

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Apr-16					May-16					Jun-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	65,837	158,699	31,317	30,668	27,326	66,852	158,806	31,189	30,678	27,606	67,005	158,748	31,091	31,340	28,073
Duals	1,620	2,318	631	12,573	15,357	1,735	2,464	656	12,954	15,427	1,837	2,542	640	12,587	15,433
Total	67,456	161,017	31,948	43,241	42,683	68,587	161,270	31,845	43,632	43,033	68,842	161,290	31,731	43,927	43,506
# Network Providers															
PCPs	576	857	211	812	975	595	865	207	811	928	608	867	206	812	1,058
PCPs - (accepting new members)	420	491	193	550	878	434	494	189	552	831	447	510	191	552	973
Specialists	2,326	2,390	371	1,543	1,580	2,302	2,395	371	1,541	1,676	2,303	2,385	376	1,542	1,778
Specialists (accepting new members)	1,160	2,390	371	972	1,552	1,141	2,395	371	972	1,644	1,150	2,385	376	973	1,749
Behavioral Health	712	1,440	70	652	896	814	1,456	67	652	923	846	1,450	71	652	928
Behavioral Health (accepting new members)	558	1,440	70	625	882	610	1,456	67	625	909	641	1,450	71	625	906
Hospitals	25	26	14	24	24	25	26	14	24	24	25	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	49	36	16	38	34	50	37	16	38	34	48	37	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	424	589	206	1,046	1,174	411	597	208	1,013	1,179	420	606	228	1,013	1,184
HCBS Providers (except residential settings and LTSS facilities)	57	137	43	91	45	64	140	46	91	47	63	140	48	91	52
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,580	1,946	107	1,791	987	1,510	1,996	107	1,791	996	1,538	2,046	107	1,794	968
Total # of providers	5,749	7,421	1,038	5,997	5,715	5,771	7,482	1,036	5,961	5,807	5,851	7,557	1,066	5,966	6,026
Call Center															
# Member Calls	3,499	7,091	454	15,536	4,440	3,457	7,088	467	10,900	4,233	3,836	7,052	408	9,819	4,247
Avg. time until phone answered	00:00:07	0:00:18	0:01:07	0:06:22	0:00:13	00:00:09	0:00:21	0:00:17	0:00:31	0:00:13	0:00:10	0:00:18	0:00:17	0:00:17	0:00:10
Avg. time on phone with member	00:04:41	5:52	4:30	0:12:09	0:04:54	00:04:26	5:43	4:16	0:10:32	0:05:10	0:05:08	8:09	4:20	0:08:23	0:05:13
% of member calls abandoned (member hung up)	3%	2%	10%	32%	1.10%	5.8%	3%	3%	4%	1.32%	7.2%	2%	1%	2%	0.89%
# Provider Calls	7,831	7,479	123	4,234	3,752	8,441	7,393	102	4,532	3,502	8,561	7,566	45	4,627	3,455
Avg. time until phone answered	00:00:06	0:00:18	0:01:21	0:05:25	0:00:16	00:00:09	0:00:37	0:00:15	0:01:35	0:00:03	0:00:11	0:00:17	0:00:15	0:00:45	0:00:09
Avg. time on phone with provider	00:04:20	4:53	3:13	00:11:08	0:05:52	00:04:21	5:07	3:21	0:11:29	0:07:32	0:04:50	4:52	3:06	0:11:38	0:07:10
% of provider calls abandoned (provider hung up)	2%	2%	10%	24%	0.83%	6.1%	3%	2%	7%	0.23%	7.0%	1%	2%	3%	0.64%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,774	1,811	0	5,853	818	1,706	1,420	4	3,976	860	1,647	1,142	0	3,677	800
# Received	42,747	139,123	1582	70,545	40,922	40,772	134,680	1,425	67,112	42,997	43,846	138,096	1573	74,119	39,979
# Paid	37,684	120,679	1131	48,852	54,044	42,155	125,887	1,208	45,663	53,342	42,989	141,969	1295	46,016	53,845
# In Process	9,122	39,590	254	16,399	7,577	4,695	41,405	39	15,803	6,489	3,646	29,262	77	17,612	5,343
# Denied	1,947	6,324	197	5,294	1,965	2,560	6,965	178	5,646	2,317	2,064	8,270	201	10,489	2,228
Avg time for processing claim in days	5	8	4	6	9	5	8	3	6	9	5	9	3	6	9
% of electronic claims processed in 30 days	99	99%	100	100%	96.9	99%	99%	100	100%	96.9	99%	99	100	100%	95.7
% of electronic claims processed in 90 days	99	100%	100	100%	97.6	100%	100%	100	100%	97.7	100%	100	100	100%	95.4
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	275	1,110	5	287	367	367	1,228	5	404	403	453	1,273	7	318	344
# Received	19,580	19,076	129	12,189	18,337	17,953	23,087	99	12,633	20,151	19,257	19,317	112	12,567	17,221
# Paid	15,448	16,703	121	6,527	22,881	18,678	17,404	96	6,269	25,054	18,181	20,272	107	6,396	24,068
# In Process	9,350	8,015	1	3,990	4,121	6,603	11,672	2	4,225	3,955	10,047	8,125	1	3,416	2,237
# Denied	2,662	1,960	7	1,672	382	2,799	2,025	1	2,139	359	3,370	2,592	4	2,754	378
Avg time for processing claim in days	13	13	2	8	8	13	13	1	8	8	12	14	2	7	7
% of electronic claims processed in 30 days	95	96%	100	100%	96.3	97%	96%	100	100%	97.7	97%	94	100	100%	97.6
% of electronic claims processed in 90 days	100	100%	100	100%	99.2	100%	100%	100	100%	99.4	100%	100	100	100%	99.3
Prior Authorization (PA)- Electronic															
# Received	58	1,870	1143	164	49	38	1,758	830	170	34	79	1,818	402	335	33
# In Process	17	254	0	1	1	6	187	0	2	0	16	217	0	3	0
# Approved	41	1,603	1132	164	45	32	1,584	819	168	33	61	1,547	394	333	30
# Denied	0	247	11	0	3	0	241	11	1	1	2	241	8	1	3
Avg time for PA in days	2	4	9	2	1	4	4	2	2	3	5	2	3	1	2
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,570	666	0	1,897	2,738	1,472	622	0	1,897	2,595	1,554	598	0	2,098	2,531
# In Process	256	38	0	386	49	201	30	0	387	55	244	41	0	388	50
# Approved	1,274	534	0	1,852	2,430	1,248	518	0	1,867	2,291	1,283	502	0	2,067	2,217
# Denied	40	111	0	32	259	23	112	0	29	249	27	85	0	30	264
Avg time for PA in days	1	2	0	8	0	3	2	0	7	1	3	2	0	7	2
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	932	1,259	46	7,793	8,339	1,144	1,302	82	9,492	8,191	1,314	1,907	42	10,147	8,553
Air (by segment)	906	2,075	0	865	964	527	1,975	3	730	734	581	2,182	3	710	768
Public Transportation Pass (bus pass & handivan coupons)	294	86	152	1,975	1,068	230	122	180	2,089	1,022	511	196	175	1,577	934
# Member Grievances															
# Received	27	9	10	154	57	15	12	7	75	31	29	18	12	63	46
# Resolved	24	16	5	113	50	19	12	7	75	44	24	16	8	77	28
# Outstanding	7	8	9	73	15	3	8	9	73	2	8	10	13	59	20

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Provider Grievances															
# Received	3	0	0	4	0	1	0	0	2	0	1	2	0	2	1
# Resolved	4	1	0	2	2	1	0	0	0	1	0	1	0	4	0
# Outstanding	0	0	0	3	1	0	0	0	5	0	1	1	0	3	1
# Member Appeals															
# Received	3	35	0	7	5	5	60	0	4	4	3	56	2	11	13
# Resolved	2	39	0	3	10	6	51	0	6	4	3	43	0	6	5
# Outstanding	3	24	0	9	6	2	33	0	7	6	2	46	2	12	14
# Provider Appeals															
# Received	2	4	0	50	28	0	7	0	38	40	0	1	1	77	55
# Resolved	0	3	0	27	46	2	2	0	42	40	0	1	0	55	37
# Outstanding	2	3	0	76	84	0	8	0	72	84	0	8	1	94	102
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	77	81	3	114	119	76	79	3	117	137	80	96	3	119	111
Inpatient Acute Days * (A) - per 1,000	290	265	10	717	547	263	203	9	664	593	309	238	12	677	460
Readmissions within 30 days* (A)	28	127	10	82	35	30	120	4	104	41	47	177	8	99	24
ED Visits * (C) - per 1,000**	529	450	20	801	450	533	458	19	767	490	536	436	19	766	510
# Prescriptions (C) - per 1,000	7,985	9,821	698	13227	12,719	7,427	9,771	687	13,255	12,709	7,992	9,613	682	13,209	12,695
Waitlisted Days * (A) - per 1,000	35	0	1	343	4	42	0	1	422	5	32	0	1	342	21
NF Admits * (A)	14	18	7	1	21	15	11	7	0	29	10	13	7	2	31
# Members in NF (non-Medicare paid days) (C)**	89	104	35	1,066	573	108	107	34	1,037	611	130	117	33	967	735
# Members in HCBS **(C)- note: member can be included in more than one category listed below	121	396	33	2,437	1,433	123	400	34	2,488	1,460	122	415	43	2,400	1,403
# Members in Residential Setting **(C)	43	30	27	700	757	50	33	31	674	773	35	30	32	641	742
# Members in Self-Direction **(C)	14	79	15	876	775	19	87	14	928	949	22	98	10	908	824
# Members receiving other HCBS **(C)	100	366	24	1,561	677	110	367	25	1,560	687	94	385	30	1,492	661
# Members in At-Risk ** (C)	37	56	47	1123	268	37	50	53	1495	254	40	60	53	1,129	270
# Members in Self-Direction **(C)	68	27	9	420	143	77	24	14	455	175	72	29	13	447	147
# Members receiving other HCBS **(C)	36	53	26	351	125	37	50	27	478	79	40	56	26	459	123

(* 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.

13,308
5,746

2/1/2009
2,110 4,436
2,840 1,915
4,950 6,351

ALOHA CARE

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	539	68	13	4	48	71	72	615
PCPs - (accepting new members)	243	43	10	4	39	53	63	455
Specialists*	1729	195	26	2	146	88	121	2307
Specialists (accepting new members)	887	102	7	1	70	32	60	1159
Behavioral Health*	534	104	3	3	50	76	78	848
Behavioral Health (accepting new members)	398	77	3	2	39	65	62	646
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	28	4	0	1	6	5	4	48
Residential Setting (CCFPH, E-ARCH, and ALF)	349	17	0	0	7	41	9	423
HCBS Providers (except residential settings and LTSS facilities)	26	8	4	4	6	9	6	63
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1012	182	18	17	110	116	98	1553
Totals	4029	580	65	32	376	407	393	5882

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	37264	9535	2286	542	6092	6926	6606	69251

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	110	140	176	136	127	98	92	113

Note: RFP requirement is 300 members for every PCP

HMSA

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	535	68	11	12	55	90	104	875
PCPs - (accepting new members)	321	24	9	5	45	45	73	522
Specialists*	1559	213	46	5	133	171	246	2373
Specialists (accepting new members)	1559	213	46	5	133	171	246	2373
Behavioral Health*	883	172	6	2	90	161	126	1440
Behavioral Health (accepting new members)	883	172	6	2	90	161	126	1440
Hospitals	13	2	1	1	3	1	5	26
LTSS Facilities (Hosp,NF)	25	2	1	0	3	5	1	37
Residential Setting (CCFPH, E-ARCH, and ALF)	506	23	1	0	13	62	17	622
HCBS Providers (except residential settings and LTSS facilities)	60	21	8	6	14	24	11	144
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1312	206	25	22	142	157	199	2063
Totals	4893	707	99	48	453	671	709	7580

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	98696	9648	745	136	10065	25895	16356	161541

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	184	142	68	11	183	288	157	185

Note: RFP requirement is 300 members for every PCP

KAISER

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	153	53						206
PCPs - (accepting new members)	141	46						187
Specialists*	333	43						376
Specialists (accepting new members)	333	43						376
Behavioral Health*	61	13						74
Behavioral Health (accepting new members)	61	13						74
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	210	19						229
HCBS Providers (except residential settings and LTSS facilities)	39	12						51
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	81	31						112
Totals	904	174	0	0	0	0	0	1078

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	20683	10957						31640

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	135	207	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	154

Note: RFP requirement is 300 members for every PCP

OHANA

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	643	59	9	8	83	71	36	909
PCPs - (accepting new members)	379	34	8	7	58	32	31	549
Specialists*	1169	103	13	4	117	74	64	1544
Specialists (accepting new members)	698	85	13	4	55	65	55	975
Behavioral Health*	453	47	4	0	34	71	43	652
Behavioral Health (accepting new members)	447	34	3	0	34	67	40	625
Hospitals	11	2	1	1	3	1	5	24
LTSS Facilities (Hosp,NF)	23	3	1	1	5	2	3	38
Residential Setting (CCFPH, E-ARCH, and ALF)	851	41	0	0	18	79	24	1013
HCBS Providers (except residential settings and LTSS facilities)	51	8	2	0	4	20	6	91
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1147	180	15	6	132	165	151	1796
Totals	4248	443	45	20	396	483	332	5967

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	27571	4758	483	98	2269	5630	3269	44078

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	51	81	54	12	27	79	91	54

Note: RFP requirement is 300 members for every PCP

UNITED HEALTHCARE

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	763	70	8	6	91	79	63	1080
PCPs - (accepting new members)	717	63	6	6	91	61	53	997
Specialists*	1349	76	35	0	143	75	87	1765
Specialists (accepting new members)	1332	76	35	0	143	64	86	1736
Behavioral Health*	662	96	3	1	33	70	56	921
Behavioral Health (accepting new members)	649	91	2	1	32	67	55	897
Hospitals	12	1	1	1	3	3	3	24
LTSS Facilities (Hosp,NF)	25	2	0	0	3	3	1	34
Residential Setting (CCFPH, E-ARCH, and ALF)	994	41	0	0	21	107	23	1186
HCBS Providers (except residential settings and LTSS facilities)	35	6	0	0	1	9	1	52
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	683	109	4	2	62	63	55	978
Totals	4523	401	51	10	357	409	289	6040

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	28670	3722	183	54	2424	5837	2879	43769

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	38	53	23	9	27	74	46	41

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **7/31/2016**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	40	8	1	0	3	6	0	58
Network (provider look up, access)	65	9	1	2	6	15	2	100
Primary Care Physician Assignment or Change	1038	178	24	8	96	144	43	1531
NEMT (inquiry, scheduling) - <i>monthly report</i>	163	66	59	21	67	75	55	506
Authorization/Notification (prior auth status)	563	111	26	10	77	233	40	1060
Eligibility (general plan eligibility, change request)	605	97	7	4	60	212	35	1020
Benefits (coverage inquiry)	172	27	6	3	39	32	12	291
Enrollment (ID card request, update member information)	97	20	2	2	24	28	5	178
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	61	9	0	0	8	13	3	94
Billing/Payment/Claims	634	126	14	1	36	151	17	979
Appeals	0	1	2	0	0	1	1	5
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	890	87	12	5	41	133	25	1193
Totals	4,328	739	154	56	457	1,043	238	7,015

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	57	11	0	0	12	21	17	118
Network (provider look up, access)	12	3	1	0	1	8	4	29
Primary Care Physician Assignment or Change	1203	135	10	0	182	331	218	2079
NEMT (inquiry, scheduling) - <i>monthly report</i>	60	105	22	3	93	277	192	752
Authorization/Notification (prior auth status)	24	7	2	0	7	6	7	53
Eligibility (general plan eligibility, change request)	317	29	0	0	17	66	50	479
Benefits (coverage inquiry)	117	10	0	0	24	17	21	189
Enrollment (ID card request, update member information)	370	41	0	0	42	83	61	597
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	24	2	0	0	3	9	9	47
Billing/Payment/Claims	121	9	0	0	20	23	24	197
Appeals	3	1	0	0	0	0	2	6
Complaints and Grievances	9	1	0	0	1	3	1	15
Other	678	95	8	0	60	120	98	1059
Totals	2,995	449	43	3	462	964	704	5,620

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	1	0	0	0	0	0	0	1
Network (provider look up, access)	2	3	0	0	0	0	0	5
Primary Care Physician Assignment or Change	3	2	0	0	0	0	0	5
NEMT (inquiry, scheduling) - <i>monthly report</i>	23	10	0	0	0	0	0	33
Authorization/Notification (prior auth status)	3	0	0	0	0	0	0	3
Eligibility (general plan eligibility, change request)	212	58	0	0	0	0	0	270
Benefits (coverage inquiry)	60	26	0	0	0	1	0	87
Enrollment (ID card request, update member information)	17	11	0	0	0	0	0	28
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	0	1	0	0	0	0	0	1
Billing/Payment/Claims	24	11	0	0	0	0	0	35
Appeals	0	1	0	0	0	0	0	1
Complaints and Grievances	5	0	0	0	0	0	0	5
Other	33	6	0	0	0	0	0	39
Totals	383	129	0	0	0	1	0	513

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	585	106	10	2	41	197	68	1009
Network (provider look up, access)	25	10	0	0	1	5	3	44
Primary Care Physician Assignment or Change	177	31	3	0	10	78	40	339
NEMT (inquiry, scheduling) - <i>monthly report</i>	2722	166	97	84	21	624	297	4011
Authorization/Notification (prior auth status)	189	43	27	5	38	75	59	436
Eligibility (general plan eligibility, change request)	265	32	3	2	11	59	31	403
Benefits (coverage inquiry)	239	43	7	1	12	55	15	372
Enrollment (ID card request, update member information)	346	52	4	0	25	125	63	615
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	228	48	10	0	25	54	25	390
Billing/Payment/Claims	1476	213	19	7	75	206	126	2122
Appeals	22	5	0	1	3	5	1	37
Complaints and Grievances	14	6	3	0	6	5	3	37
Other	1879	349	64	8	144	417	212	3073
Totals	8,167	1,104	247	110	412	1,905	943	12,888

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	96	11	0	1	9	34	10	161
Network (provider look up, access)	300	36	2	1	21	46	16	422
Primary Care Physician Assignment or Change	734	44	3	1	52	146	39	1019
NEMT (inquiry, scheduling) - <i>monthly report</i>	47	12	2	0	18	31	22	132
Authorization/Notification (prior auth status)	67	19	1	1	14	40	22	164
Eligibility (general plan eligibility, change request)	230	24	0	0	17	46	24	341
Benefits (coverage inquiry)	435	63	0	0	41	108	38	685
Enrollment (ID card request, update member information)	689	59	0	0	57	154	68	1027
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	164	13	0	0	12	31	10	230
Billing/Payment/Claims	447	30	0	0	34	95	25	631
Appeals	58	9	0	0	3	11	8	89
Complaints and Grievances	23	5	0	0	9	9	6	52
Other	175	13	1	0	17	57	19	282
Totals	3,465	338	9	4	304	808	307	5,235

Health plan shall highlight changes made for the previous month(s)	
# Members	Description of Information to Include
Medicaid	Number of members receiving QI benefit package who do not have Medicare primary
Duals	Number of members receiving dual benefits
Total	Total number of members
# Network Providers	
PCPs	PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool
PCPs - (accepting new members)	Number of PCPs (includes PCPs in clinics) accepting new members
Specialists	All specialists as defined in Section 40.220
Specialists (accepting new members)	Number of Specialists accepting new members
Behavioral Health	All behavioral health providers as defined in Section 40.220
Behavioral Health (accepting new members)	Number of Behavioral Health providers accepting new members
Hospitals	All hospitals
LTSS Facilities (Hosp./NF)	All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities)
Residential Setting (CCFFH, E-ARCH, and ALF)	All residential settings (CCFFH, E-ARCH, and ALF)
HCBS Providers (except residential settings and LTSS facilities)	All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies.
Total # of providers	Total of all providers listed
Call Center	
# Member Calls	# of calls received from members
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with member	Average time on the phone with member in minutes and seconds
% of member calls abandoned (member hung up)	Percent of member calls abandoned
# Provider Calls	# of calls received from providers
Avg. time until phone answered	Average time until phone was answered in seconds
Avg. time on phone with provider	Average time on the phone with provider in minutes and seconds
% of provider calls abandoned (provider hung up)	Percent of provider calls abandoned
Note: (1) A "Processed claim" is a QI claim (not based on # of items/lines in the claim) that "PAID" or "DENIED" in the reporting period. Health plan shall determine how a claim is considered "PAID" or "DENIED". (2) When a single claim that has multiple RECEIVED/PAID/DENIED dates, health plan should use the LAST DATE that the final "PAID" or "DENIED" item/line is made for the 30/90 days calculation because this will be a "completely" processed claim.	
Medical Claims- Electronic	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month
# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days	Average time it took to process paid claims in days
% of claims processed in 30 days	% of electronic claims processed in 30 days
% of claims processed in 90 days	% of electronic claims processed in 90 days
(month to date)	
Medical Claims- Paper	
# Submitted, not able to get into system	# of claims submitted that do not get into the system
# Received	# of claims received in the month
# Paid	# of claims paid in the month

# In Process	# of claims in process at the end of the month
# Denied	# of claims denied in the month
Avg time for processing paid claim in days	Average time it took to process paid claims in days
% of claims processed in 30 days	% of paper claims processed in 30 days
% of claims processed in 90 days	% of paper claims processed in 90 days
(month-to-date)	
Prior Authorization (PA)- Electronic	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month
Avg time for PA in days	Average time it took to process PAs in days
(month to date)	
Prior Authorization (PA)- Paper and Telephone	
# Received	# of PAs received in the month
# In Process	# of PAs in process in the month
# Approved	# of PAs approved in the month
# Denied	# of PAs denied in the month
Avg time for PA in days	Average time it took to process PAs in days
(month-to-date)	
# Non-Emergency Transports	
Ground (# of round trips)	# of ground trips for non-emergency transports. A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip not two (2) trips)
Air (by segment)	# of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments
Public Transportation Pass (bus pass & handivan coupons)	# of bus passes or handivan coupons issued
# Member Grievances	
# Received	# of member grievances received in the month
# Resolved	# of member grievances resolved in the month
# Outstanding	# of outstanding member grievances at the end of the month
	Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month.
# Provider Grievances	
# Received	# of provider grievances received in the month
# Resolved	# of provider grievances resolved in the month
# Outstanding	# of outstanding provider grievances at the end of the month
	Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month.
# Member Appeals	
# Received	# of member appeals received in the month
# Resolved	# of member appeals resolved in the month
# Outstanding	# of outstanding member appeals at the end of the month
	Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month.
# Provider Appeals	
# Received	# of provider appeals received in the month
# Resolved	# of provider appeals resolved in the month
# Outstanding	# of outstanding provider appeals at the end of the month
	Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month.
Utilization - based on Auth (A) or Claims (C)	
Inpatient Acute Admits * (A) - per 1,000	# of inpatient acute admits (based on authorizations) in the month per 1,000 members

Inpatient Acute Days * (A) - per 1,000	# of inpatient acute days (based on authorizations) in the month per 1,000 members
Readmissions within 30 days* (A)	# of readmissions within thirty (30) days in the month based upon authorizations
ED Visits* (C) - per 1,000**	# of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits.
# Prescriptions (C) - per 1,000	# of prescriptions in the month (based upon claims) per 1,000 members
Waitlisted Days* (A) - per 1,000	# of waitlisted days in the month (based upon authorizations) per 1,000 members
NF Admits * (A)	Authorized Non-Medicare nursing facility admissions
# Members in NF (non-Medicare paid days)**(C)	Non-Medicare paid days (claims based)
	# of members in HCBS (excludes members in at-risk) in the month (based upon claims). Member can be included in more than one category listed below. Note: (1) The listing of HCPCS codes listed on the LTSS Report (Tab D. Auth by Service Code) shall be used to determine those HCPCS codes categorized as 'HCBS' (2) The # of members in HCBS (C) will be based solely on paid claims during the reporting period. This determination will be made irrespective of the member's "1148" status/facility code (e.g. "299")
# Members in HCBS **(C)	# of HCBS members in Residential Setting (based upon claims). Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031.
# Members in Residential Setting **(C)	# of HCBS members in Self-Direction (based upon claims)
# Members in Self-Direction **(C)	# of HCBS members receiving other HCBS services (based upon claims) as defined in Section 40.740.3
# Members receiving other HCBS **(C)	# of members in At-risk in the month (based upon claims). Note: The population of At-risk members will be based on a member having an active "at-risk" coded 1147 (i.e. Level of Care Approval Status = 11). Only those with paid claims against HCBS codes noted above shall be included.
# Members in At-risk**(C)	# of At-risk members in Self-Direction in the month (based upon claims)
# Members in Self-Direction ** (C)	# of At-risk members receiving other HCBS services (based upon claims)
# Members receiving other HCBS** (C)	Note: Non-Medicare is for acute, ED, and prescriptions. Health plans should report on acute waitlisted, Medicaid primary NF, and all HCBS (even if these individuals are duals).

(*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