

Prompt Payment Report

Health Plan ID: 2162934
 Health Plan Name: **LaCare**
 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: 20130130
 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 ¹	Claims Processed	Business Days		Calendar Days					
						01-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	5892	\$25,970,170.32	11.9	5841	5838	100%	5,840	100%	1	0%	0	0%
03	Outpatient Hospital	80,765	\$13,884,537.12	2.4	79660	79657	100%	79,659	100%	1	0%	0	0%
04	Professional	339,229	\$26,942,669.09	3.6	341030	340934	100%	341,008	100%	21	0%	1	0%
05	Rehab	26	\$67,235.98	13.2	26	26	100%	26	100%	0	0%	0	0%
06	Home Health	961	\$132,150.00	8	999	999	100%	999	100%	0	0%	0	0%
07	EMT(Transportation)	3,860	\$1,370,601.84	1.8	3703	3703	100%	3,703	100%	0	0%	0	0%
08	NEMT(Transportation)	13,733	\$563,886.57	9.7	13667	13651	100%	13,651	100%	13	0%	3	0%
09	DME	3,040	\$485,827.88	6.5	3107	3107	100%	3107	100%	0	0%	0	0%
Totals		447506	\$69,417,078.80	3.7	448033	447915	100%	447993	100%	36	0%	4	0%