

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

| | Oct-17 | | | | | Nov-17 | | | | | Dec-17 | | | | |
|---|---------------|----------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| # Members | | | | | | | | | | | | | | | |
| Medicaid | 66,687 | 161,301 | 29,166 | 30,448 | 31,433 | 67,025 | 161,781 | 29,162 | 30,142 | 32,288 | 67,665 | 162,626 | 29,353 | 30,435 | 32,921 |
| Duals | 2,680 | 3,979 | 902 | 11,958 | 15,261 | 2,726 | 4,016 | 913 | 11,761 | 15,154 | 2,703 | 3,982 | 914 | 11,702 | 15,168 |
| Total | 69,367 | 165,280 | 30,068 | 42,406 | 46,694 | 69,751 | 165,797 | 30,075 | 41,903 | 47,442 | 70,368 | 166,608 | 30,267 | 42,137 | 48,089 |
| # Network Providers | | | | | | | | | | | | | | | |
| PCPs | 616 | 919 | 206 | 791 | 1,462 | 616 | 920 | 206 | 790 | 1,453 | 617 | 923 | 206 | 788 | 1,152 |
| PCPs - (accepting new members) | 468 | 575 | 192 | 545 | 1,169 | 468 | 554 | 192 | 544 | 1,338 | 472 | 591 | 192 | 543 | 1,032 |
| Specialists | 2,285 | 2,539 | 429 | 1,564 | 2,291 | 2,297 | 2,604 | 427 | 1,562 | 2,292 | 2,326 | 2,616 | 427 | 1,562 | 2,678 |
| Specialists (accepting new members) | 1,360 | 2,539 | 429 | 1,001 | 2,463 | 1,383 | 2,604 | 427 | 1,001 | 2,284 | 1,408 | 2,616 | 427 | 1,001 | 2,667 |
| Behavioral Health | 821 | 1,535 | 99 | 663 | 945 | 828 | 1,558 | 103 | 662 | 987 | 827 | 1,563 | 103 | 662 | 990 |
| Behavioral Health (accepting new members) | 685 | 1,535 | 99 | 628 | 945 | 689 | 1,558 | 103 | 627 | 987 | 693 | 1,563 | 103 | 627 | 990 |
| Hospitals | 25 | 26 | 14 | 24 | 23 | 25 | 26 | 14 | 24 | 23 | 25 | 26 | 14 | 24 | 23 |
| LTSS Facilities (Hosp w/ NF unit/NF) | 49 | 37 | 17 | 38 | 33 | 49 | 37 | 17 | 38 | 34 | 49 | 37 | 17 | 38 | 34 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 490 | 663 | 144 | 1,013 | 1,193 | 492 | 664 | 138 | 1,013 | 1,197 | 512 | 668 | 143 | 1,013 | 1,207 |
| HCBS Providers (except residential settings and LTSS facilities) | 63 | 153 | 62 | 91 | 80 | 65 | 151 | 62 | 91 | 81 | 64 | 151 | 62 | 91 | 82 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | 1,631 | 2,521 | 138 | 1,806 | 278 | 1,644 | 2,586 | 138 | 1,809 | 281 | 1,667 | 2,627 | 139 | 1,809 | 284 |
| Total # of providers | 5,980 | 8,393 | 1,109 | 5,990 | 6,305 | 6,016 | 8,546 | 1,105 | 5,989 | 6,348 | 6,087 | 8,611 | 1,111 | 5,987 | 6,450 |
| Call Center | | | | | | | | | | | | | | | |
| # Member Calls | 6,208 | 7,071 | 633 | 7,958 | 4,597 | 4,887 | 6,084 | 544 | 7,444 | 4,274 | 4,469 | 6,373 | 617 | 6,955 | 3,834 |
| Avg. time until phone answered | 0:00:19 | 0:00:29 | 0:00:04 | 0:00:17 | 0:00:06 | 0:00:21 | 0:00:27 | 0:00:06 | 0:00:21 | 0:00:28 | 0:00:29 | 0:00:16 | 0:00:05 | 0:00:22 | 0:00:04 |
| Avg. time on phone with member | 0:03:45 | 6:49 | 4:24 | 0:08:38 | 0:05:45 | 0:03:59 | 6:43 | 4:41 | 0:09:21 | 0:05:26 | 0:03:50 | 6:54 | 4:51 | 0:08:48 | 0:06:57 |
| % of member calls abandoned (member hung up) | 6% | 3% | 1% | 2% | 0.40% | 3% | 3% | 1% | 2% | 3% | 5% | 2% | 1% | 2% | 0.4% |
| # Provider Calls | 7,347 | 7,052 | 166 | 4,457 | 4,193 | 7,019 | 6,320 | 149 | 3,866 | 4,005 | 6,762 | 6,471 | 146 | 3,759 | 3,772 |
| Avg. time until phone answered | 0:00:20 | 0:00:29 | 0:00:05 | 0:00:23 | 0:00:01 | 0:00:19 | 0:00:31 | 0:00:07 | 0:00:22 | 0:00:01 | 0:00:28 | 0:00:27 | 0:00:06 | 0:00:09 | 0:00:02 |
| Avg. time on phone with provider | 0:03:44 | 6:36 | 3:29 | 0:12:28 | 0:07:53 | 0:03:42 | 6:31 | 3:17 | 0:12:48 | 0:07:32 | 0:03:54 | 6:51 | 3:45 | 0:12:50 | 0:07:43 |
| % of provider calls abandoned (provider hung up) | 4% | 2% | 1% | 3% | 0.1% | 4% | 3% | 1% | 3% | 0.1% | 6% | 2% | 1% | 2% | 0.1% |
| Medical Claims- Electronic | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 2,453 | 1,802 | 7 | 3,788 | 1,731 | 4,015 | 1,428 | 6 | 3,753 | 1,620 | 1,834 | 1,088 | 8 | 3,237 | 1,498 |
| # Received | 47,805 | 146,343 | 2,142 | 67,095 | 86,545 | 47,529 | 137,735 | 2,281 | 63,211 | 80,987 | 43,999 | 134,266 | 1,901 | 61,169 | 74,914 |
| # Paid | 46,860 | 126,158 | 1,756 | 42,998 | 75,363 | 46,132 | 149,754 | 1,994 | 38,364 | 86,172 | 36,126 | 120,326 | 1,600 | 41,245 | 82,125 |
| # In Process | 7,279 | 50,779 | 44 | 19,166 | 30,699 | 6,116 | 28,644 | 35 | 18,531 | 25,995 | 11,938 | 35,080 | 31 | 15,753 | 24,063 |
| # Denied | 3,064 | 7,837 | 342 | 4,931 | 3,982 | 2,394 | 10,116 | 252 | 6,316 | 4,316 | 2,248 | 7,501 | 270 | 4,171 | 3,812 |
| Avg time for processing claim in days | 6 | 8 | 4 | 7 | 7 | 5 | 8 | 4 | 7 | 9 | 6 | 8 | 4 | 7 | 9 |
| % of electronic claims processed in 30 days | 99% | 99% | 100% | 100% | 95% | 99% | 99% | 99% | 100% | 95% | 97% | 99% | 99% | 100% | 93% |
| % of electronic claims processed in 90 days | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 96% | 100% | 100% | 100% | 100% | 94% |
| (month to date) | | | | | | | | | | | | | | | |
| Medical Claims- Paper | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 250 | 1,411 | 4 | 222 | 221 | 244 | 1,703 | 4 | 178 | 211 | 191 | 1,707 | 7 | 181 | 197 |
| # Received | 18,764 | 20,045 | 74 | 8,534 | 11,058 | 18,244 | 18,107 | 48 | 10,399 | 10,525 | 16,961 | 17,001 | 95 | 7,532 | 9,862 |
| # Paid | 16,345 | 17,782 | 62 | 3,344 | 9,708 | 16,545 | 17,863 | 43 | 2,717 | 10,580 | 12,434 | 14,352 | 87 | 3,260 | 10,269 |
| # In Process | 8,342 | 9,575 | 3 | 4,334 | 4,089 | 6,866 | 7,750 | 1 | 4,727 | 4,736 | 9,595 | 8,659 | 1 | 3,218 | 4,368 |
| # Denied | 2,516 | 2,128 | 9 | 856 | 1,126 | 3,075 | 2,061 | 4 | 2,955 | 972 | 2,214 | 1,741 | 7 | 1,054 | 905 |
| Avg time for processing claim in days | 13 | 14 | 8 | 12 | 9 | 12 | 15 | 5 | 11 | 10 | 14 | 14 | 3 | 11 | 9 |
| % of electronic claims processed in 30 days | 96% | 92% | 100% | 100% | 96% | 95% | 94% | 100% | 100% | 94% | 94% | 94% | 100% | 100% | 95% |
| % of electronic claims processed in 90 days | 100% | 99.5% | 100% | 100% | 98% | 100% | 99.9% | 100% | 100% | 97% | 100% | 99.7% | 100% | 100% | 97% |
| Prior Authorization (PA)- Electronic | | | | | | | | | | | | | | | |
| # Received | 144 | 2,129 | 489 | 216 | 2,138 | 99 | 2,005 | 426 | 157 | 1,753 | 102 | 1,889 | 386 | 157 | 1,672 |
| # In Process | 19 | 379 | 5 | 6 | 0 | 11 | 351 | 24 | 6 | 0 | 10 | 273 | 11 | 7 | 0 |
| # Approved | 124 | 1,958 | 464 | 182 | 1,887 | 87 | 1,850 | 388 | 144 | 1,549 | 91 | 1,736 | 363 | 135 | 1,434 |
| # Denied | 3 | 172 | 20 | 34 | 251 | 2 | 182 | 14 | 12 | 204 | 2 | 232 | 12 | 18 | 238 |
| Avg time for PA in days | 2 | 5 | 2 | 1 | 3 | 1 | 5 | 3 | 1 | 3 | 2 | 4 | 3 | 8 | 3 |
| (month to date) | | | | | | | | | | | | | | | |
| Prior Authorization (PA)- Paper and Telephone | | | | | | | | | | | | | | | |
| # Received | 1,740 | 556 | 0 | 1,388 | 161 | 1,686 | 522 | 0 | 1,348 | 174 | 1,330 | 507 | 0 | 1,597 | 137 |
| # In Process | 277 | 35 | 0 | 429 | 0 | 236 | 44 | 0 | 432 | 0 | 145 | 34 | 0 | 441 | 0 |
| # Approved | 1,418 | 529 | 0 | 1,349 | 155 | 1,423 | 481 | 0 | 1,332 | 170 | 1,141 | 473 | 0 | 1,577 | 134 |
| # Denied | 67 | 37 | 0 | 38 | 6 | 56 | 29 | 0 | 13 | 4 | 58 | 44 | 0 | 11 | 3 |
| Avg time for PA in days | 2 | 2 | 0 | 8 | 5 | 1 | 2 | 0 | 9 | 6 | 1 | 2 | 0 | 11 | 5 |
| (month-to-date) | | | | | | | | | | | | | | | |
| # Non-Emergency Transports | | | | | | | | | | | | | | | |
| Ground (# of round trips) | 1,792 | 3,797 | 263 | 6,836 | 9,288 | 2,011 | 3,099 | 230 | 6,598 | 8,948 | 1,924 | 2,954 | 164 | 6,422 | 8,585 |
| Air (by segment) | 1,329 | 3,289 | 6 | 626 | 787 | 1,341 | 2,843 | 4 | 580 | 765 | 1,144 | 2,094 | 1 | 501 | 730 |
| Public Transportation Pass (bus pass & handivan coupons) | 435 | 393 | 316 | 2,157 | 1,234 | 673 | 406 | 413 | 2,601 | 1,169 | 253 | 260 | 402 | 2,195 | 1,158 |
| # Member Grievances | | | | | | | | | | | | | | | |
| # Received | 39 | 10 | 8 | 24 | 39 | 24 | 10 | 15 | 22 | 30 | 16 | 22 | 14 | 20 | 32 |
| # Resolved | 40 | 14 | 11 | 29 | 43 | 28 | 8 | 8 | 22 | 38 | 15 | 18 | 22 | 20 | 29 |
| # Outstanding | 15 | 5 | 8 | 36 | 8 | 11 | 7 | 15 | 36 | 0 | 12 | 11 | 7 | 36 | 3 |

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| | Oct-17 | | | | | Nov-17 | | | | | Dec-17 | | | | |
|--|-----------|--------|--------|--------|--------|-----------|--------|--------|--------|--------|-----------|--------|--------|--------|--------|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| # Provider Grievances | | | | | | | | | | | | | | | |
| # Received | 1 | 0 | 0 | 39 | 5 | 1 | 0 | 0 | 35 | 2 | 0 | 1 | 0 | 36 | 2 |
| # Resolved | 0 | 0 | 0 | 25 | 1 | 0 | 0 | 0 | 27 | 3 | 0 | 0 | 0 | 30 | 0 |
| # Outstanding | 1 | 0 | 0 | 58 | 4 | 2 | 0 | 0 | 66 | 3 | 2 | 1 | 0 | 72 | 1 |
| # Member Appeals | | | | | | | | | | | | | | | |
| # Received | 5 | 52 | 1 | 3 | 4 | 5 | 54 | 0 | 7 | 4 | 7 | 40 | 1 | 4 | 10 |
| # Resolved | 6 | 54 | 1 | 7 | 9 | 3 | 43 | 0 | 6 | 4 | 4 | 48 | 1 | 3 | 7 |
| # Outstanding | 2 | 15 | 1 | 5 | 2 | 4 | 26 | 0 | 6 | 2 | 7 | 18 | 1 | 7 | 5 |
| # Provider Appeals | | | | | | | | | | | | | | | |
| # Received | 0 | 2 | 0 | 42 | 29 | 0 | 2 | 0 | 25 | 18 | 0 | 12 | 0 | 25 | 17 |
| # Resolved | 0 | 0 | 0 | 36 | 19 | 0 | 0 | 0 | 27 | 16 | 0 | 1 | 0 | 44 | 39 |
| # Outstanding | 0 | 24 | 0 | 39 | 63 | 0 | 26 | 0 | 31 | 65 | 0 | 37 | 0 | 12 | 43 |
| Utilization - based on Auth (A) or Claims (C) | | | | | | | | | | | | | | | |
| Inpatient Acute Admits * (A) - per 1,000 | 75 | 83 | 3 | 69 | 148 | 76 | 76 | 3 | 75 | 132 | 61 | 83 | 3 | 104 | 134 |
| Inpatient Acute Days * (A) - per 1,000 | 341 | 249 | 12 | 609 | 726 | 337 | 218 | 15 | 655 | 619 | 292 | 254 | 19 | 643 | 619 |
| Readmissions within 30 days* (A) | 31 | 142 | 13 | 42 | 40 | 34 | 150 | 14 | 29 | 45 | 29 | 141 | 17 | 70 | 29 |
| ED Visits * (C) - per 1,000** | 503 | 441 | 21 | 754 | 742 | 519 | 453 | 24 | 721 | 709 | 535 | 461 | 25 | 715 | 677 |
| # Prescriptions (C) - per 1,000 | 8,601 | 10,047 | 630 | 12,576 | 12,033 | 8,300 | 10,068 | 633 | 12,400 | 12,448 | 8,217 | 10,010 | 625 | 12,251 | 12,279 |
| Waitlisted Days * (A) - per 1,000 | 35 | 0 | 1 | 167 | 80 | 39 | 0 | 2 | 69 | 86 | 40 | 0 | 2 | 67 | 104 |
| NF Admits * (A) | 29 | 11 | 1 | 5 | 16 | 24 | 7 | 2 | 0 | 13 | 19 | 12 | 8 | 2 | 14 |
| # Members in NF (non-Medicare paid days) (C)** | 162 | 192 | 41 | 919 | 527 | 170 | 202 | 43 | 892 | 847 | 172 | 196 | 46 | 907 | 827 |
| # Members in HCBS **(C)- note: member can be included in more than one category listed below | 173 | 464 | 125 | 2405 | 1,215 | 166 | 459 | 124 | 2,395 | 1,234 | 225 | 447 | 122 | 2,390 | 1,208 |
| # Members in Residential Setting **(C) | 81 | 68 | 62 | 596 | 917 | 83 | 72 | 73 | 600 | 902 | 96 | 73 | 68 | 597 | 863 |
| # Members in Self-Direction **(C) | 34 | 170 | 24 | 930 | 214 | 35 | 175 | 24 | 921 | 216 | 37 | 172 | 20 | 929 | 230 |
| # Members receiving other HCBS **(C) | 92 | 398 | 101 | 1475 | 85 | 84 | 389 | 100 | 1,474 | 116 | 131 | 376 | 102 | 1,461 | 115 |
| # Members in At-Risk ** (C) | 197 | 90 | 82 | 1,256 | 780 | 192 | 93 | 93 | 1,237 | 913 | 195 | 90 | 92 | 1,282 | 988 |
| # Members in Self-Direction **(C) | 131 | 30 | 31 | 488 | 640 | 126 | 38 | 31 | 485 | 596 | 124 | 42 | 30 | 477 | 669 |
| # Members receiving other HCBS **(C) | 66 | 82 | 51 | 494 | 140 | 66 | 86 | 62 | 488 | 317 | 71 | 84 | 62 | 482 | 319 |
| (* 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) | 93 | 19 | 3 | 0 | 8 | 12 | 11 | 145 |
| PCPs - (accepting new members) | 245 | 51 | 8 | 2 | 41 | 56 | 69 | 472 |
| Specialists* | 693 | 74 | 18 | 0 | 63 | 28 | 42 | 918 |
| Specialists (accepting new members) | 1,058 | 122 | 6 | 0 | 91 | 49 | 82 | 1,408 |
| Behavioral Health* | 98 | 12 | 0 | 0 | 6 | 8 | 10 | 134 |
| Behavioral Health (accepting new members) | 428 | 93 | 6 | 2 | 44 | 65 | 55 | 693 |
| Hospitals | 12 | 2 | 1 | 1 | 3 | 1 | 5 | 25 |
| LTSS Facilities (Hosp,NF) | 28 | 3 | 0 | 1 | 6 | 6 | 5 | 49 |
| Residential Setting (CCFPH, E-ARCH, and ALF) | 410 | 24 | 1 | 0 | 12 | 51 | 14 | 512 |
| HCBS Providers (except residential settings and LTSS facilities) | 30 | 8 | 3 | 3 | 5 | 10 | 5 | 64 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | 1,082 | 205 | 17 | 14 | 134 | 115 | 100 | 1,667 |
| Totals | 2,446 | 346 | 43 | 19 | 237 | 231 | 192 | 3,514 |

* 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 | 38,727 | 9,556 | 2,276 | 523 | 5,924 | 6,832 | 6,530 | 70,368 |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|-----------------------------|------|------|---------|---------|-------|-------------|-------------|--------|
| Members per PCP | 416 | 531 | 759 | #DIV/0! | 741 | 569 | 594 | 485 |

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) | 558 | 76 | 10 | 9 | 64 | 96 | 110 | 923 |
| PCPs - (accepting new members) | 324 | 40 | 10 | 4 | 54 | 67 | 92 | 591 |
| Specialists* | 1,649 | 239 | 57 | 5 | 153 | 233 | 280 | 2,616 |
| Specialists (accepting new members) | 1,649 | 239 | 57 | 5 | 153 | 233 | 280 | 2,616 |
| Behavioral Health* | 973 | 183 | 8 | 2 | 91 | 180 | 126 | 1,563 |
| Behavioral Health (accepting new members) | 973 | 183 | 8 | 2 | 91 | 180 | 126 | 1,563 |
| Hospitals | 13 | 2 | 1 | 1 | 3 | 1 | 5 | 26 |
| LTSS Facilities (Hosp,NF) | 25 | 2 | 1 | 1 | 3 | 5 | 1 | 37 |
| Residential Setting (CCFPH, E-ARCH, and ALF) | 541 | 25 | 1 | 1 | 12 | 70 | 19 | 668 |
| 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) | 1,747 | 263 | 29 | 20 | 169 | 181 | 218 | 2,627 |
| Totals | 5,569 | 811 | 115 | 43 | 510 | 792 | 771 | 8,611 |

* 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 | 99,428 | 11,351 | 805 | 143 | 10,694 | 26,964 | 17,223 | 166,608 |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|-----------------------------|------|------|---------|-------|-------|-------------|-------------|--------|
| Members per PCP | 178 | 149 | 81 | 16 | 167 | 281 | 157 | 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) | 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 (CCFPH, E-ARCH, and ALF) | 121 | 22 | | | | | | 143 |
| 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) | 107 | 32 | | | | | | 139 |
| Totals | 891 | 220 | 0 | 0 | 0 | 0 | 0 | 1,111 |

* 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 | 20,023 | 10,244 | | | | | | 30,267 |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|-----------------------------|------|------|---------|---------|---------|-------------|-------------|--------|
| Members per PCP | 132 | 190 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 147 |

Note: RFP requirement is 300 members for every PCP

OHANA

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|-----------|-----------|------------|-------------|-------------|--------------|
| PCPs - (Traditional) | 531 | 57 | 9 | 7 | 70 | 57 | 44 | 786 |
| PCPs - (accepting new members) | 378 | 33 | 9 | 7 | 52 | 30 | 34 | 543 |
| 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 (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) | 1,156 | 180 | 15 | 6 | 131 | 167 | 154 | 1,809 |
| Totals | 4,265 | 442 | 45 | 19 | 382 | 485 | 349 | 5,987 |

* 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 | 26,359 | 4,588 | 465 | 94 | 2,204 | 5,282 | 3,145 | 42,137 |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|-----------------------------|------|------|---------|-------|-------|-------------|-------------|--------|
| Members per PCP | 50 | 80 | 52 | 13 | 31 | 75 | 71 | 53 |

Note: RFP requirement is 300 members for every PCP

UNITED HEALTHCARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|-----------|-----------|------------|-------------|-------------|--------------|
| PCPs - (Traditional) | 808 | 78 | 7 | 7 | 107 | 82 | 63 | 1,152 |
| PCPs - (accepting new members) | 730 | 70 | 5 | 7 | 104 | 62 | 54 | 1,032 |
| Specialists* | 1,935 | 175 | 44 | 6 | 214 | 143 | 161 | 2,678 |
| Specialists (accepting new members) | 1,929 | 175 | 44 | 6 | 213 | 141 | 159 | 2,667 |
| Behavioral Health* | 655 | 121 | 28 | 0 | 39 | 94 | 53 | 990 |
| Behavioral Health (accepting new members) | 655 | 121 | 28 | 0 | 39 | 94 | 53 | 990 |
| 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) | 1,005 | 45 | 0 | 0 | 21 | 113 | 23 | 1,207 |
| HCBS Providers (except residential settings and LTSS facilities) | 55 | 7 | 0 | 0 | 7 | 11 | 2 | 82 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | 193 | 29 | 3 | 2 | 18 | 24 | 15 | 284 |
| Totals | 4,685 | 459 | 83 | 16 | 412 | 474 | 321 | 6,450 |

* 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 | 31,939 | 4,074 | 234 | 81 | 2,651 | 6,080 | 3,030 | 48,089 |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|-----------------------------|------|------|---------|-------|-------|-------------|-------------|--------|
| Members per PCP | 40 | 52 | 33 | 12 | 25 | 74 | 48 | 42 |

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **12/31/2017**

ALOHA CARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|-----------|-----------|------------|-------------|-------------|--------------|
| Pharmacy - (claim, coverage, access) | 30 | 4 | 0 | 2 | 2 | 4 | 0 | 42 |
| Network (provider look up, access) | 120 | 9 | 4 | 0 | 4 | 9 | 3 | 149 |
| Primary Care Physician Assignment or Change | 210 | 39 | 6 | 2 | 13 | 41 | 18 | 329 |
| NEMT (inquiry, scheduling) - <i>monthly report</i> | 167 | 33 | 51 | 8 | 21 | 47 | 18 | 345 |
| Authorization/Notification (prior auth status) | 332 | 43 | 7 | 3 | 34 | 39 | 5 | 463 |
| Eligibility (general plan eligibility, change request) | 432 | 46 | 7 | 2 | 20 | 42 | 13 | 562 |
| Benefits (coverage inquiry) | 135 | 11 | 6 | 3 | 17 | 21 | 5 | 198 |
| Enrollment (ID card request, update member information) | 191 | 34 | 3 | 3 | 16 | 22 | 5 | 274 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 9 | 5 | 0 | 0 | 1 | 4 | 0 | 19 |
| Billing/Payment/Claims | 502 | 42 | 3 | 5 | 31 | 72 | 4 | 659 |
| Appeals | 4 | 0 | 0 | 1 | 0 | 1 | 0 | 6 |
| Complaints and Grievances | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 1,011 | 37 | 3 | 2 | 8 | 21 | 4 | 1,086 |
| Totals | 3,143 | 303 | 90 | 31 | 167 | 323 | 75 | 4,132 |

HMSA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|-----------|-----------|------------|-------------|-------------|--------------|
| Pharmacy - (claim, coverage, access) | 70 | 7 | 0 | 0 | 3 | 7 | 17 | 104 |
| Network (provider look up, access) | 18 | 3 | 0 | 0 | 0 | 3 | 5 | 29 |
| Primary Care Physician Assignment or Change | 1,175 | 164 | 6 | 0 | 185 | 281 | 229 | 2,040 |
| NEMT (inquiry, scheduling) - <i>monthly report</i> | 100 | 125 | 47 | 11 | 127 | 300 | 205 | 915 |
| Authorization/Notification (prior auth status) | 28 | 4 | 2 | 0 | 3 | 10 | 13 | 60 |
| Eligibility (general plan eligibility, change request) | 348 | 42 | 0 | 1 | 31 | 76 | 50 | 548 |
| Benefits (coverage inquiry) | 100 | 24 | 0 | 0 | 14 | 20 | 21 | 179 |
| Enrollment (ID card request, update member information) | 282 | 42 | 4 | 0 | 36 | 77 | 35 | 476 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 32 | 4 | 0 | 0 | 2 | 6 | 8 | 52 |
| Billing/Payment/Claims | 148 | 20 | 0 | 0 | 20 | 40 | 34 | 262 |
| Appeals | 3 | 2 | 0 | 0 | 0 | 1 | 1 | 7 |
| Complaints and Grievances | 10 | 4 | 0 | 0 | 2 | 9 | 6 | 31 |
| Other | 574 | 93 | 5 | 1 | 47 | 125 | 108 | 953 |
| Totals | 2,888 | 534 | 64 | 13 | 470 | 955 | 732 | 5,656 |

KAISER

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|------------|------------|----------|----------|----------|-------------|-------------|------------|
| Pharmacy - (claim, coverage, access) | 8 | 2 | 0 | 0 | 0 | 0 | 0 | 10 |
| Network (provider look up, access) | 97 | 26 | 0 | 0 | 0 | 0 | 0 | 123 |
| Primary Care Physician Assignment or Change | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| NEMT (inquiry, scheduling) - <i>monthly report</i> | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| Authorization/Notification (prior auth status) | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Eligibility (general plan eligibility, change request) | 232 | 79 | 0 | 0 | 0 | 0 | 0 | 311 |
| Benefits (coverage inquiry) | 125 | 35 | 0 | 0 | 0 | 0 | 0 | 160 |
| Enrollment (ID card request, update member information) | 29 | 13 | 0 | 0 | 0 | 0 | 0 | 42 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 6 | 4 | 0 | 0 | 0 | 0 | 0 | 10 |
| Billing/Payment/Claims | 38 | 20 | 0 | 0 | 0 | 0 | 0 | 58 |
| Appeals | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Complaints and Grievances | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Other | 13 | 8 | 0 | 0 | 0 | 0 | 0 | 21 |
| Totals | 575 | 188 | 0 | 0 | 0 | 0 | 0 | 763 |

OHANA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|------------|-----------|------------|-------------|-------------|--------------|
| Pharmacy - (claim, coverage, access) | 322 | 55 | 3 | 2 | 12 | 91 | 36 | 521 |
| Network (provider look up, access) | 14 | 5 | 4 | 0 | 0 | 8 | 2 | 33 |
| Primary Care Physician Assignment or Change | 72 | 18 | 1 | 0 | 18 | 33 | 17 | 159 |
| NEMT (inquiry, scheduling) - <i>monthly report</i> | 2017 | 445 | 74 | 39 | 11 | 50 | 22 | 2,658 |
| Authorization/Notification (prior auth status) | 46 | 30 | 10 | 3 | 6 | 69 | 28 | 192 |
| Eligibility (general plan eligibility, change request) | 67 | 12 | 0 | 0 | 8 | 18 | 8 | 113 |
| Benefits (coverage inquiry) | 89 | 10 | 4 | 0 | 5 | 22 | 7 | 137 |
| Enrollment (ID card request, update member information) | 257 | 31 | 5 | 2 | 17 | 55 | 27 | 394 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 153 | 20 | 6 | 0 | 10 | 51 | 17 | 257 |
| Billing/Payment/Claims | 34 | 16 | 1 | 0 | 2 | 27 | 12 | 92 |
| Appeals | 27 | 9 | 0 | 1 | 1 | 7 | 3 | 48 |
| Complaints and Grievances | 17 | 3 | 0 | 0 | 1 | 2 | 4 | 27 |
| Other | 494 | 106 | 20 | 4 | 39 | 163 | 66 | 892 |
| Totals | 3,609 | 760 | 128 | 51 | 130 | 596 | 249 | 5,523 |

UNITED HEALTHCARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|--------------|------------|-----------|-----------|------------|----------------|----------------|--------------|
| Pharmacy - (claim, coverage, access) | 142 | 39 | 0 | 0 | 7 | 32 | 14 | 234 |
| Network (provider look up, access) | 142 | 16 | 0 | 0 | 7 | 35 | 17 | 217 |
| Primary Care Physician Assignment or Change | 629 | 53 | 1 | 0 | 47 | 151 | 69 | 950 |
| NEMT (inquiry, scheduling) - <i>monthly report</i> | 28 | 15 | 3 | 1 | 10 | 29 | 24 | 110 |
| Authorization/Notification (prior auth status) | 35 | 22 | 3 | 0 | 20 | 54 | 30 | 164 |
| Eligibility (general plan eligiblity, change request) | 420 | 89 | 0 | 0 | 27 | 100 | 58 | 694 |
| Benefits (coverage inquiry) | 610 | 76 | 4 | 4 | 51 | 144 | 55 | 944 |
| Enrollment (ID card request, update member information) | 31 | 2 | 0 | 0 | 3 | 11 | 5 | 52 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 102 | 15 | 0 | 0 | 12 | 36 | 25 | 190 |
| Billing/Payment/Claims | 3 | 3 | 0 | 0 | 1 | 5 | 1 | 13 |
| Appeals | 3 | 4 | 0 | 0 | 2 | 2 | 0 | 11 |
| Complaints and Grievances | 6 | 4 | 0 | 0 | 2 | 0 | 2 | 14 |
| Other | 586 | 97 | 6 | 6 | 61 | 162 | 76 | 994 |
| Totals | 2,737 | 435 | 17 | 11 | 250 | 761 | 376 | 4,587 |

| 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