

QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Jan-19					Feb-19					Mar-19				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members															
Medicaid	60,471	156,451	29,377	28,034	33,991	59,939	155,346	29,184	27,861	32,611	60,296	155,701	29,271	27,793	32,770
Duals	3,046	5,009	1,127	10,258	14,791	3,095	5,072	1,143	10,262	15,006	3,116	5,130	1,159	10,206	15,015
Total	63,517	161,460	30,504	38,292	48,782	63,034	160,418	30,327	38,123	47,617	63,412	160,831	30,430	37,999	47,785
# Network Providers															
PCPs	679	953	228	783	925	678	960	223	781	949	682	966	227	781	1,080
PCPs - (accepting new members)	541	738	214	562	646	523	744	209	561	746	528	752	213	561	788
Specialists	2,418	2,629	457	1,535	2,922	2,415	2,637	457	1,536	2,931	2,424	2,649	458	1,536	2,991
Specialists (accepting new members)	1,588	2,629	457	986	2,570	1,590	2,637	457	987	2,587	1,604	2,649	458	987	2,682
Behavioral Health	803	1,519	107	663	1,025	795	1,514	115	664	1,024	800	1,529	114	664	1,030
Behavioral Health (accepting new members)	700	1,519	107	626	983	699	1,514	115	626	982	705	1,529	114	626	992
Hospitals	25	27	14	24	23	24	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)	502	644	193	1,013	1,278	72	642	175	1,013	1,229	72	639	184	1,013	1,234
HCBS Providers (except residential settings and LTSS facilities)	72	150	71	91	84	507	149	70	91	84	508	149	70	91	83
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,784	2,190	136	1,766	305	1,776	2,177	135	1,769	320	1,763	2,188	135	1,769	322
Total # of providers	6,330	8,149	1,222	5,913	6,595	6,314	8,143	1,205	5,916	6,593	6,321	8,184	1,218	5,916	6,796
Call Center															
# Member Calls	5,264	10,122	652	8,879	5,406	4,227	7,855	638	8,164	4,312	4,337	8,034	783	8,118	4,278
Avg. time until phone answered	0:00:37	0:00:38	0:00:04	0:00:30	0:00:07	0:00:29	0:00:27	0:00:04	0:00:21	0:00:08	0:00:17	0:00:26	0:00:09	0:00:19	0:00:08
Avg. time on phone with member	0:05:44	0:06:21	0:05:18	0:08:43	0:06:27	0:05:50	0:06:22	0:05:36	0:08:26	0:06:17	0:05:25	0:06:37	0:04:42	0:08:11	0:05:57
% of member calls abandoned (member hung up)	6.2%	4.4%	1%	3.9%	0.4%	5.4%	3.4%	1.1%	2.0%	0.5%	4.59%	3.1%	2%	1.9%	0.5%
# Provider Calls	8,946	6,052	173	4,225	3,608	7,663	5,005	157	3,697	3,304	7,748	5,291	173	3,811	3,281
Avg. time until phone answered	0:00:31	0:00:38	0:00:03	0:00:54	0:00:03	0:00:27	0:00:29	0:00:03	0:00:31	0:00:04	0:00:18	0:00:28	0:00:09	0:00:30	0:00:03
Avg. time on phone with provider	0:05:21	0:06:51	0:05:14	0:12:32	0:06:41	0:05:45	0:06:56	0:05:03	0:11:07	0:06:19	0:05:34	0:07:05	0:04:14	0:10:59	0:06:43
% of provider calls abandoned (provider hung up)	12.5%	3.37%	1%	6.00%	0.1%	10.4%	2.14%	1.90%	4.00%	0.3%	7.41%	2.31%	2%	4.41%	0.1%
Medical Claims- Electronic															
# Submitted, not able to get into system	1,793	1,839	10	3,829	13,233	1,769	1,552	8	4,445	13,531	2,013	1,636	12	3,968	7,850
# Received	46,505	153,403	3,710	63,846	74,049	48,851	145,141	4,407	57,360	64,831	49,941	160,938	4,133	62,968	64,989
# Paid	44,693	150,140	3,334	38,255	71,222	45,407	132,941	4,084	32,590	62,224	43,823	139,515	3,815	64,398	70,555
# In Process	8,805	33,019	44	20,915	283	9,769	32,630	9	20,219	215	12,760	41,721	15	11,663	192
# Denied	2,726	12,439	332	4,676	10,620	2,711	12,589	314	4,551	8,706	3,150	12,332	303	8,088	8,431
Avg time for processing claim in days	5	9	2	7	9	7	9	2	8	9	6	8	2	11	9
% of electronic claims processed in 30 days	98.8%	99%	100%	100%	99.8%	97.9%	99%	100%	100%	99.9%	99%	99%	100%	99%	99.7%
% of electronic claims processed in 90 days	99.7%	100%	100%	100%	99.98%	99.9%	100%	100%	100%	99.99%	100%	100%	100%	100%	99.97%
(month to date)															
Medical Claims- Paper															
# Submitted, not able to get into system	135	1,273	11	160	1,143	136	1,287	13	131	1,885	210	1,043	9	148	1,909
# Received	14,555	17,636	99	5,404	6,719	15,939	15,116	111	5,351	6,727	17,079	16,676	95	5,242	6,635
# Paid	14,407	18,678	88	1,931	7,176	14,163	13,053	106	2,227	5,960	14,872	14,216	91	4,638	6,454
# In Process	7,290	7,444	4	2,806	36	8,720	7,618	1	2,344	36	8,528	7,697	1	1,917	35
# Denied	2,659	2,284	7	667	2,130	2,337	1,890	4	780	1,592	2,638	2,381	3	1,310	1,452
Avg time for processing claim in days	16	16	3	11,4539	10	14	16	3	11,66159	11	14	14	7	13	11
% of electronic claims processed in 30 days	93.6%	95%	100%	100%	99.5%	97.1%	96%	100%	100%	99.7%	94%	95%	100%	98%	98.4%
% of electronic claims processed in 90 days	98.5%	100%	100%	100%	100%	99.6%	100%	100%	100%	100%	98%	100%	100%	100%	99.97%
Prior Authorization (PA)- Electronic															
# Received	158	2,162	622	186	2,679	120	1,922	521	162	2,508	114	2,112	560	169	2,814
# In Process	26	305	12	179	0	32	342	12	145	0	29	314	24	160	0
# Approved	129	1,942	589	173	2,119	87	1,733	489	140	1,931	85	1,929	521	156	2,198
# Denied	18	192	21	5	229	16	153	20	7	226	13	211	15	10	233
Avg time for PA in days	1	3	3	1	2	2	4	4	1	2	2	4	2	4	2
(month to date)															
Prior Authorization (PA)- Paper and Telephone															
# Received	1,655	570	0	2,185	70	1,428	601	0	1,910	83	1,493	542	0	2,036	60
# In Process	370	53	0	2,025	0	384	81	0	1,670	0	348	80	0	1,872	0
# Approved	1,263	562	0	1,968	57	1,025	518	0	1,735	70	1,118	502	0	1,956	45
# Denied	65	50	0	52	3	132	55	0	68	9	93	41	0	93	8
Avg time for PA in days	1	2	0	2	2	3	1	0	2	1	3	2	0	2	2
(month-to-date)															
# Non-Emergency Transports															
Ground (# of round trips)	2,566	5,019	355	6995	8,914	2,412	4,482	305	5827	8,132	2,476	4,682	357	6096	8,825
Air (by segment)	1,553	1,941	281	632	793	1,288	1,621	207	545	710	1,287	1,784	240	580	710
Public Transportation Pass (bus pass & handivan coupons)	985	987	613	1,981	1,722	1,195	956	591	1,905	1,212	1,482	792	678	1,949	1,156

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	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Member Grievances															
# Received	36	20	11	19	44	28	7	12	32	38	24	21	10	27	40
# Resolved	26	10	7	19	44	32	18	14	21	28	29	7	12	31	37
# Outstanding	31	15	7	15	0	27	4	5	26	10	22	18	3	22	13
# Provider Grievances															
# Received	3	0	0	14	0	10	2	0	8	1	6	1	0	10	0
# Resolved	4	0	0	15	0	6	1	0	8	0	2	2	0	12	1
# Outstanding	3	0	0	15	0	7	1	0	15	1	11	0	0	13	0
# Member Appeals															
# Received	10	52	3	6	11	8	42	1	5	16	11	56	1	4	16
# Resolved	12	53	1	7	12	8	39	3	6	10	11	46	1	3	15
# Outstanding	6	15	3	3	12	6	18	1	2	18	6	28	1	3	19
# Provider Appeals															
# Received	7	0	0	86	27	12	2	0	74	29	10	5	0	125	43
# Resolved	7	6	0	118	54	8	1	0	71	30	8	5	0	101	40
# Outstanding	5	35	0	123	14	9	36	0	126	13	11	36	0	150	16
Utilization - based on Auth (A) or Claims (C)															
Inpatient Acute Admits * (A) - per 1,000	70	87	4	127	129	65	83	4	125	140	59	85	4	127	153
Inpatient Acute Days * (A) - per 1,000	315	263	27	670	564	298	232	23	600	653	296	235	19	535	742
Readmissions within 30 days* (A)	28	141	18	46	35	29	127	20	45	43	27	171	14	59	49
ED Visits * (C) - per 1,000**	569	457	24	803	737	515	441	24	702	651	558	498	28	721	729
# Prescriptions (C) - per 1,000	9,336	10,618	661	12,914	16,376	8,602	9,800	597	11,617	14,774	8,818	10,448	638	12,478	15,553
Waitlisted Days * (A) - per 1,000	27	0	3	115	127	31	0	1	102	83	24	0	3	95	100
NF Admits * (A)	44	10	1	0	19	33	12	2	3	18	33	8	0	1	24
# Members in NF (non-Medicare paid days) (C)**	201	238	49	861	836	210	230	53	791	773	206	233	52	752	891
# Members in HCBS *(C)- note: member can be included in more than one category listed below	392	509	183	2275	1,482	278	495	202	2290	1,453	312	472	191	2216	1,409
# Members in Residential Setting *(C)	133	92	105	541	907	109	91	110	524	895	120	86	108	501	884
# Members in Self-Direction *(C)	74	172	25	857	356	66	172	25	862	343	72	167	27	855	323
# Members receiving other HCBS *(C)	262	417	158	1418	219	169	404	177	1428	215	192	386	164	1361	203
# Members in At-Risk *(C)	350	341	103	984	894	328	341	101	850	914	378	342	100	895	914
# Members in Self-Direction *(C)	178	120	33	464	553	164	135	33	445	565	201	142	30	448	570
# Members receiving other HCBS *(C)	172	321	70	483	341	164	323	68	458	349	177	322	70	452	344

(* 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

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFFH/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)	401	76	11	3	52	57	82	682
PCPs - (accepting new members)	292	61	9	3	44	747	72	1,228
Specialists*	1,805	201	24	0	165	72	157	2,424
Specialists (accepting new members)	1,189	135	11	0	107	48	114	1,604
Behavioral Health*	509	105	9	2	46	68	61	800
Behavioral Health (accepting new members)	438	96	9	2	44	63	53	705
Hospitals	12	2	1	1	3	1	5	25
LTSS Facilities (Hosp,NF)	27	3	0	1	6	6	4	47
Residential Setting (CCFPH, E-ARCH, and ALF)	414	21	1	0	11	47	14	508
HCBS Providers (except residential settings and LTSS facilities)	33	11	3	3	6	11	5	72
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,154	212	20	11	135	114	117	1,763
Totals	4,355	631	69	21	424	376	445	6,321

* 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	35,168	8,203	2,234	453	5,281	6,187	5,886	63,412

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	88	108	203	151	102	109	72	93

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)	607	83	10	14	60	91	101	966
PCPs - (accepting new members)	455	64	8	8	50	75	92	752
Specialists*	1,670	244	64	9	167	223	272	2,649
Specialists (accepting new members)	1,670	244	64	9	167	223	272	2,649
Behavioral Health*	942	179	6	5	86	181	130	1,529
Behavioral Health (accepting new members)	942	179	6	5	86	181	130	1,529
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)	505	27	1	0	13	69	24	639
HCBS Providers (except residential settings and LTSS facilities)	68	18	8	6	15	23	11	149
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,442	226	29	16	153	138	184	2,188
Totals	5,273	781	120	51	500	731	728	8,184

* 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	94,558	11,099	823	130	10,444	26,571	17,206	160,831

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	156	134	82	9	174	292	170	166

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)	168	59						227
PCPs - (accepting new members)	162	51						213
Specialists*	365	93						458
Specialists (accepting new members)	365	93						458
Behavioral Health*	97	17						114
Behavioral Health (accepting new members)	97	17						114
Hospitals	12	2						14
LTSS Facilities (Hosp,NF)	15	1						16
Residential Setting (CCFPH, E-ARCH, and ALF)	166	18						184
HCBS Providers (except residential settings and LTSS facilities)	56	14						70
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	103	32						135
Totals	982	236	0	0	0	0	0	1,218

* 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	20,204	10,226						30,430

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	120	173	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	134

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)	530	9	11	71	63	46		781
PCPs - (accepting new members)	388	31	9	10	58	29	36	561
Specialists*	1,155	107	13	4	113	75	69	1,536
Specialists (accepting new members)	702	88	13	4	53	66	61	987
Behavioral Health*	461	49	4	0	34	72	44	664
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)	1,113	180	15	6	131	170	154	1,769
Totals	4,195	441	45	23	379	482	351	5,916

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

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	24,177	3,882	432	99	1,927	4,625	2,857	37,999

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	46	76	48	9	27	73	62	49

Note: RFP requirement is 300 members for every PCP

UNITED HEALTHCARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	1,245	112	13	7	114	135	125	1,751
PCPs - (accepting new members)	991	96	11	5	100	96	100	1,399
Specialists*	1,693	191	36	4	173	106	114	2,317
Specialists (accepting new members)	1,526	171	32	4	163	92	107	2,095
Behavioral Health*	655	129	30	1	44	112	62	1,033
Behavioral Health (accepting new members)	625	125	30	1	42	110	59	992
Hospitals	10	2	1	1	3	3	3	23
LTSS Facilities (Hosp,NF)	24	2	0	0	2	4	1	33
Residential Setting (CCFPH, E-ARCH, and ALF)	1,035	48	1	0	20	109	21	1,234
HCBS Providers (except residential settings and LTSS facilities)	54	7	1	0	6	11	4	83
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	218	37	3	2	22	24	16	322
Totals	4,934	528	85	15	384	504	346	6,796

* 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	31,995	3,888	231	76	2,426	6,120	3,049	47,785

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	26	35	18	11	21	45	24	27

Note: RFP requirement is 300 members for every PCP

QUEST Integration Health Plan Summary of Call Center Calls

ALOHA CARE

Summary of Calls by Island	Oahu	Maui	Molokai
Pharmacy - (claim, coverage, access)	43	1	0
Network (provider look up, access)	135	4	3
Primary Care Physician Assignment or Change	223	30	9
NEMT (inquiry, scheduling) - <i>monthly report</i>	211	51	32
Authorization/Notification (prior auth status)	206	27	10
Eligibility (general plan eligiblity, change request)	390	26	1
Benefits (coverage inquiry)	104	9	2
Enrollment (ID card request, update member information)	43	9	1
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	20	3	0
Billing/Payment/Claims	449	35	1
Appeals	5	0	0
Complaints and Grievances	2	1	0
Other	278	5	3
Totals	2,109	201	62

HMSA

Summary of Calls by Island	Oahu	Maui	Molokai
Pharmacy - (claim, coverage, access)	32	7	1
Network (provider look up, access)	80	17	0
Primary Care Physician Assignment or Change	1,247	192	6
NEMT (inquiry, scheduling) - <i>monthly report</i>	264	102	19
Authorization/Notification (prior auth status)	26	6	1
Eligibility (general plan eligiblity, change request)	3	2	0
Benefits (coverage inquiry)	521	106	5
Enrollment (ID card request, update member information)	649	78	3
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	42	12	0
Billing/Payment/Claims	175	50	3
Appeals	8	0	0
Complaints and Grievances	3	0	0
Other	905	302	42
Totals	3,955	874	80

KAISER

Summary of Calls by Island

	Oahu	Maui	Molokai
Pharmacy - (claim, coverage, access)	2	1	
Network (provider look up, access)	34	9	
Primary Care Physician Assignment or Change	5	0	
NEMT (inquiry, scheduling) - <i>monthly report</i>	9	1	
Authorization/Notification (prior auth status)	0	0	
Eligibility (general plan eligiblity, change request)	316	175	
Benefits (coverage inquiry)	165	64	
Enrollment (ID card request, update member information)	58	19	
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	9	0	
Billing/Payment/Claims	17	9	
Appeals	0	0	
Complaints and Grievances	5	2	
Other	35	21	
Totals	655	301	0

OHANA**Summary of Calls by Island**

	Oahu	Maui	Molokai
Pharmacy - (claim, coverage, access)	358	55	3
Network (provider look up, access)	22	5	0
Primary Care Physician Assignment or Change	128	31	0
NEMT (inquiry, scheduling) - <i>monthly report</i>	2,331	460	72
Authorization/Notification (prior auth status)	21	37	13
Eligibility (general plan eligiblity, change request)	99	7	1
Benefits (coverage inquiry)	201	28	1
Enrollment (ID card request, update member information)	303	37	6
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	108	18	3
Billing/Payment/Claims	16	6	0
Appeals	16	4	0
Complaints and Grievances	19	2	0
Other	1,336	255	22
Totals	4,958	945	121

UNITED HEALTHCARE

Summary of Calls by Island

	Oahu	Maui	Molokai
Pharmacy - (claim, coverage, access)	147	11	0
Network (provider look up, access)	165	21	0
Primary Care Physician Assignment or Change	581	83	5
NEMT (inquiry, scheduling) - <i>monthly report</i>	63	9	0
Authorization/Notification (prior auth status)	36	22	10
Eligibility (general plan eligibility, change request)	388	71	4
Benefits (coverage inquiry)	601	91	5
Enrollment (ID card request, update member information)	149	16	0
Service Coordination Inquiry or request (contact FSC, assessment, service plan)	88	12	0
Billing/Payment/Claims	3	0	0
Appeals	8	0	0
Complaints and Grievances	7	2	0
Other	263	37	3
Totals	2,499	375	27

as of: **3/31/2019**

Lanai	Kauai	East Hawaii	West Hawaii	Totals
1	1	2	2	50
0	8	5	7	162
0	18	30	18	328
7	36	58	34	429
0	14	10	11	278
3	18	27	16	481
0	10	11	5	141
1	2	5	0	61
0	1	1	0	25
1	18	16	13	533
0	1	0	0	6
0	0	0	0	3
0	3	11	1	301
13	130	176	107	2,798

Lanai	Kauai	East Hawaii	West Hawaii	Totals
0	8	9	11	68
0	8	9	10	124
1	171	304	284	2,205
1	66	272	220	944
0	6	11	7	57
0	0	1	0	6
1	42	108	77	860
0	76	166	100	1,072
0	4	8	11	77
1	24	58	22	333
0	1	7	2	18
0	0	0	0	3
8	208	493	361	2,319
12	614	1,446	1,105	8,086

Lanai	Kauai	East Hawaii	West Hawaii	Totals
				3
				43
				5
				10
				0
				491
				229
				77
				9
				26
				0
				7
				56
0	0	0	0	956

Lanai	Kauai	East Hawaii	West Hawaii	Totals
1	10	88	32	547
0	1	8	2	38
0	2	22	11	194
29	8	65	14	2,979
2	9	34	37	153
0	3	16	9	135
0	7	32	18	287
0	8	67	21	442
0	1	31	5	166
0	2	14	2	40
0	0	9	2	31
0	0	8	3	32
8	60	327	159	2,167
40	111	721	315	7,211

Lanai	Kauai	East Hawaii	West Hawaii	Totals
1	1	25	26	211
0	12	40	14	252
4	35	141	50	899
0	4	24	10	110
1	26	50	21	166
1	17	75	43	599
2	31	135	77	942
0	7	35	27	234
0	7	15	16	138
0	0	0	0	3
0	3	3	0	14
0	0	9	7	25
0	11	48	28	390
9	154	600	319	3,983

Health plan shall highlight changes made for the previous month(s)

Members

Medicaid
Duals
Total

Network Providers

PCPs
 PCPs - (accepting new members)
Specialists
 Specialists (accepting new members)
Behavioral Health
 Behavioral Health (accepting new members)
Hospitals

LTSS Facilities (Hosp./NF)
Residential Setting (CCFFH, E-ARCH, and ALF)

HCBS Providers (except residential settings and LTSS facilities)
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)
Total # of providers

Call Center

Member Calls
Avg. time until phone answered
Avg. time on phone with member
% of member calls abandoned (member hung up)

Provider Calls
Avg. time until phone answered
Avg. time on phone with provider
% of provider calls abandoned (provider hung up)

Medical Claims- Electronic

Submitted, not able to get into system

Received
Paid
In Process
Denied
Avg time for processing paid claim in days

% of claims processed in 30 days

% of claims processed in 90 days

(month to date)

Medical Claims- Paper

Submitted, not able to get into system
Received
Paid
In Process
Denied
Avg time for processing paid claim in days

% of claims processed in 30 days

% of claims processed in 90 days

(month-to-date)

Prior Authorization (PA)- Electronic

Received
In Process
Approved
Denied
Avg time for PA in days

(month to date)

Prior Authorization (PA)- Paper and Telephone

Received
In Process
Approved
Denied
Avg time for PA in days

(month-to-date)

Non-Emergency Transports

Ground (# of round trips)

Air (by segment)

Public Transportation Pass (bus pass & handivan coupons)

Member Grievances

Received
Resolved
Outstanding

Provider Grievances

Received
Resolved
Outstanding

Member Appeals

- # Received
- # Resolved
- # Outstanding

Provider Appeals

- # Received
- # Resolved
- # Outstanding

Utilization - based on Auth (A) or Claims (C)

- Inpatient Acute Admits * (A) - per 1,000
- Inpatient Acute Days * (A) - per 1,000
- Readmissions within 30 days* (A)
- ED Visits* (C) - per 1,000**
- # Prescriptions (C) - per 1,000
- Waitlisted Days* (A) - per 1,000
- NF Admits * (A)
- # Members in NF (non-Medicare paid days)**(C)

Members in HCBS **(C)

- # Members in Residential Setting **(C)
- # Members in Self-Direction **(C)

Members receiving other HCBS **(C)

Members in At-risk**(C)
Members in Self-Direction ** (C)
Members receiving other HCBS** (C)

(*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

Description of Information to Include

Number of members receiving QI benefit package who do not have Medicare primary

Number of members receiving dual benefits

Total number of members

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.

PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool

Number of PCPs (includes PCPs in clinics) accepting new members

All specialists as defined in Section 40.220

Number of Specialists accepting new members

All behavioral health providers as defined in Section 40.220

Number of Behavioral Health providers accepting new members

All hospitals

All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities)

All residential settings (CCFFH, E-ARCH, and ALF)

All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities

All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies.

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.

of calls received from members

Average time until phone was answered in seconds

Average time on the phone with member in minutes and seconds

Percent of member calls abandoned

of calls received from providers

Average time until phone was answered in seconds

Average time on the phone with provider in minutes and seconds

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.

of claims submitted that do not get into the system

of claims received in the month
of claims paid in the month
of claims in process at the end of the month
of claims denied in the month
Average time it took to process paid claims in days

% of electronic claims processed in 30 days
% of electronic claims processed in 90 days

of claims submitted that do not get into the system
of claims received in the month
of claims paid in the month
of claims in process at the end of the month
of claims denied in the month
Average time it took to process paid claims in days

% of paper claims processed in 30 days
% of paper claims processed in 90 days

of PAs received in the month
of PAs in process in the month
of PAs approved in the month
of PAs denied in the month
Average time it took to process PAs in days

of PAs received in the month
of PAs in process in the month
of PAs approved in the month
of PAs denied in the month
Average time it took to process PAs in days

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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)
of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments
of bus passes or handivan coupons issued

of member grievances received in the month
of member grievances resolved in the month
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.

of provider grievances received in the month
of provider grievances resolved in the month
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.

of member appeals received in the month
 # of member appeals resolved in the month
 # 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.

of provider appeals received in the month
 # of provider appeals resolved in the month
 # 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.

of inpatient acute admits (based on authorizations) in the month per 1,000 members

of inpatient acute days (based on authorizations) in the month per 1,000 members

of readmissions within thirty (30) days in the month based upon authorizations

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.

of prescriptions in the month (based upon claims) per 1,000 members

of waitlisted days in the month (based upon authorizations) per 1,000 members

Authorized Non-Medicare nursing facility admissions

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")
of HCBS members in Residential Setting (based upon claims). Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031.
of HCBS members in Self-Direction (based upon claims)
of HCBS members receiving other HCBS services (based upon claims) as defined in Section 40.740.3

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.
of At-risk members in Self-Direction in the month (based upon claims)
of At-risk members receiving other HCBS services (based upon claims)
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).