

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: 4/15/2020
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

| Experience Period >> 12/01/19 - 12/31/19 | | | |
|---|-----------------------|----------------------|--------------------|
| Send Backs by Provider | <= 48 Hours | > 48 Hours | Grand Total |
| No Provider Assigned | 1552 | 1800 | 3352 |
| Inclement Wthr/Mbr | 8 | 9 | 17 |
| Member Cancelled | 430 | 957 | 1387 |
| Member Deceased | 12 | 28 | 40 |
| Member Hospitalized | 36 | 71 | 107 |
| Member No-show | 108 | 279 | 387 |
| Member Too Sick | 37 | 71 | 108 |
| Holiday Closure | 4 | 22 | 26 |
| Inclement Wthr/TP | 0 | 2 | 2 |
| Provider No-Show | 45 | 81 | 126 |
| Provider Too Late | 14 | 10 | 24 |

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.