PrimeWest HEALTH™
Your greater Minnesota health plan

3905 Dakota St
Alexandria, MN 56308
primewest.org

Non-Emergency Medical Transportation (NEMT) Provider Questionnaire

After completing the questionnaire, click the *Submit* button to send a copy to PrimeWest Health. The submit feature will not work unless you have downloaded the form. You may also email a copy to **contracting@primewest.org**. Thank you.

Name of organization: _____ Tax ID#: _____

1. Does your transportation service utilize a call center? ❑ Yes ❑No

   a. If yes, please indicate the physical location of the call center.

   _____

2. Does your transportation service own the vehicles used for transporting PrimeWest Health members, or do the individual drivers own the vehicles?

   _____

3. Does your transportation service maintain vehicle maintenance logs? ❑ Yes ❑No

4. Have you reviewed the *PrimeWest Health-Administered NEMT* section of the PrimeWest Health ***Provider Manual***? ❑ Yes ❑No

   a. If no, please review this section of the ***Provider Manual*** at **https://primewest.org/pwh-administered-nemt**

5. Have you received a login to the PrimeWest Health Provider Web Portal? ❑ Yes ❑No

   a. If yes, have you logged in? ❑ Yes ❑No

   b. If no, would you like to be contacted by a PrimeWest Health staff person to assist you with this? ❑ Yes ❑No

6. PrimeWest Health NEMT providers submitting claims for modes 3 – 7 are required to complete a NEMT Driver Roster. The Driver Roster must be submitted electronically to PrimeWest Health on the first day of each month. PrimeWest Health will not accept paper copies once contracted.

   a. Would you like to be contacted by a PrimeWest Health staff person to answer questions about Driver Roster requirements? ❑ Yes ❑No

7. Does your transportation service conduct training on fraud, waste, and abuse and how staff/drivers can report concerns? ❑ Yes ❑No

    a. If yes, please list the trainings and frequency:

    _____

    _____

8. Does your transportation service utilize an electronic source to calculate driving directions and mileage? ❑ Yes ❑No

    a. If yes, please explain. _____

9. What software do you use for trip logs?

    _____

    _____

10. Are your drivers dispatched to the service area or are drivers located throughout your service area? ❑ Yes ❑No

    a. If yes, please list each garage location

    _____

    _____

    _____

11. Please list the counties in your service area.

    _____

    _____

    _____

12. Please select the modes of transportation you are able to provide to members.
    - ❑ Mode 3 – Unassisted
    - ❑ Mode 4 – Assisted
    - ❑ Mode 5 – Wheelchair
    - ❑ Mode 6 – Stretcher
    - ❑ Mode 7 – Protected

13. For modes 4 – 7, does each driver have an individual Unique Minnesota Provider Identifier (UMPI)? ❑ Yes ❑No

14. Do you have experience billing NEMT services? ❑ Yes ❑No

    a. If yes, please explain_____

b. If no, would you like to be contacted by a PrimeWest Health staff person to answer questions? ❑ Yes ❑No

15. Would you like a member of our team to contact you to review the trip log requirements set by Minnesota State Statute and the PrimeWest Health ***Provider Manual***? ❑ Yes ❑No

I certify that the information provided on this form is true and correct and that I will notify PrimeWest Health of any additions/changes to the information. A typed signature is an e-signature.

Contract signor name (print):_____

Title:_____

Signature:_____

Date:_____

Telephone number:_____ Email:_____

Submit