

Office of Medicaid Policy and Planning
Non-Emergency Medical Transportation Reports

Report Name: Complaint Summary by Residence
Report Code: MO-CSR
Submission Date: July 16, 2021
Code Citation: IC 12-15-30.5 (4)(a)(1)(D) iii

Experience Period >>3/1/2021-3/31/2021

	Nursing Facility	Hospital	Community	Total
March 2021	6	3	43	52

Note: Data reflects the residence type for the complaints or concerns directed to FSSA and to Southeastrans