

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:** January 15, 2020  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

**Experience Period >> 09/01/19 - 09/30/19**

Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1068	1301	2369
Inclement Wthr/Mbr	0	0	0
Member Cancelled	320	567	887
Member Deceased	4	12	16
Member Hospitalized	20	42	62
Member No-show	95	155	250
Member Too Sick	34	23	57
Holiday Closure	6	13	19
Inclement Wthr/TP	0	0	0
Provider No-Show	49	66	115
Provider Too Late	13	11	24

**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.