



Department for Medicaid Services Division of Quality and Outcomes



Disenrollment for Cause Report

January 2016

Summary

The Disenrollment for Cause process is regulated by 907 KAR 17:010, Section 2 and 42 CFR 438.56. Disenrollment requests information is based on members written requests and investigations conducted by the nurses at The Disease and Case Management Branch, Division of Quality and Outcomes. Investigation techniques include: interviewing the members/families who submit the requests, communicating with the health care providers, communicating with MCO (Managed Care Organization) representatives, conducting online research, as well as consulting with other medical professionals in DMS.

General Review Procedures

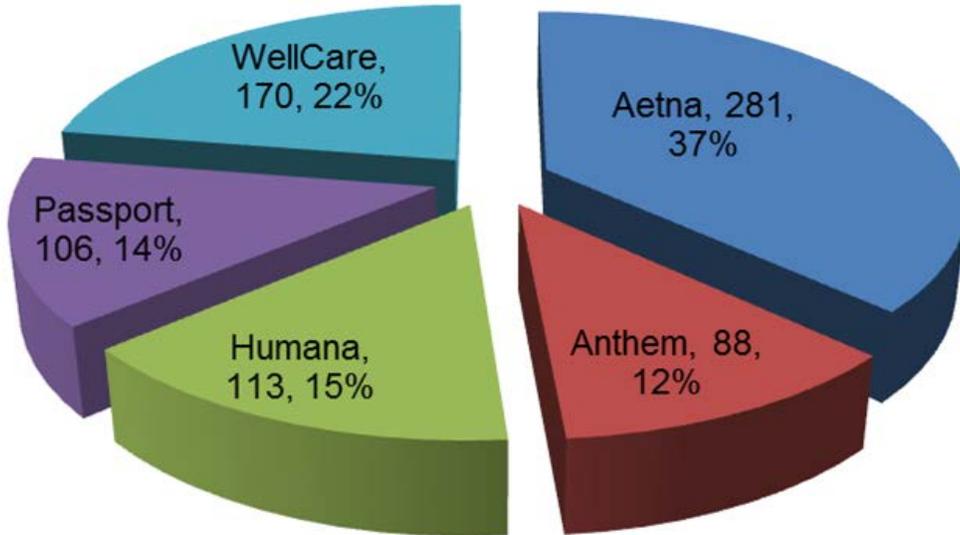
- All cases with valid signatures were investigated by DMS medical professionals.
- DMS medical professionals issued an initial inquiry email for each case to the member's current MCO as soon as the cases were assigned to them.
- MCOs were given appropriate timeframe to respond to DMS' inquiries.
- MCOs were given opportunities to resolve the problems before decisions for disenrollment requests were rendered.
- Physicians' offices were contacted to verify their participation in the MCO network(s).
- Members were contacted by DMS medical professionals for further information.
- All documentation was scanned and archived.
- All correspondence between DMS, providers, and members was documented and archived.
- An approval/denial letter was mailed to the member when a decision was made.
- Members with complicated medical needs were referred to members' MCO for case management services.

Statewide Data

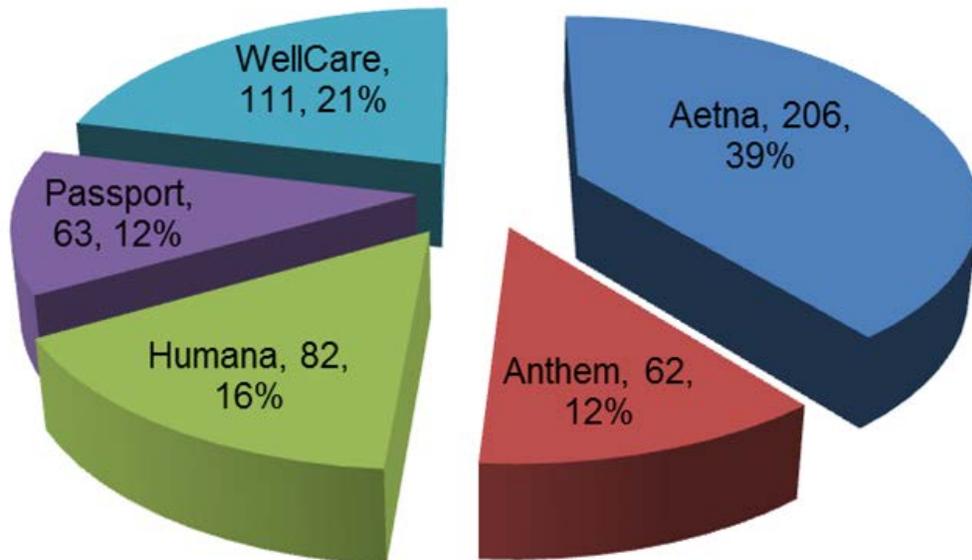
- Total Disenrollment for Cause requests received during the month of January 2016 was 758.
- Of the 758 requests received, 69.1% (524) were approved, 234 cases were denied.
- Each MCO had less than 1% of their total membership submit a Disenrollment for Cause request during the month of January 2016.
- Highest percentage – Aetna, approx. 0.1% of total membership requesting disenrolment.
- The requests to disenroll from the member’s current MCO in January 2016 were as follows:

	Number of Requests From	Number of Approval	Percentage of Approval
Aetna	281	206	73.31%
Anthem	88	62	70.45%
Humana	113	82	72.57%
Passport	106	63	59.43%
WellCare	170	111	65.29%
Total	758	524	69.13%

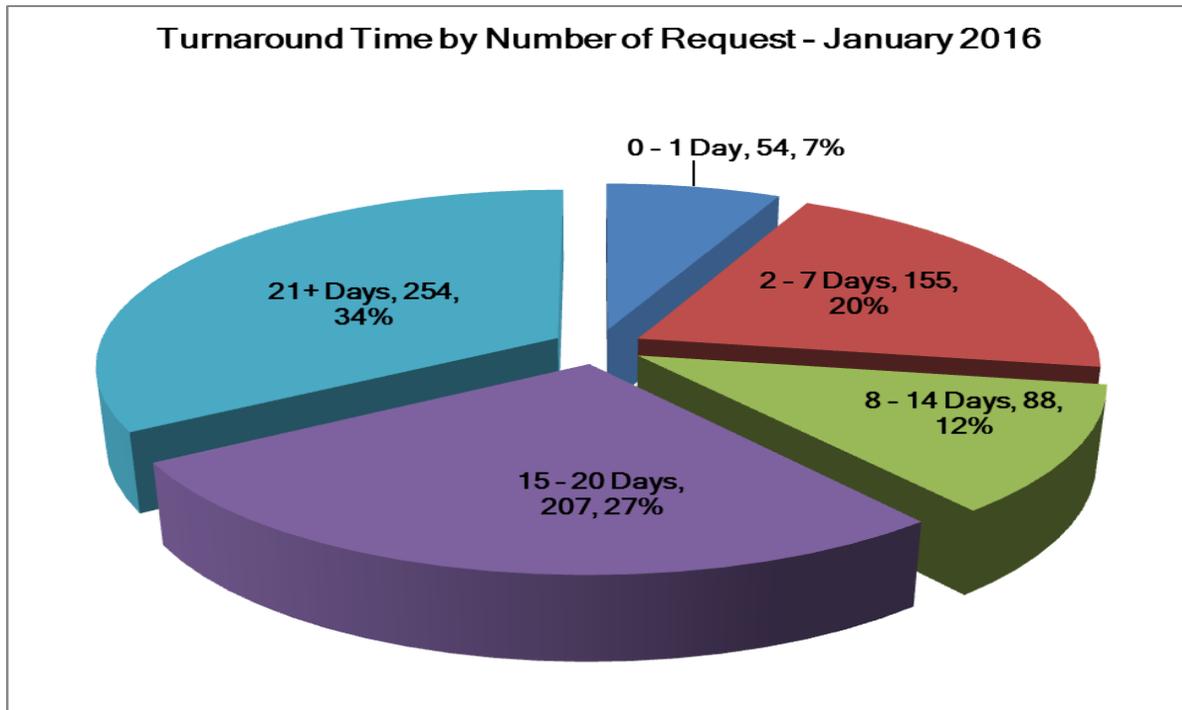
Disenrollment Requests from MCO January 2016



Approved Disenrollment Requests from MCO January 2016



Turnaround time



- About 28% of the disenrollment requests submitted in January 2016 were processed and disposed within 7 calendar days by DMS. This percentage is lower than the number in December 2015 (37%), and a much lower number compared to November 2015 (57%).
- Over one third of the disenrollment requests took more than 3 weeks to process.
- The possible reasons for the change of turnaround time:
 - The significant spike of the disenrollment requests submitted in January 2016: from 137 cases in November, to 284 cases in December, and to 758 cases in January 2016.
 - Shortage of staff: manpower for the disenrollment review team had a 25% decrease, and that has been a direct factor contributing the longer turnaround time.

Comparison of DMS Turnaround Times November & December 2015 and January 2016			
Calendar Days	November 2015	December 2015	January 2016
0 - 1 Day	7 case - 7.5%	36 cases - 13%	54 cases - 7%
2 - 7 Days	71 cases - 52%	70 cases - 25%	155 cases - 20%
8 - 14 Days	53 cases - 39%	82 cases - 29%	88 cases - 12%
15 - 20 Days	4 cases - 3%	66 cases - 23%	207 cases - 27%
21+ Days	2 cases - 1%	30 cases - 10%	254 cases - 34%
Total	137	284	758

- About 39% of the cases were closed in 2 weeks. This number has gone down from 99% in November 2015, and 66% in December 2015. Again, the high volume of caseload and shortage of staff are the factors contributing to this administrative change.
- There are 65 cases that took over 30 days to process in January 2016.
- The longest turnaround time in January 2016 is 52 days. Per disenrollment for cause procedure protocol, cases submitted in January, with long turnaround time, the member's desired MCO might not be effective until April 1, 2016. Below are the total numbers of cases approved by effective dates:
 - December 2015 – 2 cases
 - January 2016 – 24 cases
 - February 2016 – 188 cases
 - March 2016 – 257 cases
 - April 2016 – 59 cases
- Per DMS historical data, the majority of the disenrollment for cause requests was due to unmet health care needs which were often caused by provider issues. Case Management services from members' current MCO's is crucial to assist

members meeting their health care needs while members waiting for the approval of their disenrollment requests.

- Other possible factors that determine turnaround time
 - Dire need nature of the case.
 - Time required obtaining documentation from other State agencies, such as Department of Community Based Services (DCBS) and Guardianship at Department of Aging and Independent Living (DAIL).
 - The time it takes for the MCO to respond to State requests
 - The time it takes for the members to submit additional document
 - If the required responses from MCO are not received within the given timeframe, the decision of approval or denial will be rendered based on the information given to DMS at the time of decisions.
 - Some cases that are automatically approved or denied due to pre-determined and agreed factors, such as a regional big provider changing policy related to a certain MCO, require shorter turnaround time, as investigation is not necessary to approve or deny the cases.

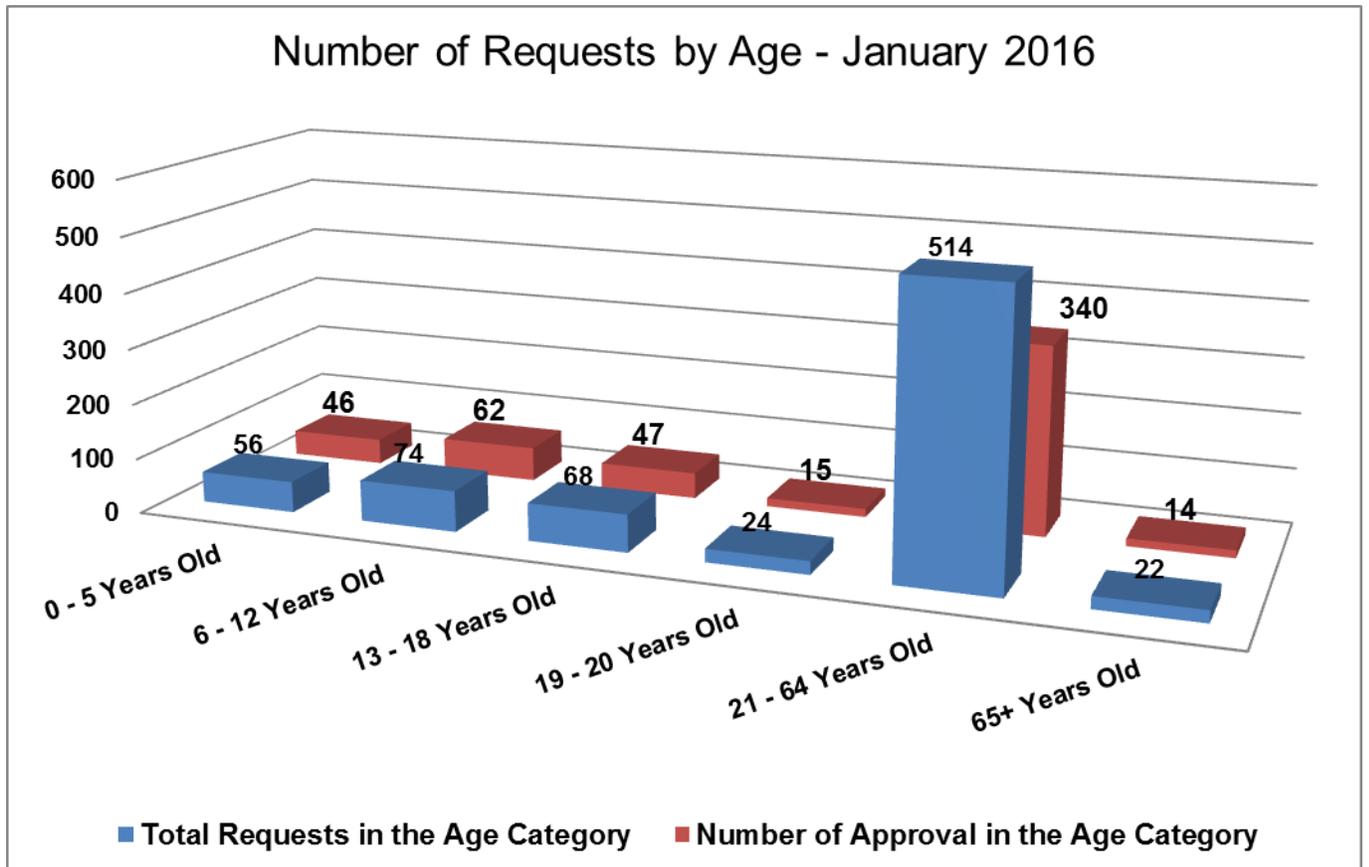
- A large portion of January 2016 cases were in response to the changes of insurance policies of several major regional providers, such as Barbourville ARH Hospital which terminated contract with Aetna, and Adanta which terminated contract with WellCare.

- Below is a chart of MCO turnaround time from each MCO in responding to DMS requests in January 2016.

	In the Same Day	Next Day	2 Days	3 Days	4 Days	5+ Days	Response not Necessary	No Response from MCO
Aetna	4	27	30	65	31	4	113	7
Percentage of all Aetna Cases	1.42%	9.61%	10.68%	23.13%	11.03%	1.42%	40.21%	2.49%
Anthem	0	11	43	11	3	4	14	2
Percentage of all Anthem Cases	0.00%	12.50%	48.86%	12.50%	3.41%	4.55%	15.91%	2.27%
Humana	0	0	4	15	59	14	17	4
Percentage of all Humana Cases	0.00%	0.00%	3.54%	13.27%	52.21%	12.39%	15.04%	3.54%
Passport	0	3	7	23	22	29	20	2
Percentage of all Passport Cases	0.00%	2.83%	6.60%	21.70%	20.75%	27.36%	18.87%	1.89%
WellCare	29	16	13	30	13	5	64	0
Percentage of all WellCare Cases	17.06%	9.41%	7.65%	17.65%	7.65%	2.94%	37.65%	0.00%

- Typical timeframe given to MCO to respond to DMS request is 3 to 4 days.
- MCO Responding to DMS requests by the end of the same day or next business day is often required for dire need cases.
- Decisions for disenrollment requests might be rendered without MCO input if the requested responses are not received by DMS within the given timeframe.
- A couple of reasons for no response from MCO:
 - Response from MCO is not required for cases approved or denied automatically due to pre-determined factors, such as DMS policies, system error, in-network providers' changes, etc.
 - MCO companies failed to respond to DMS requests.
 - There are 15 disenrollment for cause cases that MCO failed to respond to DMS requests:
 - Aetna – 7 cases
 - Anthem – 2 cases
 - Humana – 4 cases
 - Passport – 2 cases

Age Distribution



- Of 758 disenrollment requests submitted in January 2016, 198 cases are from population of age 18 or younger, slightly over a quarter (26%) of the requests submitted in January 2016.
- Two hundred twenty-two (222) members age 20 or younger who requested disenrollment in January 2016 are also eligible for EPSDT.
- Twenty-two (22) members requesting disenrollment in January 2016 are also receiving services from Medicare due to age.
- The age group between 6 years old and 12 years old has the highest approval rate (84%); group between 19 years old and 20 years old has the lowest approval rate (63%), which is a significant increase from 33% approval rate in December 2015.

Case Management Referral – January 2016

- DMS referred 8 members to MCO for case management services during the disenrollment process in January 2016.
- Five the disenrollment requests from these 8 members were approved, therefore they were referred to their new MCO for the case management services.
 - Aetna – 2 cases
 - Anthem – 2 cases
 - Humana – 1 case
 - WellCare – 3 cases
- Some of the cases were placed with case management services during the disenrollment process when the MCO's were reaching out to the members.

Reasons Cited by Members for Disenrollment

Cited Reason for Approved Requests in January 2016

Reason for Request	Aetna	Anthem	Humana	Passport	WellCare	Total
Specialist not in provider network	59	14	36	34	69	212
Provider is not accepting member's MCO	45	36	41	19	29	170
Closest Hospital does not participate with MCO	78	3	1	3	0	85
Medications prescribed by physician not covered	3	1	0	1	9	14
Services ordered by physician not covered	5	0	1	0	1	7
Family needs to be enrolled in same MCO	7	0	0	4	1	12
Amount of co-pays	2	0	0	0	0	2
Member dissatisfied with quality of services	6	0	0	2	1	9
Other Reason	1	8	3	0	1	13
Total Requests Approved	206	62	82	63	111	524
Total Members Enrolled in MCO	282,368	99,108	125,493	288,553	446,349	1,241,871
Percentage of Total Membership Approved to Disenroll from MCO	0.07295%	0.06256%	0.06534%	0.02183%	0.02487%	0.04219%

- Only one main cause was included in the above statistics for each disenrollment case, although some members addressed multiple reasons in their disenrollment requests.

- The major reasons for denial in January 2016 are:
 - Members' providers are still in-network - 62 cases.
 - Alternative providers within reasonable distance are available – 43 cases.
 - No appropriate signature on the requests - 6 cases.
 - Insufficient information in the request - 24 cases.
 - Members have been scheduled or switched to desired MCO – 13 cases.
 - Members' eligibilities ended or will end within 30 days – 11 cases.
 - Members rescinded their requests – 15 cases.
 - No indication of treatment failure of preferred medication – 9 cases.
 - No indication of denied medication claim – 10 cases.

- About 89% of the approved requests in January 2016 are related to provider issues, i.e., the providers are not accepting the member's current MCO, provider left network, specialist not in the network, and closest/preferred hospital not in the network.
- **Dental Health Care:** 64 members addressed difficulty to access dental health care, including oral surgery and orthodontics.
 - Aetna – 3 cases (2 approved)
 - Anthem – 28 cases (22 approved)
 - Humana – 23 cases (14 approved)
 - Passport – 7 cases (5 approved)
 - WellCare – 3 cases (0 approved)
- **Mental Health Care:** 76 disenrollment requests submitted in January 2016 were related to access of mental health care, including services by psychiatrists, psychologists, behavioral counseling therapists; but excluding counseling services for drug abuse.
 - Aetna – 13 cases (12 approved)
 - Anthem – 4 cases (3 approved)
 - Humana – 2 cases (2 approved)
 - Passport – 8 cases (6 approved)
 - WellCare – 49 cases (43 approved); majority of the cases were related to Adanta Group which terminated contract with WellCare, and were automatically approved.
- **Substance Abuse/Addiction Recovery Program:** 139 disenrollment requests are related to substance abuse rehab services, including requests for Suboxone, Subutex, Zubsolv, inpatient rehab services, medication detox, etc.; 86 cases were approved.
 - Aetna – 37 cases (27 approved)
 - Anthem – 5 cases (3 approved)
 - Humana – 30 cases (22 approved)
 - Passport – 27 cases (18 approved)
 - WellCare – 40 cases (16 approved)
- **Providers for addiction recovery program related cases:**
 - SelfRefind – 25 cases
 - Dr. Pablo Merced – 8 cases
 - Jackson Recovery Center – 6 cases
 - Addiction Recovery Center

- ASAP Treatment
 - Beall Recovery Service
 - Counselor's Clinical Cottage
 - EHC Medical
 - Essential Healing
 - Express HealthCare
 - Hand of Hope
 - Life Skills
 - New Life Clinic
 - New Hope Community
 - Paintsville Recovery Center
 - Real Recovery
 - Recovery Work
 - Renewed You
 - Restorative Wellness Clinic
 - Second Chance
 - Serenity Recovery
 - Stoner Creek
 - Stewart Rehabilitation
- Ten (10) cases are related to Kidz Club.
 - Fourteen (14) members requested to disenroll from their MCO due to unable to receive services from their obstetrician/gynecologist, including providers specialized in high risk pregnancy; 9 were approved.
 - Eleven (11) disenrollment cases are related to the needs for pain management specialist; 7 were approved.
 - Specialists needed/not in MCO network in the members' local areas are:
 - Behavioral Health Counselor
 - Cardiologist
 - Chiropractor
 - Dentist
 - Dermatologist
 - Ear, Nose, Throat Specialist
 - Endocrinologist
 - Gastroenterologist
 - Hepatologist
 - Maxillofacial Surgeon

- Nephrologist
- Neurologist
- Obstetrician/Gynecologist
- Maternal-Fetal Medicine Specialist
- Oncologist
- Optometrist
- Orthopedic
- Oral surgeon
- Orthodontic
- Pain Management Specialist
- Psychiatrist
- Psychologist
- Reconstruction Surgeon
- Rheumatologist
- Substance Abuse/Addiction Recovery Specialist
- Surgeon

- Co-Pay issue – 4 cases related to co-pay issue from Aetna members; 2 were approved.

Summary of MCO Movements

MCO Movement	
Aetna	-143
Anthem	-25
Humana	0
Passport	+74
WellCare	+94

Total Disenrollment for Cause Requests Submitted in January 2016 --- 758 Cases						
	Disenroll from Aetna	Disenroll from Anthem	Disenroll from Humana	Disenroll from Passport	Disenroll from WellCare	Total
Disenroll to Aetna	*	10	15	18	37	80
Disenroll to Anthem	25	*	10	6	15	56
Disenroll to Humana	40	13	*	32	53	138
Disenroll to Passport	68	22	44	*	62	196
Disenroll to WellCare	142	42	44	45	*	273
Total	275	87	113	101	167	

** Total number does not add up 758, as the requests without indicating desired MCO are not included in the chart above.

Approved Disenrollment for Cause Requests Submitted in January 2016 --- 524 Cases						
	Disenroll from Aetna	Disenroll from Anthem	Disenroll from Humana	Disenroll from Passport	Disenroll from WellCare	Total
Disenroll to Aetna	*	8	13	13	29	63
Disenroll to Anthem	15	*	8	3	11	37
Disenroll to Humana	30	8	*	18	26	82
Disenroll to Passport	49	16	27	*	45	137
Disenroll to WellCare	112	30	34	29	*	205
Total	206	62	82	63	111	524

Aetna

- Aetna had a net loss of 143 members during the month of January 2016 due to the Disenrollment for Cause process.

From	Number Requesting Disenrollment to Aetna	Number Approved	Number Denied
Anthem	10	8	2
Humana	15	13	2
Passport	18	13	5
WellCare	37	29	8
Total	80	63	17

Region	Number Requesting Disenrollment from Aetna	Number Approved	Number Denied
1	8	7	1
2	8	7	1
3	30	14	16
4	31	19	12
5	42	34	8
6	7	5	2
7	12	8	4
8	143	112	31
Totals	281	206	75

- Barbourville Appalachian Regional Health Hospital – 76 Aetna members requested to disenroll from Aetna due to Barbourville ARH Hospital no longer accepting Aetna.
- Co-Pay issues – 4 cases (2 approved)
- Aetna had 3 disenrollment requests associated with dental care in January 2016.

- Thirty-seven (37) Aetna members requested disenrollment from Aetna due to difficulty to access addiction recovery program.
- Thirteen (13) Aetna members expressed their unmet needs to access mental health care providers in January 2016.
- Specialists/services needed/not in Aetna network in the members' areas:
 - Cardiologist
 - Behavioral Health Therapist
 - Dentist
 - Dermatologist
 - Gastroenterologist
 - Hepatologist
 - Infectious Disease Specialist
 - Nephrologist
 - Neurologist
 - Obstetrician/Gynecologist
 - Oncologist
 - Orthopedic Surgeon
 - Pain Management Specialist
 - Psychiatrist
 - Phycologist
 - Rheumatologist
 - Substance Abuse/Addiction Recovery Program
 - Surgeon

Anthem

- Anthem had a net loss of 25 members during the month of January 2016 due to the Disenrollment for Cause process.

From	Number Requesting Disenrollment to Anthem	Number Approved	Number Denied
Aetna	25	15	10
Humana	10	8	2
Passport	6	3	3
WellCare	15	11	4
Total	56	37	19

Region	Number Requesting Disenrollment from Anthem	Number Approved	Number Denied
1	3	1	2
2	14	10	4
3	19	15	4
4	15	13	2
5	17	10	7
6	2	0	2
7	5	4	1
8	13	9	4
Totals	88	62	26

- Twenty-eight (28) Anthem members requested disenrollment from Anthem to access dental health care; 22 were approved.
- Three (3) cases from Anthem member in January 2016 were approved due to mental health care access issue.

- Five (5) Anthem member requested disenrollment due to unmet needs for addiction recovery program; 3 were approved.

- Specialists/services needed/not in Anthem network in the members' area:
 - Cardiologist
 - Dentist
 - Dermatologist
 - Ear, Nose, Throat Specialist
 - Eye Surgeon
 - Gastroenterologist
 - Hepatologist
 - Obstetrician/Gynecologist
 - Orthopedics
 - Pain Management Specialist
 - Psychiatrist
 - Physical Therapist
 - Respiratory Therapist
 - Substance Abuse/Addiction Recovery Program
 - Surgeon

Humana CareSource

- Humana CareSource had not gained or lost member for the month of January 2016 due to the Disenrollment for Cause process.

From	Number Requesting Disenrollment to Humana	Number Approved	Number Denied
Aetna	40	30	10
Anthem	13	8	5
Passport	32	18	14
WellCare	53	26	27
Total	138	82	56

Region	Number Requesting Disenrollment from Humana	Number Approved	Number Denied
1	7	5	2
2	1	1	0
3	37	25	12
4	18	11	7
5	8	4	4
6	6	5	1
7	7	6	1
8	29	25	4
Totals	113	82	31

- Dental care access issue – 23 disenrollment cases;14 of them were approved for difficulty getting appropriate dental care (including oral surgery and orthodontist) in Humana network, or being seen by members’ familiar dentists.
- Recovery program issue - 30 Humana members submitted disenrollment requests to receive services from preferred recovery program providers.

- Specialists/services needed/not in Humana network in the members' areas
 - Cardiologist
 - Chiropractor
 - Dentist
 - Dermatologist
 - Endodontics
 - Gastroenterologist
 - Maxillofacial Surgeon
 - Obstetrician/Gynecologist
 - Oral Surgeon
 - Orthodontist
 - Pain Management Specialist
 - Psychologist
 - Psychiatrist
 - Reconstruction Surgeon
 - Substance Abuse/Addiction Recovery Program
 - Surgeon

Passport Health Plans

- Passport Health Plan had a net gain of 74 members for the month of January 2016 due to the Disenrollment for Cause process.

From	Number Requesting Disenrollment to Passport	Number Approved	Number Denied
Aetna	68	49	19
Anthem	22	16	6
Humana	44	27	17
WellCare	62	45	17
Total	196	137	59

Region	Number Requesting Disenrollment from Passport	Number Approved	Number Denied
1	2	1	1
2	7	6	1
3	13	4	9
4	16	10	6
5	27	15	12
6	10	6	4
7	6	4	2
8	25	17	8
Totals	106	63	43

- Five (5) approved disenrollment for cause case from Passport member in January 2016 due to dental care access issue.
- Eight (8) Passport members submitted disenrollment requests to access services from their preferred mental health care providers; 6 were approved.

- Twenty-seven (27) Passport members requested to disenroll from Passport in order to access addiction recovery program; 12 were patients at SelfRefind.
- Seven (7) Passport members requested disenrollment from Passport in order to receive dental health care by their preferred providers.
- Specialists/services needed/not in Passport network in the members' area
 - Behavioral Health Therapist
 - Chiropractor
 - Dentist
 - Dermatologist
 - Ear, Nose, and Throat Specialist
 - Neurologist
 - Obstetrician/Gynecologist
 - Oncologist
 - Optometrist
 - Orthodontist
 - Orthopedic
 - Pain Management Specialist
 - Psychologist
 - Psychiatrist
 - Rheumatologist
 - Substance Abuse/Addiction Recovery Program

WellCare of Kentucky

- WellCare of Kentucky had a net gain of 94 members for the month of January 2016 due to the Disenrollment for Cause process.

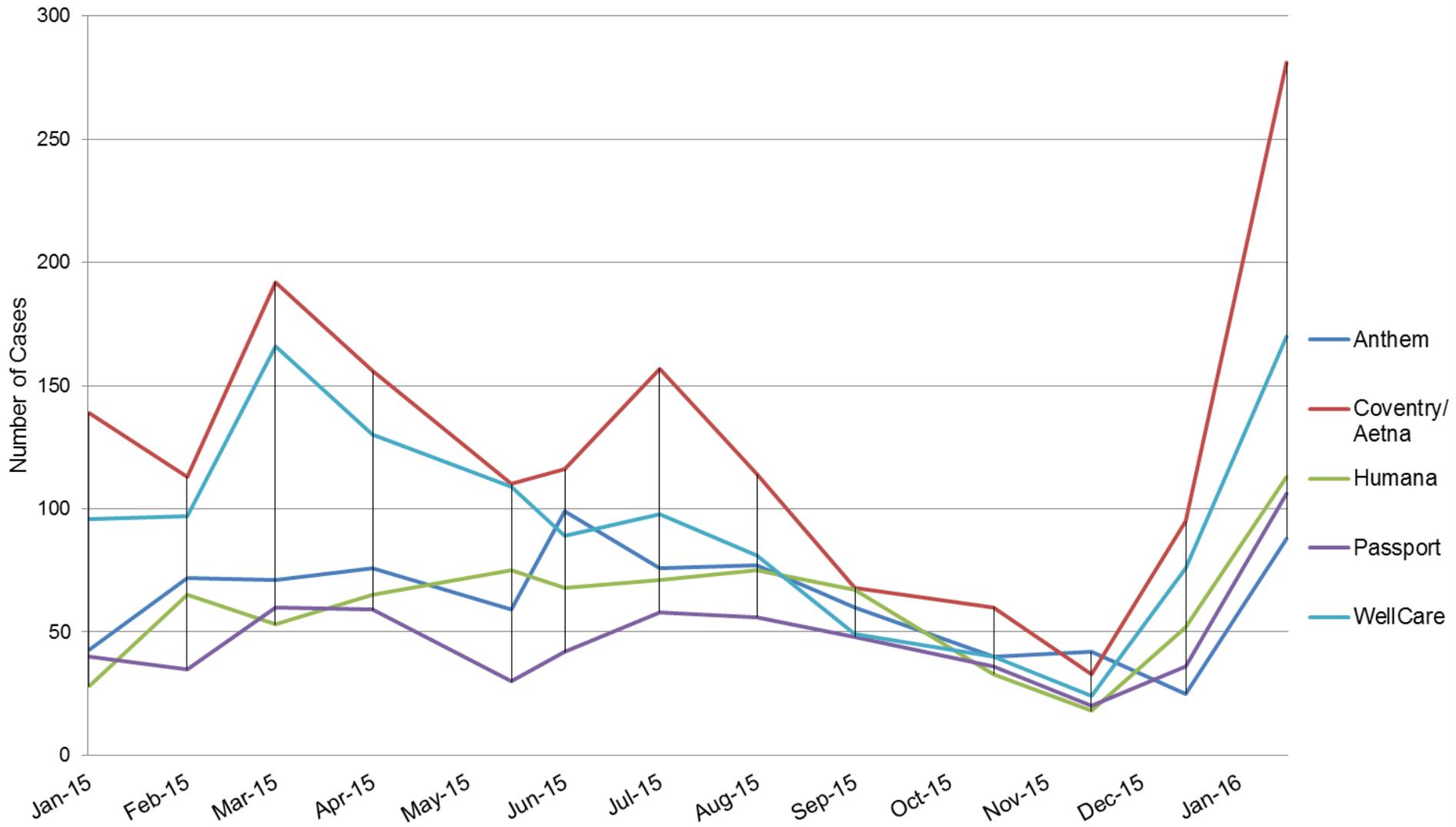
From	Number Requesting Disenrollment to WellCare	Number Approved	Number Denied
Aetna	142	112	30
Anthem	42	30	12
Humana	44	34	10
Passport	45	29	16
Total	273	205	68

Region	Number Requesting Disenrollment from WellCare	Number Approved	Number Denied
1	4	4	0
2	3	2	1
3	43	25	18
4	54	44	10
5	27	15	12
6	11	9	2
7	10	5	5
8	18	7	11
Totals	170	111	59

- Thirty-two (32) WellCare members requested disenrollment in order to receive services from Adanta. All were approved.
- Seven (7) members requested to disenroll from WellCare in order to receive services from Kidz Club. All were approved.

- Three disenrollment for cause requests from WellCare members in January 2016 due to dental care access issue; all were denied.
- Forty (40) disenrollment requests from WellCare members in January 2016 were related to access to addiction recovery program, including access to Suboxone; 16 cases were approved.
- Specialists/services needed/not in WellCare network in the members' area
 - Behavioral Health Therapist
 - Chiropractor
 - Dermatologist
 - Endocrinologist
 - Neurologist
 - Obstetrician/Gynecologist
 - Oral Surgeon/Orthodontics/Dentist
 - Pain Management Specialist
 - Psychiatrist
 - Psychologist
 - Substance Abuse/Addiction Recovery Program
 - Surgeon

Disenrollment for Cause Requests - January 2015 to January 2016



Total Number of Disenrollment for Cause Requests - January 2015 to January 2016

