QUEST Dashboard Report
SFY 2014 Monthly Trend Analysis

	Jul-13					Aug-13					Sep-13					Oct-13					Nov-13					Dec-13				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Members																														
QUEST Adult	28,778	49,771	6,991	6,493	5,786	27,913	50,680	7,989	6,384	5,481	27,478	50,713	7,920	6,377	5,657	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	40,634	81,178	15,903	3,702	3,339	39,524	82,230	16,916	3,617	3,115	39,183	82,305	16,783	3,572	3,216	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	**69,412**	**130,949**	**22,894**	**10,195**	**9,125**	**67,437**	**132,910**	**24,905**	**10,001**	**8,596**	**66,661**	**133,018**	**24,703**	**9,949**	**8,873**	**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	568	723	245	661	577	568	722	241	667	618	566	733	238	668	622	579	735	232	666	635	577	746	232	695	644	583	748	229	694	633
Specialists	2,105	2,425	573	1,642	1,523	2,162	2,395	563	1,651	1,560	2,191	2,463	550	1,652	1,560	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	1,624
Behavioral Health	740	1,159	137	458	571	742	1,131	137	462	581	789	1,153	137	470	586	797	1,160	137	487	609	808	1,176	138	491	621	819	1,206	138	503	620
Facilities (Hosp./NF)	25	24	51	51	34	25	24	51	51	34	28	24	51	51	34	29	24	51	51	34	29	24	51	51	34	27	24	51	51	46
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1,573	1,070	211	1,269	372	1,588	1,061	214	1,275	402	1,536	1,087	213	1,274	407	1,536	1,091	213	1,270	420	1,536	1,106	214	1,285	427	1,536	1,127	214	1,293	796
Total # of providers	**5,011**	**5,401**	**1,217**	**4,081**	**3,077**	**5,085**	**5,333**	**1,206**	**4,106**	**3,195**	**5,110**	**5,460**	**1,189**	**4,115**	**3,209**	**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**	**3,719**
Call Center																														
# Member Calls	3,176	9,526	434	1,134	1,293	3,207	11,611	573	1,224	1,308	3,091	8,878	452	1,117	1,198	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	0:00:17	0:00:28	0:00:14	0:00:24	0:00:07	0:00:25	0:01:12	0:00:17	0:00:16	0:05:00	0:00:17	0:30	0:00:13	0:00:26	0:07:00	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	0:03:23	0:03:29	0:03:01	8:29:00	0:06:12	0:03:25	0:03:24	0:03:00	8:07:00	6:04:00	0:03:23	3:34:00	0:02:57	7:31:00	5:48:00	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	2.6%	2.47%	2.30%	1.90%	1.1%	5.0%	6:33%	2.10%	1.80%	0.8%	2.6%	2.66%	2.10%	3.00%	1.1%	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	8,528	12,004	N/A	180	1,106	8,657	13,068	N/A	210	958	8,175	13,100	N/A	186	990	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	0:00:18	0:27	N/A	0:00:07	0:05:00	0:00:25	0:00:23	N/A	0:00:05	0:05:00	0:00:16	0:26	N/A	0:00:12	0:06:00	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	0:03:29	0:02:51	N/A	6:00:00	0:06:39	0:03:27	0:02:44	N/A	5:43:00	6:30:00	0:03:23	2:29:00	N/A	6:00:00	6:38:00	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	3.2%	2.42%	N/A	1.1%	5.30%	4.4%	1.64%	N/A	0.5%	4.00%	2.6%	2.82%	N/A	2.7%	4.40%	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	1,019	5,224	20	259	621	1,161	1,435	14	286	584	992	1,580	31	486	510	1,207	1,654	25	357	514	856	2,303	22	531	414	289	7,640	30	366	516
# Received	32,315	102,444	274	20,879	9,109	28,617	102,070	262	20,862	7,698	34,443	106,323	356	21,010	10,205	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	10,337
# Paid	27,135	61,080	186	13,317	7,952	29,670	75,697	173	18,455	6,600	33,351	72,221	234	14,310	8,500	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	8,771
# In Process	6,802	41,364	79	9,021	712	3,648	26,373	80	6,806	1,213	2,726	34,102	113	8,124	1,435	4,797	21,592	78	7,367	628	9,759	22,953	91	8,856	582	7,938	100,219	151	6,655	18
# Denied	1,497	4,013	9	4,394	1,239	1,959	4,537	9	4,622	942	2,073	4,205	9	5,382	1,394	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	16	12	10	4	7	15	10	9	4	7	16	10	11	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	951	1,352	177	59	126	401	2,552	119	78	145	403	1,696	190	72	88	409	1,236	150	96	75	330	1,644	165	61	94	112	2,477	172	84	74
# Received	26,362	28,771	2,389	6,606	1,893	25,966	27,823	2,233	5,891	2,841	24,220	27,833	2,184	5,951	1,748	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	1,481
# Paid	22,304	14,028	1,623	3,242	1,555	22,542	18,761	1,478	4,630	2,189	22,940	16,924	1,436	3,688	1,432	21,567	18,800	1,633	4,272	1,151	15,699	14,615	1,160	4,099	1,443	20,714	48,432	1,300	3,552	1,257
# In Process	5,740	14,743	691	3,497	1,284	5,924	9,062	680	2,846	1,284	4,341	10,909	694	3,013	1,544	3,997	9,083	476	2,944	822	8,221	9,291	671	2,535	733	6,755	26,809	855	2,669	9
# Denied	3,125	1,071	75	1,619	296	3,062	2,068	75	1,912	609	2,923	1,774	54	2,096	304	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)	6	10	16	16	15	6	10	15	14	13	6	9	16	15	18	8	11	15	14	18	7	11	14	18	18	9	15	19	16	14
Prior Authorization (PA)- Electronic																														
# Received	66	252	102	8	0	93	265	103	13	4	106	308	123	7	4	148	98	50	6	9	100	172	118	4	3	99	153	142	8	4
# In Process	8	73	0	0	0	3	78	0	0	0	11	99	1	0	0	9	80	0	1	4	1	46	0	0	2	13	33	0	0	3
# Approved	57	240	99	8	0	89	213	99	13	4	95	253	118	7	4	137	202	41	5	4	96	162	117	4	1	84	168	140	8	1
# Denied	1	42	3	0	0	1	47	4	0	0	0	35	4	0	0	2	38	9	0	0	3	44	1	0	0	2	33	2	0	0
Avg time for PA in days (month to date)	4	11	1	7	0	5	9	3	4	7	6	7	3	0	7	5	12	3	7	3	7	11	3	11	2	7	12	3	0	2
Prior Authorization (PA)- Paper and Telephone																														
# Received	2973	57	1	201	785	2724	72	0	190	836	3,189	241	1	205	696	3,527	1,064	1	209	887	2,572	1,088	2	224	840	3,170	1,124	4	242	806
# In Process	205	1	0	2	63	369	0	0	4	11	449	0	0	5	16	446	13	0	11	55	17	0	0	7	86	853	0	0	49	121
# Approved	2741	45	0	197	712	2347	58	0	185	791	2,721	165	0	198	665	3,051	888	0	198	815	2,529	969	0	217	737	2,291	908	0	190	668
# Denied	27	11	1	2	10	8	15	0	1	34	19	76	1	2	15	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	0	14	7	4	4	3	0	7	8	5	0	14	4	6	4	1	10	3	4	5	1	13	3	3	5	1	10	6	2
# Non-Emergency Transports																														
Ground	421	559	31	223	437	481	432	28	232	437	419	485	18	314	368	449	678	53	308	444	405	566	41	279	584	324	523	84	349	612
Air	554	566	1	73	62	575	439	1	71	36	478	496	0	72	49	522	711	0	81	53	457	583	0	65	49	444	560	0	73	67
* round trip																														
# Member Grievance																														
# Received	5	5	7	1	4	15	15	6	8	3	29	10	6	2	5	15	10	8	5	2	8	7	17	5	6	14	8	10	6	6
# Resolved	5	3	7	6	2	12	11	3	2	4	10	14	6	6	4	30	12	4	3	5	14	6	21	4	1	9	8	9	6	7
# Outstanding	4	4	1	0	4	7	8	4	6	3	26	4	0	2	4	10	2	4	4	1	4	3	4	5	6	9	5	5	5	5
# Provider Grievance																														
# Received	1	1	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	2	2	0	0	2	0	0	0	1	0
# Resolved	0	1	0	0	0	0	1	0	0	0	3	0	0	2	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	1
# Outstanding	1	1	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	1
# Member Appeals																														
# Received	1	18	1	0	0	1	14	1	0	0	2	60	0	1	0	1	72	0	0	1	1	42	0	1	0	2	25	1	0	0
# Resolved	4	15	1	0	0	2	14	2	0	0	1	33	1	0	0	1	70	0	0	1	2	46	0	1	0	2	43	2	0	0
# Outstanding	1	10	1	0	0	0	10	1	0	0	1	37	0	1	0	1	39	0	1	0	0	35	0	1	0	0	18	1	0	0
# Provider Appeals																														
# Received	0	1	0	13	13	0	5	1	12	6	3	0	0	15	9	0	1	0	10	19	0	2	0	12	12	0	0	0	12	17
# Resolved	0	2	0	1	10	0	2	0	7	9	1	4	1	11	3	1	3	0	10	19	0	1	0	14	12	0	0	0	3	20
# Outstanding	0	4	0	19	6	0	7	1	24	3	2	3	0	28	9	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	67	91	3	218	157	81	98	4	244	209	75	90	4	176	189	79	97	4	173	207	80	90	2	130	164	72	111	3	144	135
Inpatient Acute Days (A) - per 1,000	261	385	11	937	552	363	556	14	970	869	325	524	15	785	695	316	552	13	645	756	304	539	9	319	753	257	528	12	588	632
Inpatient Acute Psych Admits (A)- per 1,000	5	1	1	24	11	5	1	1	25	9	8	1	0	35	9	8	1	0	23	14	7	1	0	9	9	7	1	1	19	5
Inpatient Acute Psych Days (A)- per 1,000	35	3	3	104	60	27	2	5	152	38	37	3	6	111	41	27	7	5	101	60	21	7	2	21	38	29	7	7	56	21
Readmissions within 30 days (A)	37	119	0	21	10	38	132	0	18	15	39	146	0	17	12	33	151	0	22	21	35	101	0	10	4	22	159	0	20	8
Waitlisted Days (A) - per 1,000	35	5	1	0	0	30	12	0	0	0	23	8	1	0	0	30	7	1	0	0	31	11	1	20	0	25	9	1	13	0
ER Visits (C) - per 1,000	545	442	18	753	712	524	472	20	743	759	546	463	19	714	762	542	475	19	597	573	550	467	18	742	335	539	503	19	620	587
# Prescriptions (C) - per 1,000	7,429	9,133	588	8,490	7,411	7,295	9,305	600	9,153	7,031	7,167	8,923	585	9,432	7,047	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	6,919

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.

QExA Dashboard Report
Health Plan Comparison
SFY 2014 Monthly Trend Analysis

	July '13		August '13		September '13		October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United
# Members												
Medicaid	9,754	6,717	9,664	6,785	9,668	6,888	9,803	6,894	10,013	6,874	9,861	6,867
Duals	14,905	14,751	14,980	14,782	14,859	14,925	14,892	14,863	14,980	15,147	15,268	15,187
Total Members	**24,659**	**21,468**	**24,644**	**21,567**	**24,527**	**21,813**	**24,695**	**21,757**	**24,993**	**22,021**	**25,129**	**22,054**
# Network Providers												
PCPs (incl FQHC less est 100 FQHC PCPs)	796	1,024	802	1,091	800	1,085	802	1,094	805	1,105	804	834
Specialists	2,148	1,864	2,167	1,926	2,168	1,918	2,176	1,940	2,184	1,948	2,196	2,360
Facilities (Hosp./NF)	63	58	63	58	63	58	63	58	63	58	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	935	1,022	948	1,022	942	1,023	971	1,024	972	1,025	978	1,163
HCBS Providers (All LTC, except CCFHH and NF)	155	223	155	231	154	240	155	245	155	257	155	244
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,542	1183	1,547	1201	1,549	1207	1,550	1232	1,569	1252	1,578	676
Total # of providers	**5,639**	**5,374**	**5,682**	**5,529**	**5,676**	**5,531**	**5,717**	**5,593**	**5,748**	**5,645**	**5,774**	**5,323**
Call Center												
# Member Calls	5,537	5,782	5,356	5,370	4,965	5,385	10,605	5,664	8,315	4,469	8,250	4,362
Avg. time until phone answered	0:00:28	00:07	0:00:22	00:08	0:00:34	00:11	0:00:38	00:08	0:00:25	00:07	0:00:19	00:07
Avg. time on phone with member	8:14	6:50	8:55	7:04	8:42	7:09	6:44	7:01	6:29	7:07	0:06	7:03
% of member calls abandoned	3.4%	1.4%	2.5%	1.7%	4.0%	2.0%	4.7%	2.0%	3.8%	1.2%	3.0%	1.6%
# Provider Calls	4,891	2,272	4,960	2,298	4,781	2,090	5,438	2,395	4,113	1,956	4,294	1,753
Avg. time until phone answered	0:00:45	00:08	0:00:34	00:08	0:00:47	00:12	0:00:46	00:09	0:00:35	00:08	0:00:25	00:07
Avg. time on phone with provider	7:52	0:07	8:07	0:07	7:45	0:07	7:38	0:07	7:39	0:08	0:07	7:44
% of provider calls abandoned	3.2%	0.8%	2.7%	1.0%	5.0%	2.4%	4.1%	1.3%	2.9%	0.7%	1.7%	1.3%
Medical Claims- Electronic												
# Submitted, not able to get into system	3,572	1,924	2,378	1,785	2,995	2,664	2,503	2,844	3,871	2,539	2,980	2,638
# Received	129,946	49,937	129,138	43,944	119,989	53,294	139,104	57,016	138,592	50,796	132,925	52,771
# Paid	81,576	38,572	90,870	36,474	72,655	43,044	84,949	43,886	79,126	46,778	81,285	40,713
# In Process	72,610	4,970	63,371	7,283	62,926	7,485	57,277	3,306	81,843	787	64,632	813
# Denied	52,573	10,461	47,456	5,830	47,799	8,612	59,596	14,068	43,969	14,376	62,213	11,558
Avg time for processing claim in days	15.6	14	13.7	14	12.9	19	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	208	752	210	813	149	730	226	642	234	629	310	547
# Received	66,014	14,217	61,504	17,974	55,640	14,592	62,437	12,835	60,099	12,580	48,059	10,954
# Paid	23,188	11,154	34,142	12,854	26,603	10,683	26,110	9,592	22,176	10,167	22,085	8,228
# In Process	43,302	9,563	39,307	16,587	36,324	6,521	34,935	7,140	37,739	1,755	30,527	1,801
# Denied	24,777	2,713	31,370	5,958	32,140	2,068	37,868	4,652	33,649	4,722	30,119	3,321

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SFY 2014 Monthly Trend Analysis

	July '13		August '13		September '13		October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United
Avg time for processing claim in days (month-to-date)	19.4	20	17.0	18	19.2	24	14.4	22	19.1	17	20.1	14
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	7,979	15,825	7,935	15,667	7,430	15,030	7,934	16,063	7,542	15,208	7,705	16,129
Air	496	402	527	391	512	347	632	395	459	302	547	288
* round trip												
# Member Grievance												
# Received	39	37	55	48	45	49	50	53	53	55	57	51
# Resolved	39	35	47	47	43	58	51	46	39	48	62	62
# Outstanding	27	23	35	24	37	15	36	22	50	29	45	18
# Provider Grievance												
# Received	2	0	7	1	2	0	3	2	1	1	4	5
# Resolved	4	0	0	0	5	1	5	0	2	0	2	2
# Outstanding	1	0	8	1	5	0	3	2	2	3	4	6
# Member Appeals												
# Received	4	3	1	3	3	5	2	6	5	1	5	0
# Resolved	6	4	2	4	1	2	5	3	2	4	7	3
# Outstanding	3	1	2	0	4	3	1	6	4	3	2	0
# Provider Appeals												
# Received	29	45	37	46	21	49	144	52	32	47	124	76
# Resolved	21	52	4	48	30	28	32	71	59	25	135	65
# Outstanding	29	33	62	31	53	52	165	33	138	55	143	66

QExA Dashboard Report
Health Plan Comparison
SFY 2014 Monthly Trend Analysis

	July '13		August '13		September '13		October '13		November '13		December '13	
	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United	'Ohana	United
Utilization - based on Auth (A) or Claims (C)												
Inpatient Acute Admits * (A) - per 1,000	296	228	278	263	260	226	279	191	267	246	301	252
Inpatient Acute Days * (A) - per 1,000	1,925	1,407	1,969	1,471	1,549	1,073	1,484	1,251	1,392	1,222	1,025	1,558
Readmissions within 30 days* (A)	74	37	76	45	53	47	71	18	76	49	46	37
ER Visits * (C) - per 1,000**	1,094	936	1,116	1,038	1,138	952	995	924	1,129	1,957	1,135	2,050
# Prescriptions (C) - per 1,000	22,052	19,742	21,878	19,572	20,076	18,110	21,683	19,369	21,424	19,206	20,618	19,902
Waitlisted Days * (A) - per 1,000	354	94	320	31	272	45	242	40	418	39	387	35
NF Admits * (A)	1	0	1	0	0	0	3	2	1	2	3	2
# Members in NF (non-Medicare paid days) (C)**	1,462	1,247	1,448	1,271	1,380	1,264	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	2,300	2,537	2,239	2,664	2,259	2,629	2,130	2,613	2,274	2,596	2,209	2,547
# Members in FH **(C)	706	1,043	701	1,042	694	1,037	655	1,023	706	1,038	683	1,021
# Members in Self-Direction **(C)	892	936	848	957	873	935	849	928	873	910	849	895
# Members receiving other HCBS **(C)	1,408	839	1,391	2,510	1,386	2,469	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