

**APPENDIX J**

**FFS MILEAGE REIMBURSEMENT FORM  
FOR FFS INDEPENDENT SERVICE PROVIDERS**

## APPENDIX J

### MILEAGE REIMBURSEMENT FOR FFS INDEPENDENT SERVICE PROVIDERS

#### **Description**

AHCCCS may cover mileage reimbursement for designated independent providers furnishing home and community based services to ALTCS Native American members who are in the FFS program and living and receiving services on-reservation. The provider must be registered with AHCCCS and services must be approved and prior authorized by the ALTCS Tribal case manager. Mileage reimbursement rates will be determined by the AHCCCS Division of Health Care.

#### **Definition**

**Independent Provider**-individuals registered as providers with AHCCCS who are not affiliated with or employed by a provider agency. These individuals are not AHCCCS employees.

#### **Amount, Duration and Scope**

Independent providers furnishing designated services on-reservation will be reimbursed for daily mileage in excess of 25 round trip miles from their origination point.

1. Reimbursement mileage includes mileage incurred while a registered provider is:
  - a. Providing HCBS as an independent provider to an ALTCS FFS member
  - b. Traveling directly to or from a member's residence within the mileage reimbursement parameters as defined above.
2. Providers may be reimbursed for mileage when delivering services in the following categories:
  - a. Nursing
  - b. Home health aide
  - c. Personal care
  - d. Homemaker
  - e. Attendant care.

The provider must provide a copy of the mileage reimbursement form to the member's case manager for review prior to submitting claims to AHCCCS. The case manager will authorize appropriate services on the Client Assessment Tracking System (CATS) CA165 screen, Service Plan. The provider then submits the appropriate mileage claims to AHCCCS Division of Fee-For-Service Management Claims for processing.

This form is available on the AHCCCS Web site at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us).

**APPENDIX J**

**INDEPENDENT PROVIDER MILEAGE REIMBURSEMENT CLAIM FORM**

**TRIBE:** \_\_\_\_\_

<b>PROVIDER NAME/AHCCCS ID NUMBER:</b>					<b>MONTH &amp; YEAR:</b> <sup>2</sup>		
<b>DRIVER LICENSE NUMBER:</b>					<b>CAR LICENSE NUMBER:</b>		
<b>DATE</b> <sup>3</sup>	<b>MEMBER NAME, AHCCCS ID, AND ADDRESS/LOCATION</b> <sup>4</sup>	<b>SERVICE(S)</b> <sup>5</sup>	<b>ODOMETER START</b>	<b>ODOMETER END</b>	<b>TOTAL MILES</b>	<b>MINUS 25 MILES</b>	<b>REIMBURSABLE MILES</b> <sup>6</sup>
						<b>-25</b>	
						<b>-25</b>	
						<b>-25</b>	
						<b>-25</b>	
						<b>-25</b>	

<sup>1</sup> Use as many pages as necessary to record the entire activity for one month. On each page in this area enter the page number and the total number of pages needed to complete the form, for example, Page 1 of 5, Page 2 of 5, etc.

<sup>2</sup> Only use one form per month, for example, use one form for January and a different form for February.

<sup>3</sup> Use a new line to record the entire activity for each new date.

<sup>4</sup> Indicate the **NAME**, **AHCCCS ID** and **ADDRESS** of **EACH** member served on that date.

<sup>5</sup> Services include nursing, home health aide, personal care, homemaker and attendant care.

<sup>6</sup> For each date AHCCCS will pay mileage to provider after the provider has traveled 25 miles. Multiple days cannot be added together to reach a total of 25 miles. Mileage for each date is only reimbursed when the provider has traveled over 25 miles to and from **ALTCS** Fee-for-Service Members' homes.

**TOTAL REIMBURSABLE MILES:**

**NUMBER OF REIMBURSABLE MILES** \_\_\_\_\_ **STATE REIMBURSEMENT RATE PER MILE =** \_\_\_\_\_ **REIMBURSEMENT** \_\_\_\_\_