

Managed Care Program Annual Report (MCPAR) for Hawaii: 2025_QUEST Integration

Due date	Last edited	Edited by	Status
06/29/2026	06/23/2026	Megan Hironaka	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Yes, I plan on submitting it in MDCT

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Hawaii
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Jon D. Fujii - Health Care Services Branch Administrator
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	mqdcmc@dhhs.hawaii.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Megan Hironaka
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	mhironaka@dhhs.hawaii.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/23/2026

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2025
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2025
A6	Program name Auto-populated from report dashboard.	2025_QUEST Integration

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	AlohaCare Hawaii Medical Service Association (HMSA) Kaiser Permanente Ohana Health Plan UnitedHealthcare Community Plan

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Legal Aid Society of Hawaii
	Project Vision Hawaii (Statewide)
	Waianae Coast Comprehensive Health Center
	Waikiki Health
	Waimanalo Health Center
	We Are Oceania
	Hawaii Island Community Health Center Hilo / Kona
	Hawaii Island Community Health Center Hilo / Kona
	Kumukahi Health + Welleness Kea'au and Kailua-Kona
	Kalanihale
	Hana Health
	IMUA Family Services
	Lanai Community Health Center
	Malama I Ke Ola
	Maui Aids Foundation
	Molokai Community Health Center
	Hoola Lahui Hawaii
	Malama Pono Health Services
	Institute for Human Services
	Hawaii Health and Harm Reduction
	Vibrant Hawaii

Add In Lieu of Services and Settings (A.9)

This section must be completed if any in lieu of services or settings (ILOSs) *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** (See 42 CFR 438.3(e)(2) and 438.16).

Indicator	Response
ILOS name	Not answered

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	418,694
BI.2	Statewide Medicaid risk-based managed care enrollment Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans.	409,613

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity	State Medicaid agency staff
	Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.	EQRO
	Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	Other third-party vendor

Topic X: Program Integrity

Number	Indicator	Response
BX.1	Payment risks between the state and plans Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.	Definitive and presumptive drug screen payment issues
BX.2	Contract standard for overpayments Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	Location of contract provision stating overpayment standard Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Section 12.1 D

BX.4	Description of overpayment contract standard Briefly describe the overpayment standard selected in indicator B.X.2.	The Health Plan shall recover and report all overpayments, unless otherwise prohibited under this RFP or federal or state law. “Overpayment” as used in this section is defined in 42 CFR §438.2. All overpayments identified by the Health Plan shall be reported to DHS in accordance with §6.2.F. The overpayment shall be reported in the reporting period in which the overpayment is identified. It is understood the Health Plan may not be able to complete recovery of overpayment until after the reporting period. The Health Plan shall report to DHS the full overpayment identified.
BX.5	State overpayment reporting monitoring Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	Overpayments are reported quarterly, and overpayments must be reported in the reporting period in which they are discovered.
BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	MQD communicates these changes via the 834 daily file to the health plan. Daily files are received from KOLEA eligibility system to HPMMIS enrollment system. These files are processed nightly, and subsequently the daily enrollment batch jobs are run and produce the data for the 834 daily file to the health plan. For reconciliation, MQD sends a monthly 834 file which contains the entire current client data for the next month. MQD also asks MCOs to submit an 1179A Form to report Changes in Circumstances for our members, including change to household composition, member names, member addresses, or additional insurance. MQD reviews submitted 1179A information and completes updates in our KOLEA eligibility system; these changes are then communicated back to the health plan via 834.

BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	Changes in provider circumstances: Describe metric Describe the metric or indicator that the state uses.	The State measures the percent of "for cause" suspensions or terminations that are reported to the State within 3 business days as a Key Performance Indicator on the Program Integrity report.
BX.8a	Federal database checks: Excluded person or entities During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No
BX.9a	Website posting of 5 percent or more ownership control Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	Website posting of 5 percent or more ownership control:	https://medquest.hawaii.gov/

Link

What is the link to the website?
Refer to 42 CFR 602(g)(3).

BX.10

Periodic audits

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.

https://medquest.hawaii.gov/content/dam/for-msanddocuments/resources/consumer-guides/HI2024-25_EQR_TechRpt_F1.pdf

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Yes
BXIII.1a	Timeframes for standard prior authorization decisions Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?	No
BXIII.2a	Timeframes for expedited prior authorization decisions Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals RFP-MQD-2021-008; 5/21/2021 for AlohaCare and HMSA, 5/28/2021 for United Healthcare, 6/9/2021 for Ohana Health Plan and Kaiser Permanente (dates of full execution)
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	05/21/2021
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://medquest.hawaii.gov/en/resources/solicitations-contract.html
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Transportation
C11.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C11.5	Program enrollment Enter the average number of individuals enrolled in this	388,740

managed care program per month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

There were no major changes to the population or benefits during the reporting year.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	Submission Date of Most Recent MLR Report When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?	11/21/2025
C1II.2	Most Recent MLR Reporting Period Please report the beginning date of that MLR reporting period.	01/01/2024
N/A	Please report the end date of that MLR reporting period.	12/31/2024
C1II.3	MLR Validation Completion Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.)	Yes

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	Uses of encounter data For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support Other, specify – Evaluations
C1III.2	Criteria/measures to evaluate MCP performance What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data certifications Use of correct file formats Overall data accuracy (as determined through data validation)
C1III.3	Encounter data performance criteria contract language Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Section 6.4 (https://medquest.hawaii.gov/content/dam/for msanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)
C1III.4	Financial penalties contract language Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality	Section 14.21 (https://medquest.hawaii.gov/content/dam/for msanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)

standards. Use contract section references, not page numbers.

C1III.5	Incentives for encounter data quality	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with N/A if the program does not use incentives to reward encounter data quality.	

C1III.6	Barriers to collecting/validating encounter data	Staffing shortages and vacancies
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.	HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.3. A) Adverse Event: An event, preventable or nonpreventable, that caused harm to a patient as a result of medical care, residential care, or resulted from provider preventable conditions or healthcare acquired conditions. In the current report, all adverse events shall be reported as events that were related to medical care, or residential care. HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.5. A).2. Percent of adverse events reported to the Health Plan within 72 hours
C1IV.2	State definition of “timely” resolution for standard appeals Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	Contract RFP-MQD-2021-008: 9.5.I.9 If the Health Plan denies a request for expedited resolution of an appeal, it shall transfer the appeal to the standard timeframe of no longer than thirty (30) days from the day the Health Plan receives the appeal, with a possible fourteen (14) days extension.
C1IV.3	State definition of “timely” resolution for expedited appeals Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	"Contract RFP-MQD-2021-008: 9.5.I.5 For expedited resolution of an appeal, the Health Plan shall resolve the appeal and provide written notice to the affected parties as expeditiously as the Member’s health condition requires, but no more than seventy-two (72) hours from the time the Health Plan received the appeal. The Health Plan shall make reasonable efforts to also provide oral notice of the appeal determination to the Member. Contract RFP-MQD-2021-008: 9.5.I.7,a-e The Health Plan may extend the expedited appeal resolution time frame by up to fourteen additional (14) days if the Member requests the extension or the Health Plan needs additional information and demonstrates to DHS how the delay shall be in the Member’s best interest. For any extension not requested by the Member, or if the Health Plan denies a request for expedited resolution of an appeal, it shall: a. Transfer the appeal to the time frame for standard resolution; b. Make reasonable efforts

to give the Member prompt oral notice of the delay or denial; c. Within two (2) days give the Member written notice of the reason for the decision to extend the timeframe or deny a request for expedited resolution of an appeal; d. Inform the Member orally and in writing that they may file a grievance with the Health Plan for the delay or denial of the expedited process, if he or she disagrees with that decision; and e. Resolve the appeal as expeditiously as the Member's health condition requires and no later than the date the extension expires."

C1IV.4**State definition of "timely" resolution for grievances**

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

"RFP-MQD-2021-008 § 9.5.E.7.b:Convey a disposition, in writing, of the grievance resolution as expeditiously as the Member's health condition requires, but no later than thirty (30) days of the initial expression of dissatisfaction; RFP-MQD-2021-008 §9.5.H.5 For standard resolution of an appeal, the Health Plan shall resolve the appeal and provide a written notice of disposition to the parties as expeditiously as the Member's health condition requires, but no more than thirty (30) days from the day the Health Plan receives the appeal. RFP-MQD-2021-008 §9.5.I.5 For expedited resolution of an appeal, the Health Plan shall resolve the appeal and provide written notice to the affected parties as expeditiously as the Member's health condition requires, but no more than seventy-two (72) hours from the time the Health Plan received the appeal. The Health Plan shall make reasonable efforts to also provide oral notice of the appeal determination to the Member."

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://medquest.hawaii.gov/en/resources/community-partners.html
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Entities offer in-person assistance, by phone, virtual microsoft teams/Zoom and will utilize translated materials, offer interpretive services and auxiliary aids when requested.
C1IX.3	BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4). If the program does not offer LTSS, enter "N/A".	Entities assist residents in applying for LTSS, along with assisting them to submit their required documents.
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	Health Care Outreach Branch staff communicate daily with all entities, answer their questions and help them check status on cases. We provide Annual and on-going training, support and guidance to all entities. For the community organizations that are contracted and funded by DHS Med-QUEST Division, they are required to submit monthly reports which include their outreach activities, enrollment numbers, assistance numbers, interpretation/translation numbers and in what particular language, any issues as well as success stories.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	Does this program include MCOs? If “Yes”, please complete the following questions.	Yes
C1XII.5	Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system? (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	No
C1XII.6	Did the State or MCOs complete the most recent parity analysis(es)?	MCO
C1XII.7a	Have there been any events in the reporting period that necessitated an update to the parity analysis(es)? (e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	No
C1XII.8	When was the last parity analysis(es) for this program completed? States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).	06/02/2025
C1XII.9	When was the last parity analysis(es) for this program	12/20/2018

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website? The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://medquest.hawaii.gov/en/resources/reports.html

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	AlohaCare 69,840
		Hawaii Medical Service Association (HMSA) 204,902
		Kaiser Permanente 47,251
		Ohana Health Plan 31,987
		UnitedHealthcare Community Plan 55,634
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	AlohaCare 16.7%
		Hawaii Medical Service Association (HMSA) 48.9%
		Kaiser Permanente 11.3%
		Ohana Health Plan 7.6%
		UnitedHealthcare Community Plan 13.3%
D1I.3	Plan share of risk-based Medicaid managed care What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid risk-based managed care enrollment (B.I.2)	AlohaCare 17.1%
		Hawaii Medical Service Association (HMSA) 50%
		Kaiser Permanente 11.5%
		Ohana Health Plan 7.8%

D1I.4: Parent	Organization: The name of the parent entity that controls the Medicaid Managed Care Plan. If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	AlohaCare AlohaCare Hawaii Medical Service Association (HMSA) Hawaii Medical Service Association Kaiser Permanente Kaiser Foundation Health Plan Ohana Health Plan Centene Corporation UnitedHealthcare Community Plan UnitedHealthcare Community Plan Hawai'i
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Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	MLR Data Received Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?	AlohaCare Yes
		Hawaii Medical Service Association (HMSA) Yes
		Kaiser Permanente Yes
		Ohana Health Plan Yes
		UnitedHealthcare Community Plan Yes
D1II.1a	MLR Data Validated Has the state validated the final MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?	AlohaCare Yes
		Hawaii Medical Service Association (HMSA) Yes
		Kaiser Permanente Yes
		Ohana Health Plan Yes
		UnitedHealthcare Community Plan Yes

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	Definition of timely encounter data submissions Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	AlohaCare Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters. Hawaii Medical Service Association (HMSA) Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters. Kaiser Permanente Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters. Ohana Health Plan Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.

UnitedHealthcare Community Plan

Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.

D1III.2**Share of encounter data submissions that met state's timely submission requirements**

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

AlohaCare

99.1%

Hawaii Medical Service Association (HMSA)

98.9%

Kaiser Permanente

100%

Ohana Health Plan

99.9%

UnitedHealthcare Community Plan

98.5%

D1III.3**Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

AlohaCare

100%

Hawaii Medical Service Association (HMSA)

100%

Kaiser Permanente

100%

Ohana Health Plan

100%

UnitedHealthcare Community Plan

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	AlohaCare
		87
		Hawaii Medical Service Association (HMSA)
		833
		Kaiser Permanente
		5
		Ohana Health Plan
		235
		UnitedHealthcare Community Plan
		95
D1IV.1a	Appeals denied Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.	AlohaCare
		29
		Hawaii Medical Service Association (HMSA)
		331
		Kaiser Permanente
		2
		Ohana Health Plan
		139
		UnitedHealthcare Community Plan
		66
D1IV.1b	Appeals resolved in partial favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0

		UnitedHealthcare Community Plan 1
D1IV.1c	Appeals resolved in favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.	AlohaCare 62 Hawaii Medical Service Association (HMSA) 360 Kaiser Permanente 3 Ohana Health Plan 127 UnitedHealthcare Community Plan 30
D1IV.2	Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	AlohaCare 12 Hawaii Medical Service Association (HMSA) 312 Kaiser Permanente 0 Ohana Health Plan 31 UnitedHealthcare Community Plan 24
D1IV.3	Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).	AlohaCare 9 Hawaii Medical Service Association (HMSA) 4 Kaiser Permanente 0 Ohana Health Plan

D1IV.4**Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.5a**Standard appeals for which timely resolution was provided**

Enter the total number of standard appeals for which

AlohaCare

53

	timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	Hawaii Medical Service Association (HMSA) 396 Kaiser Permanente 4 Ohana Health Plan 169 UnitedHealthcare Community Plan 61
D1IV.5b	Expedited appeals for which timely resolution was provided Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	AlohaCare 17 Hawaii Medical Service Association (HMSA) 147 Kaiser Permanente 0 Ohana Health Plan 62 UnitedHealthcare Community Plan 13
D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	AlohaCare 86 Hawaii Medical Service Association (HMSA) 809 Kaiser Permanente 2 Ohana Health Plan 176 UnitedHealthcare Community Plan 94
D1IV.6b	Resolved appeals related to reduction, suspension, or	AlohaCare

termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

1

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

1

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

22

Kaiser Permanente

3

Ohana Health Plan

48

UnitedHealthcare Community Plan

0

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance	AlohaCare
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		11
		UnitedHealthcare Community Plan
		0
D1IV.6f	Resolved appeals related to plan denial of an enrollee's right to request out-of-network care	AlohaCare
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."	0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		1
		Ohana Health Plan
		1
		UnitedHealthcare Community Plan
		0
D1IV.6g	Resolved appeals related to denial of an enrollee's request to dispute financial liability	AlohaCare
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan

Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		5
		UnitedHealthcare Community Plan
		3
D1IV.7b	Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.	AlohaCare
		17
		Hawaii Medical Service Association (HMSA)
		498
		Kaiser Permanente
		5
		Ohana Health Plan
		28
		UnitedHealthcare Community Plan
		25
D1IV.7c	Resolved appeals related to inpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		1

		UnitedHealthcare Community Plan 0
D1IV.7d	Resolved appeals related to outpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	AlohaCare 0 Hawaii Medical Service Association (HMSA) 0 Kaiser Permanente 0 Ohana Health Plan 0 UnitedHealthcare Community Plan 0
D1IV.7e	Resolved appeals related to covered outpatient prescription drugs Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	AlohaCare 48 Hawaii Medical Service Association (HMSA) 310 Kaiser Permanente 0 Ohana Health Plan 170 UnitedHealthcare Community Plan 46
D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	AlohaCare 0 Hawaii Medical Service Association (HMSA) 0 Kaiser Permanente 0 Ohana Health Plan

D1IV.7g	Resolved appeals related to long-term services and supports (LTSS) Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	AlohaCare 3 Hawaii Medical Service Association (HMSA) 1 Kaiser Permanente 0 Ohana Health Plan 1 UnitedHealthcare Community Plan 1
D1IV.7h	Resolved appeals related to dental services Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	AlohaCare N/A Hawaii Medical Service Association (HMSA) N/A Kaiser Permanente N/A Ohana Health Plan N/A UnitedHealthcare Community Plan N/A
D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT) Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	AlohaCare 6 Hawaii Medical Service Association (HMSA) 8 Kaiser Permanente 0

		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		15
D1IV.7k:	Resolved appeals related to durable medical equipment (DME) & supplies Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare
		3
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
D1IV.7l:	Resolved appeals related to home health / hospice Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".	Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		5
		AlohaCare
		0
D1IV.7m:	Resolved appeals related to emergency services / emergency department Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient	Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
D1IV.7n:	Resolved appeals related to behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to behavioral health services. If the managed care plan does not cover this type of service, enter "N/A".	UnitedHealthcare Community Plan
		0
		AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		0
D1IV.7o:	Resolved appeals related to telehealth services Enter the total number of appeals resolved by the plan during the reporting year that were related to telehealth services. If the managed care plan does not cover this type of service, enter "N/A".	Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		0

behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter “N/A”.

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.7n: Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

AlohaCare

10

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.7o Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter “N/A”.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

16

Kaiser Permanente

0

Ohana Health Plan

27

UnitedHealthcare Community Plan

0

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		28
		Kaiser Permanente
		1
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	Ohana Health Plan
		5
		UnitedHealthcare Community Plan
		3
		AlohaCare
		1
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Hawaii Medical Service Association (HMSA)
		8
		Kaiser Permanente
		0
		Ohana Health Plan
		2
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	UnitedHealthcare Community Plan
		0
		AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		14
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Kaiser Permanente
		1
		Ohana Health Plan
		3
		AlohaCare
		0

		UnitedHealthcare Community Plan
		0
D1IV.8d	State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	AlohaCare 0 Hawaii Medical Service Association (HMSA) 6 Kaiser Permanente 1 Ohana Health Plan 0 UnitedHealthcare Community Plan 2
D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	AlohaCare N/A Hawaii Medical Service Association (HMSA) N/A Kaiser Permanente N/A Ohana Health Plan N/A UnitedHealthcare Community Plan N/A

D1IV.9b**External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AlohaCare

N/A

**Hawaii Medical Service Association
(HMSA)**

N/A

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.	AlohaCare
		108
		Hawaii Medical Service Association (HMSA)
		344
		Kaiser Permanente
		303
		Ohana Health Plan
		129
		UnitedHealthcare Community Plan
		448
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	AlohaCare
		64
		Hawaii Medical Service Association (HMSA)
		199
		Kaiser Permanente
		68
		Ohana Health Plan
		25
		UnitedHealthcare Community Plan
		83
D1IV.12	Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	AlohaCare
		100
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		19
		Ohana Health Plan
		1

D1IV.13**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

1

D1IV.14**Number of grievances for which timely resolution was provided**

Enter the number of grievances for which timely resolution was

AlohaCare

0

provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		2
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.	4
		Ohana Health Plan
		4
		UnitedHealthcare Community Plan
		1
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		34
		Hawaii Medical Service Association (HMSA)
		184
		Kaiser Permanente
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	108
		Ohana Health Plan
		22
		UnitedHealthcare Community Plan
		70
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	25
		Ohana Health Plan
		0

D1IV.15d**Resolved grievances related to outpatient behavioral health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

2

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

1

UnitedHealthcare Community Plan

0

D1IV.15e**Resolved grievances related to coverage of outpatient prescription drugs**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

6

Hawaii Medical Service Association (HMSA)

4

Kaiser Permanente

13

Ohana Health Plan

1

UnitedHealthcare Community Plan

7

D1IV.15f**Resolved grievances related to skilled nursing facility (SNF) services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

2

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

D1IV.15g	Resolved grievances related to long-term services and supports (LTSS) Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare 21 Hawaii Medical Service Association (HMSA) 0 Kaiser Permanente 0 Ohana Health Plan 2 UnitedHealthcare Community Plan 8
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D1IV.15h	Resolved grievances related to dental services Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare N/A Hawaii Medical Service Association (HMSA) N/A Kaiser Permanente N/A Ohana Health Plan N/A UnitedHealthcare Community Plan n/a
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D1IV.15i	Resolved grievances related to non-emergency medical transportation (NEMT) Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare 36 Hawaii Medical Service Association (HMSA) 150 Kaiser Permanente 41
-----------------	--	---

		Ohana Health Plan
		28
		UnitedHealthcare Community Plan
		348
D1IV.15k	Resolved grievances related to durable medical equipment (DME) & supplies Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare
		2
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
D1IV.15l	Resolved grievances related to home health / hospice Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".	Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		2
		AlohaCare
		0
D1IV.15m	Resolved grievances related to emergency services / emergency department Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient	Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
D1IV.15n	Resolved grievances related to behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to behavioral health services. If the managed care plan does not cover this type of service, enter "N/A".	UnitedHealthcare Community Plan
		5
		AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		0
D1IV.15o	Resolved grievances related to dental services Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		0

behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

2

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

AlohaCare

1

Hawaii Medical Service Association (HMSA)

6

Kaiser Permanente

108

Ohana Health Plan

71

UnitedHealthcare Community Plan

6

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	AlohaCare
		61
		Hawaii Medical Service Association (HMSA)
		199
		Kaiser Permanente
D1IV.16b	Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	147
		Ohana Health Plan
		16
		UnitedHealthcare Community Plan
		160
D1IV.16c	Resolved grievances related to network adequacy or access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		14
		Kaiser Permanente
D1IV.16c	Resolved grievances related to network adequacy or access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	0
		Ohana Health Plan
		14
		UnitedHealthcare Community Plan
		24
D1IV.16c	Resolved grievances related to network adequacy or access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	AlohaCare
		12
		Hawaii Medical Service Association (HMSA)
		7
		Kaiser Permanente
D1IV.16c	Resolved grievances related to network adequacy or access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	27
		Ohana Health Plan

UnitedHealthcare Community Plan

221

D1IV.16d
Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

AlohaCare

29

Hawaii Medical Service Association (HMSA)

63

Kaiser Permanente

65

Ohana Health Plan

33

UnitedHealthcare Community Plan

31

D1IV.16e
Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

52

Kaiser Permanente

8

Ohana Health Plan

1

UnitedHealthcare Community Plan

2

D1IV.16f
Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

4

		Kaiser Permanente
		16
		Ohana Health Plan
		6
		UnitedHealthcare Community Plan
		12
D1IV.16g	Resolved grievances related to suspected fraud Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		3
		Ohana Health Plan
		1
		UnitedHealthcare Community Plan
		0
D1IV.16h	Resolved grievances related to abuse, neglect or exploitation Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		2
		Ohana Health Plan
		13
		UnitedHealthcare Community Plan
		1
D1IV.16i	Resolved grievances related to lack of timely plan response to a prior authorization/service authorization	AlohaCare
		0

or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

1

Ohana Health Plan

1

UnitedHealthcare Community Plan

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

AlohaCare

7

Hawaii Medical Service Association (HMSA)

5

Kaiser Permanente

51

Ohana Health Plan

22

UnitedHealthcare Community Plan

0

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia 1 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1879

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

65.14%

Hawaii Medical Service Association (HMSA)

55.08%

Kaiser Permanente

56.10%

Ohana Health Plan

78.17%

UnitedHealthcare Community Plan

71.59%



Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services 2 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

60.09%

Hawaii Medical Service Association (HMSA)

70.13%

Kaiser Permanente

68.15%

Ohana Health Plan

62.45%

UnitedHealthcare Community Plan

73.03%



Complete

D2.VII.1 Measure Name: Ambulatory Care - Emergency Dept Visits/1000 MY—Total / 125

D2.VII.2 Measure Domain

Ambulatory Care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

485.79

Hawaii Medical Service Association (HMSA)

439.76

Kaiser Permanente

394.97

Ohana Health Plan

574.43

UnitedHealthcare Community Plan

538.95



Complete

D2.VII.1 Measure Name: Ambulatory Care - Outpatient Visits/1000 MY 4 / 125
Total**D2.VII.2 Measure Domain**

Ambulatory Care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

3098.43

Hawaii Medical Service Association (HMSA)

3558.78

Kaiser Permanente

3540.37

Ohana Health Plan

4299.23

UnitedHealthcare Community Plan

5315.03



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management
Effective Acute Phase Treatment—18–64 Years**

5 / 125

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.68%

Hawaii Medical Service Association (HMSA)

68.30%

Kaiser Permanente

77.53%

Ohana Health Plan

50.00%

UnitedHealthcare Community Plan

68.58%



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management Effective Continuation Phase Treatment—18–64 Years

6 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

38.27%

Hawaii Medical Service Association (HMSA)

49.75%

Kaiser Permanente

52.84%

Ohana Health Plan

36.84%

UnitedHealthcare Community Plan

50.34%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio Total (5–64 Years) 7 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

41.99%

Hawaii Medical Service Association (HMSA)

35.70%

Kaiser Permanente

89.38%

Ohana Health Plan

52.00%



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Total 8 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.09%

Hawaii Medical Service Association (HMSA)

49.54%

Kaiser Permanente

83.11%

Ohana Health Plan

45.42%

UnitedHealthcare Community Plan

43.48%



Complete

D2.VII.1 Measure Name: Blood Pressure Control for Patients With Diabetes

9 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.50%

Hawaii Medical Service Association (HMSA)

63.14%

Kaiser Permanente

73.10%

Ohana Health Plan

68.37%

UnitedHealthcare Community Plan

66.67%



Complete

D2.VII.1 Measure Name: Breast Cancer Screening Total

10 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

2372

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.02%

Hawaii Medical Service Association (HMSA)

49.99%

Kaiser Permanente

67.13%

Ohana Health Plan

42.68%

UnitedHealthcare Community Plan

56.18%



Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

11 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

44.04%

Hawaii Medical Service Association (HMSA)

59.55%

Kaiser Permanente

61.22%

Ohana Health Plan

44.77%

UnitedHealthcare Community Plan

41.61%



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits Total 12 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

45.19%

Hawaii Medical Service Association (HMSA)

58.37%

Kaiser Permanente

46.86%

Ohana Health Plan

43.93%

UnitedHealthcare Community Plan

45.04%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Combo 10 13 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

22.87%

Hawaii Medical Service Association (HMSA)

30.90%

Kaiser Permanente

51.18%

Ohana Health Plan

30.72%

UnitedHealthcare Community Plan

33.58%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Combo 3

14 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.17%

Hawaii Medical Service Association (HMSA)

69.10%

Kaiser Permanente

69.47%

Ohana Health Plan

48.99%

UnitedHealthcare Community Plan

54.99%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Combo 7

15 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

32.85%

Hawaii Medical Service Association (HMSA)

58.15%

Kaiser Permanente

66.55%

Ohana Health Plan

43.77%

UnitedHealthcare Community Plan

50.36%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status DTap

16 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

0038

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

45.74%

Hawaii Medical Service Association (HMSA)

76.64%

Kaiser Permanente

73.06%

Ohana Health Plan

56.52%

UnitedHealthcare Community Plan

59.12%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Hepatitis A 17 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.61%

Hawaii Medical Service Association (HMSA)

82.73%

Kaiser Permanente

83.28%

Ohana Health Plan

70.14%

UnitedHealthcare Community Plan

72.75%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Hepatitis B 18 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.31%

Hawaii Medical Service Association (HMSA)

81.75%

Kaiser Permanente

86.53%

Ohana Health Plan

70.43%

UnitedHealthcare Community Plan

78.35%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status HiB

19 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

55.47%

Hawaii Medical Service Association (HMSA)

84.18%

Kaiser Permanente

84.40%

Ohana Health Plan

70.72%

UnitedHealthcare Community Plan

74.21%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Influenza

20 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

33.82%

Hawaii Medical Service Association (HMSA)

40.39%

Kaiser Permanente

59.82%

Ohana Health Plan

42.61%

UnitedHealthcare Community Plan

43.07%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status IPV

21 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

55.23%

Hawaii Medical Service Association (HMSA)

83.94%

Kaiser Permanente

84.62%

Ohana Health Plan

69.86%

UnitedHealthcare Community Plan

74.21%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status MMR

22 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

0038

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
59.85%

Hawaii Medical Service Association (HMSA)
83.70%

Kaiser Permanente
83.61%

Ohana Health Plan
71.59%

UnitedHealthcare Community Plan
73.48%



D2.VII.1 Measure Name: Childhood Immunization Status Pneumococcal Conjugate
1 / 125

D2.VII.2 Measure Domain
Primary care access and preventative care

D2.VII.3 National Quality
Forum (NQF) number
0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare

46.72%

Hawaii Medical Service Association (HMSA)

75.18%

Kaiser Permanente

71.16%

Ohana Health Plan

55.65%

UnitedHealthcare Community Plan

59.37%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status Rotavirus

24 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

45.01%

Hawaii Medical Service Association (HMSA)

68.37%

Kaiser Permanente

78.56%

Ohana Health Plan

56.52%

UnitedHealthcare Community Plan

61.80%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status VZV

25 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.37%

Hawaii Medical Service Association (HMSA)

82.24%

Kaiser Permanente

82.94%

Ohana Health Plan

70.14%

UnitedHealthcare Community Plan

72.99%



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women

26 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

46.80%

Hawaii Medical Service Association (HMSA)

50.31%

Kaiser Permanente

72.91%

Ohana Health Plan

46.28%

UnitedHealthcare Community Plan

46.72%



Complete

D2.VII.1 Measure Name: PQ192 Chronic Conditions Composite

27 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

128.65

Hawaii Medical Service Association (HMSA)

83.94

Kaiser Permanente

93.09

Ohana Health Plan

190.36

UnitedHealthcare Community Plan

210.02



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening Total

28 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

0034

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

28.82%

Hawaii Medical Service Association (HMSA)

41.27%

Kaiser Permanente

55.68%

Ohana Health Plan

30.57%

UnitedHealthcare Community Plan

49.11%



Complete

D2.VII.1 Measure Name: Concurrent Use of Opioids and Benzodiazepines 18-64 yrs

29 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3389

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

8.85%

Hawaii Medical Service Association (HMSA)

12.22%

Kaiser Permanente

6.48%

Ohana Health Plan

17.33%

UnitedHealthcare Community Plan

12.26%



Complete

D2.VII.1 Measure Name: Contraceptive Care—All Women Long-Acting Reversible Contraception—21–44 Years 30 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

4.31%

Hawaii Medical Service Association (HMSA)

4.92%

Kaiser Permanente

4.61%

Ohana Health Plan

3.57%

UnitedHealthcare Community Plan

3.13%



Complete

D2.VII.1 Measure Name: Contraceptive Care—All Women Most or Moderately Effective Contraception—21–44 Years

31 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

16.60%

Hawaii Medical Service Association (HMSA)

22.73%

Kaiser Permanente

21.28%

Ohana Health Plan

13.37%

UnitedHealthcare Community Plan

12.98%



Complete

**D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women
Long-Acting Reversible Contraception—3 Days—21–44 Years**

32 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

**D2.VII.3 National Quality
Forum (NQF) number**

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.25%

Hawaii Medical Service Association (HMSA)

3.64%

Kaiser Permanente

5.53%

Ohana Health Plan

9.85%



Complete

**D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women
Long-Acting Reversible Contraception—90 Days—21–44 Years**

33 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

**D2.VII.3 National Quality
Forum (NQF) number**

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

21.01%

Hawaii Medical Service Association (HMSA)

19.21%

Kaiser Permanente

14.96%

Ohana Health Plan

23.15%

UnitedHealthcare Community Plan

19.86%



Complete

D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women Most or Moderately Effective Contraception—3 Days—21–44 Years

34 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

12.44%

Hawaii Medical Service Association (HMSA)

9.19%

Kaiser Permanente

12.09%

Ohana Health Plan

14.29%

UnitedHealthcare Community Plan

17.42%



Complete

D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women Most or Moderately Effective Contraception—90 Days—21–44 Years

35 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number
2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
44.81%

Hawaii Medical Service Association (HMSA)
46.65%

Kaiser Permanente
40.78%

Ohana Health Plan
41.38%

UnitedHealthcare Community Plan
41.11%



D2.VII.1 Measure Name: Controlling High Blood Pressure Total

36 / 125

D2.VII.2 Measure Domain
Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

49.39%

Hawaii Medical Service Association (HMSA)

54.52%

Kaiser Permanente

75.52%

Ohana Health Plan

65.94%

UnitedHealthcare Community Plan

70.56%



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life Total 37 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

27.80%

Hawaii Medical Service Association (HMSA)

13.47%

Kaiser Permanente

84.68%

Ohana Health Plan

21.79%

UnitedHealthcare Community Plan

26.66%



Complete

D2.VII.1 Measure Name: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c Poor Control >9.0% 18-64 YRS B8 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

35.85%

Hawaii Medical Service Association (HMSA)

29.07%

Kaiser Permanente

N/A

Ohana Health Plan

37.72%

UnitedHealthcare Community Plan

36.93%



Complete

D2.VII.1 Measure Name: Diabetes Long-Term Complications Admission Rate Total 89 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

21.98%

Hawaii Medical Service Association (HMSA)

16.75%

Kaiser Permanente

11.97%

Ohana Health Plan

40.70%

UnitedHealthcare Community Plan

38.69%



Complete

D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

40 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

73.58%

Hawaii Medical Service Association (HMSA)

74.79%

Kaiser Permanente

82.93%

Ohana Health Plan

71.79%

UnitedHealthcare Community Plan

78.34%



Complete

D2.VII.1 Measure Name: Diagnosed Mental Health Disorders Total

41 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

15.18%

Hawaii Medical Service Association (HMSA)

20.01%

Kaiser Permanente

18.23%

Ohana Health Plan

23.00%

UnitedHealthcare Community Plan

23.05%



Complete

D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes Total 42 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

50.85%

Hawaii Medical Service Association (HMSA)

55.77%

Kaiser Permanente

70.83%

Ohana Health Plan

63.26%

UnitedHealthcare Community Plan

66.91%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use 3043 / 125 Day Follow-Up—18–64 Years

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

2605

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.36%

Hawaii Medical Service Association (HMSA)

41.84%

Kaiser Permanente

34.26%

Ohana Health Plan

53.41%

UnitedHealthcare Community Plan

35.05%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use 7- 44 / 125 Day Follow-Up—18–64 Years

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

26.04%

Hawaii Medical Service Association (HMSA)

27.69%

Kaiser Permanente

20.37%

Ohana Health Plan

35.61%

UnitedHealthcare Community Plan

21.45%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁴⁵ / 125
for Mental Illness 30-Day Follow-Up—Total**

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

37.30%

Hawaii Medical Service Association (HMSA)

45.52%

Kaiser Permanente

45.96%

Ohana Health Plan

60.66%

UnitedHealthcare Community Plan

45.43%



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit^{46 / 125}
for Mental Illness 7-Day Follow-Up—Total

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

21.32%

Hawaii Medical Service Association (HMSA)

27.91%

Kaiser Permanente

28.57%

Ohana Health Plan

42.65%

UnitedHealthcare Community Plan

27.73%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁴⁷ / 125
for Substance Use 30-Day Follow-Up—Total**

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

38.55%

Hawaii Medical Service Association (HMSA)

40.93%

Kaiser Permanente

33.76%

Ohana Health Plan

53.52%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit^{48 / 125}
for Substance Use 7-Day Follow-Up—Total

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality
Forum (NQF) number

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.27%

Hawaii Medical Service Association (HMSA)

26.89%

Kaiser Permanente

19.66%

Ohana Health Plan

36.62%

UnitedHealthcare Community Plan

21.20%



Complete

D2.VII.1 Measure Name: follow-Up After Hospitalization for Mental Illness 30-Day Follow-Up—Total

49 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

38.66%

Hawaii Medical Service Association (HMSA)

61.32%

Kaiser Permanente

64.37%

Ohana Health Plan

70.79%

UnitedHealthcare Community Plan

55.61%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness 7-Day Follow-Up—Total

50 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
22.27%

Hawaii Medical Service Association (HMSA)
47.12%

Kaiser Permanente
46.55%

Ohana Health Plan
47.75%

UnitedHealthcare Community Plan
38.79%



D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase^{51 / 125}

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

37.10%

Hawaii Medical Service Association (HMSA)

40.27%

Kaiser Permanente

64.62%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication Continuation and Maintenance Phase^{52 / 125}

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

N/A

Hawaii Medical Service Association (HMSA)

58.06%

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients With Diabetes Glycemic Status <8.0% 3 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0575

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

48.91%

Hawaii Medical Service Association (HMSA)

56.76%

Kaiser Permanente

58.85%

Ohana Health Plan

59.85%

UnitedHealthcare Community Plan

66.91%



Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients With Diabetes Glycemic Status >9.0% 4 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

41.36%

Hawaii Medical Service Association (HMSA)

33.17%

Kaiser Permanente

30.92%

Ohana Health Plan

29.44%

UnitedHealthcare Community Plan

23.84%



Complete

D2.VII.1 Measure Name: HIV Viral Load Suppression Total

55 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

2082

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.00%

Hawaii Medical Service Association (HMSA)

0.26%

Kaiser Permanente

0.00%

Ohana Health Plan

10.81%



Complete

D2.VII.1 Measure Name: Hypertension Admission Rate Total

56 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0276

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

4.43%

Hawaii Medical Service Association (HMSA)

3.10%

Kaiser Permanente

3.29%

Ohana Health Plan

8.06%

UnitedHealthcare Community Plan

7.95%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents Combo 1

57 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.61%

Hawaii Medical Service Association (HMSA)

74.70%

Kaiser Permanente

73.70%

Ohana Health Plan

52.77%

UnitedHealthcare Community Plan

56.20%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents Combo 2

58 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

1407

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

29.68%

Hawaii Medical Service Association (HMSA)

50.61%

Kaiser Permanente

51.90%

Ohana Health Plan

28.86%

UnitedHealthcare Community Plan

34.06%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents HPV

59 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

30.17%

Hawaii Medical Service Association (HMSA)

52.31%

Kaiser Permanente

53.06%

Ohana Health Plan

29.45%

UnitedHealthcare Community Plan

35.28%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents Meningococcal 10 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

60.34%

Hawaii Medical Service Association (HMSA)

76.16%

Kaiser Permanente

74.28%

Ohana Health Plan

53.06%

UnitedHealthcare Community Plan

56.93%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents TDap

61 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

61.80%

Hawaii Medical Service Association (HMSA)

78.59%

Kaiser Permanente

75.89%

Ohana Health Plan

55.39%

UnitedHealthcare Community Plan

59.61%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Engagement of SUD Treatment—Alcohol Use Disorder—Total 62 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.18%

Hawaii Medical Service Association (HMSA)

9.97%

Kaiser Permanente

10.03%

Ohana Health Plan

6.58%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Engagement of SUD Treatment—Opioid Use Disorder—Total 63 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

14.62%

Hawaii Medical Service Association (HMSA)

14.84%

Kaiser Permanente

26.32%

Ohana Health Plan

15.00%

UnitedHealthcare Community Plan

5.53%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Engagement of SUD Treatment—Other Drug Use Disorder—Total 64 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.12%

Hawaii Medical Service Association (HMSA)

9.90%

Kaiser Permanente

6.71%

Ohana Health Plan

9.09%

UnitedHealthcare Community Plan

7.61%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Engagement of SUD Treatment—Total—Total 65 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
9.63%

Hawaii Medical Service Association (HMSA)
10.51%

Kaiser Permanente
8.94%

Ohana Health Plan
9.11%

UnitedHealthcare Community Plan
7.33%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Initiation of SUD Treatment—Alcohol Use Disorder —Total 66 / 125

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

37.23%

Hawaii Medical Service Association (HMSA)

31.41%

Kaiser Permanente

29.27%

Ohana Health Plan

29.15%

UnitedHealthcare Community Plan

39.20%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Initiation of SUD Treatment—Opioid Use Disorder —Total 67 / 125**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

32.55%

Hawaii Medical Service Association (HMSA)

32.23%

Kaiser Permanente

55.26%

Ohana Health Plan

34.29%

UnitedHealthcare Community Plan

32.02%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Initiation of SUD Treatment—Other Drug Use Disorder—Total 68 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

40.91%

Hawaii Medical Service Association (HMSA)

37.37%

Kaiser Permanente

31.03%

Ohana Health Plan

35.78%

UnitedHealthcare Community Plan

40.34%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment Initiation of SUD Treatment—Total—Total 69 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.01%

Hawaii Medical Service Association (HMSA)

34.86%

Kaiser Permanente

31.33%

Ohana Health Plan

33.74%

UnitedHealthcare Community Plan

38.87%



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Maternity—Average Length of Stay—Total 70 / 125

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

2.66

Hawaii Medical Service Association (HMSA)

2.64

Kaiser Permanente

2.4

Ohana Health Plan

3.32



D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Maternity—Days/1000 MY—Total 71 / 125

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
59.75

Hawaii Medical Service Association (HMSA)
58.71

Kaiser Permanente
52.02

Ohana Health Plan
55.17

UnitedHealthcare Community Plan
42.42



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Maternity—Discharges/1000 MY—Total 72 / 125

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

22.50

Hawaii Medical Service Association (HMSA)

22.24

Kaiser Permanente

21.66

Ohana Health Plan

16.61

UnitedHealthcare Community Plan

14.56



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Medicine—Average Length of Stay—Total 73 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

5.94

Hawaii Medical Service Association (HMSA)

5.66

Kaiser Permanente

6.61

Ohana Health Plan

6.92

UnitedHealthcare Community Plan

6.16



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Medicine—Days/1000 MY—Total74 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

204.77

Hawaii Medical Service Association (HMSA)

158.26

Kaiser Permanente

283.92

Ohana Health Plan

461.08

UnitedHealthcare Community Plan

451.82



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Medicine—Discharges/1000 MY—Total 75 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

34.46

Hawaii Medical Service Association (HMSA)

27.95

Kaiser Permanente

42.93

Ohana Health Plan

66.60

UnitedHealthcare Community Plan

73.34



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Surgery—Average Length of Stay—Total 76 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

12.16

Hawaii Medical Service Association (HMSA)

10.54

Kaiser Permanente

0

Ohana Health Plan

13.40

UnitedHealthcare Community Plan

11.79



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Surgery—Days/1000 MY—Total 77 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

218.32

Hawaii Medical Service Association (HMSA)

164.79

Kaiser Permanente

0

Ohana Health Plan

329.98

UnitedHealthcare Community Plan

422.46



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Surgery—Discharges/1000 MY—Total ^{78 / 125}

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

17.95

Hawaii Medical Service Association (HMSA)

15.63

Kaiser Permanente

0

Ohana Health Plan

24.63

UnitedHealthcare Community Plan

35.83



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Total Inpatient—Average Length of Stay—Total ^{79 / 125}

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

6.75

Hawaii Medical Service Association (HMSA)

6.10

Kaiser Permanente

5.49

Ohana Health Plan

8.04



D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Total Inpatient—Days/1000 MY—Total 80 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

468.67

Hawaii Medical Service Association (HMSA)

366.60

Kaiser Permanente

321.67

Ohana Health Plan

831.58

UnitedHealthcare Community Plan

899.57



Complete

D2.VII.1 Measure Name: Inpatient Utilization - General Hospital/Acute Care Total Inpatient—Discharges/1000 MY—Total

81 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.43

Hawaii Medical Service Association (HMSA)

60.08

Kaiser Permanente

58.64

Ohana Health Plan

103.43

UnitedHealthcare Community Plan

117.85



Complete

D2.VII.1 Measure Name: Lead Screening in Children

82 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

48.66%

Hawaii Medical Service Association (HMSA)

55.36%

Kaiser Permanente

79.62%

Ohana Health Plan

55.65%

UnitedHealthcare Community Plan

55.96%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports

83 / 125

Comprehensive Assessment and Update Assessment of Core Elements

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

41.00%

Hawaii Medical Service Association (HMSA)

6.81%

Kaiser Permanente

22.87%

Ohana Health Plan

46.23%

UnitedHealthcare Community Plan

41.61%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports

84 / 125

Comprehensive Assessment and Update Assessment of Supplemental Elements

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.50%

Hawaii Medical Service Association (HMSA)

6.81%

Kaiser Permanente

18.00%

Ohana Health Plan

45.50%

UnitedHealthcare Community Plan

39.66%



Complete

**D2.VII.1 Measure Name: Long-Term Services and Supports
Comprehensive Care Plan and Update Assessment of Supplemental
Elements**

85 / 125

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

43.64%

Hawaii Medical Service Association (HMSA)

2.92%

Kaiser Permanente

15.09%

Ohana Health Plan

37.47%

UnitedHealthcare Community Plan

18.00%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Comprehensive Care Plan and Update Care Plan With Core Elements Documented

86 / 125

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 01/01/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

43.64%

Hawaii Medical Service Association (HMSA)

2.92%

Kaiser Permanente

15.09%

Ohana Health Plan

37.96%



**D2.VII.1 Measure Name: Long-Term Services and Supports
Reassessment/Care Plan Update After Inpatient Discharge
Reassessment After Inpatient Discharge**

87 / 125

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

3326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

16.13%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

16.23%

Ohana Health Plan

18.75%

UnitedHealthcare Community Plan

12.17%



**D2.VII.1 Measure Name: Long-Term Services and Supports
Reassessment/Care Plan Update After Inpatient Discharge
Reassessment and Care Plan Update After Inpatient Discharge**

88 / 125

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

3326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.68%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

6.79%

Ohana Health Plan

18.75%

UnitedHealthcare Community Plan

1.22%



**D2.VII.1 Measure Name: Long-Term Services and Supports Shared Care
Plan with Primary Care Provider Participant with Care Plan
Transmitted to PCP**

89 / 125

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality
Forum (NQF) number

3325

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

32.34%

Hawaii Medical Service Association (HMSA)

2.68%

Kaiser Permanente

11.19%

Ohana Health Plan

32.12%

UnitedHealthcare Community Plan

10.46%



Complete

D2.VII.1 Measure Name: Lower-extremity Amputation Among Patients with Diabetes Admission Rate 18-64 Years90 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality
Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

6.27

Hawaii Medical Service Association (HMSA)

4.80

Kaiser Permanente

4.65

Ohana Health Plan

7.45

UnitedHealthcare Community Plan

7.32



Complete

D2.VII.1 Measure Name: Lower-extremity Amputation Among Patients with Diabetes Admission Rate Total 91 / 125**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

6.47

Hawaii Medical Service Association (HMSA)

5.09

Kaiser Permanente

5.39

Ohana Health Plan

11.02

UnitedHealthcare Community Plan

9.03



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics Blood Glucose and Cholesterol Testing —Total

92 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

14.71%

Hawaii Medical Service Association (HMSA)

13.20%

Kaiser Permanente

63.41%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: MLTSS Admission to a Facility from the Community Long-Term Stay—18–64 Years

93 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

47.96

Hawaii Medical Service Association (HMSA)

11.22

Kaiser Permanente

11.62

Ohana Health Plan

5.68

UnitedHealthcare Community Plan

7.25



Complete

D2.VII.1 Measure Name: MLTSS Admission to a Facility from the Community Medium-Term Stay—18–64 Years

94 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

167.35

Hawaii Medical Service Association (HMSA)

0.53

Kaiser Permanente

3.87

Ohana Health Plan

39.77



Complete

D2.VII.1 Measure Name: MLTSS Admission to a Facility from the Community Short-Term Stay—18–64 Years

95 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

624.49

Hawaii Medical Service Association (HMSA)

1.07

Kaiser Permanente

3.47

Ohana Health Plan

836.65

UnitedHealthcare Community Plan

35.78



Complete

D2.VII.1 Measure Name: MLTSS Minimizing Facility Length of Stay O/E Ratio 96 / 125

D2.VII.2 Measure Domain

UTILIZATION

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.3064

Hawaii Medical Service Association (HMSA)

N/A

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

0.3203



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions O/E Ratio—18-64 Years 67 / 125

D2.VII.2 Measure Domain

CARE COORDINATION

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.985

Hawaii Medical Service Association (HMSA)

0.949

Kaiser Permanente

1.008

Ohana Health Plan

0.943

UnitedHealthcare Community Plan

1.198



D2.VII.1 Measure Name: Plan All-Cause Readmissions Observed Readmissions 8–64 Years

98 / 125

D2.VII.2 Measure Domain

CARE COORDINATION

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

8.80%

Hawaii Medical Service Association (HMSA)

8.46%

Kaiser Permanente

8.58%

Ohana Health Plan

9.37%

UnitedHealthcare Community Plan

11.71%



Complete

D2.VII.1 Measure Name: Postpartum Depression Screening and Follow Up Depression Screening—21+ Years

89 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

22.68%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

70.76%

Ohana Health Plan

7.69%

UnitedHealthcare Community Plan

46.80%



Complete

D2.VII.1 Measure Name: Postpartum Depression Screening and Follow-Up Follow-Up on Positive Screen—21+ Years 100 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

NA

Hawaii Medical Service Association (HMSA)

NA

Kaiser Permanente

54.55%

Ohana Health Plan

NA

UnitedHealthcare Community Plan

NA



Complete

D2.VII.1 Measure Name: PQI 01: Diabetes Short-Term Complications Admission Rate 18–64 Years 101 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0274

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.88%

Hawaii Medical Service Association (HMSA)

9.80%

Kaiser Permanente

12.29%

Ohana Health Plan

10.42%

UnitedHealthcare Community Plan

9.98%



Complete

D2.VII.1 Measure Name: PQI 05: COPD or Asthma in Older Adults Admission Rate Total

102 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

29.97

Hawaii Medical Service Association (HMSA)

19.06

Kaiser Permanente

15.71

Ohana Health Plan

44.99

UnitedHealthcare Community Plan

36.64



Complete

D2.VII.1 Measure Name: PQI 08: Heart Failure Admission Rate 18–64 Years 103 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

53.55

Hawaii Medical Service Association (HMSA)

31.23

Kaiser Permanente

36.20

Ohana Health Plan

85.38



D2.VII.1 Measure Name: PQI 15: Asthma in Younger Adults Admission Rate 18–39 Years104 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
0.99

Hawaii Medical Service Association (HMSA)
1.76

Kaiser Permanente
1.72

Ohana Health Plan
1.99

UnitedHealthcare Community Plan
4.19



D2.VII.1 Measure Name: Prenatal and Postpartum Care - Postpartum Care 105 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.82%

Hawaii Medical Service Association (HMSA)

82.64%

Kaiser Permanente

82.40%

Ohana Health Plan

76.38%

UnitedHealthcare Community Plan

74.69%



D2.VII.1 Measure Name: Prenatal and Postpartum Care Timeliness of Prenatal Care 106 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.21%

Hawaii Medical Service Association (HMSA)

79.17%

Kaiser Permanente

90.00%

Ohana Health Plan

69.74%

UnitedHealthcare Community Plan

73.71%



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care Postpartum Care—Under 21 Years 107 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.57%

Hawaii Medical Service Association (HMSA)

64.66%

Kaiser Permanente

88.64%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care Timeliness of Prenatal Care—Under 21 Years 108 / 125

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

68.84%

Hawaii Medical Service Association (HMSA)

67.49%

Kaiser Permanente

84.09%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: Prenatal Immunization Status Combination-21+ Years 409 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.99%

Hawaii Medical Service Association (HMSA)

55.23%

Kaiser Permanente

70.14%

Ohana Health Plan

55.19%

UnitedHealthcare Community Plan

54.75%



Complete

D2.VII.1 Measure Name: Prenatal Immunization Status Influenza—21st / 125 Years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

30.62%

Hawaii Medical Service Association (HMSA)

24.32%

Kaiser Permanente

33.09%

Ohana Health Plan

35.68%

UnitedHealthcare Community Plan

29.11%



Complete

D2.VII.1 Measure Name: Prenatal Immunization Status Tdap—21+ Years 111 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.19%

Hawaii Medical Service Association (HMSA)

19.95%

Kaiser Permanente

31.12%

Ohana Health Plan

29.88%

UnitedHealthcare Community Plan

26.90%



Complete

D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 12 / 125
18-64 Years

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

40.88%

Hawaii Medical Service Association (HMSA)

30.26%

Kaiser Permanente

6.27%

Ohana Health Plan

18.08%



D2.VII.1 Measure Name: Uncontrolled Diabetes Admission Rate Total113 / 125

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality
Forum (NQF) number
0638

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
2.39

Hawaii Medical Service Association (HMSA)
1.30

Kaiser Permanente
1.80

Ohana Health Plan
2.12

UnitedHealthcare Community Plan
8.38



Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Total

114 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

N/A

Hawaii Medical Service Association (HMSA)

58.57%

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



Complete

D2.VII.1 Measure Name: Use of Opioids at High Dosage 18–64 Years

115 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

6.08%

Hawaii Medical Service Association (HMSA)

6.60%

Kaiser Permanente

1.22%

Ohana Health Plan

10.27%

UnitedHealthcare Community Plan

7.78%



Complete

D2.VII.1 Measure Name: use of Pharmacotherapy for Opioid Use Disorder Rate 1: Total

116 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

48.91%

Hawaii Medical Service Association (HMSA)

49.56%

Kaiser Permanente

54.55%

Ohana Health Plan

51.50%

UnitedHealthcare Community Plan

38.62%



Complete

D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder Rate 2: Buprenorphine

117 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

31.72%

Hawaii Medical Service Association (HMSA)

32.25%

Kaiser Permanente

40.15%

Ohana Health Plan

21.56%

UnitedHealthcare Community Plan

20.88%



Complete

D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder Rate 3: Oral Naltrexone

118 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.48%

Hawaii Medical Service Association (HMSA)

1.12%

Kaiser Permanente

0.76%

Ohana Health Plan

0.60%

UnitedHealthcare Community Plan

0.63%



Complete

D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder Rate 4: Long-Acting, Injectable Naltrexone

119 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.24%

Hawaii Medical Service Association (HMSA)

0.19%

Kaiser Permanente

0.00%

Ohana Health Plan

0.00%

UnitedHealthcare Community Plan

0.42%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder Rate 5: Methadone

120 / 125

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

17.92%

Hawaii Medical Service Association (HMSA)

18.12%

Kaiser Permanente

15.15%

Ohana Health Plan

30.84%

UnitedHealthcare Community Plan

18.37%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI percentile—Total

121 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

83.23%

Hawaii Medical Service Association (HMSA)

86.49%

Kaiser Permanente

96.84%

Ohana Health Plan

92.94%

UnitedHealthcare Community Plan

90.51%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Counseling for Nutrition—Total

122 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

81.71%

Hawaii Medical Service Association (HMSA)

77.70%

Kaiser Permanente

98.16%

Ohana Health Plan

83.21%

UnitedHealthcare Community Plan

81.02%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Counseling for Physical Activity—Total

123 / 125

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
81.10%

Hawaii Medical Service Association (HMSA)
74.66%

Kaiser Permanente
97.89%

Ohana Health Plan
82.24%

UnitedHealthcare Community Plan
80.78%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life 24 / 125
Well-Child Visits for Age 15 Months–30 Months—Two or More Well-Child Visits

D2.VII.2 Measure Domain
Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare

62.69%

Hawaii Medical Service Association (HMSA)

78.09%

Kaiser Permanente

83.39%

Ohana Health Plan

63.21%

UnitedHealthcare Community Plan

58.70%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life 25 / 125
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

61.95%

Hawaii Medical Service Association (HMSA)

71.60%

Kaiser Permanente

74.69%

Ohana Health Plan

53.82%

UnitedHealthcare Community Plan

58.33%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	AlohaCare
		2
		Hawaii Medical Service Association (HMSA)
		2
		Kaiser Permanente
		2
		Ohana Health Plan
		2
		UnitedHealthcare Community Plan
		2
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	AlohaCare
		6
		Hawaii Medical Service Association (HMSA)
		6
		Kaiser Permanente
		1
		Ohana Health Plan
		7
		UnitedHealthcare Community Plan
		3
D1X.4	Count of resolved program integrity investigations How many program integrity investigations were resolved by the plan during the reporting year?	AlohaCare
		3
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		5

D1X.6	Referral path for program integrity referrals to the state What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	AlohaCare Makes referrals to the SMA and MFCU concurrently Hawaii Medical Service Association (HMSA) Makes referrals to the SMA and MFCU concurrently Kaiser Permanente Makes referrals to the SMA and MFCU concurrently Ohana Health Plan Makes referrals to the SMA and MFCU concurrently UnitedHealthcare Community Plan Makes referrals to the SMA and MFCU concurrently
D1X.7	Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.	AlohaCare 6 Hawaii Medical Service Association (HMSA) 6 Kaiser Permanente 1 Ohana Health Plan 7 UnitedHealthcare Community Plan 3
D1X.9a:	Plan overpayment reporting to the state: Start Date What is the start date of the reporting period covered by the	AlohaCare 01/01/2025

	plan's latest overpayment recovery report submitted to the state?	Hawaii Medical Service Association (HMSA) 01/01/2025 Kaiser Permanente 01/01/2025 Ohana Health Plan 01/01/2025 UnitedHealthcare Community Plan 01/01/2025
D1X.9b:	Plan overpayment reporting to the state: End Date What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	AlohaCare 12/31/2025 Hawaii Medical Service Association (HMSA) 12/31/2025 Kaiser Permanente 12/31/2025 Ohana Health Plan 12/31/2025 UnitedHealthcare Community Plan 12/31/2025
D1X.9c:	Plan overpayment reporting to the state: Dollar amount From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?	AlohaCare \$815,823.74 Hawaii Medical Service Association (HMSA) \$9,450,193.33 Kaiser Permanente \$1,835,471.48 Ohana Health Plan \$3,652,680.12 UnitedHealthcare Community Plan \$11,369,423.82
D1X.9d:	Plan overpayment reporting to the state: Corresponding	AlohaCare

premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

\$458,960,634

Hawaii Medical Service Association (HMSA)

\$1,257,155,773

Kaiser Permanente

\$337,697,215

Ohana Health Plan

\$390,883,675

UnitedHealthcare Community Plan

\$564,492,790

D1X.10**Changes in beneficiary circumstances**

Select the frequency the plan reports changes in beneficiary circumstances to the state.

AlohaCare

Monthly

Hawaii Medical Service Association (HMSA)

Monthly

Kaiser Permanente

Monthly

Ohana Health Plan

Monthly

UnitedHealthcare Community Plan

Monthly

Topic XI: ILOS

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees.	AlohaCare Not answered, optional Not answered
		Hawaii Medical Service Association (HMSA) Not answered, optional Not answered
		Kaiser Permanente Not answered, optional Not answered
		Ohana Health Plan Not answered, optional Not answered
		UnitedHealthcare Community Plan Not answered, optional Not answered

Topic XIII. Prior Authorization



Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Yes

Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Yes

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Legal Aid Society of Hawaii Legal Assistance Organization Other Community-Based Organization
		Project Vision Hawaii (Statewide) Other Community-Based Organization
		Waianae Coast Comprehensive Health Center Other Community-Based Organization Other, specify – Federally Qualified Health Center
		Waikiki Health Other Community-Based Organization Other, specify – Federally Qualified Health Center
		Waimanalo Health Center Other Community-Based Organization Other, specify – Federally Qualified Health Center
		We Are Oceania Other Community-Based Organization
		Hawaii Island Community Health Center Hilo / Kona Other Community-Based Organization
		Hawaii Island Community Health Center Hilo / Kona Other Community-Based Organization Other, specify – Federally Qualified Health Center

**Kumukahi Health + Wellness Kea'au
and Kailua-Kona**

Other Community-Based Organization

Kalanihale

Other Community-Based Organization

Subcontractor

Hana Health

Other Community-Based Organization

Other, specify – Federally Qualified Health
Center

IMUA Family Services

Other Community-Based Organization

Lanai Community Health Center

Other Community-Based Organization

Other, specify – Federally Qualified Health
Center

Malama I Ke Ola

Other Community-Based Organization

Other, specify – Federally Qualified Health
Center

Maui Aids Foundation

Other Community-Based Organization

Molokai Community Health Center

Other Community-Based Organization

Other, specify – Federally Qualified Health
Center

Hoola Lahui Hawaii

Other Community-Based Organization

Other, specify – Federally Qualified Health
Center

Malama Pono Health Services

Other Community-Based Organization

Subcontractor

Institute for Human Services

Local Government Entity

Other Community-Based Organization

Hawaii Health and Harm Reduction

Other Community-Based Organization

Subcontractor

Vibrant Hawaii

Other Community-Based Organization

EIX.2

BSS entity role

What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).

Legal Aid Society of Hawaii

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Project Vision Hawaii (Statewide)

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Waianae Coast Comprehensive Health Center

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Waikiki Health

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Waimanalo Health Center

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

We Are Oceania

Enrollment Broker/Choice Counseling

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

**Hawaii Island Community Health Center
Hilo / Kona**

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

**Hawaii Island Community Health Center
Hilo / Kona**

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

**Kumukahi Health + Wellenness Kea'au
and Kailua-Kona**

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Kalanihale

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Hana Health

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

IMUA Family Services

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Lanai Community Health Center

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Malama I Ke Ola

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Maui Aids Foundation

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Molokai Community Health Center

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Hoola Lahui Hawaii

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Malama Pono Health Services

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Institute for Human Services

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Hawaii Health and Harm Reduction

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Vibrant Hawaii

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Other, specify – assistance with application submission and reporting changes in circumstances

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	Notes (optional)	Not answered, optional