

TO: All Providers

SUBJECT: Completion of Transportation Certification Forms

PURPOSE: To request your cooperation in providing your signature, or your repr

BACKGROUND: Regulations issued by the federal Health Care Financing Administra  
accordance with federal requirements, the New Jersey Medicaid program provides  
coverage of transportation services, including livery service, to enable  
Medicaid recipients to obtain a Medicaid-covered service.

To be reimbursed for transportation services, the Program requires that  
transportation providers submit a properly completed transportation  
certification form. The use of a transportation certification form assists the  
Program in ensuring that a transportation provider is seeking reimbursement  
only for trip(s) to and/or from a provider/facility rendering a Medicaid-  
covered service(s), per N.J.A.C. 10:50-1.6(g).

ACTION: Please cooperate by signing (or having your authorized  
representative sign) a transportation certification form when  
presented by a Medicaid recipient or a transportation provider/driver.

Transportation certification forms may be signed only for recipients who  
present themselves for, and receive, a Medicaid-covered service. Do not sign  
a certification form for an accompanying family member unless he or she is  
receiving a Medicaid-covered service.

If you have any questions or concerns about signing a transportation  
certification form you are encouraged to contact your Medicaid District Office  
or Mr. Peter K. Rosswaag at (609) 588-2629.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")