



LogistiCare Transportation Provider Electronic Data Interchange (EDI) Packet

Dear LogistiCare Transportation Provider:

LogistiCare has opened a secured web site designed to improve and streamline communication between you and LogistiCare. Using the web site, you can print or download your trip list, enter information about trips that you complete for LogistiCare, reroute trips, and enter trips that were not completed or were canceled. You may also bill LogistiCare using this site, and if you choose to do so, you can obtain certain performance reports on your drivers and vehicles. Please note that certain billing functions are only available to fully contracted providers with rate and mileage agreements.

To utilize the site, you must register with our web site provider, LogistiCare Solutions. The attached Electronic Data Interchange (EDI) forms must be filled out, signed and forwarded to LogistiCare Solutions. The forms include:

1. Transportation Provider EDI Operational Information Form – use this form to provide your contact information to LogistiCare Solutions and designate the people authorized to sign User Requests.
2. Electronic Data Interchange (EDI) Agreement – this form represents the agreement between you and LogistiCare Solutions, LLC regarding the use of the secured web site.
3. EDI User Form – use this form to add or remove individual users from the system. You are responsible for properly managing your employees' access to the system.

If you are interested in using the site, please print the forms and have them filled out and signed by an authorized individual at your company. **If you are a brand new provider, include originals of these documents with your contracts.** If you are an existing provider, send the originals to LogistiCare Solutions at the address indicated on the form. **The originals of the first two forms must be sent. Copies will not be accepted.** The EDI User form can be sent to LogistiCare via fax or email.

Notes:

Providers who work in multiple states but only have one billing / back office address need only sign the EDI Agreement form once but must submit multiple Operational Information sheets (one for each state).

Providers who work in multiple states and have separate billing / back office addresses must sign the EDI Agreement and Operational Information forms for each state.

LogistiCare Transportation Provider EDI Operational Information

Please Type or Print Clearly

Company Name: _____
Mailing Address: _____
Contact Name: _____
Job Title: _____
Phone Number: _____
Fax Number: _____
Email Address: _____
LogistiCare Provider Number: _____

Contracted Provider? ____ Yes ____ No

Authorized Signatures: The following authorized signatures will be accepted on User Request forms. If the signature on the User Request form does not match one of the below signatures, the request will be denied.

_____ Signature	_____ Title	_____ Name
_____ Signature	_____ Title	_____ Name
_____ Signature	_____ Title	_____ Name

New Providers include signed Originals with your contract documents.

Providers Mail Originals to:
LogistiCare Solutions LLC
Attn: Field Services
1275 Peachtree Street NE, 6th Floor
Atlanta, GA 30309

Electronic Data Interchange (EDI) Agreement for LogistiCare Transportation Providers

This is to certify that _____ of
(Company Name)

_____ on
(Street Address) (City) (State) (Zip Code)

the _____ day of _____, 20____, agrees to the following conditions for the submission of electronic transactions to LogistiCare Solutions, LLC.

1. The Transportation Provider acknowledges that certain information transmitted under this Agreement may be protected by the Health Insurance Portability and Accountability Act (“HIPAA”) and agrees to comply with all relevant requirements of HIPAA and its regulations, including but not limited to:

- Implementing administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in connection with performing services for LogistiCare;
- Ensuring that any agent, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect it;
- Reporting to LogistiCare any security incident of which it becomes aware;
- Agreeing that this agreement and any other agreement with LogistiCare may be terminated if LogistiCare determines that the Transportation Provider violated a material term of this contract.

2. The Transportation Provider is not to be construed as an agent of LogistiCare Solutions, LLC by virtue of this agreement. This agreement only governs the terms under which the undersigned Transportation Provider may submit electronic transactions while performing services for LogistiCare Solutions, LLC.

3. Access to LogistiCare’s secure website may be terminated at any time by LogistiCare Solutions, LLC with or without cause or notice. Providers must ensure that any PC used to access the site is fully up-to- date with all Microsoft operating systems patches and has updated anti-virus software such as Symantec (Norton) or McAfee.

4. The undersigned Transportation Provider agrees to use the system in accordance with the instructions of LogistiCare and understands the intentional entry of invalid or false information is unlawful and may have significant adverse legal repercussions. The Transportation Provider is responsible for ensuring that its employees or agents use the system correctly. Contracted Transportation Providers may be assessed liquidated damages in accordance with their transportation contract with LogistiCare for improper reporting or improper invoicing.

5. Each user of the secured electronic systems must have his or her individual user id and password which is kept confidential. There can be no “shared” logins.

6. The Transportation Provider will promptly notify LogistiCare Solutions by fax of any EDI users who have left the company so their access to electronic systems can be terminated. Promptly is defined as a maximum of 2 business days.

7. This agreement will become effective when executed by both parties and may be amended only in writing similarly executed.

TRANSPORTATION PROVIDER

LOGISTICARE SOLUTIONS, LLC

(Print Name of Company)

(Signature of Authorized Representative)

(Signature of Owner or Official)

(Printed Name of Owner or Official)

(Printed Name of Authorized Representative)

Title of Auth. Representative Date

Title of Auth. Representative Date

LogistiCare EDI User Form

Please Type or Print Clearly

*These fields are required

*Date: _____

*Provider Name: _____

*Mailing Address: _____

*Phone Number: _____

*Fax Number: _____

LogistiCare Provider Number: _____

*Access: Select from the following options below.

- | | |
|---|--|
| <input type="checkbox"/> Add New User | <input type="checkbox"/> Re-activate Existing User Login |
| <input type="checkbox"/> De-activate User | <input type="checkbox"/> Password Reset |

*Last Name: _____

*First Name: _____

Username: _____ (For existing users)

*Authorized Signature: _____

(From Operational Information Form)

Fax to LogistiCare External Stakeholder Support at: 877-637-9094

NOTE: This form will be completed by LogistiCare Solutions, LLC and faxed back to the fax number provided at the top. Please be sure to supply a fax number where the return fax can be secured until given to the user.

TO BE COMPLETED BY LOGISTICARE SOLUTIONS, LLC:	
User ID Assigned:	
Temporary Password:	
Date Completed & Completed By:	

Provider Web Site and EDI Support

We have set up a contact point at LogistiCare Solutions, LLC for questions and concerns about the EDI Forms, the web sites, and user logins.

You can call or email the below contact for the following issues:

- Questions about how to fill out the EDI forms
- Questions on the status of your EDI application
- Questions about user logins
- To report that the web site is down
- To request a copy of the web site Users Guide
- Questions about inactive accounts
- Changes to Operational Information

Please **do not** call the below contact for the following types of issues:

- Questions about your PCs or Internet connection
- Questions about your Electronic Fund Transfer
- Questions about your payments or any billing issues

Transportation Provider Support

Phone: 866-216-7867

Email: ITproviderEDI@logisticare.com

- Support Hours: 06:00 am to 11:00 pm Eastern and voice mail after hours. Please allow up to 4 business hours for a return call or return email.
- Any changes in Operational Information require a new Operational Information form to be completed and returned to LogistiCare.
- If a user login has been inactivated due to a lack of activity, an EDI User form is required to have the login re-activated.

Any issues or questions you have that are not included in the list of approved items for this contact point should be directed to your Regional Manager or Transportation Manager.