

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:** 5/15/2020  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

<b>Experience Period &gt;&gt; 01/01/20 - 01/31/20</b>			
<b>Send Backs by Provider</b>	<b>&lt;= 48 Hours</b>	<b>&gt; 48 Hours</b>	<b>Grand Total</b>
No Provider Assigned	1166	1131	2297
Inclement Wthr/Mbr	0	4	4
Member Cancelled	382	780	1162
Member Deceased	8	46	54
Member Hospitalized	41	51	92
Member No-show	79	180	259
Member Too Sick	28	64	92
Holiday Closure	0	5	5
Inclement Wthr/TP	0	0	0
Provider No-Show	45	61	106
Provider Too Late	6	10	16

**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.