

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jul-18					Aug-18					Sep-18				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Members</b>															
Medicaid	63,620	160,069	29,358	28,386	32,170	63,404	159,678	29,325	28,528	32,691	62,775	158,316	29,619	28,347	32,516
Duals	2,873	4,577	1,040	10,750	14,923	2,917	4,633	1,071	10,729	14,960	2,915	4,686	1,067	10,676	14,937
<b>Total</b>	<b>66,493</b>	<b>164,646</b>	<b>30,398</b>	<b>39,136</b>	<b>47,093</b>	<b>66,321</b>	<b>164,311</b>	<b>30,396</b>	<b>39,257</b>	<b>47,651</b>	<b>65,690</b>	<b>163,002</b>	<b>30,686</b>	<b>39,023</b>	<b>47,453</b>
<b># Network Providers</b>															
PCPs	620	919	204	795	1,016	626	917	205	792	1,015	622	919	210	793	1,014
PCPs - (accepting new members)	483	641	183	563	901	488	643	188	561	847	479	641	194	564	843
Specialists	2,361	2,522	437	1,558	2,511	2,350	2,504	439	1,554	2,545	2,354	2,522	444	1,552	2,567
Specialists (accepting new members)	1,468	2,522	437	1,002	2,497	1,475	2,504	439	996	2,520	1,482	2,522	444	996	2,542
Behavioral Health	821	1,526	116	667	1,009	820	1,530	115	667	1,034	818	1,526	117	665	1,033
Behavioral Health (accepting new members)	697	1,526	116	628	1,009	699	1,530	115	628	1,034	699	1,526	117	628	1,033
Hospitals	25	26	14	24	24	25	26	14	24	24	25	26	14	24	23
LTSS Facilities (Hosp w/ NF unit/NF)	47	37	17	38	33	47	37	16	38	33	47	37	16	38	33
Residential Setting (CCFFH, E-ARCH, and ALF)	492	674	171	1,013	1,244	489	646	171	1,013	1,258	488	674	182	1,013	1,266
HCBS Providers (except residential settings and LTSS facilities)	70	156	66	91	85	71	153	70	91	80	71	156	71	91	80
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,670	2,484	137	1,763	298	1,665	2,504	140	1,763	299	1,666	2,484	139	1,764	301
<b>Total # of providers</b>	<b>6,106</b>	<b>8,344</b>	<b>1,162</b>	<b>5,949</b>	<b>6,220</b>	<b>6,093</b>	<b>8,317</b>	<b>1,170</b>	<b>5,942</b>	<b>6,288</b>	<b>6,091</b>	<b>8,344</b>	<b>1,193</b>	<b>5,940</b>	<b>6,317</b>
<b>Call Center</b>															
# Member Calls	5,750	7,514	630	7,802	4,328	5,491	7,390	610	7,832	4,254	4,424	6,805	507	7,514	3,594
Avg. time until phone answered	0:00:43	0:00:10	0:00:04	0:00:19	0:00:28	0:00:42	0:00:15	0:00:02	0:00:22	0:00:19	0:00:39	0:00:10	0:00:08	0:00:20	0:00:16
Avg. time on phone with member	0:04:58	0:05:29	0:04:54	0:08:24	0:06:56	0:05:11	0:05:33	0:05:02	0:08:30	0:07:13	0:05:33	0:05:35	4:45:00	0:08:31	0:06:30
% of member calls abandoned (member hung up)	6%	1%	1%	3.0%	3%	6%	1.7%	1%	3.4%	2%	4.9%	1.5%	1%	3.8%	1.8%
# Provider Calls	7,623	5,422	161	3,641	3,323	6,954	5,375	166	3,850	3,568	7,258	4,940	138	3,523	3,094
Avg. time until phone answered	0:00:44	0:00:11	0:00:04	0:00:32	0:00:05	0:00:40	0:00:25	0:00:04	0:00:24	0:00:13	0:00:35	0:00:17	0:00:06	0:00:22	0:00:09
Avg. time on phone with provider	0:04:55	0:06:54	0:04:53	0:13:31	0:07:38	0:06:14	0:06:27	0:04:08	0:14:33	0:07:30	0:05:21	0:06:28	0:04:39	0:12:47	0:08:10
% of provider calls abandoned (provider hung up)	6.9%	1%	1%	2.6%	0.4%	5.6%	1.8%	1%	3.1%	0.5%	8.7%	1.15%	1%	2.8%	0.0%
<b>Medical Claims- Electronic</b>															
# Submitted, not able to get into system	2,225	1,067	8	3,620	4,237	2,415	1,346	10	3,895	3,442	2,087	1,385	18	3,622	4,679
# Received	44,634	145,240	1,959	56,864	64,407	48,429	144,451	2,163	59,194	69,543	43,391	135,095	2,945	54,570	82,189
# Paid	44,633	127,419	1,693	30,208	62,219	44,940	146,347	1,825	34,257	74,505	39,513	120,869	2,657	31,105	62,168
# In Process	5,512	46,624	33	22,739	10,400	7,699	34,859	68	20,517	19,389	9,267	40,171	106	18,938	23,943
# Denied	2,936	8,413	233	3,917	10,766	2,653	9,869	270	4,420	11,489	2,743	8,914	182	4,527	10,814
Avg time for processing claim in days	5	8	2	6	8	5	8	3	7	8	4	8	3	5	8
% of electronic claims processed in 30 days	99.1%	99%	100%	100%	99.8%	99.5%	99.5%	100%	100%	99.9%	99.9%	99.1%	100%	100%	99.8%
% of electronic claims processed in 90 days	99.8%	100%	100%	100%	99.99%	99.9%	100%	100%	100%	99.98%	99.9%	100%	100%	100%	99.99%
(month to date)															
<b>Medical Claims- Paper</b>															
# Submitted, not able to get into system	273	1,450	7	204	582	158	1,979	5	255	355	156	2,196	8	161	1,443
# Received	17,198	19,965	157	6,806	7,222	17,467	20,241	64	8,184	6,175	15,851	17,538	82	6,094	9,942
# Paid	15,774	14,505	143	2,010	6,326	14,668	21,178	50	2,560	7,282	14,370	16,228	71	1,297	6,315
# In Process	4,509	13,206	1	4,300	1,581	7,615	9,850	3	4,668	2,454	5,628	9,268	6	4,415	3,222
# Denied	2,749	1,416	13	496	1,954	2,492	2,419	11	956	1,952	2,505	1,905	5	382	1,963
Avg time for processing claim in days	9	17	4	13	9	10	17	3	12	10	10	16	4	7	10
% of electronic claims processed in 30 days	97.2%	96%	100%	100%	99.3%	96.9%	96.3%	100%	100%	99.2%	95.3%	95%	100%	100%	99.3%
% of electronic claims processed in 90 days	99.7%	100%	100%	100%	99.97%	99.5%	99.9%	100%	100%	100.00%	99.6%	100%	100%	100%	99.96%
<b>Prior Authorization (PA)- Electronic</b>															
# Received	96	2,017	545	235	2,310	107	2,041	582	231	2,382	90	1,976	556	134	2,387
# In Process	23	410	24	226	0	21	348	41	218	0	25	359	33	127	0
# Approved	71	1,816	503	206	2,122	86	1,926	526	207	2,176	65	1,813	514	126	1,865
# Denied	5	163	18	29	188	3	177	15	16	206	3	156	9	14	204
Avg time for PA in days	3	5	3	2	3	2	5	4	2	3	1	5	3	2	2
(month to date)															
<b>Prior Authorization (PA)- Paper and Telephone</b>															
# Received	1,561	642	0	1,862	87	1,413	545	0	1,862	87	1,355	406	0	1,648	78
# In Process	315	35	0	1,504	0	223	66	0	1,523	0	337	58	0	1,441	0
# Approved	1,233	601	0	1,815	72	1,177	468	0	1,809	73	994	375	0	1,719	68
# Denied	25	40	0	47	15	31	46	0	48	14	68	39	0	42	7
Avg time for PA in days	3	1	0	5	4	2	2	0	6	2	2	2	0	5	2
(month-to-date)															
<b># Non-Emergency Transports</b>															
Ground (# of round trips)	2,271	4,180	247	7,150	9,118	2,243	4,775	334	7,355	9,238	2,132	4,087	298	6,633	8,621
Air (by segment)	1,427	2,744	298	535	793	1,385	2,817	289	569	783	1,391	2,449	253	521	701
Public Transportation Pass (bus pass & handivan coupons)	712	869	851	1,910	1,062	995	862	391	1,993	912	874	914	526	1,900	906
<b># Member Grievances</b>															
# Received	31	14	20	25	41	33	14	18	17	36	50	7	13	23	35
# Resolved	15	11	13	17	38	31	10	24	26	40	28	10	13	17	31
# Outstanding	28	10	12	24	5	30	14	6	15	1	39	11	6	21	5
<b># Provider Grievances</b>															
# Received	8	1	0	55	3	4	0	0	50	0	5	1	0	34	1
# Resolved	0	1	0	52	2	0	0	0	44	0	0	1	0	49	3
# Outstanding	65	0	0	70	3	69	0	0	76	3	74	0	0	62	1

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
<b># Member Appeals</b>															
# Received	7	34	1	5	8	3	45	1	3	6	7	39	1	4	9
# Resolved	2	35	0	4	8	1	42	1	5	8	4	48	0	2	8
# Outstanding	5	14	1	14	10	7	17	1	12	8	4	8	2	4	9
<b># Provider Appeals</b>															
# Received	0	7	0	33	18	0	18	0	61	17	2	3	0	57	21
# Resolved	0	2	0	21	14	0	9	0	31	18	1	7	0	34	25
# Outstanding	0	52	0	128	27	0	61	0	158	26	1	57	0	3	22
<b>Utilization - based on Auth (A) or Claims (C)</b>															
Inpatient Acute Admits * (A) - per 1,000	76	84	4	116	194	73	89	3	108	190	69	83	4	116	124
Inpatient Acute Days * (A) - per 1,000	343	251	22	525	574	291	272	20	497	564	343	250	22	461	566
Readmissions within 30 days* (A)	29	143	18	55	44	35	178	15	52	36	28	138	23	59	26
ED Visits * (C) - per 1,000**	503	446	19	738	648	504	423	22	735	641	483	418	22	754	637
# Prescriptions (C) - per 1,000	8,285	9,944	593	12,542	12,560	8,834	10,289	626	12,684	12,336	8,527	9,634	557	11,990	14,705
Waitlisted Days * (A) - per 1,000	43	0	1	80	101	51	0	2	74	93	48	0	2	85	85
NF Admits * (A)	30	12	8	1	22	30	13	6	4	17	19	11	2	3	14
# Members in NF (non-Medicare paid days) (C)**	207	218	48	853	501	201	217	49	743	496	211	223	52	784	839
# Members in HCBS **(C)- note: member can be included in more than one category listed below	237	614	161	2,286	1,005	222	616	166	2,179	1,001	291	617	159	2,277	1,260
# Members in Residential Setting **(C)	107	73	87	549	705	99	72	89	491	700	111	72	90	520	870
# Members in Self-Direction **(C)	60	256	32	888	197	62	253	31	899	196	66	257	31	903	239
# Members receiving other HCBS **(C)	131	541	129	1,398	96	125	544	135	1,280	105	183	545	128	1,374	151
# Members in At-Risk ** (C)	259	125	96	997	928	275	130	98	1,064	927	304	207	98	901	1,066
# Members in Self-Direction **(C)	153	52	29	482	614	158	53	31	483	614	165	96	31	498	665
# Members receiving other HCBS **(C)	106	118	67	483	314	117	123	67	502	313	139	202	67	512	401
(* 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)	352	65	10	3	51	61	80	622
PCPs - (accepting new members)	261	47	6	3	43	51	68	479
Specialists*	1,766	202	24	0	144	80	138	2,354
Specialists (accepting new members)	1,104	134	10	0	84	56	94	1,482
Behavioral Health*	513	110	6	2	47	75	65	818
Behavioral Health (accepting new members)	424	99	6	2	44	70	54	699
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	0	3	0	1	6	6	4	47
Residential Setting (CCFPH, E-ARCH, and ALF)	395	21	1	0	11	47	13	488
HCBS Providers (except residential settings and LTSS facilities)	33	10	3	3	6	11	5	71
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,089	192	16	14	132	112	111	1,666
<b>Totals</b>	<b>4,187</b>	<b>605</b>	<b>61</b>	<b>24</b>	<b>400</b>	<b>393</b>	<b>421</b>	<b>6,091</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	36,215	8,693	2,245	477	5,553	6,328	6,179	65,690

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	103	134	225	159	109	104	77	106

Note: RFP requirement is 300 members for every PCP

**HMSA**

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	572	75	10	11	59	85	107	919
PCPs - (accepting new members)	362	51	9	6	50	67	96	641
Specialists*	1,621	228	60	8	141	216	248	2,522
Specialists (accepting new members)	1,621	228	60	8	141	216	248	2,522
Behavioral Health*	944	175	8	3	85	186	125	1,526
Behavioral Health (accepting new members)	944	175	8	3	85	186	125	1,526
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)	540	28	1	0	11	72	22	674
HCBS Providers (except residential settings and LTSS facilities)	68	20	8	6	15	27	12	156
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,679	241	27	21	149	178	189	2,484
<b>Totals</b>	<b>5,462</b>	<b>771</b>	<b>116</b>	<b>50</b>	<b>466</b>	<b>770</b>	<b>709</b>	<b>8,344</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	96,453	11,115	795	143	10,670	26,670	17,156	163,002

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	170	147	80	13	181	314	160	177

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)	153	57						210
PCPs - (accepting new members)	143	51						194
Specialists*	355	89						444
Specialists (accepting new members)	355	89						444
Behavioral Health*	97	20						117
Behavioral Health (accepting new members)	97	20						117
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	162	20						182
HCBS Providers (except residential settings and LTSS facilities)	56	15						71
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	106	33						139
<b>Totals</b>	<b>956</b>	<b>237</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,193</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	20,350	10,336						30,686

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	133	181	#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	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	533	54	9	9	76	66	46	793
PCPs - (accepting new members)	388	33	9	9	61	28	36	564
Specialists*	1,168	106	13	4	117	75	69	1,552
Specialists (accepting new members)	710	87	13	4	55	66	61	996
Behavioral Health*	462	49	4	0	34	72	44	665
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)	1,111	180	15	6	131	167	154	1,764
<b>Totals</b>	<b>4,210</b>	<b>443</b>	<b>45</b>	<b>21</b>	<b>388</b>	<b>482</b>	<b>351</b>	<b>5,940</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	24,533	4,097	447	95	2,033	4,865	2,953	39,023

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	46	76	50	11	27	74	64	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)	707	68	7	4	83	88	57	1,014
PCPs - (accepting new members)	597	56	5	2	72	65	46	843
Specialists*	1,846	190	35	4	192	150	150	2,567
Specialists (accepting new members)	1,833	190	35	4	192	144	144	2,542
Behavioral Health*	670	130	30	0	40	107	56	1,033
Behavioral Health (accepting new members)	670	130	30	0	40	107	56	1,033
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)	1,053	54	1	0	22	113	23	1,266
HCBS Providers (except residential settings and LTSS facilities)	50	7	1	0	8	11	3	80
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	202	35	3	2	20	23	16	301
<b>Totals</b>	<b>4,561</b>	<b>488</b>	<b>78</b>	<b>11</b>	<b>371</b>	<b>499</b>	<b>309</b>	<b>6,317</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	31,621	3,878	220	86	2,550	6,097	3,001	47,453

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	45	57	31	22	31	69	53	47

Note: RFP requirement is 300 members for every PCP

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

as of: **8/31/2018**

**ALOHA CARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	47	3	0	0	1	3	1	55
Network (provider look up, access)	188	10	1	1	6	9	3	218
Primary Care Physician Assignment or Change	360	43	15	2	25	52	24	521
NEMT (inquiry, scheduling) - <i>monthly report</i>	407	106	102	13	56	93	46	823
Authorization/Notification (prior auth status)	374	31	7	2	21	28	12	475
Eligibility (general plan eligibility, change request)	734	49	7	2	32	41	25	890
Benefits (coverage inquiry)	168	12	0	0	9	12	9	210
Enrollment (ID card request, update member information)	81	14	1	0	4	7	1	108
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	38	1	0	0	1	5	1	46
Billing/Payment/Claims	725	15	2	0	11	15	8	776
Appeals	3	1	0	0	0	0	0	4
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	364	2	2	0	2	4	2	376
<b>Totals</b>	<b>3,489</b>	<b>287</b>	<b>137</b>	<b>20</b>	<b>168</b>	<b>269</b>	<b>132</b>	<b>4,502</b>

**HMSA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	52	8	0	0	2	17	9	88
Network (provider look up, access)	102	14	0	0	5	23	13	157
Primary Care Physician Assignment or Change	1,195	161	8	1	150	309	264	2,088
NEMT (inquiry, scheduling) - <i>monthly report</i>	236	194	46	12	113	458	313	1,372
Authorization/Notification (prior auth status)	28	9	0	0	3	4	8	52
Eligibility (general plan eligibility, change request)	381	41	2	0	30	60	66	580
Benefits (coverage inquiry)	47	10	0	0	4	15	9	85
Enrollment (ID card request, update member information)	313	47	5	0	53	79	53	550
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	20	2	0	0	3	2	1	28
Billing/Payment/Claims	146	39	2	2	21	35	34	279
Appeals	3	1	0	0	0	1	1	6
Complaints and Grievances	7	0	1	0	0	2	2	12
Other	566	94	8	2	84	162	104	1,020
<b>Totals</b>	<b>3,096</b>	<b>620</b>	<b>72</b>	<b>17</b>	<b>468</b>	<b>1,167</b>	<b>877</b>	<b>6,317</b>

**KAISER**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	0	0						0
Network (provider look up, access)	53	19						72
Primary Care Physician Assignment or Change	2	1						3
NEMT (inquiry, scheduling) - <i>monthly report</i>	8	2						10
Authorization/Notification (prior auth status)	1	0						1
Eligibility (general plan eligibility, change request)	296	53						349
Benefits (coverage inquiry)	94	27						121
Enrollment (ID card request, update member information)	20	12						32
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	4	0						4
Billing/Payment/Claims	26	11						37
Appeals	0	0						0
Complaints and Grievances	5	1						6
Other	7	3						10
<b>Totals</b>	<b>516</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>645</b>

**OHANA**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	378	44	7	1	12	115	38	595
Network (provider look up, access)	24	5	0	0	3	4	4	40
Primary Care Physician Assignment or Change	102	18	2	0	8	54	18	202
NEMT (inquiry, scheduling) - <i>monthly report</i>	2,221	470	53	30	6	97	16	2,893
Authorization/Notification (prior auth status)	34	19	16	0	4	52	15	140
Eligibility (general plan eligibility, change request)	97	7	0	0	4	16	6	130
Benefits (coverage inquiry)	79	7	0	0	3	28	6	123
Enrollment (ID card request, update member information)	287	31	7	1	20	75	34	455
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	126	15	5	1	2	34	9	192
Billing/Payment/Claims	25	19	0	3	3	4	0	54
Appeals	27	5	0	0	1	6	4	43
Complaints and Grievances	5	3	0	0	1	5	1	15
Other	511	96	17	7	23	152	62	868
<b>Totals</b>	<b>3,916</b>	<b>739</b>	<b>107</b>	<b>43</b>	<b>90</b>	<b>642</b>	<b>213</b>	<b>5,750</b>

**UNITED HEALTHCARE**

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	136	37	0	3	5	16	10	207
Network (provider look up, access)	79	11	2	0	9	16	9	126
Primary Care Physician Assignment or Change	426	64	6	0	39	78	56	669
NEMT (inquiry, scheduling) - <i>monthly report</i>	35	5	4	2	6	8	8	68
Authorization/Notification (prior auth status)	52	30	4	4	5	45	32	172
Eligibility (general plan eligiblity, change request)	422	50	4	1	17	95	41	630
Benefits (coverage inquiry)	421	54	6	2	22	101	48	654
Enrollment (ID card request, update member information)	174	21	3	1	7	36	13	255
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	72	12	0	0	6	16	9	115
Billing/Payment/Claims	2	0	0	0	0	0	1	3
Appeals	4	1	0	0	1	4	1	11
Complaints and Grievances	12	2	0	0	1	3	2	20
Other	234	30	1	2	7	54	38	366
<b>Totals</b>	<b>2,069</b>	<b>317</b>	<b>30</b>	<b>15</b>	<b>125</b>	<b>472</b>	<b>268</b>	<b>3,296</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