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**CHAPTER 10: MEDICAL TRANSPORTATION** 

**SECTION 10.5: NEMT - RECORD KEEPING** 

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## RECORD KEEPING

Transportation providers must maintain sufficient documentation to identify the beneficiaries transported, trips made, locations traveled, driver qualifications, vehicle capabilities, and safety information.

## **Daily Trip Log**

The transportation broker shall obtain a daily trip log from for-profit and non-profit providers that captures the following information:

- 1. Trip identification number;
- 2. Beneficiary's name, Medicaid ID number, address, and signature;
- 3. Destination address;
- 4. Healthcare provider or facility's name, if applicable;
- 5. Departure date and time;
- 6. Arrival date and time;
- 7. Driver's name;
- 8. Vehicle Identification Number (VIN); and
- 9. Any other comments regarding the trip.

The daily trip log shall be maintained in electronic format and sorted chronologically.

Prior to reimbursement, the transportation broker shall verify that each claim from a for-profit or non-profit provider has a corresponding entry in the daily trip log.

## **Gas Reimbursement Form**

The transportation broker shall obtain a gas reimbursement form for **every** Non-Emergency Medical Transportation (NEMT) claim from a gas reimbursement provider to be eligible for reimbursement. The gas reimbursement form must be typed or written in ink and include the following information:

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- 1. Trip identification number;
- 2. Driver's full name;
- 3. Driver's residential address;
- 4. Driver's phone number;
- 5. Driver's e-mail address (if applicable);
- 6. Driver's relationship to beneficiary;
- 7. Beneficiary's name;
- 8. Beneficiary's Medicaid ID number;
- 9. Beneficiary's address;
- 10. Transportation date;
- 11. Name of facility/medical provider;
- 12. Address of facility/medical provider;
- 13. Phone number of facility/medical provider;
- 14. Signature of driver attesting that the information on the form is true and correct;
- 15. Signature of beneficiary or parent/guardian attesting that the information on the form is true and correct;
- 16. Medical facility/physician's signature and date; and
- 17. Medical facility's stamp.

Prior to reimbursement, the transportation broker shall verify that each claim from a gas reimbursement provider has a corresponding and properly completed gas reimbursement form.