



Non-Emergency Medical Transportation (NEMT) *AHCCCS Daily Trip Report and Reminders*

DFSM Provider Training
May 7, 2024

TOPICS COVERED

1. Post Payment Review
2. Provider Participation Agreement (ppa)
3. Fraud, Waste and Abuse
4. NEMT Prior Authorization Information
5. Common AHCCCS NEMT Daily Trip Report Errors
6. Completing the AHCCCS NEMT Daily Trip Report
7. Self Driving / Transporting Family Members
8. Billing NEMT Wait Time (T2007)
9. Billing TN Modifier (*rural pickup only*)
10. Non-covered NEMT Transports
11. Public Transportation Bus Pass



AHCCC Post-Payment Review

Post-Payment Review Process

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

The post-payment review process applies to NEMT services.

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

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



Provider Participation Agreement (PPA)

Provider Participation Agreement (PPA)

[This Agreement](#) is made between AHCCCS and the Provider in pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern:

- The registration of, and payment to the Provider for the health care services provided by the Provider to Fee-For-Service eligible persons who are not enrolled with a Contractor, who is providing member services under contract with AHCCCS (Contractor);

Provider Participation Agreement (cont)

[This Agreement](#) is made between AHCCCS and the Provider in pursuant to Title XIX and Title XXI of the Social Security Act and A.R.S. §36-2901 et seq. to govern:

- The registration of and for the Provider to and deliver health care services to eligible persons who are enrolled with a Contractor; and
- The registration of the Provider who wishes to participate and qualify under the one-time only waiver option.

Provider Participation Agreement (PPA) (cont.)

Per the PPA, providers must follow all AHCCCS guidelines, policies and manuals, including but not limited to the following:

- [AHCCCS Medical Policy Manual \(AMPM\)](#)
- [AHCCCS FFS Provider Billing Manual](#)
- [AHCCCS IHS/638 Tribal Providers Billing Manual](#)
- [AHCCCS Monthly Claims Clues](#) and
- Reporting Guides.



These are incorporated into the PPA by reference. Guidelines, policies and manuals are available on the [AHCCCS website](#).

Provider Participation Agreement (PPA)

Section B: General Terms and Conditions:

- 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.

Provider Participation Agreement (PPA)

Section B: General Terms and Conditions:

5) 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 principal place of business or where services to AHCCCS eligible persons were rendered.

Provider Participation Agreement (cont.)

Section B: General Terms and Conditions:

- 5) 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 at the Provider's own expense.

Provider Participation Agreement (cont.)

Section B: General Terms and Conditions:

- 8) The Provider shall provide services, bill for services, accept payment, and otherwise be in compliance with all AHCCCS and/or Contractor Provider Manuals and Policy Guidelines, including the AHCCCS Minimum Subcontract Provisions available at the AHCCCS public website, 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.

Fraud, Waste and Abuse

Fraud, Waste and Abuse

The Office of Inspector General (OIG) investigates reports of suspected fraud, waste, and abuse of AHCCCS programs. Fraud can be committed in a variety of ways. Below is not an all inclusive list of fraudulent billing:

- Performing and/or billing medically unnecessary services,
- Making False Statements and False Claims,
- Billing for Services and Supplies Not Provided,
- Double Billing, Over Billing, and Incorrect Coding,
- Committing Prescription and Pharmacy Fraud,
- Paying for and/or receiving kickbacks.

Who Can Report Fraud, Waste and Abuse

★ Anyone can report fraud, abuse, or member abuse.

★ There are no restrictions and you may remain anonymous.

★ OIG depends on employees, members, providers and the general public to report any suspicious fraud or abuse.

Who Can Report Fraud, Waste and Abuse

Report Provider Fraud

If you want to report suspected fraud by medical provider, please call the number below:

In Arizona: 602-417-4045

Toll Free Outside of Arizona Only:

888-ITS-NOT-OK or 888-487-6686



NEMT Prior Authorization Guidelines

NEMT Prior Authorization Requirements

A.A.C. R9-22-211(G) (1) advises that providers shall obtain a prior authorization from AHCCCS for any medically necessary non-emergency transportation services when the distance traveled exceeds 100 miles one-way or round trip.

- AHCCCS FFS will not issue a PA for NEMT transportation unless the transportation provider is an AHCCCS registered provider prior to seeking the prior authorization.
- Only codes for the base rate, loaded mileage, and approved wait time will be prior authorized.
- Wait time is not covered for transports that are under 100 miles (single and or round trip.)

Proper Billing With the TN Modifier

Per AMPM 310-BB provides the following guidance for billing is applicable for billing the TN modifier:

- The TN modifier can be billed only when the transport originated in a **rural area.**
- Transports that originated or the pickup was within Phoenix and Tucson metropolitan areas, the TN modifier cannot be billed.

Urban Transports Cannot Be Billed With The TN Modifier

Per AMPM 310-BB provides the following guidance for billing is applicable for billing the TN modifier:

- **Urban transports** are those that originate (pickup) within the Phoenix and Tucson metropolitan areas.
- The TN modifier **cannot** be billed if the transport pickup is within the Phoenix and Tucson metropolitan areas.
- All other transports are defined as rural and must be billed with the TN modifier.
- Improper billing of the TN modifier will result in a claim denial.

Loaded Miles

AHCCCS seeks to reimburse NEMT service providers for only “loaded” miles (passenger revenue-miles) when a Medicaid member is in the vehicle and transported to an AHCCCS covered service.

NEMT Providers

Common Daily Trip Report Errors

Common Billing Errors

Common errors made by NEMT Providers include the following:

- Lack of Disclosing Employee Information such as:
 - Employee Name
 - Employment Begin Date
 - Employment End Date (if applicable)
 - Employees Date of Birth
- Member Transported to a Service Not Covered by AHCCCS
- Incomplete or Incorrectly Filled Out Trip Report

Lack of Disclosing Employee Information

Per documentation signed and agreed to during the provider registration process, NEMT Providers agree to the following:

- As the Owner/Provider you are responsible for maintaining and providing upon request the following documents:
- Valid Arizona drivers license for each driver and proof of insurance,
- Cardiopulmonary Resuscitation (CPR)
- First Aid certification card, and
- Health Insurance Portability and Accountability Act (HIPPA training documents.

Lack of Disclosing Employee Information

As part of the registration process the Owner/Provider is required to disclose the following:

- Each employee's name (first and last),
- Employment begin date and employment end date (if applicable),
- Date of birth, and
- Social security number information using the 2nd page of the attached form.

Lack of Disclosing Employee Information

In the **NEMT PT28 packet**, you will find the following documents:

- Page 2: NEMT Profile,
- Page 4: Instructions on how to take the required AHCCCS NEMT Training,
- Page 9: Instructions on how to upload the required AHCCCS NEMT Training certificate into APEP.

[Non-Emergency Medical Transportation \(NEMT\) PT28 Packet](#)

NEMT Transports to a AHCCCS Non-Covered Service

Per [AMPM 310-BB, Transportation Services](#):

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.

NEMT Transports to a AHCCCS Non-Covered 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.

Medically Necessary Non-Emergency Transportation Prescription (RX) Pickup

Per [AMPM 310-BB, Transportation Services](#):

If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances :

1. To transport a member to obtain Medicare Part D covered prescriptions, and

NEMT Prescription (RX) Pickup (cont.)

If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances :

2. The member must be in the vehicle at the time of pickup and delivery.
3. NEMT providers **may not bill** for picking up a member's prescription on behalf of the member.
 - i.

Medically Necessary Non-Emergency Transportation Prescription (RX) Pick-Up

AMPM 310-BB (Section E, Paragraph 3 a)

For members residing in Maricopa and Pima Counties and enrolled with a Contractor, NEMT services are only covered for trips within 15 miles of the pick-up location when traveling to a pharmacy within Pima and Maricopa counties.

Mileage is calculated from the pick-up location to the drop off location, one direction.



Medically Necessary Non-Emergency Transportation Prescription (RX) Pick-Up

AMPM 310-BB (Section E, Paragraph 3 a)

Trips to compounding/ specialty pharmacies **over 15 miles** require authorization from the Contractor to be considered a covered service.

NEMT trips for members traveling to an Multi-Specialty Integrated Clinic (MSIC) or IHS/638 facility are exempt from this limitation.

Member Transported to a Service Not Covered by AHCCCS

If transportation occurs to a service that is not covered by AHCCCS, then Non-Emergency Medical Transportation to that service is not eligible for reimbursement.

Important Reminder:

Effective July 1, 2022, NEMT transports to transport a member to participate in local community-based support programs are **not covered.**

For example; Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous



AHCCCS Daily Trip Report Required Fields

NEMT AHCCCS Provider ID, Name, Address, and Phone Number
 999999
 Our Transportation Company
 5555 Brown Street, Gilbert, AZ 85000
 602-333-3333

AHCCCS DAILY TRIP REPORT
 Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: AZ/IOU888/S07
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) Mini-Bus



* One Daily Trip Report Per Member, Per Day
 AHCCCS #: A99999999 Date of Birth: 1/1/1980
 Member Name: Ryan Bell Mailing Address: 1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
<u>1234 N. North Street, Mesa, AZ 85000</u>	<u>8:14 a.m.</u>	<u>10,000</u>	
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
<u>8100 S. Main Street, Phoenix, AZ 85001</u>	<u>9:12 a.m.</u>	<u>10,043</u>	<u>43</u>

Type of Trip: One Way _____ Multiple Stops _____
 Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
<u>8100 S. Main Street, Phoenix, AZ 85001</u>	<u>10:08 a.m.</u>	<u>10,088</u>	
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
<u>1234 N. North Street, Mesa, AZ 85000</u>	<u>10:42 a.m.</u>	<u>10,131</u>	<u>43</u>

Type of Trip: Round Trip X One Way _____ Multiple Stops _____
 Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

3rd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	<u>a.m./p.m.</u>		
3rd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	<u>a.m./p.m.</u>		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

AHCCCS #: A00000000 Date of Birth: 1/1/1980
 Member Name: Ryan Bell

4th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	<u>a.m./p.m.</u>		
4th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	<u>a.m./p.m.</u>		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

5th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	<u>a.m./p.m.</u>		
5th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	<u>a.m./p.m.</u>		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

6th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	<u>a.m./p.m.</u>		
6th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	<u>a.m./p.m.</u>		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

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: _____
 Member Signature: Ryan Bell
 Member is unable to sign. Identify the person signing for the member or include member's fingerprint.
 (Attendant / Escort / Guardian / Parent / Provider) _____ Member Fingerprint _____

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: Steve Smith Date: 1/1/2024
 page 2 of 2

NEMT AHCCCS Provider ID, Name, Address, and Phone Number
 999999
 Our Transportation Company
 5555 Brown Street, Gilbert, AZ 85000
 602-333-3333

AHCCCS DAILY TRIP REPORT
 Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: AZ/IOU888/S07
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) Mini-Bus



* One Daily Trip Report Per Member, Per Day
 AHCCCS #: A99999999 Date of Birth: 1/1/1980
 Member Name: Ryan Bell Mailing Address: 1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m./p.m.	10,000	
1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m./p.m.	10,043	43

Type of Trip: One Way _____ Multiple Stops _____
 Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

* 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.

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
8100 S. Main Street, Phoenix, AZ 85001	10:08 a.m./p.m.	10,088	
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
1234 N. North Street, Mesa, AZ 85000	10:42 a.m./p.m.	10,131	43

Type of Trip: Round Trip One Way _____ Multiple Stops _____
 Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

3rd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
3rd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

AHCCCS #: A0000000 Date of Birth: 1/1/1980
 Member Name: Ryan Bell

4th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
4th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

5th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
5th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

6th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
6th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trips Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____
 Reason for Visit: _____
 Name of Escort: _____ Relationship: _____

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: _____

Member Signature: Ryan Bell
 Member is unable to sign. Identify the person signing for the member or include member's fingerprint.
 (Attendant / Escort / Guardian / Parent / Provider) _____ Member Fingerprint _____

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: Steve Smith Date: 1/1/2024
 page 2 of 2

Completing the NEMT Provider's Address Field

The provider details must be completed on each trip report. If this information is missing, the claim will be denied for incomplete trip report.

Upper Left Hand Corner

Provider Information:

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

Note: Using a stamp is acceptable.

NEMT AHCCCS Provider ID, Name, Address, and Phone Number			
999999			
Our Transportation Company			
5555 Brown Street, Gilbert, AZ 85000			
602.222.2222			

* One Daily Trip Report Per Member, Per Day

AHCCCS DAILY TRIP REPORT	
Driver's Name: <u>Steve Smith</u>	
Date: <u>1/1/2024</u>	
Vehicle License/Fleet ID: <u>AZ/IOU888/S07</u>	
Vehicle Make & Color: <u>Ford/White</u>	
Vehicle Type: <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Taxi <input type="checkbox"/> Bus	
<input type="checkbox"/> Stretcher Car <input checked="" type="checkbox"/> Other (List type) <u>Mini-Bus</u>	
AHCCCS #: <u>A99999999</u>	Date of Birth: <u>1/1/1980</u>
Member Name: <u>Ryan Bell</u>	Mailing Address: <u>1234 N. North Street, Mesa, AZ 85000</u>

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m.	10,000	
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
8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m.	10,043	43

Incomplete And Or Missing Driver Information

The AHCCCS Daily Trip Report **MUST** be completed with the Driver's full First and Last Name listed.

Completing the driver information with one of the following entries only, will result in a denial of the entire claim.

- Drivers Initials Only, (KH)
- Drivers First Name Only, (Kevin)
- Drivers Last Name Only, (Brown)

Incomplete And Or Missing Driver Information

The driver listed on the trip report must be located on your most recently uploaded Employee/Driver's List to AHCCCS.

If this information is missing the claim will be denied.

- The driver must be fully employed on the date they completed the trip report and service.
- Drivers that are unregistered, will result in a denial of the entire claim.

Completing the Driver and Vehicle Details



Upper Right Hand Corner

- Driver's name: Print **FIRST** and **LAST** name
- Date: date of service (**MM/DD/YYYY**)
- Vehicle License/Fleet ID:
 - State the vehicle is licensed in
 - License Plate Number/Fleet Number
- Vehicle Make & Color:
- Vehicle Type: Check the box next to the type of vehicle used (car, van, wheelchair van, stretcher van, etc.)

AHCCCS DAILY TRIP REPORT

Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: AZ/IOU888/S07
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) _____

Birth: 1/1/1980
 Address: 1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	10,000	
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
8100 S. Main Street, Phoenix, AZ 85001	9:12 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	10,043	43

Completing the Vehicle Type Other Box



If the type of vehicle used for the transport is not listed, check the Other box and enter the vehicle type, for example, mini-bus, SUV, bus.

Do not enter Ambulatory, AMB, etc. as this will result in a denial of the claim.

AHCCCS DAILY TRIP REPORT

Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: AZ/IOU888/S07
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) Mini-Bus
1/1/1980
1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m./p.m.	10,000	
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
8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m./p.m.	10,043	43

Completing the Member Details

Missing Member AHCCCS ID

- An AHCCCS Medicaid ID number must be entered in the AHCCCS # field.
- The AHCCCS ID number starts with an uppercase **A** followed by 8 numeric characters (i.e. **A12345678**).
 - This information is required to identify the member who received the service and for processing of the claim.

AHCCCS #: A99999999 Date of Birth: 1/1/1980
Member Name: Ryan Bell Mailing Address: 1234 N. North Street, Mesa, AZ 85000

AHCCCS ID #: The recipients AHCCCS ID # (A12345678)

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**

Completing the Pick-Up and Drop-Off Details

NEMT providers must enter the pickup and drop off addresses for all trips.

If the **Pick-Up originated at the member's home** you must include the full address and or GPS coordinates for the member.

If the **Pick-Up and Drop-Off originated at a medical practice** (office, hospital etc) you must enter the name of the facility and complete street address must be entered.

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m. p.m.	10,000	
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
USA Med Ctr. 8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m. p.m.	10,043	43

Pick-Up time: Clock time including the a.m./p.m. indicator (example: 8:14 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

Completing the Pick-Up and Drop-Off Details

NEMT providers must enter the pickup and drop off addresses for all NEMT trips.

If the Pick-Up originated at the member's home you must include the full address and or GPS coordinates for the member.

If the Pick-Up and Drop-Off originated at a medical practice (office, hospital etc) you must enter the name of the facility and complete street address must be entered.

Completed Pick-Up and Drop-Off Destination Fields

In this example you will see the completed Pick up and Drop off fields. These fields must be completed correctly or the claim will deny.

NEMT providers must enter the pickup and drop off addresses for all trips

st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m./p.m.	10,000	
st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m./p.m.	10,043	43

Completing the Pick-Up and Drop-Off Times

NEMT providers must enter the pickup and drop off times for all trips.

Pick-Up time: Clock time including the a.m./p.m. indicator (example: 8:14 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.

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 <input checked="" type="radio"/> a.m. <input type="radio"/> p.m.	10,000	
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
8100 S. Main Street, Phoenix, AZ 85001	9:12 <input checked="" type="radio"/> a.m. <input type="radio"/> p.m.	10,043	43

Billing Accurate Mileage

Reducing the total trip miles to avoid a PA requirement will result in the denial of the claim.

Failure to obtain a prior authorization prior to a transport that requires an prior authorization > 100 miles will result in a denial.

AHCCCS will verify if the start and end destinations match the mileage reported on the trip report. If there is a discrepancy the claim will be denied.

Multi-Member Transports and Reporting Mileage

When you have multiple stops, for example picking up different members from different pickup locations during the same transport, it is incorrect to add the “diverted” miles to each member.

If transporting multiple members at one time, the wait time shall be reimbursed for no more than one member.

NEMT staff must complete a separate Trip Report for each member transported in the same vehicle on the same date of service.

Multi-Member Transports and Reporting Mileage

Example:

Mary is the first pickup and her final destination is Hayes Wellness clinic. The odometer reading at the point of pickup is 120 miles and the total direct trip destination for Mary is 37 miles.

In route to Hayes Wellness, the transport provider also stops to pick up another passenger, John, who is also going to Hayes Wellness. John lives 6 miles away from Mary and is a detour from the normal route to Hayes Wellness. When John is picked up the odometer reading is 126 miles and the total direct trip destination for John to Wellness Clinic is 42 loaded miles.

How should these trips be reported on the AHCCCS Daily Trip Report?

Example Multiple Pickups

Mary's Transport:

- Pickup odometer reading at the time Mary is picked up shows 120 miles.
- The direct transport from Mary's residence to her appointment is 37 miles.
- Odometer reading from Mary's residence to John's residence is 6 miles and now shows 126.
- When Mary reaches her destination the drop off odometer reading is 169 miles, however, the "diverted" miles cannot be billed or included on the claim submission or daily trip report for Mary.
- *calculation 169 minus 12 = 157 miles reported for Mary.*

Missing Facility Address

No Facility Address Listed

- Another common error is to have the facility name listed, instead of an address under the pick-up/drop-off section. However, the facility address is **REQUIRED** information.
- An address **must** be included in some format.
 - The lack of a formal street address is not a cause for no address to be listed.
 - If no address can be found, GPS coordinates of a nearby landmark, with the mileage from that landmark to the pick-up/drop-off location can be used.

Completing the Type of Trip and Escort Fields

Type of Trip: One Way <input checked="" type="checkbox"/> Multiple Stops <input type="checkbox"/>	* 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: <u>Counseling Appointment</u>	
Name of Escort: _____ Relationship: _____	

Type of Trip: Select the appropriate trip indicator based on the transport: One Way, Round Trip or Multiple Stops.

- **Reason for Visit:** Enter the reason for the visit for ie. dental, surgery, counseling.
- **Name of Escort:** If the member is traveling with an escort, include the escort's first and last name.
- **Relationship:** Indicate the escort's relationship to the member.

Common Billing Error

Not Completing the Visit Reason Field

Missing Reason for Visit

- 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.

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Complete the page number spaces

You must enter in Page 1 of 2 on the bottom of page 1 to indicate there are 2 pages.

		a.m.	p.m.		
Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____					
Reason for Visit: _____					
Name of Escort: _____ Relationship: _____					
page <u>1</u> of <u>2</u>					

Complete Member Information

Top of Page 2

On the top of page 2, you must enter in the member's AHCCCS #, Date of Birth and Name.

AHCCCS #: A00000000 Date of Birth: 1/1/1980
Member Name: Ryan Bell

4th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
4th Drop-Off Location (Physical Address, City, & Zip Code or Geographical	Drop-Off	Drop-Off	

Multiple Member Question

You must answer the first question below, and if it is answered YES, complete the second question. If your answer is NO, leave the second question boxes blank. If this field is not completed fully, it will result in a denied claim.

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: _____

Member Signature: Ryan Bell

Member Signature Requirements

The member must sign if able. If the member is unable to sign, please check the appropriate box and identify the person signing for the member or include the member's fingerprint.

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

Important Reminder: Typing the member's name in cannot serve as a substitute for an actual signature or fingerprint.

Member Signature Requirements

If a member is physically unable to sign (or fingerprint) the AHCCCS Daily Trip Report, then a parent or guardian, caretaker, escort, or family member can sign for the member and indicate their relationship to the member.

If the member is transporting alone and unable to sign the daily trip report:

- The provider at the medical service appointment may sign the trip report on behalf of the member.

Others signing on behalf of the member must include:

- The member's name and a notation such as "by J Smith, daughter" to identify the person signing for the member.

Member Signature Requirements (cont.)

Tablet or Electronic Device:

If a tablet or other electronic device is used, a method for the member or authorized representative of the member to sign their signature must be available (typically by an electronic pen or using their fingertip to sign their name).

Member Fingerprint in lieu of signature:

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

Driver's Signature Requirements



The driver must sign each page of the AHCCCS Daily Trip Report and include the date of transport.

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 Requirements

The driver must sign each page of the AHCCCS Daily Trip Report.

Tablet or Electronic Device:

- 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 of the Daily Trip Report.

NEMT Drivers Can Not Sign For The Member

Under no circumstances is the transport driver to sign for a member.

- Even if the transport driver is a physical or behavioral health care provider for the member, they still cannot sign for the member.
- If the member cannot sign for themselves then a parent, guardian, caretaker, escort, or other family member would have to sign for them.
- The driver cannot sign, even if the driver overlaps one of the categories that normally could.

Completing the Page Number Fields

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

Completing the Page Number fields:

Date: <u>07/01/2024</u>	Date: <u>07/01/2024</u>
page <u>1</u> of <u>2</u>	page <u>2</u> of <u>2</u>

Multiple Members Transported Field

Question #1. Did multiple members get transported in the same vehicle on this trip?

Steps:

- Choose “Yes” if multiple AHCCCS members are being transported in the same vehicle.
- If the response is “No” leave this field blank and skip the second question.

Multiple Members Transported Field

Question #2 Were the pick-up and drop-off locations different for the members?

Steps:

- Choose “Yes”, if even one member in the vehicle had a different pick-up or drop-off location, as this can affect the odometer readings and result in erroneous reporting of trip miles for each member.

Additional Information Field: Any additional information that the provider thinks is needed for the processing of the claim can be entered in this field.

Special Considerations for Non-Emergency Medical Transportation

*Self Driving
Transporting Family Members*

Self Driving

No member may drive themselves and subsequently bill AHCCCS 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 or is able to arrange their own transportation, then NEMT is not reimbursable.

Transporting Family Members

Transportation is only reimbursable if transportation services would otherwise be unavailable and an eligible person is unable to arrange or pay for transportation.

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.

Please note, that even if the above circumstances apply, *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.

Billing NEMT Wait Time

Billing Wait Time HCPCS Code T2007

If transporting multiple members at one time in the same vehicle, the wait time shall be reimbursed for **no more than one member.**

- Wait time is billed with HCPCS code T2007.
- Wait time requires a prior authorization.
- Each unit of wait time is 30 minutes.
- The wait time is listed on the claim in units not minutes.
- For example if the driver wait time is one hour, the claim will be submitted with two (2) units.

When It Is Appropriate to Bill Wait Time

- Wait time shall only be billed for the amount of time the driver ***actually waited*** at the member's medical service destination.
- Wait time can only be billed if the distance traveled was such that it was not feasible for the driver to return to the provider's base of operations or the origination site.

Claim Example - Billing Wait Time

All trips taking place on the same day, for the same member, must be billed on one claim.

- The base rate must be billed on the first line,
- Loaded mileage on the second line,
- Wait time is billed on the third line.

24.	A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPST Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
	From	To							OPT/HCPCS	MODIFIER							
MM	DD	YY	MM	DD	YY												
1	07	01	2024	07	01	2024	99		A0120				16 00	2		NPI	
2	07	01	2024	07	01	2024	99		S0215				175 00	215		NPI	
3	07	01	2024	07	01	2024	99		T2007				40 00	6		NPI	

When It is Not Acceptable to Bill Wait Time

If the odometer reading changes from the drop-off at the medical service to the pick-up at the medical service;

- For a one way trip;
- When two different vehicles and/or drivers are used for the round trip;
- When wait time is less than 30 minutes; or
- If the distance traveled to the AHCCCS covered service location is 10 miles or <less.
- Actual mileage/distance must be reported. Rounding the mileage up or down is not acceptable and will result in a denial of the claim.

Public Transportation Billing Transit Bus Passes

Public Transportation Coverage

Effective 10/1/2021, certain provider types who are approved to have Category of Service (COS) 31(non-emergency medical transportation) to their profile, may offer Public Transportation options to FFS members when they travel to and from an AHCCCS covered service rendered by a AHCCCS registered provider, in accordance with AHCCCS Medical Policy 310-BB.



Public Transportation Coverage (cont)

The following shall be considered when offering public transportation to a member:

1. Location of the member to a transportation stop.
2. Location of the provider of services to a transportation stop.
3. The public transportation schedule in coordination with the member's appointment.
4. The ability of the member to travel alone on public transportation.
5. Member preference.

AHCCCS Provider types That Are Eligible To Claim Reimbursement For Public Transportation Passes

02 - Hospital	41 - Dialysis Clinic	A4 - LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)
05 - Clinic	77- Outpatient BH Clinic	A6 - RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY
13 - OCCUPATIONAL THERAPIST	81- EPD HCBS	B7 - CRISIS SERVICES PROVIDER
14 - PHYSICAL THERAPIST	85 - LICENSED CLINICAL SOCIAL WORKER (LCSW)	BC - BOARD CERTIFIED BEHAVIOR ANALYST
25- GROUP HOME (DEVELOPMENTALLY DISABLED)	86- LICENSED MARRIAGE & FAMILY THERAPIST LMFT	C2 - FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
27 - ADULT DAY HEALTH	87- LICENSED PROFESSIONAL COUNSELOR (LPC)	C5 - 638 FQHC
29 - COMMUNITY/RURAL HEALTH CENTER	A3 - COMMUNITY SERVICE AGENCY	

Public Transportation Requirements

- Transportation passes may be up to 1 month in duration,
- Replacement or duplicate transportation passes are not eligible for Medicaid reimbursement,
- There shall be a continuous need for transportation to Medicaid reimbursable services consistent with the length of the purchased transportation pass,
- Providers shall determine the appropriate type/duration of public transportation pass to issue to members in accordance with the member's treatment plan and existing future appointment dates.



Submitting Claims for Reimbursement Bus Pass

- AHCCCS allows providers to bill for bus passes using code **A0110** for the net cost of the [transportation pass](#), not to exceed the cost of a 30-day pass.
- Claims are submitted on the CMS 1500 (professional claim form)
- Claims submissions must include the following documentation.
 - Copy of public transportation pass,
 - Itemized receipt specifying cost of public transportation pass,
 - Pricing that corresponds with the price of the pass in the geographic areas of issuance,

Documents Required When Submitting Claim For Reimbursement Of A Bus Pass

- Completed [Public Transportation Pass form](#) to include the following:
 - Provider's name and ID#,
 - Public Transportation pass type (daily, weekly, or monthly),
 - Price of the Public Transportation pass,
 - Date of issuance,
 - Name, title, signature, and signature date of person issuing Public Transportation pass to the member,
 - Member name, AHCCCS ID#, signature and signature date.
- Public Transportation Pass Form:
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChapter_14TransportationExhibit4.pdf

Additional Resources

AHCCCS Provider Training offers both in person and online training to Fee-For-Service (FFS) providers on how to submit claims, prior authorization requests, additional documentation (i.e. the AHCCCS Daily Trip report or requested medical records), etc. using the **AHCCCS Online Provider Portal** and the **Transaction Insight Portal**.

[FFS Provider Training Web Page](#)

[FFS Prior Authorization Chapter 8](#)

[FFS Provider Billing Manual, Chapter 14 Transportation](#)

Training Request email: Providertrainingffs@azahcccs.gov

Thank You.