



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.