

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:** 12/16/19  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

**Experience Period >> 08/01/19 - 08/31/19**

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1383	1408	2791
Inclement Wthr/Mbr	0	0	0
Member Cancelled	361	618	979
Member Deceased	11	16	27
Member Hospitalized	34	35	69
Member No-show	95	144	239
Member Too Sick	26	41	67
Holiday Closure	0	0	0
Inclement Wthr/TP	0	0	0
Provider No-Show	32	61	93
Provider Too Late	7	4	11

**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.