

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Oct-16					Nov-16					Dec-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	67,062	159,168	30,737	32,608	29,366	67,710.00	159,200	30,554	32,620	29,749	68,837	159,498	30,542	32,563	30,268
Duals	1,957	2,826	729	12,349	15,244	2,047.00	2,826	744	12,437	15,191	2,183	2,964	760	12,913	15,182
Total	69,019	161,994	31,466	44,957	44,610	69,757	162,026	31,298	45,057	44,940	71,020	162,462	31,302	45,476	45,450
# Network Providers															
PCPs	604	890	210	812	1,019	618	885	211	813	1,028	618	894	211	815	1,027
PCPs - (accepting new members)	451	541	190	557	939	464	543	191	558	947	466	552	193	560	947
Specialists	2,287	2,443	379	1,550	1,843	2,298	2,474	386	1,553	1,848	2,317	2,505	383	1,563	1,848
Specialists (accepting new members)	1,206	2,443	379	981	1,814	1,249	2,474	386	984	1,820	1,268	2,505	383	994	1,820
Behavioral Health	855	1,480	76	653	942	859	1,485	77	653	948	851	1,488	77	655	940
Behavioral Health (accepting new members)	670	1,480	76	626	918	696	1,485	77	626	923	692	1,488	77	628	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	36	16	38	34	49	37	16	38	34	49	37	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	435	635	242	1,013	1,206	482	638	248	1,013	1,133	484	642	295	1,013	1,137
HCBS Providers (except residential settings and LTSS facilities)	65	145	50	91	55	65	145	53	91	54	66	155	57	91	54
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,552	2,196	115	1,798	1,043	1,572	2,241	115	1,801	1,041	1,592	2,285	117	1,802	1,047
Total # of providers	5,871	7,851	1,102	5,979	6,166	5,968	7,931	1,120	5,986	6,110	6,002	8,032	1,170	6,001	6,111
Call Center															
# Member Calls	5,268	6,319	412	9,526	4,464	4,204	6,985	369	8,617	4,191	3,957	6,000	380	8,053	4,561
Avg. time until phone answered	0:00:06	0:02:16	0:00:10	0:00:16	0:00:07	0:00:06	0:02:57	0:00:20	0:00:12	0:00:15	0:00:06	0:01:23	0:00:10	0:00:18	0:00:13
Avg. time on phone with member	0:04:10	5:52	3:82	0:10:10	0:06:12	0:04:42	6:18	5:02	0:09:03	0:05:52	0:04:49	6:37	4:10	0:08:48	0:05:53
% of member calls abandoned (member hung up)	3.6%	14%	2%	3%	0.54%	2.8%	18%	1%	3%	1.50%	3.1%	9%	1%	4%	1.00%
# Provider Calls	7,407	6,876	97	4,195	3,207	6,839	6,540	75	4,393	3,105	6,723	6,398	195	4,918	3,265
Avg. time until phone answered	0:00:06	0:01:15	0:00:11	0:00:28	0:00:09	0:00:05	0:02:55	0:00:14	0:00:31	0:00:11	0:00:06	0:03:37	0:00:12	0:00:16	0:00:07
Avg. time on phone with provider	0:04:45	5:35	3:03	0:10:25	0:06:42	0:04:54	5:45	4:00	0:20:48	0:06:42	0:05:01	5:59	3:48	0:13:16	0:08:29
% of provider calls abandoned (provider hung up)	3.1%	6%	2%	2%	0.1%	2.4%	15%	2%	3%	0.5%	3.0%	17%	2%	2%	1.0%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,779	1,195	3	4,107	1,164	2,110	1,381	2	4,250	1,085	1,831	1,428	4	3,446	1,110
# Received	42,953	134,254	1503	67,721	58,188	43,669	132,681	1516	72,065	54,268	40,557	134,171	1718	68,210	55,512
# Paid	42,765	120,212	1161	45,339	50,695	36,568	116,227	1191	47,171	57,262	36,063	138,041	1324	45,827	45,591
# In Process	5,053	44,052	129	16,140	29,111	9,890	53,082	64	15,761	18,543	12,507	38,776	125	14,364	23,864
# Denied	2,615	6,181	213	6,242	2,253	1,927	7,424	261	9,133	2,191	2,021	10,436	269	8,019	2,158
Avg time for processing claim in days	4	8	3	6	11	5	9	4	6	10	6	9	4	7	11
% of electronic claims processed in 30 days	99%	99%	100	100%	95.4	99%	98%	100	100%	96.2	99%	97%	100	100%	98.7
% of electronic claims processed in 90 days	100%	100%	100	100%	97.8	100%	100%	100	100%	99.5	100%	100%	100	100%	99.6
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	194	1,530	9	292	387	321	1,471	7	307	447	219	1,601	4	220	373
# Received	19,086	21,850	140	12,023	19,339	17,466	18,805	115	11,316	22,347	22,807	19,388	168	9,732	18,673
# Paid	17,633	19,292	121	6,094	25,745	13,463	14,151	108	5,455	24,324	17,497	21,886	158	5,471	21,479
# In Process	6,564	11,346	8	3,650	2,758	9,109	14,416	5	3,378	6,426	13,606	9,380	5	2,414	4,317
# Denied	2,594	1,953	11	2,279	369	2,195	1,585	2	2,483	404	2,544	2,538	5	1,847	935
Avg time for processing claim in days	10	15	2	8	8	13	15	4	8	9	13	17	5	9	9
% of electronic claims processed in 30 days	97%	93%	100	100%	95.2	98%	94%	100	100%	97.2	97%	91%	100	100%	96.0
% of electronic claims processed in 90 days	100%	100%	100	100%	99.5	100%	100%	100	100%	99.2	100%	100%	100	100%	98.2
Prior Authorization (PA)- Electronic															
# Received	99	1,813	444	219	39	90	1,697	377	235	33	100	1,625	423	511	26
# In Process	14	245	38	6	1	22	234	12	6	0	9	207	22	6	0
# Approved	85	1,628	390	218	34	68	1,543	354	233	31	90	1,525	390	489	23
# Denied	0	195	16	1	4	0	166	11	0	2	1	127	11	22	3
Avg time for PA in days	1	4	3	2	3	1	4	4	2	2	1	3	3	1	4
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1747	447	0	1,869	2,296	1,724	467	0	1,780	2,239	1,681	479	0	1,695	1,902
# In Process	278	20	0	790	47	319	15	0	410	39	183	18	0	411	36
# Approved	1,438	392	0	1,453	1,990	1,382	418	0	1,750	1,957	1,467	426	0	1,680	1,639
# Denied	49	63	0	37	259	43	54	0	30	243	31	47	0	14	227
Avg time for PA in days	1	2	0	7	3	1	2	0	6	3	1	3	0	7	2
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,621	2,074	67	9765	8,456	1,365	1,980	52	9712	8,140	1,535	2,334	67	9554	8,803
Air (by segment)	1,535	2,175	1	756	776	1,238	1,861	0	792	792	1,551	2,032	0	694	686
Public Transportation Pass (bus pass & handivan coupons)	340	103	305	2437	959	234	74	352	2474	988	293	50	333	2434	964
# Member Grievances															
# Received	34	12	16	51	45	28	10	13	26	35	28	12	11	36	26
# Resolved	23	14	19	51	43	29	10	18	51	25	41	9	9	33	35
# Outstanding	18	5	8	47	8	17	5	3	22	18	4	8	5	25	9

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Oct-16					Nov-16					Dec-16				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Provider Grievances															
# Received	4	0	0	3	0	3	0	0	2	1	3	1	0	11	0
# Resolved	4	0	0	6	3	5	0	0	6	1	6	0	0	3	0
# Outstanding	6	1	0	8	1	4	1	0	4	1	1	2	0	12	1
# Member Appeals															
# Received	6	49	2	3	10	3	65	2	7	3	1	43	1	6	7
# Resolved	3	56	1	9	10	3	52	2	4	9	3	49	1	7	3
# Outstanding	3	41	1	4	9	3	54	1	7	3	1	48	1	6	7
# Provider Appeals															
# Received	0	6	0	33	33	0	10	0	41	23	0	4	0	27	23
# Resolved	0	7	0	48	45	0	9	0	42	26	0	1	0	42	23
# Outstanding	0	28	0	72	67	0	29	0	71	34	0	32	0	56	34
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	73	74	3	106	134	80	82	3	105	122	68	81	3	105	125
Inpatient Acute Days * (A) - per 1,000	290	223	15	685	533	297	232	13	549	496	246	218	12	583	556
Readmissions within 30 days* (A)	44	107	13	84	28	55	189	13	69	42	36	166	5	80	34
ED Visits * (C) - per 1,000**	442	448	22	832	528	509	437	22	819	489	534	460	22	800	746
# Prescriptions (C) - per 1,000	7,781	9,731	675	13,077	12,510	8,139	9,569	663	12,748	10,827	7,916	10,041	703	12,772	12,441
Waitlisted Days * (A) - per 1,000	45	0	1	250	21	36	0	1	208	29	24	0	1	185	27
NF Admits * (A)	7	11	2	3	13	7	11	4	4	21	11	12	5	3	14
# Members in NF (non-Medicare paid days) (C)**	129	134	44	1057	890	136	136	45	1054	1,115	127	141	45	1049	1,073
# Members in HCBS **(C)- note: member can be included in more than one category listed below	203	272	38	2460	1,861	168	274	46	2480	1,358	185	274	44	2424	1,262
# Members in Residential Setting **(C)	60	43	38	666	864	75	46	47	677	974	45	46	49	651	905
# Members in Self-Direction **(C)	26	126	34	907	968	29	122	36	921	250	29	122	34	911	239
# Members receiving other HCBS **(C)	144	229	26	1553	997	95	228	29	1559	135	140	228	25	1513	118
# Members in At-Risk **(C)	22	74	71	1185	221	20	70	74	1198	870	25	68	76	1163	845
# Members in Self-Direction **(C)	95	35	17	471	184	92	35	18	489	627	91	35	17	469	607
# Members receiving other HCBS **(C)	24	68	34	475	37	30	66	35	492	243	24	67	32	471	238
(* 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.

ALOHA CARE

# Network Providers by Island	Oahu	Maui	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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	35497	9129	2238	526	5757	6413	6146	65706

# Members per PCP by Island	Oahu	Maui	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	Maui	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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	98599	10143	755	133	10232	26063	16537	162462

# Members per PCP by Island	Oahu	Maui	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	Maui	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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	20438	10864						31302

# Members per PCP by Island	Oahu	Maui	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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	553	59	8	7	58	31	32	653
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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	28545	4912	491	99	2363	5738	3328	45476

# Members per PCP by Island	Oahu	Maui	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	Maui	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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	29830	3903	207	59	2518	5966	2967	45450

# Members per PCP by Island	Oahu	Maui	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
Call Center	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.
# 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
Medical Claims- Electronic	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.
# 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