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

Report Name:	Complaint Summary by Residence	
Version:	1.0	
Report Code:	MO-CSR	
Submission Date:	December 30, 2019	
Code Citation:	IC 12-15-30.5-4 (a)(1)(D) iii	

Experience Period >> 11/1/2019-11/30/2019

	Nursing Facility	Hospital	Community	Total
November 2019	11	4	58	73

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

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