

**Proposed Data Elements to be Reported
For
Medicaid Common Carrier Transportation Services**

Data Element	Required?	Pre-Populated Drop Down Box?	Value	Notes
County or Tribal Agency	Yes	Yes	Dropdown box: - List of counties and tribes	
Recipient Medicaid Identification Number	Yes	No	Numeric – limited to 10-digits	
Recipient Last Name	Yes	No	Text box	
Recipient First Name	Yes	No	Text box	
Recipient Middle Initial	Optional	No	Text box	
Attendant	Yes	Yes	Dropdown box: - No - Yes	
Service Description	Yes	Yes	Dropdown box (check all that apply): - Meals – Recipient - Meals - Attendant, including parent of minor child - Lodging – Recipient - Lodging – Attendant, including parent of minor child - Bus - Taxi - Plane - Train - Mileage – Human service vehicle, including wheelchair van - Mileage – County volunteer (with no vested interest) - Mileage – Self-driven, includes family, friends, neighbour - Mileage – County staff	If no attendant indicated, drop down box will not include meals and lodging for attendant
Procedure Code	n/a	Read only	Automatically populated	Could be designed to automatically populate this field based on the selection of service description.
Quantity	Yes	Yes	Text box: - ___ miles - ___ meals	Secondary dropdown box, depending on the service selected.

Data Element	Required?	Pre-Populated Drop Down Box?	Value	Notes
			<ul style="list-style-type: none"> - ___ days (lodging) - ___ trips (public transportation) 	
Trip Type	Yes	Yes	Dropdown box: <ul style="list-style-type: none"> - One-Way - Round Trip 	Secondary dropdown box.
From Date of Service	Yes	Yes	Date Format: MM/DD/YY	Could also include both a text field and a dropdown calendar.
To Date of Service	Yes	Yes	Date Format: MM/DD/YY	Could also include both a text field and a dropdown calendar.
Origin of trip	Yes	Yes	Dropdown box: <ul style="list-style-type: none"> - Dialysis facility (hospital non-hospital) - Hospital (inpatient or outpatient) - Nursing home/extended care facility - Health care provider's office or clinic - Pharmacy - Recipient's home/homeless shelter (non-nursing home) - School - Other _____(text box) 	Other would include a comment field.
Destination of trip	Yes	Yes	Dropdown box: <ul style="list-style-type: none"> - Dialysis facility (hospital non-hospital) - Hospital (inpatient or outpatient) - Nursing home/extended care facility - Health care provider's office or clinic - Pharmacy - Recipient's home/homeless shelter (non-nursing home) - School - Other _____(text box) 	Other would include a comment field.
Amount Paid	Yes	No	Currency – no limit	Need to determine placement of “automatic” decimal point. Box could also be set up to calculate payment with rate per mile added as a field.