

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

**Report Name:** Complaint Summary  
**Report Code:** MO-CS  
**Submission Date:** 4/30/19  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(D) i-ii

**Experience Period >> 03/01/19 - 3/31/19**

Complaint Type	To Appointment	From Appointment	Grand Total
Accident	1	0	1
Call Center Issue	3	0	3
Driver Behavior	15	2	17
Driver Reckless	1	2	3
Driver too early	1	0	1
Incident	2	0	2
Manifest Issue	1	0	1
Member Issue	25	2	27
Member No-Show	1	0	1
Payment Issue	1	0	1
Post Trip Survey	117	1	118
Prov Late	22	1	23
Prov Late Sendback	13	0	13
Prov No-Show	34	3	37
Provider Error	2	0	2
Rude Staff (non-CC)	5	1	6
Trip not assigned	27	0	27
Vehicle Condition	3	0	3
Vehicle Dirty	1	0	1
Vehicle Issue	1	0	1
Website Complaint	1	0	1
	<b>277</b>	<b>12</b>	<b>289</b>

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