

# Prompt Payment Report

# BAYOU HEALTH Reporting

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20130101  
 Report Period End Date: 20130331

Document ID: PI221  
 Document Name: Prompt Payment Report  
 Report Frequency: Quarterly  
 Report Due Date: 30th of the month following end of reporting  
 File Type: Excel  
 Subject Matter: Informatics (I)

Clean Claim Information						# of Claims Processed In Reporting Period/Percentage							
Claim Type	Description	Claims Received	\$ Amount Paid	Avg Days Cycle	Claims Processed	Business Days		Calendar Days					
						01-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	7,115	\$ 23,025,671.68	8	6,942	6,683	96%	6,901	99%	41	1%	0	0%
03	Outpatient Hospital	86,511	\$ 15,222,160.27	4	87,341	87,186	100%	87,291	100%	50	0%	0	0%
04	Professional	346,143	\$ 24,215,819.08	4	348,986	347,706	100%	348,530	100%	225	0%	230	0%
05	Rehab	1,444	\$ 162,116.44	5	1,418	1,409	99%	1,416	100%	2	0%	0	0%
06	Home Health	2,849	\$ 473,748.50	14	3,048	2,996	98%	3,036	100%	12	0%	0	0%
07	EMT (Transportation)	4,566	\$ 1,432,176.44	6	4,611	4,593	100%	4,607	100%	3	0%	1	0%
08	NEMT (Transportation)	16,651	\$ 718,644.61	14	16,651	15,892	95%	16,641	100%	10	0%	0	0%

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						01-15	%	1-30	%	31-90	%	>90	%
09	DME	6,135	\$ 849,583.22	14	6,603	6,573	100%	6,595	100%	6	0%	2	0%
13	EPSDT	20,807	\$ 1,224,819.73	4	20,838	20,775	100%	20,827	100%	6	0%	5	0%
<b>Totals</b>		492,221	\$ 67,324,739.97	5	496,438	493,813	99%	495,844	100%	355	0%	238	0%