
CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.5: NEMT - RECORD KEEPING**PAGE(S) 2**

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 profit and non-profit transportation providers a daily trip log that captures the following information:

- Trip identification number;
- Beneficiary's name, Medicaid ID number, address, and signature;
- Destination;
- Physician's name, if applicable;
- Departure date and time;
- Arrival date and time;
- Driver's name;
- VIN; and
- Any other comments regarding the trip.

The daily trip log should be electronic and sorted chronologically. If an electronic system is not available, the log must, at a minimum, be written in ink and maintained in chronological order.

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

Gas Reimbursement Form

The transportation broker shall obtain a gas reimbursement form for every NEMT claim from a gas reimbursement provider to be eligible for payment. The gas reimbursement form must be typed or written in ink and include the following information:

- Trip identification number;
- Driver's full name;
- Driver's residential address;
- Driver's phone number;
- Driver's email address (if applicable);
- Driver's relationship to beneficiary;

CHAPTER 10: MEDICAL TRANSPORTATION

SECTION 10.5: NEMT - RECORD KEEPING**PAGE(S) 2**

- Beneficiary's name;
- Beneficiary's Medicaid ID number;
- Beneficiary's address;
- Transportation date;
- Name of facility/medical provider;
- Address of facility/medical provider;
- Phone number of facility/medical provider;
- Signature of driver attesting that the ~~to~~ information on the form is true and correct;
- Signature of beneficiary or parent/guardian attesting that the ~~to~~ information on the form is true and correct;
- Medical facility/physician's signature and date; and
- Medical facility's stamp.

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