

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: 6/15/2020
Code Citation: IC 12-15-30.5-4 (a)(1)(B) v

Experience Period >> 02/01/20 - 02/29/20			
Send Backs by Provider	<= 48 Hours	> 48 Hours	Grand Total
No Provider Assigned	1676	1444	3120
Inclement Wthr/Mbr	2	12	14
Member Cancelled	423	804	1227
Member Deceased	6	12	18
Member Hospitalized	17	42	59
Member No-show	93	188	281
Member Too Sick	18	51	69
Inclement Wthr/TP	0	4	4
Provider No-Show	25	76	101
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.