

**Hawaii QUEST Integration**  
**Section 1115 Quarterly Report**  
**Submitted:** March 2, 2015

**Demonstration/Quarter Reporting Period:**  
**Demonstration Year:** 21 (7/1/2014 – 6/30/2015)  
**Federal Fiscal Quarter:** 1/2015 (10/1/2014-12/31/2014)  
**State Fiscal Quarter:** 2/2015 (10/1/2014-12/31/2014)  
**Calendar Year:** 4/2014 (10/1/2014-12/31/2014)

**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 2014 to December 2014.

<b>Medicaid Eligibility Groups</b>	<b>FPL Level and/or other qualifying Criteria</b>	<b>Member Months 10/2014-12/2014</b>	<b>Unduplicated Members 10/2014-12/2014</b>
<b>Mandatory State Plan Groups</b>			
State Plan Children	State Plan Children	335,796	105,831
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	141,492	46,547
Aged	Aged w/Medicare Aged w/o Medicare	76,152	24,343
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	82,523	25,887
Expansion State Adults	Expansion State Adults	139,443	46,610
Newly Eligible Adults	Newly Eligible Adults	102,862	33,961
Optional State Plan Children	Optional State Plan Children		
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	948	350
Medically Needy Adults	Medically Needy Adults		
Demonstration Eligible Adults	Demonstration Eligible Adults	8	13
Demonstration Eligible Children	Demonstration Eligible Children		
VIII-Like Group	VIII-Like Group	-37	92
<b>Total</b>		<b>879,177</b>	<b>283,634</b>

<b>State Reported Enrollment in the Demonstration</b>	<b>Current Enrollees</b>
Title XIX funded State Plan	203,063
Title XXI funded State Plan	28,938
Title XIX funded Expansion	80,571
Enrollment current as of	12/31/2014

**Outreach/Innovative Activities**

The DHS focused on enrolling Medicaid individuals using new Modified Adjusted Gross Income (MAGI) criteria. In addition, MQD fine-tuned its work within its eligibility system called Kauwale (community) On-Line Eligibility Assistance System (KOLEA). DHS focused applicants to apply on-

line at its mybenefits.hawaii.gov website.

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

**Operational/Policy Developments/Issues**

During the first quarter of FFY15, the Med-QUEST Division (MQD) continued its oversight of the QUEST program for five health plans: AlohaCare, Health Services Medical Association (HMSA), Kaiser Foundation Health Plan, ‘Ohana Health Plan, and UnitedHealthcare Community Plan. The QUEST program serves approximately 275,000 beneficiaries who are not aged or disabled.

During the first quarter of FFY15, the MQD continued its oversight of the QUEST Expanded Access (QExA) for two health plans: ‘Ohana Health Plan, and UnitedHealthcare Community Plan. The QExA programs services approximately 53,400 beneficiaries who are aged or disabled.

The MQD awarded contracts for the QUEST Integration or QI program in January 2014. The five health plans awarded a contract for QI are: AlohaCare, Health Services Medical Association (HMSA), Kaiser Foundation Health Plan, ‘Ohana Health Plan, and United Healthcare Community Plan.

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.

**Expenditure Containment Initiatives**

No expenditure containment planned.

**Financial/Budget Neutrality Development/Issues**

The budget neutrality for first quarter of FFY15 was submitted.

**Member Month Reporting**

**A. For Use in Budget Neutrality Calculations**

<b>Without Waiver Eligibility Group</b>	<b>Month 1 (October 2014)</b>	<b>Month 2 (November 2014)</b>	<b>Month 3 (December 2014)</b>	<b>Total for Quarter Ending 12/2014</b>
EG 1-Children	110,390	113,551	111,855	335,796
EG 2-Adults	52,113	45,881	43,506	141,500
EG 3-Aged	25,242	25,943	24,967	76,152
EG 4-Blind/Disabled	27,400	27,490	27,633	82,523
EG 5-VIII-Like Adults	9	-42	-4	-37
EG 6-VIII Group Combined	74,035	82,999	85,261	242,295

**B. For Informational Purposes Only**

<b>With Waiver Eligibility Group</b>	<b>Month 1 (October 2014)</b>	<b>Month 2 (November 2014)</b>	<b>Month 3 (December 2014)</b>	<b>Total for Quarter Ending 12/2014</b>
State Plan Children	110,390	113,551	111,855	335,796
State Plan Adults	52,108	45,881	43,503	141,492
Aged	25,242	25,943	24,967	76,152
Blind or Disabled	27,400	27,490	27,633	82,523
Expansion State Adults	39,846	48,698	50,889	139,433
Newly Eligible Adults	34,189	34,301	34,372	102,862
Optional State Plan Children				
Foster Care Children, 19-20 years old	305	315	328	948
Medically Needy Adults				
Demonstration Eligible Adults	5	0	3	8
Demonstration Eligible Children				
VIII-Like Group	9	-42	-4	-37

### **QUEST Integration Consumer Issues**

#### **HCSB Grievance**

During the first quarter of FFY15, 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.

	<b>Member</b>			<b>Provider</b>		
	<b>QUEST</b>	<b>QExA</b>	<b>FFS</b>	<b>QUEST</b>	<b>QExA</b>	<b>FFS</b>
October 2014	0	11	0	0	4	4
November 2014	2	2	0	0	3	4
December 2014	1	3	0	3	4	3
<b>Total</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>3</b>	<b>11</b>	<b>11</b>

During the first quarter of FFY15, the HCSB staff, as well as other MQD staff, processed approximately 44 member and provider telephone calls and e-mails (see table above). The number of calls from members is less than other quarters. In previous quarters, MQD received approximately 55 to 60 calls, letters, and e-mails.

### HCSB Appeals

The HCSB received eleven (11) appeals in the first quarter of FFY15. Of the eleven (11) appeals that we received, eight (8) were member appeals and three were provider (3) appeals. DHS was able to dismiss four (4) of them by working with the health plan to cover the requested service. The other three (3) appeals were provider appeals that were

Appeals	Member #	Provider #
Submitted	8	3
DHS resolved with health plan or DOH-DDD in member/provider's favor prior to going to hearing	4	1
Member/provider withdrew hearing request	3	2
<b>Hearings</b>		
Resolution in DHS favor	1	0
Resolution in Member's favor	0	0

resolved prior to going to hearing by either Department of Health, Developmental Disabilities Division (DOH-DDD) withdrawing or the provider agreeing to pay the request for recoupment. The types of appeals were primarily LTSS (9) with one being medical (1) and one for residential treatment.

Types of Member Appeals	#
Medical	1
LTSS	9
Other: Residential Treatment	1

### 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 the behavioral health provider group that serves the CCS population. This group focuses on health plan systems and addressing needs of this fragile population.

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 had an increase of enrollment of approximately 10,000 members during the first quarter of FFY15. Of this group, 74 chose their health plan when they became eligible, 3,758 changed their health plan after being auto-assigned.

	#
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)	129
Individuals in the ABD program that changed their health plan	25

In addition, DHS had 129 plan-to-plan changes during the first quarter of FFY15. 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.

In addition, 25 individuals in the QUEST

within days 61 to 90 after confirmation notice was issued	
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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 FFY15, the QExA health plans did not have a wait list for HCBS.

**HCBS Expansion and Provider Capacity**

During the first quarter of FFY15, MQD monitored the number of beneficiaries 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 FFY15, the increase is 45.4% since the start of the program receiving long-term services and supports. The number of individuals in nursing facilities increased this past quarter. HCBS usage has more than doubled since the start of the QExA program. Nursing facility services have decreased by approximately 11.0% since program inception.

The number of beneficiaries receiving HCBS has increased by approximately 121% 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% (64.9%) since the start of the program.

	2/1/09	4 <sup>th</sup> Qtr FFY14, av	4 <sup>th</sup> Qtr FFY14, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 4 <sup>th</sup> Qtr FFY14
HCBS	2,110	4,705	4,669	121.3%↑	42.6%	64.9%↑
NF	2,840	2,490	2,527	11.0%↓	57.4%	35.1%↓
Total	4,950	7,195	7,196	45.4%↑		

**Behavioral Health Programs Administered by the DOH and DHS**

The DHS transferred approximately 1,500 individuals from the QUEST program into the Community Care Services (CCS) program on April 1, 2014. 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)	246
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,031
Community Care Services (CCS/DHS)	5,744

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 1,031 children during the first quarter to FFY15.

**QUEST Integration transition**

The DHS started QUEST Integration transition or readiness review for QUEST Integration health plans

on February 1, 2014. Readiness review during the first quarter of FFY15 consisted of MQD's review of documents that health plans submitted. MQD utilized its process for tracking, review and return of submissions. In addition, MQD used review tools that aligned contract requirement with deliverables for approval.

During this quarter, MQD performed three trainings for health plans. Trainings were:

- DD Road Show (training with QI health plans and Developmental Disabilities Division on Oahu and Kona on ESPDT coordination for children in the DD/ID 1915(c) waiver);
- Assessment and Service Plan;
- Taking the First Steps...Transition of Care; and
- Updated training for assessments and service planning.

MQD submitted its provider network certification to CMS on November 20, 2014 certifying that all health plans had an adequate provider network for the QUEST Integration program.

MQD finalized all corrective action plans by November 30, 2014. In addition, MQD finalized all deliverables for go-live.

MQD submitted a letter to CMS on December 9, 2014 that verified that all five health plans had completed their readiness review requirements and would be accepting members for the QUEST Integration program on January 1, 2015.

### **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.

MQD continues to update its quality oversight of home and community based services, which will affect mostly our QExA health plans, the DDID program, and the Going Home Plus program. MQD uses quality grid based upon the HCSB Quality Framework for monitoring the DDID program. 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.

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 updated its quality strategy and submitted a draft version to CMS on December 18, 2014. MQD is waiting feedback from CMS prior to implementing. The revised quality strategy is consistent with the previously approved 2010 version.

#### *Quality Activities during the quarter*

The following is a description of the EQRO activities completed for this quarter. EQRO performs oversight of health plans for the QUEST, QUEST Expanded Access (QExA) and Community Care Services (CCS) programs:

1. PIPS –Health Services Advisory Group (HSAG) reviewed the health plan final PIPs and provided the health plans with their final report on October 3, 2014.
2. HEDIS – The EQRO was working with MQD on determining HEDIS measures for HEDIS 2015 during this quarter.
3. Compliance Monitoring – HSAG reviewed the health plan’s corrective action plans in October 2014. HSAG approved the CAPs and started planning of on-site visits with health plans in January 2015 to finalized CAPs.
4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – MQD started working with HSAG on Child CAHPS survey for 2015.
5. Provider Survey – The HSAG and MQD were developing plans for the provider survey in 2015.
6. The EQRO issued its final report to MQD on November 13, 2014. MQD issued the technical report to CMS (both regional and central offices) on November 21, 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 2014). 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 QUEST Integration Draft Evaluation Design to CMS on December 18, 2014.

#### **Enclosures/Attachments**

Attachment A QUEST Dashboard- December 2014

Attachment B QExA Dashboard- December 2014

#### **MQD Contact(s)**

Jon D. Fujii  
Research Officer  
601 Kamokila Blvd. Ste. 506A  
Kapolei, HI 96707  
808 692 8093 (phone)  
808 692 8087 (fax)

#### **Date Submitted to CMS**

March 2, 2015







**ALOHA CARE**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	266	52	9	1	40	40	39	447
<b>PCPs - (accepting new members)</b>	<b>172</b>	<b>26</b>	<b>7</b>	<b>1</b>	<b>31</b>	<b>21</b>	<b>28</b>	<b>286</b>
PCPs - Clinics (e.g. FQHC, CHC, etc.)	66	8	3	2	3	17	21	120
<b>PCPs - Clinics (accepting new members)</b>	<b>57</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>15</b>	<b>20</b>	<b>107</b>
Specialists	1640	180	27	2	115	102	113	2,179
<b>Specialists (accepting new members)</b>	<b>711</b>	<b>92</b>	<b>7</b>	<b>1</b>	<b>47</b>	<b>34</b>	<b>48</b>	<b>940</b>
Behavioral Health	417	85	4	3	43	61	63	676
<b>Behavioral Health (accepting new members)</b>	<b>304</b>	<b>60</b>	<b>3</b>	<b>2</b>	<b>33</b>	<b>50</b>	<b>49</b>	<b>501</b>
Facilities (Hosp./NF)	24	4	1	2	8	2	10	51
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	974	172	15	14	106	112	104	1,497
<b>Totals</b>	<b>3,387</b>	<b>501</b>	<b>59</b>	<b>24</b>	<b>315</b>	<b>334</b>	<b>350</b>	<b>4,970</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	32,824	9,279	2,111	477	5,757	6,733	6,457	63,638

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	99	155	176	159	134	118	108	112

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 - (Traditional)	413	54	6	18	39	61	46	637
<b>PCPs - (accepting new members)</b>	<b>319</b>	<b>26</b>	<b>5</b>	<b>13</b>	<b>3</b>	<b>48</b>	<b>39</b>	<b>453</b>
PCPs - Clinics (e.g. FQHC, CHC, etc.)	96	7	2	1	6	19	37	168
<b>PCPs - Clinics (accepting new members)</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>13</b>	<b>33</b>
Specialists	1860	253	42	13	175	157	256	2,756
<b>Specialists (accepting new members)</b>	<b>1860</b>	<b>253</b>	<b>42</b>	<b>13</b>	<b>175</b>	<b>157</b>	<b>256</b>	<b>2,756</b>
Behavioral Health	818	139	7	3	82	135	119	1,303
<b>Behavioral Health (accepting new members)</b>	<b>818</b>	<b>139</b>	<b>7</b>	<b>3</b>	<b>82</b>	<b>135</b>	<b>119</b>	<b>1,303</b>
Facilities (Hosp./NF)	12	2	1	1	3	1	5	25
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	695	144	12	16	88	93	114	1,162
<b>Totals</b>	<b>3,894</b>	<b>599</b>	<b>70</b>	<b>52</b>	<b>393</b>	<b>466</b>	<b>577</b>	<b>6,051</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	89,999	8,265	565	110	8,115	22,807	14,227	144,088

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	177	135	71	6	180	285	171	179

Note: RFP requirement is 300 members for every PCP

**KAISER**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	0	0	4	3	0	0	0	7
<b>PCPs - (accepting new members)</b>	0	0	4	3	0	0	0	7
PCPs - Clinics (e.g. FQHC, CHC, etc.)	122	42	0	0	21	5	11	201
<b>PCPs - Clinics (accepting new members)</b>	115	40	0	0	21	5	11	192
Specialists	390	59	1	0	46	19	28	543
<b>Specialists (accepting new members)</b>	390	59	1	0	46	19	28	543
Behavioral Health	111	18	0	1	11	8	9	158
<b>Behavioral Health (accepting new members)</b>	111	18	0	1	11	8	9	158
Facilities (Hosp./NF)	35	3	1	1	3	7	2	52
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	200	45	4	4	37	17	24	331
<b>Totals</b>	<b>858</b>	<b>167</b>	<b>10</b>	<b>9</b>	<b>118</b>	<b>56</b>	<b>74</b>	<b>1,292</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,988	8,315						24,303

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	131	198	0	0	0	0	0	117
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 - (Traditional)	396	52	3	6	49	64	28	598
<b>PCPs - (accepting new members)</b>	175	21	3	1	21	22	10	253
PCPs - Clinics (e.g. FQHC, CHC, etc.)	67	2	1	1	2	10	13	96
<b>PCPs - Clinics (accepting new members)</b>	67	2	1	1	2	10	13	96
Specialists	1469	87	13	4	111	75	58	1,817
<b>Specialists (accepting new members)</b>	994	82	13	0	38	73	54	1,254
Behavioral Health	413	34	1	0	31	63	35	577
<b>Behavioral Health (accepting new members)</b>	336	33	1	0	19	51	25	465
Facilities (Hosp./NF)	27	5	2	1	7	2	7	51
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	881	142	17	6	82	117	121	1,366
<b>Totals</b>	<b>3,253</b>	<b>322</b>	<b>37</b>	<b>18</b>	<b>282</b>	<b>331</b>	<b>262</b>	<b>4,505</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	9039	2084	157	38	1014	1925	1578	15,835

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	20	39	39	5	20	26	38	23
Note: RFP requirement is 300 members for every PCP								

as of: 12/31/2014

**UnitedHealthCare**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	419	48	7	6	51	50	40	621
PCPs - (accepting new members)	341	43	5	6	49	22	36	502
PCPs - Clinics (e.g. FQHC, CHC, etc.)	12	0	0	0	0	15	1	28
PCPs - Clinics (accepting new members)	12	0	0	0	0	15	1	28
Specialists	1484	120	40	2	146	94	88	1,974
Specialists (accepting new members)	1106	116	39	2	137	59	85	1,544
Behavioral Health	543	79	3	1	24	62	38	750
BH (accepting new members)	531	74	2	1	23	58	37	726
Facilities (Hosp./NF)	30	6	2	1	4	8	5	56
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	563	85	8	5	59	57	64	841
<b>Totals</b>	<b>4,127</b>	<b>443</b>	<b>96</b>	<b>16</b>	<b>416</b>	<b>348</b>	<b>316</b>	<b>5,762</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	8,615	1,906	131	33	986	1,796	1,292	14,759

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	21	40	19	6	19	36	32	24

Note: RFP requirement is 300 members for every PCP



Attachment B  
**QExA Dashboard Report**  
**Health Plan Comparison**  
**CY 2014 Monthly Trend Analysis**

	January '14		February '14		March '14		April '14		May '14		June '14		July '14		August '14		September '14		October '14		November '14		December '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
<b># Provider Grievance</b>																								
# Received	2	0	3	1	1	2	2	5	4	0	3	0	2	3	0	0	3	0	5	1	0	0	2	1
# Resolved	4	2	4	4	2	1	1	2	1	2	1	3	3	3	3	0	2	0	2	0	3	0	3	1
# Outstanding	3	4	2	1	1	2	2	5	5	3	7	0	6	0	3	0	4	0	7	1	4	0	3	0
<b># Member Appeals</b>																								
# Received	2	5	5	5	5	21	7	17	6	17	1	3	2	3	2	7	3	4	0	10	2	10	0	8
# Resolved	3	0	2	5	5	7	5	22	8	11	1	20	3	3	3	2	3	7	2	5	1	7	1	13
# Outstanding	1	5	4	5	4	19	6	14	4	20	4	3	3	3	2	8	2	5	0	10	1	13	0	8
<b># Provider Appeals</b>																								
# Received	73	35	10	58	31	60	13	40	28	60	13	55	29	42	20	51	33	53	22	84	22	30	55	26
# Resolved	110	82	83	51	4	48	2	58	27	45	18	53	26	49	12	32	37	63	16	45	30	34	21	74
# Outstanding	79	19	6	26	33	38	44	20	45	35	40	37	43	30	51	49	47	39	52	78	44	74	78	26
<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	275	259	275	213	262	223	320	289	273	217	307	158
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	1,991	1,486	2,105	1,259	1,786	1,318	1,777	1,855	1,903	1,376	1,655	753
Readmissions within 30 days* (A)	75	51	66	17	68	33	62	25	64	26	72	26	73	29	60	26	59	18	70	32	50	21	73	14
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	1,233	967	1,161	992	1,194	924	1,142	874	1,094	848	1,001	813
# 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	20,934	20,342	20,303	19,418	20,795	19,549	20,780	20,185	18,730	18,167	18,390	20,221
Waitlisted Days * (A) - per 1,000	373	36	414	62	227	71	168	77	155	83	201	75	334	49	270	80	157	176	556	95	415	38	26	38
NF Admits * (A)	6	4	1	0	0	1	3	4	2	1	3	2	1	1	3	3	4	1	1	5	2	6	2	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	1,419	1,222	1,394	1,225	1,391	1,193	1,404	1,219	1,344	1,168	1,247	1,200
# 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	2,258	2,574	2,264	2,566	2,297	2,604	2,302	2,577	2,255	2,565	1,867	2,441
# Members in FH **(C)	669	1,039	683	1,059	698	1,057	704	1,053	712	1,065	711	1,049	713	1,049	720	1,038	715	1,055	731	1,057	720	1,035	565	1,053
# Members in Self-Direction **(C)	877	854	861	906	907	904	855	890	838	886	859	898	858	908	829	924	876	936	867	931	920	902	866	762
# Members receiving other HCBS **(C)	1,358	980	1,363	991	1,393	991	1,403	975	1,397	969	1,393	968	1,400	984	1,435	970	1,421	978	1,435	976	1,335	976	1,001	981
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

as of: December 31, 2014

**OHANA**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	Hawaii	Hawaii	Totals
PCPs - (Traditional)	348	53	5	3	47	72	30	558
<b>PCPs - (accepting new members)</b>	<b>175</b>	<b>20</b>	<b>3</b>	<b>1</b>	<b>18</b>	<b>20</b>	<b>10</b>	<b>247</b>
PCPs - Clinics (e.g. FQHC, CHC, etc.)	38	2	1	1	2	10	13	67
<b>PCPs - Clinics (accepting new members)</b>	<b>38</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>13</b>	<b>67</b>
Specialists	1738	111	14	0	102	110	81	2,156
<b>Specialists (accepting new members)</b>	<b>1566</b>	<b>103</b>	<b>14</b>	<b>0</b>	<b>98</b>	<b>94</b>	<b>70</b>	<b>1,945</b>
Foster Homes (FH) (CCFFH only; no ARCH)	854	41	0	0	14	81	26	1,016
HCBS Providers (All LTC, except CCFFH and NF)	108	9	2	0	6	23	8	156
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1080	168	18	6	119	155	142	1,688
<b>Totals</b>	<b>4,202</b>	<b>389</b>	<b>42</b>	<b>11</b>	<b>297</b>	<b>455</b>	<b>308</b>	<b>5,704</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	17,112	2,442	385	85	963	3,540	1,492	26,019

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	44	44	64	21	20	43	35	42

Note: RFP requirement is 600 members for every PCP

**UnitedHealthcare**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	560	58	6	6	66	54	45	795
PCPs - (accepting new members)	458	48	5	6	61	33	34	645
PCPs - Clinics (e.g. FQHC, CHC, etc.)	20	0	0	0	6	15	1	42
PCPs - Clinics (accepting new members)	20	0	0	0	6	15	1	42
Specialists	1,416	106	42	2	137	89	102	1,894
Specialists (accepting new members)	1,294	105	42	2	136	67	100	1,746
Behavioral Health	558	83	3	1	26	61	38	770
BH (accepting new members)	544	78	2	1	24	57	37	743
Facilities (Hosp./NF)	37	8	2	2	4	9	5	67
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	620	94	8	5	68	64	66	925
<b>Totals</b>	<b>4,932</b>	<b>489</b>	<b>105</b>	<b>22</b>	<b>504</b>	<b>394</b>	<b>386</b>	<b>6,832</b>

  

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,517	1,623	2	0	1,310	3,671	1,360	23,483

  

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	28	28	0	0	20	68	30	30



QExA Health Plan Summary of Call Center Calls

as of: December 31, 2014

**OHANA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	564	69	6	1	57	167	63	927
Network (provider look up, access)	67	13	0	0	0	9	7	96
Primary Care Physician Assignment or Change	291	30	2	1	16	49	33	422
NEMT (inquiry, scheduling) - <i>monthly report</i>	4134	0	0	0	0	0	0	4134
Authorization/Notification (prior auth status)	31	17	5	0	6	32	41	132
Eligibility (general plan eligiblity, change request)	153	32	1	0	2	25	19	232
Benefits (coverage inquiry)	166	37	5	0	3	33	17	261
Enrollment (ID card request, update member information)	525	70	6	0	15	103	53	772
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	280	56	10	1	11	56	25	439
Billing/Payment/Claims	79	17	2	1	3	21	6	129
Appeals	3	2	0	0	0	4	1	10
Complaints and Grievances	29	13	0	0	1	9	6	58
Other	1095	171	19	4	61	237	124	1711
<b>Totals</b>	<b>7,417</b>	<b>527</b>	<b>56</b>	<b>8</b>	<b>175</b>	<b>745</b>	<b>395</b>	<b>9,323</b>

**UnitedHealthcare**

Summary of Calls by Island	Oahu	Maui	Kauai	Lanai	Molokai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	9	0	15	1	14	14	0	53
Network (provider look up, access)	31	6	37	5	8	18	2	107
Primary Care Physician Assignment or Change	42	2	14	0	9	23	9	99
NEMT (inquiry, scheduling) - <i>monthly report*</i>	3,326	372	167	10	11	700	566	5,152
Authorization/Notification (prior auth status)	38	6	39	7	35	34	4	163
Eligibility (general plan eligiblity, change request)	515	57	271	12	91	220	26	1,192
Benefits (coverage inquiry)	3	0	3	1	0	10	1	18
Enrollment (ID card request, update member information)	193	24	68	14	35	79	21	434
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	36	7	13	2	6	14	3	81
Billing/Payment/Claims	1,183	130	755	83	129	315	0	2,595
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	544	72	468	46	227	329	7	1,693
<b>Totals</b>	<b>5,920</b>	<b>676</b>	<b>1,850</b>	<b>181</b>	<b>565</b>	<b>1,756</b>	<b>639</b>	<b>11,587</b>

\*Calls logged via Logisticare call center