

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
June 2021	256,570

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 06/01/2021-06/30/2021

Trip Status Count	Requests	Scheduled	% Scheduled	Fulfilled	% Fulfilled
Total	70,749	69,846	50%	58,146	82%

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 06/01/2021-06/30/2021

Item No.	Data Description	Data Entry
10	<i>Number of Calls Received</i>	41,861
11	<i>Number of Calls Answered</i>	40,766
12	<i>Average Handle Time</i>	04:09
13	<i>Percent of Calls Abandoned</i>	2.62%
14	<i>After Hours On-Time Call Back %</i>	100.0%
15	<i>Calls Resolved in First Call</i>	91.5%
16	<i>Percentage of calls answered w/in 45 sec.</i>	86.3%
17	<i>Percentage of calls answered w/in 60 sec.</i>	90.6%

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

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

Experience Period 06/01/2021-06/30/2021

Trip Not Provided	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
No Provider Assigned	1,283	1,270	2,553	1051%
Member No-show	277	320	597	246%
Inclement Wthr/Mbr	0	0	0	0%
Member Cancelled	2,279	2,242	4,521	1860%
Member Hospitalized	224	237	461	190%
Member Deceased	44	44	88	36%
Member Too Sick	127	133	260	107%
Provider Too Late	27	30	57	23%
Provider No-Show	119	124	243	100%
Inclement Wthr/TP	1	1	2	1%
Holiday Closure	0	0	0	0%
Grand Total	4,381	4,401	8,782	3614%

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)

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

Experience Period 06/01/2021-06/30/2021

Missed Trips by Res. Types	To Appt. Legs	From Appt. Legs	Grand Total	Percent of Scheduled Rides
Own Home	3,209	3,341	6,550	9%
Nursing Facility/ Ast. Liv	968	977	1,945	3%
Hospital/Rehab	124	32	156	0%
Other Res. Facility	0	0	0	0%
Other (list below)	9	10	19	0%
Hotel				
Grand Total	4,310	4,360	8,670	12%

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

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.

Experience Period 06/01/2021-06/30/2021

Total Assigned Trips	Total # of Send Backs by Providers	Total % assigned trips Sent back	# 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
39,341	6,348	16.14%	4,333	68.26%	3,289	75.91%	2,015	31.74%	1,285	63.77%

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

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

Experience Period 06/01/2021-06/30/2021

Complaint Type	To Appointment	From Appointment	Grand Total
Call Center Issue	5	0	5
Driver Behavior	9	8	17
Driver too early	1	0	1
Prov Late - A Leg	8	0	8
Prov Late - B Leg	0	5	5
Prov No-Show A leg	48	0	48
Prov No-Show B leg	0	4	4
Trip not assigned	11	0	11
Vehicle Condition	1	0	1
	83	17	100

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

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

Experience Period 06/01/2021-06/30/2021

Complaints by Member residence See IC12-15-30.5-4	Grand Total	Percent of All Complaints
Own Home	79	79.0%
Nursing Facility	8	8.0%
Ast. Liv	4	4.0%
Hospital/Rehab		0.0%
Other Res. Facility	4	4.0%
Other (list below)	5	5.0%
Dialysis		
Grand Total	100	

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	06/01/2021-06/30/2021
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COMPLAINTS

Item No.	Description	Data Entry
1	Number of Complaints Received this Reporting Period	100
2	Number of Complaints Acknowledged Received within One (1) Business Day in this Reporting Period	100
3	Percent of Complaints Acknowledged within One (1) Business Day for this Reporting Period	100.00%
4	Number of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	100
5	Number of Complaints Received in the Reporting Period that Were Not Investigated, Remediated, and Closed within 15 Business Days of Receipt	0
6	Percent of Complaints Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	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) Business Day in this Reporting Period	0
9	Percent of Appeals Acknowledged within One (1) Business Day for this Reporting Period	#DIV/0!
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, Remediated, and Closed within 15 Business Days of Receipt	0
12	Percent of Appeals Received in the Reporting Period that Were Investigated, Remediated, and Closed within 15 Business Days of Receipt	#DIV/0!

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	06/01/2021-06/30/2021
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Item #	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,754,823.18	
Clean Claims Received			
2	Electronic	22,603	
3	Paper	30,067	
	Total (calculated)		0
Clean Claims Adjudicated			
4	Paid On Time	51,185	
5	Paid Late	0	
6	Denied	1,485	
	Denial Rate (calculated)	2.90%	#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.	13	
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	51,343	
13	Clean Claims Accepted by DXC	51,343	
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 Vehicle (UAV)	284
26	Unauthorized Driver (UAD)	245
27	UTF	226
28	IMT	211
29	Service Not Provided to Member (SNPM)	162
30	STV	94
31	Maximum Benefit Paid by Other Payer (MBP)	59
32	MEOB	59
33	Unauthorized No-Show (UNS)	45
34	Other	100
35	Total	1485

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 >> 06/01/21 - 06/30/21

Recipient Aid Category	ICF / IID				Health Facility				Hospital			
	Ambulance	Ambulatory	Wheelchair Van	ICF / IID Total	Ambulance	Ambulatory	Wheelchair Van	Health Facility Total	Ambulance	Ambulatory	Wheelchair Van	Hospital Total
1115 Medicaid Expedited Eligibility	0	0	0	0	2	0	9	11	2	0	0	2
Aged	0	0	0	0	523	439	3,936	4,898	134	315	691	1,140
Blind	0	0	0	0	0	0	30	30	0	2	10	12
Breast and Cervical Cancer Treatment Program	0	0	0	0	0	0	0	0	1	0	0	1
Children age 1 through 18; (MCHIP)	0	0	0	0	0	0	0	0	4	0	0	4
Children ages 1 through 5	0	0	0	0	0	0	0	0	0	0	0	0
Children ages 6-19	0	0	0	0	3	0	0	3	9	0	1	10
Children Receiving Adoption Assistance (under 19)	0	0	0	0	2	0	0	2	6	0	0	6
Disabled	0	0	0	0	279	376	1,799	2,454	101	982	450	1,533
Former Foster Children (ages 18<26)	0	0	0	0	1	0	0	1	0	0	0	0
Foster Care Independence; ages 18-20	0	0	0	0	0	0	0	0	1	0	0	1
HIP Regular Basic	0	0	0	0	0	0	0	0	1	0	0	1
Native American	0	0	0	0	0	0	0	0	0	0	0	0
Newborn - infants born to Medicaid members	0	0	0	0	0	0	0	0	3	0	0	3
Parent/Caretaker of Relative	0	0	0	0	1	0	26	27	1	6	0	7
PE Adult	0	0	0	0	7	0	0	7	57	0	0	57
PE Children Age Up To 1	0	0	0	0	0	0	0	0	0	0	0	0
PE Children Ages 1 Through 18	0	0	0	0	0	0	0	0	1	0	0	1
Pregnancy	0	0	0	0	0	0	0	0	1	2	0	3
Qualified Medicare Beneficiary (QMB)	0	0	0	0	85	0	0	85	148	0	0	148
Retro Maternity	0	0	0	0	0	0	0	0	1	0	0	1
Room and Board Assistance (RBA)	0	0	0	0	3	0	5	8	1	3	2	6
SSI Related	0	0	0	0	448	137	1,387	1,972	174	871	344	1,389
Title IV-E foster children under 18	0	0	0	0	0	0	0	0	1	0	0	1
Working Disabled MEDWORKS	0	0	0	0	0	0	0	0	20	16	0	36
	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1,354	952	7,192	9,498	667	2,197	1,498	4,362

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

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 >> 06/01/21 - 06/30/21

Recipient Aid Category	Community			Community Total	Grand Total
	Ambulance	Ambulatory	Wheelchair Van		
1115 Medicaid Expedited Eligibility	4	7	41	52	65
Aged	151	3,882	2,829	6,862	12,900
Blind	1	42	58	101	143
Breast and Cervical Cancer Treatment Program	2	28	0	30	31
Children age 1 through 18; (MCHIP)	3	4	0	7	11
Children ages 1 through 5	2	4	0	6	6
Children ages 6-19	9	48	11	68	81
Children Receiving Adoption Assistance (under 19)	19	33	7	59	67
Disabled	169	7,473	2,974	10,616	14,603
Former Foster Children (ages 18<26)	2	23	0	25	26
Foster Care Independence; ages 18-20	0	0	0	0	1
HIP Regular Basic	3	0	0	3	4
Native American	0	2	0	2	2
Newborn - infants born to Medicaid members	1	0	0	1	4
Parent/Caretaker of Relative	2	44	0	46	80
PE Adult	37	0	0	37	101
PE Children Age Up To 1	1	0	0	1	1
PE Children Ages 1 Through 18	6	0	0	6	7
Pregnancy	0	6	0	6	9
Qualified Medicare Beneficiary (QMB)	92	0	0	92	325
Retro Maternity	1	0	0	1	2
Room and Board Assistance (RBA)	3	68	31	102	116
SSI Related	252	9,363	2,111	11,726	15,087
Title IV-E foster children under 18	7	3	0	10	11
Working Disabled MEDWORKS	5	120	0	125	161
	0	0	0	0	0
Total	772	21,150	8,062	29,984	43,844

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

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 06/01/2021-06/30/2021

Date Initiated	Provider Name	Driver(s), if Appropriate	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: 7/30/2021

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

Experience Period >> 06/01/2021 - 06/30/2021

2	3	4	5	6	7	8	9	10
County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/W heelchair/Stret cher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total
Adams	9							9
Allen	24	79				3	3	109
Bartholomew	21	9				2	1	33
Benton		5						5
Blackford	4	7	1					12
Boone	12	23				1	1	37
Brown	6	2						8
Carroll	11	4					1	16
Cass	4	23				2		29
Clark	14	20			1			35
Clay	6	1				1		8
Clinton	7	16			1	1		25
Crawford	1	7						8
Daviess	1	11			1		1	14
Dearborn	5	10			1			16
Decatur	6	8		1		2		17
DeKalb	1	24			1		2	28
Delaware	16	30	1			4		51
Dubois	6	21			1	1	3	32
Elkhart	15	14			1	2	3	35
Fayette		17		1		1		19
Floyd	8	22			1	2	1	34
Fountain	11	5						16
Franklin	6	9				1		16
Gibson	9	7			1			17
Grant	30	14			1	2		47
Greene	7	9			1		1	18
Hamilton	31	56	1		1	7	1	97
Hancock	4	25			1	2	5	37
Harrison	14	10					4	28
Hendricks	7	22	1		1	3		34
Henry	5	13			1	2		21
Howard	11	12			1	3		27
Huntington	2	12			1	1		16
Jackson	17	6			1	1	1	26
Jasper	5	5						10
Jay	13	10	1		1			25
Jefferson	4	8			1			13
Jennings	11	3						14
Johnson	40	33			1	4	1	79
Knox	6	13			1	1		21
Kosciusko	2	13						15
LaGrange	3	8				1	2	14
Lake	46	33			1	1	1	82
LaPorte	25	21			1		2	49
Lawrence	11	13					5	29
Madison	17	24			1	7		49
Marion	83	115	1		1	9	4	213
Marshall	3	17			1		2	23
Martin		5						5
Miami	8	21				1		30

Office of Medicaid Policy Planning
Non-Emergency Medical Transportation Reports

Report Name: Number of NEMT Vehicles by County

Report Code: MO-VC

Submission Date: 7/30/2021

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

Experience Period >> 06/01/2021 - 06/30/2021

2	3	4	5	6	7	8	9	10
County	Ambulatory	Ambulatory/ Wheelchair	Ambulatory/W heelchair/Stret cher	Basic Life Support	Non-Contracted	Stretcher van	Wheelchair Lift Van	Total
Monroe	17	21	1		1	1	2	43
Montgomery	12	3			1	1	2	19
Morgan	1	13				1		15
Newton	5	7						12
Noble	4	23			1		2	30
Ohio	1							1
Orange	8	8					9	25
Owen	8	1				2		11
Parke	1	1						2
Perry	4	12			1			17
Pike	2	6						8
Porter	32	30			1	1	2	66
Posey	2	4					2	8
Pulaski	1					1	1	3
Putnam	1	1				1		3
Randolph	7	9			1	1		18
Ripley	15	18			1	1	1	36
Rush		8						8
Scott	7	10			1	2	2	22
Shelby	7	12				3		22
Spencer	3	10			1			14
St.Joseph	20	21			1	2	4	48
Starke	12	4			1		4	21
Steuben	3	12			1		2	18
Sullivan	10	5						15
Switzerland	1	3						4
Tippecanoe	32	37	1		1	5	3	79
Tipton		2				1		3
Union	1	14						15
Vanderburgh	22	36			1	1	1	61
Vermillion	5	4			1			10
Vigo	21	11			1	2		35
Wabash	9	6				1		16
Warren	2	3						5
Warrick	15	25			1	1	1	43
Washington	2	3			1		1	7
Wayne	16	27		1		3		47
Wells	2	20						22
White	7	14			1	1		23
Whitley	1	8						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: 8/23/2021

Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period >> 6/1/2021-6/30/2021

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	9							9	908	100.89	100.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allen	24	79				3	3	109	14140	129.72	589.17	178.99	#DIV/0!	#DIV/0!	#DIV/0!	4713.33	4713.33
Bartholomew	21	9				2	1	33	2631	79.73	125.29	292.33	#DIV/0!	#DIV/0!	#DIV/0!	1315.50	2631.00
Benton		5						5	332	66.40	#DIV/0!	66.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Blackford	4	7	1					12	506	42.17	126.50	72.29	506.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Boone	12	23				1	1	37	1441	38.95	120.08	62.65	#DIV/0!	#DIV/0!	#DIV/0!	1441.00	1441.00
Brown	6	2						8	518	64.75	86.33	259.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Carroll	11	4					1	16	552	34.50	50.18	138.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	552.00
Cass	4	23				2		29	1458	50.28	364.50	63.39	#DIV/0!	#DIV/0!	#DIV/0!	729.00	#DIV/0!
Clark	14	20			1			35	4626	132.17	330.43	231.30	#DIV/0!	#DIV/0!	4626.00	#DIV/0!	#DIV/0!
Clay	6	1				1		8	995	124.38	165.83	995.00	#DIV/0!	#DIV/0!	#DIV/0!	995.00	#DIV/0!
Clinton	7	16			1	1		25	1097	43.88	156.71	68.56	#DIV/0!	#DIV/0!	1097.00	1097.00	#DIV/0!
Crawford	1	7						8	500	62.50	500.00	71.43	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Daviess	1	11			1		1	14	1109	79.21	1109.00	100.82	#DIV/0!	#DIV/0!	1109.00	#DIV/0!	1109.00
Dearborn	5	10			1			16	1475	92.19	295.00	147.50	#DIV/0!	#DIV/0!	1475.00	#DIV/0!	#DIV/0!
Decatur	6	8		1		2		17	986	58.00	164.33	123.25	#DIV/0!	986.00	#DIV/0!	493.00	#DIV/0!
DeKalb	1	24			1		2	28	1294	46.21	1294.00	53.92	#DIV/0!	#DIV/0!	1294.00	#DIV/0!	647.00
Delaware	16	30	1			4		51	5069	99.39	316.81	168.97	5069.00	#DIV/0!	#DIV/0!	1267.25	#DIV/0!
Dubois	6	21			1	1	3	32	1216	38.00	202.67	57.90	#DIV/0!	#DIV/0!	1216.00	1216.00	405.33
Elkhart	15	14			1	2	3	35	5623	160.66	374.87	401.64	#DIV/0!	#DIV/0!	5623.00	2811.50	1874.33
Fayette		17		1		1		19	1597	84.05	#DIV/0!	93.94	#DIV/0!	1597.00	#DIV/0!	1597.00	#DIV/0!
Floyd	8	22			1	2	1	34	2980	87.65	372.50	135.45	#DIV/0!	#DIV/0!	2980.00	1490.00	2980.00
Fountain	11	5						16	582	36.38	52.91	116.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Franklin	6	9				1		16	811	50.69	135.17	90.11	#DIV/0!	#DIV/0!	#DIV/0!	811.00	#DIV/0!
Fulton								0	691	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Gibson	9	7			1			17	1185	69.71	131.67	169.29	#DIV/0!	#DIV/0!	1185.00	#DIV/0!	#DIV/0!
Grant	30	14			1	2		47	3318	70.60	110.60	237.00	#DIV/0!	#DIV/0!	3318.00	1659.00	#DIV/0!
Greene	7	9			1		1	18	1284	71.33	183.43	142.67	#DIV/0!	#DIV/0!	1284.00	#DIV/0!	1284.00
Hamilton	31	56	1		1	7	1	97	5714	58.91	184.32	102.04	5714.00	#DIV/0!	5714.00	816.29	5714.00
Hancock	4	25			1	2	5	37	2009	54.30	502.25	80.36	#DIV/0!	#DIV/0!	2009.00	1004.50	401.80
Harrison	14	10					4	28	1287	45.96	91.93	128.70	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	321.75
Hendricks	7	22	1		1	3		34	3568	104.94	509.71	162.18	3568.00	#DIV/0!	3568.00	1189.33	#DIV/0!
Henry	5	13			1	2		21	2206	105.05	441.20	169.69	#DIV/0!	#DIV/0!	2206.00	1103.00	#DIV/0!
Howard	11	12			1	3		27	3402	126.00	309.27	283.50	#DIV/0!	#DIV/0!	3402.00	1134.00	#DIV/0!
Huntington	2	12			1	1		16	1318	82.38	659.00	109.83	#DIV/0!	#DIV/0!	1318.00	1318.00	#DIV/0!
Jackson	17	6			1	1	1	26	1747	67.19	102.76	291.17	#DIV/0!	#DIV/0!	1747.00	1747.00	1747.00
Jasper	5	5						10	983	98.30	196.60	196.60	#DIV/0!	#DIV/0!	#DIV/0!	#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: 8/23/2021

Code Citation: IC 12-15-30.5-4 (a)(2)(B)

Experience Period >> 6/1/2021-6/30/2021

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
Jay	13	10	1		1			25	837	33.48	64.38	83.70	837.00	#DIV/0!	837.00	#DIV/0!	#DIV/0!
Jefferson	4	8			1			13	1354	104.15	338.50	169.25	#DIV/0!	#DIV/0!	1354.00	#DIV/0!	#DIV/0!
Jennings	11	3						14	1419	101.36	129.00	473.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Johnson	40	33			1	4	1	79	4355	55.13	108.88	131.97	#DIV/0!	#DIV/0!	4355.00	1088.75	4355.00
Knox	6	13			1	1		21	1836	87.43	306.00	141.23	#DIV/0!	#DIV/0!	1836.00	1836.00	#DIV/0!
Kosciusko	2	13						15	1973	131.53	986.50	151.77	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
LaGrange	3	8				1	2	14	707	50.50	235.67	88.38	#DIV/0!	#DIV/0!	#DIV/0!	707.00	353.50
Lake	46	33			1	1	1	82	17398	212.17	378.22	527.21	#DIV/0!	#DIV/0!	17398.00	17398.00	17398.00
LaPorte	25	21			1		2	49	3816	77.88	152.64	181.71	#DIV/0!	#DIV/0!	3816.00	#DIV/0!	1908.00
Lawrence	11	13					5	29	1989	68.59	180.82	153.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	397.80
Madison	17	24			1	7		49	5957	121.57	350.41	248.21	#DIV/0!	#DIV/0!	5957.00	851.00	#DIV/0!
Marion	83	115	1		1	9	4	213	41609	195.35	501.31	361.82	41609.00	#DIV/0!	41609.00	4623.22	10402.25
Marshall	3	17			1		2	23	1366	59.39	455.33	80.35	#DIV/0!	#DIV/0!	1366.00	#DIV/0!	683.00
Martin		5						5	461	92.20	#DIV/0!	92.20	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Miami	8	21				1		30	1268	42.27	158.50	60.38	#DIV/0!	#DIV/0!	#DIV/0!	1268.00	#DIV/0!
Monroe	17	21	1		1	1	2	43	3789	88.12	222.88	180.43	3789.00	#DIV/0!	3789.00	3789.00	1894.50
Montgomery	12	3			1	1	2	19	1299	68.37	108.25	433.00	#DIV/0!	#DIV/0!	1299.00	1299.00	649.50
Morgan	1	13				1		15	2278	151.87	2278.00	175.23	#DIV/0!	#DIV/0!	#DIV/0!	2278.00	#DIV/0!
Newton	5	7						12	391	32.58	78.20	55.86	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Noble	4	23			1		2	30	1480	49.33	370.00	64.35	#DIV/0!	#DIV/0!	1480.00	#DIV/0!	740.00
Ohio	1							1	199	199.00	199.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Orange	8	8					9	25	1042	41.68	130.25	130.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	115.78
Owen	8	1				2		11	904	82.18	113.00	904.00	#DIV/0!	#DIV/0!	#DIV/0!	452.00	#DIV/0!
Parke	1	1						2	585	292.50	585.00	585.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Perry	4	12			1			17	703	41.35	175.75	58.58	#DIV/0!	#DIV/0!	703.00	#DIV/0!	#DIV/0!
Pike	2	6						8	669	83.63	334.50	111.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Porter	32	30			1	1	2	66	4270	64.70	133.44	142.33	#DIV/0!	#DIV/0!	4270.00	4270.00	2135.00
Posey	2	4					2	8	717	89.63	358.50	179.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	358.50
Pulaski	1					1	1	3	472	157.33	472.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	472.00	472.00
Putnam	1	1				1		3	1144	381.33	1144.00	1144.00	#DIV/0!	#DIV/0!	#DIV/0!	1144.00	#DIV/0!
Randolph	7	9			1	1		18	995	55.28	142.14	110.56	#DIV/0!	#DIV/0!	995.00	995.00	#DIV/0!
Ripley	15	18			1	1	1	36	992	27.56	66.13	55.11	#DIV/0!	#DIV/0!	992.00	992.00	992.00
Rush		8						8	693	86.63	#DIV/0!	86.63	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Scott	7	10			1	2	2	22	1511	68.68	215.86	151.10	#DIV/0!	#DIV/0!	1511.00	755.50	755.50
Shelby	7	12				3		22	1784	81.09	254.86	148.67	#DIV/0!	#DIV/0!	#DIV/0!	594.67	#DIV/0!
Spencer	3	10			1			14	685	48.93	228.33	68.50	#DIV/0!	#DIV/0!	685.00	#DIV/0!	#DIV/0!
St. Joseph	20	21			1	2	4	48	9472	197.33	473.60	451.05	#DIV/0!	#DIV/0!	9472.00	4736.00	2368.00

Office of Medicaid Policy Planning
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Experience Period >> 6/1/2021-6/30/2021

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
Starke	12	4			1		4	21	898	42.76	74.83	224.50	#DIV/0!	#DIV/0!	898.00	#DIV/0!	224.50
Steuben	3	12			1		2	18	975	54.17	325.00	81.25	#DIV/0!	#DIV/0!	975.00	#DIV/0!	487.50
Sullivan	10	5						15	695	46.33	69.50	139.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Switzerland	1	3						4	369	92.25	369.00	123.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Tippecanoe	32	37	1		1	5	3	79	4914	62.20	153.56	132.81	4914.00	#DIV/0!	4914.00	982.80	1638.00
Tipton		2				1		3	397	132.33	#DIV/0!	198.50	#DIV/0!	#DIV/0!	#DIV/0!	397.00	#DIV/0!
Union	1	14						15	251	16.73	251.00	17.93	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Vanderburgh	22	36			1	1	1	61	7959	130.48	361.77	221.08	#DIV/0!	#DIV/0!	7959.00	7959.00	7959.00
Vermillion	5	4			1			10	621	62.10	124.20	155.25	#DIV/0!	#DIV/0!	621.00	#DIV/0!	#DIV/0!
Vigo	21	11			1	2		35	4965	141.86	236.43	451.36	#DIV/0!	#DIV/0!	4965.00	2482.50	#DIV/0!
Wabash	9	6				1		16	1379	86.19	153.22	229.83	#DIV/0!	#DIV/0!	#DIV/0!	1379.00	#DIV/0!
Warren	2	3						5	207	41.40	103.50	69.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Warrick	15	25			1	1	1	43	1856	43.16	123.73	74.24	#DIV/0!	#DIV/0!	1856.00	1856.00	1856.00
Washington	2	3			1		1	7	1161	165.86	580.50	387.00	#DIV/0!	#DIV/0!	1161.00	#DIV/0!	1161.00
Wayne	16	27		1		3		47	3623	77.09	226.44	134.19	#DIV/0!	3623.00	#DIV/0!	1207.67	#DIV/0!
Wells	2	20						22	942	42.82	471.00	47.10	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
White	7	14			1	1		23	759	33.00	108.43	54.21	#DIV/0!	#DIV/0!	759.00	759.00	#DIV/0!
Whitley	1	8						9	833	92.56	833.00	104.13	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
all counties & all vehicles	927	1347	8	3	46	100	84	2515	236381	93.99	255.00	175.49	29547.63	78793.67	5138.72	2363.81	2814.06