

**Prompt Payment Report**

Health Plan ID:	2162845
Health Plan Name:	Louisiana Healthcare Connection
Health Plan Contact:	***
Contact Email:	***
Report Period Start Date:	10/1/2012
Report Period End Date:	12/31/2012

**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							
Claim Type	Description	Claims Received	Amount Paid	Avg Days Cycle1	Claims Processed	Business Days		Calendar Days					
						0-15	%	1-30	%	31-90	%	>90	%
01	Inpatient Hospital	41447	42614455.96	8.35	42287	41250	97.55%	41929	99.15%	358	0.85%	0	0.00%
03	Outpatient Hospital	93575	13120780.44	7.47	88641	87980	99.25%	88433	99.77%	208	0.23%	0	0.00%
04	Professional	215306	16441529.03	7.43	197296	196608	99.65%	197190	99.95%	106	0.05%	0	0.00%
05	Rehab	203	18333.16	8.18	210	202	96.19%	210	100.00%	0	0.00%	0	0.00%
06	Home Health	2798	901377.49	10.19	2624	2560	97.56%	2604	99.24%	20	0.76%	0	0.00%
07	EMT(Transportation)	5268	1956982.86	8.39	5240	5195	99.14%	5235	99.90%	5	0.10%	0	0.00%
08	NEMT(Transportation)	60122	552624.93	7.86	33297	30683	92.15%	33297	100.00%	0	0.00%	0	0.00%
09	DME	4869	1596802.46	9.62	4807	4720	98.19%	4772	99.27%	35	0.73%	0	0.00%
Other	N/A	190527	20183946.4	7.22	192354	191096	99.35%	192101	99.87%	253	0.13%	0	0.00%
Total		614115	97386832.73	8.30	566756	560294	98.86%	565771	99.83%	985	0.17%	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