

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jul-17					Aug-17					Sep-17				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	67,735	163,531	29,469	30,650	31,289	67,396	163,057	29,491	30,883	31,371	67,151	162,590	29,417	30,535	31,530
Duals	2,518	3,790	854	12,082	15,356	2,588	3,862	873	12,071	15,341	2,637	3,936	885	12,006	15,296
Total	70,253	167,321	30,323	42,732	46,645	69,984	166,919	30,364	42,954	46,712	69,788	166,526	30,302	42,541	46,826
# Network Providers															
PCPs	595	900	206	800	1,272	606	904	206	796	1,281	614	906	204	794	1,278
PCPs - (accepting new members)	447	538	183	547	1,170	455	513	185	547	1,177	465	553	184	546	1,163
Specialists	2,217	2,536	385	1,571	2,438	2,238	2,543	414	1,572	2,461	2,276	2,554	419	1,572	2,452
Specialists (accepting new members)	1,289	2,536	385	1,007	2,430	1,313	2,543	414	1,007	2,452	1,348	2,554	419	1,007	2,443
Behavioral Health	815	1,529	92	663	915	821	1,534	93	663	911	826	1,544	93	663	919
Behavioral Health (accepting new members)	679	1,529	92	628	915	681	1,534	93	628	911	685	1,544	93	628	919
Hospitals	25	26	14	24	23	25	26	14	24	23	25	26	14	24	23
LTSS Facilities (Hosp w/ NF unit/NF)	47	37	17	38	33	48	37	17	38	33	48	37	17	38	33
Residential Setting (CCFFH, E-ARCH, and ALF)	489	655	329	1,013	1,197	487	660	288	1,013	1,185	487	657	284	1,013	1,181
HCBS Providers (except residential settings and LTSS facilities)	64	146	64	91	84	64	146	62	91	85	64	146	61	91	88
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,606	2,443	167	1,812	270	1,610	2,473	137	1,813	273	1,631	2,499	138	1,813	273
Total # of providers	5,858	8,272	1,274	6,012	6,232	5,899	8,323	1,231	6,010	6,252	5,971	8,369	1,230	6,008	6,247
Call Center															
# Member Calls	4,832	5,877	595	8,157	4,343	5,568	7,911	646	9,252	4,680	5,052	6,987	582	8,038	4,244
Avg. time until phone answered	0:00:28	0:00:32	0:00:07	0	0:00:13	0:00:18	0:00:24	0:00:03	0:00:26	0:00:03	0:00:16	0:00:11	0:00:04	0:00:18	0:00:13
Avg. time on phone with member	0:04:28	6:54	4:30	0	0:06:29	0:04:20	6:56	5:29	0:09:30	0:06:18	0:04:14	6:48	4:19	0:09:05	0:06:04
% of member calls abandoned (member hung up)	7.99%	5%	1%	0	1.20%	4.71%	3%	1%	3%	0.04%	4.53%	1%	1%	2%	1.30%
# Provider Calls	7,207	7,038	331	4,272	3,790	7,869	7,962	234	4,754	4,151	6,924	6,676	183	3,684	3,659
Avg. time until phone answered	0:00:26	0:00:30	0:00:04	0	0:00:19	0:00:16	0:00:17	0:00:03	0:00:44	0:00:07	0:00:15	0:00:14	0:00:03	0:00:15	0:00:09
Avg. time on phone with provider	0:04:13	6:14	3:24	0	0:07:59	0:03:54	6:11	3:54	0:12:00	0:07:44	0:03:41	6:21	3:15	0:12:48	0:09:05
% of provider calls abandoned (provider hung up)	6.47%	3%	1%	0	1.5%	3.93%	1%	1%	3%	0.4%	3.74%	1%	1%	2%	0.4%
Medical Claims- Electronic															
# Submitted, not able to get into system	2,453	2,342	8	3,651	1,540	2,798	3,345	11	4,780	1,662	2,455	2,175	9	3,973	1,436
# Received	40,577	131,762	1,892	63,509	76,996	48,347	147,461	1,803	67,947	73,114	45,538	139,043	1,759	60,765	71,812
# Paid	39,027	115,534	1,572	43,664	41,194	47,815	150,917	1,528	45,082	80,844	38,875	122,149	1,448	42,381	77,599
# In Process	6,614	44,203	111	14,481	24,071	5,030	29,421	48	17,683	24,436	9,438	38,433	42	14,051	15,535
# Denied	2,260	7,510	209	5,364	4,158	2,261	11,326	227	5,182	3,949	1,746	7,861	269	4,333	4,830
Avg time for processing claim in days	5	9	4	6	8	4	8	3	6	8	4	8	3	7	7
% of electronic claims processed in 30 days	99%	98%	100%	1	100%	99%	98%	100%	100%	96%	98%	98%	100%	100%	97%
% of electronic claims processed in 90 days	100%	100%	100%	1	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	99%
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	168	1,494	7	243	212	304	1,719	9	153	214	240	1,460	1	189	175
# Received	20,125	19,267	46	8,827	10,605	20,833	21,213	114	9,343	10,714	18,395	19,898	67	7,893	8,769
# Paid	16,893	16,364	37	3,983	4,285	19,768	21,414	93	4,334	9,995	14,530	15,615	58	3,583	11,179
# In Process	7,986	9,389	1	3,511	3,910	6,141	6,937	1	3,763	4,535	7,580	9,435	3	3,276	1,474
# Denied	2,843	2,083	8	1,333	1,188	2,933	2,251	20	1,246	1,200	2,196	1,789	6	1,034	1,218
Avg time for processing claim in days	12	13	3	9	9	10	12	4	10	10	11	13	6	11	8
% of electronic claims processed in 30 days	98%	93%	100%	1	100%	97%	94%	100%	100%	96%	95%	94%	100%	100%	97%
% of electronic claims processed in 90 days	100%	99%	100%	1	100%	100%	99%	100%	100%	98%	100%	100%	100%	100%	98%
Prior Authorization (PA)- Electronic															
# Received	61	1,918	498	182	45	87	2,183	392	183	2,739	135	1,983	488	143	2,489
# In Process	12	356	45	6	0	11	340	37	6	0	34	379	30	7	0
# Approved	49	1,765	442	171	43	75	2,006	347	172	1,947	97	1,739	452	123	1,765
# Denied	5	190	11	11	2	5	193	8	11	792	6	194	6	19	724
Avg time for PA in days	2	5	3	1	5	2	5	3	2	2	2	4	6	2	4
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,591	495	0	1,366	2,935	1,025	607	0	1,447	71	1,720	556	0	1,350	163
# In Process	198	35	0	422	1	173	41	0	429	0	301	45	0	432	0
# Approved	1,365	437	0	1,352	2,669	827	546	0	1,492	58	1,372	503	0	1,325	152
# Denied	52	68	0	11	265	78	55	0	11	13	70	50	0	22	11
Avg time for PA in days	2	2	0	7	5	2	2	0	9	1	1	2	0	7	5
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,529	3,129	182	8,296	9,068	1,601	3,323	249	7,863	9,689	1,491	2,868	266	7,178	8,972
Air (by segment)	1,179	2,871	2	611	685	1,224	3,174	0	714	835	999	2,887	14	533	674
Public Transportation Pass (bus pass & handivan coupons)	350	118	297	2,717	1,182	465	209	294	1,960	1,169	442	372	260	2,031	1,169
# Member Grievances															
# Received	23	14	12	41	37	21	17	16	39	47	24	11	12	27	36
# Resolved	17	13	27	30	32	29	11	9	46	45	17	20	13	25	38
# Outstanding	17	12	5	51	12	9	18	7	44	14	16	9	6	46	12
# Provider Grievances															
# Received	1	0	0	38	0	0	1	0	28	3	0	0	0	25	1
# Resolved	1	0	0	33	0	1	0	0	27	0	1	1	0	43	1
# Outstanding	2	0	0	63	0	1	1	0	64	3	0	0	0	46	0

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Member Appeals															
# Received	4	59	0	3	3	7	51	0	6	3	3	41	1	5	9
# Resolved	5	55	0	3	5	7	78	0	4	3	1	72	0	5	4
# Outstanding	1	75	0	7	2	1	48	0	9	2	3	17	1	9	7
# Provider Appeals															
# Received	0	1	0	36	24	0	2	0	31	17	0	2	0	30	14
# Resolved	0	2	0	42	30	0	2	0	47	52	0	3	0	37	11
# Outstanding	0	23	0	56	85	0	23	0	40	50	0	22	0	33	53
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	80	89	4	75	123	75	85	3	68	137	73	87	3	73	166
Inpatient Acute Days * (A) - per 1,000	377	285	16	399	583	376	246	13	406	655	346	237	15	474	766
Readmissions within 30 days* (A)	39	160	17	121	35	35	143	23	29	35	34	157	17	28	42
ED Visits * (C) - per 1,000**	484	421	21	725	779	466	418	23	765	778	445	431	23	722	758
# Prescriptions (C) - per 1,000	7,765	9,392	609	12,258	12,281	8,774	10,297	678	12,840	12,752	8,201	9,786	617	12,121	12,400
Waitlisted Days * (A) - per 1,000	24	0	2	164	31	24	0	1	185	21	46	0	1	170	45
NF Admits * (A)	34	9	4	3	10	45	12	8	-	17	22	11	10	2	12
# Members in NF (non-Medicare paid days) (C)**	172	187	34	961	896	146	199	35	920	879	169	191	41	858	807
# Members in HCBS **(C)- note: member can be included in more than one category listed below	189	413	114	2461	1,316	183	419	108	2,436	1,294	164	463	106	2,416	1,218
# Members in Residential Setting **(C)	75	65	50	636	971	114	68	52	614	958	87	69	52	591	905
# Members in Self-Direction **(C)	29	155	18	902	243	35	159	19	913	230	32	172	21	924	224
# Members receiving other HCBS **(C)	104	349	96	1559	102	101	352	89	1,523	106	82	396	85	1,492	89
# Members in At-Risk ** (C)	192	81	80	1261	916	196	99	81	1,255	909	168	85	82	1,235	849
# Members in Self-Direction **(C)	113	36	22	456	697	120	39	27	469	678	123	33	29	470	646
# Members receiving other HCBS **(C)	79	75	58	476	219	76	93	54	478	231	45	76	53	476	203

(* 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)	96	19	3	0	8	12	11	146
PCPs - (accepting new members)	241	48	8	3	41	59	68	468
Specialists*	688	75	18	0	64	28	41	914
Specialists (accepting new members)	1,038	123	6	0	89	47	80	1,383
Behavioral Health*	101	12	0	0	6	9	11	139
Behavioral Health (accepting new members)	424	92	7	2	44	65	55	689
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp/NF)	28	3	0	1	6	3	6	48
Residential Setting (CCFFH, E-ARCH, and ALF)	392	24	1	0	12	50	13	492
HCBS Providers (except residential settings and LTSS facilities)	30	9	3	3	5	10	5	65
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,065	203	17	14	132	116	97	1,644
Totals	2,412	346	43	19	236	232	188	3,476

* 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	38,327	9,528	2,274	522	5,895	6,762	6,443	69,751

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	399	529	758	#DIV/0!	737	564	586	471

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)	551	75	11	11	64	96	112	920
PCPs - (accepting new members)	301	38	10	5	55	60	85	554
Specialists*	1,643	234	58	5	153	231	280	2,604
Specialists (accepting new members)	1,643	234	58	5	153	231	280	2,604
Behavioral Health*	970	183	7	2	91	178	127	1,558
Behavioral Health (accepting new members)	970	183	7	2	91	178	127	1,558
Hospitals	13	2	1	1	3	1	5	26
LTSS Facilities (Hosp/NF)	25	2	1	1	3	5	1	37
Residential Setting (CCFFH, E-ARCH, and ALF)	538	25	1	1	12	70	18	664
HCBS Providers (except residential settings and LTSS facilities)	63	21	8	6	15	26	12	151
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,719	255	29	20	167	180	216	2,586
Totals	5,522	797	116	45	508	787	771	8,546

* 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	99,118	11,152	799	139	10,625	26,815	17,149	165,797

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	180	149	73	13	166	279	153	180

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)	142	50						192
Specialists*	348	79						427
Specialists (accepting new members)	348	79						427
Behavioral Health*	85	18						103
Behavioral Health (accepting new members)	85	18						103
Hospitals	12	2						14
LTSS Facilities (Hosp/NF)	16	1						17
Residential Setting (CCFFH, E-ARCH, and ALF)	117	21						138
HCBS Providers (except residential settings and LTSS facilities)	50	12						62
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	106	32						138
Totals	886	219	0	0	0	0	0	1,105

* 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	19,856	10,217						30,073

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	131	189	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	146

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)	530	56	9	7	72	72	44	790
PCPs - (accepting new members)	377	32	9	7	53	32	34	544
Specialists*	1,180	104	13	4	117	75	69	1,562
Specialists (accepting new members)	715	87	13	4	55	66	61	1,001
Behavioral Health*	462	47	4	0	34	71	44	662
Behavioral Health (accepting new members)	449	34	3	0	34	67	40	627
Hospitals	11	2	1	1	3	1	5	24
LTSS Facilities (Hosp/NF)	23	3	1	1	5	2	3	38
Residential Setting (CCFFH, E-ARCH, and ALF)	851	41	0	0	18	79	24	1,013
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)	1,156	180	15	6	131	167	154	1,809
Totals	4,264	441	45	19	384	487	349	5,989

* 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	26,178	4,600	465	93	2,189	5,246	3,132	41,903

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	49	82	52	13	30	73	71	53

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)	1,018	94	9	8	127	108	89	1,453
PCPs - (accepting new members)	942	86	7	8	124	90	81	1,338
Specialists*	1,667	156	42	4	189	106	128	2,292
Specialists (accepting new members)	1,663	156	42	4	188	105	126	2,284
Behavioral Health*	648	123	28	0	38	99	51	987
Behavioral Health (accepting new members)	648	123	28	0	38	99	51	987
Hospitals	10	2	1	1	3	3	3	23
LTSS Facilities (Hosp/NF)	24	2	0	0	3	4	1	34
Residential Setting (CCFFH, E-ARCH, and ALF)	997	45	0	0	21	111	23	1,197
HCBS Providers (except residential settings and LTSS facilities)	55	6	0	0	7	11	2	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	192	29	2	2	18	23	15	281
Totals	4,611	457	82	15	406	465	312	6,348

* 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	31,483	4,017	230	79	2,632	6,018	2,983	47,442

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	31	43	26	10	21	56	34	33

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **11/30/2017**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	47	5	1	0	0	7	1	61
Network (provider look up, access)	112	8	1	1	2	16	3	143
Primary Care Physician Assignment or Change	427	54	5	2	25	67	24	604
NEMT (inquiry, scheduling) - <i>monthly report</i>	189	46	50	6	21	81	32	425
Authorization/Notification (prior auth status)	363	37	11	1	26	76	15	529
Eligibility (general plan eligibility, change request)	591	53	3	1	16	93	17	774
Benefits (coverage inquiry)	161	20	2	2	6	20	5	216
Enrollment (ID card request, update member information)	242	33	3	5	12	25	15	335
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	11	2	0	0	0	1	0	14
Billing/Payment/Claims	605	34	3	2	30	126	8	808
Appeals	3	0	0	0	0	1	0	4
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	853	41	3	4	8	46	0	955
Totals	3,604	333	82	24	146	559	120	4,868

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	56	5	0	0	5	9	15	90
Network (provider look up, access)	21	6	0	0	2	5	4	38
Primary Care Physician Assignment or Change	1,072	168	4	1	147	266	214	1,872
NEMT (inquiry, scheduling) - <i>monthly report</i>	97	130	48	17	105	326	228	951
Authorization/Notification (prior auth status)	38	4	1	1	5	11	1	61
Eligibility (general plan eligibility, change request)	368	32	0	0	38	62	51	551
Benefits (coverage inquiry)	90	15	1	0	11	23	11	151
Enrollment (ID card request, update member information)	282	40	2	0	35	69	50	478
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	40	3	1	0	6	14	6	70
Billing/Payment/Claims	148	26	1	0	17	42	31	265
Appeals	2	0	0	0	0	2	0	4
Complaints and Grievances	9	0	1	0	0	7	2	19
Other	535	88	2	1	40	127	82	875
Totals	2,758	517	61	20	411	963	695	5,425

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	3	4	0	0	0	0	0	7
Network (provider look up, access)	66	12	0	0	0	0	0	78
Primary Care Physician Assignment or Change	0	0	0	0	0	0	0	0
NEMT (inquiry, scheduling) - <i>monthly report</i>	9	1	0	0	0	0	0	10
Authorization/Notification (prior auth status)	0	0	0	0	0	0	0	0
Eligibility (general plan eligibility, change request)	209	53	0	0	0	0	0	262
Benefits (coverage inquiry)	173	49	0	0	0	0	0	222
Enrollment (ID card request, update member information)	40	7	0	0	0	0	0	47
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	9	0	0	0	0	0	0	9
Billing/Payment/Claims	34	17	0	0	0	0	0	51
Appeals	1	0	0	0	0	0	0	1
Complaints and Grievances	4	0	0	0	0	0	0	4
Other	2	0	0	0	0	0	0	2
Totals	550	143	0	0	0	0	0	693

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	382	64	8	2	16	129	36	637
Network (provider look up, access)	16	5	2	0	1	4	2	30
Primary Care Physician Assignment or Change	124	14	1	1	7	37	16	200
NEMT (inquiry, scheduling) - <i>monthly report</i>	2,083	445	88	54	4	53	23	2,750
Authorization/Notification (prior auth status)	46	38	26	2	11	65	22	210
Eligibility (general plan eligibility, change request)	93	7	2	0	6	19	4	131
Benefits (coverage inquiry)	92	8	3	0	3	27	8	141
Enrollment (ID card request, update member information)	281	41	4	0	11	100	30	467
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	148	20	14	1	4	45	21	253
Billing/Payment/Claims	47	7	1	0	1	11	8	75
Appeals	29	9	1	0	3	9	4	55
Complaints and Grievances	16	3	0	0	0	7	2	28
Other	544	96	23	2	31	160	54	910
Totals	3,901	757	173	62	98	666	230	5,887

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	180	29	0	0	8	51	16	284
Network (provider look up, access)	176	33	2	0	18	42	14	285
Primary Care Physician Assignment or Change	947	53	2	2	54	183	60	1,301
NEMT (inquiry, scheduling) - <i>monthly report</i>	68	8	8	1	8	25	8	126
Authorization/Notification (prior auth status)	59	38	14	6	17	57	24	215
Eligibility (general plan eligiblity, change request)	497	82	4	4	27	102	65	781
Benefits (coverage inquiry)	667	102	4	1	39	144	67	1,024
Enrollment (ID card request, update member information)	34	1	1	0	2	2	4	44
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	189	17	0	0	12	41	20	279
Billing/Payment/Claims	4	0	0	0	0	1	0	5
Appeals	10	7	1	0	2	3	2	25
Complaints and Grievances	11	3	0	0	1	1	0	16
Other	641	72	5	2	58	167	81	1,026
Totals	3,483	445	41	16	246	819	361	5,411

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