

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:** 3/13/2020  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

**Experience Period >> 11/01/19 - 11/30/19**

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1841	1405	3246
Inclement Wthr/Mbr	8	10	18
Member Cancelled	454	821	1275
Member Deceased	3	16	19
Member Hospitalized	41	66	107
Member No-show	131	204	335
Member Too Sick	39	66	105
Holiday Closure	2	26	28
Inclement Wthr/TP	2	0	2
Provider No-Show	39	63	102
Provider Too Late	10	9	19

**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.