REIMBURSEMENT REQUEST FORM
MEDICAID TRANSPORTATION

COUNTY DSS: _____ COUNTY #: _____

MONTH: _____ YEAR: _____

(Include only one month of transportation per DMA 2055.
The month should be the month in which the transportation occurred.)

Transportation Expense Code	Number of Unduplicated Medicaid Recipients	Number of One Way Trips	Amount Requested for Reimbursement
A0080			
A0090			
A0100			
A0110			
A0120			
A0130			
A0160			
A0170			
A0180			
A0190			
A0200			
A0210			
A0999			
TOTAL			

Attestation: I certify that 1) all individuals who received transportation services for which reimbursement is being requested were authorized Medicaid eligible, 2) transportation was provided in accordance with the policies and guidelines published by the Division of Medical Assistance, 3) full documentation exists for all services for which reimbursement is being requested, 4) the information provided in the chart above is accurate for reimbursement being requested for this period.

_____ _____
Prepared by DSS Director or Designee

_____ _____
Phone Date

_____
Email address

FAX to DMA Budget Management, **919-715-0896** by the 15th of the month following the month of transport. DMA contact phone number: 919-855-4140.

Note: Administrative costs are reported on the DSS-1571.

Requests for reimbursement received after the 15th of the month (or next business day if the 15th falls on the weekend), will be delayed for reimbursement until the next month.

INSTRUCTIONS FOR COMPLETING DMA-2055

I. Definitions

One Way Trip is transportation of a recipient either to a medical service **or** from a medical service. A one-way passenger trip consists of one passenger pick-up and drop-off.

Unduplicated Medicaid Recipients means the number of recipients transported during the reporting period under a particular billing code, not the number of trips. An individual who has been transported on more than one occasion under a single billing code during the reporting period counts as one Medicaid recipient transported for that month. An individual who has been transported under more than one billing code during the reporting period is a distinct "unduplicated Medicaid recipient" for each applicable billing code.

II. Instructions for Completing DMA-2055

1. The DMA-2055 must be completed in its entirety or it will be returned without being processed for payment. Do not leave any field blank. Enter a zero, if it does not apply.
2. Include only one month of transportation data per DMA-2055. The data reported should be for the month in which the transportation occurred.
3. Enter the number of unduplicated Medicaid recipients transported.
4. Enter the number of one way trips for each code.
5. Enter the amount requested for reimbursement for each code.
6. Enter the total amount of reimbursement requested.
7. Sign and have the Director (or designee) sign and date.
8. Fax to DMA Budget Management at number shown on form.

III. Codes

A0080	Mileage paid to volunteer/volunteer provided vehicle
A0090	Mileage paid when vehicle is provided by individual, family, neighbor, etc.
A0100	Taxi
A0110	Bus, Interstate or Intrastate Carrier
A0120	Van service, public and private transportation, except wheel chair vans.
A0130	Wheel-chair Van
A0160	Mileage paid to caseworker or social worker
A0170	Ancillary costs – parking fees, tolls, other
A0180	Recipient Lodging
A0190	Recipient Meals
A0200	Attendant Lodging
A0210	Attendant Meals
A0999	Ambulance Service, (Stretcher transport, no life support)