

## DMA-2056 Medicaid Transportation Log

	Date Transportation Requested	Date of Trip	Recipient Name	MID of Recipient	Date Assessment Completed	Eligible for Transportation Assistance Y/N	Recipient Medicaid Eligible on Date of Trip? (Y/N)	Name and Address of Provider(s)/Pharmacy
1	01/15/2012	01/25/2012	Suzy Sunshine	123456789Q	11/13/2011	Y	Y	Dr. Joe, 12 Maple St, Stsvl ABC Drug, 245 Elm St., Stsvl
2	01/15/2012	01/26/2012	Suzy Sunshine	123456789Q	11/13/2011	Y	Y	UNC Health Care, 800 Main St., Chapel Hill
3	01/15/2012	01/28/2012	Suzy Sunshine	123456789Q	11/13/2011	Y	Y	Dr. Steel, 18 Oak St., Stsvl
4	01/15/2012	01/28/2012	Suzy Sunshine	123456789Q	11/13/2011	Y	Y	Home from Dr. Steel
5	01/15/2012	01/15/2012	Johnny Appleseed	987654321K	01/15/2012	Y	Y	Dr. Oz, 2400 18 <sup>th</sup> St., Stsvl

NOTE: The actual revised DMA-2056 is an Excel spreadsheet. The columns shown are continuous across the top of the spreadsheet.

	Recipient Name	Number of People Traveling with Recipient	Trip Approved Y/N (if no, date notice sent)	Reason for Denial (if applicable)	Transportation Vendor	Mode of Transport (car, van, etc.)	Transportation Scheduled (Y/N) (if no, why)	Recipient Picked-up (Y/N) (if no, why)
1	Suzy Sunshine	0	Y	N/A	XYZ Van Svc	Van	Y	Y
2	Suzy Sunshine	N/A	N	Not nearest appropriate provider	N/A	N/A	N/A	N/A
3	Suzy Sunshine	0	Y	N/A	XYZ Van Svc	Van	Y	Y
4	Suzy Sunshine	0	Y	N/A	Viola Sunshine (dau)	car	Y	Y
5	Johnny Appleseed	1	Y	N/A	Mae Appleseed (mo)	Car	Y	Y

	Recipient Name	Number of One WayTrips	Purchased Medical Transportation Costs	Billing Code (see "Billing Codes" sheet for definitions)	Medicaid Reimbursement
1	Suzy Sunshine	3	\$34.56	A0120	\$34.56
2	Suzy Sunshine	N/A	\$0.00	N/A	\$0.00
3	Suzy Sunshine	1	\$18.50	A0120	\$18.50
4	Suzy Sunshine	1	\$8.33	A0090	\$8.33
5	Johnny Appleseed	2	\$5.60	A0090	\$5.60

**Example 1:**

Suzy Sunshine called on 1/15/12 to request transportation for three dates. On 1/25/12 she needs to be taken to Dr. Joe, then to the drug store, then home. On 1/26/12, she needs to go to a specialist in Chapel Hill. On 1/28/12, she needs to see Dr. Oz, but she only needs a ride to the doctor. Her daughter can pick her up at the doctor's office after work.

The 1/25/12 trip to Dr. Joe, drug store and home is approved. She is a Medicaid recipient. An assessment was completed on 11/13/11 and is still valid. No one is available to drive her on this date, so you arrange for the van service to pick her up, take her to the doctor, pick her up at the doctor, take her to the drug store, and then bring her home. This constitutes three (3) one-way trips. The total cost for the van service is \$34.56 and the billing code is A0120. Because the billing code is the same for all three trips, you enter the three trips on the same line of the log.

The 1/26/12 trip to Chapel Hill is not approved. Although Suzy is going to see a specialist, you have verified that there is a similar specialist in town that she could use. She simply prefers to see the doctor in Chapel Hill. (If Suzy alleged that she must see the specialist in Chapel Hill, you would send a DMA-5048, Medicaid Transportation Exception Verification, to her doctor to validate the need to see a provider at a greater distance.) You deny this trip and send Suzy a DMA-5119, Denial of Transportation Request.

The 1/28/12 trip is also approved. Since her daughter is available to drive her home, and this is the least expensive means appropriate, you approve this method of transport home. The van service will transport her to the doctor's office. This is one (1) trip. The cost is \$18.50 and the billing code is A0120. You authorize her daughter to transport her home from the doctor's office and will reimburse her @ no more than \$.555 per mile for a total cost of \$8.33 for fifteen (15) miles. The billing code is A0900. Since there are two billing codes involved, each leg of the trip is entered on its own line of the log.

**Example 2:**

Johnny Appleseed is sick with the flu. He is a Medicaid recipient but has had no assessment completed at this point. You complete the assessment by telephone and authorize a trip for his mother to take him to the doctor on the same day. Since she is a financially responsible person (FRP), you reimburse her at a rate of \$.28 per mile (or issue a gas voucher at the same mileage rate) for a total of \$5.60 for twenty (20) miles.