

# Prompt Payment Report

Health Plan ID: 2162934  
 Health Plan Name: **LaCare**  
 Health Plan Contact: xxx  
 Contact Email: xxx  
 Report Period Start Date: 20130401  
 Report Period End Date: 20130630

# BAYOU HEALTH Reporting

Document ID: PI221  
 Document Name: Prompt Payment Report  
 Reporting Frequency: Quarterly  
 Report Due Date: 20130730  
 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	5,829	\$26,181,081.35	19.8	6,167	5,127	83.14%	6,160	99.89%	6	0.10%	1	0.02%
03	Outpatient Hospital	73,945	\$13,064,719.46	3.2	75,090	74,215	98.83%	75,086	99.99%	3	0.00%	1	0.00%
04	Professional	312,943	\$26,023,563.21	4.1	317,752	311,420	98.01%	317,714	99.99%	34	0.01%	4	0.00%
05	Rehab	7	\$10,798.09	17.7	6	5	83.33%	6	100.00%	0	0.00%	0	0.00%
06	Home Health	1,050	\$227,449.27	12.4	1,071	970	90.57%	1,070	99.91%	1	0.09%	0	0.00%
07	EMT(Transportation)	3,765	\$1,384,090.43	2.7	3,786	3,760	99.31%	3,784	99.95%	2	0.05%	0	0.00%
08	NEMT(Transportation)	14,494	\$892,710.32	12	14,494	14,195	97.94%	14,494	100.00%	0	0.00%	0	0.00%
09	DME	3,732	\$706,647.95	10.7	3,969	3,693	93.05%	3,969	100.00%	0	0.00%	0	0.00%
<b>Totals</b>		415,765	\$68,491,060.08	4.5	422,335	413,385	97.88%	422,283	99.99%	46	0.01%	6	0.00%