



Non-Emergency Medical Transportation Reminders



Post-Payment Review

A.R.S. §36-2903.01 L. requires AHCCCS to conduct post-payment review of all claims and recoup any monies erroneously paid.

Under certain circumstances, AHCCCS may find it necessary to recoup or take back money previously paid to a provider.

Overpayments and erroneous payments are identified through reports, medical review, grievance and appeal decisions, internal audit review, and provider-initiated recoupments.

Provider Participation Agreement

This Agreement between AHCCCS and the Provider is made pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern: **(1)** the registration and payment for the health care services provided by the Provider to fee-for service eligible persons who are not enrolled with a Contractor under contract with AHCCCS (Contractor) or who receive emergency services only, **(2)** the registration for a Provider to participate and deliver health care services to eligible persons who are enrolled with a Contractor, and **(3)** the registration of a Provider who wishes to participate and qualify under the one-time only waiver option.

Provider Participation Agreement

5. The Provider shall maintain all records relating to performance of this Agreement in compliance with all specifications for record-keeping established by AHCCCS. All books and records shall be maintained in such detail as to reflect each service provided and all other costs and expenses of whatever nature for which payment is made to the Provider. **Such material shall be subject to inspection, audit or copying by the state, AHCCCS, the U.S. Department of Health and Human Services, and any other duly authorized representative of the state or federal government during normal business hours at the Provider's place of business.** The AHCCCS Office of Inspector General (AHCCCS-OIG) reserves the right to request and secure original records from the Provider at the Provider's expense. AHCCCS-OIG is responsible for maintaining and safeguarding the integrity of these records, and will provide the Provider with sufficient time to copy records for the Provider's use.

Provider Participation Agreement

8. The Provider shall comply with all AHCCCS and/or Contractor Provider Manuals and Policy Guidelines, including the AHCCCS Minimum Subcontract Provisions available at the AHCCCS public web site, and any amendments thereto, all of which are incorporated by reference into this Agreement. The provider has an affirmative obligation to routinely check the AHCCCS website for any revisions or new information and to ensure compliance.

Common Errors

- Incomplete daily trip report
- Lack of disclosing each employees name, employment begin date, employment end date (if applicable), and date of birth.
- Destination service not covered

Incomplete Daily Trip Report

Common error: Missing information on the letterhead in the upper left hand corner.

- Required information:
 1. NEMT provider's name
 2. AHCCCS provider ID
 3. company address, and
 4. company phone number.

Incomplete Daily Trip Report

Common error: Missing driver full name.

- Required information:
Driver first **and** last name.
- ***Not acceptable:***
 - drivers initials only
 - drivers first name only
 - drivers last name only

Incomplete Daily Trip Report

Common error: Facility name instead of an address under the pick-up/drop-off section.

- Required information:

An address **must** be included in some format, so the lack of a formal street address is not a cause for no address to be listed. In the event that no coordinates can be found, the address or coordinates of a nearby landmark, with the mileage from that landmark to the pick-up/drop-off location can be used.

Incomplete Daily Trip Report

Common error: Missing member AHCCCS ID indicated under the AHCCCS # field.

- Required information:

Members AHCCCS ID number. The AHCCCS ID number typically starts with the letter A and 8 digits (i.e. A12345678). This helps identify the member who received the service.

Incomplete Daily Trip Report

Common error: Missing the reason for visit.

- Required information:

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. This should be done prior to the transportation taking place.

Driver Information

As the owner/provider, it is their responsibility for maintaining and providing upon request a valid Arizona drivers license for each driver and proof of insurance, CPR and First Aid cards, and HIPPA training documents.

As part of the registration process the owner/provider is **required** to disclose each employee's name, employment begin date, employment end date (if applicable), and date of birth information.

Any changes to the above **must** be reported within 30 days.

This document can be found at:

<https://www.azahcccs.gov/PlansProviders/Downloads/NonEmergencyTransportationProvider.pdf>

Destination Service

Non-emergency medically necessary transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service.

Medically Necessary Non-Emergency Transportation Services are covered under the following conditions:

- a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service,
- b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
- c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

Destination Service

In addition to the information on the previous slide, as of 7/1/18, non-emergency transportation services are covered under the following circumstances:

- To transport a member to obtain Medicare Part D covered prescriptions; and
- To transport a member to participate in one of the local community based support programs, as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's need as identified on the member's service plan. Covered local community-based support programs are limited to the programs identified in AMPM 310 BB, Transportation, Attachment A, Community Based Support Programs.

Self Driving

No member may drive themselves and subsequently bill AHCCCS for it, even if they are driving themselves to an AHCCCS approved service. To qualify for NEMT, free transportation services must be unavailable and an eligible person must be unable to arrange or pay for transportation. If an eligible person drives themselves, they were able to arrange for their own transportation. This is **not** reimbursable.

Transporting Family Members

Transportation of a member by a family member **will not** be reimbursable unless the transportation provider is an AHCCCS registered provider *prior* to the transportation *and* prior to seeking PA *if* PA is required.

If the family member, who is an AHCCCS registered provider, could reasonably be expected to provide transportation services to the member, such as a mother providing transportation to their child, then transportation would not be reimbursable. Transportation is only reimbursable if transportation services would otherwise be unavailable and an eligible person is unable to arrange or pay for transportation.

Questions?



Thank You.

