

**Louisiana Department of Health and Hospitals
Medicaid CCN-S Payment Schedule**

Year	Month	EFT Date	Expected Date of Deposit
2012	January	01/10/2012	01/11/2012
	February	02/14/2012	02/15/2012
	March	03/13/2012	03/14/2012
	April	04/10/2012	04/11/2012
	May	05/15/2012	05/16/2012
	June	06/12/2012	06/13/2012
	July	07/10/2012	07/11/2012
	August	08/14/2012	08/15/2012
	September	09/11/2012	09/12/2012
	October	10/09/2012	10/10/2012
	November	11/13/2012	11/14/2012
	December	12/11/2012	12/12/2012
2013	January	01/15/2013	01/16/2013
	February	02/12/2013	02/13/2013
	March	03/12/2013	03/13/2013
	April	04/09/2013	04/10/2013
	May	05/14/2013	05/15/2013
	June	06/11/2013	06/12/2013
	July	07/09/2013	07/10/2013
	August	08/13/2013	08/14/2013
	September	09/10/2013	09/11/2013
	October	10/15/2013	10/16/2013
	November	11/12/2013	11/13/2013
	December	12/10/2013	12/11/2013
2014	January	01/14/2014	01/15/2014
	February	02/11/2014	02/12/2014
	March	03/11/2014	03/12/2014
	April	04/15/2014	04/16/2014
	May	05/13/2014	05/14/2014
	June	06/10/2014	06/11/2014