

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of Medicaid Members Eligible for NEMT
Report Code: MO-MME
Code Citation: IC 12-15-30.5 (4)(a)(2)(A)

	Number of NEMT Eligible Members
July 2021	250,897

Note: Data reflects the number of Traditional Medicaid fee-for-service members for whom capitation payment was made for the NEMT covered service.

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Requests Received & Scheduled
Report Code: MO-RRS
Code Citation: IC 12-15-30.5-4 (a)(3)(A)

07/01/2021-07/31/2021

Trip Status Count	Requests	Scheduled	% Scheduled	Fulfilled	% Fulfilled
Total	69,999	69,326	99%	57,164	82%

Note: Data reflects the number of ride requests made and the number scheduled/assigned to a transportation provider. A request may result in multiple scheduled trips.

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Member Call Center Performance
Report Code: MO-MCC1
Code Citation: IC 12-15-30.5-4 (a)(3)(B)

07/01/2021-07/31/2021

Item No.	Data Description	Data Entry
10	Number of Calls Received	39,098
11	Number of Calls Answered	38,024
12	Average Handle Time	04:36
13	Percent of Calls Abandoned	2.75%
14	After Hours On-Time Call Back %	100.0%
15	Calls Resolved in First Call	85.3%
16	Percentage of calls answered w/in 45 sec.	86.6%
17	Percentage of calls answered w/in 60 sec.	89.0%

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Missed Trips
Report Code: MO-MT
Code Citation: IC 12-15-30.5-4 (a)(1)(B)i-iii

Note: Data reflects the status of the trip on the date of the scheduled trip.

07/01/2021-07/31/2021

Trip Not Provided	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
No Provider Assigned	1,483	1,449	2,932	4%
Inclement Wthr/Mbr	1	1	2	0%
Member Cancelled	2,452	2,476	4,928	7%
Member Deceased	102	99	201	0%
Member Hospitalized	206	222	428	1%
Member No-show	367	378	745	1%
Member Too Sick	146	153	299	0%
Inclement Wthr/Provider	0	0	0	0%
Provider No-Show	112	124	236	0%
Provider Too Late	27	27	54	0%
Holiday Closure	1	1	2	0%
Grand Total	4,897	4,930	9,827	14%

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Missed Trips by Residence
Report Code: MO-CSR
Code Citation: IC 12-15-30.5-4 (a)(1)(B)

Note: Data reflects the status of the trip on the date of the scheduled trip.

07/01/2021-07/31/2021

Missed Trips by Res. Types	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Own Home	3,534	3,720	7,254	10%
Nursing Facility/ Ast. Liv	1,078	1,107	2,185	3%
Hospital/Rehab	196	48	244	0%
Other Res. Facility	0	0	0	0%
Other (list below)	18	19	37	0%
Grand Total	4,826	4,894	9,720	14%

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Send Backs Summary
Report Code: MO-SBS
Code Citation: IC 12-15-30.5-4 (a)(1)(B)v

Note: Data reflects the number of trips during the month that were sent back and were not re-assigned to another transportation provider by the date of the scheduled trip. All trips were initially assigned to a transportation provider.

07/01/2021-07/31/2021

Total Assigned Trips	Total # of Send Backs by Providers	Total % assigned trips Sent back	# Late Sendbacks	% Late Sendbacks	# late sendbacks successfully re-assigned	% late sendbacks successfully re-assigned	Number timely sendbacks	Percent timely sendbacks	# timely sendbacks successfully re-assigned	% timely sendbacks successfully re-assigned
37,061	6,181	16.68%	2,156	34.88%	1,411	65.45%	4,025	65.12%	2,950	73.29%

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Complaint Summary
Report Code: MO-CS
Code Citation: IC 12-15-30.5-4 (a)(1)(D)i-ii

Note: Data includes complaints or concerns directed to FSSA and to Southeastrans. A contact may include 1 or more issues.

07/01/2021-07/31/2021

Complaint Type	To Appointment	From Appointment	Grand Total
Call Center Issue	6	0	6
Dispatch Error	1	0	1
Driver Behavior	4	2	6
Driver Reckless	3	1	4
Payment Issue	1	2	3
Prov Late - A Leg	10	0	10
Prov Late - B Leg	0	4	4
Prov Late Sendback	3	0	3
Prov No-Show A leg	29	0	29
Prov No-Show B leg	0	3	3
Trip not assigned	9	0	9
Vehicle Condition	1	0	1
	67	12	79

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Complaint Summary by Residence
Report Code: MO-CSR
Code Citation: IC 12-15-30.5 (4)(a)(1)(D)iii

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

07/01/2021-07/31/2021

Complaints by Member residence See IC12-15-30.5-4	Grand Total	Percent of All Complaints
Own Home	51	64.6%
Nursing Facility/	13	16.5%
Ast. Liv	2	2.5%
Hospital/Rehab	3	3.8%
Other Res. Facility	3	3.8%
Other (list below)	7	8.9%
Grand Total	79	100%

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Complaints & Appeals
Report Code: MO-MCA1
Code Citation: IC 12-15-30.5 (4)(a)(3)(E)

07/01/2021-07/31/2021

COMPLAINTS

Item No.	Description	Data Entry
1	Number of Complaints Received this Reporting Period	79
2	Number of Complaints Acknowledged Received within One (1) Business Day in this Reporting Period	79
3	Percent of Complaints Acknowledged within One (1) Business Day for this Reporting Period	100.00%
4	Number of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	75
5	Number of Complaints Received in the Reporting Period that Were Not Investigated, Remediated, and Closed within 15 Business Days of Receipt	4
6	Percent of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	94.94%

APPEALS

Item No.	Details	Data Entry
7	Number of Appeals Received this Reporting Period	0
8	Number of Appeals Acknowledged Received within One (1) Business Day in this Reporting Period	0
9	Percent of Appeals Acknowledged within One (1) Business Day for this Reporting Period	NA
10	Number of Appeals Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	0
11	Number of Appeals Received in the Reporting Period that Were Not Investigated, Remediated, and Closed within 15 Business Days of Receipt	0
12	Percent of Appeals Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	NA

Note: Data includes the number of complaints received during the reporting month. One complaint may have one or more concerns.

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Claims Processing Summary
Report Code: MO-S1
Code Citation: IC 12-15-30.5 (4)(a)(3)(C)

07/01/2021-07/31/2021

Item #	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,432,759.31	
Clean Claims Received			
2	Electronic	17,470	
3	Paper	26,260	
	Total (calculated)	43,730	0
Clean Claims Adjudicated			
4	Paid On Time	42,075	
5	Paid Late	0	
6	Denied	1,655	
	Denial Rate (calculated)	3.93%	#DIV/0!
Claims Paid With Interest			
7	Total Number of Claims Paid With Interest	0	
8	Total Dollar Amount of Interest Paid	\$0.00	
Claims Lag			
9	Average number of days between the last date of service on claim and MCE's receipt of claim from provider.	13	
10	Average number of days between the receipt date on claim and the adjudication date.	16	
11	Average number of days from the adjudication date to payment (remittance advice) date.	16	
12	Clean Claims Adjudicated and Submitted as Encounters to DXC	42,775	
13	Clean Claims Accepted by DXC	42,775	
14	Clean Claims Rejected by DXC	0	
15	Acceptance Rate (calculated)	100.00%	#DIV/0!

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Top Denial Reasons Count		
Item No.	Reason	# in Reporting Period
25	Unauthorized Vehicle (UAV)	632
26	Unauthorized Driver (UAD)	301
27	IDS	156
28	Service Not Provided to Member (SNPM)	129
29	Incorrect Mobility Type (IMT)	107
30	UTF	68
31	STV	64
32	Maximum Benefit Paid by Other Payor (MBP)	50
33	MEOB	46
34	Other	102
35	Total	1655

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Claim Counts for Non-emergency Medical Transportation by Aid Category, Member Origin and Vehicle Type
Report Code: MO-CC
Code Citation: IC 12-15-30.5-6 (a)

Experience Period >> 07/01/21 - 07/31/21

Recipient Aid Category	ICF / IID				Health Facility				Hospital				Community				Grand Total
	Ambulance	Ambulatory	Wheelchair Van	ICF / IID Total	Ambulance	Ambulatory	Wheelchair Van	Health Facility Total	Ambulance	Ambulatory	Wheelchair Van	Hospital Total	Ambulance	Ambulatory	Wheelchair Van	Community Total	
1115 Medicaid Expedited Eligibility	0	0	0	0	2	0	1	3	0	2	4	6	1	36	44	81	90
Aged	0	0	0	0	435	342	3,771	4,548	81	331	470	882	253	3,470	2,926	6,649	12,079
Blind	0	0	0	0	0	8	0	8	0	0	19	19	0	45	48	93	120
Breast and Cervical Cancer Treatment Program	0	0	0	0	0	0	0	0	1	2	0	3	1	10	1	12	15
Children age 1 through 18; (MCHIP)	0	0	0	0	0	0	0	0	0	0	0	0	2	4	0	6	6
Children ages 1 through 5	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	4	4
Children ages 6-19	0	0	0	0	3	0	0	3	8	0	0	8	8	50	4	62	73
Children Receiving Adoption Assistance (under	0	0	0	0	2	0	0	2	7	9	0	16	17	33	4	54	72
Disabled	0	0	0	0	186	363	1,817	2,366	88	803	346	1,237	137	7,137	3,035	10,309	13,912
Former Foster Children (ages 18<26)	0	0	0	0	0	0	0	0	2	25	0	27	4	2	0	6	33
HIP Regular Basic	0	0	0	0	0	0	0	0	2	0	0	2	1	0	0	1	3
HIP State Plan Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
Low Income Families	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
Newborn - infants born to Medicaid members	0	0	0	0	1	0	0	1	4	0	0	4	2	0	0	2	7
Parent/Caretaker of Relative	0	0	0	0	0	0	24	24	1	18	4	23	0	19	0	19	66
PE Adult	0	0	0	0	3	0	0	3	42	0	0	42	31	0	0	31	76
PE Children Ages 1 Through 18	0	0	0	0	0	0	0	0	1	0	0	1	2	0	0	2	3
Pregnancy	0	0	0	0	0	0	0	0	0	4	0	4	2	0	0	2	6
Qualified Medicare Beneficiary (QMB)	0	0	0	0	69	0	0	69	68	0	0	68	131	0	0	131	268
Refugee Medical Assistance (RMA)	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	2
Retro Maternity	0	0	0	0	0	0	0	0	0	4	0	4	2	0	0	2	6
Room and Board Assistance (RBA)	0	0	0	0	2	28	14	44	1	0	23	24	0	40	10	50	118
SSI Related	0	0	0	0	384	257	1,549	2,190	124	824	427	1,375	191	8,847	2,189	11,227	14,792
Title IV-E foster children under 18	0	0	0	0	0	0	0	0	7	0	0	7	5	2	0	7	14
Working Disabled MEDWORKS	0	0	0	0	0	0	0	0	5	5	0	10	1	164	1	166	176
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1,087	998	7,176	9,261	442	2,027	1,293	3,762	793	19,865	8,262	28,920	41,943

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Broker Name: Southeastrans
Report Name: Program Integrity Audits & Investigations
Report Code: MO-PIIS
Code Citation: IC 12-15-30.5 (4)(a)(3)(D)

07/01/2021-07/31/2021

Date Initiated	Summary of Reason for Audit/Investigation	Actions Taken	Date Completed	Recoupment/Repayment Schedule	Projected Activity for Next Month
7/8/2021	The Fraud, Waste, and Abuse Department (FWA) was contacted by Southeastrans QA Manager after a nurse from a dialysis reported Indiana FSSA Member was not transported to his dialysis appointments on 6/19/2021 and 6/22/2021. Southeastrans (SETI) Program Integrity Department submitted an attendance verification form, and it was revealed provider submitted claims for reimbursement for services not rendered	An SIU was emailed to Indiana Program Integrity Department informing that Southeastrans Program Integrity Department will be performing a preliminary investigation on the provider.			

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of NEMT Vehicles by County

Report Code: MO-VC

Submission Date: 7/30/2021

Code Citation: IC 12-15-30.5-4 (a)(1)(A)

07/01/2021-07/31/2021

2	3	4	5	6	7	8	9	10
County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/W heelchair/Stret cher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total
Adams	8							8
Allen	22	75			1	4	2	104
Bartholomew	14	10				2	1	27
Benton	1	6						7
Blackford	3	7			1	1		12
Boone	9	24				1		34
Brown	6	5						11
Carroll	11	6					1	18
Cass	5	25				1		31
Clark	5	20			1	1	1	28
Clay	4	4				1		9
Clinton	4	13			1			18
Crawford	1	3						4
Daviess		11			1			12
Dearborn	6	1			1			8
Decatur	8	4		1		1		14
DeKalb	1	19			1		1	22
Delaware	11	28	1			3		43
Dubois	2	20			1		5	28
Elkhart	8	7			1	2	3	21
Fayette	1	16		1		2		20
Floyd	2	20			1		1	24
Fountain	10	3						13
Franklin	3	5						8
Fulton		1					1	2
Gibson	7	1			1		1	10
Grant	31	16			1	1		49
Greene	7	6			1	1	2	17
Hamilton	34	51			1	8	4	98
Hancock	3	26			1	3	5	38
Harrison	5	10					7	22
Hendricks	13	22			1	4	2	42
Henry	4	8			1	1		14
Howard	14	13				1		28
Huntington	2	14			1	1		18
Jackson	11	6			1	1	1	20
Jasper	3	6						9
Jay	14	6			1			21
Jefferson	3				1			4
Jennings	5	5			1	1		12
Johnson	27	30			1	5	2	65
Knox	6	17			1	1	1	26
Kosciusko	3	11						14
LaGrange	3	8					2	13
Lake	38	38			1	3	2	82
LaPorte	21	17			1		2	41
Lawrence	4	5				1	7	17
Madison	15	22			1	5		43
Marion	75	114	1		1	12	5	208

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of NEMT Vehicles by County

Report Code: MO-VC

Submission Date: 7/30/2021

Code Citation: IC 12-15-30.5-4 (a)(1)(A)

07/01/2021-07/31/2021

County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/W heelchair/Stretcher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total
Marshall		16			1			17
Martin		5					1	6
Miami	11	21				1		33
Monroe	19	23			1	1	7	51
Montgomery	10	4			1	1	2	18
Morgan	6	14				2	1	23
Newton	1	10						11
Noble	3	19			1		1	24
Ohio	2							2
Orange	9	8			1		8	26
Owen	6	5				1	1	13
Parke	1							1
Perry	3	14			1			18
Pike	2	7					1	10
Porter	26	24			1	1	2	54
Posey	4	3					2	9
Pulaski	1	1						2
Putnam	2	6			2	1		11
Randolph	12	5				1		18
Ripley	13	3			1	1		18
Rush		6						6
Scott	1	12			1	1	1	16
Shelby	6	15			1	3		25
Spencer	2	12			1			15
St.Joseph	11	16			1	3	4	35
Starke	12	4			1		3	20
Steuben	1	10			1	1		13
Sullivan	10	5						15
Tippecanoe	35	42	1		1	4	1	84
Tipton		2						2
Union		13						13
Vanderburgh	19	32			1	2	5	59
Vermillion	5	3						8
Vigo	17	13			1	1		32
Wabash	7	7				1		15
Warren	2	3						5
Warrick	7	22			1	1	1	32
Washington		1			1	1	1	4
Wayne	12	27		1		3		43
Wells	3	18						21
White	8	10			1	1		20
Whitley		8			1			9

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name:		Number of NEMT Vehicles by County Ratio															
	Report Code:	MO-VBCR															
Submission Date:		12/3/2021															
Code Citation:		IC 12-15-30.5-4 (a)(2)(B)															
	Experience Period >> 7/1/2021-7/31/2021																
County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/Whe elchair/ Stretcher	Basic Life Support	Non- Contracted	Stretcher van	Wheelchair Lift Van	Total vehicles	capitated members	member to vehicle ratio for all vehicle types	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/ Wheelchair/ Stretcher	Basic Life Support	Non- Contracted	Stretcher van	Wheelchair Lift Van
Adams	8							8	978	122.25	122.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allen	22	75			1	4	2	104	15075	144.95	685.23	201.00	#DIV/0!	#DIV/0!	15075.00	3768.75	7537.50
Bartholomew	14	10				2	1	27	2795	103.52	199.64	279.50	#DIV/0!	#DIV/0!	#DIV/0!	1397.50	2795.00
Benton	1	6						7	364	52.00	364.00	60.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Blackford	3	7			1	1		12	534	44.50	178.00	76.29	#DIV/0!	#DIV/0!	534.00	534.00	#DIV/0!
Boone	9	24				1		34	1578	46.41	175.33	65.75	#DIV/0!	#DIV/0!	#DIV/0!	1578.00	#DIV/0!
Brown	6	5						11	551	50.09	91.83	110.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Carroll	11	6					1	18	602	33.44	54.73	100.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	602.00
Cass	5	25				1		31	1582	51.03	316.40	63.28	#DIV/0!	#DIV/0!	#DIV/0!	1582.00	#DIV/0!
Clark	5	20			1	1	1	28	4919	175.68	983.80	245.95	#DIV/0!	#DIV/0!	4919.00	4919.00	4919.00
Clay	4	4				1		9	1070	118.89	267.50	267.50	#DIV/0!	#DIV/0!	#DIV/0!	1070.00	#DIV/0!
Clinton	4	13			1			18	1209	67.17	302.25	93.00	#DIV/0!	#DIV/0!	1209.00	#DIV/0!	#DIV/0!
Crawford	1	3						4	527	131.75	527.00	175.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Daviess		11			1			12	1154	96.17	#DIV/0!	104.91	#DIV/0!	#DIV/0!	1154.00	#DIV/0!	#DIV/0!
Dearborn	6	1			1			8	1578	197.25	263.00	1578.00	#DIV/0!	#DIV/0!	1578.00	#DIV/0!	#DIV/0!
Decatur	8	4		1		1		14	1058	75.57	132.25	264.50	#DIV/0!	1058.00	#DIV/0!	1058.00	#DIV/0!
DeKalb	1	19			1		1	22	1378	62.64	1378.00	72.53	#DIV/0!	#DIV/0!	1378.00	#DIV/0!	1378.00
Delaware	11	28	1			3		43	5275	122.67	479.55	188.39	5275.00	#DIV/0!	#DIV/0!	1758.33	#DIV/0!
Dubois	2	20			1		5	28	1304	46.57	652.00	65.20	#DIV/0!	#DIV/0!	1304.00	#DIV/0!	260.80
Elkhart	8	7			1	2	3	21	5931	282.43	741.38	847.29	#DIV/0!	#DIV/0!	5931.00	2965.50	1977.00
Fayette	1	16		1		2		20	1664	83.20	1664.00	104.00	#DIV/0!	1664.00	#DIV/0!	832.00	#DIV/0!
Floyd	2	20			1		1	24	3162	131.75	1581.00	158.10	#DIV/0!	#DIV/0!	3162.00	#DIV/0!	3162.00
Fountain	10	3						13	637	49.00	63.70	212.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Franklin	3	5						8	857	107.13	285.67	171.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Fulton		1					1	2	729	364.50	#DIV/0!	729.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	729.00
Gibson	7	1			1		1	10	1282	128.20	183.14	1282.00	#DIV/0!	#DIV/0!	1282.00	#DIV/0!	1282.00
Grant	31	16			1	1		49	3483	71.08	112.35	217.69	#DIV/0!	#DIV/0!	3483.00	3483.00	#DIV/0!
Greene	7	6			1	1	2	17	1348	79.29	192.57	224.67	#DIV/0!	#DIV/0!	1348.00	1348.00	674.00
Hamilton	34	51			1	8	4	98	6127	62.52	180.21	120.14	#DIV/0!	#DIV/0!	6127.00	765.88	1531.75
Hancock	3	26			1	3	5	38	2071	54.50	690.33	79.65	#DIV/0!	#DIV/0!	2071.00	690.33	414.20
Harrison	5	10					7	22	1356	61.64	271.20	135.60	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	193.71
Hendricks	13	22			1	4	2	42	3850	91.67	296.15	175.00	#DIV/0!	#DIV/0!	3850.00	962.50	1925.00
Henry	4	8			1	1		14	2266	161.86	566.50	283.25	#DIV/0!	#DIV/0!	2266.00	2266.00	#DIV/0!
Howard	14	13				1		28	3545	126.61	253.21	272.69	#DIV/0!	#DIV/0!	#DIV/0!	3545.00	#DIV/0!
Huntington	2	14			1	1		18	1388	77.11	694.00	99.14	#DIV/0!	#DIV/0!	1388.00	1388.00	#DIV/0!
Jackson	11	6			1	1	1	20	1852	92.60	168.36	308.67	#DIV/0!	#DIV/0!	1852.00	1852.00	1852.00
Jasper	3	6						9	1027	114.11	342.33	171.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Report Name:		Number of NEMT Vehicles by County Ratio															
	Report Code:	MO-VBCR															
Submission Date:		12/3/2021															
Code Citation:			IC 12-15-30.5-4 (a)(2)(B)														
	Experience Period >> 7/1/2021-7/31/2021																
County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/Whe elchair/ Stretcher	Basic Life Support	Non- Contracted	Stretcher van	Wheelchair Lift Van	Total vehicles	capitated members	member to vehicle ratio for all vehicle types	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/ Wheelchair/ Stretcher	Basic Life Support	Non- Contracted	Stretcher van	Wheelchair Lift Van
Jay	14	6			1			21	885	42.14	63.21	147.50	#DIV/0!	#DIV/0!	885.00	#DIV/0!	#DIV/0!
Jefferson	3				1			4	1436	359.00	478.67	#DIV/0!	#DIV/0!	#DIV/0!	1436.00	#DIV/0!	#DIV/0!
Jennings	5	5			1	1		12	1480	123.33	296.00	296.00	#DIV/0!	#DIV/0!	1480.00	1480.00	#DIV/0!
Johnson	27	30			1	5	2	65	4658	71.66	172.52	155.27	#DIV/0!	#DIV/0!	4658.00	931.60	2329.00
Knox	6	17			1	1	1	26	1889	72.65	314.83	111.12	#DIV/0!	#DIV/0!	1889.00	1889.00	1889.00
Kosciusko	3	11						14	2111	150.79	703.67	191.91	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
LaGrange	3	8					2	13	752	57.85	250.67	94.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	376.00
Lake	38	38			1	3	2	82	18581	226.60	488.97	488.97	#DIV/0!	#DIV/0!	18581.00	6193.67	9290.50
LaPorte	21	17			1		2	41	4045	98.66	192.62	237.94	#DIV/0!	#DIV/0!	4045.00	#DIV/0!	2022.50
Lawrence	4	5				1	7	17	2058	121.06	514.50	411.60	#DIV/0!	#DIV/0!	#DIV/0!	2058.00	294.00
Madison	15	22			1	5		43	6163	143.33	410.87	280.14	#DIV/0!	#DIV/0!	6163.00	1232.60	#DIV/0!
Marion	75	114	1		1	12	5	208	44626	214.55	595.01	391.46	44626.00	#DIV/0!	44626.00	3718.83	8925.20
Marshall		16			1			17	1451	85.35	#DIV/0!	90.69	#DIV/0!	#DIV/0!	1451.00	#DIV/0!	#DIV/0!
Martin		5					1	6	534	89.00	#DIV/0!	106.80	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	534.00
Miami	11	21				1		33	1343	40.70	122.09	63.95	#DIV/0!	#DIV/0!	#DIV/0!	1343.00	#DIV/0!
Monroe	19	23			1	1	7	51	3999	78.41	210.47	173.87	#DIV/0!	#DIV/0!	3999.00	3999.00	571.29
Montgomery	10	4			1	1	2	18	1360	75.56	136.00	340.00	#DIV/0!	#DIV/0!	1360.00	1360.00	680.00
Morgan	6	14				2	1	23	2423	105.35	403.83	173.07	#DIV/0!	#DIV/0!	#DIV/0!	1211.50	2423.00
Newton	1	10						11	417	37.91	417.00	41.70	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Noble	3	19			1		1	24	1560	65.00	520.00	82.11	#DIV/0!	#DIV/0!	1560.00	#DIV/0!	1560.00
Ohio	2							2	205	102.50	102.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Orange	9	8			1		8	26	1085	41.73	120.56	135.63	#DIV/0!	#DIV/0!	1085.00	#DIV/0!	135.63
Owen	6	5				1	1	13	938	72.15	156.33	187.60	#DIV/0!	#DIV/0!	#DIV/0!	938.00	938.00
Parke	1							1	684	684.00	684.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Perry	3	14			1			18	736	40.89	245.33	52.57	#DIV/0!	#DIV/0!	736.00	#DIV/0!	#DIV/0!
Pike	2	7					1	10	771	77.10	385.50	110.14	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	771.00
Porter	26	24			1	1	2	54	4545	84.17	174.81	189.38	#DIV/0!	#DIV/0!	4545.00	4545.00	2272.50
Posey	4	3					2	9	750	83.33	187.50	250.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	375.00
Pulaski	1	1						2	500	250.00	500.00	500.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Putnam	2	6			2	1		11	1224	111.27	612.00	204.00	#DIV/0!	#DIV/0!	612.00	1224.00	#DIV/0!
Randolph	12	5				1		18	1041	57.83	86.75	208.20	#DIV/0!	#DIV/0!	#DIV/0!	1041.00	#DIV/0!
Ripley	13	3			1	1		18	1049	58.28	80.69	349.67	#DIV/0!	#DIV/0!	1049.00	1049.00	#DIV/0!
Rush		6						6	736	122.67	#DIV/0!	122.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Scott	1	12			1	1	1	16	1561	97.56	1561.00	130.08	#DIV/0!	#DIV/0!	1561.00	1561.00	1561.00
Shelby	6	15			1	3		25	1857	74.28	309.50	123.80	#DIV/0!	#DIV/0!	1857.00	619.00	#DIV/0!
Spencer	2	12			1			15	721	48.07	360.50	60.08	#DIV/0!	#DIV/0!	721.00	#DIV/0!	#DIV/0!
St.Joseph	11	16			1	3	4	35	9885	282.43	898.64	617.81	#DIV/0!	#DIV/0!	9885.00	3295.00	2471.25

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