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

MCE Name: Southeastrans Version: 2020.01

**Report Name:** Complaints and Appeals

**Report Code:** MO-MCA1

**Code Citation:** IC 12-15-30.5-4 (a)(3)(E)

**Experience Period >>** 03/01/2021 - 03/31/2021

## **COMPLAINTS**

Item No.	Description	Data Entry
1	Number of Complaints Received this Reporting Period	52
2	Number of Complaints Acknowledged Received within One (1) Business	
	Day in this Reporting Period	52
3	Percent of Complaints Acknowledged within One (1) Business Day for	
3	this Reporting Period	100.00%
4	Number of Complaints Received in the Reporting Period that Were	
4	Investigated, Remediated, and Closed within 15 Business Days of Receipt	52
_	Number of Complaints Received in the Reporting Period that Were Not	
5	Investigated, Remediated, and Closed within 15 Business Days of Receipt	0
(	Percent of Complaints Received in the Reporting Period that Were	100.00%
6	Investigated, Remediated, and Closed within 15 Business Days of Receipt	

## **APPEALS**

THI LITES			
	Item No.	Complaint Category	Data Entry
	1	Number of Appeals Received this Reporting Period	0
	2	Number of Appeals Acknowledged Received within One	
	2	(1) Business Day in this Reporting Period	0
	,	Percent of Appeals Acknowledged within One (1) Business	
	3	Day for this Reporting Period	#DIV/0!
	4	Number of Appeals Received in the Reporting Period that	
	4	Were Investigated, Remediated, and Closed within 15	0
	5	Number of Appeals Received in the Reporting Period that	
	3	Were Not Investigated, Remediated, and Closed within 15	0
	6	Percent of Appeals Received in the Reporting Period that	#DIV/01
	O	Were Investigated, Remediated, and Closed within 15	#DIV/0!

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