

QUEST Integration Health Plan Demographic Information by Island

as of: 12/31/2015

ALOHA CARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	257	57	6	1	47	47	43	459
PCPs - (accepting new members)	164	29	3	1	38	30	34	299
Specialists*	1824	218	28	2	143	97	121	2433
Specialists (accepting new members)	895	89	8	1	64	33	57	1175
Behavioral Health*	453	93	6	3	43	67	67	732
Behavioral Health (accepting new members)	342	69	5	2	32	57	54	561
Hospitals	12	2	1	2	3	2	5	26
LTSS Facilities (Hosp./NF)	27	4	0	1	7	4	5	48
Residential Setting (CCFHF, E-ARCH, and ALF)	327	16	0	0	9	36	8	396
HCBS Providers (except residential settings and LTSS facilities)	18	7	3	3	5	7	5	48
Ancillary & Other (All provider types not listed above; incl Phys. Lab, Therapists, Hospice, HHA)	1038	184	16	19	115	129	111	1612
Totals	3956	581	60	30	372	389	365	5753
* A provider may be counted once per island that they provide services.								
# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	36339	9606	2257	522	6136	5742	6597	68189
# Members per PCCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCCP	141	169	376	522	131	143	153	149

Note: RFP requirement is 300 members for every PCCP

HMSA

# Network Providers by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (frictionless)*	488	67	11	21	50	85	64	806
PCPs - (accepting new members)	21	275	10	11	42	27	51	437
Specialists*	1569	221	41	11	146	176	246	2410
Specialists (accepting new members)	1569	221	41	11	146	176	246	2410
Behavioral Health†	866	164	8	2	89	161	129	1419
Behavioral Health (accepting new members)	866	164	8	2	89	161	129	1419
Hospitals	13	2	1	1	3	1	5	26
LTSS Facilities (CCF,H,ARCH)	2	23	2	0	3	4	1	34
Residential setting (Hospice, H, ARCH, and ALF)	445	18	0	0	11	56	17	547
HCBS Providers (except residential settings and LTSS facilities)	57	21	7	6	14	21	11	137
Ancillary & Other (All provider types not listed above; incl Phys. Lab, Therapists, Hospice, HHA)	1143	200	24	27	125	142	187	1848
	4604	695	93	68	441	646	680	7227
* A provider may be counted once per island that they provide services.								
# Members by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	95163	9260	720	147	9504	24910	15677	155381
# Members per PCP by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	195	138	65	7	190	293	187	193
Note: RFP requirement is 300 members for every PCP								

KAISER

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (traditional)*	159	48						207
PCPs - (accepting new members)	46	154						200
Specialists*	327	38						365
Specialists (accepting new members)	327	38						365
Behavioral Health*	56	10						66
Behavioral Health (accepting new members)	56	10						66
Hospitals	12	2						14
LTCSS Facilities (Hosp,NF)	1	15						16
Residential Setting (CCFHF, E-ARCH, and ALF)	241	16						257
HCBS Providers (except residential settings and LTCSS facilities)	35	11						46
Auxiliary & Other (All provider types not listed above; incl Phy, Lab, Therapists, Hospice, HHA,	79	28						107
Totals	924	154	0	0	0	0	0	1078
* A provider may be counted once per island that they provide services.								
# Members by Island Members	Oahu 19499	Maui 10170	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	29669
# Members per PCP by Island	Oahu 123	Maui 212	Molokai #DIV/0!	Lanai #DIV/0!	Kauai #DIV/0!	East Hawaii #DIV/0!	West Hawaii #DIV/0!	143
Note: RFP requirement is 300 members for every PCP								

OHANA

	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
# Network Providers by Island								
PCPs - (traditional)	539	56	8	8	81	84	38	814
PCPs - (accepting new members)	32	373	7	7	55	42	32	548
Specialists*	1164	102	13	4	115	74	63	1535
Specialists (accepting new members)	691	85	13	4	54	65	54	966
Behavioral Health†	452	47	4	0	34	70	42	649
Behavioral Health (accepting new members)	446	34	3	0	34	66	40	623
Hospitals	11	2	1	1	3	1	5	24
Residential Services (HCPH,NF)	3	23	3	1	5	2	3	38
Facilities (Coffin,E-ARCH, and ALF)	884	41	0	0	18	79	24	1046
HCBs Provider (except residential settings and LTSS facilities)	50	8	2	0	4	20	6	90
Ancillary & Other (All provider types not listed above; incl Phy.Lab, Therapists, Hospice, HHA)								
	1135	179	15	6	132	165	151	1783
	4258	438	44	20	392	495	332	5979
* A provider may be counted once per island that they provide services.								
# Members by Island								
Members	27671	4739	508	110	2131	5554	3328	44041
# Members per PCP by Island								
Members per PCP	51	95	64	14	26	66	88	54
Note: RFP requirement is 300 members for every PCP								

UNITED HEALTHCARE

# Network Providers by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (traditional)	647	72	10	5	85	71	55	945
PCPs - (accepting new members)	62	574	8	5	85	50	50	834
Specialists*	1208	91	32	0	133	66	85	1615
Specialists (accepting new members)	1189	91	32	0	133	55	84	1584
Behavioral Health†	603	95	2	0	27	69	56	852
Behavioral Health (accepting new members)	596	92	2	0	26	67	56	839
Hospitals	11	2	1	1	3	3	3	24
LTS Facilities (CCFHP,NP)	2	0	0	0	3	3	1	34
Residential Setting (HCFH, E-ARCH, and ALF)	959	39	0	0	18	106	22	1144
HCBS Providers (except residential settings and LTS facilities)	29	6	0	0	2	10	2	49
Ancillary & Other (All provider types not listed above; incl Phys, Lab, Therapists, Hospice, HHA)	672	105	7	3	63	59	44	953
Totals	4154	412	52	9	334	387	268	5616
* A provider may be counted once per island that they provide services.								
# Members by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Total
Members	27422	3747	167	46	2430	5769	2898	42479
# Members per PCP by Island	Oahu	MauI	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Total
Members per PCP	42	52	17	9	29	81	53	45

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of:

12/31/2015

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	19	4	0	0	2	2	0	27
Network (provider look up, access)	45	3	1	0	0	4	1	54
Primary Care Physician Assignment or Change	145	41	5	0	7	19	12	229
NEMT (inquiry, scheduling) - <i>monthly report</i>	56	17	16	5	9	18	12	133
Authorization/Notification (prior auth status)	272	51	18	10	22	60	25	458
Eligibility (general plan eligiblity, change request)	305	39	2	2	10	17	9	384
Benefits (coverage inquiry)	61	814	1	0	7	47	3	933
Enrollment (ID card request, update member information)	88	13	1	0	4	13	5	124
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	12	3	1	0	1	3	3	23
Billing/Payment/Claims	228	35	4	1	15	23	18	324
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	460	46	5	2	8	40	17	578
Totals	1,691	1,066	54	20	85	246	105	3,267

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	67	5	0	0	4	10	20	106
Network (provider look up, access)	28	2	0	0	2	7	7	46
Primary Care Physician Assignment or Change	1045	156	5	2	151	305	219	1883
NEMT (inquiry, scheduling) - <i>monthly report</i>	58	106	28	7	134	304	170	807
Authorization/Notification (prior auth status)	44	7	0	0	6	4	9	70
Eligibility (general plan eligiblity, change request)	425	47	2	2	22	68	47	613
Benefits (coverage inquiry)	79	20	0	0	9	24	22	154
Enrollment (ID card request, update member information)	304	50	6	1	33	69	42	505
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	15	7	1	0	1	5	4	33
Billing/Payment/Claims	163	25	0	0	19	43	26	276
Appeals	1	3	0	0	0	1	0	5
Complaints and Grievances	4	2	0	0	1	1	3	11
Other	553	74	6	1	43	139	70	886
Totals	2,786	504	48	13	425	980	639	5,395

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	7	1						8
Network (provider look up, access)	46	13						59
Primary Care Physician Assignment or Change	3	0						3
NEMT (inquiry, scheduling) - <i>monthly report</i>	2	1						3
Authorization/Notification (prior auth status)	4	1						5
Eligibility (general plan eligiblity, change request)	531	100						631
Benefits (coverage inquiry)	65	19						84
Enrollment (ID card request, update member information)	19	5						24
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	9	1						10
Billing/Payment/Claims	71	17						88
Appeals	0	1						1
Complaints and Grievances	1	3						4
Other	124	15						139
Totals	882	177	0	0	0	0	0	1,059

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	152	38	4	1	13	58	40	306
Network (provider look up, access)	50	9	10	0	1	16	10	96
Primary Care Physician Assignment or Change	259	53	8	0	12	90	38	460
NEMT (inquiry, scheduling) - <i>monthly report</i>	2768	728	46	9	126	1266	0	4943
Authorization/Notification (prior auth status)	50	18	17	0	13	61	37	196
Eligibility (general plan eligiblity, change request)	195	34	2	0	7	38	30	306
Benefits (coverage inquiry)	122	25	3	0	9	24	9	192
Enrollment (ID card request, update member information)	456	81	14	0	27	131	65	774
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	250	77	7	1	11	69	19	434
Billing/Payment/Claims	93	21	0	0	5	13	10	142
Appeals	1	5	0	0	0	0	1	7
Complaints and Grievances	24	6	2	0	4	6	4	46
Other	728	155	22	1	38	197	95	1236
Totals	5,148	1,250	135	12	266	1,969	358	9,138

UNITED HEALTHCARE

Summary of Calls by Island								
	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	44	12	0	0	5	12	6	79
Network (provider look up, access)	240	28	4	0	14	44	24	354
Primary Care Physician Assignment or Change	672	59	6	0	26	160	54	977
NEMT (inquiry, scheduling) - <i>monthly report</i>	53	19	14	2	22	36	18	164
Authorization/Notification (prior auth status)	71	15	4	1	12	14	12	129
Eligibility (general plan eligiblity, change request)	584	73	5	1	64	115	50	892
Benefits (coverage inquiry)	36	7	0	0	5	6	6	60
Enrollment (ID card request, update member information)	448	73	4	0	42	129	50	746
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	115	14	1	0	8	26	4	168
Billing/Payment/Claims	414	64	5	1	32	100	56	672
Appeals	0	1	0	0	0	0	0	1
Complaints and Grievances	13	1	0	0	5	1	3	23
Other	1,712	200	11	1	92	332	135	2483
Totals	4,402	566	54	6	327	975	418	6,748

Health plan shall highlight changes made for the previous month(s)	
# Members	Description of Information to Include
Medicaid	Number of members receiving QI benefit package who do not have Medicare primary
Duals	Number of members receiving dual benefits
Total	Total number of members
Providers count on the "Dashboard" sheet should be un-duplicated. The providers counts on the "HP Demographics by Island" sheet may be duplicated when an individual provider serves multiple islands. Providers such as pharmacy services may be counted based upon number of locations. Non-Hawaii based network providers shall be excluded from all counts.	
# Network Providers	PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool
PCPs	Number of PCPs (includes PCPs in clinics) accepting new members
PCPs - (accepting new members)	All specialists as defined in Section 40.220
Specialists	Number of Specialists accepting new members
Specialists (accepting new members)	All behavioral health providers as defined in Section 40.220
Behavioral Health	Number of Behavioral Health providers accepting new members
Behavioral Health (accepting new members)	All hospitals
Hospitals	All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities)
LTSS Facilities (Hosp./NF)	All residential settings (CCFFH, E-ARCH, and ALF)
Residential Setting (CCFFH, E-ARCH, and ALF)	All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities
HCBS Providers (except residential settings and LTSS facilities)	All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies.
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	Total of all providers listed
Total # of providers	Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section.
Call Center	
# Member Calls	# of calls received from members
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with member	Average time on the phone with member in minutes and seconds
% of member calls abandoned (member hung up)	Percent of member calls abandoned
# Provider Calls	# of calls received from providers
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with provider	Average time on the phone with provider in minutes and seconds
% of provider calls abandoned (provider hung up)	Percent of provider calls abandoned
Note: (1) A "Processed claim" is a QI claim (not based on # of items/lines in the claim) that "PAID" or "DENIED" in the reporting period. Health plan shall determine how a claim is considered "PAID" or "DENIED". (2) When a single claim that has multiple RECEIVED/PAID/DENIED dates, health plan should use the LAST DATE that the final "PAID" or "DENIED" item/line is made for the 30/90 days calculation because this will be a "completely" processed claim.	
Medical Claims- Electronic	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month
# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days	Average time it took to process paid claims in days
% of claims processed in 30 days	% of electronic claims processed in 30 days
% of claims processed in 90 days	% of electronic claims processed in 90 days
(month to date)	
Medical Claims- Paper	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month

# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days	Average time it took to process paid claims in days
% of claims processed in 30 days	% of paper claims processed in 30 days
% of claims processed in 90 days	% of paper claims processed in 90 days
(month-to-date)	
Prior Authorization (PA)- Electronic	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month
Avg time for PA in days	Average time it took to process PAs in days
(month to date)	
Prior Authorization (PA)- Paper and Telephone	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month
Avg time for PA in days	Average time it took to process PAs in days
(month-to-date)	
# Non-Emergency Transports	
Ground (# of round trips)	# of ground trips for non-emergency transports. A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip not two (2) trips)
Air (by segment)	# of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments
Public Transportation Pass (bus pass & handivan coupons)	# of bus passes or handivan coupons issued
# Member Grievances	
# Received	# of member grievances received in the month
# Resolved	# of member grievances resolved in the month
# Outstanding	# of outstanding member grievances at the end of the month
	Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month.
# Provider Grievances	
# Received	# of provider grievances received in the month
# Resolved	# of provider grievances resolved in the month
# Outstanding	# of outstanding provider grievances at the end of the month
	Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month.
# Member Appeals	
# Received	# of member appeals received in the month
# Resolved	# of member appeals resolved in the month
# Outstanding	# of outstanding member appeals at the end of the month
	Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month.
# Provider Appeals	
# Received	# of provider appeals received in the month
# Resolved	# of provider appeals resolved in the month
# Outstanding	# of outstanding provider appeals at the end of the month
	Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month.
Utilization - based on Auth (A) or Claims (C)	
Inpatient Acute Admits * (A) - per 1,000	# of inpatient acute admits (based on authorizations) in the month per 1,000 members

Inpatient Acute Days * (A) - per 1,000	# of inpatient acute days (based on authorizations) in the month per 1,000 members
Readmissions within 30 days* (A)	# of readmissions within thirty (30) days in the month based upon authorizations
ED Visits* (C) - per 1,000**	# of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits.
# Prescriptions (C) - per 1,000	# of prescriptions in the month (based upon claims) per 1,000 members
Waitlisted Days* (A) - per 1,000	# of waitlisted days in the month (based upon authorizations) per 1,000 members
NF Admits * (A)	Authorized Non-Medicare nursing facility admissions
# Members in NF (non-Medicare paid days)**(C)	Non-Medicare paid days (claims based)
	# of members in HCBS (excludes members in at-risk) in the month (based upon claims). Member can be included in more than one category listed below. Note: (1) The listing of HCPCS codes listed on the LTSS Report (Tab D. Auth by Service Code) shall be used to determine those HCPCS codes categorized as 'HCBS' (2) The # of members in HCBS (C) will be based solely on paid claims during the reporting period. This determination will be made irrespective of the member's "1148" status/facility code (e.g. "299")
# Members in HCBS **(C)	# of HCBS members in Residential Setting (based upon claims). Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031.
# Members in Residential Setting **(C)	# of HCBS members in Self-Direction (based upon claims)
# Members in Self-Direction **(C)	# of HCBS members receiving other HCBS services (based upon claims) as defined in Section 40.740.3
# Members receiving other HCBS **(C)	# of members in At-risk in the month (based upon claims). Note: The population of At-risk members will be based on a member having an active "at-risk" coded 1147 (i.e. Level of Care Approval Status = 11). Only those with paid claims against HCBS codes noted above shall be included.
# Members in At-risk**(C)	# of At-risk members in Self-Direction in the month (based upon claims)
# Members in Self-Direction ** (C)	# of At-risk members receiving other HCBS services (based upon claims)
# Members receiving other HCBS** (C)	Note: Non-Medicare is for acute, ED, and prescriptions. Health plans should report on acute waitlisted, Medicaid primary NF, and all HCBS (even if these individuals are duals).

(*Non-Medicare) (**lag in data of two months)

Legend:

ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
NF=Nursing Facility
Other HCBS at-risk= Adult Day Care, Adult Day Health, Home Delivered Meals, Personal Care, Personal Emergency Response System, and Skilled Nursing.
PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

# Members	Description of Information to Include
Medicaid	Number of members receiving QI benefit package
Duals	Number of members receiving dual benefits
Total	Total number of members
# Network Providers	
PCPs	Utilize the definition provided on the Report Tool.
PCPs - (accepting new members)	Number of PCPs accepting new members
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	Identify the number of PCPs within clinic
PCPs - # in Clinics (accepting new members)	Number of PCPs in clinic accepting new members
Specialists	All specialists as defined in Section 40.220.
Specialists (accepting new members)	Number of Specialists accepting new members
Behavioral Health	All behavioral health providers as defined in Section 40.220
Behavioral Health (accepting new members)	Number of Behavioral Health providers accepting new members
Hospitals	All hospitals.
LTSS Facilities (Hosp./NF)	All facilities that have residents receiving LTSS (both hospitals and nursing facilities).
Residential Setting (CCFFH, E-ARCH, and ALF)	All residential settings (CCFFH, E-ARCH, and ALF)
HCBS Providers (except residential settings and LTSS facilities)	All HCBS providers excluding those that are residential settings of LTSS facilities, for example, .
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies.
Total # of providers	Total of all providers listed
	Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section. Total network providers count by island in HP Demographics sheet should be same as the network providers count in Dashboard sheet
Call Center	
# Member Calls	# of calls received from members
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with member	Average time on the phone with member in minutes and seconds
% of member calls abandoned	Percent of member calls abandoned
# Provider Calls	# of calls received from providers
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with provider	Average time on the phone with provider in minutes and seconds
% of provider calls abandoned	Percent of provider calls abandoned
Medical Claims- Electronic	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month
# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days (month to date)	Average time it took to process paid claims in days
Medical Claims- Paper	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month
# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days (month-to-date)	Average time it took to process paid claims in days
Prior Authorization (PA)- Electronic	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month
Avg time for PA in days (month to date)	Average time it took to process PAs in days
Prior Authorization (PA)- Paper and Telephone	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month

Avg time for PA in days (month-to-date)	Average time it took to process PAs in days
# Non-Emergency Transports	
Ground	# of ground trips for non-emergency transports.
Air	# of air trips for non-emergency transports.
* round trip	A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip) not two(2) trips.
# Member Grievances	
# Received	# of member grievances received in the month
# Resolved	# of member grievances resolved in the month
# Outstanding	# of outstanding member grievances at the end of the month Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month.
# Provider Grievances	
# Received	# of provider grievances received in the month
# Resolved	# of provider grievances resolved in the month
# Outstanding	# of outstanding provider grievances at the end of the month Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month.
# Member Appeals	
# Received	# of member appeals received in the month
# Resolved	# of member appeals resolved in the month
# Outstanding	# of outstanding member appeals at the end of the month Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month.
# Provider Appeals	
# Received	# of provider appeals received in the month
# Resolved	# of provider appeals resolved in the month
# Outstanding	# of outstanding provider appeals at the end of the month Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month.
Utilization - based on Auth (A) or Claims (C)	
Inpatient Acute Admits * (A) - per 1,000	# of inpatient acute admits (based on authorizations) in the month per 1,000 members
Inpatient Acute Days * (A) - per 1,000	# of inpatient acute days (based on authorizations) in the month per 1,000 members
Readmissions within 30 days* (A)	# of readmissions within thirty (30) days in the month based upon authorizations
ER Visits* (C) - per 1,000**	# of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits.
# Prescriptions (C) - per 1,000	# of prescriptions in the month (based upon claims) per 1,000 members
Waitlisted Days* (A) - per 1,000	# of waitlisted days in the month (based upon authorizations) per 1,000 members
NF Admits * (A)	Authorized Non-medicare nursing facility admissions
# Members in NF**(C)	Non-Medicare paid days (claims based)
# Members in HCBS **(C)	note: member can be included in more than one category listed below
# Members in Residential Setting **(C)	
# Members in Self-Direction **(C)	
# Members receiving other HCBS **(C)	