

**INSTRUCTIONS
DHS 1135**

TAXI AUTHORIZATION/INVOICE

PURPOSE:

The DHS 1135, Taxi Authorization/Invoice form shall be completed monthly by the eligibility workers (EWs) and taxi providers. This form is used to authorize taxi services for the “fee-for-service” recipients, who are medically certified to receive taxi services to obtain medical services. This form is intended to:

- I. Inform recipients of their monthly eligibility for taxi services;
- II. Inform taxi providers of recipients they are authorized to provide services for a specified calendar month; and
- III. Inform ASO/BP that the EW authorized taxi services for a specified recipient, destination(s) and month.

Recipients are entitled to taxi services if their physical or mental condition could jeopardize the health and safety of the community if public transportation is used. The EW must assess the information contained on the DHS 1160 Screening Form for Transportation Service Request form to determine if the physician's recommendation for taxi service is justified. The EW will initiate the DHS 1135 if it is determined that the recipient is entitled to utilize taxi services.

Taxi service authorizations are limited from/to the residence or specified. “Point-of-pickup” and the nearest appropriate medical facility. Convenience will not be considered in determining taxi service authorizations. A MQD medical consultant must approve any travel, other than those indicated above.

Services not paid by Medicaid (without prior MQD medical consultant's approval) include, but not limited to the following:

- I. Recipients who utilize the services of a provider other than the nearest one available;
- II. Recipients who fail to cancel or be at any scheduled pickup location and time, which they requested;
- III. Additional services rendered by taxi drivers assisting recipients upon entering or leaving the taxi or with their wheelchairs, and portable medical equipment (i.e. oxygen concentrators or tanks);
- IV. Other services rendered by taxi drivers in cleaning the interior of their taxi in the event the recipient soils their vehicle;

- V. “Waiting time” incurred by taxi drivers whenever recipients are not at the requested pickup location at the requested time; or
- VI. Trips not authorized by the EW or by the MQD medical consultant.

GENERAL INSTRUCTIONS:

- I. Form shall be written legibly or typed
- II. Section 1 (Completed by the EW)
 - A. Authorize taxi services after determining requirements were met (via the DHS 1160).
 - B. Allow the recipient to select a taxi provider for each calendar month from the list of Medicaid approved taxi providers issued on the ICF by R. Iwata, dated 03/20/91.
 - C. Have the recipient identify the name(s) and address (es) of their medical provider(s) that they are required to seek medical treatment from during that month. If any additional medical providers need to be listed on the DHS 1135, another form needs to be completed.
 - D. Confirm any additional services required with a medical consultant.
 - E. Authorizing emergency taxi/one-time service.
 - 1. A supporting CHS 1160 is not required.
 - 2. EW is to use available case information and consult with the medical provider to determine if the recipient is too ill or who's physical or mental condition makes it unsafe to use the bus or “curb-side-service” (handi-van),
 - F. Original form - filed in case record
 Copy - faxed to recipient’s taxi provider
 Copy - mailed/given to recipient
- III. Section 2 (Completed by the Taxi provider)
 - A. The section/unit will forward (fax or mail) the DHS 1135 form to the taxi provider for each recipient authorized to utilize taxi services for that month.
 - B. This form must be used as the invoice for payment to ASO/BP.

- C. The authorized agent for the taxi provider shall verify that all the information on each of the DHS 1136 Taxi Trip Record form is completed. Verified information documented on the DHS 1136 is to be transposed onto the DHS 1135 form. (“OTHER CHARGES” and “REASON FOR OTHER CHARGES” - to be completed only if applicable).
- D. All DHS 1136 forms listed on the DHS 1135 must be attached to the upper left back corner of this form.
- E. Send the ORIGINAL and two (2) copies of the DHS 1135 (invoice) and the original copy of the listed DHS 1136 forms to ASO/BP within six (6) weeks from the last DHS 1136 service date.
- F. Staple together and return all-“VOICED” DHS 1136 forms to ASO/BP. (“VOIDED” should be written on the face of these forms).
- G. For emergency trips (without authorized DHS 1135):
 - 1. Complete Section 2 of an unauthorized DHS 1135 for each emergency taxi service.
 - 2. Attach the applicable DHS 1136 forms including that of the return trip form the emergency medical provider to the recipient's residence; and
 - 3. Attach the written confirmation from the physician or facility that provided the emergency medical services and send to:

ASO/Benefit Payment Section
P.O. Box 339
Honolulu, Hawaii 96809-0339

- IV. Processing of completed DHS 1135 and DHS 1136 forms.
 - A. ASO/BP will pre-audit and process all forms completed correctly for payment.
 - B. ASO/BP will return incomplete forms to the taxi provider for correction, completion, and resubmittal.
 - C. ASO/BP will forward all other DHS 1135 and DHS 1136 forms to MQD/Medical Standards Branch for appropriate action.

SPECIFIC INSTRUCTIONS:

I. Section 1 (Completed by the EW)

- A. Recipient's Name Last, First, Middle Initial
- B. Case Name Last, First
- C. Case Number Self-explanatory
- D. Recipient I.D. No. Self-explanatory
- E. Unit Control No. 6 data elements (see below)

			Alpha	Num	Num	Num	Num	Num
	Element number		1	2	3	4	5	6

Example: M7108111130S

- 1 (1 digit field) = O Oahu
= H Hawaii
= M Maui
= K Kauai
- 2 (1 digit field) = 7 Last digit of year (e.g. 1997)
- 3 (3 digit field) = 106 (e.g. 106 is the Julian date of the 106th day the year on which the DHS 1135 was authorized).
- 4 (3 digit field) = 111 Section/Unit (e.g. MQD/Oahu Applications Section is 111)
- 5 (2 digit field) = 13 13 is the workers number in the section/unit.
- 6 (2 digit field) = 05 (e.g. 05 is the 5th number of DHS 1135 forms authorized by the EW on 04/16/97).

- F. Name of Taxi Provider Refer to list of approved providers on ICF By R. Iwata "IC Medicaid Taxi Providers" Dated 03/20/97.
- G. FAX No. Fax number of the taxi provider.

- H. Phone No. Phone number of the taxi provider.
- I. Service for the month of _____ Authorized month (e.g. April 1997)
- J. Residence Address or
Otherwise indicated
Example 1: 820 Mililani St., Apt. 717
Example 2: Aloha Hotel* 100 Mahalo St.
Example 3: Honolulu Int'l Airport*
100 Nimitz Hwy.
- K. Provider #1 to 5 Address
Example 1: Dr. John Smith 100 Castle Rd.
Example 2: Queens Medical Center
100 Punchbowl St.
- L. Authorized by:
Example 1: Dr. G. Batten, MSB
- M. Services Limited To:
Example 1: Longs Drug Store at
1330 Pali Hwy.
Example 2: From and to Honolulu Int'l
Airport, Queens Medical
Center, and Pagoda Hotel.*
- N. Printed Name of Eligibility Worker Self-explanatory
- O. Eligibility Worker's Signature Self-explanatory
- P. Authorization Date Self-explanatory
- Q. Phone No. Self-explanatory
- R. FAX No. Self-explanatory

* For recipients on the neighbor islands requiring medical treatment on Oahu, Residence Address or Otherwise Indicated would include the addresses of hotels & Airports previously authorized by the MQD medical consultants.

II. Section 2 (Completed by the Taxi Provider)

- A. Taxi Trip Record Number (e.g. A000123)
- B. Total Charges (e.g. \$ 7.50)
- C. Column 1 Total (e.g. \$125.75)
- D. Column 2 Total (e.g. \$ 35.80)

E.	Subtotal	(e.g. \$161.55)
F.	Tax (current rate 4%)	(e.g. \$ 6.46)
G.	Amount Due	(e.g. \$168.01)
H.	Printed Name of Authorized Agent	Name of person preparing this form for the taxi Provider.
I.	Signature of Authorized Agent	Self-explanatory
J.	Provider Address	Mailing Address
K.	Date	Self-explanatory
L.	Provider Invoice Number	Provider control number assigned by the taxi provider to identify each invoice submitted to Fiscal Management Office/Benefit Payment (FMO/BP)