

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

Experience Period >> 10/01/19 - 10/31/19

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1210	1101	2311
Inclement Wthr/Mbr	0	0	0
Member Cancelled	356	523	879
Member Deceased	2	22	24
Member Hospitalized	19	82	101
Member No-show	86	119	205
Member Too Sick	39	52	91
Holiday Closure	0	0	0
Inclement Wthr/TP	0	0	0
Provider No-Show	42	49	91
Provider Too Late	7	18	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.