WISCONSIN DEPARTMENT OF

HEALTH SERVICES

DIVISION OF MEDICAID SERVICES

Licensed Bed Assessment e-Payment (LBAP)

User Guide

Last updated on 4/11/2013

Introduction

The Licensed Bed Assessment e-Payment (LBAP) is a web based application which allows the nursing homes to make electronic check payments. This payment method is in addition to the current paper check payment process. It allows you to combine payments due for multiple licenses and multiple months.

To use the Licensed Bed Assessment e-Payment (LBAP) program:

Sign Up to use the LBAP Application [screen 3]
1. Access LBAP via the Forward Health web site: https://www.forwardhealth.wi.gov/WIPortal/Default.aspx.
2. Create a WAMS ID unless you already have one.
3. Contact the LBAP application administrator at DLTC (DHSBRSLBA@dhs.wisconsin.gov) and provide your WAMS ID (not the password).
4. The DLTC administrator will inform you that you are granted access to LBAP.

Create/Edit a Payment Order
1. Access LBAP via the Forward Health web site: https://www.forwardhealth.wi.gov/WIPortal/Default.aspx.
2. Log In through the Web Access Management System (WAMS). [screen 5]
3. Use the DLTC e-Pay Payment Order Screens to Create/Edit a payment for a License. [screen 6]

Make an e-Check Payment [screen 13]
1. Select the "Make Payment" button on the DLTC Make e-Payment Instruction screen. [screen 12]
2. In Wisconsin's e-Check Screens verify payment amount and provide the necessary bank routing and account information.
3. The payment session is complete with a Confirmation number [screen 17] and you are returned to DLTC's e-Payment confirmation page. [screen 18]

This document will walk you through the various steps of this payment process.

1. **Go to the Wisconsin ForwardHealth Portal:** https://www.forwardhealth.wi.gov/WIPortal/Default.aspx.

2. **Click on the LBAP web link.**

3.   Register for the LBAP Application.

You must follow these steps if you are not already a registered LBAP user:
- Create a WAMS ID (skip this step if you already have one).
- Request Access to LBAP and identify all licenses associated with your WAMS ID.

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Monthly Licensed Bed Assessment Program

Make a Bed Assessment Payment Now!

Prior to using the e-Payment option for paying bed assessments for the first time you will need to:

- Obtain a Wisconsin "Web Access Management System" (WAMS) ID, and
- Request access to the e-Payment System

Don't have a WAMS ID?

1. Request an ID and Password   **(Create a WAMS ID)**
   - Follow the directions included in the confirmation email
2. Activate your Account
   - Click on the account activation link (provided in the email)
   - Log in with your new User ID and Password to activate the account

Request e-Payment System Access   **(Request access to LBAP)**

Send an email with your WAMS ID and the facility license numbers for which payments will be made for the bed assessment to Gregory.Leighty@dhs.wisconsin.gov.

For additional help or questions regarding e-Payment issues, contact Greg Leighty at 608-266-9746.

4. Create/Edit a Payment Order.

Now that you are a registered LBAP user you can log into the system.

- Click on "Make a Bed Assessment Payment Now" button.

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Make a Bed Assessment Payment Now!   ← (Click here)

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5.   Log into the Application

- You must enter your WAMS ID and password to enter the secure site.

(Enter your WAMS ID & Password)

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WAMS
WEB ACCESS MANAGEMENT SYSTEM

*** ACCEPTANCE Environment ***

Please Log In

Please Enter Your Username and Password
Username:
Password:
Login   Reset
Forgot your password or account locked?

Help Desk Contact Information
Local Madison Number: 608-261-4400
Long Distance to Madison: 1-866-335-2180 (Toll Free)
TTY\Textnet : 1-888-845-4160
Send an e-mail to the help desk

I need to change my account info (Name, address, password etc).
I do not have an account and would like to register for one.

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The Official Internet site of the Wisconsin Department of Health Services

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6.   Begin an e-Payment Order session.

You are now into the 1st LBAP application page.

- Click on "Pay for Facility License" to add or edit a payment for each registered licenses under your WAMS ID.

7. **Create a single payment order for any number of licenses and invoice periods.**

- For each license, click on "Add/Edit payments" to edit the payments associated with the license.
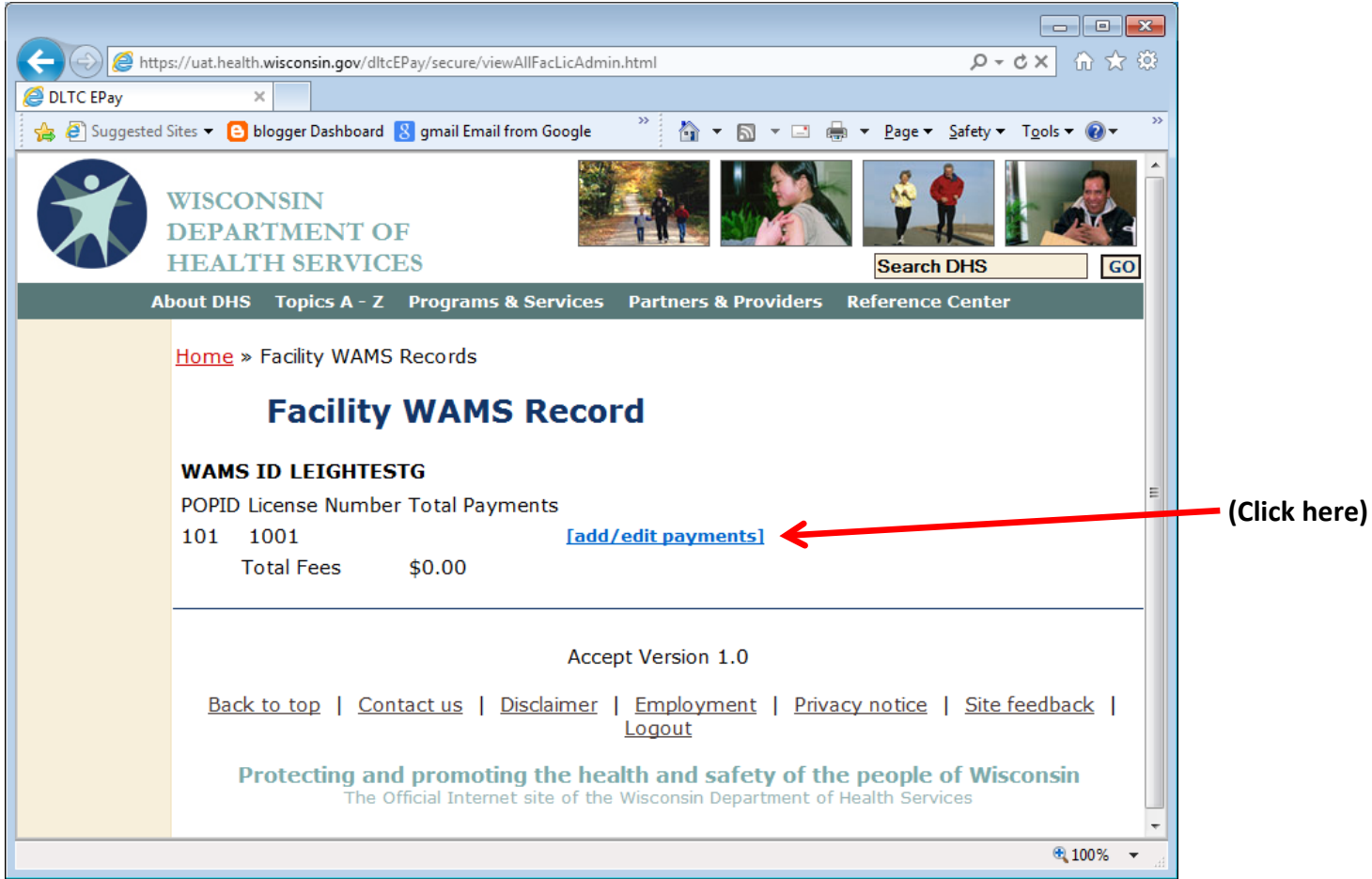
8.   **Click on "Add new payment" to set up or edit a payment for a single license number.**

- A single payment **order** can be made up of multiple license numbers for multiple periods.

9. **Enter the payment information associated the license then click "Update" to validate your entry.**

- Payment must be entered separately for each month.

10.   End or Continue Payment entry payment session for a License #.

- Each payment entry is displayed on a separate line.
- Click on "Add new payment" if you want to enter another payment.
- Click on "Remove" to remove an entry.
- Click on "Done" to complete your payment.

11. End or Continue Payment entry payment session for a WAMS ID.

- You will be presented with a final payment screen. The screen summarizes the total amount in the payment order.
- If no more additional payment entries or edits are required click on "Update and Pay" to complete the Payment Order.
- If you want to update a payment entry click on "add/edit payments."

Home » Facility WAMS Records

Facility WAMS Record

WAMS ID LEIGHGC

POPID	License Number	Facility Name	Total Payments	
101	1001	TEST	$3750.00	[add/remove payments] ← (Click here to update a payment)
		Total Payment Order	$3750.00	

Important thoughts before clicking [Update and Pay]

- Corrections to payment orders are not possible beyond this point.

  - Please Review and make payment changes prior to clicking [Update and Pay].

- The Payment Order amount **will not be paid unless** all steps beyond [Update and Pay] are completed and a confirmation number is emailed to you.

Update and Pay ← (Click here to complete your

12. Read eCheck instructions and make payment if appropriate.

- The last screen prior to making an actual eCheck payment for an assessment payment order.
- Use the **back arrow** to return to Facility WAMS Record Screen to make edits if necessary.
- Click the [Make Payment] to pay the Payment Order Total amount for WAMS ID listed on this screen. This opens the State of Wisconsin's e-Payment Services Screen.

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Total Payment Order $3750.00

WAMS ID LEIGHGC

POPID License Number Facility Name Total Payments

101   1001   TEST $3750.00

  Total Payment Order $3750.00

Read the following instructions before continuing

TO PAY TOTAL PAYMENT ORDER BY eCHECK

- Please Print this page for your records.
- Click [Make Payment] to pay the total payment order amount displayed above
- An eCheck Payment screen from State of Wisconsin e-Payment Services will open in a separate window. Complete all required information
- A payment confirmation number is provided on the Payment Confirmation Page if your payment is accepted.
- You will receive a payment confirmation email from State of Wisconsin e-Payment Services from noreply@epymtservice.com.

Important Reminder– The Bed Assessment Payment Order has not been paid if the eCheck process is not completed fully and a confirmation message is not emailed to you.

Make Payment   ← **(Click Make Payment after reading the instructions)**

13. **"Welcome to the Electronic Payment System" Screen**

- The first eCheck screen provides an option to Register your facility's Bank Account information for future use.
  - Registering will save re-entering bank account information for each e-payment order session.
- Screen Options
  - i. Log in with a registered User ID and Password
  - ii. Register for the 1st time
  - iii. Pay Without Registering

14. User Registration Screen appears if Registering for the first time.

- Fill in and submit the *Required information to receive the "Registration Complete" message.
- Click [Continue] in the Registration Complete screen to complete the eCheck payment process.

User Registration

*Required Field

PAYOR IDENTIFICATION

User ID:*	BartSimpson	6-16 characters
Password:*	••••••••	6-12 characters, at least one letter and one number
Re-Enter Password:*	••••••••	

PAYOR PROFILE

First Name:*	Bart
Last Name:*	Simpson
Company Name:	
Street Address 1:*	123 Easy St
Street Address 2:	
City/Town:*	Madison
State/Province/Region:*	WI
Zip/Postal Code:*	53701
Country:*	USA
E-mail Address:	
Phone Number:*	266-9846
Shared Secret Question:*	In what city were you born?
Shared Secret Answer:*	Madison

Submit   Cancel

PRIVACY   CUSTOMER SERVICE   HELP

Registration Complete

Thank you for registering. You are now logged in to the system. Please make a note of your **User ID** and **Password** for the next time you visit the payment system.

Continue

Browser Requirements

[14]

15. **Review eCheck payment order .**

- If a Registered user select a registered account in the "Account Selection" drop box and click [Continue] to complete the eCheck payment process.
- Non Registered users just click [Continue] to complete the eCheck payment process or
- Click Cancel to end the user session.

(Select a Registered Bank Account)

(Click Continue if data is correct)

16.   Enter required Bank Account Information

- Users are required to provide this information. One time for Registered Users.
- Click [Continue] or [Cancel] to exit eCheck session.

Make a Payment - DHS - Bed Assessment

*Required Field

BANK ACCOUNT INFORMATION

Bank Routing Number | Bank Account Number | Check Number (not required)

Bank Routing Number:* 071000013   JPMORGAN CHASE BANK, NA   **(Enter Bank Routing Number)**

Bank Account Number:* 123456   **(Enter Bank Account Number)**

Re-Enter Bank Account Number:* 123456

Bank Account Type:* ⦿ Checking ○ Savings

Is this a business account?:* ⦿ Yes ○ No

(Click Save this Account) if Registering

Save this account? ☐

Account Nickname: Bart

Continue   Cancel

(Click Continue)

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17. Enter required Non Registered Contact Information.

- This screen appears for Non Registered users only.
- Enter the *Required User information and click [Continue].

(Required Information for eCheck Payment)

(2nd Optional Chance to "Become a Registered User")

- Registering at this point will require Bank Account information at next login. But it will be available for future use from that point forward.

18.   Accept Terms and Conditions to make eCheck payment.
- Review Detail, Terms and Conditions, Check the Acceptance box, and press Confirm to complete screen.

Please review the information below and select Confirm to process your payment. If you need to make any changes to your payment, select Cancel to return to the previous screen.

Your Payment Detail
Payment Amount: **$30,000.00**
Payment Date: **Apr-12-2013**
WAMS Id: **LEIGHTESTG**
Order Number: **60**

Your Account Detail
Account Nickname: **George**
Bank Routing Number: **211370396**
Bank Name: **AVIDIA BANK**
Bank Account Number: ***3456**
Bank Account Type: **Checking**
Bank Account Category: **Business**

E-mail Address:* george.washington@dhs.wiscons

Save Email Address to Profile?: ☑

Terms And Conditions
PLEASE READ AND APPROVE THE FOLLOWING AUTHORIZATION

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and at the frequency and date set forth above.

If this is a single payment, this authorization is valid for this transaction only. If this is a recurring payment, this authorization is to remain in full force and effect until I notify my bank or notify the payee of its termination by canceling any pending payments and recurring payment instructions within this system at least three banking days before my account is scheduled to be debited.

If a convenience fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount.

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

I accept the Terms and Conditions: ☑   **(Check Box to Accept)**

Confirm   Cancel   **(Click Confirm to continue)**

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19.   **Make note of the Confirmation Number for the eCheck payment.**

- Click the optional [Print this page] and then Click [OK] to end the eCheck payment process and be returned to the DLTC LBAP e-Pay application confirmation screen.

State of Wisconsin
e-Payment Services

PRIVACY   CUSTOMER SERVICE   HELP

Payment Confirmation - DHS - Bed Assessment

Please keep a record of your Confirmation Number, or print this page for your records.

(Print this Page)

Confirmation Number: **WS2LBA000313924**

Your Payment Detail
Payment Amount: **$3,000.00**
Payment Date: **Dec-06-2012**
WAMS Id: **CHINTESTHO**
Order Number: **11**

Your Account Detail
Bank Routing Number: **071000013**
Bank Name: **JPMORGAN CHASE BANK, NA**
Bank Account Number: ***6789**
Bank Account Type: **Checking**
Bank Account Category: **Business**

E-mail Address: **gregory.leighty@dhs.wisconsin.gov**
OK

Browser Requirements

(Click OK to end session)

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20. You can now safely shut down the computer or application.

- This last screen confirms that you are successfully logged off the e-Payment application.

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Monthly Licensed Bed Assessment e-Payment Confirmation

Thank you for using this e-Payment application. You are now successfully logged off.

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