

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-16					Feb-16					Mar-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	65,602	157,506	31,131	31,034	26,350	65,704	157,554	31,288	30,233	26,685	65,665	157,926	31,504	29,914	26,975
Duals	1,440	2,180	602	13,271	15,379	1,509	2,235	607	12,808	15,353	1,529	2,248	607	13,217	15,329
Total	67,042	159,686	31,733	44,305	41,729	67,213	159,789	31,895	43,041	42,038	67,194	160,174	32,111	43,131	42,304
# Network Providers															
PCPs	454	799	201	802	975	453	835	209	803	1,005	431	853	211	809	980
PCPs - (accepting new members)	298	441	195	541	869	298	458	200	541	898	279	472	198	547	881
Specialists	2,456	2,428	365	1,537	1,603	2,471	2,442	371	1,540	1,609	2,370	2,410	371	1,540	1,582
Specialists (accepting new members)	1,197	2,428	365	966	1,573	1,216	2,442	371	968	1,579	1,168	2,410	371	968	1,554
Behavioral Health	741	1,427	66	650	884	749	1,442	69	651	901	701	1,452	70	651	886
Behavioral Health (accepting new members)	570	1,427	66	623	870	578	1,442	69	624	887	549	1,452	70	624	872
Hospitals	26	26	14	24	24	26	26	14	24	24	26	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	49	35	16	38	34	49	35	16	38	34	48	35	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	402	553	145	1,046	1,154	415	560	191	1,046	1,156	419	571	201	1,046	1,159
HCBS Providers (except residential settings and LTSS facilities)	51	138	45	91	49	51	133	46	91	49	56	133	47	91	44
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,629	1,867	105	1,786	950	1,640	1,941	107	1,790	969	1,557	1,940	107	1,790	982
Total # of providers	5,808	7,273	957	5,974	5,673	5,854	7,414	1,023	5,983	5,747	5,608	7,420	1,037	5,989	5,691
Call Center															
# Member Calls	3,763	8,549	763	12,359	5,082	3,732	8,030	781	11,310	4,524	3,700	7,485	827	13,236	4,701
Avg. time until phone answered	0:00:08	0:00:39	0:01:23	0:01:13	0:00:08	0:00:05	0:00:29	0:00:16	0:00:46	0:00:12	0:00:05	0:00:07	0:00:37	0:00:41	0:00:15
Avg. time on phone with member	0:05:27	5:22	4:38	0:09:11	0:05:29	0:05:32	5:36	3:55	0:09:20	0:05:20	5:44	4:14	0:08:42	0:05:04	0:05:04
% of member calls abandoned (member hung up)	4%	4%	8%	10%	0.6%	2%	3%	3%	5%	1.37%	2%	1%	4%	5%	1.55%
# Provider Calls	8,535	7,022	217	4,717	3,520	8,253	7,098	335	4,524	3,448	8,409	8,057	323	4,713	3,557
Avg. time until phone answered	0:00:08	0:00:18	0:01:33	0:03:40	0:00:07	0:00:05	0:00:23	0:00:22	0:02:52	0:00:02	0:00:04	0:00:20	0:01:22	0:02:00	0:00:02
Avg. time on phone with provider	0:04:51	5:02	3:25	0:13:53	0:06:14	0:04:21	5:10	3:04	0:12:19	0:05:34	5:14	2:56	0:11:16	0:05:38	0:05:38
% of provider calls abandoned (provider hung up)	4%	1%	14%	17%	0.48%	2%	2%	4%	13%	0.09%	1%	1%	10%	10%	0.08%
Medical Claims- Electronic															
# Submitted, not able to get into system	2,038	1,833	2	3,990	657	1,691	1,721	1	3,889	714	2,059	1,965	0	4,864	767
# Received	35,544	123,004	916	66,095	32,844	41,594	134,251	1,052	68,507	35,721	46,289	146,955	1,345	73,367	38,332
# Paid	34,848	105,402	770	45,439	45,895	41,155	118,737	933	44,414	48,905	46,427	155,749	1,084	49,412	56,381
# In Process	9,557	35,298	38	15,959	6,692	8,010	44,921	39	17,772	5,118	5,679	27,477	115	18,984	3,171
# Denied	1,472	6,302	108	4,697	2,237	1,968	5,891	80	6,321	2,085	2,064	8,650	146	4,971	2,406
Avg time for processing claim in days	6	8	3	6	10	6	8	3	6	10	6	8	3	7	10
% of electronic claims processed in 30 days	99%	99%	100%	100%	98%	99	99%	100	100%	99	98	99%	100	100%	99
% of electronic claims processed in 90 days	100%	100%	100%	100%	100%	100	100%	100	100%	100	99	100%	100	100%	99
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	388	947	10	356	279	423	1,138	4	266	314	421	1,251	2	466	406
# Received	19,086	17,706	276	12,133	13,956	20,620	20,648	573	12,883	15,707	20,169	19,973	272	13,829	20,289
# Paid	16,602	14,000	149	7,058	24,691	18,044	15,962	422	7,631	24,964	20,312	21,356	218	6,670	29,601
# In Process	7,811	8,634	59	3,468	2,621	8,313	11,619	38	3,377	1,802	6,972	7,624	5	5,522	2,039
# Denied	2,484	1,696	68	1,607	528	2,442	1,701	113	1,875	481	2,795	2,622	49	1,637	370
Avg time for processing claim in days	11	14	11	8	10	13	14	9	9	9	14	15	7	10	9
% of electronic claims processed in 30 days	94%	96%	100%	100%	93%	97	98%	100	100%	96	96	95%	100	100%	98
% of electronic claims processed in 90 days	100%	100%	100%	100%	97%	100	100%	100	100%	98	100	100%	100	100%	100
(month to date)															
Prior Authorization (PA)- Electronic															
# Received	61	1,680	435	167	35	63	1,784	627	175	32	89	2,041	791	146	50
# In Process	14	314	0	11	0	17	209	0	9	0	16	237	0	1	0
# Approved	47	1,272	432	154	35	46	1,635	619	160	29	73	1,788	781	138	43
# Denied	0	238	4	13	0	0	254	8	13	3	0	225	10	8	7
Avg time for PA in days	3	4	13	1	3	4	4	8	1	4	2	4	8	1	2
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,482	620	0	1,752	2,413	1,614	650	0	1,792	2,513	1,793	608	0	2,137	2,858
# In Process	252	34	0	420	42	245	27	0	436	23	233	16	0	373	49
# Approved	1,199	494	0	1,699	2,117	1,345	573	0	1,687	2,253	1,510	526	0	2,092	2,508
# Denied	31	111	0	39	254	24	84	0	43	237	50	93	0	43	301
Avg time for PA in days	2	2	0	6	2	2	2	0	7	2	2	2	0	7	1
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	692	1,191	50	9,052	8,049	877	1,294	33	9,227	8,053	1,228	1,123	56	10,092	8,481
Air (by segment)	1,552	1,852	2	1,138	685	1,160	1,662	2	1,079	693	1,142	1,395	1	1,132	732
Public Transportation Pass (bus pass & handivan coupons)	361	117	130	1,116	1,141	182	124	125	1,064	1,112	396	132	178	1,192	1,143

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Member Grievances															
# Received	27	13	5	41	45	14	23	7	46	48	24	17	6	49	50
# Resolved	25	11	5	39	44	19	21	7	37	38	24	15	4	64	53
# Outstanding	9	11	2	38	1	4	13	2	47	11	4	15	4	32	8
# Provider Grievances															
# Received	1	3	0	2	2	6	1	0	0	1	4	0	0	1	2
# Resolved	2	0	0	0	1	5	1	0	1	0	5	4	0	1	2
# Outstanding	1	5	0	2	2	2	5	0	1	3	1	1	0	1	3
# Member Appeals															
# Received	1	33	1	6	5	2	36	0	9	3	2	55	0	3	11
# Resolved	2	33	0	4	5	2	32	1	7	3	1	49	0	8	5
# Outstanding	1	18	1	6	5	1	22	0	10	5	2	28	0	5	11
# Provider Appeals															
# Received	0	7	0	71	77	0	4	0	41	53	0	1	0	54	43
# Resolved	0	9	0	113	71	0	3	0	46	56	0	2	0	95	65
# Outstanding	0	2	0	163	127	0	3	0	94	124	0	2	0	53	102
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	77	61	3	139	134	77	53	3	131	117	76	89	4	128	126
Inpatient Acute Days * (A) - per 1,000	312	200	12	422	621	342	194	14	860	479	291	292	15	722	503
Readmissions within 30 days* (A)	38	104	9	56	29	35	71	9	79	33	27	125	11	109	35
ED Visits * (C) - per 1,000**	518	455	20	847	488	550	443	19	766	585	505	23	864	427	
# Prescriptions (C) - per 1,000	8,051	9,568	704	12432	12,998	8,273	9,890	710	13057	12,827	7,071	10,498	762	13889	13,553
Waitlisted Days * (A) - per 1,000	51	0	1	82	5	55	0	2	315	10	69	0	2	103	4
NF Admits * (A)	10	16	3	5	19	13	22	4	2	15	11	19	1	2	17
# Members in NF (non-Medicare paid days) (C)**	87	85	30	1051	664	66	85	34	1,124	512	116	99	34	1,092	76
# Members in HCBS *(C)- note: member can be included in more than one category listed below	54	329	34	2376	1,269	162	344	37	2361	1,154	196	369	34	2444	534
# Members in Residential Setting *(C)	33	28	17	647	785	32	28	26	701	655	41	28	39	703	37
# Members in Self-Direction *(C)	9	47	16	827	714	11	53	16	824	735	14	72	17	889	807
# Members receiving other HCBS *(C)	40	301	33	1549	485	153	316	28	1537	500	175	341	41	1555	497
# Members in At-Risk *(C)	21	51	42	1,128	161	30	50	39	1132	281	40	55	41	1,159	276
# Members in Self-Direction *(C)	58	23	12	460	133	61	24	11	463	154	70	24	11	435	142
# Members receiving other HCBS *(C)	15	50	19	380	155	30	47	20	438	127	40	53	26	455	134
(* 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.