



# Non-Emergency Medical Transportation (NEMT): *Filling out the Daily Trip Report*

June 12, 2018








# Updated AHCCCS Daily Trip Report

- Effective **July 15<sup>th</sup>, 2018**, all NEMT providers will be required to use the updated version of the AHCCCS Daily Trip Report.
- There will be a **60 day** grace period beginning on **May 15<sup>th</sup>, 2018** to allow providers to transition to the new version of the trip report. After July 15<sup>th</sup>, 2018 claims submitted with the old version may be returned to the provider.
- The Daily Trip Report is available as a PDF and Excel file.
- Only the AHCCCS approved Daily Trip Report can be used. Altered versions will not be accepted and may result in denied claims and recoupments.

# AHCCCS Fee-For-Service Provider Manual






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- Chapter 14: Transportation Services 
  - Exhibit 14-1, Daily Trip Report (PDF) 
  - Exhibit 14-1, Daily Trip Report (Excel File) 
  - Exhibit 14-2, Non-emergency Medical Transport Daily Trip Report Instructions 
  - Exhibit 14-3, Tribal Contact Information 

Link to documents:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

# AHCCCS IHS/Tribal Provider Billing Manual

- Chapter 11: Transportation Services 
  - Exhibit 11-1, Daily Trip Report (PDF) 
  - Exhibit 11-1, Daily Trip Report (Excel File) 
  - Exhibit 11-2, Non-emergency Medical Transport Daily Trip Report Instructions 
  - Exhibit 11-3, Tribal Contact Information 

Link to documents:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

**NEMT AHCCCS Provider ID, Name, Address, and Phone Number**

NEMT 6 Digit AHCCCS Provider ID  
 Company Name  
 Company Address  
 Company Phone Number

\* One Daily Trip Report Per Member, Per Day

**AHCCCS DAILY TRIP REPORT**

Driver's Name: First Name, Last Name  
 Date: 06/01/18  
 Vehicle License/Fleet ID: AZ AAA1212  
 Vehicle Make & Color: Red, Prius  
 Vehicle Type:  Wheelchair Van  Taxi  Bus  
 Stretcher Car  Other (List type) \_\_\_\_\_

**Upper Left Hand Corner**

Provider Information:

- Provider Name
- Provider 6 digit AHCCCS Provider ID
- Provider Address
- Provider Phone Number

**Note:** Using a stamp is acceptable.

**Upper Right Hand Corner**

**Driver's name:** Print FIRST and LAST name

**Date:** Indicate the date of service (mm/dd/yy) or (mm/dd/ccyy).

**Vehicle License/Fleet ID:**

- List the state the vehicle is licensed in.
- License Plate Number/Fleet Number

**Vehicle Make & Color:** Make and Color of Vehicle

**Vehicle Type:** Check the box next to the type of vehicle used (car, van, wheelchair van, stretcher van, etc.)

AHCCCS #: A99999999 Date of Birth: 01/01/1987

Member Name: First Name, Last Name Mailing Address: 1234 W Main St, Phoenix, AZ 85034

### Member information

**AHCCCS ID #:** The recipients AHCCCS ID # (A99999999)

**Member Name:** Enter the members **First Name**, and **Last Name**

**Date of Birth:** Recipients Date of Birth (MM/DD/YYYY)

**Mailing address:** Recipients full mailing address

| 1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)  | Pick-Up Time       | Pick-Up Odometer  |            |
|---|--------------------|-------------------|------------|
| 1234 Main St, Phoenix, AZ 85034   | 10:05<br>a.m./p.m. | 2005              |            |
| 1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available) | Drop-Off Time      | Drop-Off Odometer | Trip Miles |
| 5637 Diamondback St, Phoneix AZ 85035   | 10:15<br>a.m./p.m. | 2010              | 5          |

**Pick-Up Address:** Complete address (including street address, city, state and zip code) of pick-up destination.

**Pick-Up time:** Clock time including the a.m./p.m. indicator (example: 7:12 AM). Please circle the appropriate time of day (a.m./p.m.) provided.

**Pick-Up Odometer:** Document the actual odometer reading at the pick-up location.

**Drop-Off address:** Complete address (including street address, city, state and zip code) of drop-off address.

**Drop-Off time:** Clock time including the a.m./p.m. indicator (example: 7:12 PM). Please circle the appropriate time of day (a.m./p.m.) provided.

**Drop-Off Odometer:** Document the actual odometer reading at the drop-off location.

**Trip miles:** Subtract the pick-up odometer reading from the drop-off odometer reading, and that will equal the total number of trip miles. (Drop-Off Odometer Reading – Pick-Up Odometer Reading = Total Trip Miles)

## Select the type of trip

- One Way (i.e. To Doctor)
- Multiple Stops (i.e. Home → Doctor → Pharmacy → Home)
- Round Trip ( For round trip transportation the 1<sup>st</sup> pick up and drop-off location and the 2<sup>nd</sup> pick-up and drop-off location must be filled out )

Type of Trip: One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_

\* For Round Trip Transportations please fill out the 1st Pick-Up and Drop-Off Location and the 2nd Pick-Up and Drop-Off Location fields.



Reason for Visit: Wellness Visit

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### Reason for Visit

Only include as much information as the member is willing to share.

**Note:** When transportation services are initially arranged, the transportation provider must obtain sufficient information to determine whether the transportation is occurring to an AHCCCS covered service.

## Escort

**Name of Escort:** If member is traveling with an escort, include their first and last name.

**Relationship:** Indicate the escort's relationship to the member

**Note:** This is not a required field, only applies if applicable.

*Example:*

Name of Escort: Donna Joe Relationship: Mother

# Multiple Members

Did multiple members get transported in the same vehicle on this trip?  Yes  No

If the above answer is yes, were the pick-up and drop-off locations different for the members?  Yes  No

Additional Information: \_\_\_\_\_

**Did multiple members get transported in the same vehicle on this trip? Choose yes if multiple AHCCCS members are being transported in the same vehicle.**

**If you chose yes, you must also answer the second question. Were the pick-up and drop-off locations different for the members?**

- Any additional information that the provider thinks is needed for the processing of the claim can be entered here.

Did multiple members get transported in the same vehicle on this trip?  Yes  No

If the above answer is yes, were the pick-up and drop-off locations different for the members?  Yes  No

Additional Information: \_\_\_\_\_

If the answer to the first question is “No”, the second question will not be applicable.

# Member Information

Member Signature: \_\_\_\_\_

- Member is unable to sign. Identify the person signing for the member ***or*** include member's fingerprint.

\_\_\_\_\_  
(Attendant / Escort / Guardian / Parent / Provider)



Member Fingerprint

## Member Signature

- Member must sign, if able. If member is unable to sign, please check the appropriate box and identify the person\* signing for the member or include the member's fingerprint.
- Typing the member's name in cannot serve as a substitute for an actual signature or fingerprint.

## Fingerprint

A fingerprint may also be used if the member is unable to sign.

# Driver Signature & Date

This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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

## Driver's Signature

- The driver must sign each page.
- If a tablet or other electronic device is being used, a method for the driver to sign their signature must be available (typically by an electronic pen or using their fingertip to sign their name).
- Typing the driver's name in cannot serve as a substitute for an actual signature or fingerprint.

## Date

- The driver must date each page.

# Multiple Pages

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page \_\_\_\_ of \_\_\_\_

Indicate each page number and the total number of pages used to document all transports for the member, for the same date of service.

**Note:** The Daily Trip Report is 2 pages in length therefore you will automatically have 2 pages for each trip report submitted.

You may print out the trip report, double sided.

# Things to Remember

- **Effective 4/1/2014** all non-emergency transportation providers that transport AHCCCS recipients (pick up and/or drop off) on reservation will be required to obtain a Tribal business license from the Tribe.
  - A copy of the Tribal business license must be submitted to AHCCCS Provider Registration for documentation.
  - When auditing claims AHCCCS will ensure that this documentation is on file. Failure to obtain and submit your Tribal business license will result in claims recoupment.
- If the driver uses a 2nd vehicle for same date of service, same member, use a new Daily Trip Report and indicate (at the bottom right) the page number detail. All pages become the *complete* Daily Trip Report for the transport services, for that recipient, on that service date.

# Continued...

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- The AHCCCS Daily Trip Report must be completed in pen. It may be filled out in either blue or black pen.
  - Erasures and white-out are not acceptable. If an error is made, draw a single line through the error and enter the correct information.
- The AHCCCS Daily Trip Report may be filled out on a tablet or another electronic device, as long as all federal and state requirements are taken to protect member information.
  - AHCCCS **will not** accept HTML files of the AHCCCS Daily Trip Report.
  - AHCCCS **will not** accept Excel files of the AHCCCS Daily Trip Report. If a provider uses the Excel file, they must convert to a PDF before submission. The Excel file was included at provider request.



# 310-BB, Transportation

Upon implementation on 7/1/2018 the following will apply:

1. Transportation to the nearest AHCCCS registered provider for medically necessary covered services continues to be a benefit;
2. In addition to 1., transportation for prescription pick up for Medicare Part D drugs is covered, and
3. In addition, transportation to the programs in Attachment A, if the program is included in the member's service/treatment plan, is covered:
  - a. The service/treatment plan may be requested as documentation.
  - b. Transportation will only be reimbursed to and from the program site. Transportation to and from activities offered by the program (trips to grocery store to learn how to manage funds, trips to restaurants to learn about nutrition, etc.) are **not covered**.
  - c. Only trips to NEAREST programs in the Attachment A will be approved. If the provider has a valid reason for the member to attend the program that is NOT THE NEAREST to the member's address, this reason has to be clearly indicated in the Treatment or Service Plan. Additional documentation, such as progress notes or prescriber's orders might be required for approval.
4. Transportation that is not to a covered service, as described in policy 310-BB, will not be not covered, for example, home passes and trips to activities as described in 3.

# Attachment A: Community Based Support Programs



## AHCCCS MEDICAL POLICY MANUAL

### 310-BB, ATTACHMENT A, COMMUNITY BASED SUPPORT PROGRAMS

As outlined in AMPM Policy 310-BB, Transportation, non-emergency transportation services are covered to transport a member to one of the following local community-based support programs:

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Cocaine Anonymous
- Crystal Meth Anonymous
- Dual Recovery Anonymous
- Heroin Anonymous
- Marijuana Anonymous
- Self-Management and Recovery Training (SMART Recovery)
- National Alliance on Mental Illness (NAMI) Family Support
- Living Well with a Disability and Working Well with a Disability Program

[https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB\\_A.pdf](https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB_A.pdf)

# Questions?

Feel free to email your *training* questions to:  
[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)



# Thank you!

