

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: 10/15/19
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 06/01/19 - 06/30/19

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1093	1285	2378
Inclement Wthr- Member	0	0	0
Member Cancelled	362	619	981
Member Deceased	12	14	26
Member Hospitalized	21	48	69
Member No-show	50	119	169
Member Too Sick	12	12	24
Holiday Closure	0	0	0
Inclement Wthr - Provider	0	0	0
Provider No-Show	26	33	59
Provider Too Late	3	4	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.