

# Prompt Payment Report

Health Plan ID: 2162934  
 Health Plan Name: **LaCare**  
 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: 20121030  
 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	5300	\$21,936,884.63	7.1	5133	5133	100%	5,133	100%	0	0%	0	0%
03	Outpatient Hospital	63,050	\$12,363,308.40	2.4	63175	63175	100%	63,175	100%	0	0%	0	0%
04	Professional	278,264	\$22,878,080.94	3.3	275903	275752	100%	275,886	100%	16	0%	1	0%
05	Rehab	25	\$36,286.90	7.8	25	25	100%	25	100%	0	0%	0	0%
06	Home Health	912	\$105,027.94	4.8	851	851	100%	851	100%	0	0%	0	0%
07	EMT(Transportation)	1,885	\$635,930.85	3.2	1871	1871	100%	1,871	100%	0	0%	0	0%
08	NEMT(Transportation)	12,492	\$677,465.16	0.8	12014	11997	100%	12,014	100%	0	0%	0	0%
09	DME	2,143	\$421,312.85	5.3	2086	2086	100%	2086	100%	0	0%	0	0%
<b>Totals</b>		364071	\$59,054,297.67	3.2	361058	360890	100%	361041	100%	16	0%	1	0%