

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
December 2021	248,194

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)

Experience Period >> 12/01/2021-12/31/2021

Trip Status Count	Requests	Scheduled	% Scheduled	Fulfilled	% Fulfilled
Total	73,549	73,012	99%	57,028	78%

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)

Experience Period >> 12/01/2021-12/31/2021

Item No.	Data Description	Data Entry
10	<i>Number of Calls Received</i>	39,898
11	<i>Number of Calls Answered</i>	39,075
12	<i>Average Handle Time</i>	04:24
13	<i>Percent of Calls Abandoned</i>	2.06%
14	<i>After Hours On-Time Call Back %</i>	100.0%
15	<i>Calls Resolved in First Call</i>	91.3%
16	<i>Percentage of calls answered w/in 45 sec.</i>	92.6%
17	<i>Percentage of calls answered w/in 60 sec.</i>	94.2%

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

Experience Period >> 12/01/2021-12/31/2021

Trip Not Provided	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Holiday Closure	30	29	59	0%
Inclement Wthr/Mbr	2	2	4	0%
Inclement Wthr/Provider	0	0	0	0%
Member Cancelled	2,372	2,455	4,827	7%
Member Deceased	142	139	281	0%
Member Hospitalized	198	215	413	1%
Member No-show	622	835	1,457	2%
Member Too Sick	266	272	538	1%
No Provider Assigned	1,131	1,086	2,217	3%
Provider No-Show	96	109	205	0%
Provider Too Late	30	35	65	0%
Grand Total	4,889	5,177	10,066	14%

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

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)

Experience Period >> 12/01/2021-12/31/2021

Missed Trips by Res. Types	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Own Home	3,811	4,029	7,840	11%
Nursing Facility/ Ast. Liv	1,049	1,120	2,169	3%
Hospital/Rehab	17	17	34	0%
Other Res. Facility	2	0	2	0%
Other (list below)				0%
Hotel	10	11	21	0%
				0%
Grand Total	4,889	5,177	10,066	14%

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

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

Experience Period >> 12/01/2021-12/31/2021

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
40,596	6,930	17.07%	1,543	22.27%	964	62.48%	5,387	77.73%	4,339	80.55%

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.

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

Experience Period >> 12/01/2021-12/31/2021

Description	Data Entry
Number of Complaints Received this Reporting	57
Number of Complaints Acknowledged Received	57
Percent of Complaints Acknowledged within One (1)	100.00%
Number of Complaints Received in the Reporting	56
Number of Complaints Received in the Reporting	1
Percent of Complaints Received in the Reporting	98.25%

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

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

Experience Period >> 12/01/2021-12/31/2021

Complaints by Member residence See IC12-15-30.5-4	Grand Total	Percent of All Complaints
Own Home	43	75.4%
Nursing Facility/	13	22.8%
Ast. Liv		0.0%
Hospital/Rehab	1	1.8%
Other Res. Facility		0.0%
Other (list below)		0.0%
Grand Total	57	

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

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)

Experience Period >> 12/01/2021-12/31/2021

COMPLAINTS

Description	Data Entry
Number of Complaints Received this Reporting Period	57
Number of Complaints Acknowledged Received within One (1) Business Day in this Reporting Period	57
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	56
Number of Complaints Received in the Reporting Period that Were Not Investigated, Remediated, and Closed within 15 Business Days of Receipt	1
Percent of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	98.25%

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)

		Experience Period >> 12/01/2021-12/31/2021	
Item #	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,854,452.05	
Clean Claims Received			
2	Electronic	26,129	
3	Paper	28,451	
	Total (calculated)	54,580	0
Clean Claims Adjudicated			
4	Paid On Time	52,433	
5	Paid Late	0	
6	Denied	2,147	
	Denial Rate (calculated)	4.09%	#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.	17	
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	53,041	
13	Clean Claims Accepted by DXC	53,041	
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 No Show	623
26	Unauthorized Driver	487
27	Time Variance	305
28	Service not provided to member	232
29	Unauthorized Vehicle	182
30	Incorrect Mobility Type	65
31	Missing or Invalid Time	57
32	Missing Explanation of Benefits	40
33	Maximum Benefit Paid by Primary Carrier	31
34	Other	125
35	Total	2,147

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 >> 12/01/21 - 12/31/21

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

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	8	8
Aged	0	0	0	0	277	295	3,356	3,928
Blind	0	0	0	0	0	6	1	7
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 0 up to 1	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	168	291	1,740	2,199
Former Foster Children (ages 18<26)	0	0	0	0	0	0	0	0
HIP Regular Basic	0	0	0	0	0	0	0	0
HIP State Plan Basic	0	0	0	0	0	0	0	0
Newborn - infants born to Medicaid members	0	0	0	0	5	0	0	5
Parent/Caretaker of Relative	0	0	0	0	0	0	36	36
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	32	0	0	32
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	1	2	38	41
SSI Related	1	0	0	1	340	224	1,124	1,688
Title IV-E foster children under 18	0	0	0	0	0	0	0	0
Working Disabled MEDWORKS	0	0	0	0	0	0	1	1
	0	0	0	0	0	0	0	0
Total	1	0	0	1	824	818	6,304	7,946

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 >> 12/01/21 - 12/31/21

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

Recipient Aid Category	Hospital				Community			Grand Total	
	Ambulance	Ambulatory	Wheelchair Van	Hospital Total	Ambulance	Ambulatory	Wheelchair Van		Community Total
1115 Medicaid Expedited Eligibility	0	0	0	0	2	4	51	57	65
Aged	63	139	284	486	89	3,465	2,595	6,149	10,563
Blind	1	0	0	1	0	79	45	124	132
Breast and Cervical Cancer Treatment Program	1	0	0	1	0	42	0	42	43
Children age 1 through 18; (MCHIP)	1	0	0	1	1	0	1	2	3
Children ages 0 up to 1	0	0	0	0	1	0	0	1	1
Children ages 1 through 5	1	0	0	1	4	0	0	4	5
Children ages 6-19	15	22	0	37	14	18	5	37	74
Children Receiving Adoption Assistance (under 19)	11	1	0	12	17	22	2	41	53
Disabled	73	641	333	1,047	91	7,133	2,758	9,982	13,228
Former Foster Children (ages 18<26)	2	0	0	2	1	4	0	5	7
HIP Regular Basic	3	0	0	3	1	0	0	1	4
HIP State Plan Basic	0	0	0	0	0	1	0	1	1
Newborn - infants born to Medicaid members	2	0	0	2	0	0	0	0	7
Parent/Caretaker of Relative	1	0	0	1	1	23	20	44	81
PE Adult	19	0	0	19	24	0	0	24	44
PE Children Ages 1 Through 18	3	0	0	3	2	0	0	2	5
Pregnancy	2	0	0	2	0	4	1	5	7
Qualified Medicare Beneficiary (QMB)	73	0	0	73	114	0	0	114	219
Refugee Medical Assistance (RMA)	0	0	0	0	0	6	0	6	6
Retro Maternity	0	0	0	0	1	2	0	3	3
Room and Board Assistance (RBA)	4	4	0	8	1	58	4	63	112
SSI Related	104	908	309	1,321	116	8,529	1,883	10,528	13,538
Title IV-E foster children under 18	3	0	0	3	6	24	0	30	33
Working Disabled MEDWORKS	1	40	0	41	1	112	0	113	155
	0	0	0	0	0	0	0	0	0
Total	383	1,755	926	3,064	487	19,526	7,365	27,378	38,389

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)

Experience Period >> 12/01/2021-12/31/2021

Date Initiated	Summary of Reason for Audit/Investigation	Actions Taken	Date Completed	Recoupment/Repayment Schedule	Projected Activity for Next Month
None					

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of NEMT Vehicles by County
 Report Code: MO-VC
 Submission Date: 1/31/2022
 Code Citation: IC 12-15-30.5-4 (a)(1)(A)

Experience Period >> 12/01/2021-12/31/2021

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
Orange	6	8			1		1	16
Owen	7	6						13
Parke	2							2
Perry	5	10			1			16
Pike	4	6						10
Porter	28	27			1	3	3	62
Posey	3	4					2	9
Pulaski		1						1
Putnam	5	6				1		12
Randolph	11	7				1		19
Ripley	10	14			1		2	27
Rush	2	8						10
Scott	11	7			1			19
Shelby	2	11			1	1		15
Spencer	3	7			1			11
St.Joseph	22	17			1	2	3	45
Starke	8	5			1	1	3	18
Steuben	1	6						7
Sullivan	7	6						13
Switzerland		4						4
Tippecanoe	36	36			1	3	2	78
Tipton		2						2
Union		9				1		10
Vanderburgh	18	30			1	1	2	52
Vermillion		1			1			2
Vigo	17	13			1	1		32
Wabash	6	7				1		14
Warren	5	5						10
Warrick	14	20			1		1	36
Washington		2			1	1		4
Wayne	16	19			1	2		38
Wells	4	16				1		21
White	10	10			1			21
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: 1/31/2022
 Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period>> 12/01/2021-12/31/2021

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	2							2	938	469.00	469.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allen	21	73			1	1		96	15004	156.29	714.48	205.53	#DIV/0!	#DIV/0!	15004.00	15004.00	#DIV/0!
Bartholomew	16	13			1	1		31	2782	89.74	173.88	214.00	#DIV/0!	#DIV/0!	2782.00	2782.00	#DIV/0!
Benton	3	1						4	331	82.75	110.33	331.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Blackford	7	8			1			16	516	32.25	73.71	64.50	#DIV/0!	#DIV/0!	516.00	#DIV/0!	#DIV/0!
Boone	14	31			1	1	1	48	1539	32.06	109.93	49.65	#DIV/0!	#DIV/0!	1539.00	1539.00	1539.00
Brown		3						3	542	180.67	#DIV/0!	180.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Carroll	10	3					1	14	604	43.14	60.40	201.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	604.00
Cass	7	21				1		29	1528	52.69	218.29	72.76	#DIV/0!	#DIV/0!	#DIV/0!	1528.00	#DIV/0!
Clark	12	24			1			37	4807	129.92	400.58	200.29	#DIV/0!	#DIV/0!	4807.00	#DIV/0!	#DIV/0!
Clay	7	2				1		10	1075	107.50	153.57	537.50	#DIV/0!	#DIV/0!	#DIV/0!	1075.00	#DIV/0!
Clinton	10	16			1			27	1157	42.85	115.70	72.31	#DIV/0!	#DIV/0!	1157.00	#DIV/0!	#DIV/0!
Crawford	5	1						6	521	86.83	104.20	521.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Daviess	3	11			1			15	1122	74.80	374.00	102.00	#DIV/0!	#DIV/0!	1122.00	#DIV/0!	#DIV/0!
Dearborn	9	12					1	22	1540	70.00	171.11	128.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1540.00
Decatur	4	3			1			8	1038	129.75	259.50	346.00	#DIV/0!	#DIV/0!	1038.00	#DIV/0!	#DIV/0!
DeKalb	2	24					1	27	1352	50.07	676.00	56.33	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1352.00
Delaware	18	29	1			2		50	5254	105.08	291.89	181.17	5254.00	#DIV/0!	#DIV/0!	2627.00	#DIV/0!
Dubois	6	17			1			24	1286	53.58	214.33	75.65	#DIV/0!	#DIV/0!	1286.00	#DIV/0!	#DIV/0!
Elkhart	14	18			1	1	3	37	5942	160.59	424.43	330.11	#DIV/0!	#DIV/0!	5942.00	5942.00	1980.67
Fayette	3	16				1		20	1660	83.00	553.33	103.75	#DIV/0!	#DIV/0!	#DIV/0!	1660.00	#DIV/0!
Floyd	12	17			1			30	3057	101.90	254.75	179.82	#DIV/0!	#DIV/0!	3057.00	#DIV/0!	#DIV/0!
Fountain	5	3						8	608	76.00	121.60	202.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Franklin	6	5					1	12	825	68.75	137.50	165.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	825.00
Fulton	2	10						12	726	60.50	363.00	72.60	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Gibson	5	6						11	1252	113.82	250.40	208.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Grant	26	23			1	1		51	3459	67.82	133.04	150.39	#DIV/0!	#DIV/0!	3459.00	3459.00	#DIV/0!
Greene	2	11			1	1		15	1319	87.93	659.50	119.91	#DIV/0!	#DIV/0!	1319.00	1319.00	#DIV/0!
Hamilton	28	62			1	5	1	97	6220	64.12	222.14	100.32	#DIV/0!	#DIV/0!	6220.00	1244.00	6220.00
Hancock	5	21			1	1	1	29	2111	72.79	422.20	100.52	#DIV/0!	#DIV/0!	2111.00	2111.00	2111.00
Harrison	8	9						17	1327	78.06	165.88	147.44	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hendricks	13	20	1		1	5		40	3818	95.45	293.69	190.90	3818.00	#DIV/0!	3818.00	763.60	#DIV/0!
Henry	4	11			1	1		17	2274	133.76	568.50	206.73	#DIV/0!	#DIV/0!	2274.00	2274.00	#DIV/0!
Howard	19	19			1	1		40	3469	86.73	182.58	182.58	#DIV/0!	#DIV/0!	3469.00	3469.00	#DIV/0!
Huntington	8	15			1	1		25	1356	54.24	169.50	90.40	#DIV/0!	#DIV/0!	1356.00	1356.00	#DIV/0!
Jackson	20	2			1			23	1853	80.57	92.65	926.50	#DIV/0!	#DIV/0!	1853.00	#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: 1/31/2022
 Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period>> 12/01/2021-12/31/2021

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
Jasper	5	5			1			11	1013	92.09	202.60	202.60	#DIV/0!	#DIV/0!	1013.00	#DIV/0!	#DIV/0!
Jay	7	8						15	870	58.00	124.29	108.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Jefferson	7	9			1			17	1396	82.12	199.43	155.11	#DIV/0!	#DIV/0!	1396.00	#DIV/0!	#DIV/0!
Jennings	14	7			1	1		23	1459	63.43	104.21	208.43	#DIV/0!	#DIV/0!	1459.00	1459.00	#DIV/0!
Johnson	30	31			1	3		65	4601	70.78	153.37	148.42	#DIV/0!	#DIV/0!	4601.00	1533.67	#DIV/0!
Knox	13	22						35	1849	52.83	142.23	84.05	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Kosciusko	1	13						14	2069	147.79	2069.00	159.15	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
LaGrange	4	11					1	16	774	48.38	193.50	70.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	774.00
Lake	39	38			1	3	1	82	18007	219.60	461.72	473.87	#DIV/0!	#DIV/0!	18007.00	6002.33	18007.00
LaPorte	25	20		1	1	2	2	51	4029	79.00	161.16	201.45	#DIV/0!	4029.00	4029.00	2014.50	2014.50
Lawrence	7	7			1	1		16	2081	130.06	297.29	297.29	#DIV/0!	#DIV/0!	2081.00	2081.00	#DIV/0!
Madison	15	20			1	4		40	6100	152.50	406.67	305.00	#DIV/0!	#DIV/0!	6100.00	1525.00	#DIV/0!
Marion	78	107	1		1	9	2	198	44187	223.17	566.50	412.96	44187.00	#DIV/0!	44187.00	4909.67	22093.50
Marshall	3	15			1		1	20	1480	74.00	493.33	98.67	#DIV/0!	#DIV/0!	1480.00	#DIV/0!	1480.00
Martin	3	4						7	564	80.57	188.00	141.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Miami	5	21				1		27	1315	48.70	263.00	62.62	#DIV/0!	#DIV/0!	#DIV/0!	1315.00	#DIV/0!
Monroe	15	15	1		1	1		33	3970	120.30	264.67	264.67	3970.00	#DIV/0!	3970.00	3970.00	#DIV/0!
Montgomery	5	7				1	2	15	1372	91.47	274.40	196.00	#DIV/0!	#DIV/0!	#DIV/0!	1372.00	686.00
Morgan	6	15	1			3		25	2407	96.28	401.17	160.47	2407.00	#DIV/0!	#DIV/0!	802.33	#DIV/0!
Newton	1	7						8	416	52.00	416.00	59.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Noble	2	24			1	1	1	29	1552	53.52	776.00	64.67	#DIV/0!	#DIV/0!	1552.00	1552.00	1552.00
Ohio	1							1	210	210.00	210.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Orange	6	8			1		1	16	1090	68.13	181.67	136.25	#DIV/0!	#DIV/0!	1090.00	#DIV/0!	1090.00
Owen	7	6						13	953	73.31	136.14	158.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Parke	2							2	710	355.00	355.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Perry	5	10			1			16	722	45.13	144.40	72.20	#DIV/0!	#DIV/0!	722.00	#DIV/0!	#DIV/0!
Pike	4	6						10	751	75.10	187.75	125.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Porter	28	27			1	3	3	62	4524	72.97	161.57	167.56	#DIV/0!	#DIV/0!	4524.00	1508.00	1508.00
Posey	3	4					2	9	739	82.11	246.33	184.75	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	369.50
Pulaski		1						1	492	492.00	#DIV/0!	492.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Putnam	5	6				1		12	1199	99.92	239.80	199.83	#DIV/0!	#DIV/0!	#DIV/0!	1199.00	#DIV/0!
Randolph	11	7				1		19	1048	55.16	95.27	149.71	#DIV/0!	#DIV/0!	#DIV/0!	1048.00	#DIV/0!
Ripley	10	14			1		2	27	994	36.81	99.40	71.00	#DIV/0!	#DIV/0!	994.00	#DIV/0!	497.00
Rush	2	8						10	708	70.80	354.00	88.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Scott	11	7			1			19	1507	79.32	137.00	215.29	#DIV/0!	#DIV/0!	1507.00	#DIV/0!	#DIV/0!
Shelby	2	11			1	1		15	1828	121.87	914.00	166.18	#DIV/0!	#DIV/0!	1828.00	1828.00	#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: 1/31/2022
 Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period>> 12/01/2021-12/31/2021

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
Spencer	3	7			1			11	726	66.00	242.00	103.71	#DIV/0!	#DIV/0!	726.00	#DIV/0!	#DIV/0!
St. Joseph	22	17			1	2	3	45	9930	220.67	451.36	584.12	#DIV/0!	#DIV/0!	9930.00	4965.00	3310.00
Starke	8	5			1	1	3	18	958	53.22	119.75	191.60	#DIV/0!	#DIV/0!	958.00	958.00	319.33
Steuben	1	6						7	1006	143.71	1006.00	167.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Sullivan	7	6						13	743	57.15	106.14	123.83	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Switzerland		4						4	398	99.50	#DIV/0!	99.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Tippecanoe	36	36			1	3	2	78	5215	66.86	144.86	144.86	#DIV/0!	#DIV/0!	5215.00	1738.33	2607.50
Tipton		2						2	394	197.00	#DIV/0!	197.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Union		9				1		10	266	26.60	#DIV/0!	29.56	#DIV/0!	#DIV/0!	#DIV/0!	266.00	#DIV/0!
Vanderburgh	18	30			1	1	2	52	8245	158.56	458.06	274.83	#DIV/0!	#DIV/0!	8245.00	8245.00	4122.50
Vermillion		1			1			2	618	309.00	#DIV/0!	618.00	#DIV/0!	#DIV/0!	618.00	#DIV/0!	#DIV/0!
Vigo	17	13			1	1		32	5068	158.38	298.12	389.85	#DIV/0!	#DIV/0!	5068.00	5068.00	#DIV/0!
Wabash	6	7				1		14	1359	97.07	226.50	194.14	#DIV/0!	#DIV/0!	#DIV/0!	1359.00	#DIV/0!
Warren	5	5						10	215	21.50	43.00	43.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Warrick	14	20			1		1	36	1986	55.17	141.86	99.30	#DIV/0!	#DIV/0!	1986.00	#DIV/0!	1986.00
Washington		2			1	1		4	1231	307.75	#DIV/0!	615.50	#DIV/0!	#DIV/0!	1231.00	1231.00	#DIV/0!
Wayne	16	19			1	2		38	3754	98.79	234.63	197.58	#DIV/0!	#DIV/0!	3754.00	1877.00	#DIV/0!
Wells	4	16				1		21	1023	48.71	255.75	63.94	#DIV/0!	#DIV/0!	#DIV/0!	1023.00	#DIV/0!
White	10	10			1			21	827	39.38	82.70	82.70	#DIV/0!	#DIV/0!	827.00	#DIV/0!	#DIV/0!
Whitley		9						9	888	98.67	#DIV/0!	98.67	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
all counties & all vehicles	885	1305	5	1	49	75	39	2359	248,048	105.15	280.28	190.08	49609.60	248048.00	5062.20	3307.31	6360.21