



## Non-Emergent Medical Transportation Report Instructions

### Failure to input all mandatory items will result in automatic claims denial.

1. Ensure that the scheduled date and time for the trip is depicted on the main Trip Report page and any addendum sheets filed with the Department.
2. Member Information section: Provide the member's name and Medicaid ID number. Once the driver has verified the member's identity, the driver should check the appropriate box and delineate what form of identification was used to verify the member. The member can then sign and date the Member Information section.
3. Provider/Driver/Vehicle Information section: Insert the name of the NEMT provider and their Medicaid provider identification number. Enter the driver's name and either the plate number or the Vehicle Identification Number (VIN) of the vehicle used for the trip. Check the type of vehicle being used (see definitions of each vehicle type). If an escort is used, due to the limitation or age of the client, enter the name of the escort where appropriate.
4. Trip Information section: Select the appropriate check box for the type of trip taken, "one way" or "round trip". If a provider uses two different vehicles for each leg of the trip, select "one way" and create another trip report for the next leg, as vehicle information will be different.
  - a. Insert the "actual" pick-up time, designate AM or PM, the accurate street address where the member was picked up, including City, State and Zip Code. Enter the appropriate Odometer reading when the member has been picked up.
  - b. Insert the "actual" drop-off time, designate AM or PM, the accurate street address where the member was dropped off, including City, State and Zip Code. Enter the appropriate Odometer reading when the member was dropped off. Enter the mileage for that leg of the trip.

Complete step 4 for the next leg(s) of the trip. If additional legs are required, use the second page Addendum to provide the additional trip information.

Upon completion of the medical visit, a representative of the medical facility, the Escort or client should certify the information on the Trip Report and sign at the bottom of the page. For Medical facility personnel, they should enter the facility name or treatment location, their name (printed), and their title within the facility. Then the facility representative should sign the form. If the Escort or client is providing the signature (because facility personnel were not available to sign), then the Escort or member should apply the certifying signature.

If for any reason, documentation cannot be provided in the appropriate spaces (member unable to sign, etc.) please use the space on the second page to document the reasons for the Department.

The provider must keep the completed trip report on file. The Department may request copies of any/all trip reports for the provider's claims at any time.

## Trip Report Addendum:

1. Ensure that the scheduled date and time for the trip is depicted on the addendum sheets filed with the Department.
2. Ensure the Member name and Medicaid ID number are inserted.
3. Add the NEMT Provider name and Provider Medicaid ID number.
4. Add the Driver's name and vehicle plate or VIN number.
5. Enter the appropriate information for each subsequent leg of the trip into the appropriate areas on the Trip Report Addendum.

## Multi-Loading Client Roster:

*\*Pending rule changes to allow multiloading in specific circumstances.*

1. Ensure that the scheduled date and time for the trip is depicted on the main Trip Report page and any addendum sheets filed with the Department.
2. Ensure the Member name and Medicaid ID number are inserted.
3. Add the NEMT Provider name and Provider Medicaid ID number.
4. Add the Driver's name and vehicle plate or VIN number.
5. Enter the additional Members transported from the same pick-up site to the same medical treatment facility.

\*Please email [NEMT@state.co.us](mailto:NEMT@state.co.us) for specific circumstances to provide multi loading services

## Definitions

**Scheduled Date/Time** - The scheduled date/time are the date of service and the time of the member's appointment with the medical facility or treatment location for covered medical services.

**Member Name/Member Medicaid ID Number** - This is the name of the Health First Colorado member that requested NEMT transportation to covered medical services by an enrolled Health First Colorado provider. Member and provider validation is available

**Identity document** - A document used to verify that the member that requested NEMT services is physically present for the requested trip. An identity document could be, but is not limited to, a valid Colorado (or other state) driver's license, Health First Colorado Identification card, passport, Social Security card, etc. If the identifying document is not a driver's license or Health First ID, please identify what document was used to verify the identification of the member/representative.

**Non-Emergent Medical Transportation (NEMT)** - Transportation to or from medically necessary non-emergency treatment. Non-emergency care may be scheduled or unscheduled. This may include Urgent Care transportation and hospital discharge transportation. (8.014.1.N)

**Trip** - One-way transportation from the point of origin to the point of destination. (8.014.1.U)

**Type of Vehicle** - Per Colorado Code of Regulations (CCR), available NEMT vehicle types are as follows:

**Air Ambulance** - a Fixed-Wing or Rotor-Wing Air Ambulance equipped with medically necessary supplies to provide Emergency Medical Transportation. (8.014.1.B)

**Ambulatory Vehicle (Mobility Van)** - a passenger-carrying vehicle available for those members able to walk and who do not rely on wheelchairs or other mobility devices, during boarding or transportation, which would necessitate a vehicle with a lift or other accommodations. (8.014.1.C)

**Emergency Medical Transportation** - Ground Ambulance or Air Ambulance transportation under Section 8.018 during which members who are ill, injured, or otherwise mentally or physically incapacitated receive needed emergency medical services en route. (8.014.1.H)

**Fixed-Wing Air Ambulance** - A fixed wing aircraft that is certified as a Fixed-Wing Air Ambulance by the Federal Aviation Administration. (8.014.1.J)

**Ground Ambulance** - A ground vehicle, including a water ambulance, equipped with medically necessary supplies to provide Emergency Medical Transportation. (8.014.1.K)

**Rotor-Wing Air Ambulance** - A helicopter that is certified as an ambulance by the Federal Aviation Administration. (8.014.1.P)

**Stretcher Van** - A vehicle that can legally transport a member in a prone or supine position when the member does not require medical attention en route. This may be by stretcher, board, gurney, or another appropriate device. (8.014.1.R)

**Taxicab** - A motor vehicle operating in Taxicab Service, as defined in 4 CCR 723-6, §6001(yyy) (2019)... (8.014.1.S)

**Wheelchair Vehicle** - A motor vehicle designed and used for the non-emergent transportation of individuals with disabilities who use a wheelchair. These vehicles include vans modified for wheelchair access or wheelchair accessible minivans.