WVBTT.com Provider Billing Online Access Application

Access to the WVBTT.com Provider Billing Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.

Agency – Claims Entry

Agency Information – Please Print

Please complete **ALL** fields on this form. If you are already enrolled with the CFO, please provide the information currently on file with the CFO.

Agency Tax ID:______________________________ **Agency Name:**______________________________________

Agency Personnel Information:

First Name & Last Name____ *Email:* ________________________________

Address ____________________________________ City:__________________________________

State: ____________ Zip: _______________ Phone: ( ) ______-___________EXT:___________

Primary Contact for Questions:____

User Information – Please Print

- ❑ **New User Information**
- ❑ **Change of Information -** Please indicate the type of change: ❑ **Delete Access*** ❑ **Modify Access**

User First Name & Last Name____

Email: Must be unique to each individual user and login account in West Virginia Birth to Three ________________________________

Phone ( )_________________________EXT ___________

Please enter a User ID and the last four digits of your Social Security Number. The User's ID or email address may not be duplicated. Please submit a second choice for a User ID in the event the first User ID listed is not available. The last four digits Social Security Number is used for user identification/verification and will be required when contacting the CFO for user access. The Social Security Number will not be used for initial password set-up.

User ID 1)_____________________________________ 2)____

Social Security Number (4 digits) _______________

Please choose a Security Word: The Security Word is used for user identification/verification and will be needed to gain initial access online. This is a word of your choice and can be up to 20 characters, minimum of 3 characters long. This word will be required when contacting the CFO for user access. This is **NOT** the Password.

Security Word: _____________________________

** Deleting Online Access does not end the User's enrollment with CFO.*

User Signature: ____ **Date** ________________________________

Administrator Signature: ____**Date** ________________________________

The date the information is received and processed at the CFO will determine the effective date of online access. An email will be sent to the user's email address with further directions on how to access the system. **Please keep a copy of the form for your records.**

Please complete this Application and mail the original to:

Central Finance Office
Attn: Provider Enrollment, CSC
P.O. Box 29134
Shawnee Mission, KS 66201-9160

WVBTT.com Provider Billing Online Access Application

Access to the WVBTT.com Provider Billing Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.

Agency – Claims Entry

Agency – Claims Entry

This person is not enrolled.

The following attributes describe this type of access:
1. The user may view and submit claims online for the Agency.
2. The user may view and print authorizations and authorization information for the Agency.
3. The user will be able to view payment online for the Agency.

WVBTT.com Provider Billing Online Access Application

Access to the WVBTT.com Provider Billing Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.

Agency – Claims Entry

Attachment #2

Electronic Signature Agreement
WVBTT.com

This is to certify my request for an electronic signature. Through the use of an electronic signature, you agree that the information you provide is accurate and complete to the best of your knowledge. You also acknowledge that you have read and understand the following statements:

- Any and all information submitted on my behalf shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information submitted to the web site.
- The undersigned will hold harmless and indemnify the WV Birth to Three Program and the Department of Health & Human Resources (DHHR) and or its Fiscal Agent Contractor (CSC) from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence from the utilization of the web site.
- I further acknowledge that utilization of the web site does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Agreements which I have signed including but not limited to those requirements pertaining to payments, claims, timelines, confidentiality, privacy, records and records retention.
- I agree to immediately notify the Central Finance Office (CFO) via phone and mail if my password to this web site is lost, stolen, misplaced or has been compromised. I understand it is my responsibility to use the information provided to me on this web site for its intended purposes and to protect any password(s) issued to me.
- I agree to adhere to the stipulations and conditions outlined in the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability And Accountability Act (HIPAA).
- I understand that violation of any of the provisions of this Agreement shall subject me to the actions set out in the DHHR policies on Central Finance Office Provider Dis-enrollment and shall make access to the web site subject to immediate revocation at the DHHR's option.
- I understand it is our responsibility to notify the Central Finance Office in the event of lost, stolen or compromised username/password.
- I understand that access will not be granted to the web site without this Agreement.
- I certify that I am in compliance with the Central Finance Office Agreements.
- I warrant that I have the authority to make this agreement.

User Signature:____ **Date** ____________________

WVBTT.com Provider Billing Online Access Application

Access to the WVBTT.com Provider Billing Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.

Agency – Claims Entry

Attachment #3

CERTIFICATION STATEMENT FOR PROVIDERS SUBMITTING CLAIMS BY MEANS OTHER THAN STANDARD PAPER

This is to certify that any and all information contained on any First Steps billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission, shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information contained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (i. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary or service bureau that submits billings to the Department of Health & Human Resources or its Fiscal Agent Contractor is acting as my representative and not that of the DHHR or its Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of First Steps Central Finance Office claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The provider will hold harmless and indemnify DHHR from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of First Steps Central Finance Office billings by the provider through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of the DHHR.

I further acknowledge that submitting claims by means other than standard paper does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Agreement(s) and/or Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records and records retention.

I understand that the DHHR or its designees are prepared to provide necessary technical assistance to assist new providers or to correct technical problems which existing providers may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the provider in whose name the claim is submitted and the DHHR or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- Identification of data element requirements
- Identification of record layouts and other electronic specifications
- Identification of systematic problem areas and recommended solutions

I agree to notify either the DHHR or its Fiscal Agent Contractor of any changes in my provider name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by the DHHR or its Fiscal Agent Contractor.

I certify that I am in compliance with the Central Finance Office Agreement(s) and Rider(s).

Fraud and abuse encompass a wide range of improper billing practices that include misrepresenting or overcharging with respect to services delivered. Fraud generally involves a willful act; abuse involves actions that are inconsistent with acceptable fiscal, business or medical practices.

Frequently cited fraudulent or abusive practices include, but are not limited to, overcharging for services provided, charging for services not rendered, accepting bribes or kickbacks for referring patients, and rendering inappropriate or unnecessary services.

Procedures and mechanisms employed in the claims and payment surveillance and audit program include, but are not limited to, the following:

- Review of recipient profiles of use of services and payment made for such
- Review of provider claims, First Steps Program documentation or data and payment history for patterns indicating need for closer scrutiny
- Computer-generated listing of duplication of payments
- Computer-generated listing of conflicting dates of services

WVBTT.com Provider Billing Online Access Application

Access to the WVBTT.com Provider Billing Online system is limited to enrolled professionals who meet the requirements as established by WV Birth to Three.

Agency – Claims Entry

Computer-generated over-utilization listing internal and/or external checks on such items as procedures, quantity, duration, provider eligibility, recipient eligibility, etc. Staff review and application of established medical services parameters, Field-auditing activities conducted by the Department of Health & Human Resources (DHHR) or its representatives, which may include required provider and recipient contacts or request for information.

In cases referred to law enforcement officials for prosecution, the West Virginia Department of Health & Human Resources has the obligation, where applicable, to seek restitution and recovery of monies wrongfully paid even though prosecution may be declined by the enforcement officials.

Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the DHHR Policy on Central Finance Office Provider Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at the DHHR's option.

User Signature:____ **Date** __________________________