

Prompt Payment Report

Health Plan ID: 2162934
 Health Plan Name: **LaCare**
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20130101
 Report Period End Date: 20130331

BAYOU HEALTH Reporting

Document ID: PI221
 Document Name: Prompt Payment Report
 Reporting Frequency: Quarterly
 Report Due Date: 20130430
 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	6174	\$27,661,450.83	19.38	6206	5534	89.17%	6,205	99.98%	0	0.00%	1	0.02%
03	Outpatient Hospital	76,092	\$12,702,044.68	3.04	78201	77597	99.23%	78,201	100.00%	0	0.00%	0	0.00%
04	Professional	343,672	\$27,952,413.61	3.78	347808	344409	99.02%	347,768	99.99%	19	0.01%	21	0.01%
05	Rehab	8	\$625.03	8.0	7	7	100.00%	7	100.00%	0	0.00%	0	0.00%
06	Home Health	953	\$226,071.74	11.12	1024	988	96.48%	1023	99.90%	0	0.00%	1	0.10%
07	EMT(Transportation)	3,620	\$1,248,196.00	2.41	3677	3665	99.67%	3,677	100.00%	0	0.00%	0	0.00%
08	NEMT(Transportation)	14,253	\$772,995.80	10.71	16505	15663	94.90%	16,471	99.79%	34	0.21%	0	0.00%
09	DME	3,692	\$654,873.72	10.04	3915	3751	95.81%	3915	100.00%	0	0.00%	0	0.00%
Totals		448464	\$71,218,671.41	4.2	457343	451614	98.75%	457267	99.98%	53	0.01%	23	0.01%