

Prompt Payment Report

Health Plan ID: 2162519
 Health Plan Name: Amerigroup
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start: 20130401
 Report Period End: 20130630

BAYOU HEALTH Reporting

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	%	01-30	%	31-90	%	>90	%
01	Inpatient Hospital	6,273	\$21,985,376.03	11	6,399	5,799	90.6%	6,382	99.7%	17	0.3%	0	0.0%
03	Outpatient Hospital	85,771	\$16,092,481.79	5	86,310	81,409	94.3%	86,249	99.9%	61	0.1%	0	0.0%
04	Professional	324,310	\$23,038,732.13	5	325,547	300,630	92.3%	325,249	99.9%	209	0.1%	88	0.0%
05	Rehab	1,395	\$182,301.77	6	1,403	1,348	96.1%	1,402	99.9%	1	0.1%	0	0.0%
06	Home Health	2,527	\$514,447.02	14	2,645	2,636	99.7%	2,642	99.9%	3	0.1%	0	0.0%
07	EMT(Transportation)	4,220	\$1,115,778.02	8	4,174	3,993	95.7%	4,167	99.8%	6	0.1%	1	0.0%
08	NEMT(Transportation)	17,399	\$834,874.39	12	17,399	17,398	100.0%	17,399	100.0%		0.0%	0	0.0%
09	DME	6,361	\$1,081,946.56	15	6,495	6,448	99.3%	6,457	99.4%	20	0.3%	18	0.3%
13	EPSDT	19,734	\$1,189,411.87	5	19,848	18,527	93.3%	19,838	99.9%	3	0.0%	7	0.0%
Totals		467,990	\$66,035,349.58		470,220	438,188	93.2%	469,785	99.9%	320	0.1%	114	0.0%