

NON-INSURED HEALTH BENEFITS (NIHB) MEDICAL TRANSPORTATION (MT) BENEFIT PROGRAM ACTIVITY REPORT

DCI Number/Fiscal Year: HC-P032 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P032. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

The Recipient shall submit to the Minister financial and program activity reports as outlined in the funding agreement and this Reporting Guide. The Non-Insured Health Benefits (NIHB) Program standard requires:

- Interim Financial and Program Activity reports;
- A year end Annual Audited Financial Report; and
- An Annual Report which includes a year-end Program Activity Report.

The ISC-FNIHB and the funding agreement recipient will negotiate the interim reporting requirement periods and deadlines. Independent of the number of reporting periods, the financial and activity reporting time frames and due dates must always be the same.

Financial Reports:

The interim financial reports and the annual year end Audited Financial Report must report on actual expenditures for each of the budget categories listed in the NIHB Interim Report on Program Expenditures.

Program Activity Reports

The interim and Annual Program Activity reports must include the following data elements for each authorized claim for the reporting period and shall be submitted in electronic form or in a format that has been previously approved by ISC-FNIHB.

1. Client Information:
 - a. Identification number (encrypted identifier may be accepted);
 - b. Gender (required only if providing encrypted identifier);
 - c. Date of birth or age range; and
 - d. Escort reason (see escort option list).
2. Appointment Information:
 - a. Date and time of appointment/admission/discharge; and

- b. Specialty of health care professional.
3. Travel Information:
- a. Departure date;
 - b. Departure location;
 - c. Destination; and
 - d. Return date.
4. Benefit Information (as applicable):
- a. Transportation type (i.e., bus, taxi, medical van, private vehicle, scheduled air, etc.);
 - b. Mileage amount (if applicable);
 - c. Total amount paid for transportation (including PST/GST/other tax);
 - d. Accommodation type (i.e., hotel, motel, boarding home, private accommodation, etc.);
 - e. Number of nights;
 - f. Total amount paid for accommodation (including PST/GST/other tax);
 - g. Description and number of meals provided;
 - h. Total amount paid for meals;
 - i. Description of other benefits provided (please specify);
 - j. Cost of other benefits provided (including PST/GST/other tax); and
 - k. Total cost of trip (including tax).

Where to Send the Reports:

The reports are to be sent to the Minister's contact address as listed in the funding agreement or as identified by the ISC-FNIHB region.