

Innovations Waiver Staff Retainer Payment Request Form

How to complete the web based form

Instructions

This manual has been created to guide you in completing the information on the web based Retainer Payment Request Form so you can submit your requests successfully.

General Instructions

Follow these steps to complete and submit your form:

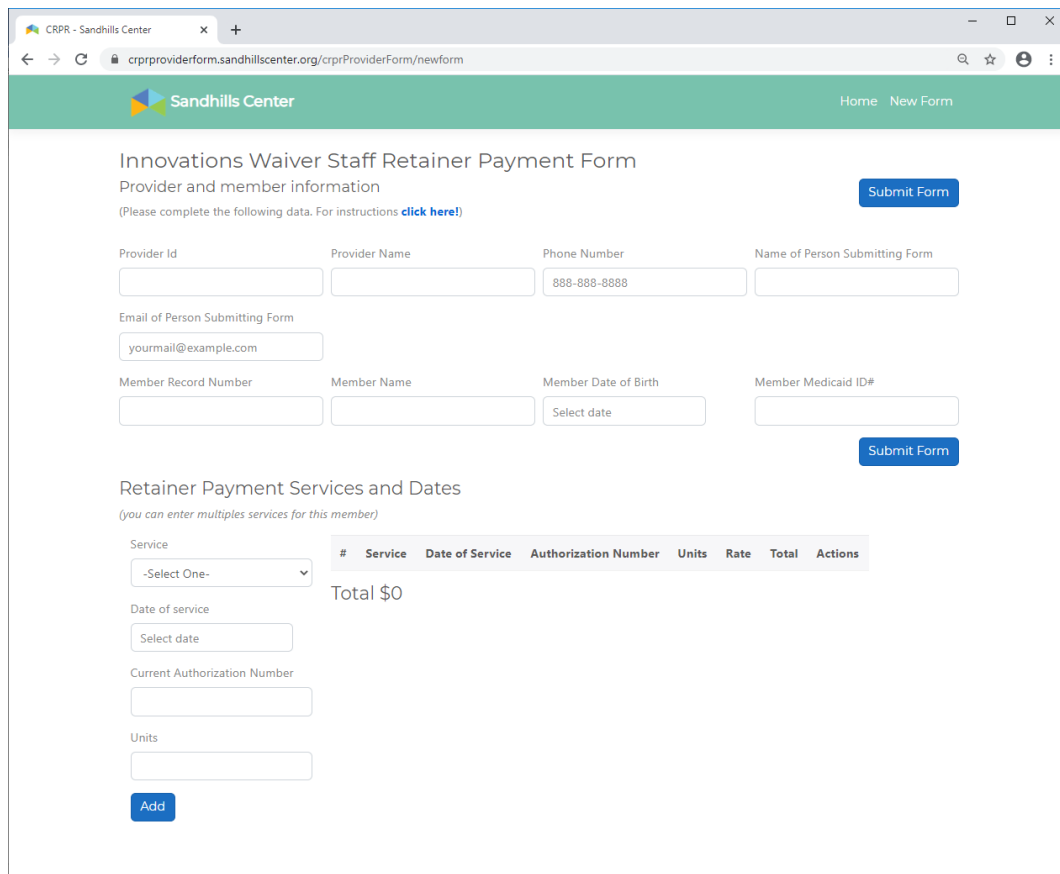
1. [Open Microsoft Edge browser or Google Chrome browser](#)



2. Enter the following internet address <https://crprproviderform.sandhillscenter.org/crprproviderform>
3. Click the option or button "Create a new form"

Create a New Form

4. The browser will show the screen below:



The screenshot shows a web browser window with the URL crprproviderform.sandhillscenter.org/crprProviderForm/newform. The page header includes the Sandhills Center logo and navigation links for Home and New Form. The main content area is titled "Innovations Waiver Staff Retainer Payment Form" and contains two sections: "Provider and member information" and "Retainer Payment Services and Dates".

Provider and member information
(Please complete the following data. For instructions [click here!](#))

Submit Form

Provider Id	Provider Name	Phone Number	Name of Person Submitting Form
<input type="text"/>	<input type="text"/>	888-888-8888	<input type="text"/>

Email of Person Submitting Form

Member Record Number	Member Name	Member Date of Birth	Member Medicaid ID#
<input type="text"/>	<input type="text"/>	Select date	<input type="text"/>

Submit Form

Retainer Payment Services and Dates
(you can enter multiples services for this member)

Service:

#	Service	Date of Service	Authorization Number	Units	Rate	Total	Actions
---	---------	-----------------	----------------------	-------	------	-------	---------

Total \$0

Date of service:

Current Authorization Number:

Units:

Add

5. The first part of the form is **“Provider and member information”**. All fields listed are mandatory to complete.

Provider Information	Member Information
Provider Id:	Member Record Number:
Provider Name:	Member Name:
Provider Phone Number:	Member Date of Birth:
Name of Person Submitting form:	Member Medicaid ID:
Email of Person Submitting form:	

Innovations Waiver Staff Retainer Payment Form

Provider and member information Submit Form

(Please complete the following data. For instructions [click here!](#))

Provider Id	Provider Name	Phone Number	Name of Person Submitting Form
<input type="text"/>	<input type="text"/>	<input type="text" value="888-888-8888"/>	<input type="text"/>
Email of Person Submitting Form			
<input type="text" value="yourmail@example.com"/>			
Member Record Number	Member Name	Member Date of Birth	Member Medicaid ID#
<input type="text"/>	<input type="text"/>	<input type="text" value="Select date"/>	<input type="text"/>

6. The second part of the form includes the list of service(s) for which you are requesting retainer payment. You will enter the service information and click the button **"Add"** to include the service(s) requested in the list. You can enter multiple services and dates of services for the member.

Retainer Payment Services and Dates

(you can enter multiples services for this member)

Service:

Date of service:

Current Authorization Number:

Units:

Add

#	Service	Date of Service	Authorization Number	Units	Rate	Total	Actions
0	T2021CRXU - DAY SUPPORTS: INDIVIDUAL	2020-05-26	1234567890321654	6	26.5300	159.18	Delete

Total \$159.18

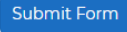
Service:

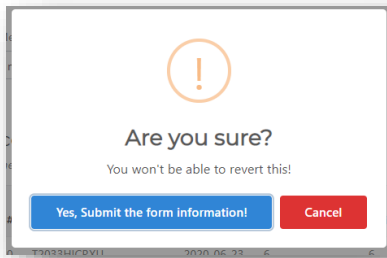
Date of service:

Current Authorization Number:


Units:

Add

7. When you are finished entering the list of service(s) provided, click the button **“Submit Form”**  and a confirmation message will be prompted. If you are sure the information you entered on the form is accurate, click the button **“Confirm”**.



8. You will be redirected to a confirmation receipt form. Click the button **“Print”** to print the form. Please keep a copy of the form for your records. Each request submitted will be assigned a **“Document #”**. The document number will be used to help you refer back to the specific request form you submitted. The document number will also be used in your correspondence with Sandhills Center Care Coordination and/or Finance staff to locate specific requests submitted and address any questions or issues that may arise.

 Sandhills Center
Home [New Form](#)

Thank you for your form submitted!

Innovations Waiver Staff Retainer Payment Form

Document #: 1001052 Date Form Submission: 06/30/2020

Please print this document and keep it for your records.

[Print](#)

Provider and Member information

<p>Provider Information: 1642 Test from home at 1.27pm Test from home at 1.27pm nelsonm@sandhillscenter.org 888-888-8888</p>	<p>Member Information: 1624 nelson 06/30/2020 126465</p>
--	---

Services Provided

Item	Service	Date of service	Authorization Number	Number of Units	Rate per Unit	Total
1	T2033HICRXU - SUPPORTED LIVING - LEVEL 2	06/23/2020	6	6	192.40	192.40
					Total	1,154.40

9. You will also receive an email notification message that we have received your request form.

Important:

- *Complete all fields in the form. All fields are mandatory.*
- *Please verify the information you entered is accurate.*
- *Keep a copy of the confirmation receipt.*
- *You will receive an email with the services approved by our care coordination staff.*
- *If the information you entered does not match our records, you will receive an email message with the errors found in your submission.*