



**BAYOU HEALTH**  
**Plan Change Request by Reason**  
**Active Members**  
**Reporting Period: January 2016**  
**Effective Date: February 2016**

**SUMMARY**

Region/Transfer	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>Capital</b>						
90 Day Grace Period	17	41	17	127	82	<b>284</b>
Outside 90 Day Grace Period	1	0	0	0	2	<b>3</b>
<b>Gulf</b>						
90 Day Grace Period	20	39	26	61	85	<b>231</b>
Outside 90 Day Grace Period	0	5	0	1	1	<b>7</b>
<b>North</b>						
90 Day Grace Period	18	65	25	132	89	<b>329</b>
Outside 90 Day Grace Period	0	5	0	5	2	<b>12</b>
<b>South Central</b>						
90 Day Grace Period	20	54	69	156	69	<b>368</b>
Outside 90 Day Grace Period	1	0	0	6	1	<b>8</b>
<b>Total Transfers</b>	<b>77</b>	<b>209</b>	<b>137</b>	<b>488</b>	<b>331</b>	<b>1,242</b>

Transfer	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
90 Day Grace Period	75	199	137	476	325	<b>1,212</b>
Outside 90 Day Grace Period	2	10	0	12	6	<b>30</b>
<b>Total Transfers</b>	<b>77</b>	<b>209</b>	<b>137</b>	<b>488</b>	<b>331</b>	<b>1,242</b>

**Description:** This report shows member transfers during the reporting month. Transfers outside of the 90 day grace period have been approved by the State. Members who will be disenrolled at the end of the reporting month are not included in this report. Enrollees who opt out of Bayou Health during the reporting month are not included.

**SUMMARY**

<b>Transfer Reason Description</b>	<b>Aetna</b>	<b>Amerigroup</b>	<b>AmeriHealth Caritas</b>	<b>LA Healthcare Connections</b>	<b>United Healthcare</b>	<b>Total Transfers</b>
<b>1. STAYED IN BAYOU HEALTH /TRANSFERRED HEALTH PLAN DURING 90 DAY GRACE PERIOD</b>						
90 Day Grace Period	73	197	136	449	314	<b>1,169</b>
Member requests to be assigned to the same Plan as family members	0	0	0	0	0	<b>0</b>
The member needs related services to be performed at the same time	0	0	0	0	0	<b>0</b>
Poor quality of care	0	0	0	0	0	<b>0</b>
Lack of access to services covered under the contract	0	0	0	0	0	<b>0</b>
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	<b>0</b>
Other Transfer Reasons	2	2	1	27	11	<b>43</b>
Special Circumstances as approved by DHH	0	0	0	0	0	<b>0</b>
To implement the decision of a hearing officer	0	0	0	0	0	<b>0</b>
<b>Total For Cause Transfers</b>	<b>75</b>	<b>199</b>	<b>137</b>	<b>476</b>	<b>325</b>	<b>1,212</b>

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Transfer Reason Description	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>2. STAYED IN BAYOU HEALTH /TRANSFERRED HEALTH PLAN OUTSIDE 90 DAY GRACE PERIOD- FOR CAUSE</b>						
90 Day Grace Period	0	0	0	0	0	0
Member requests to be assigned to the same Plan as family members	2	10	0	12	6	30
The member needs related services to be performed at the same time	0	0	0	0	0	0
Poor quality of care	0	0	0	0	0	0
Lack of access to services covered under the contract	0	0	0	0	0	0
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	0
Other Transfer Reasons	0	0	0	0	0	0
Special Circumstances as approved by DHH	0	0	0	0	0	0
To implement the decision of a hearing officer	0	0	0	0	0	0
<b>Total For Cause Transfers</b>	<b>2</b>	<b>10</b>	<b>0</b>	<b>12</b>	<b>6</b>	<b>30</b>

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## DETAILS

Transfer Region Description	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>Region - Capital</b>						
90 Day Enrollment Grace Period	17	41	17	127	82	<b>284</b>
Member requests to be assigned to the same Plan as family members	1	0	0	0	2	<b>3</b>
The member needs related services to be performed at the same time	0	0	0	0	0	<b>0</b>
Poor quality of care	0	0	0	0	0	<b>0</b>
Lack of access to services covered under the contract	0	0	0	0	0	<b>0</b>
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	<b>0</b>
Other Transfer Reasons	0	0	0	0	0	<b>0</b>
Special Circumstances as approved by DHH	0	0	0	0	0	<b>0</b>
To implement the decision of a hearing officer	0	0	0	0	0	<b>0</b>
<b>Total Transfers Region Capital</b>	<b>18</b>	<b>41</b>	<b>17</b>	<b>127</b>	<b>84</b>	<b>287</b>

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Transfer Region Description	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>Region - Gulf</b>						
90 Day Enrollment Grace Period	20	39	26	61	85	<b>231</b>
Member requests to be assigned to the same Plan as family members	0	5	0	1	1	<b>7</b>
The member needs related services to be performed at the same time	0	0	0	0	0	<b>0</b>
Poor quality of care	0	0	0	0	0	<b>0</b>
Lack of access to services covered under the contract	0	0	0	0	0	<b>0</b>
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	<b>0</b>
Other Transfer Reasons	0	0	0	0	0	<b>0</b>
Special Circumstances as approved by DHH	0	0	0	0	0	<b>0</b>
To implement the decision of a hearing officer	0	0	0	0	0	<b>0</b>
<b>Total Transfers Region Gulf</b>	<b>20</b>	<b>44</b>	<b>26</b>	<b>62</b>	<b>86</b>	<b>238</b>

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Transfer Reason Description	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>Region - North</b>						
90 Day Enrollment Grace Period	18	65	25	132	89	<b>329</b>
Member requests to be assigned to the same Plan as family members	0	5	0	5	2	<b>12</b>
The member needs related services to be performed at the same time	0	0	0	0	0	<b>0</b>
Poor quality of care	0	0	0	0	0	<b>0</b>
Lack of access to services covered under the contract	0	0	0	0	0	<b>0</b>
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	<b>0</b>
Other Transfer Reasons	0	0	0	0	0	<b>0</b>
Special Circumstances as approved by DHH	0	0	0	0	0	<b>0</b>
To implement the decision of a hearing officer	0	0	0	0	0	<b>0</b>
<b>Total Transfers Region North</b>	<b>18</b>	<b>70</b>	<b>25</b>	<b>137</b>	<b>91</b>	<b>341</b>

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Transfer Region Description	Aetna	Amerigroup	AmeriHealth Caritas	LA Healthcare Connections	United Healthcare	Total Transfers
<b>Region - South Central</b>						
90 Day Enrollment Grace Period	20	54	69	156	69	<b>368</b>
Member requests to be assigned to the same Plan as family members	1	0	0	6	1	<b>8</b>
The member needs related services to be performed at the same time	0	0	0	0	0	<b>0</b>
Poor quality of care	0	0	0	0	0	<b>0</b>
Lack of access to services covered under the contract	0	0	0	0	0	<b>0</b>
Lack of access to providers experienced in dealing with the member healthcare needs	0	0	0	0	0	<b>0</b>
Other Transfer Reasons	0	0	0	0	0	<b>0</b>
Special Circumstances as approved by DHH	0	0	0	0	0	<b>0</b>
To implement the decision of a hearing officer	0	0	0	0	0	<b>0</b>
<b>Total Transfers Region South Central</b>	<b>21</b>	<b>54</b>	<b>69</b>	<b>162</b>	<b>70</b>	<b>376</b>

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