Prompt Payment Report

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connections - LA
Health Plan Contact:	***
Contact Email:	***
Report Period Start Date:	7/1/2012
Report Period End Date:	9/30/2012

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								
						Business Days		Calendar Days						
Claim Type	Description	Claims Received	Amount Paid	Avg Days Cycle1	Claims Processed	0-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	39955	29838071	7.75	39011	38153	97.80%	38832	99.54%	179	0.46%	0	0.00%
03	Outpatient Hospital	76651	8754803.16	7.21	76154	75259	98.82%	75920	99.69%	234	0.31%	0	0.00%
04	Professional	182963	12298597.54	7.24	162845	161685	99.29%	162561	99.83%	284	0.17%	0	0.00%
05	Rehab	136	10963.28	8.80	142	133	93.66%	142	100.00%	0	0.00%	0	0.00%
06	Home Health	2169	586715.63	11.43	1932	1761	91.15%	1878	97.20%	54	2.80%	0	0.00%
07	EMT(Transportation)	4618	1314690.97	7.68	4432	4351	98.17%	4419	99.71%	13	0.29%	0	0.00%
08	NEMT(Transportation)	21798	310532.94	7.63	21798	20536	94.21%	21798	100.00%	0	0.00%	0	0.00%
09	DME	3431	898303.06	9.13	3369	3287	97.57%	3346	99.32%	23	0.68%	0	0.00%
Other	N/A	146257	13388785.02	7.28	142746	140437	98.38%	142144	99.58%	602	0.42%	0	0.00%
Total		477978	67401462.6	8.24	452429	445602	98.49%	451040	99.69%	1389	0.31%	0	0.00%

This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.
The report programming is still under review, thus any changes may result in resubmission of the report.
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

Legend for Claim Type

Claim Type	Bucketing logic
01	[Service Place Of Service Code] = LC21
03	[Service Place Of Service Code] = LC22
04	[Service Place Of Service Code] = LC11
05	[Service Place Of Service Code] = LC61 or LC62
06	[Service Place Of Service Code] = LC12 And [Servicing Provider Affiliation Specialty Code] NOT = SPDM
07	[Service Place Of Service Code] = LC41 or LC42
08	Claims from First Transit file.
09	[Servicing Provider Affiliation Specialty Code] = SPDM