

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:** November 15, 2019  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 07/01/19 - 07/31/19

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1662	1580	3242
Inclement Wthr/Mbr	0	0	0
Member Cancelled	320	555	875
Member Deceased	1	6	7
Member Hospitalized	24	23	47
Member No-show	59	132	191
Member Too Sick	10	20	30
Holiday Closure	0	6	6
Inclement Wthr/TP	0	2	2
Provider No-Show	28	58	86
Provider Too Late	4	3	7

**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.