

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

Report Name: Complaint Summary by Residence
Version: 1.0
Report Code: MO-CSR
Submission Date: 11/8/19
Code Citation: IC 12-15-30.5-4 (a)(1)(D) iii

Experience Period >> 3/1/2019-3/31/2019

	Nursing Facility	Hospital	Community	Total
March 2019	10	4	61	75

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