

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jul-16					Aug-16					Sep-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	67,363	158,930	30,967	31,566	28,334	67,568	161,019	31,371	31,957	28,678	67,680	158,829	30,795	32,174	29,075
Duals	1,888	2,611	673	12,512	15,435	1,958	2,720	717	12,483	15,344	2,006	2,742	723	12,645	15,253
Total	69,251	161,541	31,640	44,078	43,769	69,526	163,739	32,088	44,440	44,022	69,686	161,571	31,518	44,819	44,328
# Network Providers															
PCPs	615	875	206	809	1,080	611	876	209	815	1,085	606	892	210	809	1,072
PCPs - (accepting new members)	455	522	187	549	997	450	525	189	554	1,002	445	537	191	554	991
Specialists	2,307	2,373	376	1,544	1,765	2,263	2,385	374	1,546	1,783	2,267	2,372	379	1,549	1,780
Specialists (accepting new members)	1,159	2,373	376	975	1,736	1,143	2,385	374	977	1,754	1,154	2,372	379	980	1,751
Behavioral Health	848	1,440	74	652	921	849	1,444	75	652	930	850	1,438	74	652	939
Behavioral Health (accepting new members)	646	1,440	74	625	897	647	1,444	75	625	906	649	1,438	74	625	915
Hospitals	25	26	14	24	24	25	26	14	24	24	25	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	48	37	16	38	34	48	36	16	38	34	48	36	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	423	622	229	1,013	1,186	427	628	232	1,013	1,197	428	626	231	1,013	1,200
HCBS Providers (except residential settings and LTSS facilities)	63	144	51	91	52	63	145	49	91	52	64	145	49	91	53
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,553	2,063	112	1,796	978	1,560	2,091	111	1,796	1,000	1,550	2,085	114	1,796	1,032
Total # of providers	5,882	7,580	1,078	5,967	6,040	5,846	7,631	1,080	5,975	6,105	5,838	7,620	1,087	5,972	6,134
Call Center															
# Member Calls	4,015	6,592	433	9,292	4,097	4,109	7,877	705	10,706	4,846	4,442	6,899	444	9,777	4,453
Avg. time until phone answered	00:00:06	0:00:25	0:00:05	0:00:25	0:00:15	0:00:06	0:00:27	0:00:17	0:00:34	0:00:15	0:00:04	0:00:54	0:00:13	0:00:21	0:00:11
Avg. time on phone with member	00:04:59	5:45	4:26	0:08:37	0:05:02	0:04:49	5:40	4:32	0:08:31	0:05:07	0:04:33	5:51	4:45	0:08:54	0:05:52
% of member calls abandoned (member hung up)	3.8%	3%	0%	6%	1.59%	3.0%	3%	1%	5%	1.34%	2.1%	6%	1%	3%	0.94%
# Provider Calls	7,730	6,824	80	4,094	3,246	9,112	7,895	84	4,610	3,980	7,761	7,443	99	4,667	3,207
Avg. time until phone answered	00:00:07	0:00:26	0:00:05	0:00:41	0:00:09	0:00:07	0:00:52	0:00:14	0:00:43	0:00:06	0:00:05	0:01:52	0:00:12	0:00:32	0:00:10
Avg. time on phone with provider	00:04:54	4:55	1:12	0:13:25	0:07:38	0:04:41	5:27	3:25	0:13:06	0:06:47	0:04:42	5:38	3:10	0:10:27	0:06:34
% of provider calls abandoned (provider hung up)	3.4%	3%	0%	5%	0.6%	3.6%	6%	2%	4%	0.50%	1.8%	10%	2%	4%	0.8%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,545	1,198	0	3,616	892	1,936	1,380	0	4,061	1,396	1,708	991	0	4,119	1,397
# Received	39,831	127,645	1,365	69,246	44,623	46,613	146,136	1710	70,921	69,790	44,055	139,866	1486	70,949	69,869
# Paid	35,620	111,695	1,035	48,830	46,514	42,210	119,566	1311	47,204	51,287	42,963	154,317	1194	46,572	60,491
# In Process	6,244	38,498	64	14,368	17,900	8,444	59,260	91	18,399	33,874	7,339	36,191	122	17,870	32,455
# Denied	1,524	6,715	266	6,048	1,561	2,335	5,808	308	5,318	2,544	2,142	8,616	170	6,507	2,226
Avg time for processing claim in days	4	8	3	6	10	4	9	3	6	12	4	9	3	7	10
% of electronic claims processed in 30 days	99%	98%	100	100%	97	99%	98%	100	100%	95	99%	98%	100	100%	95.3
% of electronic claims processed in 90 days	100%	100%	100	100%	97	100%	100%	100	100%	98	100%	100%	100	100%	95.6
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	348	956	5	335	441	452	1,218	13	410	352	351	1,320	2	252	237
# Received	16,504	17,318	129	11,601	22,051	23,000	21,193	112	13,311	17,618	18,691	21,539	159	11,912	11,833
# Paid	16,532	14,881	126	6,129	21,598	18,035	15,288	87	6,259	23,886	19,010	21,162	148	6,298	19,533
# In Process	4,483	8,947	2	3,137	7,282	8,403	12,903	11	4,099	704	4,965	10,741	8	3,269	26
# Denied	4,368	1,627	1	2,335	267	3,054	1,949	14	2,953	314	2,957	2,543	3	2,345	241
Avg time for processing claim in days	12	14	2	8	9	8	14	3	9	8	10	15	2	9	7
% of electronic claims processed in 30 days	97%	94%	100	100%	98	98%	92%	100	100%	97	97%	91%	100	100%	96.9
% of electronic claims processed in 90 days	100%	100%	100	100%	100	100%	100%	100	100%	100	100%	100%	100	100%	99.1
Prior Authorization (PA)- Electronic															
# Received	48	1,672	391	213	29	68	1,948	445	244	30	87	1,856	470	212	41
# In Process	7	204	22	5	1	6	255	28	5	3	21	249	11	5	2
# Approved	41	1,466	357	211	27	62	1,700	394	243	23	63	1,668	443	212	37
# Denied	0	218	12	0	1	0	197	23	1	4	2	194	16	0	2
Avg time for PA in days	2	3	2	1	3	2	3	3	1	2	1	4	3	2	1
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,670	400	0	1,680	2,409	1,881	508	0	1,958	2,582	1,699	478	0	1,968	2,390
# In Process	286	24	0	387	87	232	33	0	411	74	311	22	0	411	52
# Approved	1,356	344	0	1,653	2,094	1,624	438	0	1,896	2,233	1,355	423	0	1,941	2,092
# Denied	100	73	0	27	228	47	61	0	38	275	42	66	0	27	246
Avg time for PA in days	2	2	0	8	2	2	1	0	7	3	2	2	0	8	3
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,249	2,154	67	9,895	8,179	1,303	2,112	66	10,271	8,892	1,366	2,299	65	9,517	8,382
Air (by segment)	735	1,996	0	636	645	636	2,417	0	736	733	636	2,055	4	770	626
Public Transportation Pass (bus pass & handivan coupons)	251	162	115	2,318	1,080	310	235	183	2,458	1,112	385	160	220	2,477	940
# Member Grievances															
# Received	32	13	20	52	42	18	10	19	50	47	24	9	20	52	31
# Resolved	30	16	18	61	41	26	9	28	53	50	19	10	15	52	43
# Outstanding	10	7	15	50	21	2	8	6	47	18	7	7	11	47	6
# Provider Grievances															
# Received	3	0	0	3	0	4	0	0	6	3	7	0	0	6	2
# Resolved	3	0	0	1	1	2	0	0	3	0	4	0	0	3	1
# Outstanding	1	1	0	5	0	3	1	0	8	3	6	1	0	11	4

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jul-16					Aug-16					Sep-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Member Appeals															
# Received	1	41	0	6	10	2	45	0	5	13	2	57	0	8	8
# Resolved	3	42	2	11	12	2	51	0	4	11	2	49	0	6	13
# Outstanding	0	47	0	7	12	0	41	0	8	14	0	48	0	10	9
# Provider Appeals															
# Received	0	5	0	69	22	0	7	1	56	34	0	26	0	41	25
# Resolved	0	2	1	38	32	0	3	1	55	47	0	11	0	65	25
# Outstanding	0	9	0	110	92	0	13	0	111	79	0	29	0	87	79
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	73	87	3	112	114	81	106	3	112	124	85	93	3	119	113
Inpatient Acute Days * (A) - per 1,000	309	232	16	640	493	306	297	14	749	508	335	244	13	706	522
Readmissions within 30 days* (A)	39	177	7	80	26	41	194	9	86	24	41	167	14	95	26
ED Visits * (C) - per 1,000**	560	452	21	789	603	585	472	22	785	429	370	472	24	829	559
# Prescriptions (C) - per 1,000	7,508	9,330	646	12,628	12,326	8,854	10,112	721	13,744	13,102	8,438	9,909	731	13,029	12,713
Waitlisted Days * (A) - per 1,000	47	0	0	306	52	43	0	0	261	55	52	0	1	323	60
NF Admits * (A)	9	11	3	2	26	4	18	8	2	18	22	18	7	2	21
# Members in NF (non-Medicare paid days) (C)**	117	122	34	1077	798	152	124	33	1088	77	142	130	35	1049	762
# Members in HCBS **(C)- note: member can be included in more than one category listed below	121	417	39	2430	1,839	146	259	39	2472	670	212	274	45	2457	1,617
# Members in Residential Setting **(C)	56	33	37	686	860	62	38	37	683	115	65	43	40	667	799
# Members in Self-Direction **(C)	24	100	12	897	745	22	112	11	905	833	23	114	31	915	836
# Members receiving other HCBS **(C)	85	384	25	1,519	980	129	221	25	1567	555	148	231	29	1542	820
# Members in At-Risk ** (C)	15	68	62	1,157	285	44	67	67	1,196	220	37	68	69	1193	223
# Members in Self-Direction **(C)	70	33	14	457	146	80	36	15	461	148	91	34	16	468	160
# Members receiving other HCBS **(C)	27	66	28	450	139	44	65	27	466	72	37	63	32	471	63

(* 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.

ALOHA CARE

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	340	69	14	4	17	72	72	618
PCPs - (accepting new members)	251	47	10	4	38	54	62	466
Specialists*	1722	196	27	2	160	82	128	2317
Specialists (accepting new members)	955	106	7	1	85	40	74	1268
Behavioral Health*	534	106	3	3	50	79	76	851
Behavioral Health (accepting new members)	425	86	3	3	43	70	62	692
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	28	4		1	6	6	4	49
Residential Setting (CCFPH, E-ARCH, and ALF)	394	21			11	46	12	484
HCBS Providers (except residential settings and LTSS facilities)	27	8	4	4	6	11	6	66
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1036	182	18	17	123	117	99	1592
Totals	4093	588	67	32	406	414	402	6002

* 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	35497	9129	2238	526	5757	6413	6146	65706

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	104	132	160	132	122	89	85	106

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)*	550	65	11	10	57	93	108	894
PCPs - (accepting new members)	332	22	9	4	47	55	83	552
Specialists*	1637	221	52	5	141	180	269	2505
Specialists (accepting new members)	1637	221	52	5	141	180	269	2505
Behavioral Health*	905	178	6	2	91	172	134	1488
Behavioral Health (accepting new members)	905	178	6	2	91	172	134	1488
Hospitals	13	2	1	1	3	1	2	26
LTSS Facilities (Hosp,NF)	25	2	1	0	3	5	1	37
Residential Setting (CCFPH, E-ARCH, and ALF)	520	23	1	0	14	67	17	642
HCBS Providers (except residential settings and LTSS facilities)	61	23	9	7	16	26	13	155
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1478	226	26	23	155	167	210	2285
Totals	5189	740	107	48	480	711	757	8032

* 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	98599	10143	755	133	10232	26063	16537	162462

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	179	156	69	13	180	280	153	182

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)*	156	55						211
PCPs - (accepting new members)	145	48						193
Specialists*	336	47						383
Specialists (accepting new members)	336	47						383
Behavioral Health*	63	14						77
Behavioral Health (accepting new members)	63	14						77
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	270	25						295
HCBS Providers (except residential settings and LTSS facilities)	42	15						57
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	85	32						117
Totals	979	191	0	0	0	0	0	1170

* 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	20438	10864						31302

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	131	198	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	148

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)*	553	59	8	7	76	70	40	815
PCPs - (accepting new members)	390	34	8	7	58	31	32	560
Specialists*	1181	105	13	4	117	74	69	1563
Specialists (accepting new members)	710	87	13	4	55	65	60	994
Behavioral Health*	456	47	4	0	34	71	43	655
Behavioral Health (accepting new members)	450	34	3	0	34	67	40	628
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)	1151	180	15	6	132	166	152	1802
Totals	4277	445	45	20	389	483	342	6001

* 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	28545	4912	491	99	2363	5738	3328	45476

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	52	83	55	12	31	82	83	56

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)*	732	71	7	6	96	71	44	1027
PCPs - (accepting new members)	686	64	5	6	96	53	37	947
Specialists*	1392	95	36	0	154	77	94	1848
Specialists (accepting new members)	1378	95	36	0	154	66	91	1820
Behavioral Health*	686	99	3	1	32	65	54	940
Behavioral Health (accepting new members)	673	93	2	1	31	62	53	915
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)	950	39	0	0	18	107	23	1137
HCBS Providers (except residential settings and LTSS facilities)	39	6	0	0	1	7	1	54
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	720	116	4	2	69	73	63	1047
Totals	4556	429	51	10	376	406	283	6111

* 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	29830	3903	207	59	2518	5966	2967	45450

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	41	55	30	10	26	84	67	44

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **12/31/2016**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	92	14	1	0	12	8	5	132
Network (provider look up, access)	38	4	0	1	8	4	0	55
Primary Care Physician Assignment or Change	340	79	2	4	49	52	22	548
NEMT (inquiry, scheduling) - <i>monthly report</i>	89	53	52	15	73	79	29	390
Authorization/Notification (prior auth status)	422	72	34	8	75	104	37	752
Eligibility (general plan eligibility, change request)	385	34	5	0	25	54	20	523
Benefits (coverage inquiry)	101	29	4	3	70	23	9	239
Enrollment (ID card request, update member information)	169	20	2	1	33	30	21	276
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	26	4	0	0	7	5	2	44
Billing/Payment/Claims	415	53	8	1	56	64	18	615
Appeals	2	0	0	0	0	1	0	3
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	669	35	7	0	26	47	16	800
Totals	2,748	397	115	33	434	471	179	4,377

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	49	7	0	0	2	6	6	70
Network (provider look up, access)	15	3	1	0	4	3	4	30
Primary Care Physician Assignment or Change	1214	157	15	2	195	354	250	2187
NEMT (inquiry, scheduling) - <i>monthly report</i>	68	103	22	2	134	345	197	871
Authorization/Notification (prior auth status)	11	3	0	0	7	3	4	28
Eligibility (general plan eligibility, change request)	272	28	1	0	17	40	36	394
Benefits (coverage inquiry)	96	15	0	0	10	16	16	153
Enrollment (ID card request, update member information)	288	29	3	0	33	80	37	470
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	24	3	0	0	6	7	3	43
Billing/Payment/Claims	104	30	0	0	27	45	28	234
Appeals	2	0	0	0	0	1	1	4
Complaints and Grievances	2	2	0	0	1	2	2	9
Other	558	88	4	1	63	132	115	961
Totals	2,703	468	46	5	499	1,034	699	5,454

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	4	3	0	0	0	0	0	7
Network (provider look up, access)	74	18	0	0	0	0	0	92
Primary Care Physician Assignment or Change	3	0	0	0	0	0	0	3
NEMT (inquiry, scheduling) - <i>monthly report</i>	6	0	0	0	0	0	0	6
Authorization/Notification (prior auth status)	4	0	0	0	0	0	0	4
Eligibility (general plan eligibility, change request)	224	70	0	0	0	0	0	294
Benefits (coverage inquiry)	35	13	0	0	0	0	0	48
Enrollment (ID card request, update member information)	14	7	0	0	0	0	0	21
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	2	1	0	0	0	0	0	3
Billing/Payment/Claims	36	8	0	0	0	0	0	44
Appeals	2	0	0	0	0	0	0	2
Complaints and Grievances	4	1	0	0	0	0	0	5
Other	44	2	0	0	0	0	0	46
Totals	452	123	0	0	0	0	0	575

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	343	76	11	2	17	102	49	600
Network (provider look up, access)	26	9	0	0	1	11	5	52
Primary Care Physician Assignment or Change	128	19	4	0	17	47	22	237
NEMT (inquiry, scheduling) - <i>monthly report</i>	1712	448	94	47	1	610	223	3135
Authorization/Notification (prior auth status)	35	29	11	0	4	49	17	145
Eligibility (general plan eligibility, change request)	100	15	2	0	7	27	8	159
Benefits (coverage inquiry)	91	19	7	0	4	24	7	152
Enrollment (ID card request, update member information)	281	52	13	0	23	101	33	503
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	167	47	10	1	15	46	17	303
Billing/Payment/Claims	47	5	2	0	1	13	10	78
Appeals	26	8	2	0	1	11	9	57
Complaints and Grievances	17	11	0	0	0	6	3	37
Other	766	208	48	2	44	229	98	1395
Totals	3,739	946	204	52	135	1,276	501	6,853

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	104	19	0	0	6	36	13	178
Network (provider look up, access)	311	34	0	1	42	67	28	483
Primary Care Physician Assignment or Change	392	72	0	0	67	94	29	654
NEMT (inquiry, scheduling) - <i>monthly report</i>	30	14	0	5	4	35	21	109
Authorization/Notification (prior auth status)	49	28	2	6	14	56	12	167
Eligibility (general plan eligiblity, change request)	171	16	0	2	17	43	12	261
Benefits (coverage inquiry)	408	71	3	0	47	108	33	670
Enrollment (ID card request, update member information)	605	67	1	2	70	116	47	908
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	110	9	2	0	11	22	7	161
Billing/Payment/Claims	330	44	0	0	32	93	38	537
Appeals	18	4	0	0	2	10	2	36
Complaints and Grievances	31	3	0	0	4	3	2	43
Other	113	9	0	0	12	23	15	172
Totals	2,672	390	8	16	328	706	259	4,379

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	Providers count on the "Dashboard" sheet should be un-duplicated. The providers counts on the "HP Demographics by Island" sheet may be duplicated when an individual provider serves multiple islands. Providers such as pharmacy services may be counted based upon number of locations. Non-Hawaii based network providers shall be excluded from all counts.
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
	Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section.
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