

# BLUEGRASS FAMILY HEALTH, INC.

Initially licensed on 12/31/06

## TOLL FREE NUMBER:

1-800-787-2680

## CORPORATE ADDRESS:

651 Perimeter Drive, Suite 300 - Lexington KY 40517 - (800) 787-8770

## WEBSITE ADDRESS:

<http://www.bgfh.com/>

## AUTHORIZED SERVICE AREA BY COUNTY

**West Tennessee Area:** none

**Middle Tennessee Area:** Cannon, Cheatham, Clay, Davidson, DeKalb, Dickson, Fentress, Hickman, Jackson, Lewis, Macon, Marshall, Montgomery, Overton, Pickett, Putnam, Robertson, Rutherford, Smith, Sumner, Trousdale, White, Williamson and Wilsc

**East Tennessee Area:** Anderson, Blount, Campbell, Claiborne, Grainger, Jefferson, Knox, Loudon, Morgan, Roane, Scott, Sevier, and Union

**Please note: We do not have the authority to Approve or Disapprove Medicare Advantage Service Areas. The areas listed above are for Commercial products, not Medicare Advantage Products or TennCare Products.**

<b>IRO APPEALS</b>	<b>Number Requested</b>	<b>Resolved in favor of member</b>	<b>Resolved in favor of HMO</b>
year ending 12/31/09	0	0	0
year ending 12/31/08	1	0	1
year ending 12/31/07	0	0	0

**Independent Review Agent:** MCMC

## HMO Greivance Statistics

**NUMBER OF GRIEVANCES/INQUIRIES FOR 2009** of the grievances reported **47.8%** were resolved successfully  
of the grievances reported **52.2%** were resolved adversely

<b>CATEGORY</b>	<b>Number of Inquiries to the HMO</b>	<b>Number of written grievances</b>	<b>Number of resolved grievances</b>	<b>Number of adverse decisions</b>	<b>Number of successful resolutions</b>
1) availability/delivery of service		57	57	27.5	29.5
2) claim payment/amount of payment		0	0	0	0
3) contract terms and conditions		11	11	8	3
4) other		0	0	0	0
<b>TOTAL</b>		<b>68</b>	<b>68</b>	<b>35.5</b>	<b>32.5</b>

**NUMBER OF GRIEVANCES/INQUIRIES FOR 2008** of the grievances reported **22%** were resolved successfully  
of the grievances reported **78%** were resolved adversely

<b>CATEGORY</b>	<b>Number of Inquiries to the HMO</b>	<b>Number of written grievances</b>	<b>Number of resolved grievances</b>	<b>Number of adverse decisions</b>	<b>Number of successful resolutions</b>
1) availability/delivery of service	23	23	23	18	5
2) claim payment/amount of payment	0	0	0	0	0
3) contract terms and conditions	0	0	0	0	0
4) other	0	0	0	0	0
<b>TOTAL</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>18</b>	<b>5</b>

**NUMBER OF GRIEVANCES/INQUIRIES FOR 2007**

of the grievances reported **50%** were resolved successfully  
of the grievances reported **50%** were resolved adversely

<b>CATEGORY</b>	<b>Number of Inquiries to the HMO</b>	<b>Number of written grievances</b>	<b>Number of resolved grievances</b>	<b>Number of adverse decisions</b>	<b>Number of successful resolutions</b>
1) availability/delivery of service		2	2	1	1
2) claim payment/amount of payment		0	0	0	0
3) contract terms and conditions		0	0	0	0
4) other		0	0	0	0
<b>TOTAL</b>		<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>

**2 YEAR MEMBER ENROLLMENT STATISTICS**

<b>Year</b>	<b>Individual Members</b>	<b>Medicare members</b>	<b>Group members</b>	<b>Number groups</b>	<b>TOTAL members</b>	<b>Average Annual</b>
ending 12/31/2009	3	0	8,856	211	8,859	5,821
ending 12/31/2008	0	0	5,291	94	5,291	441
ending 12/31/2007	0	0	924	33	924	924

in