TennCare Oversight Division of the Tennessee Department of Commerce and Insurance Prompt Pay Compliance Summary for Processed TennCare Medical and Dental Claims

Monthly prompt payment analysis for ALL TennCare claims processed by the plan.

	e Contractual Requirements nd TCA 56-32-126(b)		99.5% 60 Day	
Claim Types	For the Month Ended	Clean Claims	All Claims	Compliance?

Wellpoint of Tennessee, Inc. (fka AMERIGROUP Tennessee, Inc.)

Region(s): All

All	1/31/2023	95%	99.5%	Yes	
All	2/28/2023	97%	99.2%	No	
All	3/31/2023	99%	99.8%	Yes	
All	4/30/2023	99%	99.8%	Yes	
All	5/31/2023	100%	100.0%	Yes	
All	6/30/2023	95%	99.9%	Yes	
All	7/31/2023	93%	99.8%	Yes	
All	8/31/2023	94%	99.8%	Yes	
All	9/30/2023	95%	99.9%	Yes	
All	10/31/2023	96%	99.9%	Yes	
A II	11/30/2023	95%	99.9%	Yes	
All	12/31/2023	94%	99.7%	Yes	
All	1/31/2024	94%	99.6%	Yes	
A II	2/29/2024	98%	99.9%	Yes	
All	3/31/2024	97%	99.6%	Yes	

Monthly prompt payment analysis for ALL TennCare claims processed by the plan.

TennCare Contractual Requirements and TCA 56-32-126(b)		90% 30 Day	99.5% 60 Day	
Claim Types	For the Month Ended	Clean Claims	All Claims	Compliance?
DentaQuest USA I Region(s): All	Insurance Co., Inc.			
Dental	1/31/2023	99%	99.9%	Yes
Dental	2/28/2023	100%	100.0%	Yes
Dental	3/31/2023	100%	100.0%	Yes
Dental	4/30/2023	100%	100.0%	Yes
Dental	5/31/2023	99%	100.0%	Yes
Dental	6/30/2023	100%	100.0%	Yes
Dental	7/31/2023	100%	100.0%	Yes
Dental	8/31/2023	100%	100.0%	Yes
Dental	9/30/2023	100%	100.0%	Yes
Dental	10/31/2023	100%	100.0%	Yes
Dental	11/30/2023	100%	100.0%	Yes
Dental	12/31/2023	100%	100.0%	Yes
Dental	1/31/2024	99%	100.0%	Yes
Dental	2/29/2024	100%	100.0%	Yes
Dental	3/31/2024	99%	100.0%	Yes

Monthly prompt payment analysis for ALL TennCare claims processed by the plan.

TennCare Contractual Requirements		90%	99.5%	
and TCA 5	6-32-126(b)	30 Day	60 Day	
Claim Types	For the Month Ended	Clean Claims	All Claims	Compliance?

UnitedHealthcare Plans of the River Valley, Inc.

Region(s): All

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All	1/31/2023	100%	100.0%	Yes	
All	2/28/2023	100%	100.0%	Yes	
All	3/31/2023	100%	100.0%	Yes	
All	4/30/2023	100%	100.0%	Yes	
All	5/31/2023	100%	100.0%	Yes	
All	6/30/2023	100%	100.0%	Yes	
All	7/31/2023	100%	100.0%	Yes	
All	8/31/2023	100%	100.0%	Yes	
All	9/30/2023	100%	100.0%	Yes	
All	10/31/2023	100%	100.0%	Yes	
All	11/30/2023	100%	100.0%	Yes	
All	12/31/2023	100%	100.0%	Yes	
All	1/31/2024	99%	100.0%	Yes	
All	2/29/2024	99%	100.0%	Yes	
All	3/31/2024	90%	99.9%	Yes	

	Monthly prompt p	ayment analysi	is for ALL TennCare	e claims processed by	the plan.
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	actual Requirements \ 56-32-126(b)	90% 30 Day	99.5% 60 Day	
Claim Types	For the Month Ended	Clean Claims	All Claims	Compliance?
Volunteer State H Region(s): All	Health Plan, Inc.			
All	1/31/2023	94%	100.0%	Yes
All	2/28/2023	98%	100.0%	Yes
All	3/31/2023	99%	99.9%	Yes
All	4/30/2023	96%	99.9%	Yes
All	5/31/2023	96%	100.0%	Yes
All	6/30/2023	95%	99.9%	Yes
All	7/31/2023	93%	99.9%	Yes
All	8/31/2023	99%	100.0%	Yes
All	9/30/2023	97%	100.0%	Yes
All	10/31/2023	95%	99.9%	Yes
All	11/30/2023	93%	99.9%	Yes
All	12/31/2023	94%	99.9%	Yes
All	1/31/2024	96%	100.0%	Yes
All	2/29/2024	96%	99.6%	Yes
All	3/31/2024	98%	98.9%	No