

**SOUTH DAKOTA MEDICAID
NON-EMERGENCY MEDICAL TRAVEL (NEMT)
PRIMARY CARE PROVIDER (PCP) / HEALTH HOME PROVIDER (HHP)
QUESTIONNAIRE**

Our review of your NEMT Reimbursement Form indicates you are seeking reimbursement for travel to a PCP / HHP outside your city of residence. In order to process your request for reimbursement, we must collect additional information from you about why your PCP/HHP is outside your city of residence.

Please note:

- We cannot process your NEMT Reimbursement request(s) for PCP / HHP travel until you return this form with supporting documentation for review.
- If it is determined there is an available PCP/HHP closer to your city of residence who can provide the services, we can only pay to the closest provider that is capable of providing the medically necessary services.
- If it is determined there is an available PCP/HHP within your city of residence who can provide the services; according to our program rules, we are unable to reimburse travel within your city of residence.

Please complete and return this form to our office. Please attach any medical documentation from your PCP / HHP supporting the reason you have indicated below.

Recipient Name: _____

Recipient DOB: _____

Recipient Medicaid Number: _____

My/my child's PCP/HHP is outside my/my child's city of residence because:

_____ I/My child have a medical condition that requires more advanced care than local PCP/HHPs can provide.

_____ Providers in my/my child's area are not taking new patients.

_____ Providers in my/my child's area will not accept me/my child as a patient.

Return this form along with any medically necessary documentation by using one of the following submission methods:

- NEMT Online Portal: <https://dss.sd.gov/nemt>
- Email: dss.ebtstateoffice@state.sd.us
- Fax: (605) 773-8461
- Mail to: Department of Social Services
Finance/EBT
700 Governors Drive
Pierre, SD 57501
Phone: 1-866-403-1433