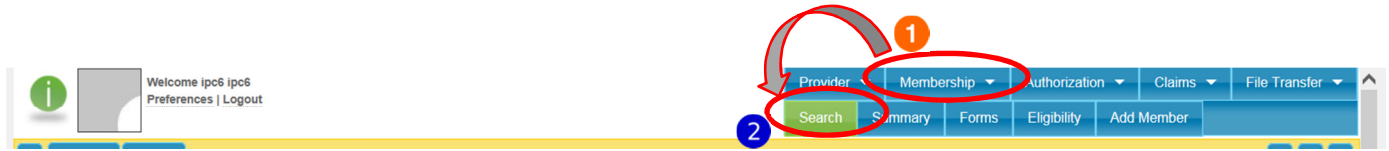


## SEARCHING FOR A MEMBER

To search for a member, go to **Membership** and choose **Search**

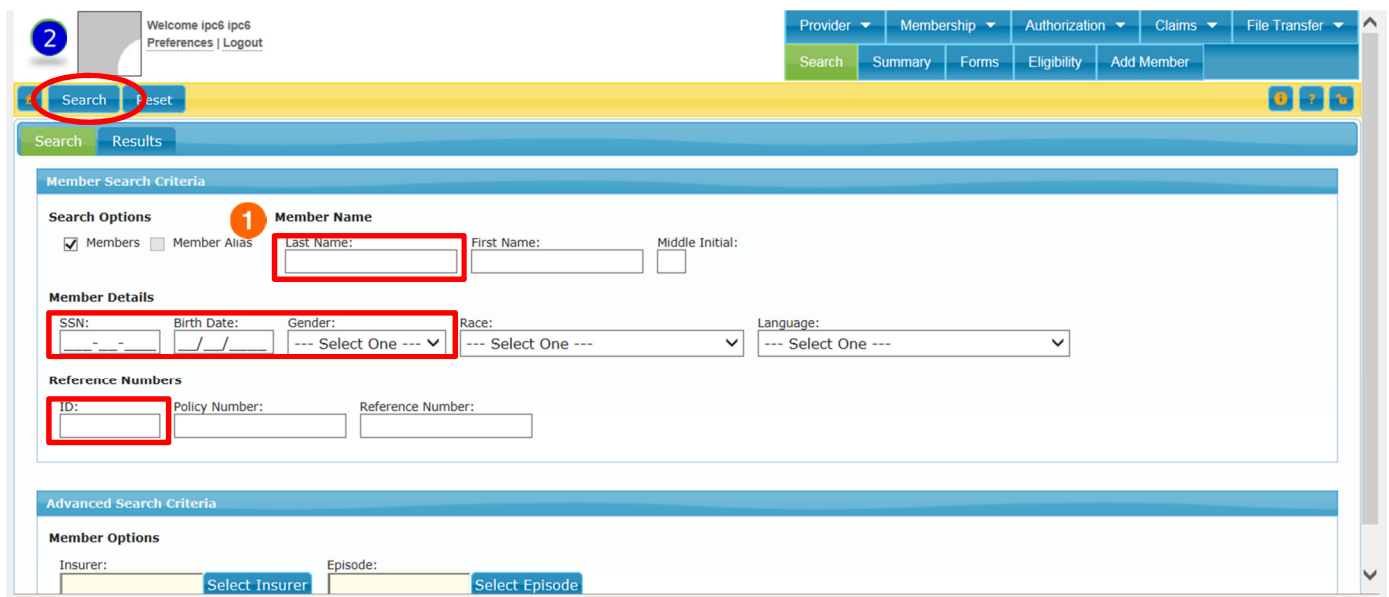


In order to find and select a member, you must enter enough information in the search criteria screen. The required data combinations to search for a member are:

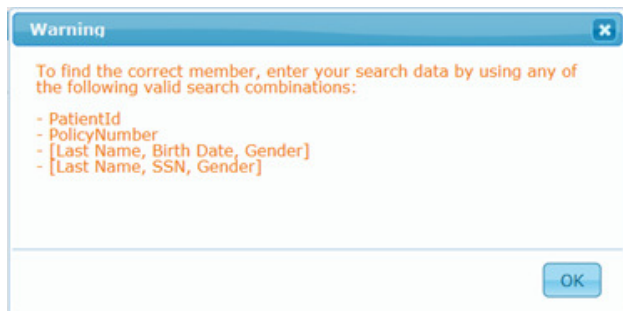
- Patient ID (also referred to as the SHARES ID)
- [Last Name, Birth Date, Gender]
- [Last Name, SSN, Gender]

### SEARCH SCREEN

1. Enter your search criteria
2. Click on the Search button



If you did not enter enough criteria to search, you will receive this message:



Click on the search *tab* to go back and enter more information to try your search again.

## RESULTS SCREEN

Once you click search, you will be taken to the **Results** tab. If the member is enrolled in SHARES, you will see their record in the results. Simply double click anywhere on the row with their name to open their record.

If the member is not enrolled in SHARES, you will see “no results” displayed. You will then need to enroll that member.

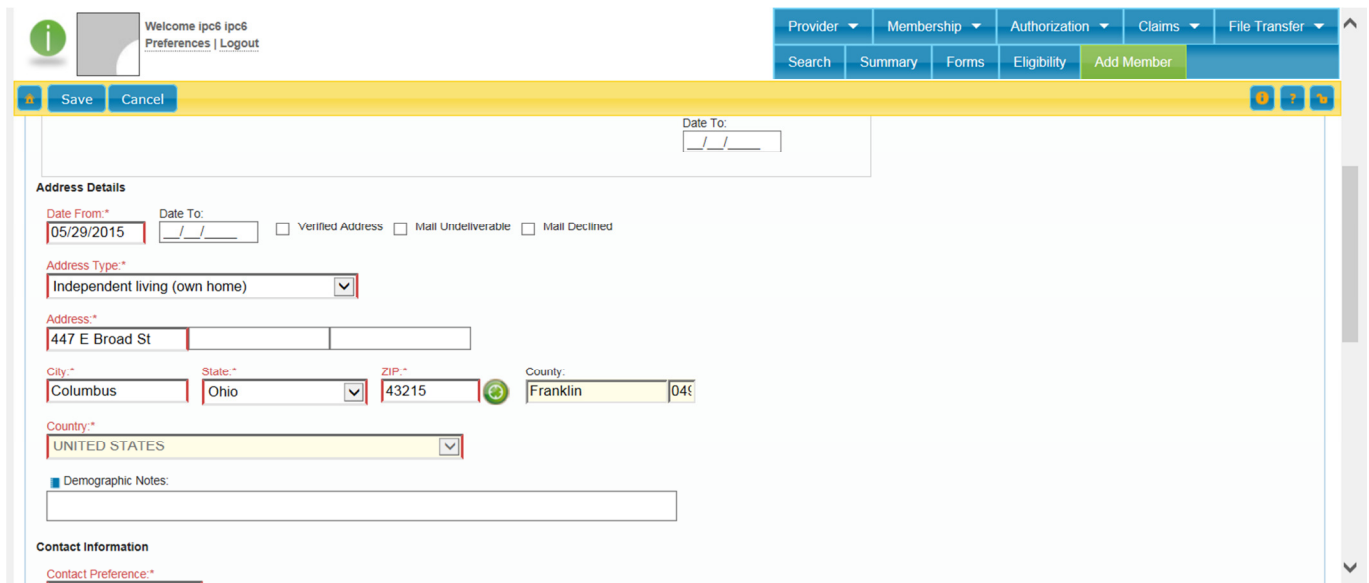
## ENROLLING A MEMBER

Members who are enrolled within the SHARES Provider Portal go to a queue for review/approval by the Board. To enroll a member, go to **Membership** and choose **Add Member**

The Add Member form opens; you will then proceed to fill in the requested information. Items marked in **red** are required to save the member enrolment.

**Note:** Birthdate is a required field. If you do not know the birthdate at the time of enrollment, please enter 01/01/1900 as a placeholder. Social Security # is *not* a required field. If you do not know the SSN, please do not enter a fake #, just leave that field blank. Please try to get the SSN if possible, that will help with eligibility verification.

**Note:** As you proceed through this screen, fields may become required based on selections made. For example: if *Contact Preference* of “Home Phone” is selected, the “Home Number” field will become required.



Welcome ipc6 ipc6  
Preferences | Logout

Provider Membership Authorization Claims File Transfer  
Search Summary Forms Eligibility Add Member

Save Cancel

Date To:

**Address Details**

Date From: 05/29/2015 Date To:  ☐ Verified Address ☐ Mail Undeliverable ☐ Mail Declined

Address Type: Independent living (own home)

Address: 447 E Broad St

City: Columbus State: Ohio ZIP: 43215 County: Franklin 040

Country: UNITED STATES

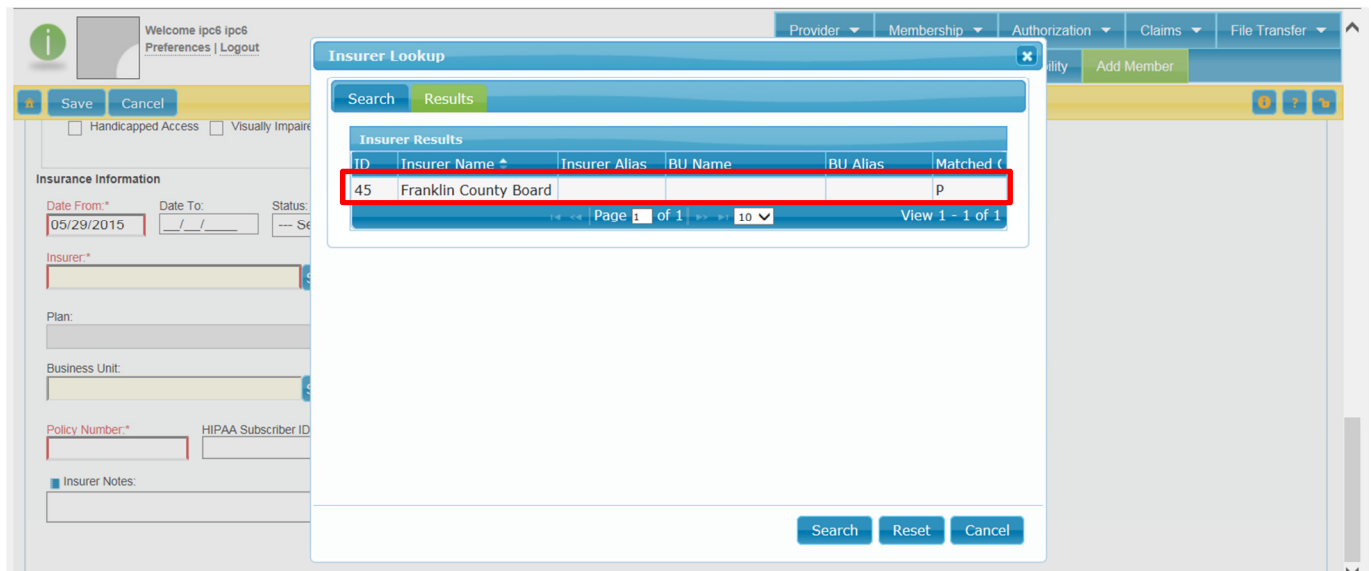
Demographic Notes:

**Contact Information**

Contact Preference:

As you continue filling out the form, take note when you reach the *Insurance Information* section. Insurer in this case refers to the Board.

To fill out the insurer, you must click on **Select Insurer**. It will open up the Insurer Lookup as shown below. Simply click on the **Search** button at the bottom and you will see **Franklin County Board** in the list. Double click on that to populate the form.



Welcome ipc6 ipc6  
Preferences | Logout

Provider Membership Authorization Claims File Transfer  
Search Summary Forms Eligibility Add Member

Save Cancel

☐ Handicapped Access ☐ Visually Impaired

**Insurance Information**

Date From: 05/29/2015 Date To:  Status:

Insurer:

Plan:

Business Unit:

Policy Number:  HIPAA Subscriber ID:

Insurer Notes:

**Insurer Lookup**

Search Results

ID	Insurer Name	Insurer Alias	BU Name	BU Alias	Matched
45	Franklin County Board				P

Page 1 of 1 View 1 - 1 of 1

Search Reset Cancel

After you select the Insurer, you'll notice the **Plan** now becomes a required field. From the dropdown, select **Franklin Standard**.

**Note:** The **Group** field may show as red, it however is not a required field and can be ignored.

After all of the member information has been entered, click the **Save** button at the top left of the screen. The “Eligibility and Enrollment” form will pop up after you click save.

## SHARES ELIGIBILITY & ENROLLMENT REQUEST FORM

Not all information on this form is required. The following instructions will walk you through the form detailing which sections are required by ADAMH (Franklin County).

1. Provider Screening date: Fill in the date that the client was screened. *Ex. If the client was seen on 10/21/2015 but you are enrolling them on 11/2/2015, enter 10/21/2015.*

2. Client in Crisis at Enrollment: Choose Yes/No depicting whether or not the client was in crisis at the time of enrollment.
3. Financial Eligibility, Coordination of Benefits and Member Cost Sharing: Please go through this entire section and select and complete all of the items as applicable.

1 Provider Screening Date  
04/27/2015

2 CLIENT IN CRISIS AT ENROLLMENT  
NO

3 FINANCIAL ELIGIBILITY, COORDINATION OF BENEFITS AND MEMBER COST SHARING  
Sources of Income (Check all that apply)  
-----  
If the co-insurance percentage requested Is inconsistent with the Board Contract, is a fee waiver requested?  
--SelectOne--  
Provider reviewed contractually-required financial documentation?  
YES  
Provider attached contractually-required financial documentation to this Enrollment?  
YES

4. Residency Eligibility and Verification: Please answer the questions regarding Residency eligibility as applicable. If you do not have verification of their address, choose the appropriate answer and keep in mind that as with income verification, you will need to update your enrollment and attach the documents required as soon as possible.

4 RESIDENCY ELIGIBILITY AND VERIFICATION  
Is client living at Legal/Primary Residence entered In IPC?  
YES  
Provider reviewed contractually-required residency documentation?  
YES  
Provider attached contractually-required residency documentation to this Enrollment?  
YES

5. Referral Source: Please select a referral source if applicable.
6. Member Relationships: Please select the relationships as applicable; if none check "unspecified". Please note that if you select Lead Agency, there will be a field to type in the Agency name.

5 Referral Source  
Self-Referral  
Referral Date  
05/25/2015

6 Member Relationships  
Unspecified  
☐  
Emergency Contact

7. The last required are of the form to fill out is at the very bottom of the form, and that is the attestation. Please answer Yes/No as applicable.

**7** Provider attests that all federal, state and contractual requirements, including but not limited to the following, have been met.

- \* Consent for treatment
- \* Authorizations for release of information
- \* Notices of privacy practices

YES

Save as Draft **Save** Cancel Summary Print

When finished, click on the Save button to save the form. (If you are not finished, you can chose “Save as Draft” to come back to the form to finish filling out later).

After you click Save – you will be asked if you want to “Add Member” or go to “Member Request Summary”.

Member successfully submitted.

Would you like to Add Member or go to Member Request Summary?

**Add Member** Member Request Summary

- Choosing **Add Member** will bring up a new blank enrollment to enroll another member.
- Choosing **Member Request Summary** will take you to the summary screen to review your information, and there you will see that the status of the member you just enrolled is “Unprocessed”. This means that the Board has to verify the information provided to either approve or deny the enrollment. You can edit the information up until the member has been approved.

## ATTACHING FILES

The next step is very important, and that is to attach the required verification documents. To attach files, you will need to be on the Membership Summary page. You can either navigate there by clicking on **Membership** -> **Summary**, or you can click on the members name at the top to be taken to that same page.

Welcome ipc6 ipc6  
Appleseed, John

Or **3** – click on the member name

Provider Membership Authorization Claims File Transfer  
**2** Summary Forms Eligibility Add Member

This is where you will add the attachments to the member:

Welcome ipc6 ipc6  
Appleseed, John

Provider Membership Authorization Claims File Transfer  
Search **Summary** Forms Eligibility Add Member

Member Information Last Updated: 6/29/2016 1:49 PM, ipc6, ipc6

<b>Name:</b> Appleseed, John E	<b>Gender:</b> Male	<b>Address:</b> 447 E Broad St	<b>Not on file with physician</b>
<b>Alias:</b>	<b>Birth Date:</b> 8/4/1984 <b>age:</b> 30	<b>Primary Phone:</b> 614-222-3748	
<b>Salutation:</b> Mr	<b>SSN:</b>	<b>Alt Phone:</b>	
<b>ID:</b> 253113	<b>Race:</b> White	<b>Primary Email:</b>	
<b>External ID:</b>	<b>Religion:</b> Not Applicable	<b>Care Manager:</b>	
<b>System ID:</b>	<b>Language:</b> ENG - English	<b>Phone:</b>	
<b>Status:</b>	<b>Ethnicity:</b> Not Hispanic or Latino	<b>Email:</b>	

Attachments

**Add Attachment** Open Attachment

Click on Add Attachment. This will bring up the browse window. Click on **Browse** and navigate to where you have the files saved, and then enter a description and click **save**.

That is how you search for a member and then enroll them if they are not already enrolled. See the following sections on checking the status of your enrollment and submitting an update form.

## MEMBER REQUEST SUMMARY

The Member Request Summary page is where you will go to check the status of your enrollment. You can filter the results to suit your needs. To access this page, go to **Provider -> Member Request Summary**

1. Choose the criteria in which you wish to see the results for, and then click on **Filter**.

### Tips:

- Be sure to uncheck **For Active Member** if you are only seeing results for the member you are actively viewing.
- Select only the items you wish to see. *For Example: If you only wish to see denied members, only put a check next to **Denied**. If you wish to only see results for members you enrolled this week, change the **Start Date** to reflect that.*



The screen below shows what the Member Requests results table looks like.

1. The most useful columns are the Status and Reason columns. Here is where you can see at a glance the status of the enrollments that your agency has submitted.
2. You can sort these columns and export/print the table if needed.

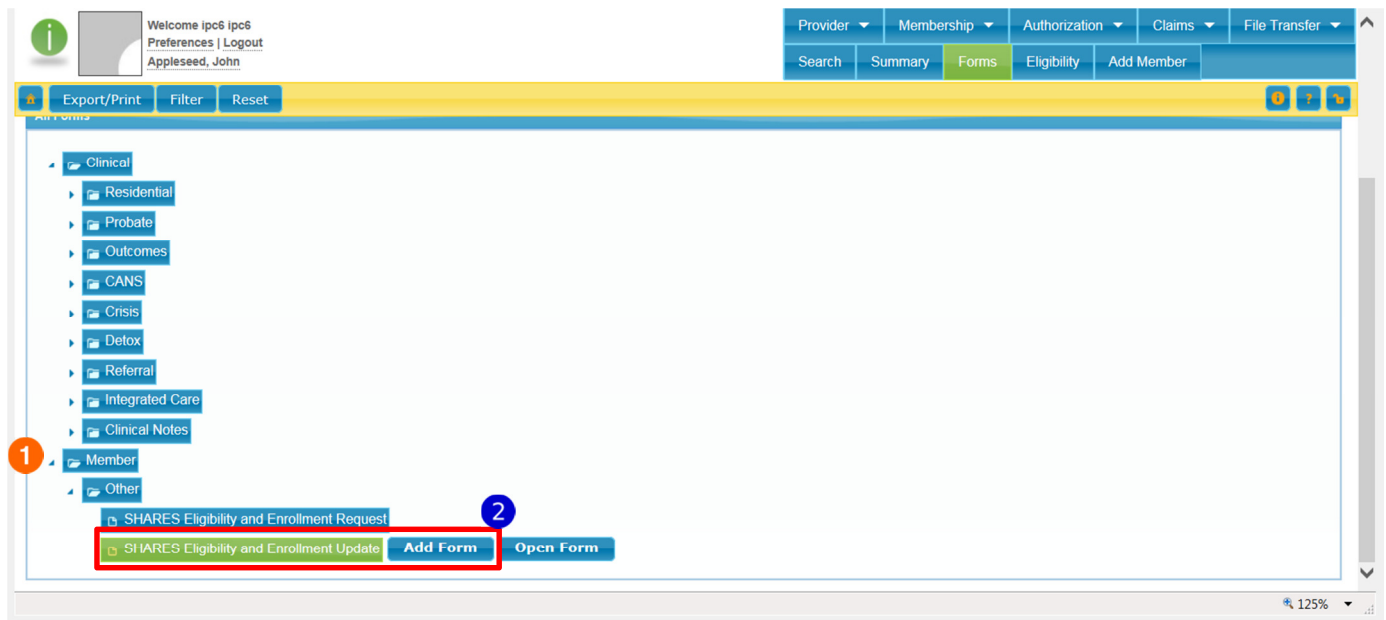
3. You can see the reason and notes (if applicable) telling you why a member was denied.
4. To see that members enrollment form, click on the “SHARES Eligibility and Enrollment Request” Link.
5. To see more information from the enrollment, expand the “Member Request Details”.

## UPDATE A MEMBER

To submit an update to a member record, search for and open the member record that needs updated. Click on **Membership -> Forms**.

1. In the “All Forms” list, expand “Member” and click on the “SHARES Eligibility and Enrollment Update” form.
2. Click on Add Form to open the form. You will notice that this form has the same information as the form when enrolling a new member.
3. Complete only the information that is changing, click “save” when done.
4. If the information that is changing requires verification documentation (ex. address or name) be sure to attach the required documents for verification. (You attach documents on the *Summary* page, accessible by **Membership->Summary**)





Once you submit that form, the Board will receive it and once verified, will update the information in the member record.

## ADDING AN ALIAS

You can add an alias (ex. maiden name) to a member record. When a member record has an alias, you can search either for the name as submitted during enrollment, or the alias name. You will see both names on the member record.

1. To add an alias, search for and open the member record.
2. When you open the member record, you will be at their **summary** page as shown below.
3. Click on **Alias**
4. You will be brought to the Alias screen. Click on the **edit** button and add the information as applicable. Click on **Save** when complete.

