

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Oct-18					Nov-18					Dec-18				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	62,320	157,556	29,268	28,656	32,861	62,007	156,333	28,370	28,845	32,942	61,469	155,439	28,130	28,942	33,282
Duals	2,978	4,733	1,063	10,678	14,951	2,996	4,776	1,066	10,640	14,976	3,005	4,840	1,080	10,588	14,797
Total	65,298	162,289	30,331	39,334	47,812	65,003	161,309	29,436	39,485	47,918	64,474	160,279	29,210	39,530	48,079
# Network Providers															
PCPs	616	945	213	790	994	611	952	219	786	994	622	954	221	784	959
PCPs - (accepting new members)	484	727	198	564	836	478	740	205	561	836	479	742	207	562	565
Specialists	2,349	2,579	449	1,540	2,565	2,325	2,595	455	1,535	2,565	2,354	2,610	459	1,535	2,610
Specialists (accepting new members)	1,488	2,579	449	989	2,541	1,473	2,595	455	984	2,541	1,482	2,610	459	984	2,271
Behavioral Health	804	1,537	119	663	1,027	769	1,526	119	663	1,027	818	1,530	120	663	1,024
Behavioral Health (accepting new members)	690	1,537	119	626	1,027	663	1,526	119	626	1,027	699	1,530	120	626	980
Hospitals	25	27	14	24	23	25	27	14	24	23	25	27	14	24	23
LTSS Facilities (Hosp w/ NF unit/NF)	47	37	16	38	33	47	37	16	38	33	47	37	16	38	33
Residential Setting (CCFFH, E-ARCH, and ALF)	487	647	187	1,013	1,266	487	652	186	1,013	1,267	488	654	193	1,013	1,283
HCBS Providers (except residential settings and LTSS facilities)	71	153	71	91	81	72	151	71	91	80	71	150	71	91	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,661	2,179	140	1,764	306	1,633	2,176	140	1,764	306	1,666	2,175	140	1,764	312
Total # of providers	6,060	8,104	1,209	5,923	6,295	5,969	8,116	1,220	5,914	6,295	6,091	8,137	1,234	5,912	6,325
Call Center															
# Member Calls	5,595	7,977	639	9,155	4,866	4,271	6,270	521	7,763	4,508	3,701	7,527	454	6,794	4,049
Avg. time until phone answered	0:00:30	0:00:22	0:00:02	0:00:35	0:00:25	0:00:32	0:00:23	0:00:05	0:00:20	0:00:15	0:00:17	0:00:26	0:00:06	0:00:31	0:00:03
Avg. time on phone with member	0:05:16	0:05:38	0:05:11	0:08:30	0:06:10	0:05:23	0:05:43	0:05:27	0:08:13	0:07:48	0:05:40	0:05:36	5:30:00	0:09:20	0:06:54
% of member calls abandoned (member hung up)	5.7%	2.8%	1%	4.6%	2.1%	6.4%	3.1%	1%	3.2%	1.2%	3.1%	3.5%	1%	4.4%	0.1%
# Provider Calls	8,698	5,954	163	4,848	3,780	8,077	5,569	112	4,127	3,299	6,449	5,015	105	3,345	2,949
Avg. time until phone answered	0:00:27	0:00:27	0:00:02	0:01:08	0:00:14	0:00:30	0:00:25	0:00:04	0:00:15	0:00:22	0:00:16	0:00:23	0:00:06	0:00:35	0:00:04
Avg. time on phone with provider	0:05:15	0:06:29	0:04:52	0:13:59	0:08:12	0:05:27	0:06:39	0:05:06	0:13:10	0:07:43	0:05:08	0:06:23	0:04:31	0:13:07	0:06:32
% of provider calls abandoned (provider hung up)	11.0%	2.03%	1%	6.1%	0.1%	12.4%	2.07%	1%	2.5%	0.1%	5.2%	1.95%	1%	4.3%	0.2%
Medical Claims- Electronic															
# Submitted, not able to get into system	2,173	1,360	12	3,861	4,961	1,709	1,724	18	3,425	3,819	1,718	1,398	13	3,325	3,319
# Received	51,579	156,991	3,664	71,339	81,882	47,575	142,114	3,338	70,011	72,360	45,396	137,957	3,440	61,422	86,703
# Paid	47,933	128,221	3,320	37,631	74,505	46,744	154,317	2,931	38,645	63,008	40,769	123,458	3,165	38,348	69,846
# In Process	9,265	59,925	111	25,610	36,173	10,522	36,592	115	20,964	52,882	9,835	42,244	31	17,622	52,921
# Denied	2,417	9,015	233	8,098	11,489	2,369	11,130	292	10,403	12,670	2,318	8,847	244	5,452	9,551
Avg time for processing claim in days	4	8	2	7	8	4	9	2	10	9	4	8	2	7	9
% of electronic claims processed in 30 days	99.1%	99.0%	100%	100%	99.9%	99.0%	98.9%	100%	100%	99.7%	99.5%	98.7%	100%	100%	99.8%
% of electronic claims processed in 90 days (month to date)	99.8%	100%	100%	100%	99.97%	99.6%	100%	100%	100%	99.99%	99.9%	100%	100%	100%	99.95%
Medical Claims- Paper															
# Submitted, not able to get into system	146	2,495	10	189	1,271	476	1,957	8	197	1,864	106	1,788	15	145	1,411
# Received	19,264	20,122	56	7,058	8,303	16,064	17,805	56	5,699	8,101	18,100	17,230	85	5,651	10,537
# Paid	14,393	16,364	53	2,533	7,282	14,886	18,264	52	1,720	6,465	13,525	13,645	72	2,087	7,497
# In Process	8,221	11,109	0	3,541	4,653	7,055	8,595	1	3,508	5,947	9,255	10,547	2	2,980	5,952
# Denied	2,207	1,919	3	984	1,952	2,268	2,055	3	471	1,812	2,567	1,633	11	584	2,017
Avg time for processing claim in days	10	16	3	13	11	12	17	5	13	11	13	16	5	11	13
% of electronic claims processed in 30 days	96.7%	95%	100%	100%	99.2%	95.9%	95%	100%	100%	99.1%	92.2%	94.6%	100%	100%	98.8%
% of electronic claims processed in 90 days	99.4%	99.9%	100%	100%	100%	99.5%	99.8%	100%	100%	99.98%	98.8%	99.8%	100%	100%	99.97%
Prior Authorization (PA)- Electronic															
# Received	162	2,317	549	198	2,254	108	1,805	520	179	2,053	97	1,704	470	183	2,241
# In Process	36	441	2	179	0	19	263	19	168	0	15	208	18	172	0
# Approved	123	2,048	538	173	2,061	81	1,776	482	163	1,844	82	1,598	452	161	1,738
# Denied	3	201	9	12	193	28	207	19	22	209	4	161	24	19	221
Avg time for PA in days (month to date)	1	5	3	2	1	2	4	3	2	2	2	4	3	2	2
Prior Authorization (PA)- Paper and Telephone															
# Received	1,645	565	0	2,107	128	1,313	489	0	1,943	74	1,237	476	0	1,942	57
# In Process	417	75	0	1,854	0	235	71	0	1,817	0	227	95	0	1,788	0
# Approved	1,197	479	0	1,989	123	1,035	431	0	1,998	70	1,082	421	0	1,866	42
# Denied	43	69	0	48	5	101	62	0	56	4	73	31	0	30	6
Avg time for PA in days (month-to-date)	2	3	0	4	2	2	2	0	3	2	2	2	0	2	1
# Non-Emergency Transports															
Ground (# of round trips)	2,367	5,161	348	7,426	9,808	2,984	5,684	377	6,818	9,465	2,342	3,915	360	6,705	9,162
Air (by segment)	1,765	3,097	257	626	878	1,881	2,638	266	639	781	1,218	1,231	226	509	685
Public Transportation Pass (bus pass & handivan coupons)	1,338	1,111	547	2,160	1,068	1,161	815	529	1,985	1,068	1,295	939	440	1,955	1,132
# Member Grievances															
# Received	37	20	12	23	38	23	11	16	16	33	21	13	7	18	24
# Resolved	36	15	13	22	40	25	16	15	26	36	26	19	10	13	24
# Outstanding	28	16	5	21	3	26	11	6	11	0	21	5	3	16	0

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Provider Grievances															
# Received	4	0	0	36	1	6	0	0	10	0	5	0	0	7	0
# Resolved	30	0	0	38	0	11	0	0	34	1	5	0	0	26	1
# Outstanding	2	0	0	58	2	0	0	0	34	1	0	0	0	15	0
# Member Appeals															
# Received	4	39	1	7	9	6	47	2	5	10	8	44	1	5	9
# Resolved	2	33	2	5	6	7	45	1	6	6	5	44	2	5	12
# Outstanding	6	14	1	6	12	5	16	2	5	16	8	16	1	5	13
# Provider Appeals															
# Received	7	1	0	96	32	5	1	0	121	27	5	7	0	125	26
# Resolved	11	10	0	56	32	7	11	0	25	14	2	4	0	51	20
# Outstanding	8	48	0	136	22	6	38	0	232	35	9	41	0	306	41
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	61	89	4	114	171	64	81	4	114	151	66	89	4	108	159
Inpatient Acute Days * (A) - per 1,000	321	256	22	473	621	312	211	23	503	661	317	275	23	403	630
Readmissions within 30 days* (A)	24	155	23	65	27	31	143	25	60	44	42	173	15	43	45
ED Visits * (C) - per 1,000**	522	428	22	729	665	482	429	24	717	680	488	433	23	692	635
# Prescriptions (C) - per 1,000	9,100	10,444	557	13,042	16,174	8,638	10,065	613	12,198	14,998	7,840	9,619	592	12,034	14,559
Waitlisted Days * (A) - per 1,000	39	0	2	117	77	23	0	2	61	118	39	0	4	85	118
NF Admits * (A)	38	16	2	2	14	38	12	2	4	21	31	16	1	0	18
# Members in NF (non-Medicare paid days) (C)**	216	213	56	838	814	222	210	53	781	830	218	223	51	778	814
# Members in HCBS **(C)- note: member can be included in more than one category listed below	233	621	159	2,284	1,381	311	634	156	2,233	1,391	326	499	166	2,204	1,345
# Members in Residential Setting **(C)	120	78	90	536	869	120	89	103	494	876	112	88	94	483	855
# Members in Self-Direction **(C)	71	277	29	868	314	80	285	29	901	296	75	176	30	879	297
# Members receiving other HCBS **(C)	120	543	130	1,416	198	193	545	127	1,332	220	216	411	136	1,325	193
# Members in At-Risk ** (C)	314	221	98	929	949	340	238	104	937	966	320	284	105	982	946
# Members in Self-Direction **(C)	177	98	29	478	614	184	105	30	488	599	182	119	29	468	596
# Members receiving other HCBS **(C)	137	214	69	496	335	156	231	74	497	367	138	267	76	482	350
(* 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)	352	85	10	3	51	61	80	622
PCPs - (accepting new members)	261	47	6	3	43	51	68	479
Specialists*	1,766	202	24	0	144	80	138	2,354
Specialists (accepting new members)	1,104	134	10	0	84	56	94	1,482
Behavioral Health*	513	110	6	2	47	75	65	818
Behavioral Health (accepting new members)	424	99	6	2	44	70	54	699
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	0	3	0	1	6	6	4	47
Residential Setting (CCFPH, E-ARCH, and ALF)	395	21	1	0	11	47	13	488
HCBS Providers (except residential settings and LTSS facilities)	33	10	3	3	6	11	5	71
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,089	192	16	14	132	112	111	1,666
Totals	4,187	605	61	24	400	393	421	6,091

* 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	35,543	8,503	2,231	449	5,393	6,285	6,070	64,474

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	101	131	223	150	106	103	76	104

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)	596	85	10	15	60	83	105	954
PCPs - (accepting new members)	444	66	8	10	51	67	96	742
Specialists*	1,664	228	64	10	158	226	260	2,610
Specialists (accepting new members)	1,664	228	64	10	158	226	260	2,610
Behavioral Health*	938	180	8	5	87	182	130	1,530
Behavioral Health (accepting new members)	938	180	8	5	87	182	130	1,530
Hospitals	14	2	1	1	3	1	5	27
LTSS Facilities (Hosp,NF)	25	2	1	0	3	5	1	37
Residential Setting (CCFPH, E-ARCH, and ALF)	520	26	1	0	12	71	24	654
HCBS Providers (except residential settings and LTSS facilities)	67	19	8	6	15	24	11	150
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,443	219	28	19	138	143	185	2,175
Totals	5,267	761	121	56	476	735	721	8,137

* 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	94,290	11,163	802	136	10,521	26,481	16,886	160,279

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	158	131	80	9	175	319	161	168

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)	162	59						221
PCPs - (accepting new members)	154	53						207
Specialists*	365	94						459
Specialists (accepting new members)	365	94						459
Behavioral Health*	100	20						120
Behavioral Health (accepting new members)	99	20						119
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	173	20						193
HCBS Providers (except residential settings and LTSS facilities)	56	15						71
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	106	34						140
Totals	989	245	0	0	0	0	0	1,234

* 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	13,361	9,849						23,210

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	120	167	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	132

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)	533	52	9	10	72	62	46	784
PCPs - (accepting new members)	390	31	9	10	58	28	36	562
Specialists*	1,155	106	13	4	113	75	69	1,535
Specialists (accepting new members)	700	87	13	4	53	66	61	984
Behavioral Health*	460	49	4	0	34	72	44	663
Behavioral Health (accepting new members)	447	34	3	0	34	68	40	626
Hospitals	11	2	1	1	3	1	5	24
LTSS Facilities (Hosp,NF)	23	3	1	1	5	2	3	38
Residential Setting (CCFPH, E-ARCH, and ALF)	851	41	0	0	18	79	24	1,013
HCBS Providers (except residential settings and LTSS facilities)	51	8	2	0	4	20	6	91
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,111	180	15	6	131	167	154	1,764
Totals	4,195	441	45	22	380	478	351	5,912

* 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	25,069	4,078	445	91	2,009	4,856	2,982	39,530

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	47	78	49	9	28	78	65	50

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)	687	62	7	4	75	74	50	959
PCPs - (accepting new members)	386	47	4	2	61	38	27	565
Specialists*	1,880	195	33	4	194	163	141	2,610
Specialists (accepting new members)	1,626	172	25	4	183	139	122	2,271
Behavioral Health*	655	128	30	0	41	113	57	1,024
Behavioral Health (accepting new members)	623	124	30	0	39	110	54	980
Hospitals	10	2	1	1	3	3	3	23
LTSS Facilities (Hosp,NF)	23	2	0	0	3	4	1	33
Residential Setting (CCFPH, E-ARCH, and ALF)	1,071	53	1	0	22	113	23	1,283
HCBS Providers (except residential settings and LTSS facilities)	50	7	1	0	8	11	4	81
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	211	36	3	2	20	24	16	312
Totals	4,587	485	76	11	366	505	295	6,325

* 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	32,033	3,936	218	79	2,546	6,160	3,107	48,079

# Members per PCP by Island	Oahu	Mau	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	47	63	31	20	34	83	62	50

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

as of: **12/31/2018**

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	26	0	1	0	0	1	0	28
Network (provider look up, access)	246	5	0	0	1	8	6	266
Primary Care Physician Assignment or Change	175	46	7	3	12	21	23	287
NEMT (inquiry, scheduling) - <i>monthly report</i>	221	42	44	5	20	65	40	437
Authorization/Notification (prior auth status)	192	14	5	0	5	10	5	231
Eligibility (general plan eligibility, change request)	536	20	2	1	14	23	26	622
Benefits (coverage inquiry)	101	5	1	0	4	13	3	127
Enrollment (ID card request, update member information)	31	3	0	0	4	4	1	43
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	12	1	0	0	2	3	1	19
Billing/Payment/Claims	421	23	1	0	9	14	6	474
Appeals	1	0	0	0	0	0	0	1
Complaints and Grievances	0	0	0	0	0	0	0	0
Other	187	2	0	0	2	7	0	198
Totals	2,149	161	61	9	73	169	111	2,733

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	20	3	0	0	2	3	4	32
Network (provider look up, access)	45	11	0	0	2	10	7	75
Primary Care Physician Assignment or Change	810	103	6	0	104	211	163	1,397
NEMT (inquiry, scheduling) - <i>monthly report</i>	220	142	36	7	103	381	233	1,122
Authorization/Notification (prior auth status)	29	14	0	0	7	11	8	69
Eligibility (general plan eligibility, change request)	331	43	2	0	34	88	44	542
Benefits (coverage inquiry)	125	18	3	0	8	23	26	203
Enrollment (ID card request, update member information)	409	55	1	0	37	117	62	681
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	26	2	0	0	3	16	5	52
Billing/Payment/Claims	154	24	0	0	20	41	25	264
Appeals	1	0	0	0	0	1	0	2
Complaints and Grievances	4	3	0	0	1	5	3	16
Other	277	51	2	3	37	87	56	513
Totals	2,451	469	50	10	358	994	636	4,968

KAISER

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	2	0						2
Network (provider look up, access)	35	12						47
Primary Care Physician Assignment or Change	8	1						9
NEMT (inquiry, scheduling) - <i>monthly report</i>	10	0						10
Authorization/Notification (prior auth status)	0	0						0
Eligibility (general plan eligibility, change request)	188	64						252
Benefits (coverage inquiry)	148	24						172
Enrollment (ID card request, update member information)	16	5						21
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	0	0						0
Billing/Payment/Claims	12	6						18
Appeals	0	0						0
Complaints and Grievances	2	0						2
Other	18	8						26
Totals	439	120	0	0	0	0	0	559

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	327	52	3	1	8	85	25	501
Network (provider look up, access)	17	2	0	0	1	1	2	23
Primary Care Physician Assignment or Change	87	14	2	0	4	26	13	146
NEMT (inquiry, scheduling) - <i>monthly report</i>	1,961	371	50	36	6	60	16	2,500
Authorization/Notification (prior auth status)	20	26	9	0	4	40	18	117
Eligibility (general plan eligibility, change request)	101	16	0	2	4	15	13	151
Benefits (coverage inquiry)	120	22	1	0	3	23	16	185
Enrollment (ID card request, update member information)	247	35	6	2	11	59	24	384
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	104	12	7	0	5	22	11	161
Billing/Payment/Claims	27	7	1	1	2	3	4	45
Appeals	28	7	0	0	2	6	5	48
Complaints and Grievances	8	4	0	0	0	5	2	19
Other	783	148	23	4	40	190	108	1,296
Totals	3,830	716	102	46	90	535	257	5,576

UNITED HEALTHCARE

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	456	55	2	4	23	75	68	683
Network (provider look up, access)	412	37	3	0	42	123	39	656
Primary Care Physician Assignment or Change	1,634	182	9	2	159	338	186	2,510
NEMT (inquiry, scheduling) - <i>monthly report</i>	163	37	7	3	17	57	33	317
Authorization/Notification (prior auth status)	182	107	20	4	65	135	78	591
Eligibility (general plan eligiblity, change request)	1,227	186	13	1	96	282	155	1,960
Benefits (coverage inquiry)	1,780	212	20	5	124	409	179	2,729
Enrollment (ID card request, update member information)	426	49	5	2	42	94	45	663
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	199	20	2	0	23	46	17	307
Billing/Payment/Claims	10	2	0	0	1	1	3	17
Appeals	36	5	0	0	7	11	4	63
Complaints and Grievances	9	2	0	0	4	3	3	21
Other	784	97	2	0	47	174	83	1,187
Totals	7,318	991	83	21	650	1,748	893	11,704

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	
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
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
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

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.

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.

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.

# 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