# AHCCCS
### Arizona Health Care Cost Containment System

# Non-Emergency Medical Transportation (NEMT)

## Filling out the Daily Trip Report (DTR)

# Transportation

- 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.

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# AHCCCS Daily Trip Report

The DTR is available as a PDF and Excel file.

- o Only the AHCCCS approved Daily Trip Report can be used. Providers may NOT make changes to the DTR as this is considered alteration.

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# AHCCCS Fee-For-Service Provider Billing Manual

- 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/638 Provider Billing Manual

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

Link to documents:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html

**AHCCCS**

| 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: _____

| 2nd 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. | | |
| 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 |
| | a.m./p.m. | | |

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

Reason for Visit: _____
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 | Trip Miles |
| | a.m./p.m. | | |

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

Reason for Visit: _____
Name of Escort: _____ Relationship: _____

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AHCCCS #: _____ Date of Birth: _____
Member Name: _____

| 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 | Trip 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 | Trip 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 | Trip 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: _____

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

_____
(Attendant / Escort / Guardian / Parent / Provider)

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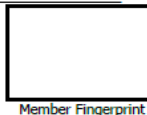
This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State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

Driver Signature: _____ Date: _____

**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: 01/10/2019
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 (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 (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 1st pick up and drop-off location and the 2nd 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

## 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.

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# 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.

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# Multiple Pages

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.

You may print out the trip report, double sided.

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# 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.

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# Continued…

- 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.

# Questions?

# Knowledge Check!

# What information is **required** on the upper left hand corner of the DTR?

**Hint: There are four!**

# True or False

If an error is made, the driver may erase or use white out to correct the content.

# Thank You.

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

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Reaching across Arizona to provide comprehensive
quality health care for those in need