

**QExA Dashboard Report
Health Plan Comparison
SFY 2014 Monthly Trend Analysis**

	January '14		February '14		March '14	
	Ohana	United	Ohana	United	Ohana	United
# Members						
Medicaid	9,953	6,919	10,115	6,936	10,254	6,942
Duals	15,348	15,440	15,298	15,584	15,252	15,671
Total Members	25,301	22,359	25,413	22,520	25,506	22,613
# Network Providers						
PCPs (incl FQHC less est 100 FQHC PCPs)	541	836	546	816	553	818
Specialists	2209	2,389	2230	2,292	2212	2,299
Facilities (Hosp./NF)	63	46	63	46	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	979	1,173	990	998	994	1,000
HCBS Providers (All LTC, except CCFHH and NF)	156	247	157	278	156	282
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,596	684	1,613	982	1,612	982
Total # of providers	5,544	5,375	5,599	5,412	5,590	5,427
Call Center						
# Member Calls	10,490	5,276	7,940	4,778	8,698	4,254
Avg. time until phone answered	0:00:26	00:11	0:00:27	00:14	0:00:11	00:08
Avg. time on phone with member	0:06	0:06	0:06	0:06	0:06	0:07
% of member calls abandoned	5%	3.4%	5%	5.0%	2%	1.6%
# Provider Calls	4,520	2,347	4,085	2,303	4,314	1,884
Avg. time until phone answered	0:00:33	00:11	0:00:28	00:15	0:00:17	00:09
Avg. time on phone with provider	0:08	0:07	0:07	0:07	0:10	0:07
% of provider calls abandoned	3%	2.9%	3%	3.6%	2%	1.3%
Medical Claims- Electronic						
# Submitted, not able to get into system	3,073	2,748	2,233	2,667	2,629	2,974
# Received	133,488	54,970	132,591	53,344	149,896	58,484
# Paid	76,621	42,336	72,171	40,167	96,393	47,367
# In Process	69,835	985	78,371	807	51,477	828
# Denied	49,065	10,963	48,203	10,938	74,431	12,375
Avg time for processing claim in days	14	9	11	10	14	9
* unable to break out (month to date)						
Medical Claims- Paper						
# Submitted, not able to get into system	232	459	322	479	447	514
# Received	48,905	9,196	56,936	9,588	66,992	10,287
# Paid	21,953	7,785	23,920	6,376	30,391	8,113
# In Process	30,690	1,778	36,278	1,851	32,877	1,763
# Denied	24,405	2,853	27,569	2,061	39,366	2,148
Avg time for processing claim in days (month-to-date)	17	13	20	15	19	15
Prior Authorization (PA)- Electronic						
# Received	77	63	28	58	30	62
# In Process	2	24	2	8	0	12
# Approved	75	34	26	42	30	48
# Denied	0	5	0	8	0	2
Avg time for PA in days (month to date)	1	4	0	6	0	5
Prior Authorization (PA)- Paper and Telephone						
# Received	805	3,073	672	3,127	734	3,774
# In Process	18	175	28	132	26	197
# Approved	773	2,662	635	2,739	702	3,300
# Denied	14	236	9	256	6	277
Avg time for PA in days (month-to-date)	5	3	5	3	4	3
# Non-Emergency Transports						
Ground	9,325	16,181	8,567	14,445	8,453	15,107
Air	635	329	505	289	530	364
* round trip						
# Member Grievance						
# Received	74	58	62	59	59	46
# Resolved	70	55	77	63	51	57
# Outstanding	49	21	34	17	42	6
# Provider Grievance						
# Received	2	0	3	1	1	2
# Resolved	4	2	4	4	2	1
# Outstanding	3	4	2	1	1	2
# Member Appeals						
# Received	2	5	5	5	5	21
# Resolved	3	0	2	5	5	7
# Outstanding	1	5	4	5	4	19
# Provider Appeals						
# Received	73	35	10	58	31	60
# Resolved	110	82	83	51	4	48
# Outstanding	79	19	6	26	33	38
Utilization - based on Auth (A) or Claims (C)						
Inpatient Acute Admits * (A) - per 1,000	297	225	253	198	290	258
Inpatient Acute Days * (A) - per 1,000	1,659	1,601	1,236	1,174	1,364	1,389
Readmissions within 30 days* (A)	75	51	66	17	68	33
ER Visits * (C) - per 1,000**	1,047	1,703	1,063	1,868	1,108	2,039
# Prescriptions (C) - per 1,000	21,012	20,362	18,841	18,468	20,550	19,845
Waitlisted Days * (A) - per 1,000	373	36	414	62	227	71
NF Admits * (A)	6	4	1	0	0	1
# Members in NF (non-Medicare paid days) (C)**	1,398	1,186	1,373	1,255	1,410	1,234
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,235	2,535	2,224	2,595	2,300	2,606
# Members in FH **(C)	669	1,039	683	1,059	698	1,057
# Members in Self-Direction **(C)	877	854	861	906	907	904
# Members receiving other HCBS **(C)	1,358	980	1,363	991	1,393	991
NF Days (non-Medicare covered days) (C)						
(* 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.

* Duplicates included

QExA Health Plan Demographic Information by Island

as of: April 30, 2014

Ohana Health Plan

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	Hawaii	Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	344	53	5	6	47	73	31	559
PCPs (accepting new members)	170	20	3	1	18	20	10	
Specialists	1,783	119	14	0	105	112	79	2,212
Specialists (accepting new members)	1,601	103	14	0	100	94	70	
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Foster Homes (FH) (CCFFH only; no ARCH)	841	40	0	0	14	80	25	1,000
HCBS Providers (All LTC, except CCFFH and NF)	109	9	2	0	6	22	8	156
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,049	157	18	6	116	146	126	1,618
Totals	4,162	383	41	13	295	437	277	5,608

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	16,896	2,395	385	85	955	3,492	1,449	25,657

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	49	45	77	14	20	48	47	46

Note: RFP requirement is 600 members for every PCP

UnitedHealthcare Community Plan

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC)	674	57	9	6	84	75	44	949
PCPs (accepting new members)	572	49	8	6	80	49	33	
Specialists	2,189	183	43	4	199	162	137	2,917
Specialist (accepting new members)	2,103	182	43	4	197	139	135	
Facilities (Hosp./NF)	44	10	3	0	5	11	7	80
Foster Homes (FH) (xARCH)	845	33	0	0	17	91	22	1,008
HCBS Providers (All LTC, xFH & NF)	227	17	0	0	9	28	5	286
Ancillary & Other (All not listed above)	844	109	10	10	95	105	90	1,263
Totals	4,823	409	65	20	409	472	305	6,503

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,135	1,527	0	0	1,304	3,555	1,288	22,809

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	22	27	0	0	16	47	29	24

as of: April 30, 2014

Ohana Health Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	669	131	7	1	43	156	49	1,056
Network (provider look up, access)	41	15	0	0	0	8	6	70
Primary Care Physician Assignment or Change	275	36	4	0	8	86	49	458
NEMT (inquiry, scheduling) - <i>monthly report</i>	3999	92	13	6	9	119	0	4,238
Authorization/Notification (prior auth status)	3	7	0	0	0	3	1	14
Eligibility (general plan eligibility, change request)	103	22	0	0	6	23	21	175
Benefits (coverage inquiry)	209	54	6	2	17	50	33	371
Enrollment (ID card request, update member information)	505	92	10	0	19	133	72	831
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	221	61	9	1	11	38	31	372
Billing/Payment/Claims	65	10	1	1	3	17	8	105
Appeals	10	2	0	0	1	4	0	17
Complaints and Grievances	21	8	1	0	0	6	2	38
Other	847	164	23	5	65	232	119	1,455
Totals	6,968	694	74	16	182	875	391	9,200

UnitedHealthcare Community Plan

United Healthcare Community Plan

Summary of Calls by Island	Oahu	Maui	Kauai	Lanai	Molokai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	1	0	0	0	0	0	0	1
Network (provider look up, access)	3	0	2	0	0	1	0	6
Primary Care Physician Assignment or Change	132	14	25	0	4	69	8	252
NEMT (inquiry, scheduling) - <i>monthly report</i> *	0	0	0	0	0	0	0	4,781
Authorization/Notification (prior auth status)	37	6	11	0	6	15	3	78
Eligibility (general plan eligibility, change request)	5	0	3	0	1	2	0	11
Benefits (coverage inquiry)	945	95	132	0	35	264	95	1,566
Enrollment (ID card request, update member information)	366	38	59	0	28	117	39	647
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	332	51	67	0	14	80	29	573
Billing/Payment/Claims	1102	114	130	0	8	249	91	1,694
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	324	45	54	0	13	105	34	575
Totals	3,247	363	483	0	109	902	299	10,184

*Calls logged via Logisticare call center