471-000-128 Explanation of Medicaid Claims In Process Over 30 Days Report (MCP564-S)

The “Medicaid Claims In Process Over 30 Days” report (MCP564-S) lists paper and electronic professional, dental and nursing facility turnaround claims that are in process and were received at least 30 days prior to the report date. The report is mailed monthly to all providers with claims in process for over 30 days.

Following is an example of the report with descriptions of key fields:

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RECIPIENT NAME                   RECIPIENT NBR     DATE REC'D       PT ACCT NBR       CLAIM NBR
LASTNAME XXXX FIRSTNAME XXXX MM/DD/YYYY   MM/DD/YYYY     PATACTNUM XXXX XXXX 009999999999
MM/DD/YYYY MM/DD/YYYY               9,999,999,999
TOTAL CLAIMS: 9,999,999
TOTAL AMOUNT: 9,999,999,999.99
```

REPORT CONTINUED FROM ENVELOPE #
Key Field Descriptions:

1. Report Identifier ‘S’ indicates that this report shows paper and electronic non-institutional claims in process over 30 days from date of receipt.
2. Indicates current envelope number and total number of envelopes for this provider number.
3. Medicaid Provider Number and Federal Tax Identification Number.
4. Provider Name and ‘Pay to’ Address.
5. Indicates this report is continued from a previous envelope.
6. Column Heading Information.
7. Report Title.
8. Medicaid Recipient Number.
9. Date Claim Received.
10. Provider Patient Account Number.
11. Medicaid Claim Number.
12. Medicaid Patient Last Name, First Name, Middle Initial.
13. Service FROM and TO Dates.
14. Total number of claims in process over 30 days.
15. Claim Submitted Amount.
16. Total Submitted Amount.
17. Indicates this report is continued in additional envelopes.