on Central Finance Office Provider Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at D.E.S.E.'s option.

**I HAVE READ THIS CERTIFICATION STATEMENT AND UNDERSTANDING IT IN ITS ENTIRETY DO HEREBY
AGREE TO ALL OF THE STIPULATIONS, CONDITIONS AND TERMS STATED HEREIN.**

User Signature: _____ **Date** _____