Medical Provider Electronic Data Interchange (EDI) Forms

Dear Medical Provider:

ModivCare offers TripCare, a secured web portal, designed to allow medical facilities to request trips and standing orders from ModivCare electronically.

ModivCare will provide two (or more upon request) administrative logins to TripCare for each medical facility. The medical facility administrators are required to manage access to TripCare for all other users at their facility.

To use TripCare, you must register with our Facilities department. The attached user forms must be filled out, signed and faxed to the ModivCare Facility department you normally work with to request transportation services. The ModivCare Facility department will call or fax the TripCare user login information to the user.

Once your administrative users are setup, those users can create additional logins for other employees at your facility as needed.

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Medical Facility EDI Administrator User Form Please Type or Print Clearly

Date: _____

Facility Name:_

Mailing Address:

_____

Phone Number: _____ Fax Number: _____

Medicaid Provider Number or NPI Number:_____

Access: Select one option: Add New Administrative User Inactivate Administrative User

❑

Password Reset User Name:

User Email Address: _____

User Job Title:

By signing this form, I hereby agree that:

- I will abide by all federal and state regulations pertaining to protected health information (PHI) including the Health Insurance Portability and Accountability Act ("HIPAA").
- I will only provide TripCare access to employees at my medical facility that have a need to request or review transportation requests.
- I will immediately remove terminated users or users who no longer need access to TripCare.
- ModivCare may remove TripCare access for me or my medical facility at any time, with or without cause.
- I will use TripCare in accordance with ModivCare's documented instructions.
- I will not share my TripCare user ID or password with another user.
- I understand that the intentional entry of invalid or false information is unlawful and may have significant adverse legal repercussions.
- I will notify ModivCare immediately if I believe a security incident has occurred.

User Signature: _____ Date: __

Witness Signature:_____ Date:

Witness Name: Title:

(*Witness must work at the same medical facility*)

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TO BE COMPLETED BY MODIVCARE FACILITY DEPARTMENT:

User ID Assigned: _____

Employee Completing Request:

Date Completed: _____