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 |
| :--- | :--- |
| September 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 | 39,824 |
| $\mathbf{1 1}$ | Number of Calls Answered | 38,237 |
| $\mathbf{1 2}$ | Average Handle Time | $04: 50$ |
| $\mathbf{1 3}$ | Percent of Calls Abandoned | $3.99 \%$ |
| $\mathbf{1 4}$ | After Hours On-Time Call Back $\%$ | $100.0 \%$ |
| $\mathbf{1 5}$ | Calls Resolved in First Call | $91.5 \%$ |
| $\mathbf{1 6}$ | Percentage of calls answered w/in 45 sec. | $91.1 \%$ |
| $\mathbf{1 7}$ | Percentage of calls answered w/in 60 sec. | $94.0 \%$ |

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 |  |
| Report Code: | MO-MT |  |

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

09/01/2021-09/30/2021

| Trip Not Provided | To Appt. Legs | From Appt. Legs | Grand Total | Percent of <br> Scheduled Rides |
| :--- | ---: | ---: | ---: | ---: |
| Holiday Closure | 1 | 0 | 1 | $0 \%$ |
| Inclement Wthr/Mbr | 0 | 0 | 0 | $0 \%$ |
| Inclement Wthr/Provider | 0 | 0 | 0 | $0 \%$ |
| Member Cancelled | 2,503 | 2,544 | 5,047 | $7 \%$ |
| Member Deceased | 83 | 84 | 167 | $0 \%$ |
| Member Hospitalized | 172 | 181 | 353 | $1 \%$ |
| Member No-show | 280 | 306 | 586 | $1 \%$ |
| Member Too Sick | 153 | 152 | 305 | $0 \%$ |
| No Provider Assigned | 2,035 | 1,955 | 3,990 | $6 \%$ |
| Provider No-Show | 129 | 154 | 283 | $0 \%$ |
| Provider Too Late | 25 | 29 | 54 | $0 \%$ |
| Grand Total | 5,381 | 5,405 | 10,786 | $15 \%$ |

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)

09/01/2021-09/30/2021

| Missed Trips by <br> Res. Types | To Appt. Legs | From Appt. Legs | Grand Total | Percent of <br> Scheduled Rides |
| :--- | ---: | ---: | ---: | ---: |
| Own Home | 3,850 | 4,022 | 7,872 | $11 \%$ |
| Nursing Facility/ | 1,282 |  |  |  |
| Ast. Liv | 146 | 1,309 | 2,591 | $4 \%$ |
| Hospital/Rehab | 0 | 22 | 168 | $0 \%$ |
| Other Res. Facility | 17 | 0 | 0 | $0 \%$ |
| Other (list below) | 5,295 | 22 | 39 | $0 \%$ |
| Grand Total |  | 5,375 | 10,670 | $15 \%$ |

## roker Name: Southeastran <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.

09/01/2021-09/30/2021

|  |  |  | 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 |
| 39,559 | 7,080 | 17.90\% | 2,037 | 28.77\% | 1,102 | 54.10\% | 5,043 | 71.23\% | 3,642 | 72.22\% |

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

| Broker Name: | Southeastrans | Note: Data includes complaints or concerns directed to FSSA |
| :--- | :--- | :--- |
| Report Name: | Complaint Summary | and to Southeastrans. A contact may include 1 or more <br> Report Code: |
| issues. |  |  |
| Code Citation: | IC $\mathbf{1 2 - 1 5 - 3 0 . 5 - 4}$ |  |

09/01/2021-09/30/2021

| Description | Data Entry |
| :--- | :--- |
| Number of Complaints Received this Reporting | 69 |
| Number of Complaints Acknowledged Received | 69 |
| Percent of Complaints Acknowledged within One (1) | $100.00 \%$ |
| Number of Complaints Received in the Reporting | 60 |
| Number of Complaints Received in the Reporting | 9 |
| Percent of Complaints Received in the Reporting | $86.96 \%$ |

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 | concerns directed to FSSA and to Southeastrans. |
| Code Citation: | IC 12-15-30.5 (4)(a)(1)(D)iii |  |

09/01/2021-09/30/2021

| Complaints by Member residence See IC12-15-30.5-4 | Grand Total | Percent of All Complaints |
| :---: | :---: | :---: |
| Own Home | 48 | 69.6\% |
| Nursing Facility/ | 16 | 23.2\% |
| Ast. Liv | 1 | 1.4\% |
| Hospital/Rehab |  | 0.0\% |
| Other Res. Facility |  | 0.0\% |
| Other (list below) | 4 | 5.8\% |
| Grand Total | 69 |  |

## Broker Name: Southeastrans

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

## 09/01/2021-09/30/2021

## COMPLAINTS

| Description | Data Entry |
| :--- | :--- |
| Number of Complaints Received this Reporting Period | 69 |
| Number of Complaints Acknowledged Received within One (1) Business Day in this <br> Reporting Period | 69 |
| 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 | 60 |
| Number of Complaints Received in the Reporting Period that Were Not Investigated, <br> Remediated, and Closed within 15 Business Days of Receipt | 9 |
| Percent of Complaints Received in the Reporting Period that Were Investigated, <br> Remediated, and Closed within 15 Business Days of Receipt | $86.96 \%$ |

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:

Southeastrans
Claims Processing Summary
MO-S1
IC 12-15-30.5 (4)(a)(3)(C)

| 09/01/2021-09/30/2021 |  |  |
| :---: | :---: | :---: |
| Measure | CMS1500 |  |
|  | In-Network | Out-Of- <br> Network |


| 1 | Total Submitted Dollars (not paid amount) | \$ 1,823,290.68 |  |
| :---: | :---: | :---: | :---: |
| Clean Claims Received |  |  |  |
| 2 | Electronic | 22,470 |  |
| 3 | Paper | 29,933 |  |
|  | Total (calculated) | 52,403 | 0 |
| Clean Claims Adjudicated |  |  |  |
| 4 | Paid On Time | 50,769 |  |
| 5 | Paid Late | 0 |  |
| 6 | Denied | 1,634 |  |
|  | Denial Rate (calculated) | 3.22\% | \#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 |  |  |  |
| Average number of days between the last date of service on claim and MCE's receipt of claim from provider. |  |  |  |
| 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 | 49,606 |  |
| 13 | Clean Claims Accepted by DXC | 49,606 |  |
| 14 | Clean Claims Rejected by DXC | 0 |  |
| 15 | Acceptance Rate (calculated) | 100.00\% | \#DIV/0! |


|  | Top Denial Reasons Count | \#in Reporting <br> Period |  |
| :---: | :--- | ---: | :---: |
| Item No. | Reason | 374 |  |
| $\mathbf{2 5}$ | Missing Member Signature | 123 |  |
| $\mathbf{2 6}$ | Unauthorized Driver | 192 |  |
| $\mathbf{2 7}$ | Service Not Provided to Member | 186 |  |
| $\mathbf{2 8}$ | Incorrect Mobility Type | 151 |  |
| $\mathbf{2 9}$ | Missing EOB | 136 |  |
| $\mathbf{3 0}$ | UNS | 193 |  |
| $\mathbf{3 1}$ | Unauthorized Vehicle | 91 |  |
| $\mathbf{3 2}$ | Space Time Variance | 89 |  |
| $\mathbf{3 3}$ | Maximum Benefit Paid by Primary Carrier | 99 |  |
| $\mathbf{3 4}$ | Other | $\mathbf{1 6 3 4}$ |  |
| $\mathbf{3 5}$ |  | 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 >> 09/01/21-09/30/21

| 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.

| Health 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 |  |  |  | Grand Total |
| :---: | :---: | :---: | :---: | :---: |
| Ambulance | Ambulatory | Wheelchair Van | Community Total |  |
| 3 | 0 | 33 | 36 | 48 |
| 145 | 4,513 | 3,593 | 8,251 | 15,522 |
| 0 | 40 | 70 | 110 | 169 |
| 1 | 26 | 1 | 28 | 28 |
| 2 | 0 | 0 | 2 | 2 |
| 2 | 0 | 0 | 2 | 2 |
| 3 | 10 | 0 | 13 | 14 |
| 17 | 85 | 6 | 108 | 122 |
| 24 | 33 | 0 | 57 | 73 |
| 128 | 8,949 | 3,518 | 12,595 | 17,779 |
| 2 | 4 | 1 | 7 | 36 |
| 14 | 0 | 0 | 14 | 16 |
| 0 | 1 | 1 | 2 | 2 |
| 1 | 0 | 0 | 1 | 8 |
| 0 | 28 | 0 | 28 | 103 |
| 43 | 1 | 0 | 44 | 76 |
| 8 | 0 | 0 | 8 | 12 |
| 0 | 0 | 0 | 0 | 8 |
| 117 | 0 | 0 | 117 | 247 |
| 1 | 80 | 6 | 87 | 177 |
| 215 | 11,740 | 2,517 | 14,472 | 19,958 |
| 17 | 2 | 0 | 19 | 23 |
| 2 | 229 | 2 | 233 | 239 |
| 0 | 0 | 0 | 0 | 0 |
| 745 | 25,741 | 9,748 | 36,234 | 54,664 |

## Broker Name: Southeastrans

Report Name: Program Integrity Audits \& Investigations

## Report Code: MO-PIIS

Code Citation: IC 12-15-30.5 (4)(a)(3)(D)
09/01/2021-09/30/2021

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

Report Name: Number of NEMT Vehicles by County

## Report Code: MO-VC

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

|  | Experience Period >> |  | 09/01/2021-09/30/2021 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| County | Advanced Life Support | Ambulatory | Ambulatory/Wh eelchair | Ambulatory/ Wheelchair/St retcher | Non-Contracted | Stretcher van | Wheelchair Lift Van | Total |
| Adams |  | 6 |  |  |  |  |  | 6 |
| Allen |  | 22 | 76 |  | 1 | 4 | 1 | 104 |
| Bartholomew |  | 18 | 11 |  | 1 |  |  | 30 |
| Benton |  | 2 | 4 |  |  | 1 |  | 7 |
| Blackford |  | 7 | 8 |  | 1 | 2 |  | 18 |
| Boone |  | 10 | 22 |  | 1 | 1 |  | 34 |
| Brown |  | 1 | 3 |  |  |  |  | 4 |
| Carroll |  | 11 | 4 |  |  |  | 1 | 16 |
| Cass |  | 4 | 20 |  |  | 1 |  | 25 |
| Clark |  | 6 | 19 |  | 1 | 1 |  | 27 |
| Clay |  | 5 | 2 |  |  |  |  | 7 |
| Clinton |  | 6 | 13 |  | 1 |  |  | 20 |
| Crawford |  | 1 | 1 |  |  |  |  | 2 |
| Daviess |  | 1 | 9 |  | 1 |  |  | 11 |
| Dearborn |  | 4 | 14 |  |  |  |  | 18 |
| Decatur |  | 7 | 5 |  | 1 |  |  | 13 |
| DeKalb |  | 3 | 21 |  | 1 |  | 2 | 27 |
| Delaware |  | 12 | 27 | 1 |  | 2 |  | 42 |
| Dubois |  | 3 | 22 |  | 1 |  | 2 | 28 |
| Elkhart |  | 9 | 5 |  | 1 | 1 | 2 | 18 |
| Fayette |  |  | 15 |  |  | 1 |  | 16 |
| Floyd |  | 6 | 20 |  | 1 | 1 |  | 28 |
| Fountain |  | 5 | 3 |  |  |  | 1 | 9 |
| Franklin |  | 1 | 6 |  |  |  | 1 | 8 |
| Fulton |  | 2 | 5 |  |  |  |  | 7 |
| Gibson |  | 5 | 2 |  | 1 |  | 1 | 9 |
| Grant |  | 27 | 20 |  | 1 | 1 |  | 49 |
| Greene |  | 2 | 6 |  | 1 |  |  | 9 |
| Hamilton |  | 30 | 49 | 1 | 1 | 8 | 2 | 91 |
| Hancock |  | 5 | 23 |  | 1 | 2 | 5 | 36 |
| Harrison |  | 4 | 14 |  |  |  | 2 | 20 |
| Hendricks |  | 12 | 25 |  | 1 | 4 |  | 42 |
| Henry |  | 4 | 11 |  | 1 | 1 |  | 17 |
| Howard |  | 10 | 18 |  |  | 1 |  | 29 |
| Huntington |  | 2 | 18 |  | 1 | 1 |  | 22 |
| Jackson |  | 16 | 7 |  | 1 | 1 |  | 25 |
| Jasper |  | 3 | 4 |  |  |  | 1 | 8 |
| Jay |  | 8 | 5 |  |  |  |  | 13 |
| Jefferson |  | 5 | 10 |  | 1 |  |  | 16 |
| Jennings |  | 10 | 6 |  |  |  |  | 16 |
| Johnson |  | 28 | 34 |  | 1 | 3 |  | 66 |
| Knox |  | 4 | 20 |  | 1 | 1 |  | 26 |
| Kosciusko |  |  | 12 |  |  |  |  | 12 |
| LaGrange |  | 3 | 10 |  |  | 1 | 2 | 16 |
| Lake |  | 33 | 28 |  | 1 | 2 | 1 | 65 |
| LaPorte |  | 17 | 12 |  | 1 |  | 1 | 31 |
| Lawrence |  | 2 | 10 |  | 1 |  | 3 | 16 |
| Madison |  | 13 | 24 |  | 1 | 4 |  | 42 |
| Marion |  | 72 | 114 | 1 | 1 | 11 | 1 | 200 |
| Marshall |  | 4 | 14 |  | 1 |  | 2 | 21 |
| Martin |  | 1 | 3 |  |  |  |  | 4 |
| Miami |  | 6 | 22 |  |  | 2 |  | 30 |
| Monroe |  | 13 | 18 |  | 1 |  | 2 | 34 |
| Montgomery |  | 4 | 5 |  | 1 | 1 | 1 | 12 |
| Morgan |  | 4 | 11 | 1 |  | 2 |  | 18 |
| Newton |  | 2 | 7 |  |  |  |  | 9 |

Report Name: Number of NEMT Vehicles by County
Report Code: MO-VC
Submission Da 12/10/2021
Code Citation IC 12-15-30.5-4 (a)(1)(A)

| Experience Period >> |  |  | 09/01/2021-09/30/2021 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Noble |  | 3 | 24 |  |  |  | 1 | 28 |
| Ohio |  |  | 1 |  |  |  |  | 1 |
| Orange |  | 7 | 6 |  |  |  | 4 | 17 |
| Owen |  | 7 | 7 |  |  |  |  | 14 |
| Perry |  | 3 | 10 |  | 1 |  |  | 14 |
| Pike |  | 1 | 7 |  |  |  |  | 8 |
| Porter |  | 31 | 28 |  | 1 | 1 | 3 | 64 |
| Posey |  | 2 | 6 |  |  |  | 2 | 10 |
| Pulaski |  |  | 4 |  |  |  | 1 | 5 |
| Putnam |  | 2 | 5 |  |  | 1 |  | 8 |
| Randolph |  | 7 | 8 |  |  | 1 |  | 16 |
| Ripley |  | 7 | 19 |  | 1 | 1 | 1 | 29 |
| Rush |  | 4 | 10 |  |  |  |  | 14 |
| Scott |  | 7 | 14 |  | 1 |  | 2 | 24 |
| Shelby |  | 5 | 15 |  | 1 | 2 |  | 23 |
| Spencer |  | 2 | 8 |  |  |  |  | 10 |
| St.Joseph | 1 | 11 | 14 |  | 1 | 2 | 4 | 33 |
| Starke |  | 13 | 3 |  | 1 |  | 4 | 21 |
| Steuben |  |  | 5 |  | 1 |  |  | 6 |
| Sullivan |  | 1 | 4 |  |  |  |  | 5 |
| Switzerland |  |  | 5 |  | 1 |  |  | 6 |
| Tippecanoe |  | 31 | 35 | 1 | 1 | 4 | 1 | 73 |
| Tipton |  | 1 | 2 |  |  |  |  | 3 |
| Union |  |  | 13 |  |  | 1 |  | 14 |
| Vanderburgh |  | 18 | 35 |  | 1 | 1 | 1 | 56 |
| Vermillion |  | 1 | 3 |  | 1 |  |  | 5 |
| Vigo |  | 10 | 13 |  | 1 | 1 |  | 25 |
| Wabash |  | 6 | 6 |  |  | 1 |  | 13 |
| Warren |  | 4 | 3 |  |  |  |  | 7 |
| Warrick |  | 10 | 23 |  | 1 |  | 1 | 35 |
| Washington |  |  | 1 |  | 1 |  | 1 | 3 |
| Wayne | 1 | 16 | 29 |  |  | 1 |  | 47 |
| Wells |  | 3 | 20 |  |  |  |  | 23 |
| White |  | 6 | 12 |  |  | 1 |  | 19 |
| Whitley |  | 1 | 10 |  |  |  |  | 11 |


| 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) |

| Experience Period >> 9/1/2021-9/30/2021

| County | Ambulatory | Ambulatory/Wheel chair |  | 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 | NonContracted | Stretcher van | Wheelchai r Lift Van |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Adams | 6 |  |  |  |  |  |  | 6 | 998 | 166.33 | 166.33 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Allen | 22 | 76 |  |  | 1 | 4 | 1 | 104 | 15201 | 146.16 | 690.95 | 200.01 | \#DIV/0! | \#DIV/0! | 15201.00 | 3800.25 | 15201.00 |
| Bartholomew | 18 | 11 |  |  | 1 |  |  | 30 | 2835 | 94.50 | 157.50 | 257.73 | \#DIV/0! | \#DIV/0! | 2835.00 | \#DIV/0! | \#DIV/0! |
| Benton | 2 | 4 |  |  |  | 1 |  | 7 | 342 | 48.86 | 171.00 | 85.50 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 342.00 | \#DIV/0! |
| Blackford | 7 | 8 |  |  | 1 | 2 |  | 18 | 544 | 30.22 | 77.71 | 68.00 | \#DIV/0! | \#DIV/0! | 544.00 | 272.00 | \#DIV/0! |
| Boone | 10 | 22 |  |  | 1 | 1 |  | 34 | 1559 | 45.85 | 155.90 | 70.86 | \#DIV/0! | \#DIV/0! | 1559.00 | 1559.00 | \#DIV/0! |
| Brown | 1 | 3 |  |  |  |  |  | 4 | 537 | 134.25 | 537.00 | 179.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Carroll | 11 | 4 |  |  |  |  | 1 | 16 | 604 | 37.75 | 54.91 | 151.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 604.00 |
| Cass | 4 | 20 |  |  |  | 1 |  | 25 | 1601 | 64.04 | 400.25 | 80.05 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 1601.00 | \#DIV/0! |
| Clark | 6 | 19 |  |  | 1 | 1 |  | 27 | 4919 | 182.19 | 819.83 | 258.89 | \#DIV/0! | \#DIV/0! | 4919.00 | 4919.00 | \#DIV/0! |
| Clay | 5 | 2 |  |  |  |  |  | 7 | 1087 | 155.29 | 217.40 | 543.50 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Clinton | 6 | 13 |  |  | 1 |  |  | 20 | 1217 | 60.85 | 202.83 | 93.62 | \#DIV/0! | \#DIV/0! | 1217.00 | \#DIV/0! | \#DIV/0! |
| Crawford | 1 | 1 |  |  |  |  |  | 2 | 529 | 264.50 | 529.00 | 529.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Daviess | 1 | 9 |  |  | 1 |  |  | 11 | 1164 | 105.82 | 1164.00 | 129.33 | \#DIV/0! | \#DIV/0! | 1164.00 | \#DIV/0! | \#DIV/0! |
| Dearborn | 4 | 14 |  |  |  |  |  | 18 | 1594 | 88.56 | 398.50 | 113.86 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Decatur | 7 | 5 |  |  | 1 |  |  | 13 | 1053 | 81.00 | 150.43 | 210.60 | \#DIV/0! | \#DIV/0! | 1053.00 | \#DIV/0! | \#DIV/0! |
| DeKalb | 3 | 21 |  |  | 1 |  | 2 | 27 | 1387 | 51.37 | 462.33 | 66.05 | \#DIV/0! | \#DIV/0! | 1387.00 | \#DIV/0! | 693.50 |
| Delaware | 12 | 27 | 1 |  |  | 2 |  | 42 | 5369 | 127.83 | 447.42 | 198.85 | 5369.00 | \#DIV/0! | \#DIV/0! | 2684.50 | \#DIV/0! |
| Dubois | 3 | 22 |  |  | 1 |  | 2 | 28 | 1283 | 45.82 | 427.67 | 58.32 | \#DIV/0! | \#DIV/0! | 1283.00 | \#DIV/0! | 641.50 |
| Elkhart | 9 | 5 |  |  | 1 | 1 | 2 | 18 | 6105 | 339.17 | 678.33 | 1221.00 | \#DIV/0! | \#DIV/0! | 6105.00 | 6105.00 | 3052.50 |
| Fayette |  | 15 |  |  |  | 1 |  | 16 | 1680 | 105.00 | \#DIV/0! | 112.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 1680.00 | \#DIV/0! |
| Floyd | 6 | 20 |  |  | 1 | 1 |  | 28 | 3143 | 112.25 | 523.83 | 157.15 | \#DIV/0! | \#DIV/0! | 3143.00 | 3143.00 | \#DIV/0! |
| Fountain | 5 | 3 |  |  |  |  | 1 | 9 | 633 | 70.33 | 126.60 | 211.00 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 633.00 |
| Franklin | 1 | 6 |  |  |  |  | 1 | 8 | 855 | 106.88 | 855.00 | 142.50 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 855.00 |
| Fulton | 2 | 5 |  |  |  |  |  | 7 | 729 | 104.14 | 364.50 | 145.80 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! |
| Gibson | 5 | 2 |  |  | 1 |  | 1 | 9 | 1307 | 145.22 | 261.40 | 653.50 | \#DIV/0! | \#DIV/0! | 1307.00 | \#DIV/0! | 1307.00 |
| Grant | 27 | 20 |  |  | 1 | 1 |  | 49 | 3555 | 72.55 | 131.67 | 177.75 | \#DIV/0! | \#DIV/0! | 3555.00 | 3555.00 | \#DIV/0! |
| Greene | 2 | 6 |  |  | 1 |  |  | 9 | 1341 | 149.00 | 670.50 | 223.50 | \#DIV/0! | \#DIV/0! | 1341.00 | \#DIV/0! | \#DIV/0! |
| Hamilton | 30 | 49 | 1 |  | 1 | 8 | 2 | 91 | 6193 | 68.05 | 206.43 | 126.39 | 6193.00 | \#DIV/0! | 6193.00 | 774.13 | 3096.50 |
| Hancock | 5 | 23 |  |  | 1 | 2 | 5 | 36 | 2156 | 59.89 | 431.20 | 93.74 | \#DIV/0! | \#DIV/0! | 2156.00 | 1078.00 | 431.20 |
| Harrison | 4 | 14 |  |  |  |  | 2 | 20 | 1350 | 67.50 | 337.50 | 96.43 | \#DIV/0! | \#DIV/0! | \#DIV/0! | \#DIV/0! | 675.00 |
| Hendricks | 12 | 25 |  |  | 1 | 4 |  | 42 | 3939 | 93.79 | 328.25 | 157.56 | \#DIV/0! | \#DIV/0! | 3939.00 | 984.75 | \#DIV/0! |
| Henry | 4 | 11 |  |  | 1 | 1 |  | 17 | 2290 | 134.71 | 572.50 | 208.18 | \#DIV/0! | \#DIV/0! | 2290.00 | 2290.00 | \#DIV/0! |
| Howard | 10 | 18 |  |  |  | 1 |  | 29 | 3645 | 125.69 | 364.50 | 202.50 | \#DIV/0! | \#DIV/0! | \#DIV/0! | 3645.00 | \#DIV/0! |
| Huntington | 2 | 18 |  |  | 1 | 1 |  | 22 | 1390 | 63.18 | 695.00 | 77.22 | \#DIV/0! | \#DIV/0! | 1390.00 | 1390.00 | \#DIV/0! |
| Jackson | 16 | 7 |  |  | 1 | 1 |  | 25 | 1932 | 77.28 | 120.75 | 276.00 | \#DIV/0! | \#DIV/0! | 1932.00 | 1932.00 | \#DIV/0! |


| 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) |




