

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

Report Name: Claims Processing Summary
Report Code: MO-S1
Submission Date: 7/30/19
Code Citation: IC 12-15-30.5-4 (a)(3)(C)

Experience Period >> 06/01/19 - 06/30/19

Item No.	Measure	Claim Type	
		CMS1500	
		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1441251.05	0
	Clean Claims Received	50,438	0
2	Electronic	12,056	0
3	Paper	38,345	0
	Total (calculated)	50,401	0
	Clean Claims Adjudicated		0
4	Paid On Time	49,965	0
5	Paid Late	35	0
6	Denied	438	0
	Denial Rate (calculated)	0.87%	0.00%
	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		0
9	Average number of days between the last date of service on claim and MCE's receipt of claim from provider.	19	0
10	Average number of days between the receipt date on claim and the adjudication date.	15	0
11	Average number of days from the adjudication date to payment (remittance advice) date.	15	0
12	Clean Claims Adjudicated and Submitted as Encounters to DXC	49,373	0
13	Clean Claims Accepted by DXC	49,373	0
14	Clean Claims Rejected by DXC	0	0
15	Acceptance Rate (calculated)	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	June 2018
1	Maximum Benefit Paid by Other Payer (MBP)	264
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	134
3	Unauthorized No-Show (listed as member no-show, but billed)	14
4	Unauthorized Driver (UAD)	0
5	Other	26
6	Total	438

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