

* This report is being revised. The contractor is taking corrective action to register the appropriate reason for transfer. DHH has identified in most cases the member's request to change for: 1) Documented lack of access to provider; 2) Lack of access to services; and 3) Poor quality of care was in fact because their preferred Provider was not part of their assigned Health Plan and the member was within their 90 day choice period.



BAYOU HEALTH
Plan Change Request by Reason
Active Members
Reporting Period: January 2013
Effective Date: February 01, 2013

Summary

Transfer Reason	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
1. STAYED IN BAYOU HEALTH/TRANSFERRED HEALTH PLANS							
90 Day Enrollment Grace Period	192	114	238	212	0	114	870
Documented lack of access to providers experienced in dealing with the member healthcare needs	39	17	37	49	0	12	154 *
Lack of access to services covered under the contract	16	5	20	26	0	5	72 *
Member requests to be assigned to the same CCN as family members	84	47	179	125	0	41	476
Poor quality of care	3	0	5	6	0	0	14 *
The member needs related services to be performed at the same time	9	5	10	17	0	4	45
Total Transfers	343	188	489	435	0	176	1,631
2. LEFT BAYOU HEALTH/RETURNED TO LEGACY MEDICAID							
Recipient admitted to institution	0	0	0	1	0	0	1
Recipient does not meet LOC criteria	0	0	1	0	0	0	1

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Recipient has other health insurance	1	2	0	3	0	1	7
Total Transfers	1	2	1	4	0	1	9
3. NO LONGER MEDICAID ELIGIBLE							
Disenrollment during Annual Enrollment.	1,110	443	1,495	1,718	0	387	5,153
Involuntary disenrollment	0	0	1	1	0	0	2
Recipient is not categorically eligible	0	0	5	1	0	0	6
Total Transfers	1,110	443	1,501	1,720	0	387	5,161
5. MISCELLANEOUS							
Termination of a future-dated linkage	173	109	169	219	0	116	786
Voluntary disenrollment	26	13	20	16	0	11	86
Total Transfers	199	122	189	235	0	127	872
Grand Total Transfers	1,653	755	2,180	2,394	0	691	7,673

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
GSA A							
90 Day Enrollment Grace Period	74	22	72	72	0	29	269
Disenrollment during Annual Enrollment.	1,110	443	1,495	1,718	0	387	5,153
Documented lack of access to providers experienced in dealing with the member healthcare needs	10	10	8	11	0	7	46 *
Involuntary disenrollment	0	0	0	1	0	0	1 *
Lack of access to services covered under the contract	6	0	5	13	0	2	26 *
Member requests to be assigned to the same CCN as family members	2	3	2	8	0	7	22
Poor quality of care	2	0	1	0	0	0	3 *
Recipient has other health insurance	0	0	0	1	0	0	1
Recipient is not categorically eligible	0	0	1	0	0	0	1
Termination of a future-dated linkage	57	52	55	76	0	59	299
The member needs related services to be performed at the same time	2	4	4	7	0	2	19
Voluntary disenrollment	9	6	7	3	0	3	28
Total	1,272	540	1,650	1,910	0	496	5,868

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
GSA B							
90 Day Enrollment Grace Period	76	71	89	66	0	39	341
Documented lack of access to providers experienced in dealing with the member healthcare needs	16	3	17	28	0	0	64 *
Lack of access to services covered under the contract	5	3	9	4	0	1	22 *
Member requests to be assigned to the same CCN as family members	48	31	109	64	0	14	266
Poor quality of care	1	0	2	0	0	0	3 *
Recipient does not meet LOC criteria	0	0	1	0	0	0	1
Recipient has other health insurance	1	1	0	0	0	0	2
Recipient is not categorically eligible	0	0	2	1	0	0	3
Termination of a future-dated linkage	50	32	69	71	0	28	250
The member needs related services to be performed at the same time	5	0	5	5	0	1	16
Voluntary disenrollment	8	3	10	5	0	3	29
Total	210	144	313	244	0	86	997

Description: This report shows a summary of plan changes requests by reason created during the reporting month.

Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
GSA C							
90 Day Enrollment Grace Period	42	21	77	74	0	46	260
Documented lack of access to providers experienced in dealing with the member healthcare needs	13	4	12	10	0	5	44 *
Involuntary disenrollment	0	0	1	0	0	0	1 *
Lack of access to services covered under the contract	5	2	6	9	0	2	24 *
Member requests to be assigned to the same CCN as family members	34	13	68	53	0	20	188
Poor quality of care	0	0	2	6	0	0	8 *
Recipient admitted to institution	0	0	0	1	0	0	1
Recipient has other health insurance	0	1	0	2	0	1	4
Recipient is not categorically eligible	0	0	2	0	0	0	2
Termination of a future-dated linkage	66	25	45	72	0	29	237
The member needs related services to be performed at the same time	2	1	1	5	0	1	10
Voluntary disenrollment	9	4	3	8	0	5	29
Total	171	71	217	240	0	109	808
Total	1,653	755	2,180	2,394	0	691	7,673

Description: This report shows a summary of plan changes requests by reason created during the reporting month.