

WVBTT.com Online Claims System Access Application

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

RAU – Claims Entry

RAU Claims Entry

This person is not enrolled with the CFO and works for the RAU.

The following attributes describe this type of access.

1. The user may view and submit claims online for the RAU.
2. The user may view and print authorizations and authorization information for the RAU.
3. The user will not be able to view payment/remittance information online for the RAU.

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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 Practitioner 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** _____

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Attachment #3

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

This is to certify that any and all information contained on any Birth to Three 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 Birth to Three 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 practitioner 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 Birth to Three Central Finance Office billings by the practitioner 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 practitioners or to correct technical problems which existing practitioners may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the practitioner 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 practitioner 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 practitioner claims, Birth to Three documentation or data and payment history for patterns indicating need for closer scrutiny
- Computer-generated listing of duplication of payments

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- Computer-generated listing of conflicting dates of services

Computer-generated over-utilization listing internal and/or external checks on such items as procedures, quantity, duration, practitioner 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 practitioner 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 Practitioner Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at the DHHR's option.

User Signature: _____ **Date** _____