

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Apr-18					May-18					Jun-18				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Members</b>															
Medicaid	65,638	164,555	30,692	28,658	32,390	65,208	163,338	30,269	28,462	32,766	64,367	161,364	29,617	28,359	32,283
Duals	2,799	4,469	1,012	10,941	15,091	2,836	4,515	1,003	10,866	15,075	2,838	4,524	993	10,778	14,935
<b>Total</b>	<b>68,437</b>	<b>169,024</b>	<b>31,704</b>	<b>39,599</b>	<b>47,481</b>	<b>68,044</b>	<b>167,853</b>	<b>31,272</b>	<b>39,328</b>	<b>47,841</b>	<b>67,205</b>	<b>165,888</b>	<b>30,610</b>	<b>39,137</b>	<b>47,218</b>
<b># Network Providers</b>															
PCPs	628	910	203	800	1,082	625	906	204	797	1,066	622	917	205	798	1,028
PCPs - (accepting new members)	486	617	191	559	964	485	617	190	559	966	484	633	191	561	922
Specialists	2,369	2,551	437	1,566	2,614	2,372	2,539	438	1,566	2,610	2,368	2,547	437	1,568	2,507
Specialists (accepting new members)	1,457	2,551	437	1,000	2,603	1,462	2,539	438	1,000	2,601	1,470	2,547	437	1,002	2,498
Behavioral Health	826	1,542	113	667	1,005	824	1,542	114	667	1,008	827	1,541	115	667	1,009
Behavioral Health (accepting new members)	699	1,542	113	628	1,005	699	1,542	114	628	1,008	703	1,541	115	628	1,009
Hospitals	25	26	14	24	24	25	26	14	24	23	25	26	14	24	23
LTSS Facilities (Hosp w/ NF unit/NF)	48	37	17	38	33	47	37	17	38	34	47	38	17	38	34
Residential Setting (CCFFH, E-ARCH, and ALF)	503	667	155	1,013	1,206	502	671	154	1,013	1,224	492	668	167	1,013	1,224
HCBS Providers (except residential settings and LTSS facilities)	70	155	66	91	81	70	155	69	91	82	70	154	71	91	83
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,669	2,545	141	1,763	293	1,682	2,537	140	1,763	295	1,675	2,552	140	1,763	296
<b>Total # of providers</b>	<b>6,138</b>	<b>8,433</b>	<b>1,146</b>	<b>5,962</b>	<b>6,338</b>	<b>6,147</b>	<b>8,413</b>	<b>1,150</b>	<b>5,959</b>	<b>6,342</b>	<b>6,126</b>	<b>8,443</b>	<b>1,166</b>	<b>5,962</b>	<b>6,204</b>
<b>Call Center</b>															
# Member Calls	5,294	7,246	533	9,140	4,180	5,811	7,426	604	8,854	4,349	5,288	6,661	535	7,886	3,806
Avg. time until phone answered	0:00:41	0:00:57	0:00:06	0:00:17	0:00:24	0:00:54	0:01:32	0:00:04	0:00:15	0:00:21	0:00:36	0:03:35	0:00:04	0:00:16	0:00:20
Avg. time on phone with member	0:04:47	0:06:02	0:04:40	0:07:41	0:07:13	0:04:45	0:06:39	0:04:41	0:07:52	0:06:29	0:05:07	0:06:10	0:05:22	0:07:43	0:07:20
% of member calls abandoned (member hung up)	5.0%	5.9%	1%	2.8%	2.1%	7.9%	10.3%	1%	2.1%	0.7%	4.4%	22.4%	1%	2.9%	2.0%
# Provider Calls	8,099	6,212	171	4,297	3,814	9,462	6,359	139	4,230	3,906	7,323	6,012	174	3,786	3,462
Avg. time until phone answered	0:00:40	0:01:24	0:00:05	0:00:16	0:00:03	0:00:56	0:02:40	0:00:03	0:00:20	0:00:04	0:00:35	0:04:34	0:00:05	0:00:20	0:00:06
Avg. time on phone with provider	0:04:27	0:07:09	0:03:20	0:12:28	0:07:20	0:04:29	0:07:27	0:03:54	0:12:51	0:07:40	0:04:59	0:07:32	0:04:36	0:13:49	0:07:40
% of provider calls abandoned (provider hung up)	5.4%	6.6%	1%	2.7%	0.0%	8.3%	11.9%	1%	2%	0.3%	4.8%	20.1%	1%	2.3%	0.3%
<b>Medical Claims- Electronic</b>															
# Submitted, not able to get into system	2,136	1,080	10	3,772	1,636	2,586	1,126	8	4,328	1,675	2,368	867	5	3,765	1,547
# Received	47,953	153,602	2,233	61,449	81,819	52,301	156,821	2,237	63,832	83,768	46,899	141,497	4,246	56,699	77,366
# Paid	48,437	133,712	1,913	33,614	81,549	48,408	158,802	1,838	37,938	70,848	45,113	127,964	3,912	30,776	64,011
# In Process	6,373	45,074	0	22,698	23,413	7,064	32,295	35	20,424	20,915	8,976	37,250	3	22,510	22,667
# Denied	2,625	8,916	330	5,137	4,162	3,357	10,798	364	5,470	4,055	2,745	8,578	331	3,413	12,633
Avg time for processing claim in days	5	8	3	7	7	5	8	3	8	7	5	8	2	8	7
% of electronic claims processed in 30 days	98%	99.4%	99.7%	100%	99.6%	98.4%	99.2%	99.95%	100%	99.8%	98.1%	98.2%	100%	100%	99.8%
% of electronic claims processed in 90 days	99.9%	100%	100%	100%	99.9%	99.9%	100%	100%	100%	99.9%	99.8%	100%	100%	100%	99.95%
(month to date)															
<b>Medical Claims- Paper</b>															
# Submitted, not able to get into system	287	2,280	4	286	193	202	1,460	1	243	199	195	1,829	4	243	173
# Received	21,393	20,408	93	6,870	9,666	17,700	18,951	69	7,166	9,932	16,345	18,378	82	6,347	8,664
# Paid	17,788	15,696	86	1,598	10,275	17,412	20,783	63	2,208	7,943	15,121	15,388	69	1,946	7,968
# In Process	9,915	10,691	2	4,738	3,424	6,741	6,895	1	4,256	4,152	5,461	8,398	2	3,781	3,227
# Denied	3,206	1,685	9	534	1,099	3,417	1,964	5	702	1,091	2,576	1,487	11	620	1,705
Avg time for processing claim in days	13	13	2	12	9	14	15	2	13	9	12	15	6	12	9
% of electronic claims processed in 30 days	94.1%	96.8%	100%	100%	98.9%	93.4%	95.8%	100%	100%	99.3%	95.2%	96.9%	100%	100%	99.5%
% of electronic claims processed in 90 days	99.7%	99.9%	100%	100%	99.8%	99.8%	99.7%	100%	100%	99.9%	99.8%	99.9%	100%	100%	99.95%
<b>Prior Authorization (PA)- Electronic</b>															
# Received	136	2,064	541	98	1,923	160	2,190	527	212	1,997	93	1,745	507	207	2,063
# In Process	32	306	20	187	0	25	307	17	192	0	23	175	30	195	0
# Approved	103	1,977	510	67	1,701	132	2,038	497	172	1,765	68	1,738	463	169	1,854
# Denied	2	158	11	2	222	5	151	13	2	240	5	139	14	5	209
Avg time for PA in days	4	5	2	7	4	8	4	3	5	4	3	4	3	5	3
(month to date)															
<b>Prior Authorization (PA)- Paper and Telephone</b>															
# Received	1,527	457	0	1,665	143	1,465	477	0	1,697	157	1,325	528	0	1,562	89
# In Process	318	30	0	1,943	0	267	26	0	2,086	0	274	34	0	2,142	0
# Approved	1,181	411	0	1,024	142	1,187	429	0	994	155	1,035	486	0	953	84
# Denied	35	35	0	18	1	16	52	0	50	2	27	34	0	31	5
Avg time for PA in days	4	2	0	9	5	5	2	0	7	6	3	1	0	7	6
(month-to-date)															
<b># Non-Emergency Transports</b>															
Ground (# of round trips)	2,113	4,337	245	7,748	9,065	2,238	4,548	293	8,166	8,698	1,809	4,885	268	7,268	9,028
Air (by segment)	1,456	2,745	213	587	757	1,432	2,818	218	644	745	1,475	2,080	296	534	840
Public Transportation Pass (bus pass & handivan coupons)	709	579	440	2,001	1,050	459	972	497	2,040	1,115	732	868	493	1,847	1,062
<b># Member Grievances</b>															
# Received	37	12	11	26	44	28	16	24	18	59	18	9	17	23	30
# Resolved	23	12	5	25	41	32	13	23	28	45	25	16	19	21	59
# Outstanding	38	11	6	41	17	19	14	7	31	31	12	7	5	33	2

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Provider Grievances</b>															
# Received	16	0	0	32	0	10	1	0	43	2	11	0	0	45	0
# Resolved	0	0	0	29	1	0	1	0	43	0	0	0	0	25	0
# Outstanding	39	0	0	49	0	49	0	0	49	2	60	0	0	69	0
<b># Member Appeals</b>															
# Received	4	56	1	9	7	2	65	2	6	4	2	48	0	4	8
# Resolved	5	59	1	9	7	2	64	1	7	5	4	52	2	7	4
# Outstanding	3	19	1	16	7	2	20	2	16	6	0	16	0	13	10
<b># Provider Appeals</b>															
# Received	0	1	0	23	10	0	2	0	37	15	0	4	0	45	18
# Resolved	0	0	0	10	9	0	0	0	19	15	0	2	0	22	24
# Outstanding	0	42	0	104	29	0	44	0	122	29	0	46	0	145	23
<b>Utilization - based on Auth (A) or Claims (C)</b>															
Inpatient Acute Admits * (A) - per 1,000	66	74	3	133	101	75	80	4	126	114	73	79	3	115	113
Inpatient Acute Days * (A) - per 1,000	284	219	3	603	490	308	227	19	520	542	306	225	16	465	478
Readmissions within 30 days* (A)	34	155	20	68	24	39	156	9	68	32	37	158	18	63	32
ED Visits * (C) - per 1,000**	504	441	25	744	711	537	442	26	689	715	504	426	21	675	657
# Prescriptions (C) - per 1,000	8,127	10,400	635	12,807	12,931	9,074	10,805	662	13,184	12,835	8,253	9,972	585	12,332	12,571
Waitlist Days * (A) - per 1,000	36	0	3	32	115	41	0	4	90	113	34	0	1	43	152
NF Admits * (A)	28	6	2	1	20	35	10	2	1	19	24	7	4	2	18
# Members in NF (non-Medicare paid days) (C)**	186	208	49	823	811	166	206	53	744	574	184	222	49	772	816
# Members in HCBS ** (C) - note: member can be included in more than one category listed below	196	547	149	2,390	1,218	190	532	157	2,223	1,217	278	586	159	2,275	1,189
# Members in Residential Setting ** (C)	94	69	80	575	866	78	68	82	537	874	97	66	83	539	846
# Members in Self-Direction ** (C)	53	227	23	956	229	55	198	28	896	233	61	253	32	904	232
# Members receiving other HCBS ** (C)	101	478	126	1,434	123	110	464	129	1,327	110	184	520	127	1,371	111
# Members in At-Risk ** (C)	225	104	94	1,052	1,038	227	116	94	1,056	1,029	246	115	93	1,067	1,046
# Members in Self-Direction ** (C)	138	43	29	405	676	146	54	30	408	663	149	55	29	495	672
# Members receiving other HCBS ** (C)	87	98	65	412	362	81	109	64	411	366	97	107	64	497	374
(* 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)*	357	62	10	2	50	62	79	622
PCPs - (accepting new members)	266	46	7	2	42	52	69	484
Specialists*	1,781	204	24	0	145	79	135	2,368
Specialists (accepting new members)	1,099	133	6	0	84	55	89	1,466
Behavioral Health*	519	109	6	2	51	76	64	827
Behavioral Health (accepting new members)	428	97	6	2	46	70	54	703
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	27	3	0	1	6	6	4	47
Residential Setting (CCFPH, E-ARCH, and ALF)	398	21	1	0	11	48	13	492
HCBS Providers (except residential settings and LTSS facilities)	32	10	3	3	6	11	5	70
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,090	196	16	15	135	111	112	1,675
<b>Totals</b>	<b>4,216</b>	<b>607</b>	<b>61</b>	<b>24</b>	<b>407</b>	<b>394</b>	<b>417</b>	<b>6,126</b>

\* 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	37,084	8,989	2,250	496	5,603	6,457	6,326	67,205

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	104	145	225	248	112	104	80	108

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)*	568	76	10	11	59	86	107	917
PCPs - (accepting new members)	353	51	9	6	50	68	96	633
Specialists*	1,631	231	59	8	144	227	247	2,547
Specialists (accepting new members)	1,631	231	59	8	144	227	247	2,547
Behavioral Health*	953	176	8	3	86	189	126	1,541
Behavioral Health (accepting new members)	953	176	8	3	86	189	126	1,541
Hospitals	13	2	1	1	3	1	5	26
LTSS Facilities (Hosp,NF)	26	2	1	0	3	5	1	38
Residential Setting (CCFPH, E-ARCH, and ALF)	537	27	1	0	11	70	22	668
HCBS Providers (except residential settings and LTSS facilities)	66	20	8	6	15	27	12	154
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,715	246	27	21	162	180	201	2,552
<b>Totals</b>	<b>5,509</b>	<b>780</b>	<b>115</b>	<b>50</b>	<b>483</b>	<b>785</b>	<b>721</b>	<b>8,443</b>

\* 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	98,618	11,267	777	143	10,739	26,926	17,418	165,888

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	174	148	78	13	182	313	163	181

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)*	151	54						205
PCPs - (accepting new members)	143	48						191
Specialists*	349	88						437
Specialists (accepting new members)	349	88						437
Behavioral Health*	96	19						115
Behavioral Health (accepting new members)	96	19						115
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	16	1						17
Residential Setting (CCFPH, E-ARCH, and ALF)	147	20						167
HCBS Providers (except residential settings and LTSS facilities)	57	14						71
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	105	35						140
<b>Totals</b>	<b>933</b>	<b>233</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,166</b>

\* 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	20,267	10,343						30,610

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	134	192	#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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	641	55	9	9	73	66	45	796
PCPs - (accepting new members)	390	33	9	9	56	28	36	561
Specialists*	1,184	106	13	4	117	75	69	1,568
Specialists (accepting new members)	716	87	13	4	55	66	61	1,002
Behavioral Health*	464	49	4	0	34	72	44	667
Behavioral Health (accepting new members)	449	34	3	0	34	68	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	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)	1,110	180	15	6	131	167	154	1,763
<b>Totals</b>	<b>4,235</b>	<b>444</b>	<b>45</b>	<b>21</b>	<b>385</b>	<b>482</b>	<b>350</b>	<b>5,962</b>

\* 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	24,507	4,180	446	93	2,050	4,897	2,964	39,137

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	45	76	50	10	28	74	66	49

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)*	700	73	8	8	99	83	57	1,028
PCPs - (accepting new members)	637	66	6	7	96	62	48	922
Specialists*	1,786	188	34	6	195	149	149	2,507
Specialists (accepting new members)	1,781	188	34	6	195	147	147	2,498
Behavioral Health*	661	126	28	0	40	100	54	1,009
Behavioral Health (accepting new members)	661	126	28	0	40	100	54	1,009
Hospitals	10	2	1	1	3	3	3	23
LTSS Facilities (Hosp,NF)	24	2	0	0	3	4	1	34
Residential Setting (CCFPH, E-ARCH, and ALF)	1,015	52	1	0	22	111	23	1,224
HCBS Providers (except residential settings and LTSS facilities)	56	7	0	0	7	11	2	83
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	200	33	3	2	20	23	15	296
<b>Totals</b>	<b>4,452</b>	<b>483</b>	<b>75</b>	<b>17</b>	<b>389</b>	<b>484</b>	<b>304</b>	<b>6,204</b>

\* 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	31,597	3,808	213	81	2,547	6,022	2,950	47,218

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	45	52	27	10	26	73	52	46

Note: RFP requirement is 300 members for every PCP

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

as of: **6/30/2018**

**ALOHA CARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	55	0	0	0	0	1	1	57
Network (provider look up, access)	286	10	3	0	5	9	2	315
Primary Care Physician Assignment or Change	358	41	5	1	27	39	16	487
NEMT (inquiry, scheduling) - <i>monthly report</i>	293	93	70	18	38	74	29	615
Authorization/Notification (prior auth status)	369	113	4	2	12	32	12	544
Eligibility (general plan eligibility, change request)	652	132	5	1	16	49	12	867
Benefits (coverage inquiry)	176	22	2	1	6	18	3	228
Enrollment (ID card request, update member information)	134	16	5	1	7	23	8	194
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	42	2	0	0	0	4	1	49
Billing/Payment/Claims	772	116	3	1	8	48	12	960
Appeals	4	1	0	0	0	0	0	5
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	333	250	3	1	0	10	2	599
<b>Totals</b>	<b>3,474</b>	<b>796</b>	<b>100</b>	<b>26</b>	<b>119</b>	<b>307</b>	<b>98</b>	<b>4,920</b>

**HMSA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	32	7	0	0	6	13	6	64
Network (provider look up, access)	43	12	2	0	8	11	5	81
Primary Care Physician Assignment or Change	1,144	133	10	0	193	307	258	2,045
NEMT (inquiry, scheduling) - <i>monthly report</i>	227	194	53	19	211	506	379	1,589
Authorization/Notification (prior auth status)	19	4	3	0	3	17	5	51
Eligibility (general plan eligibility, change request)	376	32	1	0	33	56	48	546
Benefits (coverage inquiry)	37	12	0	0	3	12	11	75
Enrollment (ID card request, update member information)	299	43	6	0	39	105	39	531
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	20	4	0	0	2	7	4	37
Billing/Payment/Claims	125	35	4	0	21	29	27	241
Appeals	0	0	0	0	0	0	0	0
Complaints and Grievances	5	2	0	0	0	5	1	13
Other	611	97	3	2	65	179	119	1,076
<b>Totals</b>	<b>2,938</b>	<b>575</b>	<b>82</b>	<b>21</b>	<b>584</b>	<b>1,247</b>	<b>902</b>	<b>6,349</b>

**KAISER**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	10	4	0	0	0	0	0	14
Network (provider look up, access)	56	20	0	0	0	0	0	76
Primary Care Physician Assignment or Change	0	0	0	0	0	0	0	0
NEMT (inquiry, scheduling) - <i>monthly report</i>	12	2	0	0	0	0	0	14
Authorization/Notification (prior auth status)	8	1	0	0	0	0	0	9
Eligibility (general plan eligibility, change request)	304	98	0	0	0	0	0	402
Benefits (coverage inquiry)	101	25	0	0	0	0	0	126
Enrollment (ID card request, update member information)	18	4	0	0	0	0	0	22
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	1	0	0	0	0	0	0	1
Billing/Payment/Claims	23	12	0	0	0	0	0	35
Appeals	6	1	0	0	0	0	0	7
Complaints and Grievances	6	2	0	0	0	0	0	8
Other	1	0	0	0	0	0	0	1
<b>Totals</b>	<b>540</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>709</b>

**OHANA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	345	41	3	3	15	83	37	527
Network (provider look up, access)	11	7	0	0	1	0	4	23
Primary Care Physician Assignment or Change	106	23	4	0	4	25	14	176
NEMT (inquiry, scheduling) - <i>monthly report</i>	2,018	466	77	36	2	80	31	2,710
Authorization/Notification (prior auth status)	23	39	18	2	9	36	22	149
Eligibility (general plan eligibility, change request)	88	16	7	0	2	23	5	141
Benefits (coverage inquiry)	97	12	2	2	3	19	13	148
Enrollment (ID card request, update member information)	309	41	6	0	20	76	44	496
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	120	18	3	0	5	35	15	196
Billing/Payment/Claims	42	4	3	0	2	8	2	61
Appeals	20	3	2	0	1	5	6	37
Complaints and Grievances	17	1	0	0	0	4	0	22
Other	591	96	34	1	28	121	63	934
<b>Totals</b>	<b>3,787</b>	<b>767</b>	<b>159</b>	<b>44</b>	<b>92</b>	<b>515</b>	<b>256</b>	<b>5,620</b>

**UNITED HEALTHCARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	139	16	3	0	8	25	17	<b>208</b>
Network (provider look up, access)	131	20	0	0	6	20	13	<b>190</b>
Primary Care Physician Assignment or Change	538	306	4	2	36	90	51	<b>1,027</b>
NEMT (inquiry, scheduling) - <i>monthly report</i>	44	6	0	1	6	19	11	<b>87</b>
Authorization/Notification (prior auth status)	62	40	2	0	21	47	41	<b>213</b>
Eligibility (general plan eligiblity, change request)	430	82	0	0	22	74	56	<b>664</b>
Benefits (coverage inquiry)	590	65	2	0	29	128	52	<b>866</b>
Enrollment (ID card request, update member information)	90	11	0	0	12	22	12	<b>147</b>
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	67	10	0	0	4	14	17	<b>112</b>
Billing/Payment/Claims	7	0	0	0	0	0	2	<b>9</b>
Appeals	4	0	0	0	5	3	0	<b>12</b>
Complaints and Grievances	14	3	0	0	0	6	3	<b>26</b>
Other	258	46	2	0	17	58	24	<b>405</b>
<b>Totals</b>	<b>2,374</b>	<b>605</b>	<b>13</b>	<b>3</b>	<b>166</b>	<b>506</b>	<b>299</b>	<b>3,966</b>

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)

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