Non-Emergency Medical Transportation Reminders

The purpose of this training is to review important items with NEMT Providers.

*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS

November 2021

AHCCCS
Arizona Health Care Cost Containment System

Post-Payment Review

Post-Payment Review

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

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

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

Post-Payment Review processes apply to NEMT services.

Provider Participation Agreement

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:

1) 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 contact with AHCCCS (Contractor);

2) The registration of and for the Provider to and deliver health care services to eligible persons who are enrolled with a Contractor; and

3) The registration of the Provider who wishes to participate and qualify under the one-time only waiver option.

Provider Participation Agreement (PPA)

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

- The AHCCCS Medical Policy Manual (AMPM);
- The AHCCCS Fee-For-Service Manual (the IHS/Tribal and FFS Provider Billing Manuals);
- AHCCCS 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)

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. 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. 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 (PPA)

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.

Common Errors of NEMT Providers

Common Errors

Common Errors

Common errors made by NEMT Providers include the following:

- Lack of Disclosing Employee Information such as:
  - o Employee Name
  - o Employment Begin Date
  - o Employment End Date (if applicable)
  - o 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 a valid Arizona drivers license for each driver and proof of insurance, CPR and First Aid cards, & 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), date of birth, and social security number information using the 2nd page of this form.

  - https://www.azahcccs.gov/PlansProviders/Downloads/ProviderRegistration/Non-EmergencyTransportationProvider.pdf

Member Transported to a Service Not Covered by AHCCCS

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.

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. b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and

c. c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

Member Transported to a Service Not Covered by AHCCCS

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:

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

b.   To transport a member to participate in 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 needs as identified on the member's service plan. Covered local community-based support programs are limited to those specified in Attachment A of this Policy.

Member Transported to a Service Not Covered by AHCCCS

Per AMPM 310-BB, Transportation Services, Attachment A:

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:

Community-Based Support Programs *Current as of 9/3/2020			
Alcoholics Anonymous (AA)	Narcotics Anonymous (NA)	Marijuana Anonymous	Self-Management and Recovery Trainings (SMART)
National Alliance on Mental Illness (NAMI) Programs		Heroin Anonymous	Living Well with a Disability and Working Well with a Disability Program

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.

Incomplete NEMT Daily Trip Report

Required information may be missing on the letterhead in the upper left hand corner.

- o NEMT Provider's Name

- o 6 Digit AHCCCS Provider ID

- o Provider (Company) Address

- o Provider (Company) Phone Number

AHCCCS DAILY 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

AHCCCS DAILY TRIP REPORT

Driver's Name: _____

Date: _____

Vehicle License/Fleet ID: _____

Vehicle Make & Color: _____

Vehicle Type: ☐ Wheelchair Van ☐ Taxi ☐ Bus
☐ Stretcher Car ☐ Other (List type) _____

* One Daily Trip Report Per Member, Per Day

AHCCCS #: _____ Date of Birth: _____

Member Name: _____ 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	
	a.m./p.m.		

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
	a.m./p.m.		

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: _____

Name of Escort: _____ Relationship: _____

Incomplete NEMT Daily Trip Report

Missing Driver's Name

The Daily Trip Report may be missing the Driver's First <u>and</u> Last Name. This is not acceptable.

Other Things that are Not Acceptable:

- Drivers Initials Only
- Drivers First Name Only
- Drivers Last Name Only

The trip report **MUST** have the Driver's full First and Last Name listed.

AHCCCS Daily Trip Report

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

* One Daily Trip Report Per Member, Per Day

AHCCCS #: _____ Date of Birth: _____

Member Name: _____ Mailing Address

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)

1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)

Type of Trip: One Way _____   Multiple Stops _____

Reason for Visit: _____
Name of Escort: _____ Relations

AHCCCS DAILY TRIP REPORT
Driver's Name: _____
Date: _____
Vehicle License/Fleet ID: _____
Vehicle Make & Color: _____
Vehicle Type: ☐ Wheelchair Van ☐ Taxi ☐ Bus
☐ Stretcher Car ☐ Other (List type) _____

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

Incomplete Daily Trip Report

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.
  - In the event that no address can be found, coordinates of a nearby landmark, with the mileage from that landmark to the pick-up/drop-off location can be used.

AHCCCS Daily Trip Report

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
124 Maint St, USA	10:00 [a.m.] p.m.	5000	
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
Home Care Clinc 600 Main St, USA	10:30 [a.m.] p.m.	5100	100

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: __Doctor Visit_____

Name of Escort: _none_____ Relationship: _____

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

AHCCCS
Arizona Health Care Cost Containment System

Incomplete Daily Trip Report

Missing Member AHCCCS ID

- An AHCCCS ID # must be filled in under the AHCCCS # field.

- The AHCCCS ID number starts with an uppercase **A** followed by 8 digits (i.e. **A12345678**).
  - o This helps identify the member who received the service.

AHCCCS DAILY TRIP REPORT

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

007835, NEMT Test
123 Main St, USA
123-456-7890

* One Daily Trip Report Per Member, Per Day

AHCCCS DAILY TRIP REPORT

Driver's Name: NEMT Driver

Date: 09/23/2019

Vehicle License/Fleet ID: CDL00000

Vehicle Make & Color: Honda, White

Vehicle Type: ☐ Wheelchair Van ☐ Taxi ☐ Bus

☐ Stretcher Car ☒ Other (List type) Mini Bus

AHCCCS #: A09340007   Date of Birth: 03/21/1959

Member Name: Cookie, Sugar   Mailing Address: 124 Main St, USA

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**

Incomplete Daily Trip Report

<u>Missing Visit Reason</u>

- 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.

Other NEMT Errors

Self Driving

No member may drive themselves and subsequently bill AHCCCS.

- This includes the members 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 of a member **by** a family member **<u>will not</u>** 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, **<u>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.</u>**

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

Bus Passes

Public Transportation Coverage

Effective 10/1/2021, providers with a Category of Service (COS) 31 may
offer Public Transportation options to FFS members (such as a bus pass) when they travel to and from an AHCCCS approved service, in accordance with AMPM 310-BB.

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

Provider types that are eligible to claim reimbursement for public transportation passes include 02, 05, 13, 14, 25, 27, 29, 41, 77, 81, 85, 86, 87, A3, A4, A6, B7, BC, C2, and C5.

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.

AHCCCS
Arizona Health Care Cost Containment System

Claim Submission

- Bill using code A0110 for the net cost of the [transportation pass](), not to exceed the cost of a 30-day pass.
- Submitted Claims 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, and
  - ○ Completed [Public Transportation Pass form]() to include the following:
    - o Provider's name and ID#,
    - o Public Transportation pass type (daily, weekly, or monthly),
    - o Price of the Public Transportation pass,
    - o Date of issuance,
    - o Name, title, signature, and signature date of person issuing Public Transportation pass to the member,
    - o Member name, AHCCCS ID#, signature and signature date.
- Public Transportation Pass Form:
  - ○ https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFSChap_14TransportationExhibit4.pdf

DFSM Provider Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).

- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov

- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
  - o NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at   ProviderTrainingFFS@azahcccs.gov

Questions?

DFSM Provider Education and Training Unit

ProviderTrainingFFS@azahcccs.gov

Thank You.

ProviderTrainingFFS@azahcccs.gov