

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 >> 01/01/2021 - 01/31/2021

	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,043,562.92	
Clean Claims Received			
2	Electronic	14,689	
3	Paper	20,015	
	Total (calculated)	34,704	0
Clean Claims Adjudicated			
4	Paid On Time	33,887	
5	Paid Late	18	
6	Denied	799	
	Denial Rate (calculated)	2.30%	#DIV/0!
Claims Paid With Interest			
7	Total Number of Claims Paid With Interest	0	
8	Total Dollar Amount of Interest Paid	\$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.	17	
10	Average number of days between the receipt date on claim and the adjudication date.	15	
11	Average number of days from the adjudication date to payment (remittance advice) date.	15	
12	Clean Claims Adjudicated and Submitted as Encounters to DXC		
13	Clean Claims Accepted by DXC		
14	Clean Claims Rejected by DXC		
15	Acceptance Rate (calculated)	#DIV/0!	#DIV/0!

Item No.	Top Denial Reason Count	# in Reporting Period
16	Maximum Benefit Paid by Other Payer (MBP)	54
17	Service Not Provided to Member (SNPM)	113
18	Unauthorized No-Show (UNS)	129
19	Unauthorized Driver (UAD)	26
20	Other	477
	Total	799