

# UPHP

Volunteer Driver

2025

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## APPLICATION & POLICY INFORMATION

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## **UPHP VOLUNTEER DRIVER POLICY AGREEMENT**

Upper Peninsula Health Plan (UPHP) volunteer drivers are very important links in assuring that our members receive needed medical services. We want the volunteer experience to be positive for everyone involved. We expect both our drivers and members to adhere to our Transportation Rules and Regulations and Driver Policy Agreement to help make the experience enjoyable and well organized.

As a volunteer UPHP driver, I agree to adhere to the terms and conditions set forth below. I realize that failure to comply with these terms and conditions may result in termination of my volunteer status with UPHP.

- I will maintain all proper registration, insurance, possess a valid Michigan driver's license, and provide a copy of this information annually.
  - Volunteer drivers must be over the age of 19.
- I will obey all traffic rules and regulations while operating a vehicle.
  - I will not operate a motor vehicle without proper registration, insurance and possession of a valid Michigan driver's license.
  - I will not operate any motor vehicle while using or under the influence of alcohol, illegal drugs or prescribed medication where driving would be impaired or contraindicated by a physician.
  - I will comply with all Michigan laws requiring seat belts and child safety seats.
  - I understand that all fees incurred due to parking violations and traffic violations are my sole responsibility.
  - I will report any changes regarding personal status related to new felony convictions, misdemeanor convictions, probation, or child abuse/neglect registration, etc. to UPHP immediately.
- I will report immediately or as soon as able any vehicle accidents, injuries, or significant incidents that occur while transporting members to UPHP and call 911.
- I will report to UPHP within two days, any of the following changes:
  - Changes which would prevent the ability to drive safely including loss or restrictions of a valid driver's license or auto insurance.
- I will keep my vehicle clean and in top working order.
- I will dress tidy and maintain proper cleanliness.
- I will carry my UPHP Volunteer Driver ID badge during every transport.
- I will hang my UPHP window decal on a passenger window while waiting to pick up a member so they know I am a UPHP volunteer driver.
- I will obtain prior approval from UPHP for any ride alongs (family, friends, etc.) when transporting UPHP members.
- I will be responsible for recording all volunteer time and information accurately.

- I will be responsible for calling the member after accepting the transport **and again** at least two or more days prior to the appointment date to confirm pickup time and to confirm address and directions. If you are unable to reach the member, notify UPHP. **Do not attempt the run if you are unable to reach the member.**
- I will notify UPHP Transportation of any “dry runs”.
  - A dry run is a transport in which the member is either not home or unable to go to an appointment, but fails to cancel the transport in advance.
- I will always think about safety first. I will use my best judgment when, my health, weather or road conditions are poor.
  - If you are uncomfortable driving due to poor road conditions, please call UPHP Transportation right away. UPHP will not arrange another driver. We will offer the member reimbursement if they are able to find a friend or family member to transport.
  - If you need to cancel due to vehicle issues, an emergency, or illness, etc., please contact UPHP as soon as possible. UPHP will attempt to find another volunteer driver if time permits.
  - Leave for the member pick up early enough to get to an appointment without rushing.
  - Remember that your sense of timing may not be the same as the members.
- I will respect the member’s right to be treated with dignity. I will keep patient confidentiality and will not disclose personal or medical information obtained while volunteering to anyone besides UPHP staff.
- I understand and accept the members with whom I come in contact with may have different cultures, values and environments that can differ significantly.
- **I will treat UPHP staff, UPHP members and all medical care providers with respect at all times. Verbal or physical abuse will not be tolerated.**
- I will remember that I am a representative of UPHP and are expected to remain professional at all times.
- I will report any verbal or physical abuse by a member, or person I am transporting to UPHP immediately.
  - Expect to be treated with respect. Do not tolerate any verbal or physical abuse.
  - Please see the attached copy of the member rules and regulations which all members must follow.
- I understand if an accident or incident is reported to UPHP by a member, UPHP is required to document the experience, and law enforcement may be contacted.
- I understand that mileage reimbursement is only for mileage actually incurred; transporting two members at the same time does not allow for double mileage.
- I understand that UPHP, volunteer drivers and members are not responsible for any lost or stolen items.
- I understand that I am a volunteer driver, not a UPHP employee and may be dismissed at any time.

- I will NOT transport any member under 18 years of age unless a parent or guardian accompanies the member.
- I will not take the member anywhere unless authorized by UPHP. This includes provider offices directing you to take the member elsewhere. You must notify UPHP prior to transporting to additional locations.
- I will not allow another individual to drive my vehicle while transporting a member.
- I will not give money, lend money or purchase items for meals for members. Members are made aware in advance of what assistance is available for meals and any hotel cost that may be their responsibility prior to departure.
- **I will not assist the member in or out of the vehicle.**
  - The member must be capable of getting him/herself in and out of the vehicle without assistance.
    - If member needs assistance they need a friend, family or caregiver to provide assistance.
  - Drivers willing and able to lift up to 40 pounds may assist with loading and unloading of mobility or oxygen devices. Drivers can attest to this on the driver questionnaire and will be taken into account when looking for driver.
- **I will not sign out members from any required procedures.**
- I will not smoke or allow smoking in the vehicle.
  - You may stop for cigarette breaks.
- I will not reach out to UPHP members or their family through social media for any reason.
- I will not make any marketing materials specifically related to UPHP or its logo.
  - This includes business cards, car stickers, window clings etc.
  - Volunteer drivers should place their UPHP issued Volunteer Driver window cling on a passenger side window while waiting for transports.
- I authorize background checks and motor vehicle reports to be conducted by the State of Michigan and UPHP at their discretion.

\_\_\_\_\_  
Volunteer Driver's Name (print)

\_\_\_\_\_  
Volunteer Driver's Signature Date

**PLEASE SIGN AND RETURN TO UPHP**

**UPHP VOLUNTEER DRIVER POLICY AGREEMENT**

## **UPHP VOLUNTEER DRIVER POLICY AGREEMENT**

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  - I will comply with all Michigan laws requiring seat belts and child safety seats.
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- I will report immediately or as soon as able any vehicle accidents, injuries, or significant incidents that occur while transporting members to UPHP and call 911.
- I will report to UPHP within two days, any of the following changes:
  - Changes which would prevent the ability to drive safely including loss or restrictions of a valid driver's license or auto insurance.
- I will keep my vehicle clean and in top working order.
- I will dress tidy and maintain proper cleanliness.
- I will carry my UPHP Volunteer Driver ID badge during every transport.
- I will hang my UPHP window decal on a passenger window while waiting to pick up a member so they know I am a UPHP volunteer driver.
- I will obtain prior approval from UPHP for any ride alongs (family, friends, etc.) when transporting UPHP members.
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- I will be responsible for calling the member after accepting the transport **and again** at least two or more days prior to the appointment date to confirm pickup time and to confirm address and directions. If you are unable to reach the member, notify UPHP. **Do not attempt the run if you are unable to reach the member.**
- I will notify UPHP Transportation of any “dry runs”.
  - A dry run is a transport in which the member is either not home or unable to go to an appointment, but fails to cancel the transport in advance.
- I will always think about safety first. I will use my best judgment when, my health, weather or road conditions are poor.
  - If you are uncomfortable driving due to poor road conditions, please call UPHP Transportation right away. UPHP will not arrange another driver. We will offer the member reimbursement if they are able to find a friend or family member to transport.
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    - If member needs assistance they need a friend, family or caregiver to provide assistance.
  - Drivers willing and able to lift up to 40 pounds may assist with loading and unloading of mobility or oxygen devices. Drivers can attest to this on the driver questionnaire and will be taken into account when looking for driver.
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- I will not smoke or allow smoking in the vehicle.
  - You may stop for cigarette breaks.
- I will not reach out to UPHP members or their family through social media for any reason.
- I will not make any marketing materials specifically related to UPHP or its logo.
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**PLEASE RETAIN THIS COPY FOR YOUR RECORDS**

UPHP VOLUNTEER DRIVER POLICY AGREEMENT

## VOLUNTEER DRIVER PROCESS

Non-Emergent Medical Transportation (NEMT) is a benefit for UPHP Members. UPHP transportation coordinators will arrange the most economical means, while taking the members special medical needs into consideration. The first option will always be mileage reimbursement, this is used if a member has access to a vehicle, whether it be themselves or through a friend, family member or neighbor. The next option would be arranging a transport. This can be obtained through bus, taxi service or the UPHP volunteer driver network.

- Upon a UPHP member requesting a transport, and a volunteer driver is determined to be the need, a transportation coordinator will reach out to drivers showing available in our system for the transport. UPHP contacts the closest driver to the member's residence that suits their needs. If a coordinator cannot reach a driver, they will leave a message. **Please check voicemails frequently, and return calls to UPHP to either accept, or decline the transport.**
  - Please note, we do not reserve runs. We can take requests for certain drivers, but must use the most economical means that suit the members' needs to schedule transports.
  - If you have a vested interest in a member, and are wishing to take them to their appointments, UPHP will not arrange this transport, the member should follow the mileage reimbursement request process. A vested interest is considered someone who is a relative or close friend of a beneficiary and has a personal stake or interest in the livelihood or resides in the same home as a beneficiary.
- **If you agree to accept a run, it is your responsibility to keep track of the appointment information, and to contact member as soon as possible (preferred same day) to arrange pick up once you accept the ride. You also are required to call the member at least two days prior to the appointment to confirm pickup time.**
  - Please note that UPHP does not give volunteer driver phone numbers to members, however, they sometimes acquire them in other ways. If a member calls you to arrange transportation, even if urgent, please redirect the member to the UPHP Transportation department at 1-800-835-2556 or call 911 if an emergency.
  - Under no circumstances should you ever reach out through social media to contact a member, or a family member.
- UPHP will populate the mileage information prior to the appointment using a computer program mileage calculator. This will be the mileage used to calculate reimbursement. Mileage will be calculated from the drivers address to the member address to the drop-off address (round trip) and rounded up to the nearest mile. If there are changes in the mileage due to circumstances beyond your control (i.e. detour due to construction), please note this on the form. UPHP will review these instances on a case-by-case basis.
- You will receive a Transportation Reimbursement Request form (TRR) in the mail a few days after you confirm the ride. The provider or office staff must sign and date this form. The completed form and applicable receipts must be returned to UPHP postmarked within 30 days from the date of the medical appointment. If the reimbursement form is not received in time for the transport, please ask the member to get a note from the provider office stating they attended the appointment. You can attach this note to your TRR.
  - Please refer to the Volunteer Driver Reimbursement Rate table in the following pages for mileage, meals and lodging rates and guidance.
  - Lodging:
    - In most cases, a UPHP transportation coordinator will arrange lodging for the driver and member. In the event this is not possible for the driver, UPHP may reimburse up to the

amount listed in the reimbursement table. If the driver finds his/her own lodging, receipts must be submitted to UPHP for reimbursement. **If hotel is booked online, you must include online receipt AND receipt or verification of check in or out from hotel.**

- Meals:
  - A driver is always eligible for a meal per diem(s) with each transport he/she **completes** for UPHP, receipts are required. Meal reimbursement is determined by the transportation coordinator. See the Reimbursement Table to become acquainted with the current rates and meal schedule. UPHP has the right to change the rates and schedule at any time, without notice. Receipts must be itemized. UPHP cannot pay for alcohol, tobacco or items purchased with a bridge card.
- Parking and Toll Receipts
  - When submitting receipts for parking or tolls, please attach original receipts
  - UPHP is now accepting MacPass statements. You can receive these by stopping in the Mackinac Bridge Customer Service Center, or printing your statement online at [macpass.mackinacbridge.org](http://macpass.mackinacbridge.org).
    - Please note that UPHP will only pay the passage for the date on the TRR that you are submitting it under. If submitting multiple TRR's and they are on the same statement, please attach a statement to each TRR.
- Report to UPHP any “dry runs.” A dry run is a transport in which the member is either not home or unable to go to an appointment, but fails to cancel the transport in advance.
  - If the member does not come out for the transport, and does not answer their phone, notify UPHP right away. UPHP will submit the form to our Claims Department to reimburse mileage from your residence to the member's residence round trip. You will not need to return your form to UPHP, and it can be destroyed.
- Transportation expenses are reimbursed within 30 days from the date the completed transportation form is received by UPHP.

**PLEASE KEEP FOR YOUR RECORDS**

## Volunteer Driver Reimbursement Rates

UPHP follows the Michigan Department of Health and Human Services (MDHHS) reimbursement rates. The current reimbursement rates are listed below. These rates are subject to change at any time without notice to our volunteer drivers or members of UPHP. When submitting receipts for reimbursement they must be the original, itemized list of items received including cost of each item, and must include business name, address, and date of purchase. Items purchased with state-issued bridge cards are unable to be refunded. UPHP does not reimburse for alcohol or tobacco. Funds from one category cannot be shifted to cover an overage in another; i.e. meal money cannot be used to cover lodging expenses.

Volunteer Driver reimbursement requests must be complete in full in order to obtain reimbursement. Volunteer Driver reimbursement requests should be submitted to UPHP within 30 days following the appointment(s) to receive reimbursement timely.

**Reimbursement Calculation Table**

<b>TYPE</b>	<b>CRITERIA</b>	<b>RATE</b>
Mileage (member) or an individual with a vested interest (i.e. close friend or family*)	Calculated at "cents per mile"	\$0.70
Mileage (volunteer)	Calculated at "cents per mile"	\$0.70
Breakfast	Midnight to 10:30 a.m.	\$8.50
Lunch	10:30 a.m. to 5 p.m.	\$8.50
Dinner	5 p.m. to Midnight	\$19.00
Full Day	24 hours and/or overnight stay	\$36.00
Miscellaneous	Parking & Toll Charges	Receipt value
Lodging**	Calculated at "Per night" rate – Member/Driver	\$75.00

**All transport requests are to be approved in advance.**

**All UPHP volunteer drivers are guaranteed reimbursement for at least one meal per transport. Meal(s) reimbursement will be determined by the transportation coordinator. All receipts for meals, lodging, parking or bridge tolls must be dated, itemized receipts and returned with TRR.**

**DEFINITIONS:**

**\*Dry run:** A dry run is a transport in which the member is either not home or unable to go to an appointment but fails to cancel the transport in advance.

**\*Vested Interest:** A volunteer driver who is a relative or close friend of a beneficiary and has a personal stake or interest in the livelihood or resides in the same home as the beneficiary.

**\*\* Overnight Visits/Lodging:** In most cases, the UPHP transportation coordinator will arrange lodging for the driver and member. In the event this is not possible for the driver, UPHP may reimburse up to the amount listed in the table, or a negotiated rate based on available services or the most economical rate in the city/town of stay. If a driver finds his/her own lodging, **receipts must be submitted to UPHP for reimbursement. If hotel is booked online, you must include online receipt AND receipt or verification of check in or out from hotel.**



# UPHP VOLUNTEER DRIVER QUESTIONNAIRE

For new drivers providing new application, please fill out the questionnaire and include all required documents in the "Volunteer Questionnaire Checklist". The direct deposit request form and registration for the UPHP Assist portal are optional. If you request direct deposit you will receive your payment stubs electronically through the UPHP Assist portal, where you can also status your reimbursement.

### Contact Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

### Assigned Driver Type:

- Volunteer Driver
- AFC Home Only
- AFC Home and Volunteer Driver

### Driver Availability Schedule: (Check day, circle time frame)

- |  |         |           |         |
|--|---------|-----------|---------|
| <input type="checkbox"/> Monday              | Morning | Afternoon | All Day |
| <input type="checkbox"/> Tuesday             | Morning | Afternoon | All Day |
| <input type="checkbox"/> Wednesday           | Morning | Afternoon | All Day |
| <input type="checkbox"/> Thursday            | Morning | Afternoon | All Day |
| <input type="checkbox"/> Friday              | Morning | Afternoon | All Day |
| <input type="checkbox"/> Occasional Saturday | Morning | Afternoon | All Day |
| <input type="checkbox"/> Occasional Sunday   | Morning | Afternoon | All Day |

### I have been a volunteer driver with UPHP in the past:

- True  False

### I am able to take the following transports (check all that apply):

- Short distance (less than 60 miles round trip)
- Long distance (greater than 60 miles round trip)
- Overnight transports

### I can accommodate the following (check all that apply):

- Folding wheelchairs
- Motorized wheelchairs
- Walkers
- Therapy pets
- Special car seats- adult car seat

**Volunteer Questionnaire Checklist:**  
 I have enclosed the following documents:

- Copy of current driver's license
- Copy of current insurance certificate
- Copy of current vehicle registration
- Signed UPHP Volunteer Driver Background Consent
- Signed UPHP Volunteer Driver Policy Agreement
- Signed UPHP Volunteer Driver HIPAA Attestation
- Signed UPHP NEMT Driver Attestation
- Optional: Direct Deposit Request
- Optional: UPHP Assist Access

**I am willing to transport the following members (check all that apply):**

- Male members only     Female members only     Both Male and Female members

**Are you able and willing to lift up to 40 pounds? (Mobility and/or oxygen devices)**

- True     False

**Please list other agencies that you currently volunteer for:**

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**Please add any additional information that you think we should be aware of:**

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**How did you hear about volunteering for UPHP?**

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**Volunteer Driver Photo**

Submit a chest up photo to [uphnemt@uphp.com](mailto:uphnemt@uphp.com). Make sure it is well lit, with no distractions in the background or choose to arrange a time to come into UPHP to have a photo taken. This is for your volunteer driver badge, which you should wear during transports.



- I will email a photo to UPHP     I would like UPHP to take my photo

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SIGN AND RETURN TO UPHP**



## **VOLUNTEER DRIVER RELEASE**

As a volunteer for Upper Peninsula Health Plan (UPHP), I understand that I am not an employee of UPHP, and not covered by worker's compensation, unemployment insurance, or UPHP benefits. My services are on a volunteer basis without payment or the desire of establishing an employment relationship with UPHP and I may be dismissed at any time

As a volunteer, I will be providing transportation for UPHP members to enable them to receive medical services. I understand I am not responsible for financial or physical assistance to UPHP members. I agree to obey motor vehicle laws governing the transportation services.

As a volunteer, I may be exposed to risks associated with transporting UPHP members and I accept these risks. I assume full responsibility for any injuries or losses, anticipated or unanticipated, which result from or arise out of my service as a volunteer and will not hold UPHP responsible.

Issues related to UPHP are confidential. I understand I cannot discuss any patient-related information with anyone other than UPHP staff. Under **NO** circumstances should I ever reach out via social media to contact a member or a member's family.

I have read and understood this release agreement and knowingly consent by signing below.

\_\_\_\_\_  
*Signature of Volunteer Driver*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Volunteer Driver*

**PLEASE SIGN AND RETURN TO UPHP**



# VOLUNTEER DRIVER BACKGROUND CONSENT

I, \_\_\_\_\_, on \_\_\_\_\_  
*(Print Name)* *(Date)*

authorize the release of driving records and criminal history information to Upper Peninsula Health Plan (UPHP) as long as I remain a volunteer driver with UPHP. I understand that the Michigan Department of State Police will conduct this search. All information gathered will be held in the strictest confidence by UPHP. The following information is provided freely to UPHP to be used in the process of the driver's license and criminal history search.

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Race/Nationality:** \_\_\_\_\_

**Sex:**  Male  Female

\_\_\_\_\_  
*Signature of Volunteer Driver Applicant* Date: \_\_\_\_\_

**CONFIDENTIAL  
Need-To-Know**

**PLEASE SIGN AND RETURN THIS COPY TO UPHP**

## **What is HIPAA and how does it affect UPHP Volunteer Drivers?**

HIPAA is the acronym for Health Insurance Portability and Accountability Act (HIPAA). It is a federal law protecting against the unlawful sharing of a patient's personal information and establishing protection of patient confidentiality. All medical providers, hospitals, health plans, and business associates must follow the HIPAA privacy rule.

As a UPHP non-emergency medical transportation (NEMT) provider, you must comply with the HIPAA rule because you are providing services on behalf of UPHP and are exposed to member's personal information every time you provide transport.

What is considered personal information?

- Member Name and Address
- Appointment information, including location, date and time.
- Any medical information, including, but not limited to diagnosis, treatment, and treating physician.

What you must do to protect a member's personal information:

- Keep UPHP transportation forms in a safe, secure place. Contact UPHP Transportation at 1-800-835-2556 right away if you misplace the form.
- Never discuss a members transport or personal information with anyone besides UPHP and the member.
- Never post on social media about members you are transporting.
- Never outreach to the member or their family, unless it is for arranging a pick up time.

The HIPAA privacy rule applies to information shared verbally or in writing. If you believe a member's information has been disclosed in violation of HIPAA, contact UPHP Transportation right away. HIPAA violations may require disciplinary action, up to and including termination as a UPHP NEMT driver.

**Upper Peninsula Health Plan**  
**Annual Volunteer Driver Attestation**  
**HIPAA Privacy and Security**

The Upper Peninsula Health Plan (UPHP) is a covered entity as defined by the Health Insurance Portability and Accountability Act (HIPAA). As such, UPHP and its volunteers must comply with HIPAA requirements to protect the privacy and security of member health information. UPHP must provide HIPAA education and training to any and all volunteers who are exposed to member protected health information (PHI).

This form documents that you understand and will abide by UPHP HIPAA privacy standards. You must attest to this below. Complete attestation and return to UPHP Transportation.

**Volunteer Driver Name (please print):**

\_\_\_\_\_

I understand that I may be exposed to a member's personal identification information (PII) and a member's protected health information (PHI) while transporting a member. I attest I understand and agree to abide by UPHP HIPAA privacy standards and will keep all member information protected and will refrain from discussing this information with others not involved in the member's care.

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date



# NON-EMERGENT MEDICAL TRANSPORTATION (NEMT) ATTESTATION

You, or your agency, have agreed to provide transportation to Upper Peninsula Health Plan (UPHP) members. Any agency or individual transportation provider that offers non-emergent medical transportation (NEMT) to UPHP members must meet specific requirements. You, or your agency, must attest to meeting the following driver requirements:

1. You, or each provider at your agency, is not excluded from participation in any federal health care program, is not listed on the MDHHS sanctioned provider list, and is not listed on the exclusion list of the Inspector General of the Department of U.S. Health and Human Services; and
2. You, or each provider at your agency, has a valid driver’s license; and
3. You, or each provider at your agency must not have been convicted under a federal or state law after August 21, 1996, for a felony criminal offense relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and
4. You, or each provider at your agency, must disclose and report any felony conviction related to a controlled substance to UPHP; and
5. You, or each provider at your agency, must disclose to UPHP driving history, including any traffic violations.
  - a. A family member or foster parent with traffic violations may receive reimbursement for NEMT if:
    - i. Member consents to the family member or foster parent providing NEMT after convictions are disclosed or
    - ii. Member’s legally responsible party consents if the member is unable to consent
6. Drivers who have any of the following convictions in the past two years will be excluded as an NEMT provider:
  - a. More than two moving violations
  - b. Operating While Intoxicated (OWI)
  - c. Driving Under the Influence (DUI)

## DRIVER INFORMATION

Driver Name (as it appears on drivers license): \_\_\_\_\_

Driver Date of Birth (DOB): \_\_\_\_\_ Driver Phone: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Driver City, State, Zip: \_\_\_\_\_

By signing this form, I attest that I, or any provider at my agency, meets the above requirements. In the event I am required to make a report, I will contact the UPHP transportation department at 1-906-225-7085 immediately.

Individual Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Agency Name (if applicable): \_\_\_\_\_

**UPHP appreciates your help to ensure our members receive the care they need.**

Returned completed and signed form to:  
853 W. Washington Street  
Marquette MI 49855.

If you have any questions please call the  
UPHP Transportation Department at  
1-800-835-2556.



# DIRECT DEPOSIT AUTHORIZATION

By signing this form, I allow Upper Peninsula Health Plan (UPHP) to make direct payments to my bank account. This form is good until I tell you to stop. Payment status and history can be viewed online at any time on the UPHP Assist Portal at <https://assist.uphp.com>. **Please fill out the details below and include a voided check or a letter from your bank with your account details.**

I know and agree that if my bank details change, I will submit a new form to UPHP right away.

**MEMBERS:** If my bank returns the payment, I know UPHP may not allow me to receive direct payments in the future.

**TRANSPORT PROVIDER:** If my bank returns the payment, I know I will return to paper checks and will be charged a \$15 fee per returned payment.

## Personal Information

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Email: \_\_\_\_\_

## Bank Account Information

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

## Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

If you have questions, you can contact your Care Coordinator or call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

**You can get this document free of charge in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.**

### THIS FORM WAS REVOKED

*By signing this form, I am revoking my choice for UPHP to make direct payments into my bank account. I know I am choosing to receive payment from UPHP in the method of a paper check.*

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of UPHP Staff: \_\_\_\_\_ Date: \_\_\_\_\_



# ACCESS REQUEST FORM

UPHP Assist is a full-service portal for members and providers, providing easy access to their UPHP specific information. Specifically, for Non-Emergent Transportation vendors, you will have the ability to status your transportation payment information, such as payment status, check amount and evidence of payment (EOP). Please fill out the below vendor information in its entirety. Once UPHP staff have reviewed your request, you will receive a log in email along with a temporary password. You can then log into your account at any time at [assist.uphp.com](http://assist.uphp.com).

## VENDOR INFORMATION

**First and Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing this form, I am giving UPHP permission to generate an account with UPHP Assist.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UPHP OFFICE USE ONLY**

UPHP has reviewed and approved the attached document, authorizing the legitimacy of this UPHP Non-Emergent Medical Transportation vendor.

**UPHP T-Vendor:** \_\_\_\_\_

**Signature of UPHP Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NON-EMERGENT MEDICAL TRANSPORTATION RULES

The Upper Peninsula Health Plan (UPHP) provides non-emergent, medical transportation (NEMT) to medically necessary, covered services for UPHP members. UPHP provides NEMT via mileage reimbursement or rides. Mileage reimbursement is available for members who have a vehicle, or a friend, family member or neighbor willing to transport them. Rides are available for members who do not have a vehicle or someone to transport them. Follow the steps below to request reimbursement or a ride. If you have any questions, please call the UPHP Transportation Department at 1-800-835-2556.

### TO REQUEST MILEAGE REIMBURSEMENT:

- Complete a UPHP Mileage Reimbursement Request Form. Forms are available online at <https://www.uphp.com/transportation/> or via mail by contacting the UPHP Transportation Department at 1-800-835-2556.
- If a friend or family member is the driver, include their information in the Driver Information section to receive payment.
  - All friends, family members or neighbors offering transport must complete an NEMT Attestation Form before UPHP can process payment. A NEMT Attestation Form will be mailed with a self-addressed stamped envelope to the friend, family member or neighbor.
- Obtain proof of appointment from the provider office. UPHP will accept a signed or stamped mileage reimbursement form or office note. Proof is required for reimbursement. Original, dated bridge toll or parking receipts must be included with the form to receive reimbursement.
- Submit forms and proof within 12 months from the date of the appointment to UPHP online at <https://www.uphp.com/transportation/> or mail to UPHP at 853 W. Washington Street, Marquette, MI 49855.
- UPHP will process your form within 30 days of receipt.
- View the status of your reimbursement anytime on the UPHP Assist Portal at <https://assist.uphp.com>.

### PLEASE NOTE:

- You may go to any network provider, but UPHP will only pay up to 80 miles roundtrip for routine care.
- Mileage is calculated from the member's home address to the appointment using Google Maps.
- UPHP reimburses at the Michigan Department of Health and Human Services (MDHHS) NEMT fee schedule. Rates are subject to change without notice. You can access the fee schedule here: [Non-Emergency Medical Transportation \(michigan.gov\)](#).

### TO REQUEST A RIDE:

- Enter your request at <https://www.uphp.com/transportation/> at least five days prior to the appointment or call the UPHP Transportation Department at 1-800-835-2556. UPHP will set up rides by bus, cab or volunteer driver. Please call for any urgent requests. For all urgent requests, UPHP will attempt to find a ride, but at least offer mileage reimbursement.
- Submit a Medical Needs Form to UPHP if needed to support specialized transportation.
  - If UPHP sets up a volunteer driver, the volunteer driver will contact you prior to appointment to arrange a pickup time.
  - If UPHP sets up a volunteer driver, they will receive a form in the mail which must be signed or stamped by the provider's office or pharmacy.
- Call UPHP right away if there is any change in your appointment date and time.

