

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: 9/30/2019
Code Citation: IC 12-15-30.5-4 (a)(3)(C)

Experience Period >> 08/01/19-08/31/19

Item No.	Measure	Claim Type	
		CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1511870.71	
	Clean Claims Received	53604	
2	Electronic	13,501	
3	Paper	40,103	
	Total (calculated)	53,604	0
	Clean Claims Adjudicated		
4	Paid On Time	53,457	
5	Paid Late	0	
6	Denied	147	
	Denial Rate (calculated)	0.27%	#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.	18	
10	Average number of days between the receipt date on claim and the adjudication date.	18	
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	52,768	
13	Clean Claims Accepted by DXC	52,768	
14	Clean Claims Rejected by DXC	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 >> 08/01/19-08/31/19

Item No.	Denial Reason	Current Reporting Period
1	Maximum Benefit Paid by Other Payer (MBP)	13
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	109
3	Unauthorized No-Show (listed as member no-show, but billed) (UNS)	0
4	Unauthorized Driver (UAD)	0
5	Other	25
6	Total	147

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