

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

Report

Name:

Version:

Report

Code:

Submission

Date:

Code

Citation:

Complaint Summary by Residence 1.0

MO-CSR

2/15/2021

IC 12-15-30.5-4 (a)(1)(D) iii

Experience Period >> 10/1/2020-10/31/2020

	Nursing Facility	Hospital	Community	Total
Oct-20	15	2	25	42

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