

Acknowledge a Service Authorization- for Linked Provider Users

When a Service Coordinator sends a Service Authorization to a Linked Provider, the users at the Linked Provider can acknowledge that Service Authorization. They will receive a count under the Individual Budgeting section on their To Do tab of the Dashboard for the Service Authorizations that they will need to acknowledge.

In order to be able to acknowledge Service Authorizations, users need to have appropriate access privileges on the Individual and will also require the **IB Provider Service Auth. Acknowledge** role assigned to the respective user accounts.

Acknowledge a Service Authorization

1. In the To Do tab, click on the number beside 'Acknowledge' under the Service Authorization section.

To Do	Modules	High	Medium	Low
Individual	<ul style="list-style-type: none"> Individual Data - Search <ul style="list-style-type: none"> Worklist 2 Emergency Data Form - Search <ul style="list-style-type: none"> Acknowledge Print 10 			
Health				
Agency				
Billing	<ul style="list-style-type: none"> Service Authorization <ul style="list-style-type: none"> Acknowledge 43 			
Admin				

2. This will open the 'Service Authorization' list page. Click on a Form ID of the Service Authorization that you would like to open.

Service Authorization										
Oversight DDD-NE(State of Nebraska - Division of Developmental Disabilities)										
43 items found, displaying all										
Form ID	Individual	Authorization Form ID	Service	From	To	Unit of Measure	Rate	Total Unit(s)	Acknowledgement Status	
IBPSA-PAKSNE-D7M4NE6ZJDF6S	Abigail, Williams	IBSA-DDNE-D7M4NDHZTDF64	12 - Test12	08/15/2015	12/31/2015	Daily	10	1000	Pending	
IBPSA-PAKSNE-D7M4MLJY6DF7B	Alice, Mary	IBSA-DDNE-D7M4MLJY4DF7G	Serv6 - Service6	02/02/2015	05/31/2015	Daily	1	100	Pending	
IBPSA-PAKSNE-D7M4MJFYKED7	Doe, John	IBSA-DDNE-D7M4MJFYJED7B	RGR-101 - rgr service 101	01/01/2015	06/02/2015	daily	1	500	Pending Update Acknowledgement	

This will take you to the **Service Authorization** page.

Service Authorization

Update Detail(s)

Created By: Ethan Thomas, DD Service Coordination Supervisor On 05/19/2015 01:11 AM
Updated By: Ethan Thomas, DD Service Coordination Supervisor On 05/19/2015 01:11 AM
Sent By: Ethan Thomas, DD Service Coordination Supervisor On 05/19/2015 01:11 AM

[Update History](#)

Service Authorization

Form ID: IBPSA-DEMONE-D7M4NE6ZJDF6S
Individual Name: Abigail Williams
Date of Birth: 04/30/1976
Oversight ID: 06017066
Authorization Form ID: IBSA-DDDNE-D7M4NDHZTDF64
Authorization Number:
From Provider: DDD-NE (State of Nebraska - Division of Developmental Disabilities)
Service: 99999 - CLDS In Home
Service Provider: 001 - Therap DEMO Provider
Service From Date: 08/15/2015
Service To Date: 12/31/2015
Total Unit(s): 1000.00
Unit of Measure: Daily
Rate: \$10.00
Acknowledgement Status: Pending
Time Zone: US/Central
Deduct Customer Obligation: Yes
Comments:

Monthly Allocation

Months:	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Budgeted Unit(s):	17.00	30.00	31.00	30.00	31.00

Billing Service Authorization

* **Program (Site):**

* **Billing Provider:**

* **Service Description Code:**

* **Funding Source:**

Please check the Service Authorization before clicking on the Acknowledge button. If you see any inconsistency or have any questions, do not acknowledge and contact the State Office or any other department recommended by your organization.

- On the 'Billing Service Authorization' section of the page, select the 'Program (Site)' where the service will be provided to the individual using the dropdown menu.

Monthly Allocation

Months:	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Budgeted Unit(s):	17.00	30.00	31.00	30.00	31.00

Billing Service Authorization

*** Program (Site):** - Please Select - ▼

*** Billing Provider:** - Please Select - r (EIN: 99999) ▼

*** Service Description Code:** DEMO Program 1 (5665) ▼

*** Funding Source:** region 2

Select Program

Please check the Service Authorization before clicking on the Acknowledge button. If you see any inconsistency or have any questions, do not acknowledge and contact the State Office or any other department recommended by your organization.

Back

Acknowledge

- After you have done so, click on the 'Acknowledge' button.

Please check the Service Authorization before clicking on the Acknowledge button. If you see any inconsistency or have any questions, do not acknowledge and contact the State Office or any other department recommended by your organization.

Back

→ Acknowledge

You will receive the success message in the following page and the status of the Service Authorization will be changed from 'Pending' to 'Acknowledged'

Successfully Acknowledged Service Authorization

[Print PDF](#)

[Back to Form](#)

[Back to List](#)

[Billing Service Authorization](#)

- Acknowledging the Service Authorization will create a Billing Service Authorization which will be used to generate Billing Claims for the services provided. The system will automatically record Service Consumptions using the submitted claims.

Service Authorization

Update Detail(s)

Created By: Ethan Thomas, DD Service Coordination Supervisor On 05/19/2015 01:11 AM

Updated By: Sophia Hayes, Other On 05/20/2015 12:43 AM

Sent By: Ethan Thomas, DD Service Coordination Supervisor On 05/19/2015 11:16 PM

Acknowledged By: Sophia Hayes, Other On 05/20/2015 12:43 AM

[Update History](#)

Monthly Allocation

Months:	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Budgeted Unit(s):	17.00	30.00	31.00	30.00	31.00

Billing Service Authorization

Billing Service Authorization exists for this Service Authori

Form ID: SA-DEMONE-D7N4MP4YGED85

Click here to view the Billing Service Authorization

[Print PDF](#)

[Back](#)

You can access the **Billing Service Authorization** from the Service Authorization by clicking on the link beside 'Form ID:' under the 'Billing Service Authorization' section.

Service Authorization

Form ID: SA-DEMONE-D7N4MP4YGED85
 Status: Approved
 Used for IB: Yes

Created By: Sophia Hayes, Other
Create Date: Wed, 20 May 2015 12:43:47 AM

Service Authorization Information

Program Name	DEMO Program 1		
Individual Name	Williams, Abigail		
Individual ID Type	Oversight Id		
	* This ID will be sent to Payer		
Claim Type	Professional Claim		
Authorization Number			
Funding Source	Region 2		
Begin Date	<input type="text" value="08/15/2015"/>	End Date	<input type="text" value="12/31/2015"/>

Service Coordinator

Organization/Agency	
First Name	Last Name
Service Coordinator Number	
Phone Number	Extension
Phone: xxx-xxx-xxxx or xxxxxxxxxxxx	

Service

Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Method of Data Collection	Action
5665	CLDS In Home Daily	Daily	\$10.00	1000.00	1000.00		7999	1	Attendance	View