

**QUEST Dashboard Report**  
**SFY 2014 Monthly Trend Analysis**

	Jan-14					Feb-14					Mar-14					Apr-14					May-14					Jun-14				
	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
<b># Members</b>																														
QUEST Adult	30,531	57,394	8,789	9,043	8,196	31,304	59,632	9,006	9,827	8,728	32,713	62,153	9,177	10,859	9,757	32,167	64,281	9,316	11,119	10,112	31,854	64,619	9,158	10,995	10,004	30,751	63,709	8,980	10,858	9,931
QUEST Keiki	39,941	85,289	17,179	4,304	3,851	40,338	86,241	17,334	4,277	3,954	40,846	87,098	17,468	4,732	4,252	40,817	87,802	17,481	4,875	4,369	39,358	86,402	17,024	4,838	4,320	37,396	84,512	16,563	4,764	4,288
<b>Total</b>	<b>70,472</b>	<b>142,683</b>	<b>25,968</b>	<b>13,347</b>	<b>12,047</b>	<b>71,642</b>	<b>145,873</b>	<b>26,340</b>	<b>14,104</b>	<b>12,682</b>	<b>73,559</b>	<b>149,251</b>	<b>26,645</b>	<b>15,591</b>	<b>14,009</b>	<b>72,984</b>	<b>152,083</b>	<b>26,797</b>	<b>15,994</b>	<b>14,481</b>	<b>71,212</b>	<b>151,021</b>	<b>26,182</b>	<b>15,833</b>	<b>14,324</b>	<b>68,458</b>	<b>148,221</b>	<b>25,543</b>	<b>15,622</b>	<b>14,219</b>
<b># Network Providers</b>																														
PCPs	314	747	229	573	635	316	759	229	591	627	320	768	231	582	629	320	768	231	582	629	320	768	231	582	629	320	768	231	582	629
PCPs - #in Clinics (ex. FQHC, CHC, etc.)																														
Specialists	2,079	2,554	531	1,708	1,633	2,098	2,463	525	1,781	1,557	2,093	2,459	525	1,877	1,556	2,092	2,503	531	1,872	1,561	2,014	2,520	531	1,825	1,549	2,085	2,543	531	1,792	1,548
Behavioral Health	609	1,219	137	505	641	615	1,190	137	521	646	625	1,190	147	523	655	642	1,200	145	532	668	645	1,222	145	533	684	646	1,239	147	547	671
Facilities (Hosp./NF)	33	24	52	51	46	33	24	52	51	46	33	24	52	51	46	34	24	52	51	46	34	24	52	51	46	35	24	52	51	46
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1,424	1,118	321	1,308	800	1,439	1,105	321	1,325	931	1,460	1,108	321	1,320	932	1,471	1,119	321	1,317	982	1,478	1,122	321	1,292	1,028	1,476	1,134	329	1,311	1,029
<b>Total # of providers</b>	<b>4,459</b>	<b>5,662</b>	<b>1,270</b>	<b>4,145</b>	<b>3,755</b>	<b>4,501</b>	<b>5,540</b>	<b>1,264</b>	<b>4,269</b>	<b>3,807</b>	<b>4,531</b>	<b>5,549</b>	<b>1,276</b>	<b>4,353</b>	<b>3,818</b>	<b>4,788</b>	<b>5,612</b>	<b>1,278</b>	<b>4,356</b>	<b>3,893</b>	<b>4,721</b>	<b>5,645</b>	<b>1,278</b>	<b>4,245</b>	<b>3,942</b>	<b>4,796</b>	<b>5,692</b>	<b>1,274</b>	<b>4,287</b>	<b>3,928</b>
<b>Call Center</b>																														
# Member Calls	3,609	10,521	587	2,357	1,550	3,494	10,105	378	2,168	1,405	3,554	10,829	436	2,407	1,497	4,240	14,594	460	2,462	1,621	4,157	15,051	394	2,194	1,723	4,571	14,572	460	2,549	892
Avg. time until phone answered	0:00:23	0:34:00	0:00:18	0:00:22	0:00:08	0:00:13	0:22:00	0:00:12	0:00:23	0:00:11	0:00:23	0:26:00	0:00:11	0:00:09	0:00:11	0:00:14	0:27:00	0:00:10	0:00:11	0:00:07	0:00:17	1:16:00	0:00:13	0:00:12	0:00:10	0:00:23	1:07:00	0:00:13	0:00:10	00:05
Avg. time on phone with member	3:40:00	3:51:00	3:10:00	0:06:32	0:05:42	3:39:00	3:53:00	3:12:00	0:06:23	0:05:38	3:22:00	3:38:00	3:10:00	0:06:00	0:05:41	3:11:00	2:50:00	3:07:00	0:06:02	0:04:42	3:06	7:55:12	3:06:00	0:07:07	0:04:30	3:12	2:47:00	3:08:00	0:06	10:52
% of member calls abandoned	3.5%	3.08%	3.00%	1.87%	1.5%	2.1%	2.15%	2.70%	2.90%	3.6%	2.33%	2.80%	2.20%	3.6%	2.2%	2.42%	2.60%	2.60%	1.6%	2.6%	2.6%	7.86%	2.60%	2.32%	2.1%	5.6%	7.99%	2.90%	3.6%	0.8%
# Provider Calls	8,524	14,051	N/A	216	1,078	7,348	13,198	N/A	212	1,022	8,359	12,835	N/A	219	1,079	9,033	15,118	N/A	248	1,000	8,699	16,276	N/A	231	1,224	8,492	12,085	N/A	233	337
Avg. time until phone answered	0:00:23	0:17:00	N/A	0:00:06	0:00:06	0:00:14	0:25:00	N/A	0:00:06	0:00:07	0:00:21	0:22:00	N/A	0:00:06	0:00:07	0:00:15	0:25:00	N/A	0:00:05	0:00:06	0:00:16	0:29:00	N/A	0:00:06	0:00:08	0:00:23	0:25:00	N/A	0:00:07	00:04
Avg. time on phone with provider	3:25:00	2:20:00	N/A	0:05:26	0:06:34	3:25:00	2:23:00	N/A	0:06:27	0:05:52	3:30:00	2:56:00	N/A	0:06:27	0:05:43	3:03:00	2:33:00	N/A	0:06:16	0:05:54	3:07	2:03:00	N/A	0:06:51	0:05:53	3:18	2:05:00	N/A	0:07	09:07
% of provider calls abandoned	4.68%	2.28%	N/A	0.46%	6.00%	3.00%	3.00%	N/A	0.47%	14.00%	4.60%	2.33%	N/A	0.0%	10.80%	3.30%	3.23%	N/A	1.60%	5.10%	3.4%	4.51%	N/A	0.0%	7.10%	5.5%	3.08%	N/A	2.1%	0.6%
<b>Medical Claims - Electronic</b>																														
# Submitted, not able to get into system	987	8,049	8	352	547	1,016	6,080	13	313	552	1,195	8,468	14	382	656	1,467	9,745	30	342	652	1,180	6,993	5	376	703	1,571	11,957	8	375	680
# Received	37,222	249,948	232	10,021	10,953	34,437	233,249	267	9,483	11,051	38,066	265,162	245	11,315	13,133	38,677	272,017	254	11,872	13,054	40,689	276,847	138	13,311	14,061	36,540	268,834	243	12,193	13,619
# Paid	34,611	240,616	156	8,604	8,850	35,938	217,298	165	8,640	9,307	37,613	230,225	154	11,995	10,752	30,286	229,942	150	10,365	11,257	37,923	288,823	86	12,168	12,354	33,509	230,230	156	10,483	11,308
# In Process	8,431	87,950	71	546	33	15,736	88,268	95	484	39	2,953	106,227	86	198	44	9,510	129,878	97	133	57	4,543	96,379	89	310	69	5,005	116,717	159	541	78
# Denied	2,119	21,600	4	737	1,538	1,786	15,418	6	742	1,646	2,625	16,905	5	1,033	1,720	1,903	18,253	6	929	1,805	2,766	21,426	3	1,170	2,023	2,459	18,141	4	1,008	1,903
Avg time for processing claim in days (month to date)	7	11	21	9	8	6	11	19	9	8	4	11	14	8	8	4	11	13	7	9	4	11	13	7	8	4	12	14	8	8
<b>Medical Claims - Paper</b>																														
# Submitted, not able to get into system	469	1,848	86	68	70	1,019	1,392	105	87	84	528	1,670	138	126	93	448	2,965	301	293	93	468	4,216	99	303	85	486	3,525	94	294	86
# Received	21,799	59,221	2,342	2,795	1,405	21,017	54,983	2,159	3,283	1,689	23,780	61,074	2,472	3,992	1,867	20,305	52,912	2,563	3,094	1,862	20,045	42,821	2,622	3,279	1,718	21,757	35,374	2,789	3,244	1,730
# Paid	19,731	49,698	1,579	2,320	1,068	18,486	50,875	1,338	3,095	1,377	22,109	49,031	1,556	3,459	1,430	18,057	48,689	1,521	2,976	1,277	17,754	48,238	1,632	2,704	1,518	19,814	38,742	1,786	2,527	1,234
# In Process	6,328	28,624	719	506	14	14,688	27,219	771	556	15	6,137	32,946	865	151	13	5,973	30,520	980	55	14	5,857	25,214	1,692	285	19	5,273	25,244	1,828	408	18
# Denied	2,068	7,506	45	416	266	1,844	5,885	51	565	349	2,499	7,065	51	604	363	2,313	7,019	63	494	513	2,291	6,318	60	475	317	2,548	5,582	41	543	307
Avg time for processing claim in days (month-to-date)	10	15	21	13	10	9	14	19	14	11	8	14	14	9	10	7	16	13	8	10	7	18	13	7	14	8	21	14	9	12
<b>Prior Authorization (PA)- Electronic</b>																														
# Received	115	239	122	8	17	124	226	100	11	1	115	234	119	2	9	110	298	121	2	15	105	298	378	10	4	91	262	109	14	5
# In Process	21	65	0	0	6	21	99	0	0	0	21	102	0	0	1	16	129	0	0	2	11	94	0	0	0	13	98	0	0	1
# Approved	94	194	120	8	11	103	170	99	11	1	93	199	114	2	8	93	222	116	2	11	93	276	375	9	4	78	215	105	14	4
# Denied	0	34	2	0	0	0	22	1	0	0	1	32	5	0	0	1	49	5	0	2	1	57	3	1	0	0	43	4	0	0
Avg time for PA in days (month to date)	6	9	1	0	2	6	10	3	3	7	5	12	3	1	6	7	13	4	1	5	7	11	3	0	1	6	10	5	1	4
<b>Prior Authorization (PA)- Paper and Telephone</b>																														
# Received	3,599	877	2	194	1,039	3,563	861	1	184	847	3,602	893	2	191	1,000	3,298	808	2	187	1,179	3,212	717	4	199	1,127	3,004	703	2	182	1,117
# In Process	815	58	0	11	136	859	50	0	19	80	804	62	0	15	97	694	22	0	3	83	545	4	0	0	9	640	0	0	2	29
# Approved	2,760	714	0	181	877	2,686	691	0	165																					

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	Jan-14					Feb-14					Mar-14					Apr-14					May-14					Jun-14				
	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
<b>Utilization - based on Auth (A) or Claims (C)</b>																														
Inpatient Acute Admits (A) - per 1,000	66	111	3	161	142	68	103	2	147	114	71	131	2	124	99	73	125	2	118	117	71	130	2	121	126	69	124	2	143	100
Inpatient Acute Days (A) - per 1,000	302	513	14	679	740	302	455	10	709	685	247	557	13	489	415	294	524	12	638	812	308	595	12	561	611	302	499	9	797	621
Inpatient Acute Psych Admits (A)- per 1,000	7	1	0	14	11	7	1	0	19	5	10	1	0	20	6	5	1	0	12	9	6	1	0	17	10	7	1	0	14	6
Inpatient Acute Psych Days (A)- per 1,000	26	7	1	35	51	26	7	4	67	30	41	8	3	49	24	25	7	1	39	33	20	7	3	40	73	30	6	3	41	29
Readmissions within 30 days (A)	25	191	0	26	8	25	169	0	28	11	24	253	0	21	12	26	300	0	22	9	23	307	0	28	4	32	249	0	26	11
Waitlisted Days (A) - per 1,000	37	11	0	0	0	37	11	0	0	16	25	11	0	0	11	40	8	1	0	12	46	12	0	0	10	50	7	0	0	0
ER Visits (C) - per 1,000	565	494	19	707	508	574	447	20	664	500	569	482	19	682	584	505	432	19	632	577	556	463	19	657	517	520	470	19	702	556
# Prescriptions (C) - per 1,000	7,432	9,798	677	8,572	7,861	7,432	9,034	623	8,216	7,303	7,845	9,556	683	8,238	7,573	7,911	9,439	664	8,519	7,818	7,964	9,681	673	8,767	8,634	7,013	9,293	630	8,298	8,338

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**

	January '14		February '14		March '14		April '14		May '14		June '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
<b># Members</b>												
Medicaid	9,953	6,919	10,115	6,936	10,254	6,942	10,419	7,006	10,426	7,060	10,548	7,061
Duals	15,348	15,440	15,298	15,584	15,252	15,671	15,238	15,803	15,391	15,902	15,277	15,933
Total Members	<b>25,301</b>	<b>22,359</b>	<b>25,413</b>	<b>22,520</b>	<b>25,506</b>	<b>22,613</b>	<b>25,657</b>	<b>22,809</b>	<b>25,817</b>	<b>22,962</b>	<b>25,825</b>	<b>22,994</b>
<b># Network Providers</b>												
PCPs	541	836	546	816	553	818	559	825	556	820	557	813
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)												
Specialists	2209	2,389	2230	2,292	2212	2,299	2212	2,320	2187	2,335	2141	2,324
Facilities (Hosp./NF)	63	46	63	46	63	46	63	46	63	46	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	979	1,173	990	998	994	1,000	1000	1,003	999	1,010	1011	1,024
HCBS Providers (All LTC, except CCFHH and NF)	156	247	157	278	156	282	156	284	156	288	157	288
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,596	684	1,613	982	1,612	982	1,618	1016	1,590	1,050	1,622	1,054
Total # of providers	<b>5,544</b>	<b>5,375</b>	<b>5,599</b>	<b>5,412</b>	<b>5,590</b>	<b>5,427</b>	<b>5,608</b>	<b>5,494</b>	<b>5,551</b>	<b>5,549</b>	<b>5,551</b>	<b>5,549</b>
<b>Call Center</b>												
# Member Calls	10,490	5,276	7,940	4,778	8,698	4,254	9,467	4,317	8,693	4,562	9,697	3,470
Avg. time until phone answered	0:00:26	00:11	0:00:27	00:14	0:00:11	00:08	0:00:12	00:08	0:00:12	00:11	0:00:11	00:12
Avg. time on phone with member	0:06	0:06	0:06	0:06	0:06	0:07	0:06	0:07	0:07	07:45	0:06	11:59
% of member calls abandoned	5%	3.4%	5%	5.0%	2%	1.6%	3%	1.7%	3%	3.1%	4%	1.0%
# Provider Calls	4,520	2,347	4,085	2,303	4,314	1,884	4,482	1,940	4,213	2,054	4,609	2,454
Avg. time until phone answered	0:00:33	00:11	0:00:28	00:15	0:00:17	00:09	0:00:16	00:08	0:00:26	00:10	0:00:30	00:10
Avg. time on phone with provider	0:08	0:07	0:07	0:07	0:10	0:07	0:07	0:08	0:07	09:09	0:08	11:59
% of provider calls abandoned	3%	2.9%	3%	3.6%	2%	1.3%	2%	1.0%	2%	2.3%	3%	0.8%
<b>Medical Claims- Electronic</b>												
# Submitted, not able to get into system	3,073	2,748	2,233	2,667	2,629	2,974	2,401	2,240	2,109	2,139	2,085	2,195
# Received	51,397	54,970	49,927	53,344	56,858	58,484	59,366	44,802	59,116	42,799	53,845	43,913
# Paid	43,319	42,336	39,857	40,167	56,930	47,367	46,241	39,863	47,471	31,713	40,387	32,642
# In Process	9,324	985	12,083	807	5,985	828	6,671	853	6,349	841	7,318	881
# Denied	4,816	10,963	4,494	10,938	5,642	12,375	7,860	11,999	6,505	9,448	7,193	10,702
Avg time for processing claim in days	12	9	10	10	9	9	7	10	8	9	8	11
* unable to break out (month to date)												
<b>Medical Claims- Paper</b>												
# Submitted, not able to get into system	232	459	322	479	447	514	1,155	884	2,875	1,086	1,111	1,265
# Received	17,442	9,196	18,985	9,588	22,204	10,287	17,435	17,693	15,930	21,723	17,378	25,300
# Paid	13,407	7,785	14,339	6,376	18,311	8,113	13,207	11,789	10,637	15,382	10,106	16,868
# In Process	6,250	1,778	6,422	1,851	3,215	1,763	2,079	1,773	3,033	1,811	3,939	1,872
# Denied	3,616	2,853	3,744	2,061	5,073	2,148	4,360	4,810	3,603	5,809	4,057	6,689

**QExA Dashboard Report**  
**Health Plan Comparison**  
**SFY 2014 Monthly Trend Analysis**

	January '14		February '14		March '14		April '14		May '14		June '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
Avg time for processing claim in days (month-to-date)	17	13	19	15	13	15	7	11	8	8	10	8
<b>Prior Authorization (PA)- Electronic</b>												
# Received	77	63	28	58	30	62	50	49	30	47	52	32
# In Process	2	24	2	8	0	12	0	11	1	2	2	1
# Approved	75	34	26	42	30	48	48	37	27	44	49	31
# Denied	0	5	0	8	0	2	2	1	2	1	1	0
Avg time for PA in days (month to date)	1	4	0	6	0	5	0	5	1	5	1	5
<b>Prior Authorization (PA)- Paper and Telephone</b>												
# Received	805	3,073	672	3,127	734	3,774	678	3,846	711	4,171	677	4,316
# In Process	18	175	28	132	26	197	30	242	15	118	14	149
# Approved	773	2,662	635	2,739	702	3,300	637	3,350	658	3,787	631	3,930
# Denied	14	236	9	256	6	277	11	254	38	266	32	237
Avg time for PA in days (month-to-date)	5	3	5	3	4	3	4	3	4	4	5	2
<b># Non-Emergency Transports</b>												
Ground	9,325	16,181	8,567	14,445	8,453	15,107	9,552	15,778	9,583	16,415	8,941	7,349
Air * round trip	635	329	505	289	530	364	513	395	488	333	571	112
<b># Member Grievance</b>												
# Received	74	58	62	59	59	46	64	65	74	81	99	68
# Resolved	70	55	77	63	51	57	54	37	58	72	76	82
# Outstanding	49	21	34	17	42	6	52	34	68	43	91	29
<b># Provider Grievance</b>												
# Received	2	0	3	1	1	2	2	5	4	0	3	0
# Resolved	4	2	4	4	2	1	1	2	1	2	1	3
# Outstanding	3	4	2	1	1	2	2	5	5	3	7	0
<b># Member Appeals</b>												
# Received	2	5	5	5	5	21	7	17	6	17	1	3
# Resolved	3	0	2	5	5	7	5	22	8	11	1	20
# Outstanding	1	5	4	5	4	19	6	14	4	20	4	3
<b># Provider Appeals</b>												
# Received	73	35	10	58	31	60	13	40	28	60	13	55
# Resolved	110	82	83	51	4	48	2	58	27	45	18	53
# Outstanding	79	19	6	26	33	38	44	20	45	35	40	37

**QExA Dashboard Report**  
**Health Plan Comparison**  
**SFY 2014 Monthly Trend Analysis**

	January '14		February '14		March '14		April '14		May '14		June '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
<b>Utilization - based on Auth (A) or Claims (C)</b>												
Inpatient Acute Admits * (A) - per 1,000	297	225	253	198	290	258	254	205	287	218	301	216
Inpatient Acute Days * (A) - per 1,000	1,659	1,601	1,236	1,174	1,364	1,389	937	1,494	1,848	1,402	1,690	1,510
Readmissions within 30 days* (A)	75	51	66	17	68	33	62	25	64	26	72	26
ER Visits * (C) - per 1,000**	1,047	1,703	1,063	1,868	1,108	2,039	994	1,922	1,133	2,261	1,107	837
# Prescriptions (C) - per 1,000	21,012	20,362	18,841	18,468	20,550	19,845	20,477	19,520	20,773	19,708	19,080	19,304
Waitlisted Days * (A) - per 1,000	373	36	414	62	227	71	168	77	155	83	201	75
NF Admits * (A)	6	4	1	0	0	1	3	4	2	1	3	2
# Members in NF (non-Medicare paid days) (C)**	1,398	1,186	1,373	1,255	1,410	1,234	1,390	1,182	1,429	1,197	1,417	1,211
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,235	2,535	2,224	2,595	2,300	2,606	2,258	2,570	2,235	2,552	2,252	2,522
# Members in FH **(C)	669	1,039	683	1,059	698	1,057	704	1,053	712	1,065	711	1,049
# Members in Self-Direction **(C)	877	854	861	906	907	904	855	890	838	886	859	898
# Members receiving other HCBS **(C)	1,358	980	1,363	991	1,393	991	1,403	975	1,397	969	1,393	968
NF Days (non-Medicare covered days) (C)												
(* 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