

TRANSPORTATION PROVIDER VEHICLE DETAILS

Provider Name: _____

Provider NPI: _____ **Page** _____ **of** _____

Background: There are different types of transportation providers and the eligibility requirements vary based on the type pursuant to ARSD Chapter 67:16:25.

A community transportation provider is a governmental entity, secure medical transportation provider, or registered nonprofit organization with the South Dakota Secretary of State that is domiciled in South Dakota or is enrolled as a Medicaid transportation provider in their home state of domicile that desires to furnish transportation to and from medical services for a recipient. Vehicles utilized must be licensed with commercial or exempt vehicle license plates.

A secure medical transportation provider uses specially designed and equipped vehicles to furnish nonemergency transportation to and from medical care for recipients who are confined to wheelchairs or require transportation on a stretcher.

An ambulance provider is licensed by the SD Department of Health under the provisions of article 44:05, or if located outside of South Dakota is enrolled with the other state’s Medicaid program to provide ambulance service.

Instructions: *Populate the data below for each vehicle(s) that will be used to transport SD Medicaid recipients and add the collective total page numbers of all vehicle forms at the top to ensure all forms are received. Attach to the provider’s online enrollment record in the Provider Enrollment Portal.*

To be completed by Provider:

License Type (circle one): Commercial Exempt U.S. Government

License Plate Number: _____

Vehicle VIN or Serial Number: _____

Make: _____ Model: _____ Year: _____

Physical Address of the Vehicle: _____

City/Town: _____ State: _____ Zip Code: _____

Garage Location (if applicable): _____

City/Town: _____ State: _____ Zip Code: _____

Transportation Type: (Circle all using descriptions above):

Community Secure Air Ambulance Ground Ambulance

Dispatch Phone Number: _____

SD Counties Served.

Check all counties where recipients are picked-up by the vehicle noted. The counties served are used to inform recipients about available transportation providers. A Provider's ability to expand their service area is not limited by this form. However, if significant and permanent changes are made to a Provider's service area is made, please send an updated copy of the form so current information is available to recipients.

<input type="checkbox"/> Aurora	<input type="checkbox"/> Codington	<input type="checkbox"/> Douglas	<input type="checkbox"/> Hutchinson	<input type="checkbox"/> McCook	<input type="checkbox"/> Sanborn
<input type="checkbox"/> Beadle	<input type="checkbox"/> Charles Mix	<input type="checkbox"/> Edmunds	<input type="checkbox"/> Hyde	<input type="checkbox"/> McPherson	<input type="checkbox"/> Shannon
<input type="checkbox"/> Bennett	<input type="checkbox"/> Clay	<input type="checkbox"/> Fall River	<input type="checkbox"/> Jackson	<input type="checkbox"/> Meade	<input type="checkbox"/> Spink
<input type="checkbox"/> Bon Homme	<input type="checkbox"/> Codington	<input type="checkbox"/> Faulk	<input type="checkbox"/> Jerauld	<input type="checkbox"/> Mellette	<input type="checkbox"/> Stanley
<input type="checkbox"/> Brookings	<input type="checkbox"/> Corson	<input type="checkbox"/> Grant	<input type="checkbox"/> Jones	<input type="checkbox"/> Miner	<input type="checkbox"/> Sully
<input type="checkbox"/> Brown	<input type="checkbox"/> Custer	<input type="checkbox"/> Haakon	<input type="checkbox"/> Kingsbury	<input type="checkbox"/> Minnehaha	<input type="checkbox"/> Todd
<input type="checkbox"/> Brule	<input type="checkbox"/> Davison	<input type="checkbox"/> Hand	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Moody	<input type="checkbox"/> Tripp
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Day	<input type="checkbox"/> Hanson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Pennington	<input type="checkbox"/> Turner
<input type="checkbox"/> Butte	<input type="checkbox"/> Deuel	<input type="checkbox"/> Harding	<input type="checkbox"/> Lyman	<input type="checkbox"/> Potter	<input type="checkbox"/> Union
<input type="checkbox"/> Campbell	<input type="checkbox"/> Dewey	<input type="checkbox"/> Hughes	<input type="checkbox"/> Marshall	<input type="checkbox"/> Roberts	<input type="checkbox"/> Walworth
					<input type="checkbox"/> Ziebach

Attestations:

- Each driver providing services is at least 18 years old with one year of experience as a licensed driver who possesses a valid driver's license for the class of vehicle driven.
- Each driver providing services has not had a driver's license suspended or had a conviction of driving under the influence pursuant to SDCL chapter [32-12](#) or under similar laws of another state where the driver had a driver's license.
- No driver providing services has been excluded from participation in any federal health care program or is listed on the exclusion list of the Department of Health and Human Services Office of Inspector General.
- The Provider has a process in place to address any driver's violation of a drug law and track the driving history, including traffic violations, of each driver employed or providing services.
- The Provider will supply SD Medicaid with information about their process for addressing violations and drug and driving history upon request.

I attest that the information submitted above has been completed accurately, to the best of my knowledge and that failure to appropriately disclose information is reason to deny an application to be a provider with South Dakota Medicaid or terminate an existing provider agreement with South Dakota Medicaid.

Completed by: _____ Date: _____
(Signature of Authorized Official)

Printed Name: _____