

QExA Dashboard Report Health Plan Comparison SFY 2013 Monthly Trend Analysis

	October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United
# Members						
Medicaid	9,803	6,894	10,013	6,874	9,861	6,867
Duals	14,892	14,863	14,980	15,147	15,268	15,187
Total Members	24,695	21,757	24,993	22,021	25,129	22,054
# Network Providers						
PCPs (incl FQHC less est 100 FQHC PCPs)	802	1,094	805	1,105	804	834
Specialists	2,176	1,940	2,184	1,948	2,196	2,360
Facilities (Hosp./NF)	63	58	63	58	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	971	1,024	972	1,025	978	1,163
HCBS Providers (All LTC, except CCFHH and NF)	155	245	155	257	155	244
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,550	1,232	1,569	1,252	1,578	676
Total # of providers	5,717	5,593	5,748	5,645	5,774	5,323
Call Center						
# Member Calls	10,605	5,664	8,315	4,469	8,250	4,362
Avg. time until phone answered	0:00:38	00:08	0:00:25	00:07	0:00:19	00:07
Avg. time on phone with member	6:44	7:01	6:29	7:07	0:06	7:03
% of member calls abandoned	4.7%	2.0%	3.8%	1.2%	3.0%	1.6%
# Provider Calls	5,438	2,395	4,113	1,956	4,294	1,753
Avg. time until phone answered	0:00:46	00:09	0:00:35	00:08	0:00:25	00:07
Avg. time on phone with provider	7:38	0:07	7:39	0:08	0:07	7:44
% of provider calls abandoned	4.1%	1.3%	2.9%	0.7%	1.7%	1.3%
Medical Claims- Electronic						
# Submitted, not able to get into system	2,503	2,844	3,871	2,539	2,980	2,638
# Received	139,104	57,016	138,592	50,796	132,925	52,771
# Paid	84,949	43,886	79,126	46,778	81,285	40,713
# In Process	57,277	3,306	81,843	787	64,632	813
# Denied	59,596	14,068	43,969	14,376	62,213	11,558
Avg time for processing claim in days	11.6	18	13.1	12	17.234114	9
* unable to break out (month to date)						
Medical Claims- Paper						
# Submitted, not able to get into system	226	642	234	629	310	547
# Received	62,437	12,835	60,099	12,580	48,059	10,954
# Paid	26,110	9,592	22,176	10,167	22,085	8,228
# In Process	34,935	7,140	37,739	1,755	30,527	1,801
# Denied	37,868	4,652	33,649	4,722	30,119	3,321
Avg time for processing claim in days (month-to-date)	14.4	22	19.1	17	20.1	14

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Prior Authorization (PA)- Electronic						
# Received					61	35
# In Process					0	8
# Approved					61	27
# Denied					0	0
Avg time for PA in days (month to date)					1	6
Prior Authorization (PA)- Paper and Telephone						
# Received					1032	3189
# In Process					155	107
# Approved					855	2848
# Denied					22	234
Avg time for PA in days (month-to-date)					6	2
# Non-Emergency Transports						
Ground	7,934	16,063	7,542	15,208	7,705	16,129
Air * round trip	632	395	459	302	547	288
# Member Grievance						
# Received	50	53	53	55	57	51
# Resolved	51	46	39	48	62	62
# Outstanding	36	22	50	29	45	18
# Provider Grievance						
# Received	3	2	1	1	4	5
# Resolved	5	0	2	0	2	2
# Outstanding	3	2	2	3	4	6
# Member Appeals						
# Received	2	6	5	1	5	0
# Resolved	5	3	2	4	7	3
# Outstanding	1	6	4	3	2	0
# Provider Appeals						
# Received	144	52	32	47	124	76
# Resolved	32	71	59	25	135	65
# Outstanding	165	33	138	55	143	66

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Utilization - based on Auth (A) or Claims (C)						
Inpatient Acute Admits * (A) - per 1,000	279	191	267	246	301	252
Inpatient Acute Days * (A) - per 1,000	1,484	1,251	1,392	1,222	1,025	1,558
Readmissions within 30 days* (A)	71	18	76	49	46	37
ER Visits * (C) - per 1,000**	995	924	1,129	1,957	1,135	2,050
# Prescriptions (C) - per 1,000	21,683	19,369	21,424	19,206	20,618	19,902
Waitlisted Days * (A) - per 1,000	242	40	418	39	387	35
NF Admits * (A)	3	2	1	2	3	2
# Members in NF (non-Medicare paid days) (C)**	1,288	1,287	1,406	1,256	1,364	1,217
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,130	2,613	2,274	2,596	2,209	2,547
# Members in FH **(C)	655	1,023	706	1,038	683	1,021
# Members in Self-Direction **(C)	849	928	873	910	849	895
# Members receiving other HCBS **(C)	1,281	2,464	1,401	1,008	1,360	963
(* non-Medicare) (**lag in data of two months)						

Legend:

ER= Emergency Room

FH=Foster Home

HCBS= Home and Community Based Services

Hosp= Hospital

NF=Nursing Facility

PCP= Primary Care Provider

CMS 1500- physicians, case management agencies, RACCP homes, home health, etc.

CMS UB04- nursing facilities, FQHC, hospitals

Many health plans report utilization or frequency of services on a per 1000 members basis. This allows for a consistent statistical comparison across health plans and time periods. It is the use or occurrence (of a service, procedure, or benefit) for every 1,000 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "80 hospital admissions per thousand members." This means that for every 1,000 members 80 are admitted to a hospital every year, so a health plan with 100,000 members would have 8,000 admissions in one year.

* Duplicates included

as of: December 31, 2013

'Ohana Healthplan								
# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	Hawaii	Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	545	58	9	3	71	80	38	804
PCPs (accepting new members)	418	27	9	3	69	34	18	578
Specialists	1,768	118	14	-	103	116	77	2,196
Specialists (accepting new members)	1,601	103	14	-	100	94	70	1,982
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Foster Homes (FH) (CCFFH only; no ARCH)	823	40	-	-	13	76	26	978
HCBS Providers (All LTC, except CCFFH and NF)	110	8	2	-	6	21	8	155
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,013	156	18	6	114	148	123	1,578
Totals	4,295	385	45	10	314	445	280	5,774
# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	16,638	2,299	388	80	933	3,384	1,407	25,129
# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	31	40	43	27	13	42	37	31
Note: RFP requirement is 600 members for every PCP								

United Healthcare Community Plan								
# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	925	99	16	7	102	91	61	1,301
PCPs (accepting new members)	595	69	11	6	83	62	47	873
Specialists	2,343	197	65	27	283	174	177	3,266
Specialists (accepting new members)	1,232	127	52	6	165	129	141	1,852
Facilities (Hosp./NF)	29	3	-	-	5	3	3	43
Foster Homes (FH) (CCFFH only; no ARCH)	864	33	-	-	12	91	19	1,019
HCBS Providers (All LTC, except CCFFH and NF)	224	25	1	1	16	32	10	309
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,204	180	21	15	123	155	69	1,767
Totals	5,589	537	103	50	541	546	339	7,705
# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	14,581	1,507	-	-	1,271	3,468	1,227	22,054
# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	16	15	0	0	12	38	20	17
Note: RFP requirement is 600 members for every PCP								

as of: December-13

'Ohana Health Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	760	109	6	2	38	185	104	1204
Network (provider look up, access)	24	11	0	0	4	5	1	45
Primary Care Physician Assignment or Change	161	26	2	3	17	42	29	280
NEMT (inquiry, scheduling) - <i>monthly report</i> *	3152	0	10	2	0	67	0	3,231
Authorization/Notification (prior auth status)	34	19	14	4	8	47	12	138
Eligibility (general plan eligiblity, change request)	148	28	3	1	12	30	31	253
Benefits (coverage inquiry)	124	23	5	4	7	32	18	213
Enrollment (ID card request, update member information)	345	61	4	1	24	87	40	562
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	142	21	3	0	5	28	20	219
Billing/Payment/Claims	31	16	0	0	5	14	4	70
Appeals	0	0	0	0	0	4	3	7
Complaints and Grievances	10	3	1	0	2	8	2	26
Other	650	132	20	3	54	166	89	1114
Totals	5,581	449	68	20	176	715	353	7,362

*Calls logged via vendor and are not broken out by island, reporting available in Nov for October Reporting Period

UnitedHealthcare Community Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	4	1	1	0	1	2	0	9
Network (provider look up, access)	10	0	4	0	1	3	1	19
Primary Care Physician Assignment or Change	209	17	32	0	6	48	18	330
NEMT (inquiry, scheduling) - <i>monthly report</i> *	2774	311	132	3	1	570.7524	461.2476	4,253
Authorization/Notification (prior auth status)	24	3	7	0	6	11	1	52
Eligibility (general plan eligiblity, change request)	6	0	0	0	1	1	0	8
Benefits (coverage inquiry)	925	106	132	0	33	234	85	1515
Enrollment (ID card request, update member information)	371	64	77	0	21	142	39	714
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	415	98	110	0	22	132	26	803
Billing/Payment/Claims	1122	132	171	0	34	195	64	1718
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	366	62	75	0	17	123	35	678
Totals	6,226	794	741	3	143	1,462	730	10,099

*Calls logged via Logisticare call center