

\*The contractor is taking corrective action to register the appropriate reason for transfer.



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

**Summary**

Transfer Reason	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
<b>1. STAYED IN BAYOU HEALTH/TRANSFERRED HEALTH PLANS</b>							
90 Day Enrollment Grace Period	313	136	403	350	0	123	1325
<b>Total Transfers</b>	<b>313</b>	<b>136</b>	<b>403</b>	<b>350</b>	<b>0</b>	<b>123</b>	<b>1,325</b>
<b>2. LEFT BAYOU HEALTH/RETURNED TO LEGACY MEDICAID *</b>							
Disenrolled due to Hospice admission	0	0	0	0	0	1	1
Disenrolled due to Medicare coverage.	2	0	1	1	0	0	4

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

Recipient admitted to institution	0	0	0	2	0	0	2
Recipient does not meet Level Of Care criteria	1	0	0	2	0	0	3
Recipient has other health insurance	4	1	3	2	0	3	13
<b>Total Transfers</b>	<b>7</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>23</b>
<b>3. NO LONGER MEDICAID ELIGIBLE *</b>							
Disenrollment during Annual Enrollment.	3	0	0	0	0	0	3
Involuntary disenrollment	1	0	0	0	0	0	1
Recipient is not categorically eligible	0	0	0	2	0	0	2
<b>Total Transfers</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>
<b>4. DEATH *</b>							
Death of recipient	2	0	0	0	0	0	2
<b>Total Transfers</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>5. MISCELLANEOUS *</b>							
Termination of a future-dated linkage	116	62	115	116	0	27	436
Voluntary disenrollment	17	8	21	21	0	6	73
<b>Total Transfers</b>	<b>133</b>	<b>70</b>	<b>136</b>	<b>137</b>	<b>0</b>	<b>33</b>	<b>509</b>
<b>Grand Total Transfers</b>	<b>459</b>	<b>207</b>	<b>543</b>	<b>496</b>	<b>0</b>	<b>160</b>	<b>1,865</b>

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Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
<b>GSA A</b>							
90 Day Enrollment Grace Period	69	26	79	68	0	28	270
Disenrolled due to Medicare coverage.	1	0	0	1	0	0	2
Disenrollment during Annual Enrollment.	1	0	0	0	0	0	1
Documented lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0	0
Involuntary disenrollment	1	0	0	0	0	0	1
Lack of access to services covered under the contract	0	0	0	0	0	0	0
Member requests to be assigned to the same Plan as family members	32	21	47	45	0	6	151
Poor quality of care	0	0	0	0	0	0	0
Recipient has other health insurance	1	0	0	0	0	0	1
Termination of a future-dated linkage	19	19	18	23	0	5	84
The member needs related services to be performed at the same time	0	0	0	0	0	0	0
Voluntary disenrollment	4	4	4	9	0	3	24
<b>Total</b>	<b>128</b>	<b>70</b>	<b>148</b>	<b>146</b>	<b>0</b>	<b>42</b>	<b>534</b>

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Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
<b>GSA B</b>							
90 Day Enrollment Grace Period	92	41	117	91	0	40	381
Death of recipient	2	0	0	0	0	0	2
Disenrolled due to Hospice admission	0	0	0	0	0	1	1
Disenrolled due to Medicare coverage.	1	0	1	0	0	0	2
Disenrollment during Annual Enrollment.	2	0	0	0	0	0	2
Documented lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0	0
Lack of access to services covered under the contract	0	0	0	0	0	0	0
Member requests to be assigned to the same Plan as family members	14	9	31	16	0	2	72
Poor quality of care	0	0	0	0	0	0	0
Recipient admitted to institution	0	0	0	2	0	0	2
Recipient does not meet Level Of Care criteria	1	0	0	1	0	0	2
Recipient has other health insurance	3	1	2	1	0	2	9
Recipient is not categorically eligible	0	0	0	1	0	0	1
Termination of a future-dated linkage	53	22	59	49	0	13	196
The member needs related services to be performed at the same time	0	0	0	0	0	0	0

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Voluntary disenrollment	11	2	10	7	0	3	33
<b>Total</b>	<b>179</b>	<b>75</b>	<b>220</b>	<b>168</b>	<b>0</b>	<b>61</b>	<b>703</b>

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Transfer Reason Description	Amerigroup	Community Health Solutions	LaCare	LA Healthcare Connections	Legacy Medicaid	United Healthcare	Total Transfers
<b>GSA C</b>							
90 Day Enrollment Grace Period	67	19	78	88	0	32	284
Documented lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0	0
Lack of access to services covered under the contract	0	0	0	0	0	0	0
Member requests to be assigned to the same Plan as family members	39	20	51	42	0	15	167
Poor quality of care	0	0	0	0	0	0	0
Recipient does not meet Level Of Care criteria	0	0	0	1	0	0	1
Recipient has other health insurance	0	0	1	1	0	1	3
Recipient is not categorically eligible	0	0	0	1	0	0	1
Termination of a future-dated linkage	44	21	38	44	0	9	156
The member needs related services to be performed at the same time	0	0	0	0	0	0	0
Voluntary disenrollment	2	2	7	5	0	0	16
<b>Total</b>	<b>152</b>	<b>62</b>	<b>175</b>	<b>182</b>	<b>0</b>	<b>57</b>	<b>628</b>
<b>Total</b>	<b>459</b>	<b>207</b>	<b>543</b>	<b>496</b>	<b>0</b>	<b>160</b>	<b>1,865</b>

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