

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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	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		3	5	1	37
Residential Setting (CCFPH, E-ARCH, and ALF)	541	25	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