

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.