

* 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**

Effective Date: January 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	131	77	162	170	0	101	641
Disenrolled due to Medicare coverage.	0	1	0	2	0	0	3
Documented lack of access to providers experienced in dealing with the member healthcare needs	27	17	45	36	0	4	129*
Lack of access to services covered under the contract	7	3	22	16	0	1	49*
Member requests to be assigned to the same CCN as family members	79	45	150	114	0	39	427
Poor quality of care	1	0	2	5	0	0	8*
The member needs related services to be performed at the same time	10	3	11	15	0	4	43
Total Transfers	255	146	392	358	0	149	1,300
2. LEFT BAYOU HEALTH/STAYED IN LEGACY MEDICAID							
Recipient admitted to institution	0	0	2	0	0	1	3
Recipient does not meet LOC criteria	0	0	0	1	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	3	1	3	0	0	2	9
Recipient moved out of service area	1	2	0	1	0	0	4
Total Transfers	4	3	5	2	0	3	17
3. NO LONGER MEDICAID ELIGIBLE							
Involuntary disenrollment	0	0	1	1	0	1	3
Recipient is not categorically eligible	0	0	2	1	0	0	3
Total Transfers	0	0	3	2	0	1	6
5. MISCELLANEOUS							
Termination of a future-dated linkage	99	61	82	110	0	30	382
Voluntary disenrollment	14	19	9	17	0	3	62
Total Transfers	113	80	91	127	0	33	444
Grand Total Transfers	372	229	491	489	0	186	1,767

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	69	19	62	58	0	32	240
Disenrolled due to Medicare coverage.	0	0	0	2	0	0	2
Documented lack of access to providers experienced in dealing with the member healthcare needs	3	3	9	13	0	1	29*
Involuntary disenrollment	0	0	1	0	0	0	1*
Lack of access to services covered under the contract	1	0	2	4	0	1	8*
Member requests to be assigned to the same CCN as family members	8	3	12	9	0	3	35
Poor quality of care	0	0	0	5	0	0	5*
Recipient has other health insurance	1	0	0	0	0	0	1
Recipient is not categorically eligible	0	0	1	0	0	0	1
Recipient moved out of service area	1	1	0	1	0	0	3
Termination of a future-dated linkage	15	14	20	18	0	4	71
The member needs related services to be performed at the same time	2	1	3	6	0	0	12
Voluntary disenrollment	6	6	1	5	0	1	19
Total	106	47	111	121	0	42	427

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	40	32	53	42	0	39	206
Disenrolled due to Medicare coverage.	0	1	0	0	0	0	1
Documented lack of access to providers experienced in dealing with the member healthcare needs	16	7	27	16	0	1	67*
Involuntary disenrollment	0	0	0	0	0	1	1*
Lack of access to services covered under the contract	5	2	13	6	0	0	26*
Member requests to be assigned to the same CCN as family members	40	20	76	46	0	14	196
Poor quality of care	0	0	2	0	0	0	2*
Recipient admitted to institution	0	0	0	0	0	1	1
Recipient has other health insurance	1	1	2	0	0	1	5
Recipient is not categorically eligible	0	0	1	1	0	0	2
Recipient moved out of service area	0	1	0	0	0	0	1
Termination of a future-dated linkage	41	20	39	50	0	9	159
The member needs related services to be performed at the same time	2	1	6	3	0	1	13
Voluntary disenrollment	6	9	5	3	0	0	23
Total	151	94	224	167	0	67	703

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	22	26	47	70	0	30	195
Documented lack of access to providers experienced in dealing with the member healthcare needs	8	7	9	7	0	2	33 *
Involuntary disenrollment	0	0	0	1	0	0	1 *
Lack of access to services covered under the contract	1	1	7	6	0	0	15 *
Member requests to be assigned to the same CCN as family members	31	22	62	59	0	22	196
Poor quality of care	1	0	0	0	0	0	1 *
Recipient admitted to institution	0	0	2	0	0	0	2
Recipient does not meet LOC criteria	0	0	0	1	0	0	1
Recipient has other health insurance	1	0	1	0	0	1	3
Termination of a future-dated linkage	43	27	23	42	0	17	152
The member needs related services to be performed at the same time	6	1	2	6	0	3	18
Voluntary disenrollment	2	4	3	9	0	2	20
Total	115	88	156	201	0	77	637
Total	372	229	491	489	0	186	1,767

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