



**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](mailto: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>.

wisconsin.gov home   state agencies   subject directory   department of health services

# ForwardHealth

Wisconsin serving you

**Report Fraud**

Welcome » December 3, 2012 11:20 AM [Login](#)

### Providers

- Register for E-mail Subscription
- Provider-specific Resources
- Become a Provider
- Online Handbooks
- Fee Schedules
- Trainings
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- Health Care Enrollment
- Provider Recertification
- Certification Tracking Search

Welcome to the ForwardHealth Portal

The ForwardHealth Portal serves as the interface to ForwardHealth interChange, the new Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.

### Members

- Member Information
- Find a Provider
- Member Contacts

### Partners

- Find a Provider
- Related Programs and Services

### Trading Partners

- Trading Partner Profile
- PES
- Companion Guides

[Providers](#)   [Managed Care Organization](#)   [Partners](#)   [Trading Partners](#)   [Members](#)

[Bed Assessment e-Payment](#) (LBAP web link)

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.



WISCONSIN DEPARTMENT  
OF HEALTH SERVICES



Search DHS

GO

About DHS Topics A - Z Programs & Services Partners & Providers Reference Center

## Monthly Licensed Bed Assessment Program

- Home
- Make a Payment
- Request a WAMS ID
- Contact

**[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](#)
  - o Follow the directions included in the confirmation email
2. Activate your Account
  - o Click on the account activation link (provided in the email)
  - o Log in with your new User ID and Password to activate the account

**(Create a WAMS ID)**

### Request e-Payment System Access

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](mailto:Gregory.Leighty@dhs.wisconsin.gov).

**(Request access to LBAP)**

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.



 WISCONSIN DEPARTMENT OF HEALTH SERVICES



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About DHS Topics A - Z Programs & Services Partners & Providers Reference Center

### Monthly Licensed Bed Assessment Program

[Home](#)  
[Make a Payment](#)  
[Request a WAMS ID](#)  
[Contact](#)

**[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.



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OF HEALTH SERVICES



Search DHS

[About DHS](#) | [Topics A - Z](#) | [Programs & Services](#) | [Partners & Providers](#) | [Reference Center](#)

**\*\*\* ACCEPTANCE Environment \*\*\***

### Please Log In



**Please Enter Your Username and Password**

Username:

Password:

[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](#)

(Enter your  
WAMS ID &  
Password)



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

[Back to top](#) | [Contact us](#) | [Disclaimer](#) | [Employment](#) | [Privacy notice](#) | [Site feedback](#)

**Protecting and promoting the health and safety of the people of Wisconsin**

The Official Internet site of the Wisconsin Department of Health Services

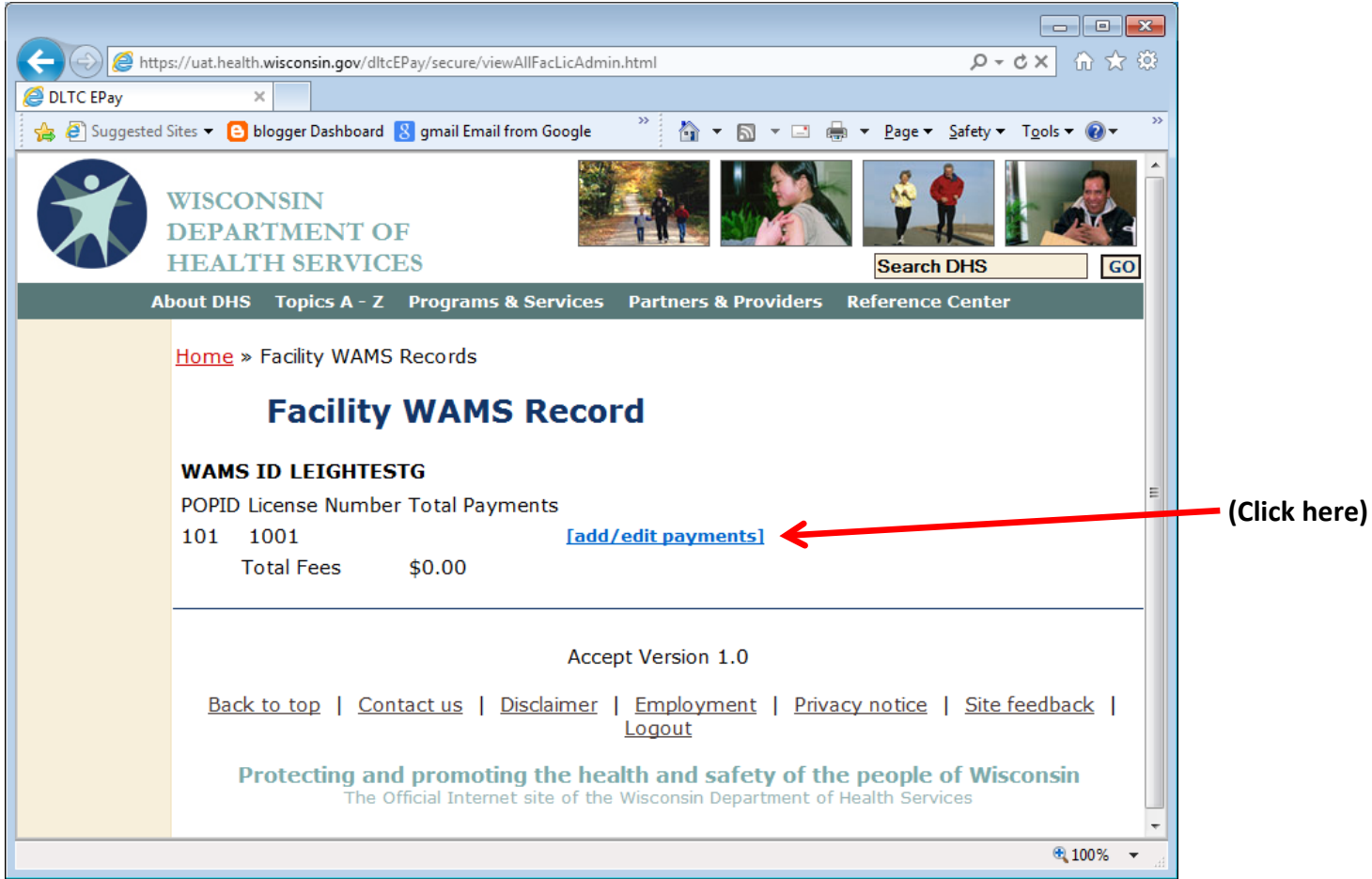
6. **Begin an e-Payment Order session.**

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.

The screenshot shows the Wisconsin Department of Health Services website. At the top left is the DHS logo. To its right is the text "WISCONSIN DEPARTMENT OF HEALTH SERVICES". Further right are four small images: a group of people walking, a woman's profile, two people standing, and a man at a desk. Below these images is a search bar labeled "Search DHS" and a "GO" button. A dark green navigation bar contains the following links: "About DHS", "Topics A - Z", "Programs & Services", "Partners & Providers", and "Reference Center". The main content area has a large heading "Welcome to DLTC ePay System:". Below this heading is a blue underlined link "Pay For Facility License" with a red arrow pointing to it from the text "(Click here)". At the bottom of the page, there is a footer with the text "Accept Version 2.0" and a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout". The footer also includes the slogan "Protecting and promoting the health and safety of the people of Wisconsin" and the tagline "The Official Internet site of the Wisconsin Department of Health Services".

- 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.



The screenshot shows the Wisconsin Department of Health Services website. At the top left is the logo and text: "WISCONSIN DEPARTMENT OF HEALTH SERVICES". To the right are four small images: a group of people walking, a woman talking, two people standing, and a man at a desk. Below these is a "Search DHS" box and a "GO" button. A dark green navigation bar contains links: "About DHS", "Topics A - Z", "Programs & Services", "Partners & Providers", and "Reference Center". The main content area has a light beige background. It starts with a red link "Return To Previous Page". Below that is the section header "Facility License Fees". A blue link "Add new payment" is highlighted with a red arrow pointing to it from the text "(Click here)". Below the link are the fields: "POPID: 101", "License Number: 1001", and a table header "Payment Period Number Payment Period Amount". A "Done" button is below the table. At the bottom, it says "Accept Version 1.0" and a row of links: "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout".

9. Enter the payment information associated the license then click “Update” to validate your entry.
- Payment must be entered separately for each month.

The screenshot shows the Wisconsin Department of Health Services website. At the top left is the DHS logo and the text "WISCONSIN DEPARTMENT OF HEALTH SERVICES". Below this is a search bar with "Search DHS" and a "GO" button. To the right are three small images: a path through trees, a woman holding a child, and two people walking. A navigation bar contains links for "About DHS", "Topics A - Z", "Programs & Services", "Partners & Providers", and "Reference Center".

Below the navigation bar is a "Return To Previous Page" link. The main content area contains a form with the following fields:

- WAMS User Facility Id:
- POPID:
- License Number:
- Month:
- License Fee Amount:

Red arrows point from the following text to the corresponding fields:

- "Auto Filled Fields: Fac ID, POPID, License #" points to the Facility ID, POPID, and License Number fields.
- "(Select invoice month)" points to the Month dropdown.
- "(Enter payment amount)" points to the License Fee Amount field.
- "(Click here to validate your entry)" points to the "Update" button.

At the bottom of the page, it says "Accept Version 2.0" and provides links for "Back to top", "Contact us", "Disclaimer", "Employment", "Privacy notice", "Site feedback", and "Logout".

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.

**HEALTH SERVICES**

Search DHS

[Return To Previous Page](#)

### Facility License Fees

[add new payment](#) ← (Click here to add a new payment)

POPID: **101**  
License Number: **1001**

Payment Period Number	Payment Period	Amount	
201210	Oct-12	\$1700.00	<a href="#">remove</a> ← (Click here to remove or replace a payment)
201211	Nov-12	\$1870.00	<a href="#">remove</a>

← (Click here 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	<a href="#">[add/remove payments]</a> ← (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.

← (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.

About DHS Topics A - Z Programs & Services Partners & Providers Reference Center

**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**

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

**Welcome to the Electronic Payment System**

[PRIVACY](#) [CUSTOMER SERVICE](#) [HELP](#)

**Registered Users**  
If you have already registered with the payment system, you may log in using your User ID and Password.

**All Other Users**  
If you want to make your payment without registering, select "Pay Without Registering".

If you would like to register, so your information can be retrieved for future payments, select "Register".

**User ID:**

**Password:**

[Log In](#)

[Register](#)

[Forgot Password](#)

[Pay Without Registering](#)

[Browser Requirements](#)

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.

The image shows two screenshots of a web application. The top screenshot is the 'User Registration' form, and the bottom screenshot is the 'Registration Complete' confirmation screen.

**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

Buttons: Submit, Cancel

**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

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.

PRIVACY CUSTOMER SERVICE HELP

### Make a Payment - DHS - Bed Assessment

**\*Required Field**

**PAYMENT INFORMATION**

Payment Amount: **\$3,570.00**  
Payment Method: **eCheck**  
Payment Date: **Apr-03-2013**

**PAYMENT DETAILS**

WAMS Id: **LEIGHTESTG**  
Order Number: **50**

**ACCOUNT SELECTION**

Please select an account:\* Choose one...

[Browser Requirements](#)

(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: \* 071000013 JPMORGAN CHASE BANK, NA  
Bank Account Number: \* 123456  
Re-Enter Bank Account Number: \* 123456  
Bank Account Type: \*  Checking  Savings  
Is this a business account?: \*  Yes  No  
Save this account?   
Account Nickname: Bart

**Continue** **Cancel**

(Enter Bank Routing Number)

(Enter Bank Account Number)

(Click Save this Account) if Registering

(Click Continue)

17. Enter required Non Registered Contact Information.

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

State of Wisconsin  
e-Payment Services

PRIVACY CUSTOMER SERVICE HELP

**Contact Information**

\*Required Field

CONTACT INFORMATION

First Name:\* Tom  
Last Name:\* Edison  
Company Name:  
Phone Number:\* 608-999-9999  
E-mail Address:\* Tom.Edison@gmail.com  
Street Address 1:\* 1 Mifflin St  
Street Address 2:  
City/Town:\* Madison  
State/Province/Region:\* WI  
Zip/Postal Code:\* 53703  
Country:\* USA

BECOME A REGISTERED USER

User ID: LeighTestg 6-16 characters  
Password: ●●●●●●●● 6-12 characters, at least one letter and one number  
Re-Enter Password: ●●●●●●●●  
Shared Secret Question: In what city were you born?  
Shared Secret Answer: New York  
Save Registration?

Continue Cancel

(Required Information for eCheck Payment)

(2<sup>nd</sup> 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:\*   
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)

(Click Confirm to continue)

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.

The screenshot shows the 'Payment Confirmation - DHS - Bed Assessment' page. At the top, there is a blue header with the 'e-Payment Services' logo and 'State of Wisconsin'. Below the header are three navigation buttons: 'PRIVACY', 'CUSTOMER SERVICE', and 'HELP'. The main content area has a title bar and a message: 'Please keep a record of your Confirmation Number, or [print this page](#) for your records.' A red arrow points from the text '(Print this Page)' to the 'print this page' link. Below this is the 'Confirmation Number: WS2LBA000313924'. The 'Your Payment Detail' section lists: Payment Amount: \$3,000.00, Payment Date: Dec-06-2012, WAMS Id: CHINTESTHO, and Order Number: 11. The 'Your Account Detail' section lists: Bank Routing Number: 071000013, Bank Name: JPMORGAN CHASE BANK, NA, Bank Account Number: \*6789, Bank Account Type: Checking, and Bank Account Category: Business. At the bottom, the E-mail Address is gregory.leighty@dhs.wisconsin.gov, and there is an 'OK' button. A red arrow points from the text '(Click OK to end session)' to the 'OK' button. A 'Browser Requirements' link is visible at the bottom right of the page content.

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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