	Jul-15					Aug-15					Sep-15				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Members															
Medicaid	65,136	152,488	28,539	28,239	24,459	65,439	152,827	28,724	28,566	25,063	65,851	153,256	28,768	29,071	25,614
Duals	838	1,147	389	13,833	15,667	813	1,205	404	13,826	15,623	851	1,258	401	13,760	15,527
Total	65,974	153,635	28,928	42,072	40,126	66,252	154,032	29,128	42,392	40,686	66,702	154,514	29,169	42,831	41,141
# Network Providers															
PCPs	448	642	0	694	954	450	643	0	793	952	456	782	210	797	992
PCPs - (accepting new members)	288	489	0	420	840	289	489	0	526	837	294	523	203	530	877
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)	136	142	203	105	40	135	148	206		40					
PCPs - # in Clinics (accepting new members)	128	36	196	105	40	127	40	195		40					
Specialists	2,301	2,188	352	1,524	1,598	2,319	2,249	362	1,525	1,605	2,345	2,313	359	1,531	1,605
Specialists (accepting new members)	1,050	2,188	352	961	1,562	1,067	2,249	362	963	1,569	1,089	2,313	359	964	1,569
Behavioral Health	712	1,318	61	638	808	713	1,336	61	640	827	711	1,356	63	643	829
Behavioral Health (accepting new members)	536	1,318	61	581	796	538	1,336	61	616	815	537	1,356	63	619	818
Hospitals	26	26	14	24	24	26	26	14	24	24	26	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	46	34	16	38	34	46	34	16	38	34	46	34	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	355	507	343	989	1,117	360	511	322	1,043	1,127	370	523	324	1,046	1,131
HCBS Providers (except residential settings and LTSS facilities)	42	145	38	143	44	44	121	37	90	44	48	123	39	90	44
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,585	1,742	108	1,740	935	1,575	1,777	107	1,767	936	1,577	1,803	107	1,777	936
Total # of providers	5,651	6,744	1,135	5,895	5,554	5,668	6,845	1,125	5,920	5,589	5,579	6,960	1,132	5,946	5,595
Call Center															
# Member Calls	3,651	7,759	528	10,394	4,698	4,428	6,934	582	9,975	4,250	4,237	6,907	676	10,918	4,401
Avg. time until phone answered	0:00:24	0:00:11	0:00:13	0:00:31	0:00:19	0:00:57	0:00:06	0:00:13	0:00:36	0:00:14	0:00:16	0:00:10	0:00:15	0:00:36	0:00:21
Avg. time on phone with member	0:04:40	0:05:04	0:03:17	0:08:00	0:05:21	0:04:46	0:04:51	0:03:30	0:09:00	0:05:18	0:04:11	0:04:56	0:03:14	0:09:21	0:05:47
% of member calls abandoned (member hung up)	4%	1%	3%	3%	1.8%	11%	1%	1%	4%	1.3%	4%	1%	1%	5%	2.0%
# Provider Calls	8,325	8,246	125	4,839	3,598	9,362	7,447	239	4,666	3,462	8,880	6,928	145	4,548	3,365
Avg. time until phone answered	0:00:24	0:01:29	0:00:06	0:01:00	0:00:11	0:00:58	0:01:28	0:00:12	0:01:05	0:00:04	0:00:16	0:01:21	0:00:13	0:00:56	0:00:06
Avg. time on phone with provider	0:04:30	0:04:26	0:02:31	0:08:00	0:05:31	0:04:40	0:04:48	0:02:30	0:08:00	0:05:54	0:04:40	0:05:18	0:02:25	0:07:59	0:05:54
% of provider calls abandoned (provider hung up)	4%	7%	2%	8%	0.69%	11%	7%	2%	7%	0.72%	3%	7%	3%	5%	0.65%
Medical Claims- Electronic															
# Submitted, not able to get into system	409	1,614		6,791	878	377	1,444		4,437	1,062	1,959	1,668		4,092	
# Received	37,381	125,451	731	71,801	43,902	37,617	123,875	752	68,696	53,110	41,745	133,573	981	68,653	44,970
# Paid	36,286	130,603	576	50,124	50,120	36,021	109,785	495	49,758	50,179	35,640	110,960	818	47,232	46,288
# In Process	6,275	32,742	119	14,090	7,271	5,451	41,251	234	14,048	16,569	9,784	58,343	98	16,623	13,701
# Denied	1,819	7,220	36	7,587	1,645	2,103	5,581	23	4,890	1,646	1,469	5,521	65	4,798	1,727
Avg time for processing claim in days	5	9	2	6	9	5	9	2	6	10	5	9	3	5	10
% of electronic claims processed in 30 days											99%	98%	100%	100%	99%
% of electronic claims processed in 90 days											100%	100%	100%	100%	99%
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	267	1,348		326	354	223	1,241		376	452	352	1,115		436	
# Received	19,391	19,886	424	14,770	17,717	17,145	20,679	399	14,782	22,607	18,593	18,067	466	15,112	24,588
# Paid	18,353	20,917	318	8,837	20,581	15,865	16,393	277	8,329	20,702	17,146	15,884	293	8,412	23,508
# In Process	5,309	7,000	72	2,663	2,545	3,779	9,700	93	3,999	7,499	5,968	10,466	131	3,834	7,455
# Denied	2,495	2,205	34	3,270	267	2,523	1,586	29	2,454	268	2,092	1,417	42	2,866	325
Avg time for processing claim in days	9	13	6	8	8	8	12	7	8	9	13	12	9	7	9
% of electronic claims processed in 30 days											97%	95%	99%	100%	98%
% of electronic claims processed in 90 days											100%	99%	100%	100%	99%
Prior Authorization (PA)- Electronic															
# Received	99	492	471	181	38	44	448	469	142	32	7	386	459	146	41
# In Process	22	150	0	3	0	14	128	0	5	0	0	67	0	12	4
# Approved	77	454	462	176	32	30	409	459	142	30	7	397	446	139	37
# Denied	0	62	9	11	6	0	61	10	0	2	0	50	13	6	0
Avg time for PA in days	6	10	3	3	4	6	9	8	2	3	11	9	10	2	4
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,534	760	0	1,668	2,838	1,095	655	0	1677	2,667	1,677	610	0	1,787	2,512
# In Process	139	1	0	113	33	223	2	0	230	43	248	2	0	379	64
# Approved	1,382	550	0	1,796	2,509	867	461	0	1597	2,324	1,427	443	0	1,723	2,188
# Denied	13	209	0	106	296	5	193	0	80	300	2	167	0	71	260
Avg time for PA in days	3	0	0	6	3	4	0	0	4	2	7	0	0	6	7
(month-to-date)															

	Jul-15					Aug-15					Sep-15				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Non-Emergency Transports															
Ground (# of round trips)	939	881	99	9,990	8,664	922	982	60	9556	8,459	577	940	54	9,756	8,545
Air (by segment)	541	663	3	1,222	382	634	752	0	1101	422	1,327	1,484	1	1,122	409
Public Transportation Pass (bus pass & handivan coupons)											133	5	52	1,244	1,134
# Member Grievances															
# Received	50	14	12	46	67	42	13	7	50	53	42	10	10	51	50
# Resolved	41	12	8	37	74	43	12	10	58	59	40	13	14	43	66
# Outstanding	18	11	7	36	23	17	12	4	28	17	19	9	0	36	1
# Provider Grievances															
# Received	6	0	0	2	0	3	0	0	3	2	3	0	0	0	0
# Resolved	4	1	0	1	2	3	0	0	2	1	11	0	0	4	1
# Outstanding	9	0	0	3	0	9	0	0	4	1	1	0	0	0	0
# Member Appeals															
# Received	1	33	0	4	14	3	37	0	7	6	0	41	0	4	12
# Resolved	0	32	2	2	10	3	32	0	4	6	2	32	0	11	11
# Outstanding	2	14	0	4	13	2	19	0	7	7	0	28	0	0	8
# Provider Appeals															
# Received	0	2	0	25	52	0	2	0	62	80	0	2	0	71	99
# Resolved	0	11	0	9	109	0	3	0	24	37	0	0	0	20	50
# Outstanding	0	2	0	45	69	0	1	0	83	112	0	3	0	134	161
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	88	164	4	139	173	83	183	3	141	171	85	197	3	142	134
Inpatient Acute Days * (A) - per 1,000	385	413	16	826	739	842	466	14	848	753	339	484	13	499	590
Readmissions within 30 days* (A)	39	263	13	99	38	40	261	7	92	29	41	347	12	79	35
ED Visits * (C) - per 1,000**	568	440	21	830	737	568	493	689	811	608					
# Prescriptions (C) - per 1,000	8,240	9,342	667	13,717	13,802	8,127	9,469	660	13,773	13,714	7,314	9,686	729	13971	13,544
Waitlisted Days * (A) - per 1,000	27	0	0	64	21	32	0	1	50	18	31	0	1	18	12
NF Admits * (A)	13	15	1	3	3	13	12	2	3	8	17	12	1	10	9
# Members in NF (non-Medicare paid days) (C)**	11	57	9	1,204	1,161	53	66	9	1,168	721					
# Members in HCBS **(C)- note: member can be included in more than one category listed below	19	250	64	2,305	2,191	71	257	59	2,208	1,640					
# Members in Residential Setting **(C)	5	128	9	710	1,017	6	131	14	684	838					
# Members in Self-Direction **(C)	31	42	15	887	872	6	44	13	852	901					
# Members receiving other HCBS **(C)	25	122	46	1,418	1,009	68	126	36	1,356	802					
# Members in At-Risk ** (C)						4		31	1,050	225					
# Members in Self-Direction **(C)						17		4	387	56					
# Members receiving other HCBS **(C)						1		8	352	169					

(* 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
ED= Emergency Department
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

Other HCBS at-risk= Adult Day Care, Adult Day Health, Home Delivered Meals, Personal Care, Personal Emergency Response System, and Skilled Nursing.

PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF
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.