

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Oct-15					Nov-15					Dec-15				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Members															
Medicaid	66,454	153,617	28,405	29,611	26,134	66,957	153,809	28,619	30,037	26,575	66,972	153,794	29,224	30,585	27,124
Duals	1,023	1,380	401	13,625	15,478	1,128	1,498	430	13,555	15,412	1,217	1,587	445	13,456	15,355
Total	67,477	154,997	28,806	43,236	41,612	68,085	155,307	29,049	43,592	41,987	68,189	155,381	29,669	44,041	42,479
# Network Providers															
PCPs	461	799	211	811	991	463	803	211	815	957	458	800	207	814	945
PCPs - (accepting new members)	300	534	204	544	877	302	511	203	548	845	299	437	200	548	834
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)															
PCPs - # in Clinics (accepting new members)															
Specialists	2,354	2,387	364	1,531	1,606	2,338	2,382	364	1,533	1,580	2,433	2,410	365	1,535	1,615
Specialists (accepting new members)	1,110	2,387	364	964	1,571	1,125	2,382	364	964	1,548	1,175	2,410	365	966	1,584
Behavioral Health	719	1,385	65	649	839	721	1,404	65	649	855	732	1,419	66	649	852
Behavioral Health (accepting new members)	547	1,385	65	619	826	550	1,404	65	619	842	561	1,419	66	623	839
Hospitals	26	26	14	24	24	26	26	14	24	24	26	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	47	34	16	38	34	48	34	16	38	34	48	34	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	384	525	328	1,046	1,129	392	535	346	1,046	1,130	396	547	257	1,046	1,144
HCBS Providers (except residential settings and LTSS facilities)	48	124	41	90	44	48	124	43	90	46	48	137	46	90	49
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,595	1,823	107	1,777	947	1,601	1,823	107	1,779	936	1,612	1,848	107	1,783	953
Total # of providers	5,634	7,103	1,146	5,966	5,614	5,637	7,131	1,166	5,974	5,562	5,753	7,221	1,443	5,979	5,616
Call Center															
# Member Calls	5,084	7,078	703	11,086	4,665	3,428	6,768	818	10,274	4,131	3,555	6,475	882	11,630	4,349
Avg. time until phone answered	0:00:07	0:00:19	0:00:08	0:00:36	0:00:12	0:00:05	0:00:21	0:00:15	0:00:30	0:00:08	0:00:08	0:00:16	0:00:41	0:01:42	0:00:07
Avg. time on phone with member	4:13	4:54	3:42	0:09:00	0:06:08	5:09	5:19	4:08	0:08:59	0:04:48	5:10	5:14	4:31	0:08:57	0:05:26
% of member calls abandoned (member hung up)	2%	2%	1%	5%	0.9%	1%	2%	1%	4%	0.5%	3%	2%	4%	5%	0.4%
# Provider Calls	8,271	7,719	181	5,182	3,720	7,512	6,908	259	4,033	3,302	8,098	6,640	177	3,971	3,286
Avg. time until phone answered	0:00:08	0:00:33	0:00:22	0:01:25	0:00:11	0:00:06	0:00:28	0:00:44	0:01:16	0:00:07	0:00:09	0:00:15	0:01:01	0:01:28	0:00:05
Avg. time on phone with provider	4:56	5:06	2:35	0:09:04	0:05:53	4:46	5:02	2:46	0:11:15	0:05:59	5:08	4:53	3:09	0:11:56	0:06:31
% of provider calls abandoned (provider hung up)	2%	2%	3%	6%	0.73%	1%	2%	6%	5%	0.88%	3%	1%	7%	6%	0.27%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,636	2,375		4,192	925	1,482	1,556		3,880	818	1,155	1,547		4,414	719
# Received	41,929	127,016	872	71,780	40,243	39,271	123,299	702	67,651	40,877	40,806	132,749	1,019	71,616	35,942
# Paid	41,514	143,855	709	51,020	46,093	40,192	115,621	627	47,132	40,658	34,953	134,701	892	50,486	52,990
# In Process	9,406	33,399	106	15,052	11,072	5,901	34,595	28	15,338	15,288	10,641	24,005	19	16,011	2,409
# Denied	1,585	8,107	57	5708	1,934	1,694	6,482	47	5180	2,300	1,458	8,639	108	5119	2,573
Avg time for processing claim in days	5	9	7	5	11	6	9	6	6	13	6	8	3	6	11
% of electronic claims processed in 30 days	100	98%	100	100%	98	100	98%	99	100%	99	99	99%	100	100%	99
% of electronic claims processed in 90 days	100	100%	100	100%	100	100	100%	100	100%	100	100	100%	100	100%	100
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	198	2,037		439	450	287	1,467		440	416	576	1,576		326	272
# Received	21,127	19,530	558	14,386	21,268	20,056	19,495	476	12,214	20,800	18,591	18,412	304	12,208	13,606
# Paid	20,644	20,057	425	8,710	23,765	16,294	16,599	355	6,409	21,328	17,503	18,091	240	7,317	22,040
# In Process	7,054	7,628	81	3,329	4,908	7,803	8,554	48	4,077	7,515	5,921	6,641	38	3,101	1,272
# Denied	2,813	2,335	52	2,347	311	2,821	1,971	73	1,728	441	3,085	2,234	26	1,790	390
Avg time for processing claim in days	14	13	11	8	10	13	14	11	9	11	11	12	11	8	11
% of electronic claims processed in 30 days	100	91%	99	100%	98.8	98	96%	97	100%	98.6	97	96%	99	100%	96.2
% of electronic claims processed in 90 days	100	100%	100	100%	99.4	100	99%	100	100%	99.4	99	100%	100	100%	99.4
Prior Authorization (PA)- Electronic															
# Received	13	482	484	191	25	35	397	336	137	21	46	460	474	126	41
# In Process	0	128	0	1	0	11	111	0	11	0	9	111	0	0	0
# Approved	13	450	471	174	25	24	356	328	116	19	36	386	462	122	39
# Denied	0	53	13	17	0	0	58	8	14	2	1	74	11	13	2
Avg time for PA in days	6	9	9	1	4	5	9	6	2	2	4	9	12	2	2
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,545	713	0	1,712	2,786	1,397	580	0	1,706	2,198	1,610	576	0	1,884	2,470
# In Process	281	0	0	344	58	221	3	0	322	29	247	0	0	152	23
# Approved	1,262	537	0	1,641	2,434	1,161	416	0	1,753	1,914	1,343	436	0	2,049	2,196
# Denied	2	178	0	71	294	15	161	0	75	255	20	143	0	70	251
Avg time for PA in days	4	0	0	6	2	2	0	0	7	3	2	0	0	7	2
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,209	963	48	9,999	8,761	994	935	32	9,013	7,963	966	967	29	9,584	8,624
Air (by segment)	1,179	1,612	0	1,136	465	1,315	1,503	0	1,146	409	1,205	1,403	1	987	368
Public Transportation Pass (bus pass & handivan coupons)	206	72	128	1,334	1,278	149	10	138	1,104	1,318	319	149	153	1,154	1,152

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	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United
# Member Grievances															
# Received	47	11	8	55	44	22	19	6	59	41	35	13	7	52	46
# Resolved	46	11	3	48	45	34	13	11	58	41	36	19	5	60	46
# Outstanding	20	9	5	43	0	8	15	0	44	0	7	9	2	36	0
# Provider Grievances															
# Received	4	2	0	1	0	5	1	0	1	1	2	4	0	1	0
# Resolved	0	3	0	0	0	9	1	0	0	0	1	2	0	3	0
# Outstanding	5	0	0	1	0	1	0	0	2	1	2	2	0	0	1
# Member Appeals															
# Received	0	37	0	8	12	1	31	0	4	9	2	37	1	4	4
# Resolved	1	45	0	1	11	0	37	0	8	10	1	33	1	4	7
# Outstanding	0	20	0	7	9	1	14	0	3	8	2	18	0	3	5
# Provider Appeals															
# Received	0	0	0	54	63	0	1	0	42	92	0	7	0	75	85
# Resolved	0	1	0	51	96	0	2	0	43	110	0	4	0	61	74
# Outstanding	0	2	0	90	128	0	1	0	89	110	0	4	0	103	121
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	81	199	3	154	157	78	210	3	147	108	81	211	3	156.77	126
Inpatient Acute Days * (A) - per 1,000	414	503	11	908	754	371	446	14	787	473	414	412	14	744.86	606
Readmissions within 30 days* (A)	20	320	7	104	37	41	324	13	100	25	20	286	12	79	23
ED Visits * (C) - per 1,000**	656	489	22	836		648	489	20	863	592	656	450	20	851	529
# Prescriptions (C) - per 1,000	8,157	9,514	704	13,724	13,661	7,744	9,234	634	12,959	12,718	8,157	9,806	706	13,511	13,205
Waitlisted Days * (A) - per 1,000	40	0	1	43	26	45	0	2	19	13	40	0	1	33	11
NF Admits * (A)	9	15	3	5	11	15	11	6	3	15	9	20	0	4	10
# Members in NF (non-Medicare paid days) (C)**	62	76	18	1,201	815	70	80	28	1,151	923	62	77	29	1,065	686
# Members in HCBS ** (C)- note: member can be included in more than one category listed below	119	239	35	2,279	1,812	75	251	28	2,317	1,750	119	250	26	2,182	1,502
# Members in Residential Setting ** (C)	19	26	13	692	835	22	25	20	681	875	19	25	20	662	832
# Members in Self-Direction ** (C)	8	33	22	872	933	7	39	14	927	939	8	43	14	858	899
# Members receiving other HCBS ** (C)	112	213	24	1,407	977	63	226	21	1,390	875	112	225	21	1,324	673
# Members in At-Risk ** (C)	20	69	32	1,057	300	23	64	33	1,079	221	20	63	45	1,066	165
# Members in Self-Direction ** (C)	33	27	6	405	107	30	22	10	464	65	33	29	10	430	166
# Members receiving other HCBS ** (C)	21	65	22	343	193	14	62	28	363	156	21	61	22	361	165
(* non-Medicare) (**lag in data of two months)															

Legend:

ALF= Assisted Living Facilities
 CCFH= 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= CCFH, ARCH/E-ARCH, and ALF

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFH/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.