

## Prompt Payment Report

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20120701  
 Report Period End Date: 20120930

## BAYOU HEALTH Reporting

Document ID: PI221  
 Document Name: **Prompt Payment Report**  
 Reporting Frequency: Quarterly  
 Report Due Date: 30th of the month following end of reporting period  
 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 <sup>1</sup>	Claims Processed	Business Days		Calendar Days					
						01-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	7438	\$26,928,766.45	7	7487	7171	96%	7340	98%	133	2%	14	0%
03	Outpatient Hospital	82992	\$15,732,779.53	5	84478	83402	99%	83940	99%	516	1%	22	0%
04	Professional	334022	\$23,508,162.18	5	338925	331988	98%	334775	99%	3968	1%	182	0%
05	Rehab	1456	\$159,091.01	5	1473	1447	98%	1465	99%	8	1%	0	0%
06	Home Health	1848	\$412,562.34	12	1689	1671	99%	1677	99%	11	1%	1	0%
07	EMT(Transportation)	3741	\$160,741.89	10	4106	3881	95%	3919	95%	118	3%	69	2%
08	NEMT(Transportation)	14534	\$641,627.93	13.3	14534	14293	98%	14534	100%	0	0%	0	0%
09	DME	3226	\$497,739.61	13	3003	2899	97%	3002	100%	22	1%	0	0%
<b>Totals</b>		449257	\$68,041,470.94		455695	446752	98%	450652	99%	4776	1%	288	0%