

NEMT Reporting Template Technical Specifications

Updated 10/02/2024
Effective for CCO Use for Q1 2025 Reporting

Overview

CCOs should use this guidance and data dictionary to ensure proper completion and formatting of Quarterly NEMT Quality Assurance Reports. CCO Contract, Exhibit B, Part 2, Section 5, Para g, Subpara 3 outlines the following requirements:

1. CCOs are responsible for validating and submitting all quarterly NEMT QA reports.
2. NEMT QA reports shall be provided to OHA by no later than ninety (90) days after the end of each calendar quarter.
3. CCOs shall analyze the data collected about its NEMT operations to perform Quality Improvement, fulfill reporting and Monitoring requirements, and ensure adequate resources and staffing.

Reporting Instructions

Details regarding Reimbursements should only be entered within the Reimbursements Tab (not in ServiceDeliveryEvents or ServiceDeliveryInfo), as reimbursements are not considered a ride provided by the brokerage. Reimbursements in any manner, including on-time client reimbursements, should be entered into specific reporting categories in the Reimbursements tab only.

Format requirements: All sections that require a numeric value must have a value present. If a numeric value is not applicable, enter “null” into that field to have a value present (do not leave blank).

Reporting timeframes: Reports should include all data for the applicable quarter, broken down by month, for the following tabs: ServiceDeliveryEvents, CallCenterInfo, and Reimbursements. CCOs must update the fields “Month/Year” to accurately reflect the correct months for the reporting period.

Delivery Method: Quarterly NEMT Quality Assurance Reports should be submitted via the [CCO Contract Deliverable Portal](#) using the deliverable name: “NEMT Non-Emergent Medical Transportation Quality Assurance Quarterly Reports”.

Service Delivery Events

Purpose

The Service Delivery Events tab is intended to provide an overall picture of NEMT utilization, broken down into specific reporting categories. A Service Delivery Event is a completed ride which occurred for the member on the date specified.

Data Dictionary

Driver No-Show

Description: Number of times member or brokerage report driver did not pick up member at either originating or drop-off location resulting in member not receiving scheduled ride.

Format: Numeric value

Client No-Show

Description: Total number of times a member was not at pick up location as pre-arranged (after the allowed 15-minute window) resulting in ride cancellation.

Format: Numeric value

Client Cancellations

Description: Total number of times a member cancels a ride less than 24 hours in advance

Format: Numeric value

Driver Cancellations

Description: Total number of times a driver cancels a ride less than 24 hours in advance, resulting in a member not receiving their scheduled ride.

Format: Numeric value

Same Day Rides Scheduled

Description: Total number of same day requested rides provided. The total number should not include any member reimbursements.

Format: Numeric value

Same Day Rides Requested

Description: Total number of same day rides requested. The total number should not include any member reimbursements.

Format: Numeric value

Late Rides

Description: Total number of rides where driver arrived 15 minutes or more past scheduled pick-up time.

Format: Numeric value

Incorrect Vehicle Type Dispatched

Description: Total number of incidents where brokerage dispatched vehicle that was unable to meet member's needs.

Format: Numeric value

Rides Scheduled

Description: Total number of rides scheduled regardless of whether cancelled, or driver/member no-show event.

Format: Numeric Value

Ambulatory

Description: Total number of times a scheduled ride is ambulatory. Ambulatory means transportation for members who are able to walk on their own or only need basic assistance such as opening doors, gently steadying a person, and storing canes or small pieces of equipment. Basic assistance can be accommodated with a standard vehicle by a layperson driver. It does not include lifting a person or managing large/bulky pieces of equipment.

Format: Numeric value

Rides Denied

Description: Total number of rides denied by brokerage during reporting period

Format: Numeric value by reason

Reasons:

1. Non-Covered service
2. Other resources
3. Not eligible
4. Unable to verify appointment
5. Court ordered

Rides to Non-Covered Services (Optional)

Description: Total number of rides provided to non-covered services by reason.

Format: Numeric value by reason

Reasons:

1. Provided under Health Related Services.
2. Total number of rides provided to non-covered services.

Transportation Network Companies (TNCs)

Description: Total number of all rides, regardless of pilot status, scheduled with TNCs (e.g. Uber, Lyft, etc) within the reporting period. Note: This is field is for scheduled rides only and does not include reimbursements.

Format: Numeric value

Hospital Discharge Pickups

Description: Total number of hospital discharges presented by situation.

Format: Numeric value by situation

Situations

1. Total number of pre-arranged hospital discharge pick-ups.
2. Scheduled discharges picked up more than 15 minutes past scheduled time.
3. Not prearranged hospital discharges when pick-up occurred more than 1 hour outside of pick-up window promised during scheduling.

Utilization Reporting

Description: Overall NEMT utilization by type:

1. Total enrollment beginning of reporting period.
2. Total number of unique members using NEMT.
3. Utilization rate defined as a percentage of services used.
 - Numerator: Unduplicated count of members that received NEMT services for the reporting period.
 - Denominator: Unduplicated count of enrolled members for the reporting period.

Format: Numeric value

Service Delivery Information

Purpose

The Service Delivery Information tab is intended to record individual events for OHP member. Each record in the table should include a Member ID, Service Delivery Event, and the date of a Service Delivery Event. Accepted Service Delivery Events are listed on the [‘ServiceDeliveryEvents’](#) tab. When there is a service with more than one applicable event, use a separate row for each event.

Data Dictionary

Date

Description: The date on which a Service Delivery Event occurred.

Example: MM/DD/YYYY

Format: 10 total characters

Member_ID

Description: The OHP identifier issued by OHA which corresponds to a member.

Example: ABC12345

Format: 8 AlphaNumeric characters; upper case

Event

Description: A Service Delivery Event which occurred for the member on the date in question.

Format: Accepted values are included in [‘ServiceDeliveryEvents’](#) table.

Network Information

Purpose

The Network Information tab is meant to include summarized information related to available NEMT networks during the period. At minimum **one entry** is required to summarize network information for the quarterly reporting period. Multiple entries may be used, however, to describe network change over time if desired (e.g. monthly entries may capture growth of certified drivers).

Data Dictionary

Report_Date

Description: The date on which Network Information is being reported.

Example: MM/DD/YYYY

Format: 10 characters

Current Number of Subcontractors

Description: The total number of subcontractors on reporting date.

Example: 1507

Format: 1 – 10 numerical characters; no padding required

Current number of Subcontractor Certified Vehicles

Description: The total number of Subcontractor vehicles on reporting date.

Example: 100

Format: 1 – 10 numerical characters; no padding required

Current number of certified drivers

Description: The total number of certified drivers in fleet on reporting date.

Example: 1600

Format: 1 – 10 numerical characters; no padding required

Subcontractor on-site audits performed

Description: The total number of subcontractor on-site audits performed since last reporting date.

Example: 20

Format: 1 – 10 numerical characters; no padding required

Subcontractor vehicle inspections performed

Description: The total number of vehicle inspections performed since last reporting date.

Example: 80

Format: 1 – 10 numerical characters; no padding required

Subcontractor drivers trained

Description: The total number of subcontractor drivers trained since last reporting date.

Example: 150

Format: 1 – 10 numerical characters; no padding required

Call Center Information

Purpose

The Call Center Information tab is meant to include summarized information related to call center performance during the period. All fields are mandatory.

Data Dictionary

Report_Date

Description: The date on which Call Center Information is being reported

Example: MM/DD/YYYY

Format: 10 total characters

Total number of presented calls for period

Description: The total number of calls received since the last reporting period.

Format: Numerical value

Average Speed of Answer (Wait Time)

Description: The average number of wait minutes on the call, represented by the difference in time from when the caller enters the queue and receives a live response.

Format: Numerical value

Average Handle Time

Description: Average time to handle completed call from live response to end of call.

Format: Numeric value reported in minutes

Abandonment Rate

Description: Total number of calls abandoned prior to a live response, reported as a percentage of all inbound member or representative scheduling calls that were abandoned prior to a live response.

Format: Numeric value

Reimbursement

Purpose

The Reimbursement tab is intended to capture overall CCO and brokerage reimbursement to members and providers.

Data Dictionary

Rides involving Member Reimbursement

Description: Total number of unduplicated rides involving member reimbursement (e.g., one scheduled ride may have one or more reimbursements attached to it but is counted as a single ride).

Format: Numeric value

Member Reimbursements by Type

Description: Number of total approved reimbursements by type.:

1. Mileage
2. Meals
3. Lodging

Format: Numeric value

Member Reimbursements Denied

Description: Total number of member reimbursements denied by reimbursement type:

1. Mileage
2. Meals
3. Lodging

Format: Numeric value

Denial Reason for Reimbursement

Description: Total number of reimbursements by denial reason:

1. No Prior Approval
2. Other reason

Format: Numeric values

Total Member Reimbursements Processed

Description: Number of member reimbursement checks processed in each month of the reporting quarter.

Format: Numeric value

Average Number of Days Reimbursements Processed

Description: Timely adjudication of reimbursement checks, represented by the average number of days to process reimbursement.

Format: Numeric values

Average Reimbursement Amount

Description: Average dollar amount of reimbursement checks, represented by the total reimbursement during each month in the reporting quarter, divided by number of reimbursements provided during the same month in the reporting quarter.

Format: Numeric value

Total Number of On-time Client Reimbursements Processed

Description: Total number of member reimbursement checks processed in each month of the reporting quarter which took no longer than 30 days to be processed.

Format: Numeric value

Timeliness of Provider Reimbursement

Description: Total number of provider reimbursements by:

1. Total number of all providers eligible for reimbursement
2. Total number of providers not paid in full in each month of the reporting quarter.

Format: Numeric values.