Non-Emergency Transportation Quarterly Financial Report

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
1		ABD - 1		1	1	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	2	Bus	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
1		ABD - 1		1	1	15	Other	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	2	Bus	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
2		ABD - 2		1	2	15	Other	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	2	Bus	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
3		ABD - 3		1	3	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
3		ABD - 3		1	3	15	Other	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	2	Bus	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
4		MAF, Children, Pregnant Women		1	4	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
4		MAF,		1	4	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
4		Children, Pregnant Women MAF,		1	4	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
4		Children, Pregnant Women MAF,		1	4	15	Other	$-	-	$-	-	$-	-	-	-	$-
5		Children, Pregnant Women ABD - 1		2	1	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	2	Bus	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
5		ABD - 1		2	1	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
5		ABD - 1		2	1	15	Other	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	2	Bus	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
6		ABD - 2		2	2	15	Other	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	2	Bus	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
7		ABD - 3		2	3	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
7		ABD - 3		2	3	15	Other	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	2	Bus	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant Women		2	4	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
8		MAF, Children, Pregnant		2	4	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
8		Women MAF, Children, Pregnant Women		2	4	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
8		Women MAF, Children, Pregnant Women		2	4	15	Other	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	2	Bus	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
9		ABD - 1		3	1	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
9		ABD - 1		3	1	15	Other	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	2	Bus	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
10		ABD - 2		3	2	15	Other	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	2	Bus	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
11		ABD - 3		3	3	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
11		ABD - 3		3	3	15	Other	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	2	Bus	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
12		MAF, Children, Pregnant Women		3	4	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
12		MAF,		3	4	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
12		Children, Pregnant Women MAF, Children, Pregnant Women		3	4	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
12		Children, Pregnant Women MAF, Children, Pregnant Women		3	4	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
12		Children, Pregnant Women MAF, Children, Pregnant Women		3	4	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
12		Children, Pregnant Women MAF, Children, Pregnant Women		3	4	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
12		Children, Pregnant Women MAF, Children, Pregnant Women		3	4	15	Other	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	2	Bus	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
13		ABD - 1		4	1	14	No Shows	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
13		ABD - 1		4	1	15	Other	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	2	Bus	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
14		ABD - 2		4	2	15	Other	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	1	Taxi	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	2	Bus	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
15		ABD - 3		4	3	15	Other	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	1	Taxi	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
16		MAF, Children, Pregnant Women		4	4	2	Bus	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	3	Para-Lift Van	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	4	Multi-Passenger Van	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	5	NEMT Ambulance	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	6	Stretcher Van	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	7	Gas Reimbursement	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	8	Fixed Wing	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	9	Recipient Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant Women		4	4	10	Recipient Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
16		MAF, Children, Pregnant		4	4	11	Attendant, Parent/Guardian Ancillary - Meals	$-	-	$-	-	$-	-	-	-	$-

Report ID	Provider #	Region	Year	Quarter	Rate Cell	COS ID	Category of Service	FFS Claims Paid	FFS Units	Cap Claims Paid	Cap Units	Total Claims	Total Units	Member Months	Revenue	Admin
16		Women MAF, Children, Pregnant Women		4	4	12	Attendant, Parent/Guardian Ancillary - Lodging	$-	-	$-	-	$-	-	-	-	$-
16		Women MAF, Children, Pregnant Women		4	4	13	Comprehensive Day Rehab	$-	-	$-	-	$-	-	-	-	$-
16		Women MAF, Children, Pregnant Women		4	4	14	No Shows	$-	-	$-	-	$-	-	-	-	$-
16		Women MAF, Children, Pregnant Women		4	4	15	Other	$-	-	$-	-	$-	-	-	-	$-

Financial Reporting Requirements
To be submitted to the State in electronic format (Excel)

SAMPLE TABLE FORMAT

Column Headers	Description
REPORT ID	DMS Sort Field
PROVIDER NUMBER	Broker provider number
REGION	ABD - 1, ABD - 2, ABD - 3, or TANF (each region must be reported separately)
YEAR	Calendar Year being reported
QUARTER	Quarter being reported
RATE CELL	DMS Sort Field
COS ID	DMS Sort Field
CATEGORY OF SERVICE	Category of service description
FFS DOLLARS PAID	Fee-for-service expenses incurred and paid during the period (1)
FFS UNITS	One-way trips completed or miles driven and paid fee-for-service during the period (2)
CAPITATED DOLLARS PAID	Actual capitation payments paid to a transportation provider (1)
CAPITATED UNITS	One-way trips completed or miles driven and paid by capitation during the period (2)
TOTAL CLAIMS PAID	Sum of FFS dollars paid and Capitated dollars paid
TOTAL UNITS PAID	Sum of FFS units and Capitated units
MEMBER MONTHS	Broker Reported Member Months
REVENUE	Broker Reported Revenue
ADMINISTRATION	Broker Reported Admin (in dollars) (3)

Note: Text in blue are the fields to be filled in by the broker, all other fields should be left as reported.

1) FFS Dollars Paid and Capitated Dollars Paid must include only expenses incurred for actual transportation provided to Medicaid recipients to approved NEMT Medicaid covered services. It must exclude any recoupments by the broker for non-covered services and/or non-medicaid eligibility.

2) Utilization should be reported using the following units of measure:

Category of Service	**Utilization**
Taxi	# of one-way trips
Bus	# of one-way trips
Para-Lift Van	# of one-way trips
Multi-Passenger Van	# of one-way trips
NEMT Ambulance	# of one-way trips
Stretcher Van	# of one-way trips
Gas Reimbursement	# of miles
Recipient Ancillary - Meals	# of meals
Recipient Ancillary - Lodging	# of nights
Attendant, Parent/Guardian Ancillary - Meals	# of meals
Attendant, Parent/Guardian Ancillary - Lodging	# of nights
Comprehensive Day Rehab	# of one-way trips
No Shows	# of one-way trips
Other (include description)	Include definition of units *

* Please indicate where different units are being used to report utilization.

3) Administration expense includes, but is not limited to: service call center, intake/dispatch center, corporate overhead, profit, contingency and risk charges, etc.