

## Prompt Payment Report

Health Plan ID: 2162519  
 Health Plan Name: Amerigroup Louisiana, Inc.  
 Health Plan Contact: \*\*\*  
 Contact Email: \*\*\*  
 Report Period Start Date: 20121001  
 Report Period End Date: 20121231

## 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	7039	\$21,190,342.12	6	6840	6634	97%	6792	99%	46	1%	2	0%
03	Outpatient Hospital	88691	\$15,979,170.04	4	87232	86902	100%	87150	100%	76	0%	6	0%
04	Professional	388645	\$25,897,874.04	6	382710	380897	100%	381998	100%	585	0%	127	0%
05	Rehab	1524	\$176,385.05	5	1516	1503	99%	1514	100%	1	0%	1	0%
06	Home Health	2047	\$508,134.08	16	2314	2051	89%	2187	95%	125	5%	2	0%
07	EMT(Transportation)	4182	\$1,175,556.46	7	4009	3988	99%	4004	100%	5	0%	0	0%
08	NEMT(Transportation)	16091	\$799,425.29	13.2	16091	16011	100%	16091	100%		0%		0%
09	DME	4600	\$735,297.55	16	4806	4448	93%	4793	100%	13	0%	0	0%
<b>Totals</b>		512819	\$66,462,184.63		505518	502434	99%	504529	100%	851	0%	138	0%