COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
ENCOUNTERS SUBMISSION STATISTICS - MONTHLY
11/01/2014 - 11/30/2014

Submission Type	Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
837I	INPATIENT XOVER	620	931	0	1,551	41	363
	OUTPATIENT XOVER	12,901	9,847	0	22,748	1,250	6,057
	HOME HEALTH	490	218	0	708	40	280
	INPATIENT	14,594	3,616	0	18,210	1,157	6,595
	LONGTERM CARE	13	54	0	67	12	1
	OUTPATIENT	280,319	22,647	0	302,966	44,914	113,373
Total		308,937	37,313	0	346,250	47,414	126,669
837P	HCFA 1500 XOVER	47,241	105,339	0	152,580	2,914	35,626
	HCFA 1500	1,697,961	293,063	0	1,991,024	286,202	1,016,591
Total		1,745,202	398,402	0	2,143,604	289,116	1,052,217
837D	DENTAL	75,067	8,977	0	84,044	1,200	24,766
Total		75,067	8,977	0	84,044	1,200	24,766
NCPDP	PHARMACY	1,901,913	397,458	55,608	2,354,979	10,742	842,312
	COMPOUND DRUG	3,625	2,611	82	6,318	637	1,448
Total		1,905,538	400,069	55,690	2,361,297	11,379	843,760
System Totals		4,034,744	844,761	55,690	4,935,195	349,109	2,047,412

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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	426,804	0	0	426,804	213,794	213,010
Totals	426,804	0	0	426,804	213,794	213,010

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	15	3	0	18	13	2
OUTPATIENT XOVER	605	62	0	667	590	15
HOME HEALTH	0	7	0	7	0	0
INPATIENT	16	5	0	21	15	0
OUTPATIENT	9,697	157	0	9,854	9,594	76
Totals	10,333	234	0	10,567	10,212	93

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	17	37	0	54	8	9
HCFA 1500	51	169	0	220	25	1
Totals	68	206	0	274	33	10

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	137,445	138,480	7,093	283,018	110	12,681
COMPOUND DRUG	648	1,002	15	1,665	9	91
Totals	138,093	139,482	7,108	284,683	119	12,772

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	26,571	2,730	0	29,301	602	6,623
Totals	26,571	2,730	0	29,301	602	6,623

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	250	471	0	721	15	213
OUTPATIENT XOVER	4,779	5,957	0	10,736	230	3,627
HOME HEALTH	141	98	0	239	12	85
INPATIENT	3,858	1,072	0	4,930	130	2,827
LONGTERM CARE	13	41	0	54	12	1
OUTPATIENT	82,007	6,111	0	88,118	4,918	61,145
Totals	91,048	13,750	0	104,798	5,317	67,898

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	10,454	35,392	0	45,846	2,097	7,417
HCFA 1500	292,821	57,323	0	350,144	19,161	225,490
Totals	303,275	92,715	0	395,990	21,258	232,907

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	380,608	0	0	380,608	2,719	285,200
COMPOUND DRUG	569	0	0	569	35	419
Totals	381,177	0	0	381,177	2,754	285,619

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
OUTPATIENT XOVER	3	0	0	3	0	2
INPATIENT	17	2	0	19	2	5
OUTPATIENT	32	17	0	49	4	13
Totals	52	19	0	71	6	20

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	71	4	0	75	45	26
HCFA 1500	213	59	0	272	67	97
Totals	284	63	0	347	112	123

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	21,369	73	0	21,442	8	5,505
Totals	21,369	73	0	21,442	8	5,505

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	271	239	0	510	2	75
OUTPATIENT XOVER	5,852	2,297	0	8,149	33	1,148
HOME HEALTH	119	1	0	120	6	36
INPATIENT	5,270	432	0	5,702	29	1,101
LONGTERM CARE	0	1	0	1	0	0
OUTPATIENT	92,894	3,780	0	96,674	4,424	13,976
Totals	104,406	6,750	0	111,156	4,494	16,336

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	21,985	23,192	0	45,177	177	14,195
HCFA 1500	458,989	61,717	0	520,706	4,948	284,646
Totals	480,974	84,909	0	565,883	5,125	298,841

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	728,125	0	19,359	747,484	901	30,743
COMPOUND DRUG	1,054	0	0	1,054	106	234
Totals	729,179	0	19,359	748,538	1,007	30,977

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

Claim Type	Encounters Paid	Encounters Denied	Encounters Void	Total Claim Type	Encounters Threshold	Encounters Informational
DENTAL	0	1	0	1	0	0
Totals	0	1	0	1	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	5,586	1,382	0	6,968	174	4,030
Totals	5,586	1,382	0	6,968	174	4,030

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	65	49	0	114	8	26
INPATIENT	1,183	165	0	1,348	181	635
LONGTERM CARE	0	8	0	8	0	0
OUTPATIENT	18,133	1,142	0	19,275	1,581	11,227
Totals	19,381	1,364	0	20,745	1,770	11,888

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	150,165	21,755	0	171,920	11,921	111,283
Totals	150,165	21,755	0	171,920	11,921	111,283

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	189,264	85,780	0	275,044	4,407	184,125
COMPOUND DRUG	409	680	0	1,089	409	0
Totals	189,673	86,460	0	276,133	4,816	184,125

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	21,541	2,235	0	23,776	416	8,608
Totals	21,541	2,235	0	23,776	416	8,608

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	75	208	0	283	10	65
OUTPATIENT XOVER	1,563	1,389	0	2,952	391	1,172
HOME HEALTH	165	63	0	228	14	133
INPATIENT	3,689	1,487	0	5,176	781	1,934
LONGTERM CARE	0	3	0	3	0	0
OUTPATIENT	66,499	8,299	0	74,798	24,181	24,717
Totals	71,991	11,449	0	83,440	25,377	28,021

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	13,983	45,954	0	59,937	490	13,366
HCFA 1500	334,678	87,059	0	421,737	29,622	167,229
Totals	348,661	133,013	0	481,674	30,112	180,595

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	383,636	173,198	17,849	574,683	1,660	324,969
COMPOUND DRUG	861	929	59	1,849	75	687
Totals	384,497	174,127	17,908	576,532	1,735	325,656

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	0	2,556	0	2,556	0	0
Totals	0	2,556	0	2,556	0	0

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	9	10	0	19	1	8
OUTPATIENT XOVER	99	142	0	241	6	93
INPATIENT	561	453	0	1,014	19	93
LONGTERM CARE	0	1	0	1	0	0
OUTPATIENT	11,057	3,141	0	14,198	212	2,219
Totals	11,726	3,747	0	15,473	238	2,413

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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	731	760	0	1,491	97	613
HCFA 1500	34,240	64,981	0	99,221	6,664	14,835
Totals	34,971	65,741	0	100,712	6,761	15,448

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	82,835	0	11,307	94,142	945	4,594
COMPOUND DRUG	84	0	8	92	3	17
Totals	82,919	0	11,315	94,234	948	4,611

*** END OF REPORT ***