COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ENCOUNTERS SUBMISSION STATISTICS - MONTHLY
10/01/2014 - 10/31/2014

Submission Type	Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
837I	INPATIENT XOVER	610	1,462	0	2,072	39	346
	OUTPATIENT XOVER	12,206	15,716	0	27,922	391	5,769
	HOME HEALTH	372	439	0	811	77	242
	INPATIENT	17,156	5,140	0	22,296	1,172	6,882
	LONGTERM CARE	15	72	0	87	14	0
	OUTPATIENT	303,874	31,959	0	335,833	15,596	112,290
Total		334,233	54,788	0	389,021	17,289	125,529
837P	HCFA 1500 XOVER	42,186	107,462	0	149,648	3,742	30,652
	HCFA 1500	1,432,477	280,636	0	1,713,113	93,511	947,380
Total		1,474,663	388,098	0	1,862,761	97,253	978,032
837D	DENTAL	99,816	7,804	1	107,621	1,326	33,794
Total		99,816	7,804	1	107,621	1,326	33,794
NCPDP	PHARMACY	2,002,078	368,944	42,769	2,413,791	12,418	542,812
	COMPOUND DRUG	3,813	2,409	38	6,260	520	960
Total		2,005,891	371,353	42,807	2,420,051	12,938	543,772
System Totals		3,914,603	822,043	42,808	4,779,454	128,806	1,681,127

Submitter ID: 58900010 Name: Kentucky Transportation Cabinet Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500	179,559	0	0	179,559	76	179,483
Totals	179,559	0	0	179,559	76	179,483

Submitter ID: 9900000695 Name: Passport Health Plan Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	3	1	0	4	2	1
OUTPATIENT XOVER	18	39	0	57	5	13
INPATIENT	15	7	0	22	15	0
OUTPATIENT	953	109	0	1,062	928	15
Totals	989	156	0	1,145	950	29

Submitter ID: 9900000695 Name: Passport Health Plan Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	6	71	0	77	0	6
HCFA 1500	50	117	0	167	33	5
Totals	56	188	0	244	33	11

Submitter ID: 9900003099 Name: First Health Pharmacy Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	207,534	212,952	9,909	430,395	1,354	18,672
COMPOUND DRUG	1,006	1,540	15	2,561	26	106
Totals	208,540	214,492	9,924	432,956	1,380	18,778

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	30,945	2,773	0	33,718	263	8,143
Totals	30,945	2,773	0	33,718	263	8,143

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	233	433	0	666	17	197
OUTPATIENT XOVER	4,929	5,707	0	10,636	201	3,843
HOME HEALTH	206	329	0	535	63	109
INPATIENT	3,980	1,112	0	5,092	95	2,957
LONGTERM CARE	6	32	0	38	5	0
OUTPATIENT	78,244	5,758	0	84,002	3,136	56,903
Totals	87,598	13,371	0	100,969	3,517	64,009

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	12,946	37,038	0	49,984	2,902	9,141
HCFA 1500	344,425	56,308	0	400,733	36,137	260,164
Totals	357,371	93,346	0	450,717	39,039	269,305

Submitter ID: 9900004316 Name: COVENTRYCARES OF KENTUCKY (MCO) Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	368,191	0	0	368,191	3,195	39,867
COMPOUND DRUG	559	0	0	559	31	66
Totals	368,750	0	0	368,750	3,226	39,933

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	21	7	0	28	6	15
OUTPATIENT XOVER	21	5	0	26	1	18
HOME HEALTH	10	3	0	13	3	4
INPATIENT	140	130	0	270	40	21
LONGTERM CARE	9	29	0	38	9	0
OUTPATIENT	1,144	461	0	1,605	265	310
Totals	1,345	635	0	1,980	324	368

Submitter ID: 9900004317 Name: KENTUCKY SPIRIT HEALTH PLAN (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	13	15	0	28	2	10
HCFA 1500	555	326	0	881	173	154
Totals	568	341	0	909	175	164

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	32,776	104	0	32,880	10	8,654
Totals	32,776	104	0	32,880	10	8,654

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	277	798	0	1,075	2	69
OUTPATIENT XOVER	5,694	8,510	0	14,204	80	455
HOME HEALTH	0	22	0	22	0	0
INPATIENT	5,619	1,206	0	6,825	29	709
LONGTERM CARE	0	4	0	4	0	0
OUTPATIENT	99,497	11,391	0	110,888	3,681	6,614
Totals	111,087	21,931	0	133,018	3,792	7,847

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	17,961	33,827	0	51,788	181	11,026
HCFA 1500	330,535	77,229	0	407,764	2,364	197,218
Totals	348,496	111,056	0	459,552	2,545	208,244

Submitter ID: 9900004318 Name: WELLCARE OF KENTUCKY (MCO) Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	879,354	0	21,648	901,002	939	60,870
COMPOUND DRUG	1,218	0	0	1,218	122	234
Totals	880,572	0	21,648	902,220	1,061	61,104

Submitter ID: 9900005016 Name: AVESIS Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	2	2	0	4	0	0
Totals	2	2	0	4	0	0

Submitter ID: 9900005018 Name: HUMANA REGION 31 MCO Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	4,937	749	0	5,686	749	3,045
Totals	4,937	749	0	5,686	749	3,045

Submitter ID: 9900005018 Name: HUMANA REGION 31 MCO Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HOME HEALTH	0	23	0	23	0	0
INPATIENT	1,072	202	0	1,274	249	537
LONGTERM CARE	0	3	0	3	0	0
OUTPATIENT	15,604	804	0	16,408	850	10,326
Totals	16,676	1,032	0	17,708	1,099	10,863

Submitter ID: 9900005018 Name: HUMANA REGION 31 MCO Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500	105,444	10,996	0	116,440	13,555	74,391
Totals	105,444	10,996	0	116,440	13,555	74,391

Submitter ID: 9900005018 Name: HUMANA REGION 31 MCO Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	146,178	24,863	0	171,041	3,512	142,213
COMPOUND DRUG	268	170	0	438	268	0
Totals	146,446	25,033	0	171,479	3,780	142,213

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	20,467	2,244	1	22,712	99	9,006
Totals	20,467	2,244	1	22,712	99	9,006

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	71	218	0	289	12	59
OUTPATIENT XOVER	1,470	1,380	0	2,850	103	1,367
HOME HEALTH	154	59	0	213	11	127
INPATIENT	3,390	1,331	0	4,721	677	1,879
LONGTERM CARE	0	1	0	1	0	0
OUTPATIENT	41,026	5,970	0	46,996	5,404	21,108
Totals	46,111	8,959	0	55,070	6,207	24,540

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	10,821	35,854	0	46,675	488	10,205
HCFA 1500	225,986	69,960	0	295,946	15,419	101,421
Totals	236,807	105,814	0	342,621	15,907	111,626

Submitter ID: 9900005019 Name: PASSPORT REGION 31 MCO Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	302,841	131,129	11,212	445,182	2,030	257,601
COMPOUND DRUG	680	699	23	1,402	67	540
Totals	303,521	131,828	11,235	446,584	2,097	258,141

Submitter ID: 9900005043 Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC Submission Type: 837D

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	10,689	1,932	0	12,621	205	4,946
Totals	10,689	1,932	0	12,621	205	4,946

Submitter ID: 9900005043 Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC Submission Type: 837I

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
INPATIENT XOVER	5	5	0	10	0	5
OUTPATIENT XOVER	74	75	0	149	1	73
HOME HEALTH	2	3	0	5	0	2
INPATIENT	2,940	1,152	0	4,092	67	779
LONGTERM CARE	0	3	0	3	0	0
OUTPATIENT	67,406	7,466	0	74,872	1,332	17,014
Totals	70,427	8,704	0	79,131	1,400	17,873

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Submitter ID: 9900005043 Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC Submission Type: 837P

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
HCFA 1500 XOVER	439	657	0	1,096	169	264
HCFA 1500	245,923	65,700	0	311,623	25,754	134,544
Totals	246,362	66,357	0	312,719	25,923	134,808

Submitter ID: 9900005043 Name: ANTHEM HEALTH PLANS OF KENTUCKY, INC Submission Type: NCPDP

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
PHARMACY	97,980	0	0	97,980	1,388	23,589
COMPOUND DRUG	82	0	0	82	6	14
Totals	98,062	0	0	98,062	1,394	23,603

*** END OF REPORT ***