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 |
| :--- | :--- |
| November 2021 | 247,227 |

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 >> 11/01/2021-11/30/2021

| Trip Status Count | Requests | Scheduled | \% Scheduled | Fulfilled | \% Fulfilled |
| ---: | ---: | ---: | ---: | ---: | ---: |
| Total |  | $\mathbf{7 7 , 0 1 3}$ | $\mathbf{7 6 , 3 0 7}$ | $\mathbf{9 9 \%}$ | $\mathbf{5 6 , 8 9 9}$ |

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)

Experience Period >> 11/01/2021-11/30/2021

| Item No. | Data Description | Data Entry |
| :---: | :--- | :---: |
| $\mathbf{1 0}$ | Number of Calls Received | 40,544 |
| $\mathbf{1 1}$ | Number of Calls Answered | 39,733 |
| $\mathbf{1 2}$ | Average Handle Time | $04: 41$ |
| $\mathbf{1 3}$ | Percent of Calls Abandoned | $2.00 \%$ |
| $\mathbf{1 4}$ | After Hours On-Time Call Back \% | $100.0 \%$ |
| $\mathbf{1 5}$ | Calls Resolved in First Call | $96.1 \%$ |
| $\mathbf{1 6}$ | Percentage of calls answered w/in 45 sec. | $91.8 \%$ |
| $\mathbf{1 7}$ | Percentage of calls answered w/in 60 sec. | $93.5 \%$ |

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 |

Experience Period >> 11/01/2021-11/30/2021

| Trip Not Provided | To Appt. Legs | From Appt. Legs | Grand Total | Percent of <br> Scheduled Rides |
| :--- | ---: | ---: | ---: | ---: |
| Holiday Closure | 104 | 104 | 208 | $0 \%$ |
| Inclement Wthr/Mbr | 0 | 0 | 0 | $0 \%$ |
| Inclement Wthr/Provider | 0 | 0 | 0 | $0 \%$ |
| Member Cancelled | 2,557 | 2,596 | 5,153 | $7 \%$ |
| Member Deceased | 91 | 90 | 181 | $0 \%$ |
| Member Hospitalized | 168 | 181 | 349 | $0 \%$ |
| Member No-show | 495 | 555 | 1,050 | $1 \%$ |
| Member Too Sick | 175 | 184 | 359 | $0 \%$ |
| No Provider Assigned | 1,498 | 1,438 | 2,936 | $4 \%$ |
| Provider No-Show | 83 | 88 | 171 | $0 \%$ |
| Provider Too Late | 30 | 36 | 66 | $0 \%$ |
| Grand Total | 5,201 | 5,272 | 10,473 | $14 \%$ |

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 >> 11/01/2021-11/30/2021

| Missed Trips by <br> Res. Types | To Appt. Legs | From Appt. Legs | Grand Total | Percent of <br> Scheduled Rides |
| :--- | ---: | ---: | ---: | ---: |
| Own Home | 4,027 | 4,088 | 8,115 | $11 \%$ |
| Nursing Facility/ | 1,140 |  | 1,149 | 2,289 |

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

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

| Experience Period >> 11/01/2021-11/30/2021 |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 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 |
| 42,039 | 7,411 | 17.63\% | 1,502 | 20.27\% | 886 | 58.99\% | 5,909 | 79.73\% | 4,622 | 78.22\% |

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.

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 |

## 11/01/2021-11/30/2021

| Description | Data Entry |
| :--- | :--- |
| Number of Complaints Received this Reporting | 36 |
| Number of Complaints Acknowledged Received | 36 |
| Percent of Complaints Acknowledged within One (1) | $100.00 \%$ |
| Number of Complaints Received in the Reporting | 36 |
| Number of Complaints Received in the Reporting | 0 |
| Percent of Complaints Received in the Reporting | $100.00 \%$ |

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: <br> Report Name: <br> Report Code: <br> Code Citation: | Southeastrans <br> Complaint Summary by Residence <br> MO-CSR <br> IC 12-15-30.5 (4)(a)(1)(D)iii |  |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Experience Period >> 11/01/2021-11/30/2021 |  |
| Complaints by Member residence See IC12-15-30.5-4 | Grand Total | Percent of All Complaints |
| Own Home | 32 | 88.9\% |
| Nursing Facility | 4 | 11.1\% |
| Grand Total | 36 |  |

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

Office of Medicaid Policy Planning

## Broker Name: Southeastrans

Report Name: Complaints \& Appeals
Report Code: MO-MCA1
Code Citation: IC 12-15-30.5 (4)(a)(3)(E)
Experience Period >> 11/01/2021-11/30/2021

## COMPLAINTS

| Description | Data Entry |
| :--- | :--- |
| Number of Complaints Received this Reporting Period | 36 |
| Number of Complaints Acknowledged Received within One (1) | 36 |
| Percent of Complaints Acknowledged within One (1) Business | $100.00 \%$ |
| Number of Complaints Received in the Reporting Period that | 36 |
| Number of Complaints Received in the Reporting Period that | 0 |
| Percent of Complaints Received in the Reporting Period that Were | $100.00 \%$ |

APPEALS

| Item No. | Details | Data Entry |
| :---: | :--- | ---: |
| 7 | Number of Appeals Received this Reporting Period | 0 |
| 8 | Number of Appeals Acknowledged Received within One (1) | 0 |
| 9 | Percent of Appeals Acknowledged within One (1) Business Day | NA |
| 10 | Number of Appeals Received in the Reporting Period that Were | 0 |
| 11 | Number of Appeals Received in the Reporting Period that Were | 0 |
| 12 | Percent of Appeals Received in the Reporting Period that Were | NA |

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

Broker Name:
Report Name: Claims Processing Summary
Report Code:
Code Citation:

Southeastrans

MO-S1
IC 12-15-30.5 (4)(a)(3)(C)

| Item \# | Experience Period >> 11/01/2021-11/30/2021 |  |  |
| :---: | :---: | :---: | :---: |
|  | Measure | CMS1500 |  |
|  |  | In-Network | Out-Of- <br> Network |
| 1 | Total Submitted Dollars (not paid amount) | \$ 1,463,778.31 |  |
| Clean Claims Received |  |  |  |
| 2 | Electronic | 18,460 |  |
| 3 | Paper | 25,570 |  |
|  | Total (calculated) | 44,030 | 0 |
| Clean Claims Adjudicated |  |  |  |
| 4 | Paid On Time | 42,501 |  |
| 5 | Paid Late | 0 |  |
| 6 | Denied | 1,529 |  |
|  | Denial Rate (calculated) | 3.60\% | \#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 <br> on claim and MCE's receipt of claim from provider. 16 |  |  |  |
| 10 | Average number of days between the receipt date on claim and the adjudication date. | 15 |  |
| 11 | Average number of days from the adjudication date to payment (remittance advice) date. | 15 |  |
| 12 | Clean Claims Adjudicated and Submitted as Encounters to DXC | 42,550 |  |
| 13 | Clean Claims Accepted by DXC | 42,550 |  |
| 14 | Clean Claims Rejected by DXC | 0 |  |
| 15 | Acceptance Rate (calculated) | 100.00\% | \#DIV/0! |


|  | Top Denial Reasons Count |  |
| :---: | :---: | :---: |
| Item No. | Reason | \# in Reporting <br> Period |
| 25 | Time Variance | 306 |
| 26 | Untimely Filing | 306 |
| 27 | Service not provided to member | 227 |
| 28 | Incorrect Mobility Type | 94 |
| 29 | Unauthorized No Show | 84 |
| 30 | Incorrect Date of Service | 76 |
| 31 | Unauthorized Vehicle | 76 |
| 32 | Maximum Benefit Paid by Primary Carrier | 72 |
| 33 | Missing EOB | 65 |
| 34 | Other | 223 |
| 35 | Total | 1,529 |

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

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 >> 11/01/21-11/30/21

| 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 | 1 | 0 | 0 | 1 | 470 | 441 | 4,741 | 5,652 |
| Blind | 0 | 0 | 0 | 0 | 3 | 10 | 3 | 16 |
| Breast and Cervical Cancer Treatment Program | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 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 | 3 | 0 | 0 | 3 |
| Children Receiving Adoption Assistance (under 19) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disabled | 0 | 0 | 0 | 0 | 233 | 420 | 2,290 | 2,943 |
| 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 |
| Low Income Pregnancy - Full Coverage | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newborn - infants born to Medicaid members | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 6 |
| Parent/Caretaker of Relative | 0 | 0 | 0 | 0 | 0 | 0 | 37 | 37 |
| PE Adult | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 5 |
| PE Children Age Up To 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PE Children Ages 1 Through 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PE Former Foster Child Age 19-26 | 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 | 41 | 0 | 0 | 41 |
| Retro Maternity | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Room and Board Assistance (RBA) | 0 | 0 | 0 | 0 | 1 | 4 | 34 | 39 |
| SSI Related | 0 | 0 | 0 | 0 | 470 | 337 | 1,478 | 2,285 |
| Title IV-E foster children under 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Working Disabled MEDWORKS | 0 | 0 | 0 | 0 | 3 | 11 | 2 | 16 |
|  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 1 | 1,236 | 1,223 | 8,585 | 11,044 |

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

| Ambulance | Hospital |  | Community |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Ambulatory | Wheelchair Van | Hospital Total | Ambulance | Ambulatory | Wheelchair Van | Community Total | Grand Total |
| 0 | 0 | 0 | 0 | 5 | 29 | 50 | 84 | 84 |
| 76 | 282 | 467 | 825 | 195 | 4,463 | 3,347 | 8,005 | 14,483 |
| 1 | 0 | 26 | 27 | 2 | 73 | 25 | 100 | 143 |
| 0 | 0 | 0 | 0 | 0 | 17 | 0 | 17 | 18 |
| 3 | 0 | 0 | 3 | 1 | 2 | 0 | 3 | 6 |
| 2 | 0 | 0 | 2 | 2 | 0 | 0 | 2 | 4 |
| 2 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 4 |
| 9 | 29 | 0 | 38 | 14 | 13 | 12 | 39 | 80 |
| 7 | 2 | 0 | 9 | 20 | 12 | 0 | 32 | 41 |
| 97 | 873 | 604 | 1,574 | 105 | 8,964 | 3,409 | 12,478 | 16,995 |
| 1 | 0 | 0 | 1 | 2 | 8 | 0 | 10 | 11 |
| 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 2 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 3 |
| 0 | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 3 |
| 2 | 0 | 0 | 2 | 3 | 0 | 0 | 3 | 11 |
| 0 | 0 | 5 | 5 | 0 | 24 | 12 | 36 | 78 |
| 23 | 0 | 0 | 23 | 23 | 0 | 0 | 23 | 51 |
| 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 2 |
| 0 | 0 | 0 | 0 | 5 | 0 | 0 | 5 | 5 |
| 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 0 | 0 | 0 | 0 | 1 | 3 | 0 | 4 | 4 |
| 67 | 0 | 0 | 67 | 77 | 0 | 0 | 77 | 185 |
| 3 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| 0 | 0 | 4 | 4 | 2 | 94 | 18 | 114 | 157 |
| 152 | 1,137 | 457 | 1,746 | 231 | 10,940 | 2,563 | 13,734 | 17,765 |
| 4 | 1 | 0 | 5 | 10 | 29 | 0 | 39 | 44 |
| 4 | 0 | 0 | 4 | 1 | 148 | 4 | 153 | 173 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 458 | 2,324 | 1,563 | 4,345 | 703 | 24,822 | 9,440 | 34,965 | 50,355 |

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)
11/01/2021-11/30/2021

| 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 |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Office of Medicaid Policy Planning

Report Name:

## Report Code:

Submission Date: Code Citation:

Number of NEMT Vehicles by County
MO-VC
$1 / 3 / 2022$
IC 12-15-30.5-4 (a)(1)(A)
Experience Period >>

| 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 | 21 | 76 |  |  | 1 | 5 | 1 | 104 |
| Bartholomew | 20 | 10 |  |  | 1 | 1 |  | 32 |
| Benton | 1 | 4 |  |  |  |  |  | 5 |
| Blackford | 5 | 9 |  |  | 1 |  |  | 15 |
| Boone | 12 | 26 |  |  |  | 1 |  | 39 |
| Brown | 1 | 4 |  |  |  |  |  | 5 |
| Carroll | 8 | 5 |  |  |  |  | 1 | 14 |
| Cass | 9 | 19 |  |  |  | 1 |  | 29 |
| Clark | 9 | 22 |  |  | 1 | 2 |  | 34 |
| Clay | 6 | 3 |  |  |  | 1 |  | 10 |
| Clinton | 6 | 13 |  |  | 1 | 2 |  | 22 |
| Crawford | 2 | 1 |  |  |  |  |  | 3 |
| Daviess | 2 | 7 |  |  | 2 |  |  | 11 |
| Dearborn | 7 | 11 |  |  | 1 |  | 2 | 21 |
| Decatur | 6 | 14 |  |  |  |  | 1 | 21 |
| DeKalb | 2 | 24 |  |  |  |  | 1 | 27 |
| Delaware | 16 | 31 | 1 |  |  | 2 |  | 50 |
| Dubois | 3 | 19 |  |  | 1 | 1 |  | 24 |
| Elkhart | 13 | 19 |  |  | 1 | 1 | 3 | 37 |
| Fayette | 1 | 15 |  |  |  | 1 |  | 17 |
| Floyd | 4 | 20 |  |  | 1 | 1 |  | 26 |
| Fountain | 7 | 4 |  |  |  |  |  | 11 |
| Franklin | 3 | 2 |  |  |  |  | 2 | 7 |
| Fulton | 2 | 11 |  |  |  |  |  | 13 |
| Gibson | 5 | 5 |  |  |  |  |  | 10 |
| Grant | 24 | 18 |  |  | 1 | 2 |  | 45 |
| Greene | 4 | 10 |  |  | 1 |  |  | 15 |
| Hamilton | 37 | 54 |  |  | 1 | 9 | 1 | 102 |
| Hancock | 4 | 20 |  |  | 1 | 2 | 3 | 30 |
| Harrison | 10 | 9 |  |  |  |  |  | 19 |
| Hendricks | 14 | 26 |  |  | 1 | 3 |  | 44 |
| Henry | 7 | 15 |  |  | 1 | 2 |  | 25 |
| Howard | 18 | 17 |  |  |  | 1 |  | 36 |
| Huntington | 4 | 13 |  |  | 1 | 1 |  | 19 |
| Jackson | 21 | 4 |  |  | 1 | 1 |  | 27 |
| Jasper | 4 | 9 |  |  | 1 |  |  | 14 |
| Jay | 8 | 4 |  |  |  |  |  | 12 |
| Jefferson | 5 | 10 |  |  | 1 |  |  | 16 |
| Jennings | 16 | 7 |  |  | 1 | 1 |  | 25 |
| Johnson | 28 | 32 |  |  | 1 | 3 |  | 64 |
| Knox | 4 | 21 |  |  |  |  |  | 25 |
| Kosciusko | 2 | 19 |  |  |  | 1 |  | 22 |
| LaGrange | 3 | 7 |  |  |  |  | 2 | 12 |
| Lake | 41 | 35 |  |  | 1 | 3 | 2 | 82 |
| LaPorte | 15 | 6 |  |  | 1 | 1 | 2 | 25 |
| Lawrence | 5 | 10 | 1 |  | 1 | 1 |  | 18 |
| Madison | 11 | 22 |  |  | 1 | 3 |  | 37 |
| Marion | 80 | 109 | 1 |  | 1 | 10 |  | 201 |
| Marshall | 3 | 16 |  |  | 1 | 1 | 1 | 22 |
| Martin | 1 | 5 |  |  |  |  |  | 6 |
| Miami | 5 | 22 |  |  |  | 2 |  | 29 |
| Monroe | 12 | 21 |  |  |  |  |  | 33 |
| Montgomery | 6 | 4 |  |  | 1 | 1 | 1 | 13 |
| Morgan | 4 | 7 | 1 |  |  | 2 |  | 14 |
| Newton | 1 | 8 |  |  |  |  |  | 9 |
| Noble | 2 | 22 |  |  | 1 | 1 | 1 | 27 |
| Ohio |  |  |  |  |  |  |  |  |
| Orange | 4 | 6 |  |  |  |  | 1 | 11 |

Report Name:
Report Code:
Submission Date: Code Citation:

Number of NEMT Vehicles by County
MO-VC
1/3/2022
IC 12-15-30.5-4 (a)(1)(A)
Experience Period >>

| 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 |
| Owen | 7 | 4 |  |  |  |  |  | 11 |
| Parke |  |  |  |  |  |  |  |  |
| Perry | 4 | 10 |  |  | 1 |  |  | 15 |
| Pike | 3 | 5 |  |  | 1 |  |  | 9 |
| Porter | 27 | 24 |  |  | 1 | 2 | 3 | 57 |
| Posey | 3 | 4 |  |  |  |  | 2 | 9 |
| Pulaski |  | 1 |  |  |  |  |  | 1 |
| Putnam | 3 | 5 |  |  | 1 | 2 |  | 11 |
| Randolph | 11 | 5 |  |  |  | 1 |  | 17 |
| Ripley | 6 | 14 |  |  | 1 | 1 | 3 | 25 |
| Rush | 2 | 6 |  |  |  | 1 |  | 9 |
| Scott | 9 | 13 |  |  | 1 | 1 |  | 24 |
| Shelby | 6 | 15 |  |  | 1 | 2 |  | 24 |
| Spencer | 2 | 9 |  |  |  |  |  | 11 |
| St.Joseph | 24 | 24 |  |  | 1 | 2 | 3 | 54 |
| Starke | 10 | 3 |  |  | 1 |  | 5 | 19 |
| Steuben | 1 | 9 |  |  | 1 |  |  | 11 |
| Sullivan | 4 | 4 |  |  |  |  |  | 8 |
| Switzerland | 1 | 3 |  |  | 1 |  |  | 5 |
| Tippecanoe | 35 | 42 | 1 |  | 1 | 4 | 1 | 84 |
| Tipton |  | 2 | 1 |  |  |  |  | 3 |
| Union |  | 10 |  |  |  | 1 |  | 11 |
| Vanderburgh | 13 | 33 |  |  | 1 | 1 | 2 | 50 |
| Vermillion | 2 | 4 |  |  | 1 |  |  | 7 |
| Vigo | 14 | 9 |  |  | 1 | 1 |  | 25 |
| Wabash | 4 | 8 |  |  |  | 1 |  | 13 |
| Warren | 4 | 3 |  |  |  |  |  | 7 |
| Warrick | 11 | 23 |  |  | 1 |  | 1 | 36 |
| Washington | 1 | 3 |  |  | 1 | 1 |  | 6 |
| Wayne | 10 | 19 |  | 1 |  | 3 |  | 33 |
| Wells | 4 | 15 |  |  | 1 | 1 |  | 21 |
| White | 6 | 9 |  |  |  |  |  | 15 |
| Whitley |  | 10 |  |  |  |  |  | 10 |





