

QUEST Integration Health Plan Summary of Call Center Calls

as of: **6/30/2017**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	36	1	0	1	1	4	1	44
Network (provider look up, access)	58	7	0	1	4	1	0	71
Primary Care Physician Assignment or Change	455	66	5	4	29	56	34	649
NEMT (inquiry, scheduling) - <i>monthly report</i>	134	57	41	13	23	63	34	365
Authorization/Notification (prior auth status)	357	22	7	6	22	29	13	456
Eligibility (general plan eligibility, change request)	375	37	2	1	12	32	15	474
Benefits (coverage inquiry)	81	13	2	0	10	17	5	128
Enrollment (ID card request, update member information)	118	30	4	2	16	15	12	197
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	12	1	1	0	0	2	0	16
Billing/Payment/Claims	601	37	6	5	18	77	7	751
Appeals	1	0	0	0	0	0	0	1
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	1087	40	9	3	25	72	15	1251
Totals	3,315	311	77	36	160	368	136	4,403

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	82	12	0	0	4	12	13	123
Network (provider look up, access)	21	4	0	0	2	1	2	30
Primary Care Physician Assignment or Change	1486	190	8	1	155	327	258	2425
NEMT (inquiry, scheduling) - <i>monthly report</i>	91	104	36	1	99	338	215	884
Authorization/Notification (prior auth status)	21	8	0	0	4	5	7	45
Eligibility (general plan eligibility, change request)	261	26	1	0	29	52	42	411
Benefits (coverage inquiry)	120	28	1	0	16	33	26	224
Enrollment (ID card request, update member information)	387	43	5	0	50	104	51	640
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	36	3	1	0	2	12	13	67
Billing/Payment/Claims	150	16	0	1	22	51	32	272
Appeals	2	0	0	0	1	3	0	6
Complaints and Grievances	6	0	0	0	0	6	1	13
Other	564	79	5	3	49	111	75	886
Totals	3,227	513	57	6	433	1,055	735	6,026

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	5	0	0	0	0	0	0	5
Network (provider look up, access)	49	19	0	0	0	0	0	68
Primary Care Physician Assignment or Change	0	0	0	0	0	0	0	0
NEMT (inquiry, scheduling) - <i>monthly report</i>	5	1	0	0	0	0	0	6
Authorization/Notification (prior auth status)	3	0	0	0	0	0	0	3
Eligibility (general plan eligibility, change request)	398	87	0	0	0	0	0	485
Benefits (coverage inquiry)	70	21	0	0	0	0	0	91
Enrollment (ID card request, update member information)	13	6	0	0	0	0	0	19
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	3	2	0	0	0	0	0	5
Billing/Payment/Claims	73	20	0	0	0	0	0	93
Appeals	2	1	0	0	0	0	0	3
Complaints and Grievances	5	3	0	0	0	0	0	8
Other	15	3	0	0	0	0	0	18
Totals	641	163	0	0	0	0	0	804

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	384	66	6	3	17	139	30	645
Network (provider look up, access)	23	6	1	0	0	3	2	35
Primary Care Physician Assignment or Change	174	24	0	2	10	42	20	272
NEMT (inquiry, scheduling) - <i>monthly report</i>	2349	500	93	59	3	69	32	3105
Authorization/Notification (prior auth status)	55	47	23	2	12	56	32	227
Eligibility (general plan eligibility, change request)	109	11	0	1	4	21	9	155
Benefits (coverage inquiry)	133	19	4	0	7	25	19	207
Enrollment (ID card request, update member information)	341	51	7	3	26	84	26	538
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	211	35	10	2	9	48	15	330
Billing/Payment/Claims	45	15	2	0	0	9	8	79
Appeals	26	6	2	0	1	7	2	44
Complaints and Grievances	27	2	0	0	3	5	3	40
Other	758	137	22	3	36	191	71	1218
Totals	4,635	919	170	75	128	699	269	6,895

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	201	40	0	0	9	49	29	328
Network (provider look up, access)	270	44	1	0	18	43	30	406
Primary Care Physician Assignment or Change	500	64	2	0	39	89	47	741
NEMT (inquiry, scheduling) - <i>monthly report</i>	36	17	3	1	7	46	23	133
Authorization/Notification (prior auth status)	48	21	8	2	9	44	20	152
Eligibility (general plan eligiblity, change request)	521	73	7	0	42	98	67	808
Benefits (coverage inquiry)	591	88	4	1	42	166	80	972
Enrollment (ID card request, update member information)	290	24	0	0	28	66	34	442
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	140	28	0	0	17	38	18	241
Billing/Payment/Claims	7	3	0	0	1	3	3	17
Appeals	23	2	0	0	3	7	3	38
Complaints and Grievances	6	3	0	0	2	2	2	15
Other	695	78	5	1	63	145	88	1075
Totals	3,328	485	30	5	280	796	444	5,368

ALOHA CARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	534	50	11	3	46	69	73	596
PCPs - (accepting new members)	236	43	8	3	38	56	63	447
Specialists*	1675	180	27	0	154	86	117	2239
Specialists (accepting new members)	978	101	8	0	87	46	71	1291
Behavioral Health*	521	104	4	2	50	73	68	822
Behavioral Health (accepting new members)	425	87	4	2	44	64	57	683
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	28	3	0	0	6	6	4	47
Residential Setting (CCFPH, E-ARCH, and ALF)	392	21	0	0	11	50	12	486
HCBS Providers (except residential settings and LTSS facilities)	30	8	3	3	5	10	5	64
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1038	185	17	14	129	120	90	1593
Totals	4030	563	63	23	404	415	374	5872

* 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	38440	9674	2316	526	5979	6682	6524	70141

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	115	161	211	175	130	97	89	118

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)*	556	70	11	11	59	93	112	912
PCPs - (accepting new members)	319	26	10	4	50	51	80	540
Specialists*	1631	225	55	5	152	201	289	2558
Specialists (accepting new members)	1631	225	55	5	152	201	289	2558
Behavioral Health*	939	176	5	2	93	180	130	1525
Behavioral Health (accepting new members)	939	176	5	2	93	180	130	1525
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)	532	24	1	0	13	68	18	656
HCBS Providers (except residential settings and LTSS facilities)	60	21	8	6	15	24	11	145
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1625	239	30	22	162	170	205	2453
Totals	5381	759	112	47	500	742	771	8312

* 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	100816	10671	791	146	10562	26729	17236	167151

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	181	155	72	13	179	287	154	183

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)*	155	53						208
PCPs - (accepting new members)	141	44						185
Specialists*	341	48						389
Specialists (accepting new members)	341	48						389
Behavioral Health*	69	15						84
Behavioral Health (accepting new members)	69	15						84
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	16	1						17
Residential Setting (CCFPH, E-ARCH, and ALF)	297	29						326
HCBS Providers (except residential settings and LTSS facilities)	50	14						64
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	35	106						141
Totals	975	268	0	0	0	0	0	1243

* 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	19533	10563						30496

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	129	199	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	147

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)*	545	55	9	8	72	70	43	802
PCPs - (accepting new members)	384	31	9	8	53	31	34	550
Specialists*	1188	105	13	4	117	75	69	1571
Specialists (accepting new members)	721	87	13	4	55	66	60	1006
Behavioral Health*	463	47	4	0	34	71	43	662
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)	1157	180	15	6	133	167	154	1812
Totals	4289	441	45	20	386	485	347	6013

* 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	26746	4713	476	98	2182	5319	3212	42746

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	49	86	53	12	30	76	75	53

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)*	879	87	13	8	111	105	75	1278
PCPs - (accepting new members)	811	80	11	8	110	87	69	1176
Specialists*	1763	173	42	4	202	109	138	2431
Specialists (accepting new members)	1759	173	42	4	202	108	137	2425
Behavioral Health*	602	114	26	0	36	92	50	920
Behavioral Health (accepting new members)	602	114	26	0	36	92	50	920
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)	989	47	0	0	21	109	24	1190
HCBS Providers (except residential settings and LTSS facilities)	58	5	0	0	6	13	2	84
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	185	28	2	2	17	21	15	270
Totals	4509	458	84	15	399	456	308	6229

* 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	30649	3944	229	72	2555	5945	2926	46320

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	35	45	18	9	23	57	39	36

Note: RFP requirement is 300 members for every PCP

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Apr-17					May-17					Jun-17				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	68,029	163,758	29,823	30,955	30,503	67,613	163,196	29,660	30,653	30,580	67,678	163,446	29,658	30,638	30,987
Duals	2,332	3,567	823	12,150	15,291	2,418	3,628	840	12,092	15,353	2,463	3,705	838	12,108	15,333
Total	70,361	167,325	30,646	43,105	45,794	70,031	166,824	30,500	42,745	45,933	70,141	167,151	30,496	42,746	46,320
# Network Providers															
PCPs	599	906	209	798	1,269	595	911	210	803	1,280	596	912	208	802	1,278
PCPs - (accepting new members)	440	547	189	546	1,168	442	545	196	551	1,177	447	540	185	550	1,176
Specialists	2,320	2,525	389	1,569	2,411	2,307	2,542	388	1,570	2,425	2,239	2,558	389	1,571	2,431
Specialists (accepting new members)	1,305	2,525	389	1,004	2,406	1,305	2,542	388	1,005	2,420	1,291	2,558	389	1,006	2,425
Behavioral Health	836	1,509	80	662	901	825	1,523	84	662	906	822	1,525	84	662	920
Behavioral Health (accepting new members)	691	1,509	80	628	901	682	1,523	84	628	906	683	1,525	84	628	920
Hospitals	25	26	14	24	23	25	26	14	24	23	25	26	14	24	23
LTSS Facilities (Hosp w/ NF unit/NF)	49	37	16	38	33	49	37	16	38	33	47	37	17	38	33
Residential Setting (CCFFH, E-ARCH, and ALF)	485	665	324	1,013	1,176	488	661	319	1,013	1,186	486	656	326	1,013	1,190
HCBS Providers (except residential settings and LTSS facilities)	63	157	61	91	81	64	145	64	91	82	64	145	64	91	84
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,592	2,336	141	1,810	269	1,601	2,400	142	1,810	272	1,593	2,453	141	1,812	270
Total # of providers	5,969	8,161	1,234	6,005	6,163	5,954	8,245	1,237	6,011	6,207	5,872	8,312	1,243	6,013	6,229
Call Center															
# Member Calls	4,184	6,410	556	8,152	4,733	4,972	6,843	554	9,375	4,539	4,530	6,451	628	8,453	4,262
Avg. time until phone answered	0:00:10	0:00:23	0:00:20	0:00:17	0:00:06	0:00:24	0:00:25	0:00:16	0:00:25	0:00:02	0:00:24	0:00:27	0:00:13	0	0:00:02
Avg. time on phone with member	0:04:16	6:08	6:31	0:10:09	0:04:54	0:04:36	6:21	5:07	0:08:40	0:06:21	0:04:34	6:36	5:05	0	0:06:28
% of member calls abandoned (member hung up)	4.92%	2%	2%	3%	0.30%	7.06%	3%	1%	2%	0.20%	7.95%	4%	2%	0	0.23%
# Provider Calls	6,277	6,685	170	3,540	3,884	7,056	7,478	213	4,139	4,339	6,999	7,309	176	4,244	4,173
Avg. time until phone answered	0:00:09	0:00:27	0:00:15	0:00:28	0:00:10	0:00:23	0:00:29	0:00:13	0:00:24	0:00:06	0:00:24	0:00:25	0:00:10	0	0:00:16
Avg. time on phone with provider	0:04:21	6:20	4:39	0:12:48	0:08:22	0:04:19	6:03	3:17	0:16:24	0:08:37	0:04:22	6:12	3:40	0	0:08:21
% of provider calls abandoned (provider hung up)	4.38%	2%	2%	2%	0.3%	5.36%	2%	2%	3%	1.1%	5.99%	2%	2%	0	1.0%
Medical Claims- Electronic															
# Submitted, not able to get into system	4,121	2,056	3	3,658	1,554	3,424	2,169	5	3,907	1,668	2,328	2,222	6	4,180	1,631
# Received	40,037	133,576	2,161	64,655	77,709	48,191	146,643	2,317	69,583	83,411	44,536	140,836	2,152	68,885	81,569
# Paid	37,524	122,023	1,763	46,078	41,417	46,079	125,723	1,859	44,831	42,756	42,418	147,536	1,746	44,697	40,141
# In Process	7,661	38,166	184	14,015	22,920	7,451	51,326	232	20,187	23,733	7,117	35,485	226	19,084	25,948
# Denied	2,502	7,758	214	4,562	4,430	2,763	7,760	226	4,565	4,719	1,987	9,135	180	5,104	4,405
Avg time for processing claim in days	5	8	4	6	9	5	8	4	9	9	4	8	3	7	9
% of electronic claims processed in 30 days	99%	99%	100%	100%	99.7%	99%	98%	100%	100%	99.7%	99%	98%	100%	1	99.6
% of electronic claims processed in 90 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	1	100.0
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	269	1,078	8	232	188	233	1,183	2	242	236	314	1,148	13	233	198
# Received	18,173	19,151	159	9,069	9,380	21,478	21,949	127	9,179	11,794	20,960	20,906	95	9,534	9,919
# Paid	15,870	16,748	130	4,748	4,205	17,618	17,698	102	4,442	4,031	18,313	20,205	78	4,658	3,927
# In Process	7,027	8,491	26	3,109	3,049	8,565	10,528	20	3,576	4,494	7,690	8,569	4	3,704	4,152
# Denied	2,773	2,429	3	1,212	1,300	3,074	2,214	5	1,161	1,551	3,190	2,650	13	1,172	1,111
Avg time for processing claim in days	11	13	2	9	11	11	12	2	12	10	10	13	3	11	11
% of electronic claims processed in 30 days	97%	93%	100%	100%	99.6%	96%	94%	100%	100%	99.6%	97%	93%	100%	1	99%
% of electronic claims processed in 90 days	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	1	100%
Prior Authorization (PA)- Electronic															
# Received	118	1,819	506	138	17	123	2,117	515	198	9	90	2,115	532	230	24
# In Process	21	308	36	6	0	10	401	25	6	0	13	392	3	6	0
# Approved	96	1,654	465	128	15	113	1,848	478	182	8	76	1,952	514	209	23
# Denied	4	161	5	10	2	1	177	12	16	1	2	170	15	21	1
Avg time for PA in days	1	4	4	1	7	1	4	8	1	6	1	4	6	1	5
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,567	647	0	1,370	3,533	1,752	547	0	1,538	3,560	1,724	592	0	1,509	3,146
# In Process	221	35	0	416	0	212	32	0	418	0	264	45	0	419	3
# Approved	1,330	619	0	1,352	3,307	1,509	496	0	1,505	3,275	1,438	535	0	1,472	2,882
# Denied	41	36	0	18	226	77	54	0	31	285	70	46	0	36	261
Avg time for PA in days	1	1	0	6	5	1	2	0	7	4	1	2	0	8	5
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,538	3,161	115	7,916	8,643	1,151	3,063	104	8633	9,494	1,491	2,983	75	8,120	9,286
Air (by segment)	1,056	2,659	0	566	647	1,066	2,956	3	602	744	1,028	3,067	2	641	734
Public Transportation Pass (bus pass & handivan coupons)	342	70	349	2,099	1,031	595	171	317	1984	995	396	138	279	1,799	1,033
# Member Grievances															
# Received	27	12	26	28	24	26	6	22	50	39	19	15	30	30	33
# Resolved	24	20	18	24	16	28	6	24	26	30	23	11	26	45	43
# Outstanding	17	6	21	31	8	15	6	16	55	17	11	10	20	40	7

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Apr-17					May-17					Jun-17				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Provider Grievances															
# Received	2	0	0	29	1	2	0	0	36	2	1	0	0	28	0
# Resolved	2	0	0	18	0	0	0	0	21	2	1	0	0	27	1
# Outstanding	0	0	0	44	1	2	0	0	59	1	2	0	0	58	0
# Member Appeals															
# Received	2	47	3	6	3	3	47	1	7	7	2	55	0	5	5
# Resolved	7	39	0	3	8	1	51	3	9	6	2	49	1	6	5
# Outstanding	0	69	3	8	5	2	65	1	8	6	2	71	0	7	6
# Provider Appeals															
# Received	0	3	0	30	45	0	2	0	47	46	0	3	0	48	29
# Resolved	0	3	0	61	28	0	7	0	58	23	0	1	0	34	22
# Outstanding	0	27	0	84	61	0	22	0	48	84	0	23	0	62	91
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	65	83	3	97	119	80	86	3	81	126	73	87	3	72	126
Inpatient Acute Days * (A) - per 1,000	235	234	17	393	540	353	238	17	529	569	371	264	12	506	504
Readmissions within 30 days* (A)	29	151	9	65	29	35	163	14	99	30	40	162	11	85	34
ED Visits * (C) - per 1,000**	520	449	23	762	778	555	468	23	760	827	523	451	22	767	810
# Prescriptions (C) - per 1,000	7,866	9,679	704	12,149	12,181	7,544	10,225	752	13,244	12,870	8,140	9,794	679	12,576	12,377
Waitlisted Days * (A) - per 1,000	26	0	2	150	12	21	0	1	153	24	47	0	1	144	46
NF Admits * (A)	20	19	6	3	20	23	15	5	2	15	30	15	6	1	13
# Members in NF (non-Medicare paid days) (C)**	156	179	36	973	1,005	153	188	37	966	1,038	164	184	35	907	1,012
# Members in HCBS **(C)- note: member can be included in more than one category listed below	137	385	49	2,491	1,220	233	403	37	2,470	1,285	186	403	59	2,365	1,272
# Members in Residential Setting **(C)	60	64	58	643	894	100	59	61	645	928	78	62	69	630	940
# Members in Self-Direction **(C)	31	154	18	929	231	30	156	19	929	249	30	158	17	917	241
# Members receiving other HCBS **(C)	83	323	31	1,562	96	150	344	18	1,549	108	113	341	42	1,544	91
# Members in At-Risk **(C)	141	73	79	1,250	837	166	85	88	1,246	926	176	87	79	1,266	896
# Members in Self-Direction **(C)	109	29	19	470	627	113	30	20	466	657	114	37	24	468	688
# Members receiving other HCBS **(C)	32	69	60	481	210	53	83	68	474	269	62	81	55	481	208
(* 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.

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

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

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

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

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- PCP= Primary Care Provider
- QI= QUEST Integration
- Residential setting= CCFFH, ARCH/E-ARCH, and ALF