

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 >> 04/01/2021 - 04/30/2021

Measure	CMS1500	
	In-Network	Out-Of-Network
1 Total Submitted Dollars (not paid amount)	\$ 1,390,434.00	
Clean Claims Received		
2 Electronic	18,507	
3 Paper	25,092	
Total (calculated)	43,599	0
Clean Claims Adjudicated		
4 Paid On Time	42,108	
5 Paid Late	0	
6 Denied	1,491	
Denial Rate (calculated)	3.42%	#DIV/0!
Claims Lag		
7 Total Number of Claims Paid With Interest	0	
8 Total Dollar Amount of Interest Paid	\$0.00	
9 Average number of days between the last date of claim and MCE's receipt of claim from provider.	17	
10 Average number of days between the receipt date on claim and the adjudication date.	16	
11 Average number of days from the adjudication date to payment (remittance advice) date.	16	
12 Clean Claims Adjudicated and Submitted as Encounters to DXC	42,421	
13 Clean Claims Accepted by DXC	42,421	
14 Clean Claims Rejected by DXC	0	
	100.00%	#DIV/0!

Item No.	Top Denial Reason Count	# in Reporting Period
16	Maximum Benefit Paid by Other Payer (MBP)	58
17	Service Not Provided to Member (SNPM)	114
18	Unauthorized No-Show (UNS)	67
19	Unauthorized Driver (UAD)	40
20	Other	1212
Total		1491