

Redwood Coast Regional Center

E-Billing and E-Attendance Enrollment Process

Legislation passed on June 30, 2011 (W & I Code, Section 4641.5) requires all regional center service providers to utilize e-Billing. This system enables service providers to submit their monthly invoice and attendance records to RCRC over the internet securely. Following are the instructions and needed forms to enroll in e-Billing. Additional forms are provided to (1) send your payments via Direct Deposit and (2) to securely email Authorizations to Purchase Services and a Remittance Advice (check stub) to you.

Form Instructions

Every service provider organization must appoint a representative who will administer user accounts for those employees requiring access to the e-Billing web based application, and that representative must complete the agreement form in its entirety and submit it to the appropriate Regional Center for registration and access. Each service provider organization will be responsible for maintaining security agreements with those employees accessing the e-Billing application.

The Provider must sign the agreement form and return it to the Regional Center to complete the enrollment process before the representative will be granted administrative access to the e-Billing application. All pages must be returned.

Upon termination of a service provider organization's employee, it is the responsibility of the service provider representative to terminate access for that user account. When the service provider representative is voluntarily or involuntarily terminated from employment, the service provider organization must notify the Regional Center of this termination within 24 hours to have access removed.

A copy of the entire provider enrollment form must be kept on file at the Regional Center. Copies may be made if necessary.

E-Billing and E-Attendance Enrollment Process

A separate agreement form must be completed for each Service Provider Number (SPN), also known as a Vendor number.
If you are new to the Regional Center system, a SPN will be assigned to you upon vendorization approval.

Service Provider Name Service Provider Number (SPN)

Name of Governing Body or Management Organization (Doing Business As)

Mailing Address (Street) (City) (State) (Zip)

Physical Address (If different than above) (Street) (City) (State) (Zip)

Telephone Number () Email Address

To be completed by Regional Center staff

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Service Code Sub-Code Checkbox Calendar(Y/N) Type (Y/N/I/P)

Checkbox Calendar Type

- Y Y Monthly Residential Services
- Y N Monthly Non-Residential Services
- N N Units Calendar
- N I In & Out Times/Hrly rate
- N P Purchase

E-Billing and E-Attendance

Enrollment Process

Service Provider Administrator User Security Information

Service Provider Administrator role has access to the *Home, Invoices, Payments, Reports,* and *Service Provider Management* tabs. This person also has access to assigned service provider numbers; can create other Service Provider users and reader profiles; is able to edit, update, and submit invoices.

Service Provider Name

Service Provider Number (SPN)

Name of appointed Service Provider Administrator
(First)

(MI)

(Last)

User Name (You may chose one or one will be issued to you.)

A password will be issued to you. Once you log into e-Billing you must change your password. Passwords must be a minimum of 6 characters in length.

Provider Signature Information

Full Printed Name

Service Provider Signature

Telephone

Date

(Regional Center use only)

User Password (at least 6 characters in length, numbers and characters ok)

Updated by RC Administrator

Date

E-Billing and E-Attendance

Enrollment Process

Regional Center Provider Electronic Billing Agreement Form

1. CLAIMS ACCEPTANCE AND PROCESSING

The Regional Center agrees to accept from the enrolled Provider electronic invoices. The Provider hereby acknowledges that he or she has received and read and understands and agrees to abide by the EB provider manual and its contents, and agrees to read and comply with all EB provider manual updates and provider bulletins relating to electronic billing.

2. CLAIMS CERTIFICATION

The Provider agrees and shall certify under penalty of perjury that all claims for services provided to Regional Center consumers have been provided to the consumers by the Provider. The services were, to the best of Provider's knowledge, provided in accordance with the consumer's written Individual Program Plan. The Provider shall certify that all information submitted to the Regional Center is accurate and complete. The Provider understands that payment of these claims will be from federal and/or state funds, and falsification or concealment of a material fact may be prosecuted under federal and/or state laws. The Provider agrees to keep for a minimum period of five years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the consumer. The Provider agrees to furnish these records and any information regarding payments claimed for providing the services, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Developmental Services; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives. The Provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

I certify that the consumer(s) submitted through the electronic process were provided the services as authorized for the stated periods, and that no additional charges were made to other parties. These claims are submitted under penalty of perjury in accordance with the Medi-Cal program Provider Agreement Claim Certification.

3. VERIFICATION OF CLAIMS WITH SOURCE DOCUMENTS

The provider agrees to retain personal responsibility for the development, transcription, data entry, and transmittal of all invoice information for payment. The Provider shall also assume personal responsibility for verification of submitted invoices with source documents. The Provider agrees that no invoice shall be submitted until the required source documentation is completed and made readily retrievable in accordance with Medi-Cal statutes and regulations. Failures to make, maintain, or produce source documents shall be cause for immediate termination of electronic billing privileges.

4. CHANGE IN ELECTRONIC BILLING STATUS

The service provider and the Regional Center agree that any changes in Provider status which might affect eligibility to participate in electronic billing pursuant to federal and state law shall be promptly communicated to each party.

5. PROVIDER REVIEWS

The Provider agrees that agents of the Regional Center, the Department of Developmental Services, the Department of Health Services, the Office of the State Controller, the Department of Justice, or any other authorized agent or representative of the State of California or any authorized representative of the U.S. Department of Health and Human Services may, from time to time, conduct such reviews as are necessary to ensure compliance with state and federal law and with this agreement. In particular, the Provider agrees to make available to such agent or representative all source documents necessary to verify the accuracy and completeness of invoices submitted electronically.

6. EFFECTIVE DATE

This agreement shall become effective upon approval of the Regional Center.

7. TERMINATION

The Department, Regional Center or Provider may terminate this agreement with or without cause by giving seven days prior written notice of intent to terminate, and the Provider has no right to appeal such termination by the Department or Regional Center. The Department or Regional Center may, however, terminate this agreement immediately upon determination that the Provider has failed or refused to produce or retain source documents in accordance with federal and state laws or this agreement or has violated other provisions of the provider agreement.

8. PROVIDER TO HOLD REGIONAL CENTER AND STATE OF CALIFORNIA HARMLESS

The provider agrees to hold the Regional Center and the State of California harmless for any and all failures performed by billing software, or other features of electronic billing which do not occur with (hard copy) paper billing. The provider agrees that the provider is assuming any and all risks that accompany electronic billing and that the provider is not relying upon the evaluation, if any, that the State of California or Regional Center has made of the electronic billing system or software the provider is using.

9. CONFIDENTIALITY OF RECORD

The Provider agrees to provide adequate precautions to protect the confidentiality of Consumer information in accordance with Welfare and Institutions Code section 4514, Health Insurance Portability and Accountability Act (HIPAA), and all other applicable state and federal statutes and regulations regarding confidentiality of consumer information.

Provider Signature Information

Full Printed Name

Title

Provider Signature

Telephone

Date

Regional Center Approval of Enrollment

Full Printed Name

Title

Service Provider's EB/EA start date

Approver's Signature

Telephone

Date

Enrollment to Emailing

Authorization to Purchase Services and Remittance Advices

Agreement to receive Authorization to Purchase Services through Email

As a Service Provider for clients of Redwood Coast Regional Center (RCRC), my signature certifies that I have read, understand, and agree to the following terms and conditions for receiving Purchase of Services Authorizations and Remittance Advices by e-mail in lieu of mail. I understand that the authority to receive authorizations and Remittance Advices by e-mail is conditional upon compliance with the following terms and conditions:

1. Service Provider agrees E-mails must be checked on a regular basis to ensure authorizations and remittance advices are retrieved in a timely manner.
2. Service Provider agrees to notify RCRC in writing for a request to change the email address to send the authorizations and remittance advices. Change requests for new email addresses will not be accepted by telephone.
3. Service Provider agrees to comply with any notices, bulletins and/or Directives provided by a Regional Center regarding the e-mailing of authorizations and remittance advices.
4. Service Provider agrees to comply with Welfare and Institutions Code Section 4514, Health Insurance Portability and Accountability Act (HIPPA), and all other applicable state and federal statutes and regulations regarding confidentiality of client information
5. Service Provider accepts this agreement is conditional and may be terminated at any time at the sole and absolute discretion of the RCRC with or without cause. Upon termination of this agreement, RCRC agrees to provide authorizations and remittance advices by mail or other methods as determined by RCRC.
6. This agreement shall be effective upon receipt by RCRC of this signed agreement.
7. Service Provider agrees to assume the responsibility and liability for all e-mailed authorizations and remittance advices.

Service Provider Name

Service Provider Number (SPN)

E-mail address to send Authorization to Purchase Services:

E-mail address to send Remittance Advices: (This can be different than the one above.)

Name of Authorized Representative:

Title:

Signature of Authorized Representative:

Date:

To be completed by Regional Center staff

Approved at Regional Center by

Date:

Direct Deposit Enrollment

Service Provider's Direct Deposit Information

****You must send a voided check or a letter from the bank with this enrollment. Your banking information is securely kept and is only used to set up direct deposit.****

Service Provider Name

Service Provider Number (SPN)

Name of Bank

Routing Number

Account Number

Account Type (Checking or Savings)

If you are enrolling for Direct Deposit a Remittance Advice will be issued for each deposit Redwood Coast Regional Center issues.

Redwood Coast Regional Center does not work with Personal & Incidental accounts for clients.

I hereby authorize Redwood Coast Regional Center to make direct deposits into the account listed above. If my account information changes at any time I will notify RCRC immediately. I understand failure to report the change immediately may result in a delay in payments. Also, I understand it may take the Regional Center a minimum of 14 days to change the account information.

Provider Signature Information

Full Printed Name

Service Provider Signature

Date

To be completed by Regional Center Staff

Date Enrolled in Direct Deposit

Approved at Regional Center by

Date
