

**Local Health Department procedure for Non-Emergency Medical Transportation (NEMT) through the Children's HealthCare Automated Support Services (CHASS) system**

The following are the local health department steps when authorizing Non-Emergency Medical Transportation (NEMT) assistance and when received back from the family.

- 1) Enter the requested departure, destination dates for travel and or lodging into CHASS.
  - a) When talking with the family remind them the CHASS addendum must be signed and dated and the **SSN** for the transporting person must be provided.
  - b) Remind family of the 90-day NEMT policy. Over 90 days must include a note with the reason why in the CHASS system. If no note in CHASS and over 90 days, the request will be denied.
  - c) Include a note for new enrollees that have backdated eligibility.
  - d) Tell the family to make any corrections on the dates, locations, etc. before returning to the local health department.
  - e) If missing information the addendum will not be processed and will be routed back to the local health department through the document management portal (DMP) with a request to provide the missing information.
  - f) Advise family to mail the addendum to the address printed on the General Instruction sheet.
- 2) Print out addendum and mail to the family.

**Procedure for local health department when addendum is received back from the family**  
**(Please note, NEMT addendums that are missing SSN or contain errors will be returned to LHD for correction).**

- 1) Verify the addendum is signed, dated and the SSN is provided for the transporting person listed in Section 2 on the addendum.

Reimbursement will not be issued if transporting person's signature and social security number are not provided

* Transporting Person's Signature	* Social Security Number (transporting person's)	* Date Signed

- a) Verify the Total Number of Miles and if necessary, the Total Number of Nights Lodging, Authorized airline, bus, train, ferry tickets and Total Miscellaneous Expenses match with the amounts authorized.

**SECTION 2: – Invoice and Verification (To be completed by the transporting person or person being reimbursed)**

Total Number of Miles		Authorized airline, bus, train, ferry tickets (itemized receipt required)	
Total Number of Nights of Lodging (itemized receipts required)		Total Miscellaneous Expenses – (Itemized receipts required) (Tolls, fares, parking, cab, etc.)	

- b) If family indicates any changes the representative will log into the CHASS system and enter the changes and print out the changed addendum and upload to DMP.
- c) If no changes the representative will upload addendum and any receipts to the DMP system.

- 1) Log into DMP and click CSCHS in the upper right-hand corner



CSHCS ▼

Document Management Portal

, click on Document Upload [Search Documents](#) [Document Upload](#) and

- 2) Under Beneficiary ID enter the client ID and click the magnifying glass confirm it is the correct beneficiary
- 3) Click on the drop-down menu for Beneficiary County Code and select the county
- 4) Click on the drop-down menu for Document Type and select Transportation
- 5) Click on the drop-down menu for Document Title and select Transportation or In State Travel Authorization
  - (a) For Direct bill addendums select Lodging Reimbursements
- 6) In Document Name field, enter the date uploading into DMP in format mm/dd/yyyy
  - (a) For Direct bill addendums enter in the document name field DB-name of direct bill hotel - mm/dd/yyyy
- 7) In date of service field, enter the first date of travel on the addendum in format mm/dd/yyyy
- 8) Click Choose File and select the file to upload
- 9) Click Submit to save the file in DMP

#### Document Upload

##### Instructions:

- All fields marked with an asterisk (\*) are required.
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).
- (\*\*) NPI OR Provider ID is required.

Beneficiary ID :	2	<input type="text"/>	<input type="button" value="Q"/>	Beneficiary Date of Birth : *	<input type="text"/>
Beneficiary First Name : *		<input type="text" value="First Name"/>		Beneficiary Last Name : *	<input type="text" value="Last Name"/>
NPI :		<input type="text"/>		Champs ProviderID :	<input type="text"/>
Sender Name :		<input type="text"/>		Sender Phone :	<input type="text"/>
Beneficiary County Code :	3	<input type="text" value="NONE"/>		No of documents to upload :	<input type="text" value="1"/>

Document Type*	Document Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Date Of Service	Tax ID	Message	Attach*
4 <input type="text" value="Transportation"/>	5 <input type="text" value="Select"/>	6 <input type="text"/>				7 <input type="text"/>			8 <input type="button" value="Choose File"/> No file chosen
9 <input type="button" value="Submit"/> <input type="button" value="Clear"/>									

Note: Upload per month by travel date do not combine different months of travel dates in one upload.