

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

Broker Name: Southeastrans
Version: 2020.01
Report Name: Claims Processing Summary
Report Code: MO-S1
Code Citation: IC 12-15-30.5-4 (a)(3)(C)

Experience Period >> 30/2020

	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,403,555.62	0
Clean Claims Received			
2	Electronic	19,653	0
3	Paper	26,268	0
	Total (calculated)	45,921	0
Clean Claims Adjudicated			
4	Paid On Time	44,544	0
5	Paid Late	0	0
6	Denied	1,377	0
Claims Paid With Interest			
7	Total Number of Claims Paid With Interest	0	0
8	Total Dollar Amount of Interest Paid	\$0.00	\$0.00
Claims Lag			
9	Average number of days between the last date of service on claim and MCE's receipt of claim from provider.	13	0
10	Average number of days between the receipt date on claim and the adjudication date.	15	0
11	Average number of days from the adjudication date to payment (remittance advice) date.	15	0
12	Clean Claims Adjudicated and Submitted as Encounters to DXC	43,942	0
13	Clean Claims Accepted by DXC	43,942	0
14	Clean Claims Rejected by DXC	0	0
15	Acceptance Rate (calculated)	100.00%	#DIV/0!

Item No.	Top Denial Reason Count	# in Reporting Period
16	Maximum Benefit Paid by Other Payer (MBP)	2
17	Service Not Provided to Member (SNPM)	118
18	Unauthorized No-Show (UNS)	147
19	Unauthorized Driver (UAD)	131
20	Other	979
Total		1377