

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: 7/15/2020
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 03/01/20 - 03/31/20			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	864	994	1858
Inclement Wthr/Mbr	0	0	0
Member Cancelled	398	909	1307
Member Deceased	5	10	15
Member Hospitalized	29	39	68
Member No-show	82	168	250
Member Too Sick	21	34	55
Provider No-Show	42	45	87
Provider Too Late	9	16	25

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.