



## Holmes County Job & Family Services (HCJFS) Non-Emergency Transportation (NET) Mileage Reimbursement

The Medicaid recipient (person being transported to the appointment) MUST contact the NET Coordinator, at the beginning of each month. The NET Coordinator must verify eligibility and open a case before reimbursement can begin.

Reimbursement of \$0.54.5 per mile may be paid to the driver or designee for miles traveled **while transporting a client** to a Medicaid/Managed Care Plan-covered service. HCJFS will only reimburse **one trip per case per day and will reimburse no more than 10 trips per month.**

The driver must document the **actual** odometer readings (beginning and ending) for each trip provided. Reimbursement may only be paid for the **ACTUAL MILES TRAVELED**. If for any reason HCJFS questions the mileage of a trip, **HCJFS will calculate miles through MapQuest. HCJFS will then reimburse the lower of the two calculations.**

**Each Month**, the driver must submit **Proof of current automobile insurance** (coverage during the time period reimbursement is being requested) and a **valid driver's license.**

A verification slip must be signed **for each appointment each day of transportation.** A verification slip must be signed by a representative at each medical office to confirm the client was seen and that the provider will bill Medicaid/Managed Care Plan for the Service. **Reimbursement will not be paid for days that do not have a verification slip signed by the medical provider. We cannot accept photocopies of signatures.**

If the medical provider will not bill Medicaid/Managed Care Plan for the service provided, reimbursement **CANNOT** be paid.

NET mileage reimbursements are processed once a month and each month is processed separately. Each month's mileage reimbursement requests are to be submitted, **with the required verification forms, to HCJFS by the 10<sup>th</sup> of the following month.** Please turn in each month separately.

All mileage reimbursement requests **must** be submitted to Holmes County Job & Family Services within 60 calendar days of the transport. Payment will not be made for late requests.

All efforts will be made to issue a reimbursement check within 30 days of receipt of complete and accurate paperwork.

**Fraud** Any misuse of this program will result in recovery procedures and/or referral for prosecution. At a minimum, the client's access to transportation will be suspended and may result in the permanent loss of transportation benefits.

Jennifer Muniz  
NET Coordinator

Buffy Mirich  
Program Manager

Susan Martin  
Fiscal Supervisor

## Non-Emergency Transportation (NET) Verification

NET Recipient Name: \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_

Address of Medical Provider: \_\_\_\_\_

**The information below MUST be ORIGINAL signatures. Photocopied signatures will NOT be accepted.**

Date of Appointment: \_\_\_\_\_ Time of Appointment: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

NET Client's Signature: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_

This can be a Nurse, Receptionist, Doctor, etc. This signature is to verify that the client was seen on this date and the provider will be billing Medicaid/Managed Care Plan for the service provided. \_\_\_\_\_

**Failure to have verification completed entirely will result in non-payment of the transportation.**

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