

Updated: May 2018

Non-Emergency Medical Transportation Daily Trip Report Instructions Exhibit 11-2

AHCCCS requires the use of the AHCCCS standard Daily Trip Report, which is Exhibit 14-1 in the Fee-For-Service Provider Billing Manual.

- Please note that different versions of the Daily Trip Report may **not** be used or submitted. The attachment in Exhibit 14-1 is the **only version** that may be submitted.
- Providers are **not** permitted to create their own versions of the AHCCCS Daily Trip Report for submission. **Only the AHCCCS approved Daily Trip Report can be used.**
- It is available as a PDF and Excel file (to allow providers to expand the additional information area if needed).

The upper left area of the form is where the provider will write the NEMT provider's name, provider ID, address, and phone number.

The driver must print clearly. Illegible Daily Trip Reports can result in audit error and recoupment.

The AHCCCS Daily Trip Report must be completed in pen. It may be filled out in either blue or black pen. If an error is made, draw a single line through the error and print 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. If this is done it may be submitted in one of two ways:

1. Printing it out and mailing it in, or
2. Electronic submission through the provider portal as a PDF file.
 - 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.
 - AHCCCS **will accept** PDF files of the AHCCCS Daily Trip Report.
 - Note: If the AHCCCS Daily Trip Report is submitted as a PDF file through the 275 Provider Portal, it is necessary that the PDF file allow AHCCCS to extract the document, otherwise AHCCCS will not be able to view the submitted PDF file.

If a member's transport has more than one "stop" or destination, then each trip must be fully documented on the Daily Trip Report.

For example:

- A member is picked up at home and transported to the doctor's office. (1st trip)
The doctor gives the member a prescription for medication.
The member is transported from the doctor's office to a pharmacy that is at a different location than the doctor's office. (2nd trip)
The member picks up their prescription.
The member is then returned home. (3rd trip)

In the above example, the Daily Trip Report would have 3 trips documented as indicated.

Only one trip report should be filled out per member, per day. If there are more than three stops for one member, in one day, please use multiple pages. If more than one vehicle is used and/or if more than one driver transports the member on the same day, please use multiple pages (one for each vehicle) and document that more than one vehicle and/or driver was used in the additional information section. If multiple pages are used, the page number must be indicated at the bottom right of the Daily Trip Report. All pages become the *complete* Daily Trip Report for the transport services for that member, on that service date.

How to Fill Out the Trip Report

Upper Left Hand Corner

- **Provider Information:**
 - Provider Name
 - Provider ID
 - Provider Address
 - Provider Phone Number
 - NOTE: Using a stamp is acceptable.

Upper Right Hand Corner

- **Driver's Name:** Printed first and last name and signature of the driver who provided the service.
- **Date:** Indicate the date of service (mm/dd/yy) or (mm/dd/ccyy).
- **Vehicle Identification:**

- List the state the vehicle is licensed in.
- License Plate Number/Fleet Number
- Make and Color of Vehicle
- NOTE: If the driver uses more than one vehicle for the same date of service, they must use a new Daily Trip Report for each separate vehicle and they must indicate (at the bottom right) the page number. All pages become **the complete** Daily Trip Report for the transport services for that member, on that service date.
- **Vehicle Type:** Check the box next to the type of vehicle used (car, van, wheelchair van, stretcher van, etc.)
 - NOTE: Check 'Other' and write in the vehicle type if the description does not match the available options.

Upper Middle Section

- **Member Information:**
 - Member's AHCCCS ID
 - Member's Name
 - Member's Date of Birth (mm/dd/ccyy)
 - Member's Mailing Address.

Main Section for Transportation Information

There will be 3 trip sections per Daily Trip Report page. The 1st Pick-Up and Drop-Off area, the 2nd Pick-Up and Drop-Off area, and the 3rd Pick-Up and Drop-Off area. This is to accommodate multiple trips on the same day. If more than 3 stops occur on the same day please use additional Daily Trip Reports as pages and indicate that they are the 4th, 5th, etc. stops.

- **Pick-Up Address:** Complete address (including street address, city, state and zip code) of pick-up destination.
 - If no formal street address is available coordinates can be used. 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 location can be used.
- **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.

- If no formal street address is available coordinates can be used. 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 drop-off location can be used.
- **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)
- **Type of Trip:** Round Trip, One Way, or Multiple Stops (Check the appropriate one.)
- **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.
- **Diagnosis (if known):** Only include as much information as the member is willing to share.
- **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.

Lower Section

- **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.
 - If a tablet or other electronic device is being 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). A fingerprint may also be used if they are unable to sign.
 - Typing the member's name in cannot serve as a substitute for an actual signature or fingerprint.
- **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.

- **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.
- **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.
 - **Were the pick-up and drop-off locations different for the members?** 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.
- **Additional Information:** Any additional information that the provider thinks is needed for the processing of the claim can be entered here.

****Clarification of member's "signature" requirement***

* If a member is physically unable to sign (or fingerprint) the non-emergency medical transport 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, then the trip report may be signed by the provider at the medical service appointment.

When someone else signs the trip report for the member, the trip report should show the member's name and a notation such as "by J Smith, daughter" to identify the person signing 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.**