

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

**Report Name:** Claims Processing Summary  
**Report Code:** MO-S1  
**Submission Date:** 6/28/19  
**Code Citation:** IC 12-15-30.5-4 (a)(3)(C)

Experience Period >> 05/01/19 - 05/31/19

Item No.	Measure	Claim Type	
		CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1950413.81	0
	<b>Clean Claims Received</b>	66,605	0
2	Electronic	13,581	0
3	Paper	53,021	0
	<b>Total (calculated)</b>	66,602	0
	<b>Clean Claims Adjudicated</b>		0
4	Paid On Time	66,082	0
5	Paid Late	0	0
6	Denied	520	0
	<b>Denial Rate (calculated)</b>	0.78%	0.00%
	<b>Claims Paid With Interest</b>		
7	Total Number of Claims Paid With Interest	0	0
8	Total Dollar Amount of Interest Paid	\$0.00	\$0.00
	<b>Claims Lag</b>		0
9	Average number of days between the last date of service on claim and MCE's receipt of claim from provider.	17	0
10	Average number of days between the receipt date on claim and the adjudication date.	16	0
11	Average number of days from the adjudication date to payment (remittance advice) date.	16	0
12	Clean Claims Adjudicated and Submitted as Encounters to DXC	65,885	0
13	Clean Claims Accepted by DXC	65,885	0
14	Clean Claims Rejected by DXC	0	0
15	<b>Acceptance Rate (calculated)</b>	100.00%	0.00%

**Note:** Data reflects the transportation services claims processed and paid in the reporting month.

**Report Name:** Claims Denial and Reason Code  
**Code Citation:** IC 12-15-30.5 (4)(a)(3)(C)

Experience Period >> 05/01/19 - 05/31/19

Item No.	Denial Reason	May 2019
1	Maximum Benefit Paid by Other Payer (MBP)	173
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	213
3	Unauthorized No-Show (listed as member no-show, but billed)	27
4	Unauthorized Driver (UAD)	42
5	Other	65
6	<b>Total</b>	<b>520</b>

**Note:** Data reflects the reason codes for the claims denied when processed in the reporting month.