

WHICH FORMS SHOULD I COMPLETE?

- [Electronic Data Interchange \(EDI\) Provider Trading Partner Agreement](#)
Billing Service Information:
 - o Billing Service Name/Vendor: Office Ally, Inc
 - o Street: P.O. Box 872020
 - o City, State, Zip: Vancouver, WA, 98687

WHERE SHOULD I SEND THE FORM(S)?

- Fax to: 803-264-9864
- Mail to:
PGBA, LLC
ATTN: Electronic Data Interchange
PO Box 17150
Augusta, GA, 30903

WHAT IS THE TURNAROUND TIME?

- As long as the provider is credentialed, the TriWest VACCN EDI Claims Agreement is immediate.

HOW DO I CHECK STATUS?

- Send an email to PGBA.EDI@pgba.com or call 800-259-0264 to check status. Office Ally will be unable to provide you with updates.

The provider agrees to the following provisions for submitting VA CCN claims electronically to PGBA, LLC.

A. The Provider Agrees:

1. That it will be responsible for all VA CCN claims submitted to PGBA, LLC by itself, its employees, or its agents.
2. That it will not disclose any information concerning a VA CCN beneficiary to any other person or organization, except PGBA, LLC, TriWest Healthcare Alliance, and/or the Provider's contractors, without the express written permission of the VA CCN beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to VA CCN, or as required by State or Federal law.
3. That it will submit claims only on behalf of those VA CCN beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file. For eligibility transactions, eligibility does not indicate authorization for services. Please follow VA CCN program procedures to obtain authorizations.
4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - Beneficiary's name,
 - Beneficiary's health insurance claim number,
 - Date(s) of service,
 - Diagnosis/nature of illness, and
 - Procedure/service performed.
5. That the Department of Veterans Affairs or its designee and/or TriWest Healthcare Alliance has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the, Federal regulations, and VA CCN guidelines.
6. That it will ensure that all claims for VA CCN primary payment have been developed for other insurance involvement and that VA CCN is the primary payer.

7. That it will submit claims that are accurate, complete, and truthful.
8. That it will retain all original source documentation and medical records pertaining to any such particular VA CCN claim for a reasonable period after the bill is paid.
9. That it will affix the PGBA, LLC assigned unique identifier number of the provider on each claim electronically transmitted to the contractor.
10. That the PGBA, LLC assigned unique identifier number constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed.
11. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.
12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the VA CCN program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.
13. That it will establish and maintain procedures and controls so that information concerning VA CCN beneficiaries, or any information obtained from VA CCN or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with S1106(a) of the Act).
14. That it will research and correct claim discrepancies.
15. That it will notify PGBA, LLC within 2 business days if any transmitted data are received in an unintelligible or garbled form.
16. Transmission Format. All standard transactions, as defined by Social Security Act § 1173(a) and the Transaction Rules, conducted between PGBA, LLC and Trading Partner or Business Associate, will only use code sets, data elements and formats specified by the Transaction Rules and the then current version of the PGBA, LLC Companion Guides. This section will automatically amend to comply with any final regulation or amendment to a final regulation adopted by HHS concerning the subject matter of this Section upon the effective date of the final regulation or amendment.

B. PGBA, LLC Agrees To:

1. Provide an acknowledgment of claim receipt. The acknowledgment will consist of a Claims Submission Summary Report and the Error Claims Summary Report. These reports will be provided to the direct submitter of the claims files.
2. Affix the intermediary/carrier number, as its electronic signature, on each remittance advice sent to the provider.
3. Ensure that payments to providers are timely in accordance with VA CCN's policies.
4. Not require the provider to purchase any or all electronic services from either PGBA, LLC or from any other company to obtain services under this Agreement.
5. Ensure that all VA CCN electronic billers have equal access to any services that PGBA, LLC makes available to providers or their billing services, regardless of the electronic billing technique or service they choose. PGBA, LLC will grant equal access to any services that PGBA, LLC sells directly, indirectly, or by arrangement.
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

C. General

Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by the Veteran's Administration under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as VA CCN claims are submitted to PGBA, LLC. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate.

In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as by the postmark or other appropriate evidence of transmittal.



Electronic Data Interchange (EDI)
Provider Trading Partner Agreement

Please complete all fields of this form and retain a copy of the completed Electronic Data Interchange (EDI) Provider Trading Partner Agreement for your records. Contact the PGBA EDI Help Desk at 1-800-259-0264, option 1 or by email at PGBA.EDI@pgba.com if you need assistance.

Provider Information			
Provider Name:			
Provider Tax Identification Number (TIN):		National Provider Identification Number (NPI):	
Street:	City:	State:	ZIP:
Billing Service Information			
Billing Service Name/Vendor: Office Ally, Inc			
Street: PO Box 872020	City: Vancouver	State: WA	ZIP: 0264
Authorized Signature			
<p>I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.</p> <p>I have agreed to the above by signing below on this _____ day of _____, in the year of _____.</p>			
Authorized Signature:		Title:	
Contact Name:	Email Address:		

Mail or Fax your completed form to:
PGBA, LLC
Electronic Data Interchange
PO Box 17150
Augusta, GA 30903
 Fax: 803-264-9864

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