

PURPOSE

This application is for collecting technical information to establish a trading partner account with Beacon Health Options (Beacon) to conduct EDI transactions.

This application is also for the trading partner to obtain a submitter identification number and password for using the EDI Gateway available at bhsedi.beaconhealthoptions.com.

TERMS OF USE

INTRODUCTION

Beacon is making the services on the EDI Gateway available to you as an authorized representative ("User" or "You") of a health care provider, business associate or vendor who has rendered services to the members of the health plans Beacon provides behavioral health services. In using this service, you may be allowed access to certain confidential or individually identifiable protected health information (hereinafter "Protected Health Information"). In exchange for such access, you agree to take certain precautions, comply with certain practices, and implement certain procedures required by applicable law and Beacon for the purposes of guarding data integrity and safeguarding the confidentiality of Protected Health Information, all as more specifically described below.

USER'S RESPONSIBILITIES AND OBLIGATIONS

- By registering herein, you agree that you have the legal authority, right and ability to agree to these "EDI Gateway" terms of use and that you will use bhsedi.beaconhs.com in a manner consistent with the terms of use. You represent that you have the right to access information about the health plan members as the treating provider or his/her designee. You further agree that you will comply
- with all applicable laws and regulations and that you will maintain the confidentiality of any information you access through this website. You agree that you will protect the integrity, confidentiality and availability of all electronically transmitted or electronically maintained protected health information exchanged through this website as required by any applicable laws or regulations.
- The required edits, minimum submission standards, the EDI Transactions / Billing Intermediary Authorization form must be fulfilled and maintained by all providers and billing agencies submitting EDI transactions to Beacon.
- The individual provider is ultimately responsible for accuracy and valid reporting of all claims submitted for payment. A provider utilizing the services of a billing agency must ensure through legal contract (a copy of which must be made available to Beacon upon request) the responsibility of a billing service to report claim information as directed by the provider in compliance with all policies stated by Beacon.
- You agree to use Protected Health Information for claims administration purposes only, consistent with applicable laws.
- You agree not to use or further disclose Protected Health Information in a manner that, if undertaken by Beacon, would violate the requirements of the HIPAA Privacy Regulations.
- You agree to not use or further disclose protected health information other than as permitted or required by this Agreement. You agree to use appropriate safeguards to prevent any use or disclosure of Protected Health Information that is not permitted under applicable law.
- Your user name and password are intended to protect your privacy and the protected health information of the health plan's members and yourself. You are responsible for keeping your user name and password confidential and you hereby agree that you will not disclose your user name or password to others. You agree that you will be solely responsible for all activity or transactions that are tracked to your user name and password through this web site.
- You acknowledge that you are acting as an independent contractor, and you are not an agent of Beacon and have no authority to represent Beacon as to any matters.

CHANGES, UPDATES, GOVERNING LAW

These terms of use may change from time to time, and changes will be posted here so that you will always be aware of our terms of use. By using the "EDI Gateway" at bhsedi.beaconhs.com or doing any of the activities described above after changes have been made to these terms of use, you are agreeing to accept these changes. You may not amend or modify these terms of use without prior written agreement from Beacon. The laws of the Commonwealth of Massachusetts shall govern these terms of use.

You agree to submit to the exclusive jurisdiction of the courts in the Commonwealth of Massachusetts and waive any jurisdictional venue or inconvenient forum objections to such court.

TERMINATION

Beacon may terminate these terms of use, any rights granted to you hereunder and your access to this web site at any time, with or without cause, without notice and without penalty. It is the contracted provider’s responsibility to inform Beacon of any changes in employee status of staff members who have a submitter ID and password.

UNAUTHORIZED USE/MISUSE

Unauthorized entry (commonly referred to as hacking) into any portion of bhsedi.beaconhs.com, or misuse (for fraudulent, malicious and/or deceptive purposes) may constitute crimes or torts under state or federal law. Any such violations will be pursued and prosecuted to the fullest extent permitted by law.

SUBMITTER TRADING PARTNER INFORMATION

Organization Name:	Organization Name:
Address:	City / State / Zip:
Technical Contact:	Title:
Telephone:	Fax:
Email:	

SUBMISSION TYPE

837P 837I

CERTIFICATION

To be completed by person having signature authority.

The undersigned has read and accepts the ‘terms of use.

Signature

Date

Name (please print)

Title

Phone

Fax

Email

Return to edi.operations@beaconhealthoptions.com