



Certification For Online Claims and Electronic Signature Agreement

www.BCW-BIBS.com

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

This is to certify any and all information contained on any Babies Can't Wait (BCW) 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 on my behalf, such as a service bureau). I fully recognize any billing intermediary or service bureau which submits billings to the Georgia Babies Can't Wait program, or its Fiscal Agent Contractor is acting as my representative and not that of BCW or its Fiscal Agent Contractor. I further acknowledge any third party which submits billings on my behalf shall be deemed to be my agent for purposes of submission of BCW Central Finance Office claims.

I understand payment and satisfaction of any claims submitted on my behalf will be from Federal and State funds, and 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 BCW 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 BCW 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 BCW.

I further acknowledge 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 Service Provider Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records, and records retention.

I understand BCW 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 all communications regarding electronic, telephonic, or mechanical submission of a claim shall be between the provider in whose name the claim is submitted and BCW or its Fiscal Agent Contractor. I further understand 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 BCW 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 BCW or its Fiscal Agent Contractor.

I certify I am in compliance with the Central Finance Office Service Provider Agreement and Riders.

Fraud and abuse encompasses a wide range of improper billing practices which include misrepresenting or overcharging with respect to services delivered. Fraud generally involves a willful act; abuse involves actions 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, Babies Can't Wait program documentation or data and payment history for patterns indicating a need for closer scrutiny
- Computer-generated listing of duplication of payments
- 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, provider eligibility, recipient eligibility, etc.
- Staff review and application of established medical services parameters.
- Field-auditing activities conducted by the Babies Can't Wait or its representatives, which may include provider and recipient contacts or requests for information.

In cases referred to law enforcement officials for prosecution, the Georgia Babies Can't Wait 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 the violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the BCW Policy on Central Finance Office Provider Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at BCW's option.



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B. ELECTRONIC SIGNATURE AGREEMENT

This is to certify my request for an electronic signature. An electronic signature is similar to your handwritten signature. Through the use of an electronic signature, you agree the information you provide is accurate and complete to the best of your knowledge. You also acknowledge you have read and understand the following statements. Please read these notices before providing us with your request for your electronic signature:

- 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 website.
- The undersigned will hold harmless and indemnify the Georgia Babies Can't Wait Early Intervention program and/or its Fiscal Agent Contractor 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 utilization of the website does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Provider Agreement and Riders 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 website is lost, stolen, misplaced, or has been compromised. I understand it is my responsibility to use the information provided to me on this website 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).
- I understand the violation of any of the provisions of this Agreement shall subject me to the actions set out in the Georgia Babies Can't Wait Early Intervention program policy regarding Central Finance Office Provider dis-enrollment and shall make access to the website subject to immediate revocation at the Program's discretion.
- I understand access will not be granted to the website without this Agreement.
- I certify I am in compliance with the Central Finance Office Service Provider Agreement and Riders.
- I warrant I have the authority to make this agreement.

THE UNDERSIGNED HAVING READ THIS CERTIFICATION STATEMENT AND SIGNATURE AGREEMENT, UNDERSTANDING IT IN ITS ENTIRETY, DOES HEREBY AGREE TO ALL OF THE STIPULATIONS, CONDITIONS, AND TERMS STATED HEREIN.

(All information below is required to be completed.)

| Agency/Independent Provider Information | |
|---|---|
| Agency/ Independent Provider/Self-Employed Name | Agency/ Independent Provider/Self-Employed Tax ID |
| | |
| Authorized Official Signature and Date | Authorized Official (printed) and Title |
| | |
| Electronic Claims Contact Name | Electronic Claims Contact Phone # |
| | |
| Provider or User Information | |
| Provider/User Signature and Date | Provider/User Signature (printed) |
| | |
| Provider/User Email Address | |
| | |

Please complete and submit the form to your District