Automated Vendor Billing Signature Certification Letter

Each person who ***may submit bills*** to Region 3B Area Agency on Aging dba CareWell Services SW will need to sign one of these forms.

Provider Certification

Provider/Business Name: _____

Provider **NPI** or **Tax ID Number**: _____

By signing this statement, I, _____, certify
(Printed Name/Title)
that I am responsible for the accuracy and completeness of all claims transmitted to MDHHS by ***Region 3B Area Agency on Aging, dba CareWell Services SW*** (Waiver Agent) and their billing agent.

I acknowledge that my signature on this document to support submission of claims will indicate my organization's agreement to abide by the rules and regulations for all purposes related to Title XIX (Medicaid) reimbursement by the MDHHS, including any administrative, civil and/or criminal action(s) relating to my participation in the Medicaid program. A lack of my Waiver Agent's or billing agent representative's signature on claims made on my behalf shall not be used to avoid criminal and/or civil responsibility.

As a contracted provider of services to this Waiver Agent's participants, our agency affirms that by using Vendor View, we are able to review and accept service authorizations and that ***this acceptance will be considered our electronic acknowledgment and acceptance of the person centered plan of care, as developed by this Waiver Agent***. This will be the informed consent of our agency to be responsible for the plan's implementation, as required by the 2014 Home and Community Based Settings (HCBS) Final Rule. *Our Agency will update the Waiver Agent regarding changes in personnel authorized to sign for billing submissions as necessary.*

This document will be kept on file to certify this agreement and the expenditures submitted to ***Region 3B Area Agency on Aging, dba CareWell Services SW*** for reimbursement. The Data Department will also use this document for signature reference when bills are submitted.

I also understand that this certification is required to be renewed by me and/or my agency ***on an annual basis***.

Name (*please print*):_____

Title: _____

Signature: _____

Date of Signature: _____