The Disenrollment for Cause process is regulated by 907 KAR 17:010, Section 2 and 42 CFR 438.56. Disenrollment request information is based on members written requests and investigations conducted by the nurses in the Disease and Case Management Branch, Division of Program 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 Organizations) 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 February 2016 was 557.
- Of the 557 requests received, 55.3% (308) were approved, 249 cases were denied.
- Each MCO had less than 1% of their total membership submit a Disenrollment for Cause request during the month of February 2016.
- Highest percentage – Anthem, approx. 0.11% of total membership requesting disenrollment.
- The requests to disenroll from the member’s current MCO in February 2016 were as follows:

<table>
<thead>
<tr>
<th>MCO</th>
<th>Number of Requests From</th>
<th>Number of Approval</th>
<th>Percentage of Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>187</td>
<td>114</td>
<td>60.96%</td>
</tr>
<tr>
<td>Anthem</td>
<td>109</td>
<td>54</td>
<td>49.54%</td>
</tr>
<tr>
<td>Humana</td>
<td>68</td>
<td>42</td>
<td>61.76%</td>
</tr>
<tr>
<td>Passport</td>
<td>64</td>
<td>32</td>
<td>50.00%</td>
</tr>
<tr>
<td>WellCare</td>
<td>129</td>
<td>66</td>
<td>51.16%</td>
</tr>
<tr>
<td>Total</td>
<td>557</td>
<td>308</td>
<td>55.30%</td>
</tr>
</tbody>
</table>
Disenrollment Requests from MCO February 2016

- WellCare, 129, 23%
- Passport, 64, 11%
- Humana, 68, 12%
- Aetna, 187, 34%
- Anthem, 109, 20%

Approved Disenrollment Requests from MCO February 2016

- Passport, 32, 10%
- WellCare, 66, 21%
- Humana, 42, 14%
- Aetna, 114, 37%
- Anthem, 54, 18%
Less than a third (32%) of the disenrollment requests submitted in February 2016 were processed and disposed within 21 calendar days by DMS. This percentage is lower than the number in January 2016 (64%), and a much lower number compared to December 2015 (90%), and November 2015 (99%).

The possible reasons for the change of turnaround time:

- The significant spike of the disenrollment requests submitted in January 2016, and that has caused tremendous administrative backlog.
- Shortage of staff: manpower for the disenrollment review team had a 25% decrease, and that has been a direct factor contributing to the longer turnaround time.
Approximately 26% of the cases were closed in 2 weeks. This number has gone down from over 95% in November 2015, 67% in December 2015, and 39% in January 2016. Again, the high volume of caseload, backlog, and shortage of staff are the factors contributing to this administrative change.

There are 181 cases (about 32.5%) that took 30 days or longer to process in February 2016.

The longest turnaround time in February 2016 is 53 days. Per disenrollment for cause procedure protocol, cases submitted in February, with long turnaround time, the member’s desired MCO might not be effective until May 1, 2016. Below are the total numbers of cases approved by effective dates:

- January 2016 – 1 cases
- February 2016 – 15 cases
- March 2016 – 90 cases
- April 2016 – 149 cases
- May 2016 – 57 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 predetermined 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.
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.

Due to technology issue, some data of MCO failure-to-respond cases were not captured in the month of February 2016. As a result, they were entered as “Response not Necessary.”
Of 557 disenrollment requests submitted in February 2016, 152 cases are from population of age 18 or younger, slightly over a quarter (27%) of the requests submitted in February 2016.

One hundred sixty-six (166) members age 20 or younger who requested disenrollment in February 2016 are also eligible for EPSDT.

Twenty (20) members requesting disenrollment in February 2016 are also receiving services from Medicare due to age.

The age group between new born and 5 years old has the highest approval rate (75.5%); group between 19 years old and 20 years old has the lowest approval rate (50%).
Case Management Referral – February 2016

- DMS referred 10 members to MCO for case management services during the disenrollment process in February 2016.

- Five the disenrollment requests from these 10 members were approved, therefore they were referred to their new MCO for the case management services.
  - Anthem – 1 cases
  - Humana – 2 cases
  - WellCare – 7 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 February 2016

<table>
<thead>
<tr>
<th>Reason for Request</th>
<th>Aetna</th>
<th>Anthem</th>
<th>Humana</th>
<th>Passport</th>
<th>WellCare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist not in provider network</td>
<td>45</td>
<td>23</td>
<td>16</td>
<td>19</td>
<td>32</td>
<td>135</td>
</tr>
<tr>
<td>Provider is not accepting member's MCO</td>
<td>40</td>
<td>23</td>
<td>19</td>
<td>8</td>
<td>27</td>
<td>117</td>
</tr>
<tr>
<td>Closest Hospital does not participate with MCO</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Medications prescribed by physician not covered</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Services ordered by physician not covered</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Family needs to be enrolled in same MCO</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Amount of co-pays</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Member dissatisfied with quality of services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Reason</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total Requests Approved</td>
<td>114</td>
<td>54</td>
<td>42</td>
<td>32</td>
<td>66</td>
<td>308</td>
</tr>
<tr>
<td>Total Members Enrolled in MCO</td>
<td>278,247</td>
<td>99,396</td>
<td>124,236</td>
<td>286,649</td>
<td>441,073</td>
<td>1,229,601</td>
</tr>
<tr>
<td>Percentage of Total Membership Approved to Disenroll from MCO</td>
<td>0.04097%</td>
<td>0.05433%</td>
<td>0.03381%</td>
<td>0.01116%</td>
<td>0.01496%</td>
<td>0.02505%</td>
</tr>
</tbody>
</table>

- 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 February 2016 are:
  - Member's provider is still in-network.
  - Alternative provider within reasonable distance is available.
  - No appropriate signature on the request.
  - Insufficient information in the request.
  - Member's eligibility has expired, or will expire within 30 days.
  - Member rescinded.
  - No indication of treatment failure of preferred medication.
  - No indication of denied medication claim.

- About 85% of the approved requests in February 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**: 38 members addressed difficulty to access dental health care, including oral surgery and orthodontics.
  - Aetna – 8 cases (7 approved)
  - Anthem – 16 cases (5 approved)
  - Humana – 9 cases (2 approved)
  - Passport – 1 cases (0 approved)
  - WellCare – 4 cases (1 approved)

- **Mental Health Care**: 47 disenrollment requests submitted in February 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 – 15 cases (13 approved)
  - Anthem – 2 cases (1 approved)
  - Humana – 5 cases (5 approved)
  - WellCare – 25 cases (22 approved); majority of the cases were related to Adanta Group which terminated contract with WellCare.

- **Substance Abuse/Addiction Recovery Program**: 78 disenrollment requests are related to substance abuse rehab services, including requests for Suboxone, Subutex, Zubsolv, drug screens, inpatient rehab services, medication detox, etc.
  - Aetna – 30 cases (23 approved)
  - Anthem – 14 cases (11 approved)
  - Humana – 8 cases (5 approved)
  - Passport – 9 cases (4 approved)
  - WellCare – 17 cases (8 approved)

- **Providers for addiction recovery program related cases**:
  - Self Refind
  - Jackson Recovery Center
  - Addiction Recovery Center
  - ASAP Treatment
  - Bluegrass Treatment Center
  - Counselor’s Clinical Cottage
  - EHC Medical
  - Infinity Center
- Nine (9) cases are related to Kidz Club.
- Nineteen (19) members requested to disenroll from their MCO due to unable to receive services from their obstetrician/gynecologist, including providers specialized in high risk pregnancy; 10 were approved.
- Twelve (12) disenrollment cases are related to the needs for pain management specialist; 5 were approved.
- Specialists needed/not in MCO network in the members’ local areas are:
  - Allergy Specialist
  - 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 – 1 cases related to co-pay issue from Aetna member, and it’s approved.
Summary of MCO Movements

<table>
<thead>
<tr>
<th>MCO Movement</th>
<th>Aetna</th>
<th>Anthem</th>
<th>Humana</th>
<th>Passport</th>
<th>WellCare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-79</td>
<td>-35</td>
<td>+6</td>
<td>+74</td>
<td>+34</td>
</tr>
</tbody>
</table>

** Total number does not add up 557, as the requests without indicating desired MCO are not included in the chart above.**

<table>
<thead>
<tr>
<th></th>
<th>Disenroll from Aetna</th>
<th>Disenroll from Anthem</th>
<th>Disenroll from Humana</th>
<th>Disenroll from Passport</th>
<th>Disenroll from WellCare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disenroll to Aetna</td>
<td>*</td>
<td>11</td>
<td>10</td>
<td>7</td>
<td>19</td>
<td>47</td>
</tr>
<tr>
<td>Disenroll to Anthem</td>
<td>12</td>
<td>*</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Disenroll to Humana</td>
<td>27</td>
<td>6</td>
<td>*</td>
<td>21</td>
<td>44</td>
<td>98</td>
</tr>
<tr>
<td>Disenroll to Passport</td>
<td>69</td>
<td>33</td>
<td>27</td>
<td>*</td>
<td>55</td>
<td>184</td>
</tr>
<tr>
<td>Disenroll to WellCare</td>
<td>78</td>
<td>58</td>
<td>24</td>
<td>29</td>
<td>*</td>
<td>189</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>186</td>
<td>108</td>
<td>65</td>
<td>62</td>
<td>123</td>
<td></td>
</tr>
</tbody>
</table>

** Total Disenrollment for Cause Requests Submitted in February 2016 --- 557 Cases **

** Approved Disenrollment for Cause Requests Submitted in February 2016 --- 308 Cases **

<table>
<thead>
<tr>
<th></th>
<th>Disenroll from Aetna</th>
<th>Disenroll from Anthem</th>
<th>Disenroll from Humana</th>
<th>Disenroll from Passport</th>
<th>Disenroll from WellCare</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disenroll to Aetna</td>
<td>*</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>Disenroll to Anthem</td>
<td>12</td>
<td>*</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Disenroll to Humana</td>
<td>17</td>
<td>4</td>
<td>*</td>
<td>11</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>Disenroll to Passport</td>
<td>34</td>
<td>20</td>
<td>21</td>
<td>*</td>
<td>31</td>
<td>106</td>
</tr>
<tr>
<td>Disenroll to WellCare</td>
<td>51</td>
<td>20</td>
<td>14</td>
<td>15</td>
<td>*</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>54</td>
<td>42</td>
<td>32</td>
<td>66</td>
<td>308</td>
</tr>
</tbody>
</table>
Aetna

- Aetna had a net loss of 79 members during the month of February 2016 due to the Disenrollment for Cause process.

<table>
<thead>
<tr>
<th>From</th>
<th>Number Requesting Disenrollment to Aetna</th>
<th>Number Approved</th>
<th>Number Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem</td>
<td>11</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Humana</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Passport</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>WellCare</td>
<td>19</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>35</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Number Requesting Disenrollment from Aetna</th>
<th>Number Approved</th>
<th>Number Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>29</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>28</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
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<tr>
<td>7</td>
<td>12</td>
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<td>6</td>
</tr>
<tr>
<td>8</td>
<td>73</td>
<td>46</td>
<td>27</td>
</tr>
<tr>
<td>Totals</td>
<td>187</td>
<td>114</td>
<td>73</td>
</tr>
</tbody>
</table>

- Appalachian Regional Health – 5 Aetna members requested to disenroll from Aetna due to ARH Hospital no longer accepting Aetna.

- Co-Pay issues – 1 case (1 approved)
Aetna had 8 disenrollment requests associated with dental care in February 2016 – 7 approved.

Thirty (30) Aetna members requested disenrollment from Aetna due to difficulty to access addiction recovery program – 23 approved.

Eight (8) Aetna members requested disenrollment from Aetna due to difficulty to access services from their OB/GYN provider – 5 approved.

Twelve (15) Aetna members requested disenrollment to access their familiar mental health/behavioral health providers – 13 approved.

Specialists/services needed/not in Aetna network in the members’ areas:
- Cardiologist
- Behavioral Health Therapist
- Dentist
- Dermatologist
- Gastroenterologist
- Hepatologist
- Nephrologist
- Neurologist
- Obstetrician/Gynecologist
- Oncologist
- Orthodontist
- Orthopedic Surgeon
- Pain Management Specialist
- Psychiatrist
- Psychologist
- Substance Abuse/Addiction Recovery Program
- Surgeon
Anthem

- Anthem had a net loss of 35 members during the month of February 2016 due to the Disenrollment for Cause process.

<table>
<thead>
<tr>
<th>From</th>
<th>Number Requesting Disenrollment to Anthem</th>
<th>Number Approved</th>
<th>Number Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
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<tr>
<td>Humana</td>
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</tr>
<tr>
<td>Passport</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>WellCare</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26</strong></td>
<td><strong>19</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Number Requesting Disenrollment from Anthem</th>
<th>Number Approved</th>
<th>Number Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
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<td>13</td>
<td>12</td>
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<tr>
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<td>7</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>36</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>109</strong></td>
<td><strong>54</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

- Sixteen (16) Anthem members requested disenrollment from Anthem to access dental health care - 5 approved.

- Fourteen (14) Anthem members requested disenrollment due to unmet needs for addiction recovery program - 11 approved.
Specialists/services needed/not in Anthem network in the members’ area:
- Cardiologist
- Dentist
- Dermatologist
- Ear, Nose, Throat Specialist
- Endocrinologist
- Eye Surgeon
- Gastroenterologist
- Hepatologist
- Home Health Provider
- Neurosurgeon
- Obstetrician/Gynecologist
- Oncologist
- Optometrist
- Ophthalmologist
- Oral Surgeon
- Pain Management Specialist
- Psychiatrist
- Substance Abuse/Addiction Recovery Program
- Surgeon
Humana CareSource had a net gain of 6 members for the month of February 2016 due to the Disenrollment for Cause process.

- Dental care access issue – 9 disenrollment cases; 2 approved.
- Recovery program issue - 8 Humana members submitted disenrollment requests to receive services from preferred recovery program providers; 5 approved.
- Specialists/services needed/not in Humana network in the members’ areas
- Cardiologist
- Chiropractor
- Dentist
- Dermatologist
- Endodontics
- Gastroenterologist
- Obstetrician/Gynecologist
- Optometrist
- Oral Surgeon
- Orthodontist
- Orthopedic
- Pain Management Specialist
- Physical Therapist
- Psychologist
- Psychiatrist
- Substance Abuse/Addiction Recovery Program
- Surgeon
Passport Health Plan

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

<table>
<thead>
<tr>
<th>From</th>
<th>Number Requesting Disenrollment to Passport</th>
<th>Number Approved</th>
<th>Number Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>69</td>
<td>34</td>
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</tr>
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<tr>
<td>WellCare</td>
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<tr>
<td>Total</td>
<td>184</td>
<td>106</td>
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</table>

- Only 1 Passport member requested disenrollment from Passport to access dental health care in February 2016. The case was denied.

- Five (5) Passport members submitted disenrollment requests to access services from their preferred mental health care providers - 5 approved.
Nine (9) Passport members requested to disenroll form Passport in order to access addiction recovery program – 4 approved. Compared to the number in January 2016 (27 requests), it has come down significantly.

Specialists/services needed/not in Passport network in the members’ area
- Allergy Specialist
- Behavioral Health Therapist
- Chiropractor
- Dentist
- Ear, Nose, and Throat Specialist
- Gastroenterologist
- Neurologist
- Obstetrician/Gynecologist
- Oncologist
- Optometrist
- Orthodontist
- Orthopedic
- Pain Management Specialist
- Psychologist
- Psychiatrist
- Pulmonologist
- Reconstruction Surgeon
- Rheumatologist
- Substance Abuse/Addiction Recovery Program
- Urologist
WellCare of Kentucky

- WellCare of Kentucky had a net gain of 34 members for the month of February 2016 due to the Disenrollment for Cause process.

<table>
<thead>
<tr>
<th>From</th>
<th>Number Requesting Disenrollment to WellCare</th>
<th>Number Approved</th>
<th>Number Denied</th>
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</thead>
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<tr>
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<td>51</td>
<td>27</td>
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<tr>
<td>Anthem</td>
<td>58</td>
<td>20</td>
<td>38</td>
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<tr>
<td>Humana</td>
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<td>14</td>
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<td>Passport</td>
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<th>Number Approved</th>
<th>Number Denied</th>
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<td><strong>63</strong></td>
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</table>

- Twenty-five (25) WellCare members requested disenrollment in order to receive services from their familiar mental health/behavioral health providers – 22 approved.

- Seventeen (17) members requested to disenroll from WellCare in order to obtain prior authorizations for additional chiropractic services. All these members are
Dr. Ho’s patients. All requests were denied due to insufficient information in the requests, and the dire needs had not been established.

- Four (4) disenrollment for cause requests from WellCare members in February 2016 due to dental care access issue – 1 approved.

- Seventeen (17) disenrollment requests from WellCare members in February 2016 were related to access to addiction recovery program, including access to Suboxone - 8 approved.

- Specialists/services needed/not in WellCare network in the members’ area
  - Behavioral Health Therapist
  - Dentist
  - Dermatologist
  - Endocrinologist
  - Home Health Provider
  - Neurologist
  - Obstetrician/Gynecologist
  - Oral Surgeon/Orthodontics
  - Pain Management Specialist
  - Psychiatrist
  - Phycologist
  - Substance Abuse/Addiction Recovery Program
Disenrollment for Cause Requests - February 2015 to February 2016

Number of Cases


Anthem
Coventry/Aetna
Humana
Passport
WellCare