

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
October 2021	247,076

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)

10/01/2021-10/31/2021

Trip Status Count	Requests	Scheduled	% Scheduled	Fulfilled	% Fulfilled
Total	73,057	72,283	99%	55,905	77%

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)

10/01/2021-10/31/2021

Item No.	Data Description	Data Entry
10	<i>Number of Calls Received</i>	41,228
11	<i>Number of Calls Answered</i>	40,516
12	<i>Average Handle Time</i>	04:32
13	<i>Percent of Calls Abandoned</i>	1.73%
14	<i>After Hours On-Time Call Back %</i>	100.0%
15	<i>Calls Resolved in First Call</i>	93.9%
16	<i>Percentage of calls answered w/in 45 sec.</i>	93.0%
17	<i>Percentage of calls answered w/in 60 sec.</i>	94.5%

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.

10/01/2021-10/31/2021

Trip Not Provided	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Holiday Closure	0	0	0	0%
Inclement Wthr/Mbr	0	0	0	0%
Inclement Wthr/Provider	1	1	2	0%
Member Cancelled	2,441	2,491	4,932	70%
Member Deceased	48	52	100	0%
Member Hospitalized	165	178	343	0%
Member No-show	399	477	876	1%
Member Too Sick	173	178	351	0%
No Provider Assigned	1,783	1,734	3,517	5%
Provider No-Show	89	107	196	0%
Provider Too Late	15	21	36	0%
Grand Total	5,114	5,239	10,353	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.

10/01/2021-10/31/2021

Missed Trips by Res. Types	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Own Home	3,932	4,037	7,969	11%
Nursing Facility/ Ast. Liv	1,145	1,167	2,312	3%
Hospital/Rehab	18	15	33	0%
Other Res. Facility	0	0	0	0%
Other (list below)				0%
Hotel	19	20	39	0%
Grand Total	5,114	5,239	10,353	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.

10/01/2021-10/31/2021

Total Assigned Trips	Total # of Send Backs by Providers	Total % assigned trips Sent back	Late Sendbacks (<=48 hours)				Timely Sendbacks (>48 hours)			
			# 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
40,260	7,718	19.17%	1,765	22.87%	1,010	57.22%	5,953	77.13%	4,554	76.50%

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.

10/01/2021-10/31/2021

Description	Data Entry
Number of Complaints Received this Reporting	52
Number of Complaints Acknowledged Received	52
Percent of Complaints Acknowledged within One (1)	100.00%
Number of Complaints Received in the Reporting	52
Number of Complaints Received in the Reporting	0
Percent of Complaints Received in the Reporting	100.00%

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.

10/01/2021-10/31/2021

Complaints by Member residence See IC12-15-30.5-4	Grand Total	Percent of All Complaints
Own Home	45	86.5%
Nursing Facility	6	11.5%
Ast. Liv	1	1.9%
Hospital/Rehab		0.0%
Other Res. Facility		0.0%
Other (list below)		0.0%
Grand Total	52	

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)

10/01/2021-10/31/2021

COMPLAINTS

Description	Data Entry
Number of Complaints Received this Reporting Period	52
Number of Complaints Acknowledged Received within One (1) Business Day in this Reporting Period	52
Percent of Complaints Acknowledged within One (1) Business Day for this Reporting Period	100.00%
Number of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	52
Number of Complaints Received in the Reporting Period that Were Not Investigated, Remediated, and Closed within 15 Business Days of Receipt	0
Percent of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	100.00%

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,	0
12	Percent of Appeals Received in the Reporting Period that Were Investigated,	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)

		10/01/2021-10/31/2021	
Item #	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,406,896.56	
Clean Claims Received			
2	Electronic	17,690	
3	Paper	22,577	
	Total (calculated)	40,267	0
Clean Claims Adjudicated			
4	Paid On Time	38,837	
5	Paid Late	0	
6	Denied	1,430	
	Denial Rate (calculated)	3.68%	#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.	14	
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	38,970	
13	Clean Claims Accepted by DXC	38,970	
14	Clean Claims Rejected by DXC	0	
15	Acceptance Rate (calculated)	100.00%	#DIV/0!

Top Denial Reasons Count		
Item No.	Reason	# in Reporting Period
25	Untimely Filing	343
26	Unauthorized Driver	177
27	Missing Signatures	159
28	Time Variance	141
29	Service not provided to member	132
30	Unauthorized Vehicle	115
31	Missing EOB	109
32	Incorrect Mobility Type	106
33	Unauthorized No Show	55
34	Other	93
35	Total	1430

Report Name:
Report Code:
Code Citation:

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

Experience Period >> 10/01/21 - 10/31/21

Recipient Aid Category	ICF / IID				Health Facility			
	Ambulance	Ambulatory	Wheelchair Van	ICF / IID Total	Ambulance	Ambulatory	Wheelchair Van	Health Facility Total
1115 Medicaid Expedited Eligibility	0	0	0	0	0	0	0	0
Aged	0	0	0	0	314	370	3,735	4,419
Blind	0	0	0	0	2	0	6	8
Breast and Cervical Cancer Treatment Program	0	0	0	0	0	0	0	0
Children age 1 through 18; (MCHIP)	0	0	0	0	0	0	0	0
Children ages 1 through 5	0	0	0	0	0	0	0	0
Children ages 6-19	0	0	0	0	0	0	0	0
Children Receiving Adoption Assistance (under 19)	0	0	0	0	0	0	0	0
Disabled	0	0	0	0	228	418	1,775	2,421
Former Foster Children (ages 18<26)	0	0	0	0	0	0	0	0
Foster Care Independence; ages 18-20	0	0	0	0	0	0	0	0
HIP Regular Basic	0	0	0	0	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Newborn - infants born to Medicaid members	0	0	0	0	0	0	0	0
Parent/Caretaker of Relative	0	0	0	0	0	0	27	27
PE Adult	0	0	0	0	1	0	0	1
PE Children Ages 1 Through 18	0	0	0	0	0	0	0	0
Pregnancy	0	0	0	0	0	0	0	0
Qualified Medicare Beneficiary (QMB)	0	0	0	0	44	0	0	44
Refugee Medical Assistance (RMA)	0	0	0	0	0	0	0	0
Retro Maternity	0	0	0	0	0	0	0	0
Room and Board Assistance (RBA)	0	0	0	0	2	0	42	44
SSI Related	0	0	0	0	345	197	1,287	1,829
Title IV-E foster children under 18	0	0	0	0	0	0	0	0
Working Disabled MEDWORKS	0	0	0	0	1	2	0	3
	0	0	0	0	0	0	0	0
Total	0	0	0	0	937	987	6,872	8,796

Note: Data reflects the number of claim lines during the experience period.

Report Name:

Report Code:

Code Citation:

Recipient Aid Category	Hospital				Community				Grand Total
	Ambulance	Ambulatory	Wheelchair Van	Hospital Total	Ambulance	Ambulatory	Wheelchair Van	Community Total	
1115 Medicaid Expedited Eligibility	1	0	0	1	4	6	29	39	40
Aged	70	267	345	682	109	3,623	2,806	6,538	11,639
Blind	0	0	24	24	1	37	31	69	101
Breast and Cervical Cancer Treatment Program	2	2	0	4	0	9	0	9	13
Children age 1 through 18; (MCHIP)	1	0	0	1	0	2	0	2	3
Children ages 1 through 5	4	0	0	4	3	4	0	7	11
Children ages 6-19	6	0	0	6	10	28	0	38	44
Children Receiving Adoption Assistance (under 19)	10	0	0	10	18	16	0	34	44
Disabled	51	509	445	1,005	88	7,560	2,557	10,205	13,631
Former Foster Children (ages 18<26)	7	1	0	8	3	13	0	16	24
Foster Care Independence; ages 18-20	1	0	0	1	0	0	0	0	1
HIP Regular Basic	3	0	0	3	1	0	0	1	4
Native American	0	0	0	0	1	0	0	1	1
Newborn - infants born to Medicaid members	6	0	0	6	1	0	0	1	7
Parent/Caretaker of Relative	1	0	27	28	0	25	18	43	98
PE Adult	38	0	0	38	21	0	0	21	60
PE Children Ages 1 Through 18	0	0	0	0	2	0	0	2	2
Pregnancy	3	0	0	3	0	6	0	6	9
Qualified Medicare Beneficiary (QMB)	62	0	0	62	103	0	0	103	209
Refugee Medical Assistance (RMA)	0	0	0	0	2	9	0	11	11
Retro Maternity	7	0	0	7	0	0	0	0	7
Room and Board Assistance (RBA)	1	6	0	7	4	69	21	94	145
SSI Related	92	989	413	1,494	150	8,887	1,942	10,979	14,302
Title IV-E foster children under 18	7	0	0	7	6	14	0	20	27
Working Disabled MEDWORKS	0	18	0	18	1	125	0	126	147
	0	0	0	0	0	0	0	0	0
Total	373	1,792	1,254	3,419	528	20,433	7,404	28,365	40,580

Note: Data reflects the number of claim lines during the experie

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)

10/01/2021-10/31/2021	
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Date Initiated	Summary of Reason for Audit/Investigation	Actions Taken	Date Completed	Recoupment/Repayment Schedule	Projected Activity for Next Month
10/14/2021	Billing 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: 11/30/2021

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

Experience Period >> 10/01/2021-10/31/2021

2	3	4	5	6	7	8	9	10
County	Ambulatory	Ambulatory/Wh eelchair	Ambulatory/Wh eelchair/Stretch er	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total
Adams	6							6
Allen	20	83			1	3	2	109
Bartholomew	21	11			1	1		34
Benton		3						3
Blackford	4	9			1			14
Boone	11	25			1	1	1	39
Brown		3						3
Carroll	11	4					1	16
Cass	3	27				2		32
Clark	6	21			1	1		29
Clay	6	3				1		10
Clinton	3	16			1	1		21
Crawford	2	1						3
Daviess	4	9			2			15
Dearborn	4	11					1	16
Decatur	5	4				2		11
DeKalb	2	28			1		1	32
Delaware	14	27	1			4		46
Dubois	4	19			1			24
Elkhart	9	13		1	1	1	3	28
Fayette	1	16						17
Floyd	7	19			1	1		28
Fountain	5	4						9
Franklin		3					1	4
Fulton	1	6				1		8
Gibson	5	4			1			10
Grant	29	20			1	2		52
Greene	2	5			1			8
Hamilton	32	48			1	6		87
Hancock	3	26			1	2	4	36
Harrison	9	9						18
Hendricks	10	22			1	5		38
Henry	5	9			1	1		16
Howard	13	20				2		35
Huntington	3	17			1	1		22
Jackson	16	5			1	1		23
Jasper	4	5			1			10
Jay	9	4						13
Jefferson	7	13			1			21
Jennings	12	8			1			21
Johnson	33	29	1		1	4		68
Knox	5	18			1			24
Kosciusko		11					1	12
LaGrange	3	12					2	17
Lake	35	27			1	2	2	67
LaPorte	15	17			1		2	35
Lawrence	6	8			1	1		16
Madison	12	25			1	3		41
Marion	76	122	1		1	11	3	214
Marshall	3	19			1	1	3	27
Martin	1	7						8
Miami	9	18				1		28
Monroe	14	16	1		1	1		33
Montgomery	7	7			1	1	1	17
Morgan	2	8	1			3		14
Newton	2	8						10

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of NEMT Vehicles by County

Report Code: MO-VC

Submission Date: 11/30/2021

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

Experience Period >>		10/01/2021-10/31/2021							
	2	3	4	5	6	7	8	9	10
Noble		3	22					1	26
Ohio			1						1
Orange		5	10					2	17
Owen		7	7						14
Parke									0
Perry		3	11			1			15
Pike		2	5						7
Porter		27	21			1	2	1	52
Posey		2	4					2	8
Pulaski			2						2
Putnam		4	9			1	1		15
Randolph		8	8						16
Ripley		9	15			1	1	3	29
Rush		2	7						9
Scott		9	10			1			20
Shelby		4	14				2		20
Spencer		3	9			1			13
St. Joseph		14	15		1	1	2	3	36
Starke		10	3			1	1	5	20
Steuben			8			1	1		10
Sullivan		3	4				1		8
Switzerland			5						5
Tippecanoe		32	41	1		1	4	3	82
Tipton			2						2
Union			13						13
Vanderburgh		12	29			2	1	2	46
Vermillion		2	5			1	1		9
Vigo		9	12			1	1		23
Wabash		5	8				1		14
Warren		5	3						8
Warrick		10	18			1		1	30
Washington			1			1	1		3
Wayne		17	22		1		1		41
Wells		5	19				1		25
White		9	13			1			23
Whitley			9						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: 11/30/2021
 Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period 10/01/2021-10/31/2021

County	Ambulatory	Ambulatory/Wheelchair	Ambulatory/Wheelchair/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	6							6	993	165.50	165.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allen	20	83			1	3	2	109	15301	140.38	765.05	184.35	#DIV/0!	#DIV/0!	15301.00	5100.33	7650.50
Bartholomew	21	11			1	1		34	2857	84.03	136.05	259.73	#DIV/0!	#DIV/0!	2857.00	2857.00	#DIV/0!
Benton		3						3	346	115.33	#DIV/0!	115.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Blackford	4	9			1			14	541	38.64	135.25	60.11	#DIV/0!	#DIV/0!	541.00	#DIV/0!	#DIV/0!
Boone	11	25			1	1	1	39	1567	40.18	142.45	62.68	#DIV/0!	#DIV/0!	1567.00	1567.00	1567.00
Brown		3						3	543	181.00	#DIV/0!	181.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Carroll	11	4					1	16	596	37.25	54.18	149.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	596.00
Cass	3	27				2		32	1560	48.75	520.00	57.78	#DIV/0!	#DIV/0!	#DIV/0!	780.00	#DIV/0!
Clark	6	21			1	1		29	4970	171.38	828.33	236.67	#DIV/0!	#DIV/0!	4970.00	4970.00	#DIV/0!
Clay	6	3				1		10	1081	108.10	180.17	360.33	#DIV/0!	#DIV/0!	#DIV/0!	1081.00	#DIV/0!
Clinton	3	16			1	1		21	1209	57.57	403.00	75.56	#DIV/0!	#DIV/0!	1209.00	1209.00	#DIV/0!
Crawford	2	1						3	524	174.67	262.00	524.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Daviess	4	9			2			15	1157	77.13	289.25	128.56	#DIV/0!	#DIV/0!	578.50	#DIV/0!	#DIV/0!
Dearborn	4	11					1	16	1600	100.00	400.00	145.45	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1600.00
Decatur	5	4				2		11	1056	96.00	211.20	264.00	#DIV/0!	#DIV/0!	#DIV/0!	528.00	#DIV/0!
DeKalb	2	28			1		1	32	1429	44.66	714.50	51.04	#DIV/0!	#DIV/0!	1429.00	#DIV/0!	1429.00
Delaware	14	27	1			4		46	5354	116.39	382.43	198.30	5354.00	#DIV/0!	#DIV/0!	1338.50	#DIV/0!
Dubois	4	19			1			24	1288	53.67	322.00	67.79	#DIV/0!	#DIV/0!	1288.00	#DIV/0!	#DIV/0!
Elkhart	9	13		1	1	1	3	28	6160	220.00	684.44	473.85	#DIV/0!	6160.00	6160.00	6160.00	2053.33
Fayette	1	16						17	1674	98.47	1674.00	104.63	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Floyd	7	19			1	1		28	3164	113.00	452.00	166.53	#DIV/0!	#DIV/0!	3164.00	3164.00	#DIV/0!
Fountain	5	4						9	635	70.56	127.00	158.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Franklin		3					1	4	850	212.50	#DIV/0!	283.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	850.00
Fulton	1	6				1		8	736	92.00	736.00	122.67	#DIV/0!	#DIV/0!	#DIV/0!	736.00	#DIV/0!
Gibson	5	4			1			10	1290	129.00	258.00	322.50	#DIV/0!	#DIV/0!	1290.00	#DIV/0!	#DIV/0!
Grant	29	20			1	2		52	3568	68.62	123.03	178.40	#DIV/0!	#DIV/0!	3568.00	1784.00	#DIV/0!
Greene	2	5			1			8	1350	168.75	675.00	270.00	#DIV/0!	#DIV/0!	1350.00	#DIV/0!	#DIV/0!
Hamilton	32	48			1	6		87	6330	72.76	197.81	131.88	#DIV/0!	#DIV/0!	6330.00	1055.00	#DIV/0!
Hancock	3	26			1	2	4	36	2177	60.47	725.67	83.73	#DIV/0!	#DIV/0!	2177.00	1088.50	544.25
Harrison	9	9						18	1350	75.00	150.00	150.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hendricks	10	22			1	5		38	3955	104.08	395.50	179.77	#DIV/0!	#DIV/0!	3955.00	791.00	#DIV/0!
Henry	5	9			1	1		16	2332	145.75	466.40	259.11	#DIV/0!	#DIV/0!	2332.00	2332.00	#DIV/0!
Howard	13	20				2		35	3684	105.26	283.38	184.20	#DIV/0!	#DIV/0!	#DIV/0!	1842.00	#DIV/0!
Huntington	3	17			1	1		22	1399	63.59	466.33	82.29	#DIV/0!	#DIV/0!	1399.00	1399.00	#DIV/0!
Jackson	16	5			1	1		23	1907	82.91	119.19	381.40	#DIV/0!	#DIV/0!	1907.00	1907.00	#DIV/0!
Jasper	4	5			1			10	1052	105.20	263.00	210.40	#DIV/0!	#DIV/0!	1052.00	#DIV/0!	#DIV/0!
Jay	9	4						13	880	67.69	97.78	220.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Jefferson	7	13			1			21	1458	69.43	208.29	112.15	#DIV/0!	#DIV/0!	1458.00	#DIV/0!	#DIV/0!

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: 11/30/2021
 Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period 10/01/2021-10/31/2021

County	Ambulatory	Ambulatory/Wheelchair	Ambulatory/Wheelchair/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
Jennings	12	8			1			21	1515	72.14	126.25	189.38	#DIV/0!	#DIV/0!	1515.00	#DIV/0!	#DIV/0!
Johnson	33	29	1		1	4		68	4743	69.75	143.73	163.55	4743.00	#DIV/0!	4743.00	1185.75	#DIV/0!
Knox	5	18			1			24	1887	78.63	377.40	104.83	#DIV/0!	#DIV/0!	1887.00	#DIV/0!	#DIV/0!
Kosciusko		11					1	12	2117	176.42	#DIV/0!	192.45	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2117.00
LaGrange	3	12					2	17	794	46.71	264.67	66.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	397.00
Lake	35	27			1	2	2	67	18873	281.69	539.23	699.00	#DIV/0!	#DIV/0!	18873.00	9436.50	9436.50
LaPorte	15	17			1		2	35	4161	118.89	277.40	244.76	#DIV/0!	#DIV/0!	4161.00	#DIV/0!	2080.50
Lawrence	6	8			1	1		16	2117	132.31	352.83	264.63	#DIV/0!	#DIV/0!	2117.00	2117.00	#DIV/0!
Madison	12	25			1	3		41	6281	153.20	523.42	251.24	#DIV/0!	#DIV/0!	6281.00	2093.67	#DIV/0!
Marion	76	122	1		1	11	3	214	45452	212.39	598.05	372.56	45452.00	#DIV/0!	45452.00	4132.00	15150.67
Marshall	3	19			1	1	3	27	1483	54.93	494.33	78.05	#DIV/0!	#DIV/0!	1483.00	1483.00	494.33
Martin	1	7						8	573	71.63	573.00	81.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Miami	9	18				1		28	1371	48.96	152.33	76.17	#DIV/0!	#DIV/0!	#DIV/0!	1371.00	#DIV/0!
Monroe	14	16	1		1	1		33	4005	121.36	286.07	250.31	4005.00	#DIV/0!	4005.00	4005.00	#DIV/0!
Montgomery	7	7			1	1	1	17	1399	82.29	199.86	199.86	#DIV/0!	#DIV/0!	1399.00	1399.00	1399.00
Morgan	2	8	1			3		14	2455	175.36	1227.50	306.88	2455.00	#DIV/0!	#DIV/0!	818.33	#DIV/0!
Newton	2	8						10	437	43.70	218.50	54.63	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Noble	3	22					1	26	1579	60.73	526.33	71.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1579.00
Ohio		1						1	210	210.00	#DIV/0!	210.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Orange	5	10					2	17	1088	64.00	217.60	108.80	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	544.00
Owen	7	7						14	979	69.93	139.86	139.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Parke								0	739	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Perry	3	11			1			15	734	48.93	244.67	66.73	#DIV/0!	#DIV/0!	734.00	#DIV/0!	#DIV/0!
Pike	2	5						7	767	109.57	383.50	153.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Porter	27	21			1	2	1	52	4643	89.29	171.96	221.10	#DIV/0!	#DIV/0!	4643.00	2321.50	4643.00
Posey	2	4					2	8	763	95.38	381.50	190.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	381.50
Pulaski		2						2	519	259.50	#DIV/0!	259.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Putnam	4	9			1	1		15	1227	81.80	306.75	136.33	#DIV/0!	#DIV/0!	1227.00	1227.00	#DIV/0!
Randolph	8	8						16	1110	69.38	138.75	138.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Ripley	9	15			1	1	3	29	1026	35.38	114.00	68.40	#DIV/0!	#DIV/0!	1026.00	1026.00	342.00
Rush	2	7						9	728	80.89	364.00	104.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Scott	9	10			1			20	1540	77.00	171.11	154.00	#DIV/0!	#DIV/0!	1540.00	#DIV/0!	#DIV/0!
Shelby	4	14				2		20	1879	93.95	469.75	134.21	#DIV/0!	#DIV/0!	#DIV/0!	939.50	#DIV/0!
Spencer	3	9			1			13	715	55.00	238.33	79.44	#DIV/0!	#DIV/0!	715.00	#DIV/0!	#DIV/0!
St. Joseph	14	15		1	1	2	3	36	10156	282.11	725.43	677.07	#DIV/0!	10156.00	10156.00	5078.00	3385.33
Starke	10	3			1	1	5	20	978	48.90	97.80	326.00	#DIV/0!	#DIV/0!	978.00	978.00	195.60
Steuben		8			1	1		10	1037	103.70	#DIV/0!	129.63	#DIV/0!	#DIV/0!	1037.00	1037.00	#DIV/0!
Sullivan	3	4				1		8	745	93.13	248.33	186.25	#DIV/0!	#DIV/0!	#DIV/0!	745.00	#DIV/0!
Switzerland		5						5	398	79.60	#DIV/0!	79.60	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Experience Period 10/01/2021-10/31/2021

County	Ambulatory	Ambulatory/Wheel chair	Ambulatory/Wheelchair/ Stretcher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total vehicles	member to capitated members	vehicle ratio for all vehicle types	Ambulatory	Ambulatory/Wheelchair	Ambulatory/Wheelchair/ Stretcher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van
Tippecanoe	32	41	1		1	4	3	82	5415	66.04	169.22	132.07	5415.00	#DIV/0!	5415.00	1353.75	1805.00
Tipton		2						2	402	201.00	#DIV/0!	201.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Union		13						13	270	20.77	#DIV/0!	20.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Vanderburgh	12	29			2	1	2	46	8465	184.02	705.42	291.90	#DIV/0!	#DIV/0!	4232.50	8465.00	4232.50
Vermillion	2	5			1	1		9	645	71.67	322.50	129.00	#DIV/0!	#DIV/0!	645.00	645.00	#DIV/0!
Vigo	9	12			1	1		23	5186	225.48	576.22	432.17	#DIV/0!	#DIV/0!	5186.00	5186.00	#DIV/0!
Wabash	5	8				1		14	1425	101.79	285.00	178.13	#DIV/0!	#DIV/0!	#DIV/0!	1425.00	#DIV/0!
Warren	5	3						8	228	28.50	45.60	76.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Warrick	10	18			1		1	30	1992	66.40	199.20	110.67	#DIV/0!	#DIV/0!	1992.00	#DIV/0!	1992.00
Washington		1			1	1		3	1257	419.00	#DIV/0!	1257.00	#DIV/0!	#DIV/0!	1257.00	1257.00	#DIV/0!
Wayne	17	22		1		1		41									
									3842	93.71	226.00	174.64	#DIV/0!	3842.00	#DIV/0!	3842.00	#DIV/0!
Wells	5	19				1		25	1039	41.56	207.80	54.68	#DIV/0!	#DIV/0!	#DIV/0!	1039.00	#DIV/0!
White	9	13			1			23	839	36.48	93.22	64.54	#DIV/0!	#DIV/0!	839.00	#DIV/0!	#DIV/0!
Whitley		9						9	922	102.44	#DIV/0!	102.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
all counties & all vehicles	752	1317	6	3	51	89	51	2269	255073	112.42	339.19	193.68	42512.17	85024.33	5001.43	2865.99	5001.43