

PURPOSE

This application is for a health care provider, business associate or vendor to establish a trading partner relationship with Beacon Health Options (Beacon) to conduct electronic data interchange (EDI) transactions.

This form is also utilized by the health care provider to authorize a billing intermediary (billing service/clearing house) to submit claims via the EDI transactions to Beacon on the health care provider's behalf.

TERMS OF USE

RESPONSIBILITIES AND OBLIGATIONS

- Beacon is making EDI services available to you as a contracted health care provider who has rendered services to the members of the health plans Beacon provides behavioral health services or as a business associate or vendor to conduct business with Beacon. In using this service, you may be allowed access to certain confidential or individually identifiable protected health information (hereinafter "Protected Health Information") which you agree to take certain precautions, comply with certain practices, and implement certain procedures required by HIPAA regulations, applicable laws and Beacon for the purposes of guarding data integrity and safeguarding the confidentiality of Protected Health Information.
- The required edits, minimum submission standards, the Trading Partner/EDI Gateway Setup form must be fulfilled and maintained by all providers and billing agencies submitting EDI transactions to Beacon.
- The trading partner agrees that the transactions will be performed in accordance to all federal and state regulations.
- The trading partner certifies that an exact copy of the EDI transactions submitted to Beacon will be held by the originator at least for a period of 90 days or until the submission has been finalized as to reimbursement or rejection in the case of claims (whichever period of time is less)
- The contracted health care provider agrees to comply with any laws, rules and regulations governing the Beacon's Behavioral Health program and agrees to accept, as payment for claims in full the amounts paid in accordance with the fee schedules provided for under Beacon's Behavioral Health program.
- The health care provider agrees to keep any records necessary to disclose fully the extent of services furnished to recipients for which payment is claimed as outlined in the provider's Provider Services Agreement with Beacon, and on request, furnish to Beacon any information regarding payments claimed by the provider for furnishing services under the Beacon Behavioral Health program.
- The individual provider is ultimately responsible for accuracy and valid reporting of all claims transactions 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 the HIPAA Regulations and all policies stated by Beacon.
- All information supplied by Beacon or collected internally within the computing and accounting systems of a provider or billing agency (e.g., member les or statistical data) can be used only by the provider in the accurate accounting of claims containing or referencing that information. Any redistributed or dissemination of that information by the provider for any purpose other than the accurate accounting of behavioral health claims is considered an illegal use of confidential information.
- 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 Regulations.
- 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 on the EDI Gateway so that you will always be aware of our terms of use. By continuing to conduct EDI transactions 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.

UNAUTHORIZED USE/MISUSE

Unauthorized use or misuse of EDI transactions (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.

PROVIDER

Please complete all application questions

NPI or TAX ID:	Organization Name:
Address:	City / State / Zip:
Contract Contact:	Title:
Telephone:	Fax:
Email:	

CLEARINGHOUSE CONTACT INFORMATION

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

CERTIFICATION

To be completed by the Executive Director/Contract Contact of Provider, Business Associate or vendor:

The undersigned hereby authorizes the billing agency listed in section c to submit claims to beacon on my/our behalf in accordance with the applicable beacon billing procedures.

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