

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:** 9/13/19  
**Code Citation:** IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 05/01/19 - 5/31/19			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	2178	2194	4372
Member Cancelled	389	742	1131
Member Deceased	6	12	18
Member Hospitalized	28	51	79
Member No-show	87	136	223
Member Too Sick	10	20	30
Holiday Closure	0	9	9
Inclement Wthr/Provider	4	0	4
Provider No-Show	36	57	93
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.