MCE Name: Southeastrans

Version: 2.0

Report Name: Claims Processing Summary

Report Code: MO-S1 Submission Date: 10/30/2019

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

Experience Period >> 09/01/19-09/30/19

	Measure	Claim Type	
		CMS1500	
Item No.		In-Network	Out-Of-Network
1	Total Submitted Dollars (not paid amount)	1660307.73	
	Clean Claims Received	54765	
2	Electronic	13,178	
3	Paper	41,586	
	Total (calculated)	54,764	0
	Clean Claims Adjudicated	,	
4	Paid On Time	54,582	
5	Paid Late	1	
6	Denied	175	
	Denial Rate (calculated)	0.32%	#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		
	Average number of days between the last date		
	of service on claim and MCE's receipt of	17	
9	claim from provider.		
	Average number of days between the receipt	16	
10	date on claim and the adjudication date.	10	
	Average number of days from the		
	adjudication date to payment (remittance	16	
11	advice) date.		
12	Clean Claims Adjudicated and Submitted as	53,413	
12	Encounters to DXC		
13	Clean Claims Accepted by DXC Clean Claims Rejected by DXC	53,413	
15	Acceptance Rate (calculated)	100.00%	#DIV/0!
		100.0070	#DIV/0!
	To include known system limitations, reporting s, barriers, or requests for clarification:		
assumption	s, partiers, or requests for claffification:		

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 >> 09/01/19-09/30/19

Item		Current Reporting
No.	Denial Reason	Period
1	Maximum Benefit Paid by Other Payer (MBP)	3
2	Service Not Provided to Member (Cancelled in the system) (SNPM)	85
3	Unauthorized No-Show (listed as member no-show, but billed) (UNS)	0
4	Unauthorized Driver (UAD)	44
5	Other	43
6	Total	175

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