

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

MCE Name: Southeastrans
Version: 2.0
Report Name: Claims Processing Summary
Report Code: MO-S1
Submission Date: 05/29/2020
Code Citation: IC 12-15-30.5-4 (a)(3)(C)

Experience Period >> 04/01/20-04/30/20

Item No.	Measure	Claim Type	
		CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1633803.35	0
	Clean Claims Received	51865	0
2	Electronic	17,651	0
3	Paper	34,066	0
	Total (calculated)	51,717	0
	Clean Claims Adjudicated		
4	Paid On Time	49,787	0
5	Paid Late	145	0
6	Denied	1,930	0
	Denial Rate (calculated)	3.72%	#DIV/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.	15	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	50,913	0
13	Clean Claims Accepted by DXC	50,913	0
14	Clean Claims Rejected by DXC	0	0
15	Acceptance Rate (calculated)	100.00%	#DIV/0!
Comments: To include known system limitations, reporting assumptions, barriers, or requests for clarification:			

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 >> 04/01/20-04/30/20

Item No.	Denial Reason	Current Reporting Period
1	Maximum Benefit Paid by Other Payer (MBP)	223
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	238
3	Unauthorized No-Show (listed as member no-show, but billed) (UNS)	304
4	Unauthorized Driver (UAD)	75
5	Other	
6	Total	840

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