

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

**Report Name:** Send Backs Summary  
**Version:** 1.0  
**Report Code:** MO-SBS  
**Submission Date:** 8/15/19  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

**Experience Period >> 04/01/19 - 4/30/19**

<b>Send Backs by Provider</b>	<b>&lt;= 48 Hours</b>	<b>&gt; 48 Hours</b>	<b>Grand Total</b>
No Provider Assigned	1718	2393	4111
Inclement Wthr/Mbr	0	4	4
Member Cancelled	366	721	1087
Member Deceased	20	16	36
Member Hospitalized	44	61	105
Member No-show	72	186	258
Member Too Sick	9	30	39
Holiday Closure	6	2	8
Inclement Wthr/Provider	0	0	0
Provider No-Show	42	78	120
Provider Too Late	11	7	18

**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.