MCE Name: Southeastrans

Version: 2.0

Report Name: Claims Processing Summary

Report Code: MO-S1 Submission Date: 04/30/2020

Code Citation: IC 12-15-30.5-4 (a)(3)(C)

## Experience Period >> 03/01/20-03/31/20

	Measure	Claim Type	
		CMS1500	
Item No.		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1632967.07	0
	Clean Claims Received	52503	0
2	Electronic	19,877	0
3	Paper	32,626	0
	Total (calculated)	52,503	0
	Clean Claims Adjudicated		
4	Paid On Time	50,532	0
5	Paid Late	0	0
6	Denied	1,971	0
	Denial Rate (calculated)	3.75%	#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		
	Average number of days between the last date		
	of service on claim and MCE's receipt of	20	0
9	claim from provider.		
	Average number of days between the receipt	15	0
10	date on claim and the adjudication date.	13	U U
	Average number of days from the adjudication		
11	date to payment (remittance advice) date.	15	0
	Clean Claims Adjudicated and Submitted as	50,762	0
12	Encounters to DXC	, ,	0
13	Clean Claims Accepted by DXC	50,762	0
14	Clean Claims Rejected by DXC	0	0
15	Acceptance Rate (calculated)	100.00%	#DIV/0!
	To include known system limitations, reporting s, 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 >> 03/01/20-03/31/20

Item		Current Reporting
No.	Denial Reason	Period
1	Maximum Benefit Paid by Other Payer (MBP)	64
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	198
3	Unauthorized No-Show (listed as member no-show, but billed) (UNS)	288
4	Unauthorized Driver (UAD)	165
5	Other	
6	Total	715

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