

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-18					Feb-18					Mar-18				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	65,702	164,650	30,904	28,867	32,104	65,808	165,079	30,930	28,946	32,436	65,638	164,815	30,817	28,662	32,161
Duals	2,700	4,304	982	11,227	15,353	2,720	4,367	1,005	11,125	15,330	2,787	4,430	1,012	11,052	15,263
Total	68,402	168,954	31,886	40,094	47,457	68,528	169,446	31,935	40,071	47,766	68,425	169,245	31,829	39,714	47,424
# Network Providers															
PCPs	626	929	202	791	1,146	627	928	201	804	1,146	632	921	202	803	1,110
PCPs - (accepting new members)	481	607	191	546	1,025	482	611	189	560	1,026	488	615	190	559	998
Specialists	2,351	2,610	431	1,564	2,689	2,353	2,590	428	1,564	2,711	2,356	2,562	434	1,565	2,651
Specialists (accepting new members)	1,429	2,610	431	1,001	2,678	1,435	2,590	428	1,001	2,699	1,444	2,562	434	1,000	2,637
Behavioral Health	827	1,557	102	662	1,010	826	1,557	107	662	1,017	829	1,548	111	664	1,013
Behavioral Health (accepting new members)	694	1,557	102	627	1,010	693	1,557	107	627	1,017	698	1,548	111	627	1,013
Hospitals	25	26	14	24	23	25	26	14	24	23	25	26	14	24	24
LTSS Facilities (Hosp w/ NF unit/NF)	49	37	17	38	34	49	37	17	38	34	49	37	17	38	33
Residential Setting (CCFFH, E-ARCH, and ALF)	512	672	134	1,013	1,217	505	677	138	1,013	1,227	503	664	151	1,013	1,195
HCBS Providers (except residential settings and LTSS facilities)	65	149	63	91	83	65	149	63	91	82	66	153	64	91	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,678	2,619	138	1,807	284	1,674	2,653	139	1,767	289	1,677	2,552	141	1,763	289
Total # of providers	6,133	8,599	1,101	5,990	6,486	6,124	8,617	1,107	5,963	6,529	6,137	8,463	1,134	5,961	6,396
Call Center															
# Member Calls	6,003	9,123	862	8,322	4,888	5,415	7,199	498	7,325	4,230	5,559	7,493	515	7,439	3,961
Avg. time until phone answered	0:01:09	0:00:52	0:00:06	0:00:14	0:00:07	0:01:08	0:01:01	0:00:04	0:00:17	0:00:17	0:00:51	0:01:11	0:00:04	0:00:13	0:00:10
Avg. time on phone with member	0:04:32	0:07:12	5:10:00	0:08:32	0:06:06	0:05:04	0:06:40	4:50:00	0:09:13	0:07:15	0:04:54	0:06:40	5:04:00	0:05:54	0:07:20
% of member calls abandoned (member hung up)	10%	6%	1%	1%	1%	11%	6%	1%	1%	2%	6.33%	6.65%	1.00%	2%	1%
# Provider Calls	8,490	7,896	163	4,820	4,206	8,249	7,055	107	3,995	3,715	8,363	7,814	169	4,036	4,190
Avg. time until phone answered	0:01:09	0:01:34	0:00:07	0:00:18	0:00:07	0:01:09	0:01:44	0:00:05	0:00:23	0:00:06	0:00:49	0:01:43	0:00:04	0:00:16	0:00:04
Avg. time on phone with provider	0:04:10	0:06:59	3:50:00	0:13:00	0:08:15	0:04:27	0:06:55	3:34:00	0:13:02	0:07:50	0:04:33	0:06:52	3:48:00	0:13:37	0:07:50
% of provider calls abandoned (provider hung up)	11%	7%	1%	2%	0.60%	11%	7%	1%	2%	0.60%	7.89%	7.93%	1%	2%	0.30%
Medical Claims- Electronic															
# Submitted, not able to get into system	2,928	1,353	12	3,792	1,493	2,110	1,213	6	3,698	1,506	2,292	1,357	10	4,418	1,604
# Received	46,642	150,836	2,335	64,226	74,629	41,405	136,570	1,891	74,875	75,284	48,602	154,715	2,264	66,384	80,181
# Paid	43,159	116,457	1,873	39,672	82,125	40,329	129,776	1,583	39,374	82,125	48,788	165,888	1,926	41,368	76,437
# In Process	15,286	60,389	59	20,075	29,096	12,588	57,435	32	29,335	29,353	9,659	34,098	10	19,510	23,938
# Denied	2,098	9,071	403	4,479	4,030	1,911	9,748	335	6,166	4,065	2,778	12,164	328	5,506	3,939
Avg time for processing claim in days	5	8	3	6	10	6	8	3	6	10	6	8	3	7	8
% of electronic claims processed in 30 days	98%	98%	100%	100%	93%	99%	99%	100%	100%	93%	97%	99%	100%	100%	99.6%
% of electronic claims processed in 90 days	100%	100%	100%	100%	94%	100%	100%	100%	100%	94%	100%	100%	100%	100%	99.9%
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	224	1,236	14	189	195	214	1,595	4	196	197	332	2,578	8	223	196
# Received	22,601	19,817	55	7,740	9,736	19,289	18,546	106	9,204	9,859	20,045	19,596	82	7,804	9,777
# Paid	17,454	13,426	37	3,384	10,269	15,699	16,381	99	2,293	10,269	19,422	22,863	73	2,666	9,123
# In Process	12,686	13,313	2	3,410	5,557	13,072	13,674	2	6,142	5,628	9,590	7,653	2	4,203	4,247
# Denied	2,746	1,734	16	946	1,090	2,863	1,804	5	769	1,104	4,259	2,754	7	935	1,070
Avg time for processing claim in days	14	16	5	10	13	16	18	1	10	14	16	15	2	12	10
% of electronic claims processed in 30 days	93%	93%	100%	100%	95%	96%	93%	100%	100%	95%	91%	95%	100%	100%	98%
% of electronic claims processed in 90 days	100%	100%	100%	100%	97%	100%	100%	100%	100%	97%	100%	100%	100%	100%	99.8%
Prior Authorization (PA)- Electronic															
# Received	97	2,018	588	122	2,193	83	1,898	540	140	1,920	124	1,768	2,102	118	2,150
# In Process	9	421	20	13	0	10	403	29	16	0	21	112	381	16	0
# Approved	80	1,717	559	118	1,943	69	1,764	495	134	1,680	101	1,893	1,962	118	1,891
# Denied	9	153	9	1	250	6	152	16	3	240	9	166	162	0	259
Avg time for PA in days	3	4	2	12	3	5	5	2	5	3	5	4	5	4	4
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,193	651	0	1,215	174	1,318	661	0	1,092	200	1,537	666	0	1,312	166
# In Process	127	58	0	445	0	183	63	0	468	0	223	21	0	487	0
# Approved	1,033	600	0	1,189	171	1,197	620	0	1,044	198	1,279	668	0	1,273	163
# Denied	68	30	0	11	3	45	36	0	25	2	73	40	0	20	3
Avg time for PA in days	3	2	0	10	9	4	3	0	8	8	4	1	0	7	8
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	1,688	3,846	236	7,155	9,036	1,839	3,638	202	6,519	8,466	2,109	4,054	229	8,533	8,548
Air (by segment)	1,267	2,978	46	564	743	1,129	2,577	53	458	707	1,381	2,645	223	575	744
Public Transportation Pass (bus pass & handivan coupons)	603	543	364	2,156	1,114	375	388	447	2,086	1,158	445	958	391	2,226	1,125
# Member Grievances															
# Received	17	17	7	32	30	25	12	16	31	46	26	15	7	25	37
# Resolved	13	20	12	22	23	13	11	9	27	44	30	13	16	36	35
# Outstanding	16	8	2	46	10	28	9	9	50	12	24	11	0	39	14

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Provider Grievances															
# Received	0	0	0	41	0	9	0	0	37	1	12	2	0	31	0
# Resolved	0	1	0	40	1	0	0	0	33	0	0	2	0	64	0
# Outstanding	2	0	0	75	0	11	0	0	79	1	23	0	0	46	1
# Member Appeals															
# Received	6	33	0	6	4	8	40	0	2	5	2	51	2	5	4
# Resolved	7	37	1	7	4	3	31	0	2	5	9	52	1	2	2
# Outstanding	6	14	0	6	5	11	23	0	6	5	4	22	1	9	7
# Provider Appeals															
# Received	0	1	0	21	39	0	3	0	57	25	0	2	0	28	28
# Resolved	0	0	0	15	41	0	1	0	22	17	0	1	0	27	49
# Outstanding	0	38	0	25	41	0	40	0	60	49	0	41	0	61	28
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	73	82	3	74	128	71	71	4	84	116	71	84	4	78	126
Inpatient Acute Days * (A) - per 1,000	334	254	15	469	646	309	196	20	577	535	329	242	21	440	601
Readmissions within 30 days* (A)	42	164	13	59	35	41	104	16	47	32	30	145	19	39	47
ED Visits * (C) - per 1,000**	569	475	26	781	733	518	438	22	698	669	544	449	26	703	726
# Prescriptions (C) - per 1,000	8,726	10,621	683	12,990	13,194	8,313	9,605	611	11,574	11,610	8,747	10,675	657	12,764	12,513
Waitlisted Days * (A) - per 1,000	38	0	2	69	132	45	0	3	51	86	43	0	3	67	101
NF Admits * (A)	24	11	6	0	15	22	9	3	0	11	24	7	6	1	17
# Members in NF (non-Medicare paid days) (C)**	179	204	45	873	828	165	205	52	829	835	210	200	53	749	908
# Members in HCBS **(C)- note: member can be included in more than one category listed below	208	524	125	2344	1,233	194	529	132	2316	1,226	215	503	132	2250	1287
# Members in Residential Setting **(C)	88	66	72	593	886	82	66	75	543	887	91	60	79	476	931
# Members in Self-Direction **(C)	47	176	22	896	228	52	177	21	913	223	49	197	26	923	232
# Members receiving other HCBS **(C)	123	458	103	1448	119	115	463	111	1403	118	126	443	106	1327	124
# Members in At-Risk **(C)	191	92	93	1231	992	191	102	94	1129	984	201	92	96	1067	1014
# Members in Self-Direction **(C)	115	45	30	465	639	119	42	28	495	649	127	36	29	415	682
# Members receiving other HCBS **(C)	76	87	63	472	353	72	97	66	513	335	74	87	67	417	332

(* 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	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	353	74	10	2	74	10	63	632
PCPs - (accepting new members)	259	57	7	2	42	52	69	488
Specialists*	1,776	202	24	0	145	80	129	2,356
Specialists (accepting new members)	1,085	132	6	0	84	52	85	1,444
Behavioral Health*	527	108	6	2	50	72	64	829
Behavioral Health (accepting new members)	431	96	6	2	44	65	54	698
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)	407	21	1	0	12	48	14	503
HCBS Providers (except residential settings and LTSS facilities)	31	9	3	3	5	10	5	66
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,097	198	16	14	136	112	104	1,677
Totals	4,231	617	61	23	407	392	406	6,137

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	37,642	9,234	2,312	518	5,789	6,549	6,381	68,425

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	107	125	231	259	116	104	80	108

Note: RFP requirement is 300 members for every PCP

HMSA

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	567	75	9	10	60	91	109	921
PCPs - (accepting new members)	341	50	8	5	51	67	93	615
Specialists*	1,621	233	54	6	144	234	270	2,562
Specialists (accepting new members)	1,621	233	54	6	144	234	270	2,562
Behavioral Health*	964	181	8	2	88	183	122	1,548
Behavioral Health (accepting new members)	964	181	8	2	88	183	122	1,548
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)	536	26	1	0	12	70	19	664
HCBS Providers (except residential settings and LTSS facilities)	66	20	8	6	15	26	12	153
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,708	244	28	21	163	181	207	2,552
Totals	5,500	783	110	46	488	791	745	8,463

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	101,091	11,405	799	143	10,917	27,292	17,596	169,243

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	178	152	89	14	182	300	161	178

Note: RFP requirement is 300 members for every PCP

KAISER

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	149	53						202
PCPs - (accepting new members)	141	49						190
Specialists*	349	85						434
Specialists (accepting new members)	349	85						434
Behavioral Health*	93	18						111
Behavioral Health (accepting new members)	93	18						111
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	16	1						17
Residential Setting (CCFPH, E-ARCH, and ALF)	133	18						151
HCBS Providers (except residential settings and LTSS facilities)	53	11						64
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	106	35						141
Totals	911	223	0	0	0	0	0	1,134

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	21,000	10,829						31,829

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	141	204	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	158

Note: RFP requirement is 300 members for every PCP

OHANA

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	574	57	9	8	71	89	46	854
PCPs - (accepting new members)	391	33	9	8	53	29	36	559
Specialists*	1,181	106	13	4	117	75	69	1,565
Specialists (accepting new members)	714	87	13	4	55	66	61	1,000
Behavioral Health*	462	49	4	0	34	71	44	664
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)	1,110	180	15	6	131	167	154	1,763
Totals	4,233	446	45	20	383	483	351	5,961

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	24,909	4,231	454	94	2,106	4,933	2,987	39,714

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	46	74	50	12	30	73	65	49

Note: RFP requirement is 300 members for every PCP

UNITED HEALTHCARE

# Network Providers by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)*	770	76	8	7	106	81	62	1,110
PCPs - (accepting new members)	694	69	7	7	104	61	56	998
Specialists*	1,904	185	41	6	213	145	157	2,651
Specialists (accepting new members)	1,896	185	41	6	212	145	154	2,637
Behavioral Health*	667	122	29	0	40	101	54	1,013
Behavioral Health (accepting new members)	667	122	29	0	40	101	54	1,013
Hospitals	11	2	1	1	3	3	3	24
LTSS Facilities (Hosp,NF)	23	2	0	0	3	4	1	33
Residential Setting (CCFPH, E-ARCH, and ALF)	993	50	0	0	22	108	22	1,195
HCBS Providers (except residential settings and LTSS facilities)	54	7	0	0	7	11	2	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	193	33	3	2	20	23	15	289
Totals	4,615	477	82	16	414	476	316	6,396

* A provider may be counted once per island that they provide services.

# Members by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	31,713	3,850	210	80	2,557	6,013	3,001	47,424

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	41	51	26	11	24	74	48	43

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **3/31/2018**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	41	5	0	0	0	2	0	48
Network (provider look up, access)	168	9	3	0	5	13	7	205
Primary Care Physician Assignment or Change	324	63	5	2	24	48	21	487
NEMT (inquiry, scheduling) - <i>monthly report</i>	259	95	55	13	31	68	59	580
Authorization/Notification (prior auth status)	566	60	11	8	21	23	22	711
Eligibility (general plan eligibility, change request)	949	79	7	1	34	80	17	1,167
Benefits (coverage inquiry)	101	13	1	0	6	25	7	153
Enrollment (ID card request, update member information)	69	18	3	1	8	16	7	122
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	35	3	0	0	3	2	0	43
Billing/Payment/Claims	819	34	4	4	24	57	12	954
Appeals	3	1	0	0	0	0	0	4
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	335	7	3	0	8	13	5	371
Totals	3,669	387	92	29	164	347	157	4,845

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	69	8	0	0	7	16	13	113
Network (provider look up, access)	22	9	0	0	3	3	9	46
Primary Care Physician Assignment or Change	1,286	176	9	1	166	338	279	2,255
NEMT (inquiry, scheduling) - <i>monthly report</i>	246	181	55	19	153	485	325	1,464
Authorization/Notification (prior auth status)	27	10	0	1	3	8	9	58
Eligibility (general plan eligibility, change request)	372	60	1	1	30	77	51	592
Benefits (coverage inquiry)	103	22	1	0	15	25	17	183
Enrollment (ID card request, update member information)	372	46	2	0	42	114	57	633
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	52	8	0	0	1	9	11	81
Billing/Payment/Claims	184	23	3	0	17	54	30	311
Appeals	0	1	0	0	0	0	0	1
Complaints and Grievances	3	0	0	0	0	6	7	16
Other	689	105	11	2	81	173	118	1,179
Totals	3,425	649	82	24	518	1,308	926	6,932

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	6	2	0	0	0	0	0	8
Network (provider look up, access)	56	21	0	0	0	0	0	77
Primary Care Physician Assignment or Change	3	2	0	0	0	0	0	5
NEMT (inquiry, scheduling) - <i>monthly report</i>	9	0	0	0	0	0	0	9
Authorization/Notification (prior auth status)	1	3	0	0	0	0	0	4
Eligibility (general plan eligibility, change request)	242	74	0	0	0	0	0	316
Benefits (coverage inquiry)	135	24	0	0	0	0	0	159
Enrollment (ID card request, update member information)	24	7	0	0	0	0	0	31
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	4	0	0	0	0	0	0	4
Billing/Payment/Claims	36	16	0	0	0	0	0	52
Appeals	1	0	0	0	0	0	0	1
Complaints and Grievances	3	0	0	0	0	0	0	3
Other	14	1	0	0	0	0	0	15
Totals	534	150	0	0	0	0	0	684

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	364	57	7	4	15	107	37	591
Network (provider look up, access)	22	3	2	0	0	4	1	32
Primary Care Physician Assignment or Change	106	23	6	0	8	25	10	178
NEMT (inquiry, scheduling) - <i>monthly report</i>	2,225	503	90	45	5	54	20	2,942
Authorization/Notification (prior auth status)	34	35	32	4	9	53	21	188
Eligibility (general plan eligibility, change request)	58	11	1	0	3	10	10	93
Benefits (coverage inquiry)	78	15	6	1	1	24	11	136
Enrollment (ID card request, update member information)	285	38	7	1	9	71	25	436
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	127	20	12	2	2	38	12	213
Billing/Payment/Claims	42	8	0	0	0	11	7	68
Appeals	33	6	0	2	1	12	7	61
Complaints and Grievances	8	3	1	0	0	10	0	22
Other	583	84	42	11	12	135	78	945
Totals	3,965	806	206	70	65	554	239	5,905

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	151	27	0	0	15	50	15	258
Network (provider look up, access)	109	17	0	0	12	21	26	185
Primary Care Physician Assignment or Change	637	94	4	0	81	148	298	1,262
NEMT (inquiry, scheduling) - <i>monthly report</i>	39	5	2	1	9	26	16	98
Authorization/Notification (prior auth status)	60	54	7	2	22	80	33	258
Eligibility (general plan eligiblity, change request)	397	45	0	2	36	93	52	625
Benefits (coverage inquiry)	600	69	3	0	37	126	67	902
Enrollment (ID card request, update member information)	116	16	1	0	9	25	11	178
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	86	14	0	0	8	21	15	144
Billing/Payment/Claims	3	0	0	0	0	1	0	4
Appeals	7	1	0	0	2	0	0	10
Complaints and Grievances	14	1	0	0	1	8	0	24
Other	318	40	3	0	20	40	34	455
Totals	2,537	383	20	5	252	639	567	4,403

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