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 |
| :--- | :--- |
| August 2021 |  |

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


Note: Data reflects the number of ride requests made and the number scheduled/assigned to a tranpsortation 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)

| Item No. | Data Description | Data Entry |
| :---: | :--- | ---: |
| $\mathbf{1 0}$ | Number of Calls Received | 42,447 |
| $\mathbf{1 1}$ | Number of Calls Answered | 41,285 |
| $\mathbf{1 2}$ | Average Handle Time | $04: 42$ |
| $\mathbf{1 3}$ | Percent of Calls Abandoned | $2.74 \%$ |
| $\mathbf{1 4}$ | After Hours On-Time Call Back \% | $100.0 \%$ |
| $\mathbf{1 5}$ | Calls Resolved in First Call | $91.7 \%$ |
| $\mathbf{1 6}$ | Percentage of calls answered w/in 45 sec. | $88.5 \%$ |
| $\mathbf{1 7}$ | Percentage of calls answered w/in 60 sec. | $90.9 \%$ |

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

| Broker Name: | Southeastrans | Note: Data reflects the status of the trip on the date of the |
| :--- | :--- | :--- |
| Report Name: | Missed Trips | scheduled trip. |
| Report Code: | MO-MT |  |

Code Citation: IC 12-15-30.5-4 (a)(1)(B)i-iii
08/01/2021-08/31/2021

| Trip Not Provided | To Appt. Legs |  | From Appt. Legs | Grand TotalPercent of <br> Scheduled Rides |  |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Holiday Closure | 0 | 0 | 0 | $0 \%$ |  |
| Inclement Wthr/Mbr | 4 | 5 | 9 | $0 \%$ |  |
| Inclement Wthr/Provider |  | 0 | 0 | 0 | $0 \%$ |
| Member Cancelled | 2,644 | 2,686 | 5,330 | $7 \%$ |  |
| Member Deceased | 101 | 102 | 203 | $0 \%$ |  |
| Member Hospitalized | 174 | 179 | 353 | $0 \%$ |  |
| Member No-show | 308 | 330 | 638 | $1 \%$ |  |
| Member Too Sick | 138 | 139 | 277 | $0 \%$ |  |
| No Provider Assigned | 1,801 | 1,759 | 3,560 | $5 \%$ |  |
| Provider No-Show | 118 | 145 | 263 | $0 \%$ |  |
| Provider Too Late | 29 | 32 | 61 | $0 \%$ |  |
| Grand Total | 5,317 | 5,377 | 10,694 | $15 \%$ |  |

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

| Broker Name: | Southeastrans <br> Report Name: <br> Report Code: | Missed Trips by Residence <br> MO-CSR |
| :--- | :--- | :--- | | Note: Data reflects the status of the trip on the date of the |
| ---: |
| scheduled trip. |

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

08/01/2021-08/31/2021

| Missed Trips by Res. Types | To Appt. Legs | From Appt. Legs | Grand Total | Percent of Scheduled Rides |
| :---: | :---: | :---: | :---: | :---: |
| Own Home | 3,840 | 4,032 | 7,872 | 11\% |
| Nursing Facility/ |  |  |  |  |
| Ast. Liv | 1,235 | 1,267 | 2,502 | 3\% |
| Hospital/Rehab | 140 | 30 | 170 | 0\% |
| Other Res. Facility | 0 | 0 | 0 | 0\% |
| Other (list below) | 14 | 17 | 31 | 0\% |
| Grand Total | 5,229 | 5,346 | 10,575 | 15\% |

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

Note: Data reflects the number of trips durng 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.

08/01/2021-08/31/2021

|  |  |  | Late Sendbacks (<=48 hours) |  |  |  | Timely Sendbacks (>48 hours) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total Assigned Trips | Total \# of Send Backs by Providers | Total \% assigned trips Sent back | \# Late Sendbacks | \% Late Sendbacks | \# late sendbacks successfully reassigned | \% late sendbacks successfully reassigned | Number timely sendbacks | Percent timely sendbacks | \# timely sendbacks successfully reassigned | \% timely sendbacks successfully reassigned |
| 39,366 | 6,645 | 16.88\% | 1,779 | 26.77\% | 1,019 | 57.28\% | 4,866 | 73.23\% | 3,516 | 72.26\% |

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

| Broker Name: | Southeastrans | Note: Data includes complaints or concerns directed to |
| :--- | :--- | :--- |
| Report Name: | Complaint Summary | FSSA and to Southeastrans. A contact may include 1 or |
| Report Code: | MO-CS | more issues. |
| Code Citation: | IC $\mathbf{1 2 - 1 5 - 3 0 . 5 - 4}$ (a)(1)(D)i-ii |  |

08/01/2021-08/31/2021

| Description | Data Entry |
| :--- | :--- |
| Number of Complaints Received this Reporting | 60 |
| Number of Complaints Acknowledged Received | 60 |
| Percent of Complaints Acknowledged within One (1) | $100.00 \%$ |
| Number of Complaints Received in the Reporting | 59 |
| Number of Complaints Received in the Reporting | 1 |
| Percent of Complaints Received in the Reporting | $98.33 \%$ |

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

| Broker Name: | Southeastrans |  |
| :--- | :--- | :--- |
| Report Name: | Complaint Summary by Residence | Note: Data reflects the residence type for the complaints or |
| Report Code: | MO-CSR |  |
| code Citation: | IC 12-15-30.5 (4)(a)(1)(D)iii |  |

08/01/2021-08/31/2021

| Complaints by <br> Member residence <br> See IC12-15-30.5-4 | Grand Total |  |
| :--- | ---: | ---: |
| Own Home | 36 | Percent of All Complaints |
| Nursing Facility/ | 4 | $60.0 \%$ |
| Ast. Liv | 0 | $6.7 \%$ |
| Hospital/Rehab | 4 | $0.0 \%$ |
| Other Res. Facility | 0 | $6.7 \%$ |
| Other (list below) | 16 | $0.0 \%$ |
| Dialysis |  | $26.7 \%$ |
|  |  |  |
| Grand Total | 60 |  |

## Broker Name: Southeastrans

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

## 08/01/2021-08/31/2021

## COMPLAINTS

| Description |  |
| :--- | :--- |
| Number of Complaints Received this Reporting Period | Data Entry |
| Number of Complaints Acknowledged Received within One (1) Business Day in this <br> Reporting Period | 60 |
| Percent of Complaints Acknowledged within One (1) Business Day for this Reporting <br> Period | $100.00 \%$ |
| Number of Complaints Received in the Reporting Period that Were Investigated, <br> Remediated, and Closed within 15 Business Days of Receipt | 59 |
| Number of Complaints Received in the Reporting Period that Were Not Investigated, <br> Remediated, and Closed within 15 Business Days of Receipt | 1 |
| Percent of Complaints Received in the Reporting Period that Were Investigated, <br> Remediated, and Closed within 15 Business Days of Receipt | $98.33 \%$ |

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 <br> Reporting Period | 0 |
| 9 | Percent of Appeals Acknowledged within One (1) Business Day for this Reporting <br> Period | NA |
| 10 | Number of Appeals Received in the Reporting Period that Were Investigated, <br> 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:
Report Name:
Report Code:
Code Citation:

|  |  | $08 / 01 / 2021-08 / 31 / 2021$ |
| :--- | :--- | :---: |
|  |  | CMS1500 |
| Item \# | Measure | In-Network | | Out-Of- |
| :---: |
| Network |


| 1 | Total Submitted Dollars (not paid amount) |  |  |
| :---: | :---: | :---: | :---: |
|  | Clean Claims Received |  |  |
| 2 | Electronic | 17,928 |  |
| 3 | Paper | 23,702 |  |
|  | Clean Claims Adjudicated |  |  |
| 4 | Paid On Time | 39,966 |  |
| 5 | Paid Late | 0 |  |
| 6 | Denied | 1,664 |  |
|  |  |  |  |
|  | 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. | 11 |  |
| 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 | 40,230 |  |
| 13 | Clean Claims Accepted by DXC | 40,230 |  |
| 14 | Clean Claims Rejected by DXC | 0 |  |


|  | Top Denial Reasons Count | \# in Reporting <br> Period |  |
| :---: | :--- | ---: | :---: |
| Item No. | Reason | 525 |  |
| $\mathbf{2 5}$ | Missing Member Signature | 173 |  |
| $\mathbf{2 6}$ | Unauthorized Driver | 160 |  |
| $\mathbf{2 7}$ | Service Not Provided to Member | 158 |  |
| $\mathbf{2 8}$ | Incorrect Mobility Type | 155 |  |
| $\mathbf{2 9}$ | Missing EOB | 101 |  |
| $\mathbf{3 0}$ | Missing Driver Signature | 87 |  |
| $\mathbf{3 1}$ | Unauthorized Vehicle | 79 |  |
| $\mathbf{3 2}$ | Space Time Variance | 55 |  |
| $\mathbf{3 3}$ | Maximum Benefit Paid by Primary Carrier | 171 |  |
| $\mathbf{3 4}$ | Other |  |  |
| $\mathbf{3 5}$ |  | Total |  |

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 $\gg 08 / 01 / 21$ - 08/31/21

| Recipient Aid Category | ICF / IID |  |  |  | Health |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Ambulance | Ambulatory | Wheelchair Van | ICF / IID Total | Ambulance | Ambulatory |
| 1115 Medicaid Expedited Eligibility | 0 | 0 | 0 | 0 | 3 | 0 |
| Aged | 0 | 0 | 0 | 0 | 480 | 607 |
| Blind | 0 | 0 | 0 | 0 | 2 | 4 |
| Breast and Cervical Cancer Treatment Program | 0 | 0 | 0 | 0 | 0 | 0 |
| Children age 0 through 18; (SCHIP) | 0 | 0 | 0 | 0 | 0 | 0 |
| Children age 1 through 18; (MCHIP) | 0 | 0 | 0 | 0 | 0 | 0 |
| Children ages 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children ages 6-19 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children Receiving Adoption Assistance (under 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| Disabled | 0 | 0 | 0 | 0 | 251 | 512 |
| Former Foster Children (ages 18<26) | 0 | 0 | 0 | 0 | 0 | 0 |
| HIP Regular Basic | 0 | 0 | 0 | 0 | 0 | 0 |
| Low Income Families | 0 | 0 | 0 | 0 | 0 | 0 |
| Newborn - infants born to Medicaid members | 0 | 0 | 0 | 0 | 1 | 0 |
| Parent/Caretaker of Relative | 0 | 0 | 0 | 0 | 0 | 4 |
| PE Adult | 0 | 0 | 0 | 0 | 6 | 0 |
| PE Children Ages 1 Through 18 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pregnancy | 0 | 0 | 0 | 0 | 0 | 0 |
| Qualified Medicare Beneficiary (QMB) | 0 | 0 | 0 | 0 | 54 | 0 |
| Room and Board Assistance (RBA) | 0 | 0 | 0 | 0 | 0 | 0 |
| SSI Related | 0 | 0 | 0 | 0 | 500 | 456 |
| Title IV-E foster children under 18 | 0 | 0 | 0 | 0 | 0 | 0 |
| Working Disabled MEDWORKS | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 1,299 | 1,583 |

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

Office of Medicaid Policy Planning

| 1 Facility |  | Hospital |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Wheelchair Van | Health Facility Total | Ambulance | Ambulatory | Wheelchair Van | Hospital Total |
| 1 | 4 | 2 | 0 | 6 | 8 |
| 4,990 | 6,077 | 90 | 551 | 553 | 1,194 |
| 53 | 59 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 1 | 0 | 0 | 1 |
| 0 | 0 | 14 | 0 | 0 | 14 |
| 0 | 2 | 7 | 7 | 0 | 14 |
| 2,329 | 3,092 | 117 | 1,317 | 658 | 2,092 |
| 0 | 0 | 0 | 29 | 0 | 29 |
| 0 | 0 | 2 | 0 | 0 | 2 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 1 | 6 | 0 | 0 | 6 |
| 28 | 32 | 1 | 24 | 18 | 43 |
| 0 | 6 | 26 | 0 | 0 | 26 |
| 0 | 0 | 4 | 0 | 0 | 4 |
| 0 | 0 | 0 | 8 | 0 | 8 |
| 1 | 55 | 75 | 0 | 0 | 75 |
| 62 | 62 | 1 | 0 | 27 | 28 |
| 2,521 | 3,477 | 208 | 1,217 | 584 | 2,009 |
| 0 | 0 | 3 | 1 | 0 | 4 |
| 0 | 0 | 4 | 2 | 0 | 6 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 9,985 | 12,867 | 561 | 3,156 | 1,846 | 5,563 |

Office of Medicaid Policy Planning

| Community |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Ambulance | Ambulatory | Wheelchair Van | Community Total |  |
| 3 | 0 | 33 | $\mathbf{3 6}$ | $\mathbf{4 8}$ |
| 145 | 4,513 | 3,593 | $\mathbf{8 , 2 5 1}$ | $\mathbf{1 5 , 5 2 2}$ |
| 0 | 40 | 70 | $\mathbf{1 1 0}$ | $\mathbf{1 6 9}$ |
| 1 | 26 | 1 | $\mathbf{2 8}$ | $\mathbf{2 8}$ |
| 2 | 0 | 0 | $\mathbf{2}$ | $\mathbf{2}$ |
| 2 | 0 | 0 | $\mathbf{2}$ | $\mathbf{2}$ |
| 3 | 10 | 0 | $\mathbf{1 3}$ | $\mathbf{1 4}$ |
| 17 | 85 | 6 | $\mathbf{1 0 8}$ | $\mathbf{1 2 2}$ |
| 24 | 33 | 0 | $\mathbf{5 7}$ | $\mathbf{7 3}$ |
| 128 | 8,949 | 3,518 | $\mathbf{1 2 , 5 9 5}$ | $\mathbf{1 7 , 7 7 9}$ |
| 2 | 4 | 1 | $\mathbf{7}$ | $\mathbf{3 6}$ |
| 14 | 0 | 0 | $\mathbf{1 4}$ | $\mathbf{1 6}$ |
| 0 | 1 | 1 | $\mathbf{2}$ | $\mathbf{2}$ |
| 1 | 0 | 0 | $\mathbf{1}$ | $\mathbf{8}$ |
| 0 | 28 | 0 | $\mathbf{2 8}$ | $\mathbf{1 0 3}$ |
| 43 | 1 | 0 | $\mathbf{4 4}$ | $\mathbf{7 6}$ |
| 8 | 0 | 0 | $\mathbf{8}$ | $\mathbf{1 2}$ |
| 0 | 0 | 0 | $\mathbf{0}$ | $\mathbf{8}$ |
| 117 | 0 | 0 | $\mathbf{1 1 7}$ | $\mathbf{2 4 7}$ |
| 1 | 80 | 6 | $\mathbf{8 7}$ | $\mathbf{1 7 7}$ |
| 215 | 11,740 | 2,517 | $\mathbf{1 4 , 4 7 2}$ | $\mathbf{1 9 , 9 5 8}$ |
| 17 | 2 | 0 | $\mathbf{1 9}$ | $\mathbf{2 3}$ |
| 2 | 229 | 2 | $\mathbf{2 3 3}$ | $\mathbf{2 3 9}$ |
| 0 | 0 | $\mathbf{0}$ | $\mathbf{0}$ | $\mathbf{0}$ |
| 745 |  |  | $\mathbf{3 6 , 2 3 4}$ | $\mathbf{5 4 , 6 6 4}$ |

Office of Medicaid Policy Planning

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)
08/01/2021-08/31/2021

| Date Initiated | Summary of Reason for <br> Audit/Investigation | Actions Taken | Date Completed | Recoupment/R <br> epayment <br> Schedule | Projected <br> Activity for <br> Next Month |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Report Name: Number of NEMT Vehicles by County

## Report Code: MO-VC

Submission D 12/10/2021
Code Citation IC 12-15-30.5-4 (a)(1)(A)

|  | Experience Period >> | l $\gg$ | $08 / 01 / 2021-08 / 31 / 2021$ |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 3 | 45 | 6 | 7 | 8 | 9 | 10 |
| County | Ambulatory |  Ambulatory/Wh <br> Ambulatory/Wh <br> eelchair <br> eelchair/Stretch <br> er  | Basic Life Support | Non-Contracted | Stretcher van | Wheelchair Lift Van | Total |
| Adams | 7 |  |  |  |  |  | 7 |
| Allen | 23 | 72 |  | 1 | 3 | 2 | 101 |
| Bartholomew | 20 | 8 |  | 1 | 2 |  | 31 |
| Benton | 1 | 5 |  |  | 1 |  | 7 |
| Blackford | 6 | 8 |  | 1 | 1 |  | 16 |
| Boone | 6 | 24 |  |  |  |  | 30 |
| Brown | 3 | 4 |  |  |  |  | 7 |
| Carroll | 9 | 3 |  |  |  | 1 | 13 |
| Cass | 5 | 24 |  |  | 2 |  | 31 |
| Clark | 7 | 23 |  | 1 | 1 | 1 | 33 |
| Clay | 4 | 4 |  |  | 1 |  | 9 |
| Clinton | 5 | 18 |  | 1 | 1 |  | 25 |
| Crawford | 2 | 2 |  |  |  |  | 4 |
| Daviess | 2 | 11 |  | 2 |  | 2 | 17 |
| Dearborn | 5 | 12 |  | 1 |  |  | 18 |
| Decatur | 9 | 11 |  |  |  |  | 20 |
| DeKalb | 2 | 19 |  | 1 |  | 2 | 24 |
| Delaware | 10 | 28 1 |  | 1 | 3 |  | 43 |
| Dubois | 3 | 22 |  | 1 |  | 5 | 31 |
| Elkhart | 8 | 6 |  | 1 | 2 | 3 | 20 |
| Fayette |  | 19 | 1 |  | 1 |  | 21 |
| Floyd | 11 | 25 |  | 1 |  |  | 37 |
| Fountain | 5 | 4 |  |  |  |  | 9 |
| Franklin | 4 | 4 |  |  |  | 1 | 9 |
| Fulton | 1 |  |  |  |  |  | 1 |
| Gibson | 7 | 4 |  | 1 |  |  | 12 |
| Grant | 23 | 17 |  | 1 | 1 |  | 42 |
| Greene | 4 | 6 |  | 1 | 1 | 2 | 14 |
| Hamilton | 21 | 57 |  | 2 | 7 | 2 | 89 |
| Hancock | 3 | 30 |  | 1 | 2 | 4 | 40 |
| Harrison | 6 | 10 |  |  |  | 5 | 21 |
| Hendricks | 10 | $25 \sim 1$ |  |  | 4 | 1 | 41 |
| Henry | 4 | 14 |  | 1 | 1 |  | 20 |
| Howard | 8 | 14 |  | 1 | 2 |  | 25 |
| Huntington | 3 | 15 |  | 1 | 1 |  | 20 |
| Jackson | 14 | 4 |  | 1 | 1 | 2 | 22 |
| Jasper | 4 | 4 |  | 1 |  |  | 9 |
| Jay | 9 | 6 |  | 1 |  |  | 16 |
| Jefferson | 5 | 9 |  | 1 |  |  | 15 |
| Jennings | 14 | 5 |  | 1 |  |  | 20 |
| Johnson | 32 | 31 |  | 1 | 6 | 3 | 73 |
| Knox | 5 | 18 |  |  |  |  | 23 |
| Kosciusko | 1 | 10 |  |  |  |  | 11 |
| LaGrange | 3 | 7 |  |  |  | 2 | 12 |
| Lake | 35 | 34 |  | 1 | 3 | 1 | 74 |
| LaPorte | 18 | 16 |  |  | 2 | 2 | 38 |
| Lawrence | 2 | 10 |  |  |  | 6 | 18 |
| Madison | 12 | 26 |  | 1 | 7 | 1 | 47 |
| Marion | 83 | $120 \sim 1$ |  | 1 | 11 | 3 | 219 |
| Marshall | 5 | 15 |  | 1 | 1 | 1 | 23 |
| Martin |  | 8 |  |  |  |  | 8 |
| Miami | 9 | 21 |  |  | 2 |  | 32 |
| Monroe | 13 | 25 |  | 2 |  | 4 | 44 |
| Montgomery | 8 | 6 |  | 1 | 1 | 1 | 17 |
| Morgan | 7 | 15 |  |  | 2 |  | 24 |
| Newton | 1 | 8 |  |  |  |  | 9 |

Report Name: Number of NEMT Vehicles by County

## Report Code: MO-VC

Submission D 12/10/2021
Code Citation IC 12-15-30.5-4 (a)(1)(A)

| Experience Period >> |  |  | $08 / 01 / 2021-08 / 31 / 2021$ |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Noble | 3 | 20 |  |  | 1 |  | 2 | 26 |
| Ohio | 1 |  |  |  |  |  |  | 1 |
| Orange | 8 | 9 |  |  | 1 |  | 8 | 26 |
| Owen | 7 | 4 |  |  | 1 |  |  | 12 |
| Parke | 2 | 2 |  |  |  |  |  | 4 |
| Perry | 4 | 11 |  |  | 1 |  |  | 16 |
| Pike | 3 | 6 |  |  |  |  |  | 9 |
| Porter | 31 | 26 |  |  | 1 | 2 | 4 | 64 |
| Posey | 3 | 7 |  |  |  |  | 2 | 12 |
| Pulaski | 2 | 2 |  |  |  |  |  | 4 |
| Putnam | 5 | 5 |  |  | 1 | 1 |  | 12 |
| Randolph | 3 | 7 |  |  |  | 1 |  | 11 |
| Ripley | 10 | 16 |  |  | 1 | 1 | 1 | 29 |
| Rush | 1 | 9 |  |  |  |  |  | 10 |
| Scott | 10 | 10 |  |  | 1 | 1 | 3 | 25 |
| Shelby | 6 | 9 |  |  | 1 | 1 |  | 17 |
| Spencer | 4 | 12 |  |  | 1 |  |  | 17 |
| St.Joseph | 18 | 22 |  | 1 | 1 | 2 | 3 | 47 |
| Starke | 14 | 2 |  |  | 1 |  | 4 | 21 |
| Steuben |  |  |  |  | 1 |  |  | 1 |
| Sullivan | 7 | 2 |  |  |  | 1 |  | 10 |
| Switzerland |  | 2 |  |  |  |  |  | 2 |
| Tippecanoe | 31 | 45 | 1 |  | 1 | 3 | 1 | 82 |
| Tipton |  | 2 |  |  |  |  |  | 2 |
| Union |  | 9 |  |  |  | 1 |  | 10 |
| Vanderburgh | 14 | 36 |  |  | 1 | 1 | 2 | 54 |
| Vermillion | 4 | 3 |  |  | 1 |  |  | 8 |
| Vigo | 17 | 17 |  |  | 1 | 1 | 1 | 37 |
| Wabash | 9 | 6 |  |  |  | 2 |  | 17 |
| Warren | 2 | 4 |  |  |  |  |  | 6 |
| Warrick | 11 | 22 |  |  | 1 | 1 | 1 | 36 |
| Washington | 1 | 1 |  |  | 1 |  | 4 | 7 |
| Wayne | 11 | 26 |  | 1 |  | 3 |  | 41 |
| Wells | 2 | 18 |  |  |  |  |  | 20 |
| White | 6 | 12 |  |  | 1 | 1 |  | 20 |
| Whitley |  | 8 |  |  | 1 |  |  | 9 |


| Report Name: | Number of NEMT Vehicles by County Ratio |
| :--- | :--- |
| Report Code: | MO-VBCR |
| Submission Date: | 12/10/2021 |
| Code Citation: | IC $12-15-30.5-4(\mathbf{a ) ( 2 ) ( B )}$ |

| Experience Period >> 8/1/2021-8/31/2021

| County | Ambulatory | Ambulatory/Wheel chair | Ambulator y/Wheelch air/ Stretcher | Basic Life Support | Non- <br> Contracted | Stretcher van | Wheelchai r Lift Van | Total vehicles | capitated members | member to vehicle ratio for all vehicle types | Ambulatory | Ambulatory/W heelchair | Ambulatory/Wh eelchair/ Stretcher | Basic Life Support | Non- <br> Contracted | Stretcher van | Wheelchai r Lift Van |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Adams | 7 |  |  |  |  |  |  | 7 | 991 | 141.57 | 141.57 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Allen | 23 | 72 |  |  | 1 | 3 | 2 | 101 | 15390 | 152.38 | 669.13 | 213.75 | \#DIV/0! | \#DIV/0! | 15390.00 | 5130.00 | 7695.00 |
| Bartholomew | 20 | 8 |  |  | 1 | 2 |  | 31 | 2826 | 91.16 | 141.30 | 353.25 | \#DIV/0! | \#DIV/0! | 2826.00 | 1413.00 | \#DIV/0! |
| Benton | 1 | 5 |  |  |  | 1 |  | 7 | 350 | 50.00 | 350.00 | 70.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 350.00 | \#DIV/0! |
| Blackford | 6 | 8 |  |  | 1 | 1 |  | 16 | 558 | 34.88 | 93.00 | 69.75 | \#DIV/0! | \#DIV/0! | 558.00 | 558.00 | \#DIV/0! |
| Boone | 6 | 24 |  |  |  |  |  | 30 | 1590 | 53.00 | 265.00 | 66.25 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Brown | 3 | 4 |  |  |  |  |  | 7 | 560 | 80.00 | 186.67 | 140.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Carroll | 9 | 3 |  |  |  |  | 1 | 13 | 622 | 47.85 | 69.11 | 207.33 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 622.00 |
| Cass | 5 | 24 |  |  |  | 2 |  | 31 | 1602 | 51.68 | 320.40 | 66.75 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 801.00 | \#DIV/0! |
| Clark | 7 | 23 |  |  | 1 | 1 | 1 | 33 | 5013 | 151.91 | 716.14 | 217.96 | \#DIV/0! | \#DIV/0! | 5013.00 | 5013.00 | 5013.00 |
| Clay | 4 | 4 |  |  |  | 1 |  | 9 | 1093 | 121.44 | 273.25 | 273.25 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 1093.00 | \#DIV/0! |
| Clinton | 5 | 18 |  |  | 1 | 1 |  | 25 | 1223 | 48.92 | 244.60 | 67.94 | \#DIV/0! | \#DIV/0! | 1223.00 | 1223.00 | \#DIV/0! |
| Crawford | 2 | 2 |  |  |  |  |  | 4 | 531 | 132.75 | 265.50 | 265.50 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Daviess | 2 | 11 |  |  | 2 |  | 2 | 17 | 1153 | 67.82 | 576.50 | 104.82 | \#DIV/0! | \#DIV/0! | 576.50 | \#DIV/0! | 576.50 |
| Dearborn | 5 | 12 |  |  | 1 |  |  | 18 | 1627 | 90.39 | 325.40 | 135.58 | \#DIV/0! | \#DIV/0! | 1627.00 | \#DIV/0! | \#DIV/0! |
| Decatur | 9 | 11 |  |  |  |  |  | 20 | 1050 | 52.50 | 116.67 | 95.45 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| DeKalb | 2 | 19 |  |  | 1 |  | 2 | 24 | 1378 | 57.42 | 689.00 | 72.53 | \#DIV/0! | \#DIV/0! | 1378.00 | \#DIV/0! | 689.00 |
| Delaware | 10 | 28 | 1 |  | 1 | 3 |  | 43 | 5394 | 125.44 | 539.40 | 192.64 | 5394.00 | \#DIV/0! | 5394.00 | 1798.00 | \#DIV/0! |
| Dubois | 3 | 22 |  |  | 1 |  | 5 | 31 | 1315 | 42.42 | 438.33 | 59.77 | \#DIV/0! | \#DIV/0! | 1315.00 | \#DIV/0! | 263.00 |
| Elkhart | 8 | 6 |  |  | 1 | 2 | 3 | 20 | 6106 | 305.30 | 763.25 | 1017.67 | \#DIV/0! | \#DIV/0! | 6106.00 | 3053.00 | 2035.33 |
| Fayette |  | 19 |  |  |  | 1 |  | 21 | 1674 | 79.71 | \#DIV/0! | 88.11 | \#DIV/0! | 1674.00 | \#DIV/0! | 1674.00 | \#DIV/0! |
| Floyd | 11 | 25 |  |  | 1 |  |  | 37 | 3197 | 86.41 | 290.64 | 127.88 | \#DIV/0! | \#DIV/0! | 3197.00 | \#DIV/0! | \#DIV/0! |
| Fountain | 5 | 4 |  |  |  |  |  | 9 | 639 | 71.00 | 127.80 | 159.75 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Franklin | 4 | 4 |  |  |  |  | 1 | 9 | 872 | 96.89 | 218.00 | 218.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 872.00 |
| Fulton | 1 |  |  |  |  |  |  | 1 | 725 | 725.00 | 725.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Gibson | 7 | 4 |  |  | 1 |  |  | 12 | 1318 | 109.83 | 188.29 | 329.50 | \#DIV/0! | \#DIV/0! | 1318.00 | \#DIV/0! | \#DIV/0! |
| Grant | 23 | 17 |  |  | 1 | 1 |  | 42 | 3554 | 84.62 | 154.52 | 209.06 | \#DIV/0! | \#DIV/0! | 3554.00 | 3554.00 | \#DIV/0! |
| Greene | 4 | 6 |  |  | 1 | 1 | 2 | 14 | 1350 | 96.43 | 337.50 | 225.00 | \#DIV/0! | \#DIV/0! | 1350.00 | 1350.00 | 675.00 |
| Hamilton | 21 | 57 |  |  | 2 | 7 | 2 | 89 | 6267 | 70.42 | 298.43 | 109.95 | \#DIV/0! | \#DIV/0! | 3133.50 | 895.29 | 3133.50 |
| Hancock | 3 | 30 |  |  | 1 | 2 | 4 | 40 | 2142 | 53.55 | 714.00 | 71.40 | \#DIV/0! | \#DIV/0! | 2142.00 | 1071.00 | 535.50 |
| Harrison | 6 | 10 |  |  |  |  | 5 | 21 | 1368 | 65.14 | 228.00 | 136.80 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 273.60 |
| Hendricks | 10 | 25 | 1 |  |  | 4 | 1 | 41 | 3984 | 97.17 | 398.40 | 159.36 | 3984.00 | \#DIV/0! | \#DIV/0! | 996.00 | 3984.00 |
| Henry | 4 | 14 |  |  | 1 | 1 |  | 20 | 2283 | 114.15 | 570.75 | 163.07 | \#DIV/0! | \#DIV/0! | 2283.00 | 2283.00 | \#DIV/0! |
| Howard | 8 | 14 |  |  | 1 | 2 |  | 25 | 3654 | 146.16 | 456.75 | 261.00 | \#DIV/0! | \#DIV/0! | 3654.00 | 1827.00 | \#DIV/0! |
| Huntington | 3 | 15 |  |  | 1 | 1 |  | 20 | 1393 | 69.65 | 464.33 | 92.87 | \#DIV/0! | \#DIV/0! | 1393.00 | 1393.00 | \#DIV/0! |
| Jackson | 14 | 4 |  |  | 1 | 1 | 2 | 22 | 1938 | 88.09 | 138.43 | 484.50 | \#DIV/0! | \#DIV/0! | 1938.00 | 1938.00 | 969.00 |


| Report Name: | Number of NEMT Vehicles by County Ratio |
| :--- | :--- |
| Report Code: | MO-VBCR |
| Submission Date: | 12/10/2021 |
| Code Citation: | IC $12-15-30.5-4($ a)(2)(B) |



## Report Name: <br> Report Code: <br> Submission Date: <br> Code Citation: <br> Number of NEMT Vehicles by County Ratio <br> MO-VBCR <br> 12/10/2021 <br> IC 12-15-30.5-4 (a)(2)(B)



