

Ohio Department of Medicaid
ODM 04208
**NON-EMERGENCY TRANSPORTATION REPORT BY METHOD OF
SERVICE DELIVERY INSTRUCTIONS**

The purpose of the revised JFS 04208 form is to collect Non-Emergency Transportation (NET) information for state monitoring. NET is a state-wide program that provides transportation for Medicaid consumers to and from Medicaid covered services, and are not otherwise eligible for other covered Medicaid.

Each CDJFS must complete the JFS 04208 **no later than 30 days after the end of the reporting quarter**. If there is a delay in reporting of services, the county can include that information on the following quarter's report. A report must be submitted each reporting period even if Medicaid transportation services were not provided during the reporting quarter. In place of a written signature when submitting the form electronically there must be a statement in the text of the e-mail that the CDJFS director has approved the transportation services and the director should be copied on the email. Reports may be submitted electronically, by fax or mailed to the following address:

Ohio Department of Medicaid
Bureau of Health Plan Policy
Attn: NET Program/ODM 04208
50 West Town Street
Columbus, OH 43215
Phone: (614) 466-6420
Fax: (614) 466-2908

Email: EMT_JFS04208@odjfs.state.oh.us (preferred method of submission)

Year	The calendar year for which the services being reported are rendered.
Quarter	The quarter for which services being reported are rendered July-Sept (1 st) Oct-Dec (2 nd) Jan-Mar (3 rd) Apr-June (4 th)
Preparer's Name	The name of the person preparing the report.
County	The county reporting the services being rendered.
Phone/Fax	The telephone number and the fax number of the person preparing the form.
Reimbursable Transportation Expenditures	Bus/Rail – a non-contracted delivery method to transport consumers using publicly owned or operated fixed-route transportation (tokens, day/month passes) rail, or other conveyance which provides to the public transit or para-transit service on a regular and continuing basis with the state.
	Friend or Relative – A non-contracted service delivery method to transport consumers by using a volunteer, friend or relative's (non-consumer) vehicle.
	Consumer – A non-contracted service delivery method to transport consumers by using the consumers vehicle.
	CDJFS Vehicles –A service delivery method to transport consumers by a CDJFS staff member using a CDJFS vehicle.
	CDJFS Personnel (Own Vehicles) – A service delivery method to transport consumers by a CDJFS staff member using the staff member's vehicle.
	Attendant – A service delivery method that offers assistance to consumers during the time of transport.
	Travel Expenses – A service delivery method for the payment of lodging, meals or other expenses during travel for Medicaid covered services.
Contract Vendor	A service delivery method the CDJFS has entered into an agreement to provide payment for the purpose of transportation. An example of a contract vendor would be a Taxi Cab company.
Number of Unduplicated Consumers	For each Medicaid reimbursable trip record the total number of Medicaid consumers transported. This means when three Medicaid consumers are transported by one taxi cab the number of unduplicated number of Medicaid consumers is three.
Number of One-way Trips	For each reimbursable transportation expenditure listed above record the number of unduplicated one-way trips.
Expenditures	The cost for the reimbursable transportation for the reporting quarter. The cost reported is to reflect the information the county has at that point and time. If new expenditures are received after the reporting quarter the county may place the information on the following report.
Mileage	The miles accounted for during a reimbursable transportation expenditure.
Totals	The combined total of all service delivery methods in F.