

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

	April '14		May '14		June '14	
	Ohana	United	Ohana	United	Ohana	United
# Members						
Medicaid	10,419	7,006	10,426	7,060	10,548	7,061
Duals	15,238	15,803	15,391	15,902	15,277	15,933
Total Members	25,657	22,809	25,817	22,962	25,825	22,994
# Network Providers						
PCPs (incl FQHC less est 100 FQHC PCPs)	559	825	556	820	557	813
Specialists	2212	2,320	2187	2,335	2141	2,324
Facilities (Hosp./NF)	63	46	63	46	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	1000	1,003	999	1,010	1011	1,024
HCBS Providers (All LTC, except CCFHH and NF)	156	284	156	288	157	288
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,618	1016	1,590	1,050	1,622	1,054
Total # of providers	5,608	5,494	5,551	5,549	5,551	5,549
Call Center						
# Member Calls	9,467	4,317	8,693	4,562	9,697	3,470
Avg. time until phone answered	0:00:12	00:08	0:00:12	00:11	0:00:11	00:12
Avg. time on phone with member	0:06	0:07	0:07	07:45	0:06	11:59
% of member calls abandoned	3%	1.7%	3%	3.1%	4%	1.0%
# Provider Calls	4,482	1,940	4,213	2,054	4,609	2,454
Avg. time until phone answered	0:00:16	00:08	0:00:26	00:10	0:00:30	00:10
Avg. time on phone with provider	0:07	0:08	0:07	09:09	0:08	11:59
% of provider calls abandoned	2%	1.0%	2%	2.3%	3%	0.8%
Medical Claims- Electronic						
# Submitted, not able to get into system	2,401	2,240	2,109	2,139	2,085	2,195
# Received	147,058	44,802	151,626	42,799	141,421	43,904
# Paid	81,178	39,863	83,261	31,713	75,168	32,643
# In Process	47,914	853	46,736	841	54,976	880
# Denied	63,942	11,999	54,248	9,448	54,635	10,702
Avg time for processing claim in days	9	10	10	9	10	11
* unable to break out (month to date)						
Medical Claims- Paper						
# Submitted, not able to get into system	1,155	884	2,875	1,086	1,111	1,263
# Received	49,945	17,693	56,794	21,723	62,667	25,269
# Paid	22,570	11,789	18,779	15,382	19,424	16,867
# In Process	19,655	1,773	23,047	1,811	25,287	1,867
# Denied	37,546	4,810	26,855	5,809	38,723	6,689
Avg time for processing claim in days (month-to-date)	8	11	8	8	11	8
Prior Authorization (PA)- Electronic						
# Received	50	49	30	47	52	32
# In Process	0	11	1	2	2	1
# Approved	48	37	27	44	49	31
# Denied	2	1	2	1	1	0
Avg time for PA in days (month to date)	0	5	1	5	1	5
Prior Authorization (PA)- Paper and Telephone						
# Received	678	3,846	711	4,171	677	4,316
# In Process	30	242	15	118	14	149
# Approved	637	3,350	658	3,787	631	3,930
# Denied	11	254	38	266	32	237
Avg time for PA in days (month-to-date)	4	3	4	4	5	2
# Non-Emergency Transports						
Ground	9,552	15,778	9,583	16,415	8,941	15,471
Air	513	395	488	333	571	341
* round trip						
# Member Grievance						
# Received	64	65	76	81	101	68
# Resolved	54	37	58	72	75	82
# Outstanding	52	34	70	43	96	29
# Provider Grievance						
# Received	2	5	4	0	0	0
# Resolved	1	2	1	2	1	3
# Outstanding	2	5	5	3	4	0
# Member Appeals						
# Received	7	17	6	17	1	3
# Resolved	5	22	8	11	1	20
# Outstanding	6	14	4	20	4	3
# Provider Appeals						
# Received	13	40	28	60	27	55
# Resolved	2	58	27	45	18	53
# Outstanding	44	20	45	35	54	37
Utilization - based on Auth (A) or Claims (C)						
Inpatient Acute Admits * (A) - per 1,000	254	205	274	218	289	215
Inpatient Acute Days * (A) - per 1,000	937	1,494	1,194	1,402	1,285	1,469
Readmissions within 30 days* (A)	62	25	64	26	71	25
ER Visits * (C) - per 1,000**	994	1,922	1,133	2,261	1,009	1,874
# Prescriptions (C) - per 1,000	20,477	19,520	20,773	19,708	19,080	19,317
Waitlisted Days * (A) - per 1,000	168	77	155	83	201	75
NF Admits * (A)	3	4	2	1	3	4
# Members in NF (non-Medicare paid days) (C)**	1,390	1,182	1,377	1,197	1,311	1,182
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,258	2,570	2,208	2,552	2,083	2,426
# Members in FH **(C)	704	1,053	688	1,065	650	1,018
# Members in Self-Direction **(C)	855	890	838	886	859	866
# Members receiving other HCBS **(C)	1,403	975	1,370	969	1,224	889
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: June 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)	341	54	5	3	48	74	32	557
PCPs (accepting new members)	171	20	3	1	18	20	10	243
Specialists	1,725	114	14	0	101	110	77	2,141
Specialists (accepting new members)	1,601	103	14	0	100	94	76	1,988
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Foster Homes (FH) (CCFFH only; no ARCH)	847	41	0	0	14	82	27	1,011
HCBS Providers (All LTC, except CCFFH and NF)	109	9	2	0	6	23	8	157
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,043	157	18	6	112	151	135	1,622
Totals	4,101	380	41	10	288	444	287	5,551

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	16,994	2,436	395	86	970	3,496	1,448	25,825

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	50	45	79	29	20	47	45	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)	668	58	9	6	88	71	46	946
PCPs (accepting new members)	564	49	8	6	84	49	35	795
Specialists	2,208	184	42	3	204	162	141	2,944
Specialist (accepting new members)	2,124	183	42	3	202	140	139	2,833
Facilities (Hosp./NF)	42	8	4	0	3	7	5	69
Foster Homes (FH) (xARCH)	861	35	0	0	18	93	22	1,029
HCBS Providers (All LTC, xFH & NF)	233	16	0	0	9	28	5	291
Ancillary & Other (All not listed above)	875	115	10	8	98	106	93	1,305
Totals	4,887	416	65	17	420	467	312	6,584

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,239	1,550	0	0	1,314	3,587	1,304	22,994

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	23	27	0	0	15	51	28	24

as of: June 30, 2014

Ohana Health Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	575	84	3	7	38	96	35	838
Network (provider look up, access)	89	23	1	0	1	13	7	134
Primary Care Physician Assignment or Change	297	45	4	1	16	60	35	458
NEMT (inquiry, scheduling) - <i>monthly report</i>	4010	42	12	1	5	106	0	4176
Authorization/Notification (prior auth status)	32	40	6	5	18	49	36	186
Eligibility (general plan eligiblity, change request)	97	8	1	1	2	16	5	130
Benefits (coverage inquiry)	183	28	3	1	14	41	24	294
Enrollment (ID card request, update member information)	459	85	7	1	23	122	40	737
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	182	42	5	2	6	41	21	299
Billing/Payment/Claims	67	15	1	0	3	15	4	105
Appeals	6	3	0	0	0	6	0	15
Complaints and Grievances	23	9	0	0	0	10	7	49
Other	1147	189	19	10	64	265	110	1804
Totals	7,167	613	62	29	190	840	324	9,225

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)	4	0	7	1	0	4	3	19
Network (provider look up, access)	38	10	11	2	4	5	3	73
Primary Care Physician Assignment or Change	218	16	21	2	2	65	20	344
NEMT (inquiry, scheduling) - <i>monthly report*</i>	3,333	275	145	14	6	720	581	5,074
Authorization/Notification (prior auth status)	89	12	13	1	3	31	14	163
Eligibility (general plan eligiblity, change request)	466	61	80	6	15	120	49	797
Benefits (coverage inquiry)	709	80	196	10	49	228	101	1,373
Enrollment (ID card request, update member information)	486	68	90	3	13	142	58	860
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	109	14	20	0	1	32	8	184
Billing/Payment/Claims	910	81	208	11	50	206	24	1,490
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	258	24	38	5	16	72	28	441
Totals	6,620	641	829	55	159	1,625	889	10,818

*Calls logged via Logisticare call center