

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)

03/01/2021 03/31/2021

	Measure	CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	\$ 1,597,521.77	
Clean Claims Received			
2	Electronic	22,754	
3	Paper	28,353	
	Total (calculated)	51,107	0
Clean Claims Adjudicated			
4	Paid On Time	49,866	
5	Paid Late	159	
6	Denied	1,082	
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.	12	
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		
13	Clean Claims Accepted by DXC		
14	Clean Claims Rejected by DXC		

Item No.	Top Denial Reason Count	# in Reporting Period
16	Maximum Benefit Paid by Other Payer (MBP)	
17	Service Not Provided to Member (SNPM)	
18	Unauthorized No-Show (UNS)	
19	Unauthorized Driver (UAD)	
20	Other	
		705