Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: June 29, 2015

Demonstration/Quarter Reporting Period:
Demonstration Year: 21 (1/1/2015-3/31/2015)
Federal Fiscal Quarter: 2/2015 (1/1/2015-3/31/2015)
State Fiscal Quarter: 3/2015 (1/1/2015-3/31/2015)
Calendar Year: 1/2015 (1/1/2015-3/31/2015)

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 January 2015 to March 2015.

Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	Member Months 1/2015-3/2015	Unduplicated Members 1/2015-3/2015
Mandatory State Plan Groups			
State Plan Children	State Plan Children	342,314	110,973
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	133,640	43,720
Aged	Aged w/Medicare Aged w/o Medicare	83,051	24,581
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	76,175	25,682
Expansion State Adults	Expansion State Adults	162,686	54,847
Newly Eligible Adults	Newly Eligible Adults	101,804	34,956
Optional State Plan Children	Optional State Plan Children		
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,063	387
Medically Needy Adults	Medically Needy Adults		
Demonstration Eligible Adults	Demonstration Eligible Adults	3	8
Demonstration Eligible Children	Demonstration Eligible Children		
VIII-Like Group	VIII-Like Group	-5	13
Total		900,731	295,167

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	205,364
Title XXI funded State Plan	29,330
Title XIX funded Expansion	89,803
Enrollment current as of	3/31/2015

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 second quarter of FFY15, the Med-QUEST Division (MQD) implemented the QUEST Integration (QI) contract. 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.

QUEST Integration has five (5) health plans: AlohaCare, Hawaii Medical Services Association (HMSA), Kaiser Permanente, 'Ohana Health Plan, and UnitedHealthcare Community Plan. The MQD has been assuring readiness of the five (5) QI health plans since February of 2014 (see transition information later in the report).

Expenditure Containment Initiatives

No expenditure containment planned.

Financial/Budget Neutrality Development/Issues

The budget neutrality for second quarter of FFY15 was submitted.

Member Month Reporting

A. For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1 (January 2015)	Month 2 (February 2015)	Month 3 (March 2015)	Total for Quarter Ending 3/2015
EG 1-Children	113,466	113,648	116,263	343,377
EG 2-Adults	43,703	46,136	43,804	113,643
EG 3-Aged	24,821	28,001	30,229	83,051
EG 4-Blind/Disabled	25,942	23,931	26,302	76,175
EG 5-VIII-Like Adults	-1	2	-6	-5
EG 6-VIII Group Combined	79,218	89,593	95,679	264,490

B. For Informational Purposes Only

With Waiver Eligibility Group	Month 1 (January 2015)	Month 2 (February 2015)	Month 3 (March 2015)	Total for Quarter Ending 3/2015
State Plan Children	113,124	113,298	115,892	342,314
State Plan Adults	43,701	46,137	43,802	113,640
Aged	24,821	28,001	30,229	83,051
Blind or Disabled	25,942	23,931	26,302	76,175

With Waiver Eligibility Group	Month 1 (January 2015)	Month 2 (February 2015)	Month 3 (March 2015)	Total for Quarter Ending 3/2015
Expansion State Adults	46,599	55,320	60,767	162,686
Newly Eligible Adults	32,619	34,273	34,912	101,804
Optional State Plan Children				
Foster Care Children, 19-20 years old	342	350	371	1,063
Medically Needy Adults				
Demonstration Eligible Adults	2	-1	2	3
Demonstration Eligible Children				
VIII-Like Group	-1	2	-6	-5

QUEST Integration Consumer Issues

HCSB Grievance

During the second 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 (QUEST Integration or QI), 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., request to change health plan), then the CSB will work with the client to resolve their issue. The CSB did not have any calls related to QI this quarter.

	Member		Provider	
	QI	FFS	QI	FFS
January 2015	19	1	6	8
February 2015	14	1	6	8
March 2015	18	4	8	6
Total	51	6	20	22

During the second quarter of FFY15, the HCSB staff, as well as other MQD staff, processed approximately 99 member and provider telephone calls and e-mails (see table to the right). The number of calls from members higher than other quarters. In previous quarters, MQD received approximately 55 to 60 calls, letters, and e-mails. The anticipated increase is due to education of members in the second quarter of FFY15 related to filing grievances and appeals (all members were sent a handout describing this benefit).

HCSB Appeals

The HCSB received eleven (11) appeals in the second quarter of FFY15. Of the eleven (11) appeals that we received, all eleven (11) were member appeals. Members withdrew four (4) of them prior to resolving the appeal. Two (2) appeals were resolved in DHS' favor. One (1) DHS is still awaiting the results.

Appeals	Member #	Provider #
Submitted	7	0
DHS resolved with health plan or DOH-DDD in member/provider's favor prior to going to hearing	0	0
Member/provider withdrew hearing request	4	0
Hearings		
Resolution in DHS favor	2	0
Resolution in Member's favor	0	0
Still awaiting resolution	1	0

Of the eleven (11) appeals filed, the types of appeals were medical (1), LTSS (3), and medication or ABA services being two and one respectively.

Types of Member Appeals	#
Medical	1
LTSS	3
Other: Medications ABA services	2 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 13,447 members during the second quarter of FFY15. Of this group, 213 chose their health plan when they became eligible, 2,712 changed their health plan after being auto-assigned.

In addition, DHS had 28 plan-to-plan changes during the second 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

	#
Individuals who chose a health plan when they became eligible	213
Individuals who changed their health plan after being auto-assigned	2,712
Individuals who changed their health plan outside of allowable choice period (i.e., plan to plan	28

effective the first day of the following month.

In addition, 23 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

change)	
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	23

Long-Term Services and Supports (LTSS)

HCBS Waiting List

During the second quarter of FFY15, the QI health plans did not have a wait list for HCBS.

HCBS Expansion and Provider Capacity

During the second 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 second quarter of FFY15, the increase is 42.9% 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 bringing the aged, blind, and disabled population into managed care (formerly QUEST Expanded Access (QExA), currently QUEST Integration). Nursing facility services have decreased by approximately 15.0% 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 66% (65.9%) since the start of the program.

	2/1/09	1st Qtr FFY15, av	2nd Qtr FFY15, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 4th Qtr FFY14
HCBS	2,110	4,669	4,660	120.9%↑	42.6%	65.9%↑
NF	2,840	2,527	2,412	15.1%↓	57.4%	34.1%↓
Total	4,950	7,196	7,072	42.9%↑		

Behavioral Health Programs Administered by the DOH and DHS

Individuals in Community Care Services (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)	223
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,130
Community Care Services (CCS/DHS)	5,642

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 1,130 children during the second quarter to FFY15.

QUEST Integration transition

The MQD moved all of its QUEST and QExA population into the QUEST Integration (QI) program on January 1, 2015. The transition was seamless with all five-health plans being ready to accept their new members. All five health plans received transition of care files in November and December 2014 that allowed them to maintain services through March 31, 2015 (or until a new health and functional assessment (HFA) was conducted).

The MQD conducted three additional oversight processes. Information about these programs is included below.

1. **Ride along program**
   MQD nurses and socials workers went on home visits with service coordinators to observe their conducting assessments and developing service plans. These ride alongs identified areas for improvement to include pre-filling assessments prior to the visit, talking with member to obtain information instead of reading the questions from the assessment tool, and listening to needs of the member more than paying attention to questions on the assessment tool. MQD shared these observations with health plan leadership in April 2015.

2. **Customer Service Call Listen-In program**
   MQD staff listed to live health plan QUEST Integration customer service calls to ensure that customer service representatives were meeting MQD contract requirements. Initially, all five health plans had room for improvement. After providing health plans with a summary of the listen-in program, two of the five health plans are performing at 100%. The other three health plans only had one or two calls that were not within compliance.

3. **Review of all reductions of home and community based services**
   Health plans submitted all reductions of HCBS services to MQD for review weekly. MQD did not see any indication of health plans reducing HCBS incorrectly.

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 QI 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. The EQRO performs oversight of health plans for the QI and Community Care Services (CCS) programs:

1. PIPS – The Health Services Advisory Group (HSAG) did the following:
   - In January, the HSAG presented, via webinar, the new PIP approach to the MQD and conducted the overview on the new method for the health plans.
   - The new methodology places greater emphasis on improving both health care outcomes and processes through the integration of quality improvement science. This approach guides health plans through a process for conducting PIPs using rapid-cycle improvement and small tests of change. Performing small tests of change allows more flexibility to make adjustments throughout the improvement process. HSAG has developed a series of five modules to guide the health plans through this new process as they conduct PIP activities.
   - HSAG will be conducting module-specific Webinar's and will be scheduling technical assistance conference calls with each health plan to provide guidance and feedback through each phase of the new PIP process.
   - In February, HSAG ran another webinar with the health plans focused on the Module 1 and 2 submission requirements.
   - In addition, they provided assistance to some of the health plans for questions regarding the April PIP submission.

2. HEDIS – The EQRO collaborated with MQD to determine the 2015 HEDIS measures. The HSAG also did the following:
   - Completed survey sample frame validation for CAHPS.
   - Source codes for measures not covered by NCQA received.
   - Completed Roadmaps received from the health plans.
   - Began medical record review activities.
   - Conduct kick-off calls with each health plan.
   - Send Preliminary Information Systems (IS) grid findings with auditor requests for additional documentation and/or clarification to the health plans.
   - Submitted on-site agendas to the health plans.
   - Submitted convenience sample request letters to health plans.
   - HEDIS audits conducted on site for each health plan.
   - Began review process.
   - Preliminary audit findings reports sent to the health plans.
   - Supplemental database Primary Source Verification results (Pass or No Pass) sent to the health plans at end of March 2015.

3. Compliance Monitoring – The HSAG did the following:
   - Conducted on-site follow-up CAP reviews of the health plans with MQD staff members present.

- Produced reports of findings from each of the follow-up reviews and provided to the MQD for review and comment or approval. Once approved, HSAG provided reports were provided to the health plans. All plans had at least one continuing action.
- Since MQD's contract monitoring process includes its review and approval of health plan provider contracts and internal policies and procedures, the EQRO participated in reviews of documents related to the plans' continuing CAP activities, and provided input to the MQD.
- Sampled and prepared listings of denials, grievances, and appeals for review of cases during a behavioral health plan on-site compliance review.
- Forwarded re-evaluated health plans' CAP and provided feedback to the MQD for review and approval.

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – The HSAG did the following:
   - Received sample frame files for the health plans and CHIP population from the MQD.
   - Received NCQA's approval of the survey questionnaire.
   - HEDIS auditors completed validation of health plans' sample frame files.
   - Sent sample frame files to Subcontractor in February 2015.
   - Mailed first questionnaire and cover letters to members in February 2015.
   - Mailed first postcard reminders to non-respondents in end of February 2015.
   - Health plans completed the Health Organization Questionnaire (HOQ) on NCQA secure site.
   - Submitted weekly disposition reports to the MQD in the second half of March 2015.
   - Mailed second questionnaire and cover letters to non-respondents at end of March 2015.

5. Provider Survey – The HSAG did the following:
   - Developed the 2015 survey instrument and cover letters based on the MQD's initial feedback on the 2013 survey materials.
   - Received feedback from the MQD on the draft survey instrument, text for cover letters, and text for email reminders in early March 2015.
   - Performed review of the sample frame files submitted by the MQD in mid-March 2015.
   - Submitted final draft survey instrument, cover letters, and email reminder text including provider notification document to the MQD at end of March 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. No other update at this time.

QUEST Integration Dashboard
The MQD receives dashboard on QUEST Integration program monthly (see Attachment A for months January, February and March 2015). 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 Integration Dashboard- March 2015

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QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-15					Feb-15					Mar-15				
	Aloha Care	HMSA	Kaiser	Ohana	United	Aloha Care	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Members															
Medicaid	63017	149218	27178	25,319	21,273	63621	150675	27460	26,323	22,319	62168	149601	27500	26,115	22,441
Duals	319	754	179	14,647	16,097	458	767	330	14,452	15,983	624	852	340	14,432	15,920
Total	**63,336**	**149,972**	**27,357**	**39,966**	**37,370**	**64,079**	**151,442**	**27,790**	**40,775**	**38,302**	**62792**	**150453**	**27840**	**40,547**	**38,361**
# Network Providers															
PCPs	455	647	0	674	961	452	649	0	683	883	450	645	0	687	919
PCPs - (accepting new members)	292	491	0	409	847	289	492	0	415	772	287	490	0	419	806
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	129	135	209	96	29	133	135	209	96	28	132	137	205	96	28
PCPs - # in Clinics (accepting new members)	120	26	191	96	29	124	27	193	96	28	123	30	199	96	28
Specialists	2196	2208	345	1,496	1588	2223	2199	345	1,494	1520	2236	2202	310	1,499	1565
Specialists (accepting new members)	963	2208	345	949	1554	985	2199	345	949	1486	997	2202	310	949	1531
Behavioral Health	684	1293	86	616	775	694	1291	86	612	774	696	1306	65	621	776
Behavioral Health (accepting new members)	509	1293	86	565	763	519	1291	86	565	763	519	1306	65	573	765
Hospitals	25	26	14	24	19	25	26	14	24	20	25	26	16	24	20
LTSS Facilities (Hosp./NF)	37	32	12	38	26	43	33	12	38	26	44	33	15	38	26
Residential Setting (CCFFH, E-ARCH, and ALF)	289	461	306	1,023	994	293	473	306	1,013	1005	302	479	350	1,019	1007
HCBS Providers (except residential settings and LTSS facilities)	38	193	33	155	347	39	195	33	153	332	39	213	41	153	334
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1538	1,675	103	1,703	859	1527	1,681	103	1,735	1040	1547	1,675	113	1,735	972
Total # of providers	**5391**	**6670**	**1108**	**5825**	**5,598**	**5,429**	**6,682**	**1,108**	**5,848**	**5,628**	**5,471**	**6,716**	**1,115**	**5,872**	**5,647**
Call Center															
# Member Calls	4,101	11,542	866	13,912	6,214	3,795	6,751	573	10,609	5,002	4,849	7,143	492	13,333	5,119
Avg. time until phone answered	0:00:06	0:00:58	0:00:24	0:01:30	00:17	0:00:05	0:00:08	0:00:19	0:01:00	0:00:28	0:00:10	0:00:06	0:00:17	0:00:32	0:30:00
Avg. time on phone with member	0:04:02	5:30	3:32	0:07	0:05	4:08	4:53	3:48	0:10	0:05	4:28	4:45	3:53	0:08	5:36
% of member calls abandoned	1.76%	5%	5.00%	8%	1.5%	1%	1%	2.93%	5%	3.3%	3%	1%	2%	3%	3.4%
# Provider Calls	7,392	8,497	318	4,514	3,491	6,939	7,649	201	3,901	3,317	7,958	8,698	337	4,569	3,744
Avg. time until phone answered	0:00:06	0:01:20	0:00:23	0:00:44	00:02	0:00:06	0:00:22	0:00:17	0:00:25	0:00:02	0:00:12	0:00:18	0:00:14	0:00:38	0:00:02
Avg. time on phone with provider	0:04:16	4:59	2:08	0:08	06:50	4:08	4:53	2:27	0:08	6:30	4:19	4:38	2:25	0:08	6:38
% of provider calls abandoned	0.88%	6%	7.00%	4%	0.3%	1%	2%	4.20%	2%	0.4%	2%	1%	3%	3%	0.2%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,574	1,885		3,229	2,462	1,165	1,051		3,549	2,377	938	1,373		3,815	1,131
# Received	20,160	151,650	212	60,865	49,249	31,702	221,330	304	59,799	47,540	38,635	250,352	393	71,011	45,060
# Paid	12,860	91,214	205	40,232	35,675	31,092	199,878	266	37,417	44,244	35,793	215,730	333	45,973	41,221
# In Process	6,502	57,424	0	13,931	12,202	5,618	71,110	0	17,201	1,219	6,979	95,502	53	19,292	12,781
# Denied	798	3,012	7	6,702	1,372	1,494	7,766	38	5,181	2,077	2,078	10,230	7	5,746	786
Avg time for processing claim in days (month to date)	3	7	7	6	7	6	8	10	7	9	5	8	7	7	8
Medical Claims- Paper															
# Submitted, not able to get into system	127	2,003		733	987	166	1,803		440	1,095	190	801		429	295
# Received	6,778	15,628	219	13,377	19,739	13,916	28,548	531	11,633	21,902	18,476	38,770	576	13,692	29,164
# Paid	3,412	8,086	212	7,906	15,169	11,339	20,950	467	6,359	12,544	16,293	27,526	463	7,249	23,241
# In Process	2,979	7,386	0	2,751	4,352	4,325	14,016	16	3,143	4,884	5,409	23,634	85	3,844	10,090
# Denied	387	156	7	2,720	218	1,231	968	48	2,131	4,474	2,210	1,626	28	2,599	343
Avg time for processing claim in days (month-to-date)	6	9	15	8	6	8	10	15	9	8	7	14	9	9	8
Prior Authorization (PA)- Electronic															
# Received	72	466	232	57	29	57	439	201	37	25	56	462	386	50	21
# In Process	1	141	0	1	0	6	134	11	0	0	7	135	0	0	2
# Approved	71	276	222	56	24	51	403	183	36	21	49	398	376	50	18
# Denied	0	49	9	0	5	0	43	7	1	4	0	63	10	0	1
Avg time for PA in days (month to date)	5	9	4	1	5	7	9	4	1	5	8	9	8	1	2
Prior Authorization (PA)- Paper and Telephone															
# Received	1,159	799	0	689	2,845	1,151	735	0	791	2,523	1,272	697	0	862	2,765
# In Process	41	0	0	14	25	170	0	0	18	86	110	0	0	43	81
# Approved	1,111	581	0	663	2,550	971	525	0	765	2,232	1,151	512	0	811	2,455
# Denied	7	218	0	12	270	10	210	0	8	205	11	185	0	8	229
Avg time for PA in days (month-to-date)	5	0	0	5	3	4	0	0	4	3	4	0	0	8	3
# Non-Emergency Transports															
Ground	633	755	74	9,795	7,548	584	722	64	9,094	7,628	662	813	51	9,781	8,187
Air	447	687	0	621	115	370	614	1	621	123	479	699	1	698	125
* round trip															
# Member Grievances															
# Received	21	5	11	60	56	16	8	14	62	43	31	9	15	81	80
# Resolved	7	0	7	8	13	17	7	15	55	55	31	8	16	70	55
# Outstanding	14	5	4	52	43	13	8	3	59	31	13	9	2	70	56
# Provider Grievances															
# Received	8	1	0	2	1	8	0	0	0	0	11	1	0	1	1
# Resolved	0	0	0	0	1	0	6	0	1	0	12	1	0	1	0
# Outstanding	8	1	0	2	0	16	1	0	1	0	15	1	0	1	1
# Member Appeals															
# Received	0	27	2	1	5	1	40	1	0	13	2	50	1	1	6
# Resolved	0	12	0	0	0	0	36	2	1	8	1	44	2	0	9
# Outstanding	0	15	2	1	5	1	22	1	0	10	2	28	0	1	7
# Provider Appeals															
# Received	0	1	0	0	104	0	1	0	2	84	0	3	5	4	109
# Resolved	0	1	0	0	54	0	0	0	0	54	0	2	0	0	60
# Outstanding	0	0	0	0	87	0	2	0	2	117	0	3	5	6	166
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	89	103	3	160	275	74	126	3	148	167	78	82	4	141	148
Inpatient Acute Days * (A) - per 1,000	445	459	13	875	688	356	573	15	786	693	386	502	17	752	620
Readmissions within 30 days* (A)	33	284	0	101	37	34	379	0	104	33	35	240	0	99	25
ER Visits * (C) - per 1,000**	623	483	21	885	689	581	437	20	759	622	588	465	21	733	623
# Prescriptions (C) - per 1,000	7,453	10,346	730	15,020	14,496	8,131	9,297	648	13,541	13,549	7,701	10,138	680	14,801	14,717
Waitlisted Days * (A) - per 1,000	28	0	1	89	10	21	0	3	52	14	43	0	2	83	17
NF Admits * (A)	14	0	7	2	7	6	0	0	3	7	11	16	1	10	7
# Members in NF (non-Medicare paid days) (C)**	8	10	19	1,302	1,140	12	10	19	1,236	1,154	9	5	16	1,168	1,129
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2	194	15	2,205	2,140	5	231	20	2,137	2,310	3	270	20	2,095	2,332
# Members in Residential Setting **(C)	0	0	6	693	982	0	0	9	678	1,032	0	0	5	634	1,034
# Members in Self-Direction **(C)	3	0	5	821	908	4	0	5	823	889	9	0	7	857	880
# Members receiving other HCBS **(C)	3	194	11	1,384	973	3	231	12	1,314	1,052	4	270	15	1,238	1,030
(* non-Medicare) (**lag in data of two months)															

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ER= Emergency Room
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
NF=Nursing Facility
PA= Prior Authorization
PCP= Primary Care Provider
QI= QUEST Integration

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFFH/EARCH/ALF, home care agencies , 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.

QUEST Integration Health Plan Demographic Information by Island

as of: 3/31/2015

ALOHA CARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	265	54	9	1	41	41	39	450
PCPs - (accepting new members)	**170**	**28**	**6**	**1**	**32**	**22**	**28**	**287**
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	70	9	4	4	4	17	24	132
PCPs - # in Clinics (accepting new members)	**63**	**9**	**4**	**4**	**4**	**15**	**24**	**123**
Specialists	1685	197	26	2	112	102	112	2,236
Specialists (accepting new members)	**753**	**107**	**7**	**1**	**46**	**34**	**49**	**997**
Behavioral Health	431	89	5	3	44	60	64	696
Behavioral Health (accepting new members)	**318**	**64**	**4**	**2**	**33**	**48**	**50**	**519**
Hospitals	13	1	1	1	3	1	5	25
LTSS Facilities (Hosp./NF)	26	3	0	1	6	3	5	44
Residential Setting (CCFFH, E-ARCH, and ALF)	246	13	0	0	8	30	5	302
HCBS Providers (except residential settings and LTSS facilities)	12	5	3	3	5	6	5	39
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA	1012	177	18	14	109	115	102	1,547
Totals	**3,760**	**548**	**66**	**29**	**332**	**375**	**361**	**5,471**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	31,840	9,045	2,137	491	5,820	6,256	6,172	**61,761**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	95	144	164	98	129	108	98	106
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)	417	55	6	18	40	63	46	645
PCPs - (accepting new members)	**323**	**26**	**5**	**13**	**36**	**49**	**38**	**490**
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	65	8	2	1	6	18	37	137
PCPs - # in Clinics (accepting new members)	**7**	**3**	**2**	**0**	**4**	**0**	**14**	**30**
Specialists	1454	205	39	11	147	122	224	2,202
Specialists (accepting new members)	**1454**	**205**	**39**	**11**	**147**	**122**	**224**	**2,202**
Behavioral Health	811	141	7	2	84	144	117	1,306
Behavioral Health (accepting new members)	**811**	**141**	**7**	**2**	**84**	**144**	**117**	**1,306**
Hospitals	13	2	1	1	3	1	5	26
LTSS Facilities (Hosp./NF)	23	2	1		2	4	1	33
Residential Setting (CCFFH, E-ARCH, and ALF)	394	16			10	44	15	479
HCBS Providers (except residential settings and LTSS facilities)	98	30	9	7	18	31	20	213
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA	1036	195	19	24	120	136	145	1,675
Totals	**4,311**	**654**	**84**	**64**	**430**	**563**	**610**	**6,716**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	93,277	8,561	647	116	8,853	23,930	15,069	**150,453**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	194	136	81	6	192	295	182	192
Note: RFP requirement is 300 members for every PCP								

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# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	0	0						0
PCPs - (accepting new members)	**0**	**0**						**0**
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	153	52						205
PCPs - # in Clinics (accepting new members)	**150**	**49**						**199**
Specialists	277	33						310
Specialists (accepting new members)	**277**	**33**						**310**
Behavioral Health	52	13						65
Behavioral Health (accepting new members)	**52**	**13**						**65**
Hospitals	14	2						16
LTSS Facilities (Hosp./NF)	15	1						15
Residential Setting (CCFFH, E-ARCH, and ALF)	315	35						350
HCBS Providers (except residential settings and LTSS facilities)	32	9						41
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA	87	20						113
Totals	**945**	**165**	**0**	**0**	**0**	**0**	**0**	**1,115**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	18,309	9,531						**27,840**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	120	183	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	136
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)	461	51	6	7	71	67	24	687
PCPs - (accepting new members)	**289**	**26**	**5**	**8**	**47**	**27**	**17**	**419**
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	67	2	1	1	2	10	13	96
PCPs - # in Clinics (accepting new members)	**67**	**2**	**1**	**1**	**2**	**10**	**13**	**96**
Specialists	1137	95	13	4	114	74	62	1,499
Specialists (accepting new members)	**679**	**83**	**13**	**4**	**52**	**64**	**54**	**949**
Behavioral Health	438	41	3	0	34	68	37	621
Behavioral Health (accepting new members)	**407**	**34**	**3**	**0**	**33**	**60**	**36**	**573**
Hospitals	11	2	1	1	3	1	5	24
LTSS Facilities (Hosp./NF)	23	3	1	1	5	2	3	38
Residential Setting (CCFFH, E-ARCH, and ALF)	855	42	0	0	15	82	25	1,019
HCBS Providers (except residential settings and LTSS facilities)	105	9	2	0	6	23	8	153
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA	1106	171	18	6	131	157	146	1,735
Totals	**4,203**	**416**	**45**	**20**	**381**	**484**	**323**	**5,872**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	25,284	4,396	497	102	1,929	5,329	3,010	**40,547**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	48	83	71	13	26	69	81	52
Note: RFP requirement is 300 members for every PCP								

UNITED HEALTHCARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	655	71	10	6	76	55	46	919
PCPs - (accepting new members)	**579**	**62**	**8**	**6**	**76**	**37**	**38**	**806**
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	13	0	0	0	3	11	1	28
PCPs - # in Clinics (accepting new members)	**13**	**0**	**0**	**0**	**3**	**11**	**1**	**28**
Specialists	1188	86	32	0	119	59	81	1,565
Specialists (accepting new members)	**1166**	**86**	**32**	**0**	**119**	**48**	**80**	**1,531**
Behavioral Health	563	82	2	1	26	60	42	776
Behavioral Health (accepting new members)	**559**	**78**	**2**	**1**	**25**	**58**	**42**	**765**
Hospitals	9	1	1	1	3	3	2	20
LTSS Facilities (Hosp./NF)	21	2	0	0	0	2	1	26
Residential Setting (CCFFH, E-ARCH, and ALF)	840	33	0	0	19	94	21	1,007
HCBS Providers (except residential settings and LTSS facilities)	274	22	0	0	8	24	6	334
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA	662	103	6	2	69	62	68	972
Totals	**4,225**	**400**	**51**	**10**	**323**	**370**	**268**	**5,647**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	24,554	3,327	133	31	2,235	5,425	2,626	**38,331**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	37	47	13	5	28	82	56	40

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: 3/31/2015

ALOHA CARE Data not available, AC will start collecting data from April and submit in May 2015.

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)								**0**
Network (provider look up, access)								**0**
Primary Care Physician Assignment or Change								**0**
NEMT (inquiry, scheduling) -*monthly repor* t								**0**
Authorization/Notification (prior auth status)								**0**
Eligibility (general plan eligiblity, change request)								**0**
Benefits (coverage inquiry)								**0**
Enrollment (ID card request, update member information)								**0**
Service Coordination Inquiry or request (contact FSC, assessment, service plan)								**0**
Billing/Payment/Claims								**0**
Appeals								**0**
Complaints and Grievances								**0**
Other								**0**
Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	24	2	0	0	2	11	2	**41**
Network (provider look up, access)	40	8	0	0	6	8	10	**72**
Primary Care Physician Assignment or Change	1652	189	17	1	219	380	302	**2760**
NEMT (inquiry, scheduling) -*monthly repor* t	59	84	21	7	81	246	155	**653**
Authorization/Notification (prior auth status)	9	4	0	0	0	0	1	**14**
Eligibility (general plan eligiblity, change request)	411	44	4	0	29	58	59	**605**
Benefits (coverage inquiry)	129	32	1	0	20	22	26	**230**
Enrollment (ID card request, update member information)	460	43	1	1	43	78	54	**680**
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	4	0	0	0	0	0	0	**4**
Billing/Payment/Claims	101	16	0	0	12	24	20	**173**
Appeals	4	1	0	0	0	0	0	**5**
Complaints and Grievances	7	0	0	0	1	2	3	**13**
Other	527	52	3	1	48	98	64	**793**
Totals	**3,427**	**475**	**47**	**10**	**461**	**927**	**696**	**6,043**

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Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	4	2						**6**
Network (provider look up, access)	54	12						**66**
Primary Care Physician Assignment or Change	7	0						**7**
NEMT (inquiry, scheduling) -*monthly repor* t	0	0						**0**
Authorization/Notification (prior auth status)	15	0						**15**
Eligibility (general plan eligiblity, change request)	402	60						**462**
Benefits (coverage inquiry)	91	14						**105**
Enrollment (ID card request, update member information)	29	7						**36**
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	3	0						**3**
Billing/Payment/Claims	93	14						**107**
Appeals	2	0						**2**
Complaints and Grievances	3	0						**3**
Other	13	4						**17**
Totals	**716**	**113**	**0**	**0**	**0**	**0**	**0**	**829**

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	457	86	9	1	30	103	36	**722**
Network (provider look up, access)	58	19	1	0	1	15	8	**102**
Primary Care Physician Assignment or Change	289	58	6	3	20	62	35	**473**
NEMT (inquiry, scheduling) -*monthly repor* t	4134	726	63	13	138	677	676	**6427**
Authorization/Notification (prior auth status)	400	95	23	3	68	110	64	**763**
Eligibility (general plan eligiblity, change request)	433	51	3	2	28	40	36	**593**
Benefits (coverage inquiry)	226	43	1	0	8	43	18	**339**
Enrollment (ID card request, update member information)	537	94	11	4	29	106	51	**832**
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	329	67	14	0	11	71	27	**519**
Billing/Payment/Claims	1645	215	38	4	92	189	145	**2328**
Appeals	9	0	0	0	0	2	1	**12**
Complaints and Grievances	26	10	0	0	2	14	5	**57**
Other	1166	223	28	9	69	243	144	**1882**
Totals	**9,709**	**1,687**	**197**	**39**	**496**	**1,675**	**1,246**	**15,049**

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	47	8	0	0	5	7	11	**78**
Network (provider look up, access)	255	30	0	0	37	80	40	**442**
Primary Care Physician Assignment or Change	22	4	0	0	4	4	1	**35**
NEMT (inquiry, scheduling) -*monthly repor* t	3748	394	5	7	177	691	558	**5580**
Authorization/Notification (prior auth status)	60	11	1	0	5	22	19	**118**
Eligibility (general plan eligiblity, change request)	471	68	3	1	62	111	76	**792**
Benefits (coverage inquiry)	7	2	0	0	1	5	1	**16**
Enrollment (ID card request, update member information)	728	113	10	0	83	162	122	**1218**
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	56	5	0	0	6	20	5	**92**
Billing/Payment/Claims	376	44	10	0	29	130	64	**653**
Appeals	0	0	0	0	0	0	0	**0**
Complaints and Grievances	0	0	0	0	0	0	0	**0**
Other	1431	259	14	9	229	564	287	**2793**
Totals	**7,201**	**938**	**43**	**17**	**638**	**1,796**	**1,184**	**11,817**