

Managed Care Program Annual Report (MCPAR) for Hawaii: 2023_QUEST Integration

Due date	Last edited	Edited by	Status
06/28/2024	06/28/2024	Stacie Coats	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Hawaii
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Jon D. Fujii - Health Care Services Branch Administrator
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	mqdcmcs@dhs.hawaii.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Stacie Coats
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	scoats@dhs.hawaii.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/28/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2023
A6	Program name Auto-populated from report dashboard.	2023_QUEST Integration

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	AlohaCare Hawaii Medical Service Association (HMSA) Kaiser Permanente Ohana Health Plan UnitedHealthcare Community Plan

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#) See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	<p>Hawaii Health and Harm Reduction Center</p> <p>Hui O Hauula</p> <p>Kalihi Palama Health Center</p> <p>Kokua Kalihi Valley Comprehensive Family Services</p> <p>Koolauloa Community Health and Wellness Center</p> <p>Legal Aid Society of Hawaii</p> <p>Project Vision Hawaii (Statewide)</p> <p>Waianae Coast Comprehensive Health Center</p> <p>Waikiki Health</p> <p>Waimanalo Health Center</p> <p>We Are Oceania</p> <p>Hawaii Island Community Health Center Hilo/Kona</p> <p>Hamakua Health Center</p> <p>Kumukahi Heath + Wellness Kea'au and Kailua-Kona</p> <p>Kalanihale</p> <p>Hana Health</p> <p>IMUA Family Services</p> <p>Lanai Community Health Center</p> <p>Malama I Ke Ola</p> <p>Maui Aids Foundation</p> <p>Molokai Community Health Center</p> <p>Hoola Lahui Hawaii</p> <p>Malama Pono Health Services</p>

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	460,748
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	460,748

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff EQRO Other third-party vendor

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p>	Audits conducted for drug testing (confirmatory and presumptive), hospice, and podiatry.
BX.2	<p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	State has established a hybrid system
BX.3	<p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	Section 12.1 D

BX.4**Description of overpayment contract standard**

Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.

The Health Plan shall recover and report all overpayments, unless otherwise prohibited under this RFP or federal or state law. "Overpayment" as used in this section is defined in 42 CFR §438.2. All overpayments identified by the Health Plan shall be reported to DHS in accordance with §6.2.F. The overpayment shall be reported in the reporting period in which the overpayment is identified. It is understood the Health Plan may not be able to complete recovery of overpayment until after the reporting period. The Health Plan shall report to DHS the full overpayment identified.

BX.5**State overpayment reporting monitoring**

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?
The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

Overpayments are reported quarterly, and overpayments must be reported in the reporting period in which they are discovered.

BX.6**Changes in beneficiary circumstances**

Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

MQD communicates these changes via the 834 daily file to the health plan. Daily files are received from KOLEA eligibility system to HPMMIS enrollment system. These files are processed nightly, and subsequently the daily enrollment batch jobs are run and produce the data for the 834 daily file to the health plan. For reconciliation, MQD sends a monthly 834 file which contains the entire current client data for the next month. MQD also asks MCOs to submit an 1179A Form to report Changes in Circumstances for our members, including change to household composition, member names, member addresses, or additional insurance. MQD reviews submitted 1179A information and completes updates in our KOLEA eligibility system; these changes are then communicated back to the health plan via 834.

BX.7a	<p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	Yes
BX.7b	<p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	Yes
BX.7c	<p>Changes in provider circumstances: Describe metric</p> <p>Describe the metric or indicator that the state uses.</p>	The State measures the percent of "for cause" suspensions or terminations that are reported to the State within 3 business days as a Key Performance Indicator on the Program Integrity report.
BX.8a	<p>Federal database checks: Excluded person or entities</p> <p>During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>	No
BX.9a	<p>Website posting of 5 percent or more ownership control</p> <p>Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).</p>	Yes

BX.9b	Website posting of 5 percent or more ownership control: Link What is the link to the website? Refer to 42 CFR 602(g)(3).	https://medquest.hawaii.gov/
BX.10	Periodic audits If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.	https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/consumer-guides/HI2023_EQR_TechRpt_FINAL%20EQR%20TECH%20REPORT_HSAG_MQD.pdf

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals RFP-MQD-2021-008
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	5/21/2021 for AlohaCare and HMSA, 5/28/2021 for United Healthcare, 6/9/2021 for Ohana Health Plan and Kaiser Permanente (dates of full execution)
C1I.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://medquest.hawaii.gov/en/resources/solicitations-contract.html
C1I.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Transportation
C1I.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C1I.5	Program enrollment Enter the average number of	460,748

individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

There were some changes in enrollment due to the mandated eligibility redetermination and the wildfires on Maui. MQD began redeterminations in April 2023, and the Maui fires were on August 8, 2023. Hawaii stopped all the eligibility redetermination activities in September 2023 as a result of the Maui fires for 3 months and resumed in December 2023. These were the total enrollment numbers. January 2023 = 461,456. December 2023 = 472,662. The increase of the enrollment of 2023 could be a result of the Maui fires and the pause of the eligibility redetermination. However, there were no major benefit changes during the reporting year.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> <p>Other, specify – Evaluations</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Other, specify – Some Data Accuracy Validation</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>Section 6.4 (https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)</p>
C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality</p>	<p>Section 14.21 (https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)</p>

submission and quality standards. Use contract section references, not page numbers.

C1III.5	Incentives for encounter data quality	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	

C1III.6	Barriers to collecting/validating encounter data	Staffing shortages/vacancies
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	<p>HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.3. A) Adverse Event: An event, preventable or non preventable, that caused harm to a patient as a result of medical care, residential care, or resulted from provider preventable conditions or healthcare acquired conditions. In the current report, all adverse events shall be reported as events that were related to medical care, or residential care.</p> <p>HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.5. A).2. Percent of adverse events reported to the Health Plan within 72 hours (Total – Deduplicated)</p>
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>Contract RFP-MQD-2021-008: 9.5.I.9 If the Health Plan denies a request for expedited resolution of an appeal, it shall transfer the appeal to the standard timeframe of no longer than thirty (30) days from the day the Health Plan receives the appeal, with a possible fourteen (14) days extension.</p>
C1IV.3	<p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>"Contract RFP-MQD-2021-008: 9.5.I.5 For expedited resolution of an appeal, the Health Plan shall resolve the appeal and provide written notice to the affected parties as expeditiously as the Member's health condition requires, but no more than seventy-two (72) hours from the time the Health Plan received the appeal. The Health Plan shall make reasonable efforts to also provide oral notice of the appeal determination to the Member.</p> <p>Contract RFP-MQD-2021-008: 9.5.I.7,a-e The Health Plan may extend the expedited appeal resolution time frame by up to fourteen additional (14) days if the Member requests the extension or the Health Plan needs additional information and demonstrates to DHS how the delay shall be in the Member's best interest. For any extension not requested by the Member, or if the Health Plan denies a request for expedited resolution of an appeal, it shall: a. Transfer the appeal to the time frame for</p>

standard resolution; b. Make reasonable efforts

to give the Member prompt oral notice of the delay or denial; c. Within two (2) days give the Member written notice of the reason for the decision to extend the timeframe or deny a request for expedited resolution of an appeal; d. Inform the Member orally and in writing that they may file a grievance with the Health Plan for the delay or denial of the expedited process, if he or she disagrees with that decision; and e. Resolve the appeal as expeditiously as the Member's health condition requires and no later than the date the extension expires."

C1IV.4

State definition of "timely" resolution for grievances

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

Contract RFP-MQD-2021-008: 9.5.E.7.b Convey a disposition, in writing, of the grievance resolution as expeditiously as the Member's health condition requires, but no later than thirty (30) days of the initial expression of dissatisfaction;

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p>Provider shortages with specialists in rural locations are the State's biggest challenge. Health plans tell us that reasons such as provider retirement, death, re-location or even burn-out are the biggest contributing factors. The Maui wildfires in August of 2023 further contributed to delays in access.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The State uses quarterly reports to identify gaps in the MCPS networks. If consistent gaps are identified, the State will communicate with the MCPS on a reasonable corrective actions. If these steps do not remedy the situation then penalties are considered. When access to care is not available in the beneficiaries' immediate demographic area, the MCPS will coordinate transportation to ensure the beneficiary can receive services until the network gap is resolved. The MCPC can fly beneficiaries to other islands (or out-of-state) to receive care. Willing providers can also be flown to the neighbor islands. Another method for connecting beneficiaries with providers is telehealth via phone or "virtual visits." If a MCPS network is unable to provide a particular service, then an out-of-network provider can be used.</p>

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



C2.V.1 General category: General quantitative availability and accessibility standard

1 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Hospitals (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

2 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Primary Care Providers (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Pharmacies (15 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: LTSS-related standard: enrollee travels to the provider

4 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for LTSS members; Hospitals (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

C2.V.2 Measure standard

Members can obtain needed health services within the acceptable wait time; PCP routine visits for adults and children (Appointments within 21 days)

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Secret shopper calls

C2.V.8 Frequency of oversight methods

Quarterly

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://medquest.hawaii.gov/en/resources/community-partners.html
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	They offer in-person assistance, by phone, virtual microsoft team and will utilize translated materials, offer interpretive services and auxiliary aids when requested.
C1IX.3	BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	Entities assist residents in applying for LTSS, along with assisting them to submit their required documents.
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	Health Care Outreach Branch staff communicate daily with all entities, answer their questions and help them check status on cases. We provide Annual and on-going training, support and guidance to all entities.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	AlohaCare
		82,408
		Hawaii Medical Service Association (HMSA)
		226,313
		Kaiser Permanente
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1) 	52,932
		Ohana Health Plan
		39,008
		UnitedHealthcare Community Plan
		59,983
D1I.3	Plan share of any Medicaid managed care What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? <ul style="list-style-type: none"> • Numerator: Plan enrollment 	AlohaCare
		17.9%
		Hawaii Medical Service Association (HMSA)
		49.1%
		Kaiser Permanente
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1) 	11.5%
		Ohana Health Plan
		8.5%
		UnitedHealthcare Community Plan
		13%

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Kaiser Permanente

11.5%

Ohana Health Plan

8.5%

UnitedHealthcare Community Plan

13%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	AlohaCare
		89%
		Hawaii Medical Service Association (HMSA)
		86%
		Kaiser Permanente
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	91%
		Ohana Health Plan
		90%
		UnitedHealthcare Community Plan
		89%
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	AlohaCare
		Program-specific statewide
		Hawaii Medical Service Association (HMSA)
		Program-specific statewide
		Kaiser Permanente
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	Program-specific statewide
		Ohana Health Plan
		Program-specific statewide
		UnitedHealthcare Community Plan
		Program-specific statewide
D1II.2	Population specific MLR description Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the	AlohaCare
		N/A
D1II.2	Population specific MLR description Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the	Hawaii Medical Service Association (HMSA)
		N/A

populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

AlohaCare

Yes

Hawaii Medical Service Association (HMSA)

Yes

Kaiser Permanente

Yes

Ohana Health Plan

Yes

UnitedHealthcare Community Plan

Yes

N/A

Enter the start date.

AlohaCare

01/01/2022

Hawaii Medical Service Association (HMSA)

01/01/2022

Kaiser Permanente

01/01/2022

Ohana Health Plan

01/01/2022

UnitedHealthcare Community Plan

01/01/2022

N/A

Enter the end date.

AlohaCare

12/31/2022

Hawaii Medical Service Association (HMSA)

12/31/2022

Kaiser Permanente

12/31/2022

Ohana Health Plan

12/31/2022

UnitedHealthcare Community Plan

12/31/2022

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p>AlohaCare</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.</p> <p>Hawaii Medical Service Association (HMSA)</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.</p> <p>Kaiser Permanente</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.</p> <p>Ohana Health Plan</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.</p> <p>UnitedHealthcare Community Plan</p>

Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

AlohaCare

83%

Hawaii Medical Service Association (HMSA)

78%

Kaiser Permanente

85%

Ohana Health Plan

74%

UnitedHealthcare Community Plan

91%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

AlohaCare

100%

Hawaii Medical Service Association (HMSA)

100%

Kaiser Permanente

100%

Ohana Health Plan

100%

UnitedHealthcare Community Plan

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	AlohaCare
		42
		Hawaii Medical Service Association (HMSA)
		703
		Kaiser Permanente
D1IV.2	Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	6
		Ohana Health Plan
		183
		UnitedHealthcare Community Plan
		114
D1IV.3	Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS	AlohaCare
		4
		Hawaii Medical Service Association (HMSA)
		4
		Kaiser Permanente
D1IV.3	Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS	3
		Ohana Health Plan
		26
		UnitedHealthcare Community Plan
		5

service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Kaiser Permanente

0

Ohana Health Plan

68

UnitedHealthcare Community Plan

26

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a	Standard appeals for which timely resolution was provided Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	AlohaCare
		34
		Hawaii Medical Service Association (HMSA)
		254
		Kaiser Permanente
		5
		Ohana Health Plan
		92
		UnitedHealthcare Community Plan
		61
D1IV.5b	Expedited appeals for which timely resolution was provided Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	AlohaCare
		5
		Hawaii Medical Service Association (HMSA)
		171
		Kaiser Permanente
		0
		Ohana Health Plan
		53
		UnitedHealthcare Community Plan
		8
D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a	AlohaCare
		39
		Hawaii Medical Service Association (HMSA)
		680
		Kaiser Permanente

	<p>service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).</p>	<p>Kaiser Permanente 3</p> <p>Ohana Health Plan 103</p> <p>UnitedHealthcare Community Plan 79</p>
D1IV.6b	<p>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.</p>	<p>AlohaCare 0</p> <p>Hawaii Medical Service Association (HMSA) 1</p> <p>Kaiser Permanente 0</p> <p>Ohana Health Plan 0</p> <p>UnitedHealthcare Community Plan 2</p>
D1IV.6c	<p>Resolved appeals related to payment denial</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.</p>	<p>AlohaCare 2</p> <p>Hawaii Medical Service Association (HMSA) 17</p> <p>Kaiser Permanente 6</p> <p>Ohana Health Plan 12</p> <p>UnitedHealthcare Community Plan 4</p>

D1IV.6d	Resolved appeals related to service timeliness Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		0

D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		0

D1IV.6f	Resolved appeals related to plan denial of an enrollee's right to request out-of-network care Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0

services outside the network

(only applicable to residents of rural areas with only one MCO).

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
D1IV.7b	Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	AlohaCare
		11
		Hawaii Medical Service Association (HMSA)
		258
		Kaiser Permanente
D1IV.7c	Resolved appeals related to inpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		1
		Ohana Health Plan
		UnitedHealthcare Community Plan
		2
		Ohana Health Plan
		3
		UnitedHealthcare Community Plan
		2
		AlohaCare
		11
		Hawaii Medical Service Association (HMSA)
		258
		Kaiser Permanente
		AlohaCare
		2
		Ohana Health Plan
		7
		UnitedHealthcare Community Plan
		31

substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

Kaiser Permanente

1

Ohana Health Plan

0

UnitedHealthcare Community Plan

1

D1IV.7d

Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

AlohaCare

0

Hawaii Medical Service Association (HMSA)

76

Kaiser Permanente

1

Ohana Health Plan

33

UnitedHealthcare Community Plan

0

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

AlohaCare

10

Hawaii Medical Service Association (HMSA)

226

Kaiser Permanente

0

Ohana Health Plan

106

UnitedHealthcare Community Plan

29

D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		1
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		1

D1IV.7g	Resolved appeals related to long-term services and supports (LTSS) Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		8

D1IV.7h	Resolved appeals related to dental services Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.7i**Resolved appeals related to non-emergency medical transportation (NEMT)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

AlohaCare

3

Hawaii Medical Service Association (HMSA)

9

Kaiser Permanente

3

Ohana Health Plan

5

UnitedHealthcare Community Plan

6

D1IV.7j**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

AlohaCare

6

Hawaii Medical Service Association (HMSA)

16

Kaiser Permanente

0

Ohana Health Plan

12

UnitedHealthcare Community Plan

3

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		10
		Kaiser Permanente
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		2
		Kaiser Permanente
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		5
		Ohana Health Plan
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		10
		Kaiser Permanente
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		2
		Kaiser Permanente
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		5
		Ohana Health Plan
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	AlohaCare
		1
		Hawaii Medical Service Association (HMSA)
		10
		Kaiser Permanente
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		2
		Kaiser Permanente
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		5
		Ohana Health Plan

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

3

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

AlohaCare

1

Hawaii Medical Service Association (HMSA)

3

Kaiser Permanente

0

Ohana Health Plan

1

UnitedHealthcare Community Plan

1

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AlohaCare

N/A

Hawaii Medical Service Association (HMSA)

N/A

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A

D1IV.9b**External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AlohaCare

N/A

Hawaii Medical Service Association (HMSA)

N/A

Kaiser Permanente

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	AlohaCare
		254
		Hawaii Medical Service Association (HMSA)
		289
		Kaiser Permanente
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	502
		Ohana Health Plan
		254
		UnitedHealthcare Community Plan
		497
D1IV.12	Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS	AlohaCare
		111
		Hawaii Medical Service Association (HMSA)
		0

received at least one LTSS

Kaiser Permanente

service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

12

Ohana Health Plan

32

UnitedHealthcare Community Plan

47

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

D1IV.14	Number of grievances for which timely resolution was provided	AlohaCare
		253
	Enter the number of grievances for which timely resolution was provided by plan during the reporting year.	Hawaii Medical Service Association (HMSA)
	See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	158
		Kaiser Permanente
		388
		Ohana Health Plan
		207
		UnitedHealthcare Community Plan
		375

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare
		5
		Hawaii Medical Service Association (HMSA)
		1
		Kaiser Permanente
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	14
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		2
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the	AlohaCare
		2
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
D1IV.15d	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient behavioral health services. Do not include grievances related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15b. If the managed care plan does not cover this type of service, enter "N/A".	46
		Hawaii Medical Service Association (HMSA)
		177
		Kaiser Permanente
		130
		Ohana Health Plan
D1IV.15e	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient behavioral health services. Do not include grievances related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15b. If the managed care plan does not cover this type of service, enter "N/A".	0
		UnitedHealthcare Community Plan
		31
		AlohaCare
		2

substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Kaiser Permanente

2

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.15d

Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

4

Hawaii Medical Service Association (HMSA)

2

Kaiser Permanente

2

Ohana Health Plan

1

UnitedHealthcare Community Plan

1

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

4

Hawaii Medical Service Association (HMSA)

3

Kaiser Permanente

12

Ohana Health Plan

0

UnitedHealthcare Community Plan

3

D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services	AlohaCare
		10
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		0
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		1

D1IV.15g	Resolved grievances related to long-term services and supports (LTSS)	AlohaCare
		4
		Hawaii Medical Service Association (HMSA)
		0
		Kaiser Permanente
		1
		Ohana Health Plan
		0
		UnitedHealthcare Community Plan
		33

D1IV.15h	Resolved grievances related to dental services	AlohaCare
		N/A
		Hawaii Medical Service Association (HMSA)
		N/A
		Kaiser Permanente
		N/A

N/A

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

AlohaCare

106

Hawaii Medical Service Association (HMSA)

15

Kaiser Permanente

61

Ohana Health Plan

0

UnitedHealthcare Community Plan

394

D1IV.15j

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

AlohaCare

69

Hawaii Medical Service Association (HMSA)

30

Kaiser Permanente

76

Ohana Health Plan

188

UnitedHealthcare Community Plan

19

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	AlohaCare 79
		Hawaii Medical Service Association (HMSA) 128
		Kaiser Permanente 169
		Ohana Health Plan 63
		UnitedHealthcare Community Plan 150
D1IV.16b	Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	AlohaCare 0
		Hawaii Medical Service Association (HMSA) 1
		Kaiser Permanente 0
		Ohana Health Plan 15
		UnitedHealthcare Community Plan 34
D1IV.16c	Resolved grievances related to access to care/services from plan or provider Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances	AlohaCare 119
		Hawaii Medical Service Association (HMSA) 9

include complaints about

Kaiser Permanente

difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

103

Ohana Health Plan

44

UnitedHealthcare Community Plan

253

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

AlohaCare

47

Hawaii Medical Service Association (HMSA)

50

Kaiser Permanente

65

Ohana Health Plan

99

UnitedHealthcare Community Plan

37

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

AlohaCare

1

Hawaii Medical Service Association (HMSA)

3

Kaiser Permanente

18

Ohana Health Plan

2

UnitedHealthcare Community Plan

0

D1IV.16f	Resolved grievances related to payment or billing issues	AlohaCare
		5
		Hawaii Medical Service Association (HMSA)
		8
		Kaiser Permanente
		85
		Ohana Health Plan
		3
		UnitedHealthcare Community Plan
		4

D1IV.16g	Resolved grievances related to suspected fraud	AlohaCare
		2
		Hawaii Medical Service Association (HMSA)
		2
		Kaiser Permanente
		3
		Ohana Health Plan
		2
		UnitedHealthcare Community Plan
		1

D1IV.16h	Resolved grievances related to abuse, neglect or exploitation	AlohaCare
		0
		Hawaii Medical Service Association (HMSA)
		10
		Kaiser Permanente

grievances include cases

involving potential or actual
patient harm.

2

Ohana Health Plan

14

UnitedHealthcare Community Plan

0

D1IV.16i

**Resolved grievances related
to lack of timely plan
response to a service
authorization or appeal
(including requests to
expedite or extend appeals)**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were filed due to a lack of
timely plan response to a
service authorization or appeal
request (including requests to
expedite or extend appeals).

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

0

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.16j

**Resolved grievances related
to plan denial of expedited
appeal**

Enter the total number of
grievances resolved by the plan
during the reporting year that
were related to the plan's
denial of an enrollee's request
for an expedited appeal.

Per 42 CFR §438.408(b)(3),
states must establish a
timeframe for timely resolution
of expedited appeals that is no
longer than 72 hours after the
MCO, PIHP or PAHP receives
the appeal. If a plan denies a
request for an expedited
appeal, the enrollee or their
representative have the right to
file a grievance.

AlohaCare

0

Hawaii Medical Service Association (HMSA)

0

Kaiser Permanente

2

Ohana Health Plan

0

UnitedHealthcare Community Plan

0

D1IV.16k	Resolved grievances filed for other reasons	AlohaCare
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	1
		Hawaii Medical Service Association (HMSA)
		78
		Kaiser Permanente
		95
		Ohana Health Plan
		5
		UnitedHealthcare Community Plan
		3

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 102



Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services- Total

1 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.93%

Hawaii Medical Service Association (HMSA)

70.22%

Kaiser Permanente

67.01%

Ohana Health Plan

64.63%

UnitedHealthcare Community Plan

69.97%



Complete

D2.VII.1 Measure Name: Advance Care Planning LTSS 18+ Years

2 / 102

D2.VII.2 Measure Domain

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**
0326

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
33.44%

Hawaii Medical Service Association (HMSA)
N/A

Kaiser Permanente
0.00%

Ohana Health Plan
38.10%

UnitedHealthcare Community Plan
44.25%

**D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase** 3 / 102

D2.VII.2 Measure Domain
Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

35.48%

Hawaii Medical Service Association (HMSA)

46.71%

Kaiser Permanente

54.29%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

N/A



D2.VII.1 Measure Name: Ambulatory Care—Total (per 1,000 member years) - ED Visits Total All Ages 4 / 102

D2.VII.2 Measure Domain

Ambulatory Care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

456.03

Hawaii Medical Service Association (HMSA)

406.28

Kaiser Permanente

360.22

Ohana Health Plan

514.57

UnitedHealthcare Community Plan

510.64



Complete

D2.VII.1 Measure Name: Ambulatory Care—Total (per 1,000 member years) - Outpatient Visits - Total All Ages 5 / 102

D2.VII.2 Measure Domain

Ambulatory Care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

3008.45

Hawaii Medical Service Association (HMSA)

3424.32

Kaiser Permanente

2966.33

Ohana Health Plan

4114.03

UnitedHealthcare Community Plan

4884.68



D2.VII.1 Measure Name: Antidepressant Medication Management Effective Acute Phase Treatment—Total

6 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.41%

Hawaii Medical Service Association (HMSA)

61.39%

Kaiser Permanente

75.70%

Ohana Health Plan

60.75%

UnitedHealthcare Community Plan

67.88%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio - Total (5-64 years) 7 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

51.43%

Hawaii Medical Service Association (HMSA)

56.67%

Kaiser Permanente

92.07%

Ohana Health Plan

54.93%

UnitedHealthcare Community Plan

56.05%



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing —Total 8 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

N/A

Hawaii Medical Service Association (HMSA)

18.23%

Kaiser Permanente

46.51%

Ohana Health Plan

N/A

UnitedHealthcare Community Plan

43.48%



D2.VII.1 Measure Name: Breast Cancer Screening - Total

9 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

40.33%

Hawaii Medical Service Association (HMSA)

53.29%

Kaiser Permanente

73.18%

Ohana Health Plan

42.86%

UnitedHealthcare Community Plan

53.54%



D2.VII.1 Measure Name: Blood Pressure Control for Patients With Diabetes

10 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

60.10%

Hawaii Medical Service Association (HMSA)

56.97%

Kaiser Permanente

66.84%

Ohana Health Plan

52.80%

UnitedHealthcare Community Plan

68.61%



D2.VII.1 Measure Name: Controlling High Blood Pressure - Total

11 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.80%

Hawaii Medical Service Association (HMSA)

56.48%

Kaiser Permanente

68.56%

Ohana Health Plan

56.20%

UnitedHealthcare Community Plan

73.24%



D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women - LARC—3 Days—21–44 Years 12 / 102

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

5.67%

Hawaii Medical Service Association (HMSA)

3.33%

Kaiser Permanente

2.45%

Ohana Health Plan

3.42%

UnitedHealthcare Community Plan

6.23%



D2.VII.1 Measure Name: "Contraceptive Care—Postpartum Women - LARC—90 Days—Total " 13 / 102

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

16.67%

Hawaii Medical Service Association (HMSA)

16.17%

Kaiser Permanente

11.89%

Ohana Health Plan

11.11%

UnitedHealthcare Community Plan

14.81%



D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women - Most or Moderately Effective Contraception—90 Days—Total 14 / 102

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number
2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
35.49%

Hawaii Medical Service Association (HMSA)
43.33%

Kaiser Permanente
40.55%

Ohana Health Plan
30.72%

UnitedHealthcare Community Plan
35.06%



D2.VII.1 Measure Name: Cervical Cancer Screening

15 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0032

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

50.36%

Hawaii Medical Service Association (HMSA)

57.49%

Kaiser Permanente

63.61%

Ohana Health Plan

41.36%

UnitedHealthcare Community Plan

45.26%



D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan Total (18+ Years) 16 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

19.74%

Hawaii Medical Service Association (HMSA)

27.16%

Kaiser Permanente

5.94%

Ohana Health Plan

13.14%

UnitedHealthcare Community Plan

22.76%



D2.VII.1 Measure Name: Chlamydia Screening in Women - Total

17 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.60%

Hawaii Medical Service Association (HMSA)

48.02%

Kaiser Permanente

73.62%

Ohana Health Plan

44.95%

UnitedHealthcare Community Plan

48.45%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status - Combination 10 18 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

29.93%

Hawaii Medical Service Association (HMSA)

35.52%

Kaiser Permanente

56.85%

Ohana Health Plan

25.06%

UnitedHealthcare Community Plan

30.90%



D2.VII.1 Measure Name: Childhood Immunization Status - Combination 9 / 102
3

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

50.36%

Hawaii Medical Service Association (HMSA)

58.64%

Kaiser Permanente

69.46%

Ohana Health Plan

36.50%

UnitedHealthcare Community Plan

49.88%



D2.VII.1 Measure Name: Childhood Immunization Status - Combination 20 / 102
7

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

43.31%

Hawaii Medical Service Association (HMSA)

49.88%

Kaiser Permanente

66.96%

Ohana Health Plan

31.87%

UnitedHealthcare Community Plan

45.01%



D2.VII.1 Measure Name: Childhood Immunization Status - DTaP

21 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.50%

Hawaii Medical Service Association (HMSA)

69.59%

Kaiser Permanente

72.39%

Ohana Health Plan

44.53%

UnitedHealthcare Community Plan

53.77%



D2.VII.1 Measure Name: Childhood Immunization Status - Hepatitis A 22 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

70.32%

Hawaii Medical Service Association (HMSA)

78.10%

Kaiser Permanente

80.98%

Ohana Health Plan

60.34%

UnitedHealthcare Community Plan

68.61%



D2.VII.1 Measure Name: Childhood Immunization Status - Hepatitis B 23 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

75.43%

Hawaii Medical Service Association (HMSA)

71.53%

Kaiser Permanente

86.09%

Ohana Health Plan

59.12%

UnitedHealthcare Community Plan

75.67%



D2.VII.1 Measure Name: Childhood Immunization Status - HiB

24 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

72.99%

Hawaii Medical Service Association (HMSA)

80.05%

Kaiser Permanente

77.28%

Ohana Health Plan

60.10%

UnitedHealthcare Community Plan

73.72%



D2.VII.1 Measure Name: Childhood Immunization Status - Influenza 25 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

43.07%

Hawaii Medical Service Association (HMSA)

49.64%

Kaiser Permanente

65.11%

Ohana Health Plan

40.15%

UnitedHealthcare Community Plan

44.04%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status - IPV

26 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

74.94%

Hawaii Medical Service Association (HMSA)

79.81%

Kaiser Permanente

84.67%

Ohana Health Plan

62.77%

UnitedHealthcare Community Plan

75.43%



D2.VII.1 Measure Name: Childhood Immunization Status - MMR

27 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

68.93%

Hawaii Medical Service Association (HMSA)

78.10%

Kaiser Permanente

82.61%

Ohana Health Plan

58.64%

UnitedHealthcare Community Plan

70.07%



D2.VII.1 Measure Name: Childhood Immunization Status - Pneumococcal Conjugate

28 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.69%

Hawaii Medical Service Association (HMSA)

68.37%

Kaiser Permanente

70.87%

Ohana Health Plan

45.99%

UnitedHealthcare Community Plan

55.47%



D2.VII.1 Measure Name: Childhood Immunization Status - Rotavirus 29 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

60.34%

Hawaii Medical Service Association (HMSA)

64.48%

Kaiser Permanente

79.57%

Ohana Health Plan

52.55%

UnitedHealthcare Community Plan

62.53%



D2.VII.1 Measure Name: Childhood Immunization Status - VZV

30 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

70.80%

Hawaii Medical Service Association (HMSA)

77.86%

Kaiser Permanente

82.17%

Ohana Health Plan

58.15%

UnitedHealthcare Community Plan

70.07%



D2.VII.1 Measure Name: Concurrent Use of Opioids and Benzodiazepines 18-64 Years*

31 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3389

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.27%

Hawaii Medical Service Association (HMSA)

13.28%

Kaiser Permanente

7.20%

Ohana Health Plan

19.26%

UnitedHealthcare Community Plan

12.05%



D2.VII.1 Measure Name: Colorectal Cancer Screening - Total

32 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0034

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

22.37%

Hawaii Medical Service Association (HMSA)

40.06%

Kaiser Permanente

52.85%

Ohana Health Plan

30.33%

UnitedHealthcare Community Plan

41.73%



D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - Total 33 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

30.17%

Hawaii Medical Service Association (HMSA)

13.66%

Kaiser Permanente

76.58%

Ohana Health Plan

19.42%

UnitedHealthcare Community Plan

24.56%



D2.VII.1 Measure Name: Diagnosed Mental Health Disorders - Total 34 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

14.11%

Hawaii Medical Service Association (HMSA)

18.68%

Kaiser Permanente

14.87%

Ohana Health Plan

22.40%

UnitedHealthcare Community Plan

21.02%



D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes

35 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.80%

Hawaii Medical Service Association (HMSA)

59.66%

Kaiser Permanente

66.83%

Ohana Health Plan

53.28%

UnitedHealthcare Community Plan

60.34%



D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use 30³⁶ / 102
Day F/U - 18+ Years

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.04%

Hawaii Medical Service Association (HMSA)

46.54%

Kaiser Permanente

37.89%

Ohana Health Plan

45.12%

UnitedHealthcare Community Plan

37.71%



D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use - 37 / 102
7-Day F/U - 18+ Years

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.68%

Hawaii Medical Service Association (HMSA)

32.96%

Kaiser Permanente

21.05%

Ohana Health Plan

30.18%

UnitedHealthcare Community Plan

26.25%



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness - 38 / 102
30 Day F/U - Total

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.69%

Hawaii Medical Service Association (HMSA)

56.84%

Kaiser Permanente

61.54%

Ohana Health Plan

52.08%

UnitedHealthcare Community Plan

64.56%



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness - 7-Day F/U - Total 39 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

24.05%

Hawaii Medical Service Association (HMSA)

44.51%

Kaiser Permanente

50.00%

Ohana Health Plan

31.25%

UnitedHealthcare Community Plan

48.54%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness - 30 Day Follow-Up—HEDIS Total (18+ Years) 10 / 102**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.90%

Hawaii Medical Service Association (HMSA)

52.51%

Kaiser Permanente

47.52%

Ohana Health Plan

65.09%

UnitedHealthcare Community Plan

44.22%



D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness - 7-Day Follow-Up—HEDIS Total (18+ Years) 41 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

30.77%

Hawaii Medical Service Association (HMSA)

39.50%

Kaiser Permanente

30.20%

Ohana Health Plan

48.74%

UnitedHealthcare Community Plan

26.88%



D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes - HbA1c Control (<8.0%)—Total

42 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0575

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.31%

Hawaii Medical Service Association (HMSA)

54.52%

Kaiser Permanente

51.41%

Ohana Health Plan

46.23%

UnitedHealthcare Community Plan

63.26%



D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes - HbA1c Poor Control (>9.0%)—Total

43 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

38.93%

Hawaii Medical Service Association (HMSA)

37.16%

Kaiser Permanente

37.47%

Ohana Health Plan

41.36%

UnitedHealthcare Community Plan

27.25%



D2.VII.1 Measure Name: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) - 18-64 Years 44 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2607

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

55.31%

Hawaii Medical Service Association (HMSA)

39.57%

Kaiser Permanente

42.86%

Ohana Health Plan

40.76%

UnitedHealthcare Community Plan

57.23%



D2.VII.1 Measure Name: HIV Viral Load Suppression - 18-64 Years

45 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

2082

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.00%

Hawaii Medical Service Association (HMSA)

0.37%

Kaiser Permanente

0.00%

Ohana Health Plan

0.00%

UnitedHealthcare Community Plan

33.33%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Engagement—Alcohol Use Disorder—Total 46 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.09%

Hawaii Medical Service Association (HMSA)

10.75%

Kaiser Permanente

7.46%

Ohana Health Plan

4.33%

UnitedHealthcare Community Plan

4.49%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Engagement—Opioid Use Disorder—18+ Years 47 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

21.40%

Hawaii Medical Service Association (HMSA)

9.38%

Kaiser Permanente

10.18%

Ohana Health Plan

17.51%

UnitedHealthcare Community Plan

19.57%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Engagement—Other Substance Use Disorder—18+ Years 48 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

11.18%

Hawaii Medical Service Association (HMSA)

5.86%

Kaiser Permanente

6.01%

Ohana Health Plan

8.94%

UnitedHealthcare Community Plan

11.20%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Initiation—Alcohol Use Disorder—18+ Years 49 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

33.03%

Hawaii Medical Service Association (HMSA)

30.14%

Kaiser Permanente

31.30%

Ohana Health Plan

33.60%

UnitedHealthcare Community Plan

33.61%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Initiation—Opioid Use Disorder—18+ Years 50 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.79%

Hawaii Medical Service Association (HMSA)

35.94%

Kaiser Permanente

33.19%

Ohana Health Plan

41.54%

UnitedHealthcare Community Plan

41.86%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment - Initiation—Other Substance Use Disorder—18+ Years 51 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

35.11%

Hawaii Medical Service Association (HMSA)

33.68%

Kaiser Permanente

35.12%

Ohana Health Plan

35.35%

UnitedHealthcare Community Plan

35.55%



D2.VII.1 Measure Name: Immunizations for Adolescents - Combination 1 (Meningococcal, Tdap)

52 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.93%

Hawaii Medical Service Association (HMSA)

65.45%

Kaiser Permanente

75.03%

Ohana Health Plan

23.97%

UnitedHealthcare Community Plan

47.45%



D2.VII.1 Measure Name: Immunizations for Adolescents - Combination 2 (Meningococcal, Tdap, HPV) 53 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
29.20%

Hawaii Medical Service Association (HMSA)
39.90%

Kaiser Permanente
49.32%

Ohana Health Plan
9.92%

UnitedHealthcare Community Plan
24.82%



D2.VII.1 Measure Name: Immunizations for Adolescents - HPV

54 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

31.14%

Hawaii Medical Service Association (HMSA)

42.34%

Kaiser Permanente

50.47%

Ohana Health Plan

12.67%

UnitedHealthcare Community Plan

28.71%



D2.VII.1 Measure Name: Immunizations for Adolescents - Meningococcal

55 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.12%

Hawaii Medical Service Association (HMSA)

67.40%

Kaiser Permanente

76.18%

Ohana Health Plan

28.65%

UnitedHealthcare Community Plan

52.80%



D2.VII.1 Measure Name: Immunizations for Adolescents - Tdap

56 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

59.85%

Hawaii Medical Service Association (HMSA)

69.83%

Kaiser Permanente

75.97%

Ohana Health Plan

26.17%

UnitedHealthcare Community Plan

51.09%

**D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Maternity 10-19 Days/1000 MY**

57 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

12.19%

Hawaii Medical Service Association (HMSA)

10.65%

Kaiser Permanente

7.41%

Ohana Health Plan

18.52%

UnitedHealthcare Community Plan

9.09%



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Maternity 20-44 Days/1000 MY

58 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

111.83%

Hawaii Medical Service Association (HMSA)

106.58%

Kaiser Permanente

106.21%

Ohana Health Plan

76.00%

UnitedHealthcare Community Plan

79.71%



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Maternity Tot Days/1000 MY

59 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

57.41%

Hawaii Medical Service Association (HMSA)

53.14%

Kaiser Permanente

51.40%

Ohana Health Plan

41.93%

UnitedHealthcare Community Plan

40.78%



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Medicine <1 Days/1000 MY

60 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

279.05%

Hawaii Medical Service Association (HMSA)

233.75%

Kaiser Permanente

208.29%

Ohana Health Plan

435.27%

UnitedHealthcare Community Plan

271.87%



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Medicine 20-44 Days/1000 MY 1 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

92.49%

Hawaii Medical Service Association (HMSA)

82.43%

Kaiser Permanente

54.93%

Ohana Health Plan

198.75%

UnitedHealthcare Community Plan

142.79%



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) - Surgery 10-19 Days/1000 MY 92 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
71.70%

Hawaii Medical Service Association (HMSA)
22.41%

Kaiser Permanente
39.75%

Ohana Health Plan
81.58%

UnitedHealthcare Community Plan
56.11%



Complete

D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years) Surgery 1-9 Days/1000 MY

63 / 102

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

98.06%

Hawaii Medical Service Association (HMSA)

43.76%

Kaiser Permanente

12.59%

Ohana Health Plan

71.02%

UnitedHealthcare Community Plan

51.34%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Comprehensive Assessment and Update - Assessment of Core Elements

64 / 102

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

78.13%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

34.38%

Ohana Health Plan

19.79%

UnitedHealthcare Community Plan

11.46%



**D2.VII.1 Measure Name: Long-Term Services and Supports
Comprehensive Assessment and Update - Assessment of Supplemental
Elements**

65 / 102

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

78.13%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

30.21%

Ohana Health Plan

17.71%

UnitedHealthcare Community Plan

11.46%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Comprehensive Care Plan and Update - Care Plan with Core Elements Documented

66 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.79%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

42.71%

Ohana Health Plan

8.33%

UnitedHealthcare Community Plan

13.54%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports

67 / 102

Comprehensive Care Plan and Update - Care Plan with Supplemental Elements Documented

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3319

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.79%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

40.63%

Ohana Health Plan

8.33%

UnitedHealthcare Community Plan

13.54%



D2.VII.1 Measure Name: Long-Term Services and Supports Re-Assessment/Care Plan Update After Inpatient Discharge - Reassessment After Inpatient Discharge

68 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.00%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

21.88%

Ohana Health Plan

7.29%

UnitedHealthcare Community Plan

4.17%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Re-Assessment/Care Plan Update After Inpatient Discharge - Reassessment and Care Plan Update After Inpatient Discharge

69 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

20.00%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

19.79%

Ohana Health Plan

6.25%

UnitedHealthcare Community Plan

2.08%



D2.VII.1 Measure Name: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner

0 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

3325

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

59.38%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

58.33%

Ohana Health Plan

5.21%

UnitedHealthcare Community Plan

5.21%



D2.VII.1 Measure Name: Long-Term Services and Supports—Admission to an Institution from the Community - Long-Term Stay—18–64 Years 71 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

51.66%

Hawaii Medical Service Association (HMSA)

23.58%

Kaiser Permanente

18.29%

Ohana Health Plan

3.62%

UnitedHealthcare Community Plan

0.88%



D2.VII.1 Measure Name: Long-Term Services and Supports—Admission to an Institution from the Community- Medium-Term Stay—18–64 Years 72 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

176.81%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

3.66%

Ohana Health Plan

22.09%

UnitedHealthcare Community Plan

2.48%



D2.VII.1 Measure Name: Long-Term Services and Supports—Admission to an Institution from the Community- Short-Term Stay—18-64 Years

73 / 102

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

753.16%

Hawaii Medical Service Association (HMSA)

0.00%

Kaiser Permanente

1.69%

Ohana Health Plan

793.92%

UnitedHealthcare Community Plan

23.93%

**D2.VII.1 Measure Name: Long-Term Services and Supports Minimizing Institutional Length of Stay - Expected Rate** ^{74 / 102}**D2.VII.2 Measure Domain**

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

26.95%

Hawaii Medical Service Association (HMSA)

N/A

Kaiser Permanente

35.22%

Ohana Health Plan

37.73%

UnitedHealthcare Community Plan

33.44%



D2.VII.1 Measure Name: Long-Term Services and Supports Minimizing Institutional Length of Stay - Observed Rate ^{75 / 102}

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.62%

Hawaii Medical Service Association (HMSA)

N/A

Kaiser Permanente

25.94%

Ohana Health Plan

1.40%

UnitedHealthcare Community Plan

27.68%



D2.VII.1 Measure Name: Use of Opioids at High Dosage in Persons Without Cancer - 18-64 Years*

76 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2940

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

20.80%

Hawaii Medical Service Association (HMSA)

7.50%

Kaiser Permanente

1.57%

Ohana Health Plan

12.59%

UnitedHealthcare Community Plan

7.93%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder - Buprenorphine

77 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

34.73%

Hawaii Medical Service Association (HMSA)

53.03%

Kaiser Permanente

50.00%

Ohana Health Plan

20.35%

UnitedHealthcare Community Plan

22.94%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder - Long-Acting, Injectable Naltrexone

78 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

0.00%

Hawaii Medical Service Association (HMSA)

1.01%

Kaiser Permanente

0.00%

Ohana Health Plan

0.00%

UnitedHealthcare Community Plan

0.31%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder- Methadone

79 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

24.28%

Hawaii Medical Service Association (HMSA)

12.63%

Kaiser Permanente

8.33%

Ohana Health Plan

35.44%

UnitedHealthcare Community Plan

28.44%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder - Total

80 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

57.18%

Hawaii Medical Service Association (HMSA)

67.68%

Kaiser Permanente

56.25%

Ohana Health Plan

54.04%

UnitedHealthcare Community Plan

50.15%



D2.VII.1 Measure Name: Plan All-Cause Readmissions - Expected Readmissions—Total*

81 / 102

D2.VII.2 Measure Domain

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.97%

Hawaii Medical Service Association (HMSA)

9.68%

Kaiser Permanente

9.56%

Ohana Health Plan

11.83%

UnitedHealthcare Community Plan

11.06%



D2.VII.1 Measure Name: Plan All-Cause Readmissions - Observed Readmissions—Total*

82 / 102

D2.VII.2 Measure Domain

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

7.47%

Hawaii Medical Service Association (HMSA)

8.29%

Kaiser Permanente

8.79%

Ohana Health Plan

9.94%

UnitedHealthcare Community Plan

11.35%

**D2.VII.1 Measure Name: Plan All-Cause Readmissions - Outliers—Total** 8 / 102**D2.VII.2 Measure Domain**

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

46.02%

Hawaii Medical Service Association (HMSA)

32.84%

Kaiser Permanente

26.55%

Ohana Health Plan

51.90%

UnitedHealthcare Community Plan

33.79%



D2.VII.1 Measure Name: Prenatal and Postpartum Care- Postpartum Care 84 / 102

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

73.24%

Hawaii Medical Service Association (HMSA)

67.54%

Kaiser Permanente

86.38%

Ohana Health Plan

66.67%

UnitedHealthcare Community Plan

79.08%



D2.VII.1 Measure Name: Prenatal and Postpartum Care- Timeliness of Prenatal Care 85 / 102

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

77.37%

Hawaii Medical Service Association (HMSA)

77.70%

Kaiser Permanente

90.32%

Ohana Health Plan

67.02%

UnitedHealthcare Community Plan

73.24%



D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate (per 100,000 member months) - Total*

86 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0272

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

8.54%

Hawaii Medical Service Association (HMSA)

8.39%

Kaiser Permanente

7.48%

Ohana Health Plan

14.21%

UnitedHealthcare Community Plan

11.03%



D2.VII.1 Measure Name: Diabetes Long-Term Complications Admission Rate (per 100,000 member months)- Total* 87 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
0274

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
20.47%

Hawaii Medical Service Association (HMSA)
12.56%

Kaiser Permanente
13.41%

Ohana Health Plan
20.16%

UnitedHealthcare Community Plan
22.68%



D2.VII.1 Measure Name: COPD or Asthma in Older Adults Admission Rate (per 100,000 member months) - Total* 88 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

23.01%

Hawaii Medical Service Association (HMSA)

16.24%

Kaiser Permanente

17.41%

Ohana Health Plan

18.56%

UnitedHealthcare Community Plan

35.02%



D2.VII.1 Measure Name: Hypertension Admission Rate (per 100,000 member months) Total* 89 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0276

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

5.16%

Hawaii Medical Service Association (HMSA)

2.84%

Kaiser Permanente

2.81%

Ohana Health Plan

5.29%

UnitedHealthcare Community Plan

5.62%



D2.VII.1 Measure Name: Heart Failure Admission Rate (per 100,000 member months) Total*

90 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

56.59%

Hawaii Medical Service Association (HMSA)

32.32%

Kaiser Permanente

38.04%

Ohana Health Plan

63.11%

UnitedHealthcare Community Plan

69.70%



Complete

D2.VII.1 Measure Name: Uncontrolled Diabetes Admission Rate (per 100,000 member months) - Total* 91 / 102**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0638

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

1.93%

Hawaii Medical Service Association (HMSA)

1.26%

Kaiser Permanente

0.31%

Ohana Health Plan

4.96%

UnitedHealthcare Community Plan

4.37%



D2.VII.1 Measure Name: Asthma in Younger Adults Admission Rate (per 100,000 member months)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0283

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

5.17%

Hawaii Medical Service Association (HMSA)

1.53%

Kaiser Permanente

1.17%

Ohana Health Plan

7.37%

UnitedHealthcare Community Plan

1.22%



D2.VII.1 Measure Name: Lower-Extremity Amputation Among Patients with Diabetes Admission Rate (per 100,000 member months) - Total*

93 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0285

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.09%

Hawaii Medical Service Association (HMSA)

3.35%

Kaiser Permanente

3.12%

Ohana Health Plan

7.60%

UnitedHealthcare Community Plan

10.61%



D2.VII.1 Measure Name: Chronic Conditions Composite (per 100,000 member months) 94 / 102

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

109.63%

Hawaii Medical Service Association (HMSA)

778.99%

Kaiser Permanente

80.45%

Ohana Health Plan

131.51%

UnitedHealthcare Community Plan

147.93%



D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia 95 / 102

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1879

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

64.55%

Hawaii Medical Service Association (HMSA)

58.62%

Kaiser Permanente

62.93%

Ohana Health Plan

75.21%

UnitedHealthcare Community Plan

67.43%



D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

96 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

68.97%

Hawaii Medical Service Association (HMSA)

69.70%

Kaiser Permanente

79.33%

Ohana Health Plan

68.77%

UnitedHealthcare Community Plan

76.82%



D2.VII.1 Measure Name: Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

97 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.19%

Hawaii Medical Service Association (HMSA)

72.98%

Kaiser Permanente

73.05%

Ohana Health Plan

36.68%

UnitedHealthcare Community Plan

53.62%



D2.VII.1 Measure Name: Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits

98 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

57.82%

Hawaii Medical Service Association (HMSA)

69.57%

Kaiser Permanente

70.41%

Ohana Health Plan

33.24%

UnitedHealthcare Community Plan

56.67%



**D2.VII.1 Measure Name: Weight Assessment and Counseling for
Nutrition and Physical Activity for Children/Adolescents - BMI
Percentile Documentation—Total**

99 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

82.00%

Hawaii Medical Service Association (HMSA)

76.52%

Kaiser Permanente

95.38%

Ohana Health Plan

61.52%

UnitedHealthcare Community Plan

82.00%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition—Total

100 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

76.16%

Hawaii Medical Service Association (HMSA)

73.48%

Kaiser Permanente

98.30%

Ohana Health Plan

38.85%

UnitedHealthcare Community Plan

76.89%



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity—Total

101 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

75.43%

Hawaii Medical Service Association (HMSA)

71.04%

Kaiser Permanente

98.30%

Ohana Health Plan

36.83%

UnitedHealthcare Community Plan

75.43%



D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits - Total 102 / 102

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

40.26%

Hawaii Medical Service Association (HMSA)

52.41%

Kaiser Permanente

41.15%

Ohana Health Plan

26.41%

UnitedHealthcare Community Plan

38.61%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 1



Complete

D3.VIII.1 Intervention type: Compliance letter

1 / 1

D3.VIII.2 Intervention topic

Staffing and Access to services

D3.VIII.3 Plan name

Kaiser Permanente

D3.VIII.4 Reason for intervention

1. Administrator/CEO/Executive Director Vacancy – Contract Section 11.2
The Administrator/CEO/Executive Director position has been vacant over eight months, with temporary assignment to Kaiser staff. MQD is concerned about this position being vacated for such a long period of time given the senior leadership nature of this position for the QI contract, as well as the temporary assignments being spread over staff who are already assigned to other required QI contract position(s). 2. Access To Medically Necessary Mental Health Services – Contract Section 8.1.B.3.m.2 and Section 8.1.C.1.d
There shall be a minimum 1:100 ratio of other behavioral health providers to Members with SMI or SPMI diagnosis, and they shall be seen by MH providers within twenty-one days. With the advent of the strike action, MQD is concerned about timely access to MH services for Members.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

12/13/2022

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/04/2023

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	AlohaCare
		6
		Hawaii Medical Service Association (HMSA)
		7
		Kaiser Permanente
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	1
		Ohana Health Plan
		3
		UnitedHealthcare Community Plan
		1
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting	AlohaCare
		0.3:1,000
		Hawaii Medical Service Association (HMSA)
		0.08:1,000
		Kaiser Permanente
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	7
		Ohana Health Plan
		20
		UnitedHealthcare Community Plan
		51

per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Kaiser Permanente

0.13:1,000

Ohana Health Plan

0.51:1,000

UnitedHealthcare Community Plan

0.85:1,000

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

AlohaCare

0

Hawaii Medical Service Association (HMSA)

12

Kaiser Permanente

1

Ohana Health Plan

2

UnitedHealthcare Community Plan

59

D1X.5

Ratio of resolved program integrity investigations to enrollees

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

AlohaCare

0:1,000

Hawaii Medical Service Association (HMSA)

0.05:1,000

Kaiser Permanente

0.02:1,000

Ohana Health Plan

0.05:1,000

UnitedHealthcare Community Plan

0.98:1,000

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

AlohaCare

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Hawaii Medical Service Association (HMSA)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Kaiser Permanente

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Ohana Health Plan

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UnitedHealthcare Community Plan

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

AlohaCare

6

Hawaii Medical Service Association (HMSA)

4

Kaiser Permanente

7

Ohana Health Plan

19

UnitedHealthcare Community Plan

1

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the

AlohaCare

0.07:1,000

Hawaii Medical Service Association (HMSA)

state during the reporting year

to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

0.02:1,000

Kaiser Permanente

0.13:1,000

Ohana Health Plan

0.49:1,000

UnitedHealthcare Community Plan

0.02:1,000

D1X.9

Plan overpayment reporting to the state

Describe the plan’s latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3).

Include, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

AlohaCare

The plan provides a quarterly overpayments report. The report includes MCO overpayments discovered and recovered. For CY 2023, AlohaCare reported \$3,727,124 in recovered overpayments. The ratio of recovered overpayments to premium revenue is 1%.

Hawaii Medical Service Association (HMSA)

The plan provides a quarterly overpayments report. The report includes MCO overpayments discovered and recovered. For CY 2023, HMSA reported \$14,522,575 in recovered overpayments. The ratio of recovered overpayments to premium revenue is 1%.

Kaiser Permanente

The plan provides a quarterly overpayments report. The report includes MCO overpayments discovered and recovered. For CY 2023, Kaiser reported \$6,228,506 in recovered overpayments. The ratio of recovered overpayments to premium revenue is 3%.

Ohana Health Plan

The plan provides a quarterly overpayments report. The report includes MCO overpayments discovered and recovered. For CY 2023, Ohana reported \$6,136,900 in recovered overpayments. The ratio of recovered overpayments to premium revenue is 2%.

UnitedHealthcare Community Plan

The plan provides a quarterly overpayments report. The report includes MCO overpayments discovered and recovered. For CY 2023, United reported \$13,723,931 in recovered overpayments. The ratio of recovered overpayments to premium revenue is 3%.

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

AlohaCare

Weekly

Hawaii Medical Service Association (HMSA)

Weekly

Kaiser Permanente

Weekly

Ohana Health Plan

Weekly

UnitedHealthcare Community Plan

Weekly

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<p>Hawaii Health and Harm Reduction Center Other Community-Based Organization</p> <p>Hui O Hauula Other Community-Based Organization</p> <p>Kalihi Palama Health Center Other Community-Based Organization</p> <p>Kokua Kalihi Valley Comprehensive Family Services Other Community-Based Organization</p> <p>Koolauloa Community Health and Wellness Center Other Community-Based Organization</p> <p>Legal Aid Society of Hawaii Legal Assistance Organization</p> <p>Project Vision Hawaii (Statewide) Other Community-Based Organization</p> <p>Waianae Coast Comprehensive Health Center Other Community-Based Organization</p> <p>Waikiki Health Other Community-Based Organization</p> <p>Waimanalo Health Center Other Community-Based Organization</p> <p>We Are Oceania Other Community-Based Organization</p> <p>Hawaii Island Community Health Center Hilo/Kona</p>

Other Community-Based Organization

Hamakua Health Center

Other Community-Based Organization

Kumukahi Heath + Wellness Kea'au and Kailua-Kona

Other Community-Based Organization

Kalanihale

Other Community-Based Organization

Hana Health

Other Community-Based Organization

IMUA Family Services

Other Community-Based Organization

Lanai Community Health Center

Other Community-Based Organization

Malama I Ke Ola

Other Community-Based Organization

Maui Aids Foundation

Other Community-Based Organization

Molokai Community Health Center

Other Community-Based Organization

Hoola Lahui Hawaii

Other Community-Based Organization

Malama Pono Health Services

Other Community-Based Organization

EIX.2**BSS entity role**

What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).

Hawaii Health and Harm Reduction Center

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Hui O Hauula

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Kalihi Palama Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Kokua Kalihi Valley Comprehensive Family Services

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Koolauloa Community Health and Wellness Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Legal Aid Society of Hawaii

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Project Vision Hawaii (Statewide)

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Waianae Coast Comprehensive Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Waikiki Health

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Waimanalo Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

We Are Oceania

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

**Hawaii Island Community Health Center
Hilo/Kona**

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Hamakua Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

**Kumukahi Heath + Wellness Kea'au and
Kailua-Kona**

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Kalanihale

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Hana Health

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

IMUA Family Services

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Lanai Community Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Malama I Ke Ola

Malama Pono

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Maui Aids Foundation

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents

Molokai Community Health Center

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Hoola Lahui Hawaii

Other, specify – Provides outreach, education and enrollment assistance to Hawaii residents

Malama Pono Health Services

Other, specify – Kokua Services Contract provides outreach, education and enrollment assistance to Hawaii residents
