



Transforming Lives. Building Community Well-Being.

Provider Direct System Administrator Designee Request Form

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RESPONSIBILITIES





This form is to be used for requesting access to Provider Direct system as System Administrator. Please note as a System Administrator you have certain responsibilities in TBS Provider Direct.

These responsibilities include:

- 🌱 Creating logins, deactivating logins and assigning security roles for your staff
 - 🌱 Ensuring staff complete online trainings as they relate to their role within your organization
 - 🌱 Conducting periodic audits of user login accounts
 - 🌱 Conducting cleanup of un-submitted/returned records that are no longer valid
1. It is the responsibility of the Provider Agency to ensure they have a current and active Trading Partner Agreement on file with Trillium Health Resources.
 2. It is the responsibility of the user requesting access to Provider Direct to complete the required Provider Direct System Administrator training on Provider.MyLearningCampus.org (Trillium’s online training platform) and submit that certificate of completion with this request.
 - 🌱 To request initial access to our training platform, please complete the form found [here](#).
 - 🌱 For more information or questions regarding gaining access to Provider.MyLearningCampus.org to complete the training, please reach out to TrainingUnit@TrilliumNC.org.
 3. Each provider organization should have a minimum of 2 system administrators, except in the case where the organization consists of 1 staff member such as an LIP. Larger organizations may have up to a maximum of 4 system administrators based on the number of staff.
 4. It is the responsibility of the provider organization to immediately notify Trillium Health Resources when a System Administrator leaves the organization so that user ID can be terminated.
 5. According to HIPAA (Health Information Portability and Accountability Act) regulations, access to enrollee information is on a “Need-To-Know” basis. It is the responsibility of the provider organization to access only individuals who are enrolled with that organization. It is unethical and against HIPAA regulations to access any other person's information.



6. It is the responsibility of the provider organization to ensure accurate and valid data input.
7. It is the responsibility of the provider organization to maintain the computers that have the capacity to perform these functions for its users. Trillium Health Resources is responsible for ensuring the systems are working properly and connectivity to the systems can be established. The internet access is a secure connection for both of these sites.
8. Internet access with a minimum speed of 3 megabits per second and acceptable browsers to be used with Provider Direct are:

 Current version of Google Chrome	 Current version of Apple Safari
 Current version of Microsoft Edge	 Current version of Mozilla Firefox
9. Virus protection software which updates automatically on a daily basis is required on the computer being used to connect with Trillium.
10. Any infraction of this agreement can result in the removal of the ability for the user to access Provider Direct.

PROVIDER ORGANIZATION INFORMATION

It is important that you designate two system administrators who will be responsible for creating user logins for Provider Direct users that work for your organization. Please return this form to PDsupport@TrilliumNC.org or FAX to 252-215-6874

Agency Name: _____ Provider #: _____

* The Provider # in PD; if you do not know that number, leave it blank.

Agency Address: _____

City: _____

SYSTEM ADMINISTRATOR INFORMATION

System Administrators are restricted to employees of your agency. Third party billers/staff cannot be designated as System Administrators for your login accounts.

SYSTEM ADMINISTRATOR NAME		SYSTEM ADMINISTRATOR'S CORPORATE EMAIL (This must be a unique email account, not shared)	
System Administrator's Preferred email - alerts & password resets (<i>not shared</i>)			Telephone
If you forget your password and need to have it reset, we will ask you for the answer to one of the following secret questions. Please answer <u>at least one</u> of the following questions			
1. What is your favorite pet's name?			
2. What city were you born in?			
3. Who was your first boy/girl friend?			
By signing below, I agree to the responsibilities on the first page.			
Staff Signature:			Date

Is the staff listed above replacing a previous/current System Administrator? Yes No. If Yes, please identify the System Administrator who is being replaced in the boxes below. Please be aware that the logins associated with the person(s) listed below will be made inactive.

NAME	COMPANY EMAIL	TELEPHONE

SIGNATURE APPROVING AUTHORITY

NOTE: This form will not be processed without the signature of the Organization Owner/Supervisor below.

The undersigned acknowledges that he/she is duly authorized to execute this form on behalf of Provider and is authorized to bind Provider to the responsibilities set forth herein. If the System Administrator leaves your agency, you are responsible for immediately notifying Trillium so the permissions will be terminated.

Authorized Agency Officer Name: _____

Officer Title: _____

Officer Telephone: _____ Officer Signature: _____