

**QUEST Integration Health Plan Summary of Call Center Calls**

as of: **3/31/2017**

**ALOHA CARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	26	2	1	0	0	2	0	31
Network (provider look up, access)	47	3	0	0	3	1	0	54
Primary Care Physician Assignment or Change	400	36	7	2	18	39	17	519
NEMT (inquiry, scheduling) - <i>monthly report</i>	78	33	56	19	18	50	25	279
Authorization/Notification (prior auth status)	308	32	15	3	25	27	11	421
Eligibility (general plan eligibility, change request)	268	30	2	1	13	20	7	341
Benefits (coverage inquiry)	51	11	1	0	4	2	6	75
Enrollment (ID card request, update member information)	177	30	5	2	11	20	20	265
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	8	1	0	0	0	1	0	10
Billing/Payment/Claims	525	46	2	0	22	31	17	643
Appeals	0	1	0	0	0	1	0	2
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	762	24	12	3	15	34	8	858
<b>Totals</b>	<b>2,650</b>	<b>249</b>	<b>101</b>	<b>30</b>	<b>129</b>	<b>228</b>	<b>111</b>	<b>3,498</b>

**HMSA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	38	3	0	0	2	14	3	60
Network (provider look up, access)	7	2	0	0	5	5	5	24
Primary Care Physician Assignment or Change	1496	235	10	3	190	417	290	2641
NEMT (inquiry, scheduling) - <i>monthly report</i>	71	148	49	10	129	425	272	1104
Authorization/Notification (prior auth status)	15	2	0	0	4	7	1	29
Eligibility (general plan eligibility, change request)	270	31	1	0	32	59	36	429
Benefits (coverage inquiry)	144	28	1	0	22	35	26	256
Enrollment (ID card request, update member information)	428	53	6	0	50	130	57	724
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	21	4	0	0	6	11	14	56
Billing/Payment/Claims	173	28	8	2	15	42	35	303
Appeals	1	1	0	0	1	3	0	6
Complaints and Grievances	5	1	0	0	1	3	0	10
Other	708	110	12	1	89	194	119	1233
<b>Totals</b>	<b>3,377</b>	<b>646</b>	<b>87</b>	<b>16</b>	<b>546</b>	<b>1,345</b>	<b>858</b>	<b>6,875</b>

**KAISER**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	2	1	0	0	0	0	0	3
Network (provider look up, access)	23	12	0	0	0	0	0	35
Primary Care Physician Assignment or Change	5	2	0	0	0	0	0	7
NEMT (inquiry, scheduling) - <i>monthly report</i>	6	0	0	0	0	0	0	6
Authorization/Notification (prior auth status)	6	9	0	0	0	0	0	15
Eligibility (general plan eligibility, change request)	315	102	0	0	0	0	0	417
Benefits (coverage inquiry)	57	26	0	0	0	0	0	83
Enrollment (ID card request, update member information)	22	11	0	0	0	0	0	33
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	16	5	0	0	0	0	0	21
Billing/Payment/Claims	38	11	0	0	0	0	0	49
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	5	2	0	0	0	0	0	7
Other	24	10	0	0	0	0	0	34
<b>Totals</b>	<b>519</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>710</b>

**OHANA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	426	84	6	3	21	145	47	732
Network (provider look up, access)	39	3	2	0	2	7	2	55
Primary Care Physician Assignment or Change	189	27	4	0	15	57	22	314
NEMT (inquiry, scheduling) - <i>monthly report</i>	2423	514	118	52	6	73	18	3204
Authorization/Notification (prior auth status)	41	m	45	4	28	60	36	214
Eligibility (general plan eligibility, change request)	108	18	0	0	9	26	14	175
Benefits (coverage inquiry)	169	23	2	1	12	33	21	261
Enrollment (ID card request, update member information)	389	61	14	0	31	91	32	618
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	192	75	4	0	19	55	14	359
Billing/Payment/Claims	40	11	0	0	4	17	10	82
Appeals	20	17	1	0	1	6	6	51
Complaints and Grievances	13	3	1	0	0	9	0	26
Other	974	238	31	6	63	251	119	1682
<b>Totals</b>	<b>5,023</b>	<b>1,074</b>	<b>228</b>	<b>66</b>	<b>211</b>	<b>830</b>	<b>341</b>	<b>7,773</b>

**UNITED HEALTHCARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	147	9	0	0	10	30	11	<b>207</b>
Network (provider look up, access)	189	27	0	0	17	45	28	<b>306</b>
Primary Care Physician Assignment or Change	379	21	3	0	33	89	29	<b>554</b>
NEMT (inquiry, scheduling) - <i>monthly report</i>	39	13	2	3	10	20	16	<b>103</b>
Authorization/Notification (prior auth status)	19	10	2	2	10	16	6	<b>65</b>
Eligibility (general plan eligiblity, change request)	430	61	2	0	24	86	23	<b>626</b>
Benefits (coverage inquiry)	433	51	1	0	29	112	36	<b>662</b>
Enrollment (ID card request, update member information)	240	24	0	0	16	50	47	<b>377</b>
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	162	20	0	0	10	26	14	<b>232</b>
Billing/Payment/Claims	12	2	0	0	2	3	1	<b>20</b>
Appeals	5	0	0	0	1	1	0	<b>7</b>
Complaints and Grievances	6	1	0	0	2	4	1	<b>14</b>
Other	508	53	1	2	33	125	54	<b>776</b>
<b>Totals</b>	<b>2,569</b>	<b>292</b>	<b>11</b>	<b>7</b>	<b>197</b>	<b>607</b>	<b>266</b>	<b>3,949</b>

**ALOHA CARE**

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	537	67	10	3	44	71	70	602
PCPs - (accepting new members)	235	45	7	3	37	54	60	441
Specialists*	1738	193	28	0	163	86	127	2335
Specialists (accepting new members)	991	106	8	0	89	45	75	1314
Behavioral Health*	542	106	3	2	51	75	74	853
Behavioral Health (accepting new members)	441	88	3	2	44	66	61	705
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	28	4	0	1	6	6	4	49
Residential Setting (CCFPH, E-ARCH, and ALF)	395	21	0	0	11	48	12	487
HCBS Providers (except residential settings and LTSS facilities)	28	8	3	3	5	10	5	62
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1053	183	16	14	122	120	94	1602
<b>Totals</b>	<b>4133</b>	<b>584</b>	<b>61</b>	<b>24</b>	<b>405</b>	<b>417</b>	<b>391</b>	<b>6015</b>

\* 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	38336	9701	2331	535	6016	6748	6563	70230

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	114	145	233	178	137	95	94	117

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)	556	65	11	10	59	97	113	911
PCPs - (accepting new members)	325	23	10	4	50	52	83	547
Specialists*	1622	221	55	5	148	181	287	2519
Specialists (accepting new members)	1622	221	55	5	148	181	287	2519
Behavioral Health*	918	182	3	2	92	174	133	1504
Behavioral Health (accepting new members)	918	182	3	2	92	174	133	1504
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)	536	25	1	0	14	68	18	662
HCBS Providers (except residential settings and LTSS facilities)	63	22	9	7	16	26	13	156
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1548	229	27	24	159	161	205	2353
<b>Totals</b>	<b>5281</b>	<b>748</b>	<b>108</b>	<b>49</b>	<b>494</b>	<b>713</b>	<b>775</b>	<b>8168</b>

\* 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	101248	10796	762	142	10582	26807	17145	167482

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	182	166	69	14	179	276	152	184

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)	152	54						206
PCPs - (accepting new members)	141	47						188
Specialists*	339	48						387
Specialists (accepting new members)	339	48						387
Behavioral Health*	66	15						81
Behavioral Health (accepting new members)	66	15						81
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	284	26						310
HCBS Providers (except residential settings and LTSS facilities)	47	14						61
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	106	34						140
<b>Totals</b>	<b>1021</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1215</b>

\* 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	20061	10734						30795

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	132	199	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	149

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)	548	59	9	9	71	69	41	805
PCPs - (accepting new members)	385	33	8	8	53	30	33	550
Specialists*	1187	105	13	4	117	74	69	1569
Specialists (accepting new members)	718	87	13	4	55	65	60	1002
Behavioral Health*	461	47	4	0	34	71	43	660
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)	1154	180	15	6	133	167	153	1808
<b>Totals</b>	<b>4286</b>	<b>444</b>	<b>45</b>	<b>21</b>	<b>385</b>	<b>483</b>	<b>344</b>	<b>6008</b>

\* 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	27110	4804	475	96	2231	5432	3230	43378

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	49	83	53	11	31	79	79	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)	852	87	13	8	112	101	72	1245
PCPs - (accepting new members)	791	80	11	8	111	83	67	1151
Specialists*	1752	173	42	4	199	107	138	2415
Specialists (accepting new members)	1751	173	42	4	199	107	138	2414
Behavioral Health*	583	112	25	0	36	86	48	890
Behavioral Health (accepting new members)	583	112	25	0	36	86	48	890
Hospitals	10	2	1	1	3	3	3	23
LTSS Facilities (Hosp,NF)	23	2	0	0	3	4	1	33
Residential Setting (CCFPH, E-ARCH, and ALF)	969	46	0	0	19	107	24	1165
HCBS Providers (except residential settings and LTSS facilities)	56	5	0	0	6	12	2	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	183	27	2	2	18	22	15	269
<b>Totals</b>	<b>4428</b>	<b>454</b>	<b>83</b>	<b>15</b>	<b>396</b>	<b>442</b>	<b>303</b>	<b>6121</b>

\* 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	30205	3927	223	68	2513	5941	2895	45772

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	35	45	17	9	22	59	40	37

Note: RFP requirement is 300 members for every PCP

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-17					Feb-17					Mar-17				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Members</b>															
Medicaid	68,000	164,215	30,128	31,440	29,707	67,909	164,251	29,984	31,124	30,000	67,958	163,997	29,988	31,117	30,412
Duals	2,161	2,964	769	12,326	15,451	2,209	2,964	797	12,234	15,327	2,272	3,485	807	12,261	15,360
<b>Total</b>	<b>70,161</b>	<b>167,179</b>	<b>30,897</b>	<b>43,766</b>	<b>45,158</b>	<b>70,118</b>	<b>167,215</b>	<b>30,781</b>	<b>43,358</b>	<b>45,327</b>	<b>70,230</b>	<b>167,482</b>	<b>30,795</b>	<b>43,378</b>	<b>45,772</b>
<b># Network Providers</b>															
PCPs	611	896	208	812	1,030	609	902	206	813	1,100	602	911	206	805	1,245
PCPs - (accepting new members)	457	552	190	557	948	448	553	188	558	1,001	441	547	188	550	1,151
Specialists	2,334	2,532	384	1,568	1,862	2,346	2,527	386	1,569	1,955	2,335	2,519	387	1,569	2,415
Specialists (accepting new members)	1,293	2,532	384	999	1,821	1,307	2,527	386	999	1,932	1,314	2,519	387	1,002	2,414
Behavioral Health	853	1,494	76	655	785	857	1,495	83	655	775	853	1,504	81	660	890
Behavioral Health (accepting new members)	700	1,494	76	628	764	706	1,495	83	628	775	705	1,504	81	628	890
Hospitals	25	26	14	24	24	25	26	14	24	24	25	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	49	37	16	38	34	49	37	16	38	34	49	37	16	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	488	654	289	1,013	1,140	488	660	298	1,013	1,168	487	662	310	1,013	1,165
HCBS Providers (except residential settings and LTSS facilities)	60	157	56	91	65	60	157	58	91	68	62	156	61	91	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,588	2,314	116	1,804	1,052	1,607	2,331	140	1,807	885	1,602	2,353	140	1,808	269
<b>Total # of providers</b>	<b>6,008</b>	<b>8,110</b>	<b>1,159</b>	<b>6,005</b>	<b>5,992</b>	<b>6,041</b>	<b>8,135</b>	<b>1,201</b>	<b>6,010</b>	<b>6,009</b>	<b>6,015</b>	<b>8,168</b>	<b>1,215</b>	<b>6,008</b>	<b>6,123</b>
<b>Call Center</b>															
# Member Calls	4,911	8,696	651	9,487	6,360	4,556	6,974	515	8,026	4,669	4,696	7,982	598	9,101	5,046
Avg. time until phone answered	0:00:07	0:00:13	0:00:15	0:00:32	0:00:17	0:00:11	0:00:13	0:00:11	0:00:19	0:00:08	0:00:09	0:00:15	0:00:12	0:00:20	0:00:04
Avg. time on phone with member	0:04:35	6:26	5:08	0:08:40	0:06:21	0:04:27	6:24	5:10	0:08:57	0:06:19	0:04:24	5:56	5:09	0:08:58	0:06:17
% of member calls abandoned (member hung up)	4.3%	2%	2%	4%	1.15%	7.13%	2%	1%	3%	0.60%	5.47%	2%	2%	3%	0.22%
# Provider Calls	7,796	6,664	111	4,026	5,585	6,860	6,298	87	3,591	4,068	7,574	7,535	112	3,984	4,488
Avg. time until phone answered	0:00:07	0:00:22	0:00:15	0:00:24	0:00:16	0:00:11	0:00:22	0:00:11	0:00:21	0:00:13	0:00:10	0:00:24	0:00:13	0:00:22	0:00:10
Avg. time on phone with provider	0:04:58	5:58	3:25	0:12:20	0:07:06	0:04:40	6:16	3:47	0:12:23	0:08:04	0:04:41	5:51	3:49	0:12:52	0:08:42
% of provider calls abandoned (provider hung up)	3.9%	2%	2%	2%	0.9%	7.49%	2%	2%	2%	0.7%	5.15%	2%	2%	2%	0.6%
<b>Medical Claims- Electronic</b>															
# Submitted, not able to get into system	2,204	2,366	3	4,043	1,282	2,220	2,115	4	3,720	1,527	2,268	2,490	6	4,378	1,610
# Received	41,368	136,672	1593	65,656	64,121	41,382	135,787	1527	66,109	76,358	48,410	150,215	2069	72,764	80,518
# Paid	40,981	112,330	1223	41,781	46,642	40,238	124,760	1054	43,771	54,141	47,464	163,891	1406	49,961	85,816
# In Process	10,871	55,508	142	17,314	36,209	9,812	59,184	232	17,877	43,277	7,402	34,402	428	17,702	30,399
# Denied	2,050	7,596	228	6,561	2,472	2,331	7,352	241	4,461	10,702	3,223	11,106	235	5,101	516
Avg time for processing claim in days	7	9	3	6	11	7	9	4	6	12	5	9	3	6	10
% of electronic claims processed in 30 days	96%	96%	100	100%	96	97%	97%	100	100%	96.3	99%	96%	100	100%	99.0
% of electronic claims processed in 90 days	100%	100%	100	100%	98	100%	100%	100	100%	97.8	100%	100%	100	100%	100.0
(month to date)															
<b>Medical Claims- Paper</b>															
# Submitted, not able to get into system	284	868	1	295	275	219	827	3	426	182	200	1,286	1	372	197
# Received	20,412	20,479	149	9,293	13,734	17,856	18,573	204	9,161	4,095	20,347	23,198	245	10,929	9,844
# Paid	19,278	12,775	143	4,503	21,252	16,456	17,211	162	5,292	7,478	18,524	25,359	201	6,029	8,987
# In Process	9,939	15,086	6	3,117	1,605	8,494	14,196	36	2,593	813	6,927	8,592	39	3,513	4,877
# Denied	3,378	1,980	0	1,673	695	3,049	2,252	6	1,276	389	3,182	3,443	5	1,387	128
Avg time for processing claim in days	15	19	2	6	8	13	17	3	9	7	12	16	5	9	12
% of electronic claims processed in 30 days	86%	85%	100%	100%	95.4%	95%	91%	100%	100%	88.5%	96%	88%	100%	100%	97.7%
% of electronic claims processed in 90 days	99%	99%	100%	100%	97.1%	100%	100%	100%	100%	92.3%	100%	99%	100%	100%	99.9%
<b>Prior Authorization (PA)- Electronic</b>															
# Received	97	1,827	464	364	22	91	1,672	432	221	14	97	2,052	560	198	32
# In Process	21	255	29	6	0	26	242	16	6	0	17	320	16	6	0
# Approved	75	1,648	426	352	16	63	1,527	402	213	11	80	1,843	525	182	28
# Denied	1	126	9	12	6	2	160	14	8	3	0	129	19	16	4
Avg time for PA in days	2	3	4	1	7	1	3	4	1	7	1	4	3	1	3
(month to date)															
<b>Prior Authorization (PA)- Paper and Telephone</b>															
# Received	1,666	544	0	1,600	3,162	1,647	516	0	1,416	3,191	1,835	518	0	1,621	3,590
# In Process	261	34	0	412	2	264	34	0	412	0	266	13	0	416	0
# Approved	1,379	489	0	1,564	2,920	1,355	472	0	1,398	2,923	1,534	487	0	1,598	3,271
# Denied	25	37	0	35	240	33	44	0	17	268	41	52	0	19	319
Avg time for PA in days	1	1	0	7	4	1	1	0	7	4	1	2	0	6	4
(month-to-date)															
<b># Non-Emergency Transports</b>															
Ground (# of round trips)	1,704	2,719	59	9149	8,722	1,557	2,510	49	7,702	8,083	1,512	2,828	90	7,960	9,479
Air (by segment)	1,592	2,783	0	573	688	1,228	2,616	5	612	726	1,407	2,827	2	738	738
Public Transportation Pass (bus pass & handivan coupons)	507	95	270	2278	942	305	43	255	1,939	1,066	311	88	236	2,106	1,062
<b># Member Grievances</b>															
# Received	25	15	17	33	32	30	25	15	27	36	20	19	19	31	28
# Resolved	4	14	5	24	25	47	21	17	30	29	14	18	21	30	51
# Outstanding	25	9	17	34	16	8	13	15	30	23	14	14	13	29	0

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-17					Feb-17					Mar-17				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Provider Grievances</b>															
# Received	1	0	0	31	1	1	0	0	23	0	0	0	0	19	0
# Resolved	2	2	0	25	1	0	0	0	18	0	1	0	0	30	1
# Outstanding	0	0	0	33	1	1	0	0	50	1	0	0	0	39	0
<b># Member Appeals</b>															
# Received	2	53	3	4	7	0	37	1	3	7	6	54	0	8	12
# Resolved	2	49	1	3	7	1	44	3	3	4	1	36	1	9	12
# Outstanding	1	52	3	6	7	0	45	1	6	10	5	61	0	5	10
<b># Provider Appeals</b>															
# Received	0	2	0	58	33	0	1	0	56	33	0	1	0	63	32
# Resolved	0	9	0	41	23	0	2	0	9	25	0	0	0	39	40
# Outstanding	0	25	0	64	44	0	24	0	91	52	0	27	0	115	44
<b>Utilization - based on Auth (A) or Claims (C)</b>															
Inpatient Acute Admits * (A) - per 1,000	74	84	4	109	127	68	84	3	105	122	80	90	3	108	140
Inpatient Acute Days * (A) - per 1,000	273	233	18	569	531	279	241	13	603	518	335	265	17	626	616
Readmissions within 30 days* (A)	40	118	13	93	34	41	138	10	82	26	42	187	9	100	43
ED Visits * (C) - per 1,000**	547	484	26	734	774	504	426	21	720	774	537	470	25	769	754
# Prescriptions (C) - per 1,000	7,457	10,217	733	12,792	12,766	6,882	9,404	682	11,760	10,843	6,945	10,476	761	13,158	11,502
Waitlisted Days * (A) - per 1,000	40	0	2	165	23	46	0	2	158	26	32	-	1	165	50
NF Admits * (A)	23	14	3	3	14	25	7	0	2	16	31	9	1	2	21
# Members in NF (non-Medicare paid days) (C)**	160	161	42	926	1,067	74	165	39	993	1,033	167	175	41	980	1,046
# Members in HCBS**(C)- note: member can be included in more than one category listed below	190	335	50	2350	1,269	138	345	50	2438	1,256	211	384	55	2478	1,272
# Members in Residential Setting **(C)	68	54	57	616	941	77	54	62	634	926	77	59	60	634	923
# Members in Self-Direction **(C)	29	121	17	913	241	29	143	22	916	245	32	152	24	931	259
# Members receiving other HCBS **(C)	95	281	25	1437	87	61	291	26	1522	85	133	325	31	1547	90
# Members in At-Risk ** (C)	110	72	77	1335	785	122	75	77	1245	788	133	69	79	1263	830
# Members in Self-Direction **(C)	91	32	19	464	623	96	40	17	470	641	101	24	7	476	672
# Members receiving other HCBS **(C)	19	69	31	490	162	26	72	31	482	147	32	66	62	484	158
(* 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.

Health plan shall highlight changes made for the previous month(s)	
<b># Members</b>	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
<b># Network Providers</b>	<b>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.</b>
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
	<b>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 &amp; Other" section.</b>
<b>Call Center</b>	
# 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
	<b>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.</b>
<b>Medical Claims- Electronic</b>	
# 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)
<b>Medical Claims- Paper</b>	
# 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)	
<b>Prior Authorization (PA)- Electronic</b>	
# 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)	
<b>Prior Authorization (PA)- Paper and Telephone</b>	
# 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)	
<b># Non-Emergency Transports</b>	
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
<b># Member Grievances</b>	
# 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.
<b># Provider Grievances</b>	
# 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.
<b># Member Appeals</b>	
# 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.
<b># Provider Appeals</b>	
# 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.
<b>Utilization - based on Auth (A) or Claims (C)</b>	
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)	<b>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).</b>

(\*Non-Medicare) (\*\*lag in data of two months)

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- Hosp= Hospital
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- 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