

Office of Medicaid Policy and Planning
Non-Emergency Medical Transportation Reports

Report Name: Send Backs Summary
Report Code: MO-SBS
Submission Date:
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 03/01/19 - 3/31/19			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
	1,653	2,222	3,875

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.