

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

Report Name: Complaint Summary by Residence 1.0
Version: Report MO-CSR
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Code Citation:

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

	Nursing Facility	Hospital	Community	Total
Jan-21	6	1	50	57

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