

Exhibit Seven NEMT REPORTS

1. Issue Tracking Report: An interval status report (weekly) of various management and service issues addressed bi-laterally between the Department and the Broker
2. Business Continuity Report: A periodic (annual and occurrence) report of
 - a. technological failures related to data management and their recovery, and
 - b. violations of security or confidentiality and their resolution
3. Call Center Report: A quarterly report of telephone call center performance including:
 - a. Number of incoming calls during regular business hours and after hours;
 - b. Number of answered calls by Broker staff by ACD line;
 - c. Average number of calls answered by Broker staff;
 - d. Average call wait time;
 - e. Average talk time by ACD line;
 - f. Percent of routine services calls answered by staff less than sixty seconds after the selection of a menu option;
 - g. Number of calls placed on hold and length of time on hold by ACD line;
 - h. Number and percent of abandoned calls;
 - i. Volume of out-going call volume by functional area, (Example: ride assignment, coordination/outreach, quality, etc.);
 - j. Proposed staffing adjustments when the call volume reaches thresholds proposed by the Proposer;
 - k. Description of its seamless responses to service needs in the event of local power failures or other emergencies; and
 - l. Call volume exceeding call performance targets.
4. Prior Authorization Report: Monthly report of
 - a. All trips prior authorized by mode;
 - b. Trips over/under 20 miles,
 - c. Trips by client type and mode, etc);
 - d. NEMT Request Processing for eligible and clients who are “otherwise not eligible;
 - e. Prior authorization and utilization by mode
 - f. Other factors based on quality program design and performance targets
5. Claims - Encounter Data Report: A monthly report of
 - a. All claims submitted with resultant adjudication including clean claims forwarded to HP and encounter data submitted to the Department’s Data Warehouse, including:
 - b. All clean claim trip/payment authorizations by mode to HP,
 - c. All denied claims from Broker or from HP by various factors (Example, Provider, reason)
 - d. All resubmitted claims and action on those claims
 - e. All other payment requests and adjudication decisions;
 - f. Claim Verification detail
 - g. Broker Payments and Interest – to providers
 - 1). In-state and out-of-state payment not covered by HP including ambulance, livery, taxi, bus, train, plane and personal reimbursement payments;
 2. Overall and provider specific payments authorizations for ambulance and livery to HP; and reconciliation information to identify payment discrepancies and potential problems.
 - h. Other factors based on quality program design and performance targets
6. Complaint Report: A monthly report of
 - a. Complaints received by the Broker,

- b. action taken,
 - c. analysis of complaints and
 - d. recommendations for service improvement.
7. Expenditure Report: a monthly report of operational expenditures against the Broker's contracted budget.
 8. Lost Eligibility/Transportation Notification Report: A monthly report of individuals who have lost their eligibility, but have prescheduled trips to regular and on-going treatment such as dialysis, for whom the Broker has advised to contact their eligibility worker and or re-apply. The Broker will continue to provide trips for the first week of the effective month of lost eligibility unless the client regains eligibility during that week.
 9. Network Providers - Adds, Deletes: A quarterly list of
 - a. providers who have subcontracts with the Broker and are enrolled with HP including changes in the network (adds, deletes);
 - b. disenrollment recommendations (provider);
 - c. out-of-state transportation providers,
 - d. alternative transportation agreements executed;
 - e. number and identification of subcontractors reviewed for compliance; and
 - f. results of review.
 10. Network - Vehicle Capacity: An annual list of
 - a. Network vehicle capacity (number, condition and mileage of each vehicle by type);
 - b. Plate number;
 - c. Vehicles that are appropriately licensed, certified, permitted or insured;
 - d. Random or select inspection report of vehicles
 11. Network - Driver Capacity: A quarterly list of
 - a. drivers who are appropriately licensed and trained and have had background checks performed;
 - b. individuals who have left the providers or are suspended from driving or are sanctioned from transporting Medicaid-NEMT clients and reasons for their suspensions.
 12. Performance Improvement Project Report: A Monthly report of performance and quality indicators measurement
 13. Personnel Discharge Report: A monthly report of changes in the Broker's staffing complement.
 14. Procedure Notification: a report on as needed basis that notifies the Department of proposed new or revised policies or procedures.
 15. Provider Performance Report: Monthly report by provider and cumulatively:
 - a. Waiting time for pickup or delivery shall not exceed fifteen minutes;
 - b. Pick up clients and drop off within 15 minutes from scheduled appointment;
 - c. Pick up for return rides within forty-five minutes from the time the return trip call;
 - d. Missed pickups and client "no-shows;"
 - e. Provider sanctions; and
 - f. Other factors based on quality program design and performance targets.
 16. Quality Committee Report: a quarterly summary report of the committee activities.
 17. Quality Management Program Evaluation and Report: A quarterly and annual summary report of quality measures and performance including:
 - a. comprehensive and cost effective QM Program plan. complaint summary information and analysis with recommendations

- b. QM Program and Implementation Plan and related quality reports
 - c. Satisfaction survey report; and
 - d. Other factors based on quality program design and performance targets
18. Service Coordination Report: a quarterly report on:
- a. Comprehensive NEMT outreach and educational plan to collaborate with hospitals, nursing homes, dialysis centers and methadone treatment facilities to achieve NEMT efficiencies by identifying individuals who have lost their eligibility but have on-going transportation needs and facilitating appropriate utilization of ambulance service;
 - b. Network capacity data - plan to identify and address transportation provider issues and concerns;
 - c. Plan to evaluate subcontracting with volunteers and non-governmental organizations and from organizations that do not provide transportation as their primary function; and
 - d. Plan for coordinating problem issues, assessment and intervention
19. Significant Incident Report/Summary/Analysis: Reports and analysis of specific incidents and recommendations for corrective action and quarterly summary analysis reports.
20. Small, minority, business report
21. Staff/Provider Training Report: A quarterly report focused on in-service training plan/provider training plan and the identification of individuals who have been trained and who have received re-training
22. Transportation Safety Program Report: A quarterly report of various safety issues including:
- a. Number of trips and individuals who require escort(s) or attendant(s) to accompany clients
 - b. Summary of plan activities to identify and address transportation provider issues and concerns; plan to assist drivers to recognize and report potential client abuse; a plan to assure safe transportation for all clients with emphasis on children and elders
 - c. Licensure and Certification and background checks
23. Unplanned Absence/Coverage Report: a report as needed to inform the Department of the Broker's plan to cover key personnel unplanned absences longer than seven days;
- 24 Utilization Reports

Mode (air, train, bus, livery, taxi, wheelchair van, ambulance, stretcher, etc.);	Ambulance: All requests for NEMT ambulance including the broker's decision; Ambulance trips by type (BLS/ALS), including, trip mileage;
Personal reimbursement: verification of actual personal reimbursements where the individual attended the appointment; reimbursement for individuals who have been erroneously billed for NEMT transportation by livery or ambulance provider;	Bus: bus ticket/pass data including client specific and bus pass specific data; bus ticket/pass purchases and distribution comparison report; Bus passes returned due to undelivered mail; Refund – unused tickets, tickets by denomination; and verified appointments;
Origin and Destination;	urgent;
In-state and out-of-state;	Number of trips per client;
multi-loading;	Client Status; otherwise not eligible;
mileage;	Cost

	Other factors based on quality program design and performance targets.
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25. Notice of Action Reports:

26. Verification Reports

Identification and recovery of cost of trips that were provided in vehicles that were not appropriately licensed, certified, permitted or insured or by drivers who were not appropriately licensed	Trips provided in appropriately licensed, certified, permitted or insured vehicles and by appropriately licensed drivers
PA for all trips in all modes and for all client types	Verification that the trips have actually been delivered
Authorization reason when the Broker authorizes non-emergency medical transportation to a healthcare provider in the transportation database that is not the geographically closest provider.	Retroactive NEMT medical necessity reviews of trips that were retroactively authorized or denied for those individuals who are retroactively granted eligibility
The most cost-effective and least expensive mode of transportation for a random sample of trip reservations	Justification of trip denials: Trip denials including: reason for denial; client, date of request, medical provider destination, NEMT mode
Medical Service verified for Medicaid coverage	Other factors based on quality program design and performance targets

27. Verification/Fraud: On a monthly basis (or as otherwise defined in the Broker's approved Quality Program plan) audit NEMT utilization factors for each mode of transportation used for the following items

Billing for Services Not Rendered Unspecified Overbilling	Double Billing for the Same Service
Up-coding	Kickbacks
Undocumented Trips and/or Forged Documents	Ineligible or Deceased Beneficiary
Billing for Excess Mileage	Patient Abuse or Neglect
Nonmedical Use of NEMT Services	Permit for livery
Billing without a License and/or Using Unauthorized Transportation Providers	

28. Maintain capability to provide summary information, any subset of the data, and reports on all of the data elements listed below, at the request of the Department:

Client Medicaid identification, pending client status	Requester name (if different from client)
Client name	Attendants, or escorts
Date reservation was recorded	Date of medical appointment
Reservation pick-up time	Reservation drop-off time / Time of medical appointment
Healthcare provider identification number (or address or zip code, and/or modifiers)	Provider or facility name / Healthcare provider type, if available
Mode of transportation requested / authorized (type of service, i.e., wheelchair, livery)	Ancillary services authorized (parking, tolls, lodging, meals, escort, attendant, children)
Pick-up address	Drop-off address
Justification for mode of transportation requested	Referral, approval, or denial (include reason for denial) of non-emergency medical transportation
Transportation provider name	Transportation provider vendor identification
Result of reservation (i.e., completed, no-show by driver or client, canceled)	Trip mileage (based on the PUCA mileage document)
Other riders in vehicle	Trip Cost / code for multi-loading
Accident or significant incident data	Adjustments / penalties

29. Data Report Samples: The Department may require the Broker to furnish a variety of reports to examine various aspects of utilization and performance. The data may be provided in time intervals to present performance and utilization trends. These reports will be utilized, in part, to establish performance targets and to measure performance

including per member per month costs by various factors. The following are examples of the report types that will be developed to meet specific performance assessment goals

Trips by All Modes: (Ambulance, Public Transportation, Wheel Chair, Taxi, Livery, Personal Reimbursement)

	Trips	% change-prior month	Undup. Clients	% change-prior month	Cost	% change-prior month	Av. Cost/client	Av Trips/Client	Av Cost/trip
All – 201X									
Month 1, 201X									
Month 2, 201X									
Month 3, 201X									

Trip - by Distance – Destination Type

	Trips	Unduplicated Clients	Cost	Mileage	Av. Cost/client	Av Trips/Client	Av Cost/trip
All							
0 - 5 miles							
6 - 10 miles							
11 - 15 miles							
16 - 20 miles							
21 - 25 miles							
26 - 30 miles							
greater than 30							

Trip Destination by Mode

	Trips	Unduplicated Clients	Cost	Trips/Client	Cost/client	Cost/Trip
All Medical Types						
BH						
Medical						
PT						
Dental						
Dialysis						
Cardiology						
Chemo						
Oncology						
Post Op						
HIV						