

OHP Access to Services Instructions

Notwithstanding any definitions in this Contract that may be inconsistent, the following definitions apply only for purposes of explaining the requirements of this report. The numbered terms set forth below correspond with the numbers or headings on the report.

General:

This is one of the Quarterly Financial Reports and shall be submitted to OHA in accordance with the contract.

Instructions:

(1) Usage of Services:

- (a) Members enrolled during the Prior Quarter with Claims Paid - the number of unduplicated Members enrolled in the prior quarter for whom Claims had dates of service occurring in the prior report period and whose Claims were paid in the prior or current report quarter.
- (b) Members enrolled during the Prior Quarter with unpaid Claims - the number of unduplicated Members enrolled in the prior quarter for whom there were no paid Claims having dates of service occurring in the prior report period or for whom there were Claims with a date of service occurring in the prior report quarter, but no paid date in the prior or current report quarter.
- (c) Total number of Members enrolled in Prior Quarter - the sum of Line 1 and Line 2 will equal Members enrolled during the Prior Quarter. Contractor shall verify that this number is equal to the amount from the prior period Report G.4 (III Membership Line 3 of either part A or B).

(2) Membership:

Use Member's primary insurance to define which policy type (Group, Medicare, Individual, etc.) is associated with the Member. Contractor shall report total number of Members currently enrolled in their plan on the last day of the reporting period. Contractor shall provide membership information for each policy type. Entities regulated by DCBS (use Section A of this report) - any Contractor with a unique Certificate of Authority number issued by DCBS. Entities not regulated by DCBS (use Section B of this report) - any Contractor without a unique Certificate of Authority number issued by DCBS. Contractor shall provide the following membership information:

- (a) **Members with Group Policies** - the number of members who are enrolled in group policies where the premiums are determined as a group rate. Excludes members counted in other lines.
- (b) **Members with Medicare Policies** - the number of members who are enrolled in Medicare policies. Excludes members counted in other lines.
- (c) **Members covered by this Contract** - the number of Members. Excludes members counted in other lines.

- (d) **Medicaid Members Other than Members** - the number of members whose health care costs are covered by Medicaid but are not Members. Excludes members counted in other lines.
- (e) **Members with Individual Policies** - the number of members whose health care premiums are paid by an individual. Excludes members counted in other lines.
- (f) **Other Members** - all other members who do not fall into one of the previous mentioned categories. Excludes members counted in other lines.
- (g) **Total Members** - the total number of members enrolled with Contractor on the last day of the report period. Use member's primary insurance for purposes of reporting which policy type is associated with the member. Each member enrolled with Contractor shall not be reported more than once.

OHP Access to Services Statistics

I. Contractor _____

Report Period: _____ through _____

II. Usage of Services

Please indicate the usage of services by members for which Claims were incurred in the prior report quarter and the number of members for which no Claims were incurred in the prior quarter as of the end of the current report quarter. Use date of service reflecting the prior quarter's report period to compile the data. Use the unduplicated number of members enrolled during the quarter to determine the number of members not receiving services.

	Number
1. Number of unduplicated Members Enrolled during the Prior quarter with Paid Claims.	
2. Number of unduplicated Members Enrolled during the Prior Quarter with No Paid Claims.	
3. Total number of unduplicated Members Enrolled in Prior Quarter. (Prior Quarter Report: Part III(B) , Line 3)	0

III. Membership

A. For those entities that are regulated by DCBS, provide general membership information for your corporate business.

	Number
1. Members with Group Policies	
2. Members with Medicare Policies	
3. Members	
4. Medicaid Members other than Members	
5. Members with Individual Policies	
6. Other Members	
7. TOTAL MEMBERS	0

B. For those entities that are not regulated by DCBS that have risk-based contracts, provide general membership information for your corporate business.

	Number
1. Members enrolled through a Workers' Compensation Risk-Based Contract.	
2. Members enrolled through a Medicare Policy	
3. Members	
4. Medicaid Members other than Members	
5. Members with Individual Policies	
6. Other Members	
7. TOTAL MEMBERS	0