Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: March 4, 2014

Demonstration/Quarter Reporting Period:
Demonstration Year: 20 (7/1/2013 – 6/30/2014)
Federal Fiscal Quarter: 1/2014 (10/1/2013-12/31/2013)
State Fiscal Quarter: 2/2014 (10/1/2013-12/31/2013)
Calendar Year: 4/2013 (10/1/2013-12/31/2013)

Introduction

Hawaii's QUEST Integration is a Department of Human Services (DHS), Med-QUEST Division (MQD) comprehensive section 1115 (a) demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. The demonstration creates a public purchasing pool that arranges for health care through capitated-managed care plans. In 1994, the MQD converted approximately 108,000 recipients from three public funded medical assistance programs into the initial demonstration including 70,000 Aid to Families with Dependent Children (AFDC-related) individuals; 19,000 General Assistance program individuals (of which 9,900 were children whom the MQD was already receiving Federal financial participation); and 20,000 former MQD funded SCHIP program individuals.

QUEST Integration is a continuation and expansion of the state's ongoing demonstration that is funded through Title XIX, Title XXI and the State. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. QUEST Integration provides Medicaid State Plan benefits and additional benefits (including institutional and home and community-based long-term-services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations. During the period between approval and implementation of the QUEST Integration managed care contract the state will continue operations under its QUEST and QUEST Expanded Access (QExA) programs. The current extension period began on October 1, 2013.

The State's goals in the demonstration are to:

- Improve the health care status of the member population;
- Minimize administrative burdens, streamline access to care for enrollees with changing health status, and improve health outcomes by integrating the demonstration's programs and benefits;
- Align the demonstration with Affordable Care Act;
- Improve care coordination by establishing a "provider home" for members through the use of assigned primary care providers (PCP);
- Expand access to home and community based services (HCBS) and allow individuals to have a choice between institutional services and HCBS;
- Maintain a managed care delivery system that assures access to high-quality, cost-effective care that is provided, whenever possible, in the members' community, for all covered populations;
- Establish contractual accountability among the contracted health plans and health care providers;
- Continue the predictable and slower rate of expenditure growth associated with managed care; and
- Expand and strengthen a sense of member responsibility and promote independence and choice among members that leads to more appropriate utilization of the health care system.

Enrollment Information

Note: Enrollment counts include both person counts (unduplicated members) and member months. Member months and unduplicated members data for October 2013 to December 2013.

Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	Member Months 10/2013-12/2013	Unduplicated Members 10/2013-12/2013
Mandatory State Plan Groups			
State Plan Children	State Plan Children	331,573	108,102
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	142,023	43,219
Aged	Aged w/Medicare Aged w/o Medicare	64,888	21,882
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	73,594	24,730
Expansion State Adults	Expansion State Adults		
Newly Eligible Adults	Newly Eligible Adults		
Optional State Plan Children	Optional State Plan Children		
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	479	173
Medically Needy Adults	Medically Needy Adults		
Demonstration Eligible Adults	Demonstration Eligible Adults	11,436	289
Demonstration Eligible Children	Demonstration Eligible Children		
VIII-Like Group	VIII-Like Group	171,985	59,425
Total		795,978	257,820

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	252,827
Title XXI funded State Plan	32,632
Title XIX funded Expansion	
Enrollment current as of	12/31/2013

Outreach/Innovative Activities

The DHS is working with the Hawaii Health Connector (Hawaii's Health Insurance Marketplace) to establish navigators who will help individuals apply for Medicaid. In addition, MQD implemented a new eligibility system called Kauwale (community) On-Line Eligibility Assistance System (KOLEA) on

October 1, 2013. As part of KOLEA implementation, MQD will be able to generate reports on the activity of navigators in submission of applications. MQD is unable to report on this information currently, but will in future reports.

At this time, DHS does not have any other outreach services for eligibility applications.

Operational/Policy Developments/Issues

During the first quarter of FFY14, the Med-QUEST Division (MQD) continued its oversight of its new contract for the QUEST program for five health plans: AlohaCare, Health Services Medical Association (HMSA), Kaiser Foundation Health Plan, 'Ohana Health Plan, and United Healthcare Community Plan. The QUEST program serves approximately 256,000 beneficiaries who are not aged or disabled. The State finalized readiness review for the QUEST contract during the third quarter of FFY13.

MQD performed readiness review of a new behavioral health contract called the Community Care Services (CCS) program. This contract was implemented by 'Ohana Health Plan on March 1, 2013. The Med-QUEST Division transitioned approximately 3,300 Medicaid beneficiaries receiving their behavioral health service from AMHD to the CCS program. The MQD finalized this transition in the first quarter of FFY14.

The MQD started procurement of a new program called QUEST Integration or QI in August 2013. QUEST Integration or QI is a melding of both the QUEST and QExA programs. QI is a patient-centered approach with provision of services based upon clinical conditions and medical necessity. QUEST Integration combines QUEST and QUEST Expanded Access (QExA) programs into one and eliminates the QUEST-ACE and QUEST-Net programs. In addition, beneficiaries remain with same health plan upon turning 65 or when changes occur in their health condition.

In QUEST Integration, health plans will provide a full-range of comprehensive benefits including long-term services and supports. MQD has lowered its ratios for service coordination. In addition, MQD will start provision of some home and community based services to "at risk" individuals to prevent decline in health status effective January 1, 2014.

The MQD continued to work with the QExA health plans on implementation of the QExA program.

Expenditure Containment Initiatives

No expenditure containment planned.

Financial/Budget Neutrality Development/Issues

The budget neutrality for first quarter of FFY14 will be submitted on next quarterly report.

Member Month Reporting

A. For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1 (October 2013)	Month 2 (November 2013)	Month 3 (December 2013)	Total for Quarter Ending 12/2013
EG 1-Children	109,900	109,279	112,873	332,052
EG 2-Adults	51,052	49,230	53,177	153,459
EG 3-Aged	21,495	21,574	21,819	64,888
EG 4-Blind/Disabled	24,514	24,571	24,509	73,594

EG 5-VIII-Like Adults	51,991	58,400	61,594	171,985
EG 6-VIII Group Combined				

B. For Informational Purposes Only

With Waiver Eligibility Group	Month 1 (October 2013)	Month 2 (November 2013)	Month 3 (December 2013)	Total for Quarter Ending 12/2013
State Plan Children	109,752	109,116	112,705	331,573
State Plan Adults	42,908	47,078	52,037	142,023
Aged	21,495	21,574	21,819	64,888
Blind or Disabled	24,514	24,571	24,509	73,594
Expansion State Adults				
Newly Eligible Adults				
Optional State Plan Children				
Foster Care Children, 19-20 years old	148	163	168	479
Medically Needy Adults				
Demonstration Eligible Adults	8,144	2,152	1,140	11,436
Demonstration Eligible Children				
VIII-Like Group	51,991	58,400	61,594	171,985

QUEST Integration Consumer Issues

The MQD Customer Service Branch (CSB) received no concerns this quarter regarding the QUEST or QExA programs. The Health Care Services Branch, Member and Provider Relations Section (HCSB/MPRS) received no calls regarding the QUEST program during the first quarter of FFY14.

	Member			Provider		
	QUEST	QExA	FFS	QUEST	QExA	FFS
October 2013	0	10	2	0	2	5
November 2013	0	7	0	0	2	3
December 2013	0	3	0	0	5	3
Total	0	20	2	0	9	11

MQD's FFS program received two (2) calls from beneficiaries and eleven (11) calls from providers. The HCSB/MPRS addressed all of these calls.

HCSB Grievance

During the first quarter of FFY14, the HCSB continued to handle incoming calls. As telephone calls come into the MQD Customer Service Branch, if related to client or provider problems with health plans (either QUEST or QExA), transfer those telephone calls to the HCSB. The clerical staff person(s) takes the basic contact information and assigns the call to one of the social workers. MQD tracks all of the

calls and their resolution through an Access database. If the clients' call is an enrollment issue (i.e., into a QExA health plan), then the CSB will work with the client to resolve their issue. The CSB did not have any calls related to QExA this quarter.

During the first quarter of FFY14, the HCSB staff, as well as other MQD staff, processed approximately 29 member and provider telephone calls and e-mails (see table above). The number of calls from members is consistent with other quarters. In previous quarters, MQD received approximately 59 calls, letters, and e-mails.

HCSB Appeals

The HCSB received six (6) appeals in the first quarter of FFY14. Of the six (6) appeals that we received, DHS was able to dismiss four (4) of them by working with the health plan to cover the requested service. The other two (2) appeals went to hearing and the hearing officer found that the health plan had correctly processed the denial. The types of appeals were primarily LTSS (3) with one (1) medical, one (1) for a wheelchair, and one (1) for a medical denial.

Category	#
Submitted	6
DHS favor	2
Dismissed(Member favor)	4

Types of Appeals	#
Medical	1
LTSS	3
Other: Wheelchair, Medications	2

Provider Interaction

The MQD and the health plans continue to have two regularly scheduled meetings with providers. One of the meetings is a monthly meeting with the Case Management Agencies. MQD focuses the meetings with these agencies around continually improving and modifying processes within the health plans related to HCBS. In addition, the MQD and health plans meet with a provider group on Maui to address any of their concerns as well.

Most of the communication with providers occurs via telephone and e-mail at this time. The MQD will arrange any requested meetings with health plans and provider groups as indicated.

The MQD estimates that provider call volume has decreased due to frequent meetings with the providers throughout the program as well as the health plans addressing provider issues when the provider contacts the health plan first.

Enrollment of individuals

The DHS enrolled approximately 13,700 members during the first quarter of FFY14. Of this group, 74 chose their health plan when they became eligible, 3,758 changed their health plan after being auto-assigned.

In addition, DHS had 67 plan-to-plan changes during the first quarter of FFY14. A plan-to-plan change is a change in enrollment outside of the allowable choice period. Both health plans (the losing and the gaining health plan) agree to the change. Changes are effective the first day of the following month.

	#
Individuals who chose a health plan when they became eligible	74
Individuals who changed their health plan after being auto-assigned	3,758
Individuals who changed their health plan outside of allowable choice period (i.e., plan to plan change)	67
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	25

In addition, 25 individuals in the QUEST Expanded Access (QExA) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

Long-Term Services and Supports (LTSS)

HCBS Waiting List

During the first quarter of FFY14, the QExA health plans did not have a wait list for HCBS.

HCBS Expansion and Provider Capacity

During the first quarter of FFY14, MQD monitored the number of clients receiving HCBS when long-term services and supports (LTSS) were required. The number of clients requiring long-term services and supports continues to increase. In the first quarter of FFY14, the increase is 49.4% since the start of the program receiving long-term services and supports. The number of individuals in nursing facilities increased this past quarter. Despite this change in the first quarter of FFY14, HCBS usage has more than doubled since the start of the QExA program. Nursing facility services have decreased by approximately 8.2% since program inception.

The number of beneficiaries receiving HCBS has increased by approximately 127% since program inception. At the start of the program clients receiving HCBS was 42.6% of all clients receiving long-term care services. This number has increased to 65% (64.8%) since the start of the program.

	2/1/09	4th Qtr FFY13, av	1st Qtr FFY14, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 1st Qtr FFY14
HCBS	2,110	4,763	4,790	127%↑	42.6%	64.8%↑
NF	2,840	2,538	2,606	8.2%↓	57.4%	35.2%↓
Total	4,950	7,301	7,396	49.4%↑		

Behavioral Health Programs Administered by the DOH and DHS

The DHS assumed approximately 3,700 individuals from the Adult Mental Health Division (AMHD) under the Department of Health (DOH) on in the first quarter of FFY14. These individuals went into the Community Care Services (CCS) program. Individuals in CCS have a Serious Mental Illness (SMI) diagnosis with functional impairment. The Medicaid beneficiaries who continue to receive services from AMHD are legally encumbered. These individuals are under court order to be cared for by AMHD.

Program	#
Adult Mental Health Division (AMHD/DOH)	283
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,166
Community Care Services (CCS/DHS)	4,582

The Child and Adolescent Mental Health Division (CAMHD) under the DOH provides behavioral health services to children from ages three (3) through twenty (20). CAMHD is providing services to approximately 1,200 children during the first quarter to FFY14.

QUEST Integration transition

The DHS was procuring the QUEST Integration program during the first quarter of FFY14. The Request for Proposals was issued on August 5, 2013. Proposals were submitted on November 1, 2013. The DHS was evaluating proposals from November 2, 2013 through January 4, 2014.

Quality Assurance/Monitoring Activity

MQD Quality Strategy

Our goal continues to ensure that our clients receive high quality care by providing effective oversight of health plans and contracts to ensure accountable and transparent outcomes. We have adopted the Institute of Medicine's framework of quality, ensuring care that is safe, effective, efficient, customer-centered, timely, and equitable. MQD identified an initial set of ambulatory care measures based on this framework. MQD reviews and updates HEDIS measures annually that the health plans report to us.

We are continuing to work on strategies and measures related to home and community based services, which will affect mostly our QExA health plans, the DDID program, and the Going Home Plus program. MQD submitted a quality grid for monitoring the DDID program to CMS with the recent waiver amendment, and we have been working to implement this. The quality grid included measures that span the six assurances and sub-assurances of level of care, service plans, qualified providers, health and welfare, financial accountability, and administrative authority. We have also been working on behavioral health monitoring and quality improvement. Measures on inpatient care and long-term care will need to be developed in the future in partnership with our stakeholders. Measures for the QUEST and QExA populations will vary.

Our quality approach aspires to 1) have collaborative partnerships among the MQD, health plans, and state departments; 2) advance the patient-centered medical home; 3) increase transparency- including making information (such as quality measures) readily available to the public; 4) being data driven; and 5) use quality-based purchasing- including exploring a framework and process for financial and non-financial incentives.

MQD is in the process of updating its quality strategy for the QUEST Integration program.

Quality Activities during the quarter

The following is a description of the EQRO activities completed for this quarter:

1. PIPS – MQD is requiring the QUEST Plans to have the same PIP topics of 1) All Cause Readmission 2) Diabetes Self-Management. For the QExA Plans, the PIP topic will be the ongoing PIPs for Diabetes and BMI for the EQRO validation. The final report for PIP validation was provided to the health plans on October 2, 2013.

2. HEDIS – The HEDIS rates were finalized on August 9, 2013 for all health plans.

3. Compliance Monitoring – The EQRO completed the onsite review with each health plan from June 17, 2013 through July 2, 2013. This year the review requirements include 1) Member Rights, Protection and Member Information 2) Member Grievance System 3) Access and Availability of Services 4) Coverage and Authorization 5) Coordination and Continuity of Care. The health plans continued to work on their corrective action plans (CAP) this quarter. The EQRO will perform on-site visits to assure implementation of CAPs in next quarter.

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – The CAHPS survey closed as of May 13, 2013. The final response rate is 38.33% for QUEST plans, 41.15% for QExA plans and 53.71% for CHIP. The EQRO complete the final CAHPS STAR report on September 9, 2013.

5. Provider Survey – The mailing of the provider survey started on April 19, 2013 and as of May 31, 2013, the response rate was much lower than in 2011. To improve the response rate, MQD and the EQRO extended the provider survey by one week. On June 28, 2013, the provider survey closed. The total response rate was 14.05% (In 2011 the response rate was 18.4%). The EQRO issued the final report to MQD on October 24, 2013. One of the health plans performs significantly higher than the other four. Two of the health plans perform significantly lower than the other three. The EQRO will have health plans submit their corrective action plans for resolution of the provider survey in 2014.

6. The EQRO issued their final report to MQD on December 13, 2013. MQD provided a copy to CMS in December 2013. In addition, the final report is posted on the MQD website.

7. MQD is working with the EQRO on prepping for a new year of quality oversight in 2014. Some of the preparations include:

    a. Determining HEDIS measures for QUEST, QExA, and CCS;
    b. Finalizing questions and letters to be mailed for CAHPS survey (adults by health plan and child's survey for CHIP (Statewide));
    c. Finalizing compliance review CAPs for 2013; and
    d. Development of tools for compliance review for 2014.

QUEST and QExA Dashboards
The MQD receives dashboards on both the QUEST and QExA programs monthly (see Attachment A and Attachment B for months October, November, and December 2013). These reports allow MQD to track provider network, claims processing, processing of prior authorization, and call center statistics at a glance.

Demonstration Evaluation
MQD submitted its final demonstration evaluation to CMS on January 24, 2014.

Enclosures/Attachments
Attachment A QUEST Dashboard- December 2013
Attachment B QExA Dashboard- December 2013

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Attachment A

QUEST Dashboard Report
SFY 2013 Monthly Trend Analysis

	Oct-13					Nov-13					Dec-13				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Members															
QUEST Adult	27,808	50,884	7,959	6,812	5,896	28,618	52,800	8,241	7,155	6,547	29,632	54,679	8,471	8,340	7,353
QUEST Keiki	39,017	82,222	16,722	3,647	3,223	39,357	83,123	16,928	3,814	3,437	39,572	83,989	16,961	4,048	3,614
Total	**66,825**	**133,106**	**24,681**	**10,459**	**9,119**	**67,975**	**135,923**	**25,169**	**10,969**	**9,984**	**69,204**	**138,668**	**25,432**	**12,388**	**10,967**
# Network Providers															
PCPs	579	735	232	666	635	577	746	232	695	644	583	748	229	694	647
Specialists	2,198	2,493	543	1,657	1,570	2,207	2,517	544	1,685	1,584	2,209	2,530	544	1,698	1,601
Behavioral Health	797	1,160	137	487	609	808	1,176	138	491	621	819	1,206	138	503	638
Facilities (Hosp./NF)	29	24	51	51	34	29	24	51	51	34	27	24	51	51	34
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1,536	1,091	213	1,270	420	1,536	1,106	214	1,285	427	1,536	1,127	214	1,293	430
Total # of providers	**5,139**	**5,503**	**1,176**	**4,131**	**3,268**	**5,157**	**5,569**	**1,179**	**4,207**	**3,310**	**5,174**	**5,635**	**1,176**	**4,239**	**3,350**
Call Center															
# Member Calls	3,458	10,602	493	1,761	1,314	2,814	8,863	424	1,607	1,227	3,030	7,969	513	1,042	1,290
Avg. time until phone answered	0:00:43	0:39	0:00:17	0:00:30	0:06:00	0:00:11	2:40	0:00:16	0:00:16	0:05:00	0:00:26	0:39	0:00:20	0:00:15	0:00:07
Avg. time on phone with member	3:24:00	3:26:00	3:04:00	6:33:00	6:06:00	3:30:00	4:01:00	3:09:00	6:23:00	6:33:00	3:41:00	3:54:00	3:10:00	6:32:00	0:06:28
% of member calls abandoned	8.1%	3.74%	2.40%	2.70%	0.8%	2.1%	17.83%	2.30%	1.30%	1.2%	6.4%	3.34%	3.10%	1.40%	1.3%
# Provider Calls	9,449	14,296	N/A	191	1,024	7,339	12,545	N/A	189	851	7,627	12,112	N/A	170	851
Avg. time until phone answered	0:00:43	0:25	N/A	0:00:10	0:05:00	0:00:11	0:42	N/A	0:00:16	0:05:00	0:00:26	0:16	N/A	0:00:06	0:00:06
Avg. time on phone with provider	3:12:00	9:21:36	N/A	6:12:00	6:34:00	3:54:00	2:12:00	N/A	5:55:00	7:06:00	3:21:00	2:18:00	N/A	5:27:00	0:06:59
% of provider calls abandoned	6.9%	2.56%	N/A	0.0%	2.80%	1.8%	5.27%	N/A	0.0%	3.40%	5.9%	2.11%	N/A	0.0%	4.50%
Medical Claims - Electronic															
# Submitted, not able to get into system	1,207	1,654	25	357	514	856	2,303	22	531	414	289	7,640	30	366	508
# Received	39,879	114,560	356	22,217	10,277	37,234	98,384	258	21,994	8,275	36,511	248,632	389	22,769	10,175
# Paid	35,576	92,968	266	17,506	8,622	27,565	75,431	158	18,212	7,058	31,722	206,558	229	17,782	8,853
# In Process	4,797	21,592	78	7,367	628	9,759	22,953	91	8,856	582	7,938	100,219	151	6,655	626
# Denied	2,278	6,353	13	5,464	1,816	4,762	4,585	8	5,809	1,770	6,513	19,746	9	7,403	1,428
Avg time for processing claim in days (month to date)	4	7	15	10	12	4	8	14	10	12	7	11	19	18	9
Medical Claims - Paper															
# Submitted, not able to get into system	409	1,236	150	96	75	330	1,644	165	61	94	112	2,477	172	84	78
# Received	23,745	27,883	2,189	6,264	1,495	21,349	23,906	1,892	5,995	1,871	21,490	55,580	2,206	5,169	1,550
# Paid	21,567	18,800	1,633	4,272	1,151	15,699	14,615	1,160	4,099	1,443	2,074	48,432	1,300	3,552	1,199
# In Process	3,997	9,083	476	2,944	822	8,221	9,291	671	2,535	733	6,755	26,809	855	2,669	667
# Denied	2,513	1,945	79	2,057	331	1,678	1,463	62	2,735	422	2,157	7,347	51	1,656	358
Avg time for processing claim in days (month-to-date)	8	11	15	14	18	7	11	14	18	18	9	15	19	16	14
Prior Authorization (PA)- Electronic															
# Received	148	98	50	6	9	100	172	118	4	3	99	153	142	8	4
# In Process	9	80	0	1	4	1	46	0	0	2	13	33	0	0	3
# Approved	137	202	41	5	4	96	162	117	4	1	84	168	140	8	1
# Denied	2	38	9	0	0	3	44	1	0	0	2	33	2	0	0
Avg time for PA in days (month to date)	5	12	3	7	3	7	11	3	11	2	7	12	3	0	2
Prior Authorization (PA)- Paper and Telephone															
# Received	3,527	1,064	1	209	887	2572	1088	2	224	840	3170	1124	4	242	806
# In Process	446	13	0	11	55	17	0	0	7	86	853	0	0	49	121
# Approved	3,051	888	0	198	815	2529	969	0	217	737	2291	908	0	190	668
# Denied	28	163	1	0	17	26	130	2	0	17	26	197	4	3	17
Avg time for PA in days (month-to-date)	4	1	10	3	4	5	1	13	3	3	5	1	10	6	2
# Non-Emergency Transports															
Ground	449	678	53	308	444	405	566	41	279	584	324	523	84	349	612
Air	522	711	0	81	53	457	583	0	65	49	444	560	0	73	67
* round trip															
# Member Grievance															
# Received	15	10	8	5	2	8	7	17	5	6	14	8	10	6	6
# Resolved	30	12	4	3	5	14	6	21	4	1	9	8	9	6	7
# Outstanding	10	2	4	4	1	4	3	4	5	6	9	5	5	5	5
# Provider Grievance															
# Received	0	0	0	0	0	2	2	0	0	2	0	0	0	1	0
# Resolved	0	0	0	0	0	2	2	0	0	0	0	0	0	0	1
# Outstanding	0	0	0	0	0	0	0	0	0	2	0	0	0	1	1

Attachment A

QUEST Dashboard Report
SFY 2013 Monthly Trend Analysis

	Oct-13					Nov-13					Dec-13				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Member Appeals															
# Received	1	72	0	0	1	1	42	0	1	0	2	25	1	0	0
# Resolved	1	70	0	0	1	2	46	0	1	0	2	43	2	0	0
# Outstanding	1	39	0	1	0	0	35	0	1	0	0	18	1	0	0
# Provider Appeals															
# Received	0	1	0	10	19	0	2	0	12	12	0	0	0	12	17
# Resolved	1	3	0	10	19	0	1	0	14	12	0	0	0	3	20
# Outstanding	1	1	0	28	9	0	2	0	26	9	0	2	0	32	6
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits (A) - per 1,000	79	97	4	173	207	80	90	2	130	164	72	111	3	144	131
Inpatient Acute Days (A) - per 1,000	316	552	13	645	756	304	539	9	319	753	257	528	12	588	601
Inpatient Acute Psych Admits (A)- per 1,000	8	1	0	23	14	7	1	0	9	9	7	1	1	19	5
Inpatient Acute Psych Days (A)- per 1,000	27	7	5	101	60	21	7	2	21	38	29	7	7	56	21
Readmissions within 30 days (A)	33	151	0	22	21	35	101	0	10	4	22	159	0	20	8
Waitlisted Days (A) - per 1,000	30	7	1	0	0	31	11	1	20	0	25	9	1	13	0
ER Visits (C) - per 1,000	542	475	19	597	573	550	192	18	742	335	539	503	19	620	557
# Prescriptions (C) - per 1,000	6,393	9,527	618	9,702	7,595	7,122	8,964	585	8,927	6,873	6,835	9,355	631	8,572	7,056

Legend:
ER= Emergency Room
Hosp= Hospital
PCP= Primary Care Provider
Psych= Psychiatric

Many health plans report utilization or frequency of services on a per 1000 members basis. This allows for a consistent statistical comparison across health plans and time periods. It is the use or occurrence (of a service, procedure, or benefit) for every 1,000 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "80 hospital admissions per thousand members." This means that for every 1,000 members 80 are admitted to a hospital every year, so a health plan with 100,000 members would have 8,000 admissions in one year.

Attachment A

QUEST Health Plan Demographic Information by Island

as of: 12/30/2013

ALOHACARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	324	65	10	4	50	64	66	583
PCPs (accepting new members)	212	40	7	4	34	42	54	
Specialists	1368	183	42	9	155	199	253	2,209
Specialists (accepting new members)	504	89	12	5	68	64	69	
Behavioral Health	426	113	12	11	59	94	104	819
Behavioral Health (accepting new members)	304	85	6	10	48	85	82	
Facilities (Hosp./NF)	14	2	1	1	3	1	5	27
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	923	183	28	23	120	120	139	1,536
Totals	**3,055**	**546**	**93**	**48**	**387**	**478**	**567**	**5,174**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	36,580	9,814	2,274	518	5,923	7,189	6,906	69,204

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	113	151	227	130	118	112	105	119

Note: RFP requirement is 300 members for every PCP

HMSA

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	464	54	7	19	51	77	76	748
PCPs (accepting new members)	185	12	3	0	45	16	34	295
Specialists	1689	234	34	11	167	153	242	2,530
Specialists (accepting new members)	1689	234	34	11	167	153	242	2,530
Behavioral Health	745	121	6	3	79	136	116	1,206
Behavioral Health (accepting new members)	745	121	6	3	79	136	116	1,206
Facilities (Hosp./NF)	11	2	1	1	3	1	5	24
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	661	144	14	16	83	91	118	1,127
Totals	**3,570**	**555**	**62**	**50**	**383**	**458**	**557**	**5,635**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	87,691	6,787	490	79	7,354	22,470	13,797	138,668

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	189	126	70	4	144	292	182	185

Note: RFP requirement is 300 members for every PCP

Attachment A

QUEST Health Plan Demographic Information by Island

as of: 12/30/2013

KAISER

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	127	49	4	2	25	6	16	229
PCPs (accepting new members)	117	48	4	2	25	6	16	
Specialists	394	37	1	0	40	41	31	544
Specialists (accepting new members)	394	37	1	0	40	41	31	
Behavioral Health	94	19	0	0	11	8	6	138
Behavioral Health (accepting new members)	94	19	0	0	11	8	6	
Facilities (Hosp./NF)	34	4	1	0	3	7	2	51
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	141	20	3	3	31	8	8	214
Totals	**790**	**129**	**9**	**5**	**110**	**70**	**63**	**1,176**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	16,805	8,627						25,432

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	132	176	0	0	0	0	0	111

Note: RFP requirement is 300 members for every PCP

OHANA

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	454	57	9	5	52	81	36	694
PCPs (accepting new members)	254	27	9	1	22	35	18	
Specialists	1335	90	13	3	113	87	57	1,698
Specialists (accepting new members)	982	82	13	0	38	72	53	
Behavioral Health	363	36	1	0	21	56	26	503
Behavioral Health (accepting new members)	323	32	1	0	18	51	25	
Facilities (Hosp./NF)	27	5	2	1	7	2	7	51
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	831	130	17	6	84	115	110	1,293
Totals	**3,010**	**318**	**42**	**15**	**277**	**341**	**236**	**4,239**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	7,224	1,666	135	32	764	1,482	1,085	12,388

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	16	29	15	6	15	18	30	18

Note: RFP requirement is 300 members for every PCP

QUEST Health Plan Demographic Information by Island

as of: **12/30/2013**

UNITED HEALTHCARE COMMUNITY

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	561	74	11	9	86	75	39	855
PCPs (accepting new members)	368	45	8	7	54	43	32	
Specialists	2296	212	25	28	242	189	147	3,139
Specialists (accepting new members)	1041	135	13	2	141	129	114	
Behavioral Health	492	69	2	2	26	59	32	682
Behavioral Health (accepting new members)	445	62	1	1	23	55	29	
Facilities (Hosp./NF)	21	1	0	0	3	2	1	28
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	412	65	51	12	101	48	45	734
Totals	**3,782**	**421**	**89**	**51**	**458**	**373**	**264**	**5,438**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	6,421	1,375	96	32	744	1,335	964	10,967

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	11	19	9	4	9	18	25	13

Note: RFP requirement is 300 members for every PCP

Attachment B

QExA Dashboard Report
Health Plan Comparison
SFY 2013 Monthly Trend Analysis

	October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United
# Members						
Medicaid	9,803	6,894	10,013	6,874	9,861	6,867
Duals	14,892	14,863	14,980	15,147	15,268	15,187
Total Members	**24,695**	**21,757**	**24,993**	**22,021**	**25,129**	**22,054**
# Network Providers						
PCPs (incl FQHC less est 100 FQHC PCPs)	802	1,094	805	1,105	804	834
Specialists	2,176	1,940	2,184	1,948	2,196	2,360
Facilities (Hosp./NF)	63	58	63	58	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	971	1,024	972	1,025	978	1,163
HCBS Providers (All LTC, except CCFHH and NF)	155	245	155	257	155	244
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,550	1232	1,569	1252	1,578	676
Total # of providers	**5,717**	**5,593**	**5,748**	**5,645**	**5,774**	**5,323**
Call Center						
# Member Calls	10,605	5,664	8,315	4,469	8,250	4,362
Avg. time until phone answered	0:00:38	00:08	0:00:25	00:07	0:00:19	00:07
Avg. time on phone with member	6:44	7:01	6:29	7:07	0:06	7:03
% of member calls abandoned	4.7%	2.0%	3.8%	1.2%	3.0%	1.6%
# Provider Calls	5,438	2,395	4,113	1,956	4,294	1,753
Avg. time until phone answered	0:00:46	00:09	0:00:35	00:08	0:00:25	00:07
Avg. time on phone with provider	7:38	0:07	7:39	0:08	0:07	7:44
% of provider calls abandoned	4.1%	1.3%	2.9%	0.7%	1.7%	1.3%
Medical Claims- Electronic						
# Submitted, not able to get into system	2,503	2,844	3,871	2,539	2,980	2,638
# Received	139,104	57,016	138,592	50,796	132,925	52,771
# Paid	84,949	43,886	79,126	46,778	81,285	40,713
# In Process	57,277	3,306	81,843	787	64,632	813
# Denied	59,596	14,068	43,969	14,376	62,213	11,558
Avg time for processing claim in days	11.6	18	13.1	12	17.234114	9
* unable to break out (month to date)						
Medical Claims- Paper						
# Submitted, not able to get into system	226	642	234	629	310	547
# Received	62,437	12,835	60,099	12,580	48,059	10,954
# Paid	26,110	9,592	22,176	10,167	22,085	8,228
# In Process	34,935	7,140	37,739	1,755	30,527	1,801
# Denied	37,868	4,652	33,649	4,722	30,119	3,321
Avg time for processing claim in days (month-to-date)	14.4	22	19.1	17	20.1	14

Attachment B

QExA Dashboard Report
Health Plan Comparison
SFY 2013 Monthly Trend Analysis

	October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United
Prior Authorization (PA)- Electronic						
# Received					61	35
# In Process					0	8
# Approved					61	27
# Denied					0	0
Avg time for PA in days (month to date)					1	6
Prior Authorization (PA)- Paper and Telephone						
# Received					1032	3189
# In Process					155	107
# Approved					855	2848
# Denied					22	234
Avg time for PA in days (month-to-date)					6	2
# Non-Emergency Transports						
Ground	7,934	16,063	7,542	15,208	7,705	16,129
Air	632	395	459	302	547	288
* round trip						
# Member Grievance						
# Received	50	53	53	55	57	51
# Resolved	51	46	39	48	62	62
# Outstanding	36	22	50	29	45	18
# Provider Grievance						
# Received	3	2	1	1	4	5
# Resolved	5	0	2	0	2	2
# Outstanding	3	2	2	3	4	6
# Member Appeals						
# Received	2	6	5	1	5	0
# Resolved	5	3	2	4	7	3
# Outstanding	1	6	4	3	2	0
# Provider Appeals						
# Received	144	52	32	47	124	76
# Resolved	32	71	59	25	135	65
# Outstanding	165	33	138	55	143	66

Attachment B

QExA Dashboard Report
Health Plan Comparison
SFY 2013 Monthly Trend Analysis

	October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United
Utilization - based on Auth (A) or Claims (C)						
Inpatient Acute Admits * (A) - per 1,000	279	191	267	246	301	252
Inpatient Acute Days * (A) - per 1,000	1,484	1,251	1,392	1,222	1,025	1,558
Readmissions within 30 days* (A)	71	18	76	49	46	37
ER Visits * (C) - per 1,000**	995	924	1,129	1,957	1,135	2,050
# Prescriptions (C) - per 1,000	21,683	19,369	21,424	19,206	20,618	19,902
Waitlisted Days * (A) - per 1,000	242	40	418	39	387	35
NF Admits * (A)	3	2	1	2	3	2
# Members in NF (non-Medicare paid days) (C)**	1,288	1,287	1,406	1,256	1,364	1,217
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,130	2,613	2,274	2,596	2,209	2,547
# Members in FH **(C)	655	1,023	706	1,038	683	1,021
# Members in Self-Direction **(C)	849	928	873	910	849	895
# Members receiving other HCBS **(C)	1,281	2,464	1,401	1,008	1,360	963
(* non-Medicare) (**lag in data of two months)						

Legend:
ER= Emergency Room
FH=Foster Home
HCBS= Home and Community Based Services
Hosp= Hospital
NF=Nursing Facility
PCP= Primary Care Provider
CMS 1500- physicians, case management agencies, RACCP homes, home health, etc.
CMS UB04- nursing facilities, FQHC, hospitals

Many health plans report utilization or frequency of services on a per 1000 members basis. This allows for a consistent statistical comparison across health plans and time periods. It is the use or occurrence (of a service, procedure, or benefit) for every 1,000 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "80 hospital admissions per thousand members." This means that for every 1,000 members 80 are admitted to a hospital every year, so a health plan with 100,000 members would have 8,000 admissions in one year.

* Duplicates included

QExA Health Plan Demographic Information by Island

as of: December 31, 2013

'Ohana Healthplan

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	Hawaii	Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	545	58	9	3	71	80	38	804
PCPs (accepting new members)	418	27	9	3	69	34	18	578
Specialists	1,768	118	14	-	103	116	77	2,196
Specialists (accepting new members)	1,601	103	14	-	100	94	70	1,982
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Foster Homes (FH) (CCFFH only; no ARCH)	823	40	-	-	13	76	26	978
HCBS Providers (All LTC, except CCFFH and NF)	110	8	2	-	6	21	8	155
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,013	156	18	6	114	148	123	1,578
Totals	**4,295**	**385**	**45**	**10**	**314**	**445**	**280**	**5,774**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	16,638	2,299	388	80	933	3,384	1,407	**25,129**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	31	40	43	27	13	42	37	31
Note: RFP requirement is 600 members for every PCP								

United Healthcare Community Plan

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	925	99	16	7	102	91	61	1,301
PCPs (accepting new members)	595	69	11	6	83	62	47	873
Specialists	2,343	197	65	27	283	174	177	3,266
Specialists (accepting new members)	1,232	127	52	6	165	129	141	1,852
Facilities (Hosp./NF)	29	3	-	-	5	3	3	43
Foster Homes (FH) (CCFFH only; no ARCH)	864	33	-	-	12	91	19	1,019
HCBS Providers (All LTC, except CCFFH and NF)	224	25	1	1	16	32	10	309
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,204	180	21	15	123	155	69	1,767
Totals	**5,589**	**537**	**103**	**50**	**541**	**546**	**339**	**7,705**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	14,581	1,507	-	-	1,271	3,468	1,227	**22,054**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	16	15	0	0	12	38	20	17
Note: RFP requirement is 600 members for every PCP								

QExA Health Plan Summary of Call Center Calls

as of: December-13

'Ohana Health Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	760	109	6	2	38	185	104	**1204**
Network (provider look up, access)	24	11	0	0	4	5	1	**45**
Primary Care Physician Assignment or Change	161	26	2	3	17	42	29	**280**
NEMT (inquiry, scheduling) -*monthly repor*t *	3152	0	10	2	0	67	0	**3,231**
Authorization/Notification (prior auth status)	34	19	14	4	8	47	12	**138**
Eligibility (general plan eligiblity, change request)	148	28	3	1	12	30	31	**253**
Benefits (coverage inquiry)	124	23	5	4	7	32	18	**213**
Enrollment (ID card request, update member information)	345	61	4	1	24	87	40	**562**
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	142	21	3	0	5	28	20	**219**
Billing/Payment/Claims	31	16	0	0	5	14	4	**70**
Appeals	0	0	0	0	0	4	3	**7**
Complaints and Grievances	10	3	1	0	2	8	2	**26**
Other	650	132	20	3	54	166	89	**1114**
Totals	**5,581**	**449**	**68**	**20**	**176**	**715**	**353**	**7,362**

*Calls logged via vendor and are not broken out by island, reporting available in Nov for October Reporting Period

UnitedHealthcare Community Plan

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	4	1	1	0	1	2	0	**9**
Network (provider look up, access)	10	0	4	0	1	3	1	**19**
Primary Care Physician Assignment or Change	209	17	32	0	6	48	18	**330**
NEMT (inquiry, scheduling) -*monthly repor*t*	2774	311	132	3	1	570.7524	461.2476	**4,253**
Authorization/Notification (prior auth status)	24	3	7	0	6	11	1	**52**
Eligibility (general plan eligiblity, change request)	6	0	0	0	1	1	0	**8**
Benefits (coverage inquiry)	925	106	132	0	33	234	85	**1515**
Enrollment (ID card request, update member information)	371	64	77	0	21	142	39	**714**
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	415	98	110	0	22	132	26	**803**
Billing/Payment/Claims	1122	132	171	0	34	195	64	**1718**
Appeals	0	0	0	0	0	0	0	**0**
Complaints and Grievances	0	0	0	0	0	0	0	**0**
Other	366	62	75	0	17	123	35	**678**
Totals	**6,226**	**794**	**741**	**3**	**143**	**1,462**	**730**	**10,099**

*Calls logged via Logisticare call center