Public Summary Quarterly Report

Note: Graphs are available for line items with (*). Items that are not available at this time are shaded in gray.

		Jan 2015 - Mar 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
	QUEST Integration Population* - *The number of individuals in the QUEST Integration program by health plan that only have Medicaid (Medicaid Non-Dual) or have both Medicare and Medicaid (Medicaid Dual).*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	Medicaid Non-Dual	62,168	149,601	27,500	26,115	22,441
	Medicaid Dual	624	852	340	14,432	15,920
	Total Medicaid	62,792	150,453	27,840	40,547	38,361
	% of Total Medicaid Population	20%	47%	9%	13%	12%
Member Related	***Member Call Center**** - *Information on the operations of each health plan's member call center.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Member Calls	12,745	25,436	1,931	37,854	16,335
	Avg. time until phone answered (minute:second)	00:07	00:25	00:19	00:41	00:25
	Avg. time on phone with member (minute:second)	04:13	05:23	03:34	08:44	05:26
	Longest wait time on hold (minute:second)	03:59	15:23	04:55	26:39	42:01
	% of Member calls not answered	1.9%	2.3%	3.5%	5.3%	2.7%
	Member Interpretation (verbal) Services* - *Information on the number of interpretation requests by members to each health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# of Cantonese Requests	1	118	139	15	51
	# of Mandarin Requests	5	101	24	22	30
	# of Vietnamese Requests	2	113	112	44	23
	# of Korean Requests	6	36	12	68	42
	# of Ilocano Requests	6	32	1	55	6
	# of Other Language Requests	20	96	18	138	50
	***Member Grievances & Appeals*-** *Information on grievances and appeals filed by members to each health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# of Member Grievances Completed	55	15	38	133	123
	# of Member Grievances In-Process	13	7	2	70	56
	# of Member Appeals Completed	1	92	4	1	17
	# of Member Appeals In-Process	2	25	0	0	7
	Health Plan Member Appeal - *Information on appeal decisions made by each health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received					
	Resolved in favor of Member					
	Resolved in favor of Health Plan					
	DHS Member Appeals* - *Information on appeals filed by members to the Department of Human Services (DHS).*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received	1	2	0	2	2
	Resolution in Member's favor	0	1	0	2	2
	Resolution in DHS favor	1	1	0	0	0

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	Jan 2015 - Mar 2015				
	AlohaCare	hmsa	KAISER	'OHANA	UnitedHealthcare Community Plan
Long Term Services and Support (LTSS) *- Information on members receiving LTSS including NF, HCBS, and At- Risk. (C) -- Based on Claims*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
Total Members receiving LTSS					
# of Members in NF (C)	20	31	16	1,275	1,129
% of Members in NF/HCBS					
# of Members in HCBS (C)	11	177	20	2,258	2,332
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	4	63	5	715	1,034
# of HCBS Members in Self-Direction (C)	9	16	7	857	880
# of HCBS Members receiving other HCBS (C)	7	117	15	1,401	1,030
# of Members in At-Risk (C)					
# of At-Risk Members in Self-Direction (C)					
# of At-Risk Members receiving other HCBS (C)					
Going Home Plus (GHP) Program *- Information on members in the GHP program.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
# of Active Members in GHP program	0	0	0	39	45
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	0	0	0	23	25
# of Members receiving services in their homes	0	0	0	16	20
# Re-institutionalized	0	0	0	0	0
Provider Network *- Information on the number of various providers in each health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
# of PCPs	582	782	205	783	947
# PCPs - (accepting new members)	410	520	199	515	834
# Specialists	2,236	2,202	310	1,499	1,565
# Specialists (accepting new members)	997	2,202	310	949	1,531
# Behavioral Health Providers	696	1,306	65	621	776
# Behavioral Health Providers (accepting new members)	519	1,306	65	573	765
# Hospitals	25	26	14	24	20
# LTSS Facilities (Hosp./NF)	44	33	15	38	26
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	302	479	350	1,019	1,007
# HCBS Providers (except residential settings and LTSS facilities)	39	213	41	153	334
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,547	1,675	113	1,735	972
Total # of Providers	5,471	6,716	1,113	5,872	5,647

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		Jan 2015 - Mar 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Provider Related	***Timely Access*** *- Information on the standard wait times for different member services.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	Avg. wait time for PCP Pediatric Sick Visits (24 hours) - % of requests that meet waiting time standard	76%	94%	96%	95%	100%
	Avg. wait time for PCP Adult Sick Visits (72 hours) -% of requests that meet waiting time standard	86%	89%	91%	87%	100%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard		83%	45%	92.5%	
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	93%	85%	96%	98%	71%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	92%	77%	84%	95%	60%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard	95%	100%	93%	97%	50%
	Provider Claims* *- Information on provider claims processed by each health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	% of Claims processed within 30 days (both electronic and paper)	99%	92%	94%	98%	98%
	% of Claims processed within 90 days (both electronic and paper)	100%	100%	100%	100%	99%
	% of Claims denied	6%	3%	6%	11%	4%
	% of Claims pended for additional information					
	Value-driven Health Care* *- Information on provider participation in Value-based Purchasing. Value-based purchasing is a reimbursement methodology that pays providers for quality services instead of number of visits.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	% of PCPs participating in Value-based Purchasing	38.4%	76%	100%	34.7%	31.5%
	% of Hospital participating in Value-based Purchasing	28%	57.9%	100%	6.6%	56.5%

Public Summary Quarterly Report

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		Jan 2015 - Mar 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Behavioral Health	***Community Care Services (CCS)*** *- Information on members referred to the CCS program. CCS is a program for behavioral health services.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Referred to MQD	41	34	13	109	40
	# Approved for CCS	32	26	12	41	33
	% of Approval for CCS	78%	76%	92%	38%	83%
	Behavioral Health Services* *- Information provided by 'Ohana Only on CCS members.*				**'OHANA**	
	# of CCS Members				5,383	
	% of CCS Members without Medicare refilling medication within 90 days of last refill					
	% of CCS Members without Medicare NOT refilling medication within 90 days of last refill					
	# of CCS Members with ED visits				140	
	# of CCS Members with a Psychiatric Hospitalization				211	
	# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization				21	
	# of CCS Members with an adverse event				20	
Service Coordination	***Service Coordination*** *- Information on members receiving service coordination.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# of Members receiving Service Coordination (per 100 members)					
	# of Members receiving Service Coordination in LTSS (per 100 members)					
	# of Members receiving Service Coordination in SHCN (per 100 members)					
	% of Members in health plan receiving Service Coordination					
Dual Eligibles	***Dual Eligible Summary*** *- Information on Medicaid dual eligible members receiving SHCN. Dual eligible members have both Medicare and Medicaid as their health insurance.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# of Medicaid dual members who had a HFA					
	# of Medicaid dual members who refused service coordination					
	# of Medicaid dual members who cannot be found					

Public Summary Quarterly Report

Note: Graphs are available for line items with (*). Items that are not available at this time are shaded in gray.

		Jan 2015 - Mar 2015				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Utilization Management	***Prior Authorization (PA) Medical Requests -*** *Information on medical prior authorization requests received by each health plan. This includes authorization requests for medical, behavioral health and LTSS.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received	3,767	3,598	819	4,733	8,208
	# Approved	3,404	2,695	781	4,291	7,300
	% of Approval	90%	75%	95%	91%	89%
	Avg time to complete a PA in days	5.5	4.6	2.7	2.8	3.3
	Prior Authorization (PA) Pharmacy Requests - *Information on pharmacy prior authorization requests received by health plan.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	# Received					
	# Approved					
	% of Approval					
	Avg time to complete a PA in days					
	Utilization of Services *- Information on services utilized by members.*	**AlohaCare**	**HMSA**	**KAISER**	**'OHANA**	**UHC**
	Hospital Readmissions within 30 days	102	903	25	314	95
	# of Members with ED visit (per 100 members)	60	46	2	83	64
	% of Members with ED visit NOT admitted to hospital					
	% of Members with ED visit admitted to hospital					
	Avg Hospital length of stay (days- a day is 24hrs or longer)					
	# of Hospital Admissions (per 100 members)	8	10.4	0.3	15.1	19.6
	# of Members with HAC and OPPC (per 100 members)					
	# of Members receiving Hep C treatment drugs (per 100 members)					

FOR MQD USE ONLY							
	Member Interpretation Requests	Cantonese	Mandarin	Vietnamese	Korean	Ilocano	Other
	Total # of Requests (all health plans)	324	182	294	164	100	321

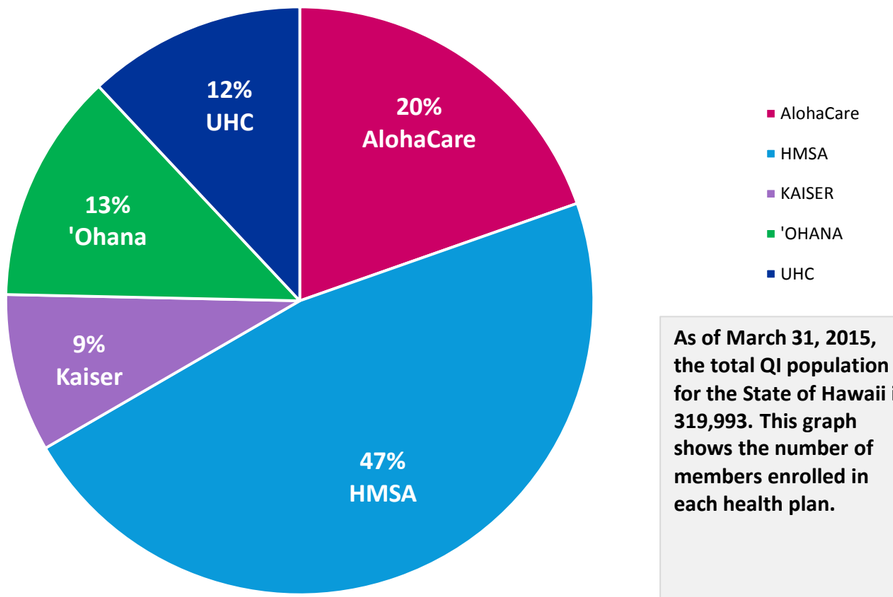
Legend:
ALF = Assisted Living Facilities
C = Based on claims
CCFFH = Community Care Foster Family Homes
CCS = Community Care Services
DHS = Department of Human Services
E-ARCH = Expanded Adult Residential Care Homes
ED = Emergency Department
FQHC = Federal Qualified Health Center
GHP = Going Home Plus
HAC = Health Care Acquired Condition
HCSB = Home and Community Based Services
Hep C = Hepatitis C
HFA = Health and Functional Assessment
HHA = Home Health Agencies
Hosp = Hospital
LTSS = Long Term Services and Supports
Medicaid Dual = Individual with both Medicare and Medicaid
MQD = Med-QUEST Division
NF = Nursing Facility
Other HCBS (At-Risk)= Adult Day Care, Adult Day Health, Home Delivered Meals, Personal Care, Personal Emergency Response System and Skilled Nursing
OPPC = Other Provider Preventable Conditions
PA = Prior Authorization
PCMH = Patient-Centered Medical Home
PCP = Primary Care Provider
QI = QUEST Integration
Residential Settings = CCFFH, ALF, ARCH/E-ARCH
SHCN = Special Health Care Needs
Value-based Purchasing = A program that awards participating providers based on performance.

Line items with "(per 100 members)" means the item is based on every 100 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "8 members with ED visit per hundred members". This means that for every 100 members, 8 members visited ED every year. So, a health plan with 100,000 members would have 8,000 ED visits.

Public Summary Quarterly Report - Member Related

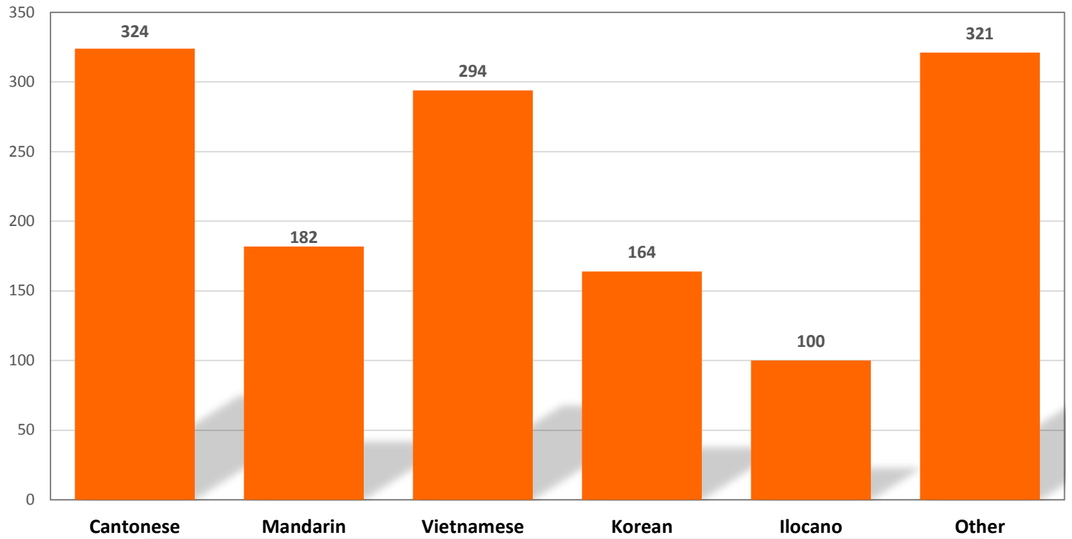
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC cover members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show the services provided by all health plans to QI members for the State of Hawaii. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

% of QUEST Integration Population



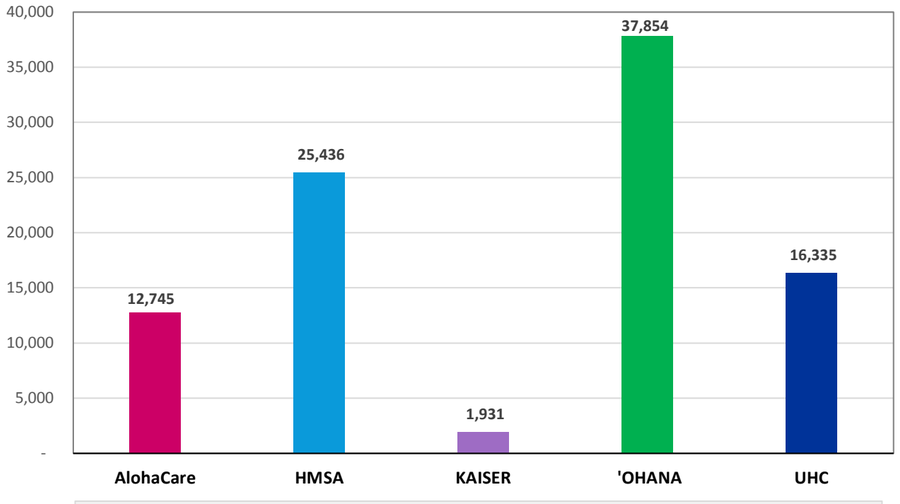
As of March 31, 2015, the total QI population for the State of Hawaii is 319,993. This graph shows the number of members enrolled in each health plan.

Language Interpretation Requests (all QI health plans)



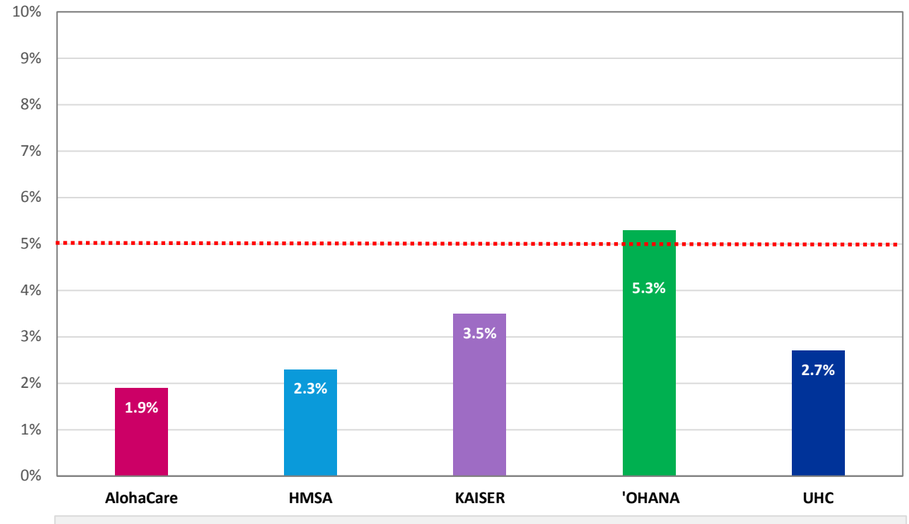
***This graph shows the top five language interpretation requests from members during January - March 2015 across all health plans. Languages other than these five may also be requested.**

QI Member Calls



***QI health plans received a total of 94,301 QI calls from January - March 2015. This graph shows the number of calls each health plan received from their members.**

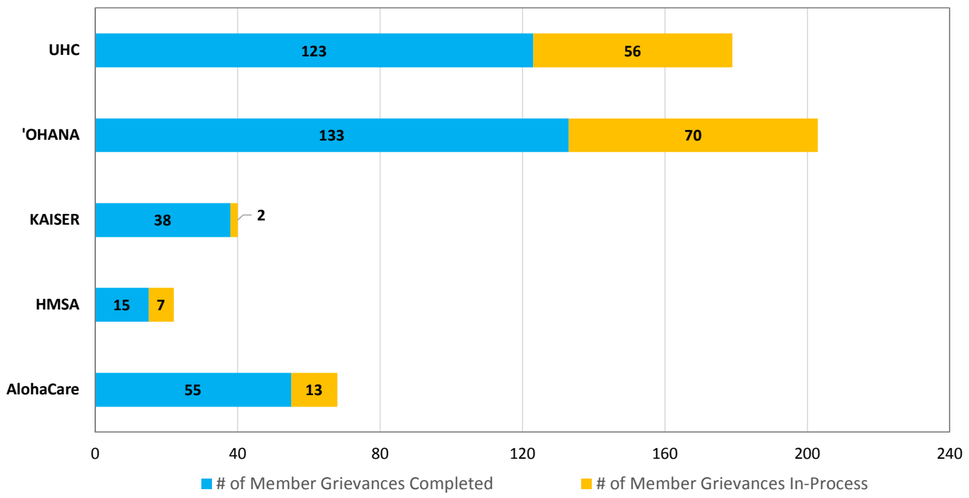
QI Member Calls Unanswered



***QI health plans are required to have an unanswered call rate at 5% or less for all member calls. The average QI member calls that were not answered during January - March 2015 was 3.14% or 2,961 of the 94,301 calls for all health plans. In this graph, having results below the red line is good.**

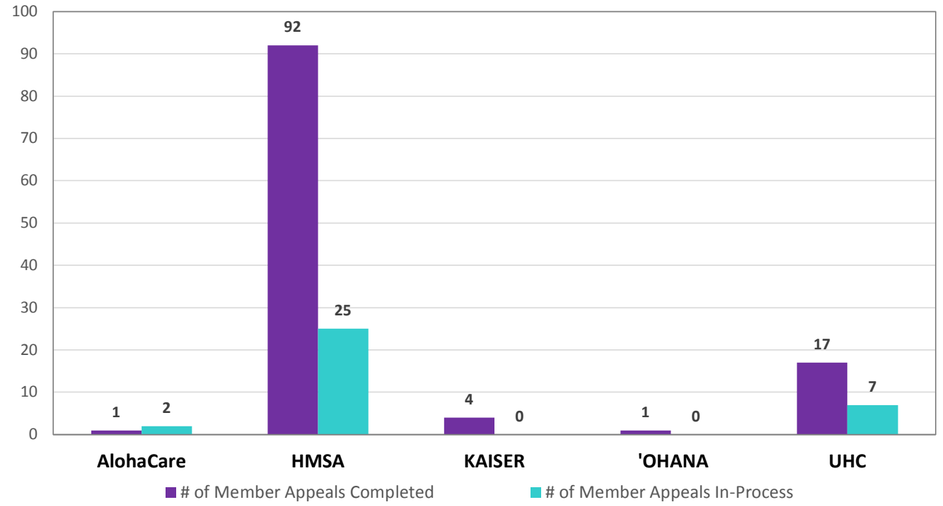
Public Summary Quarterly Report - Member Related

Member Grievances Completed and In-Process



***This chart shows the number of member grievances completed by the health plans during January-March 2015. It also shows the number of member grievances that are in the process of being reviewed.**

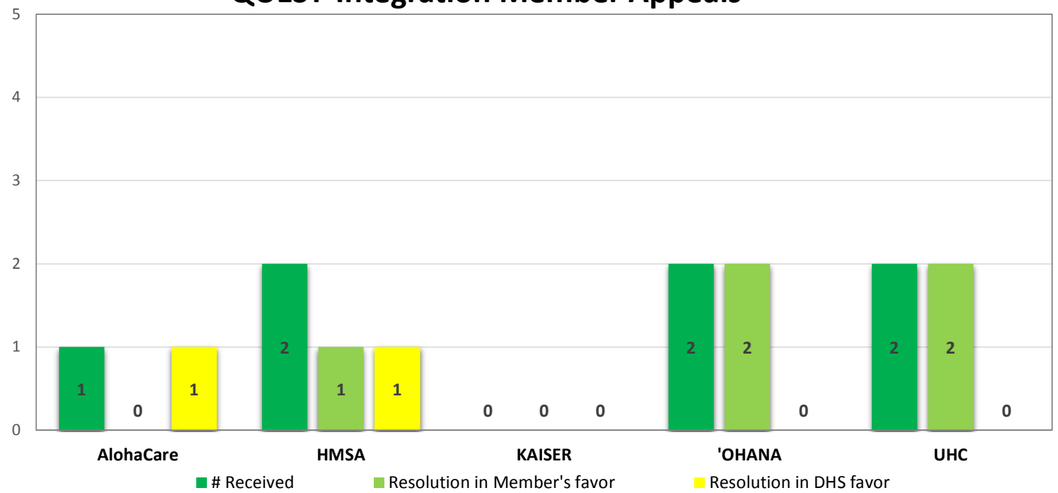
Member Appeals Completed and In-Process



***This chart shows the number of member appeals completed by the health plans during January-March 2015. It also shows the number of member appeals that are in the process of being reviewed.**

Department of Human Services (DHS)

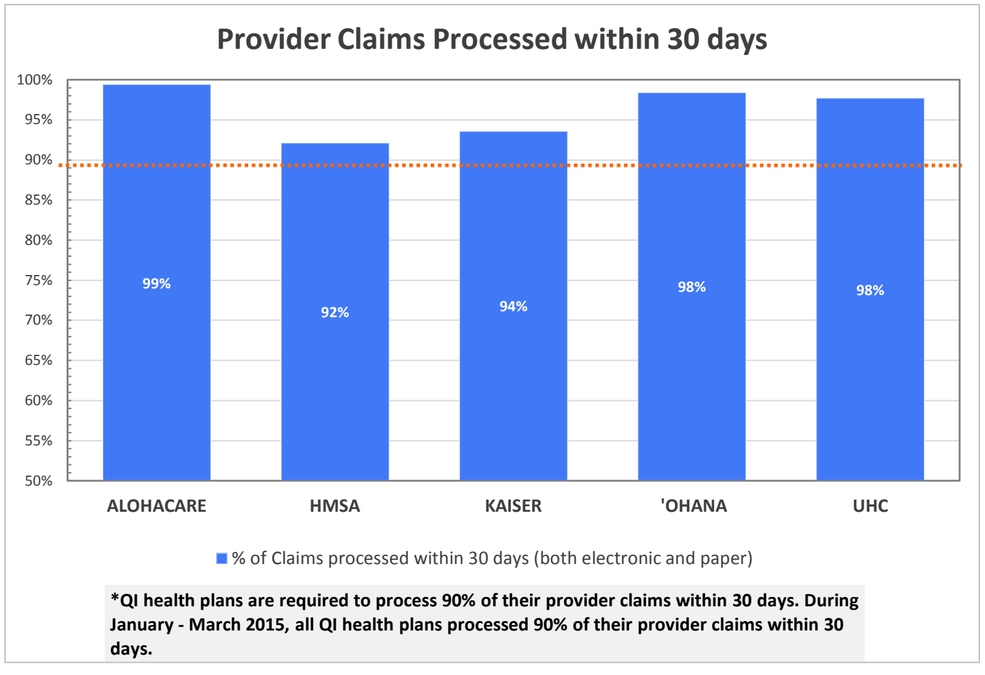
QUEST-Integration Member Appeals



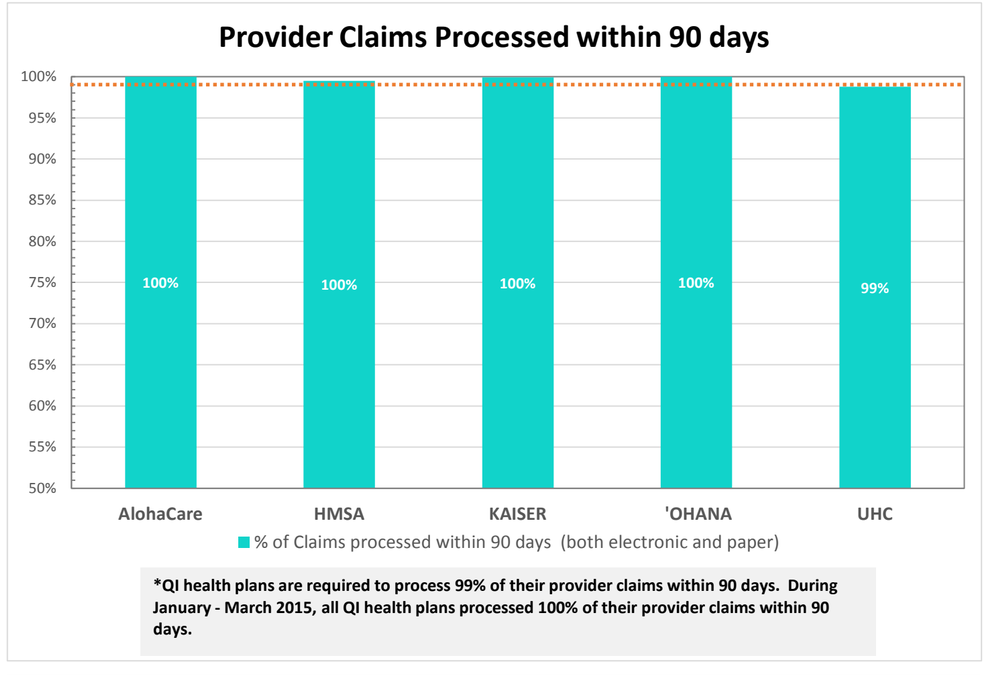
***This graph shows the total number of member appeals received by DHS during January - March 2015. It also shows how many appeals were resolved in favor of the member and appeals that were resolved in favor of DHS.**

Public Summary Quarterly Report - Provider Related

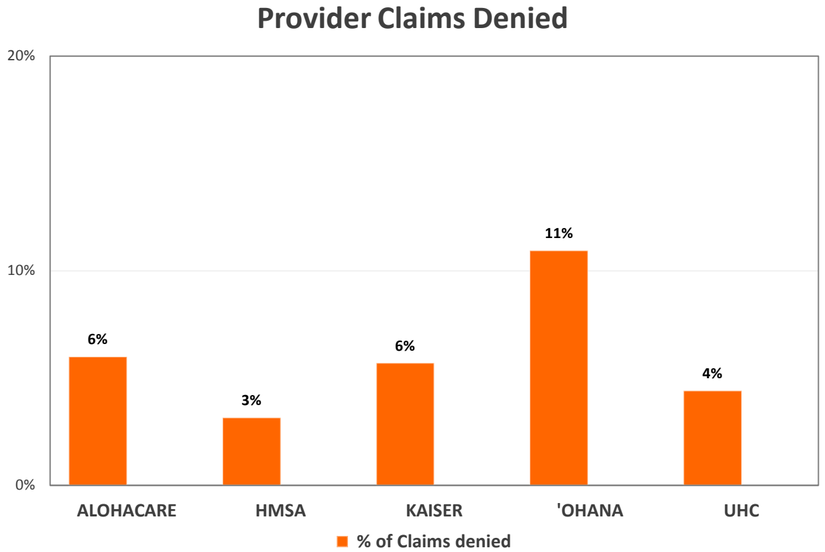
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show provider claims (both electronic and paper) processed by health plans and the value-based purchasing required by the QI program. For more information on services provided by QI health plans, see the PSR - Quarterly tab.



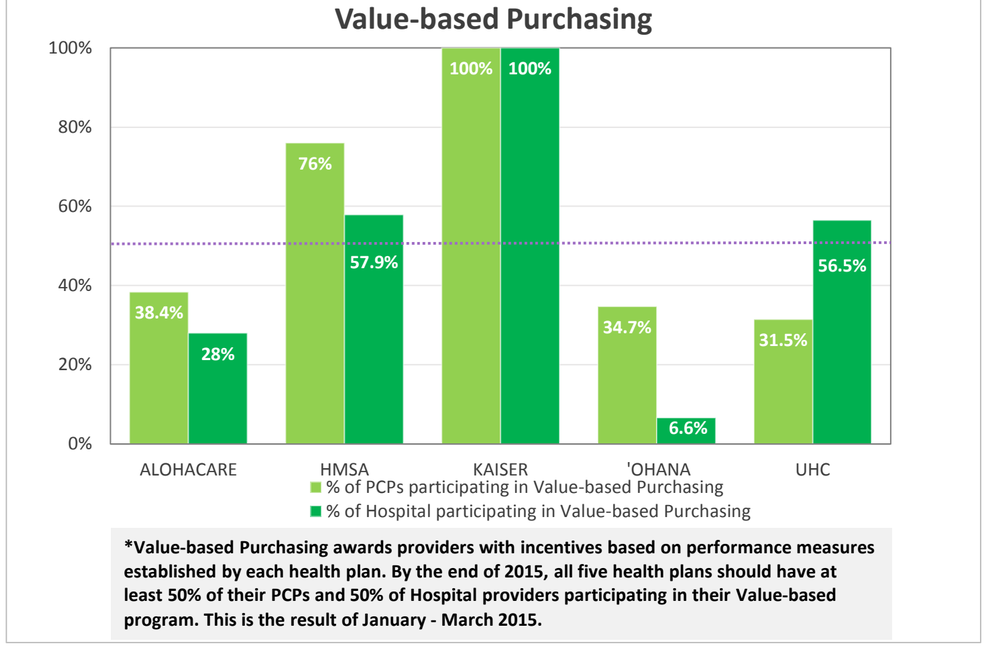
***QI health plans are required to process 90% of their provider claims within 30 days. During January - March 2015, all QI health plans processed 90% of their provider claims within 30 days.**



***QI health plans are required to process 99% of their provider claims within 90 days. During January - March 2015, all QI health plans processed 100% of their provider claims within 90 days.**



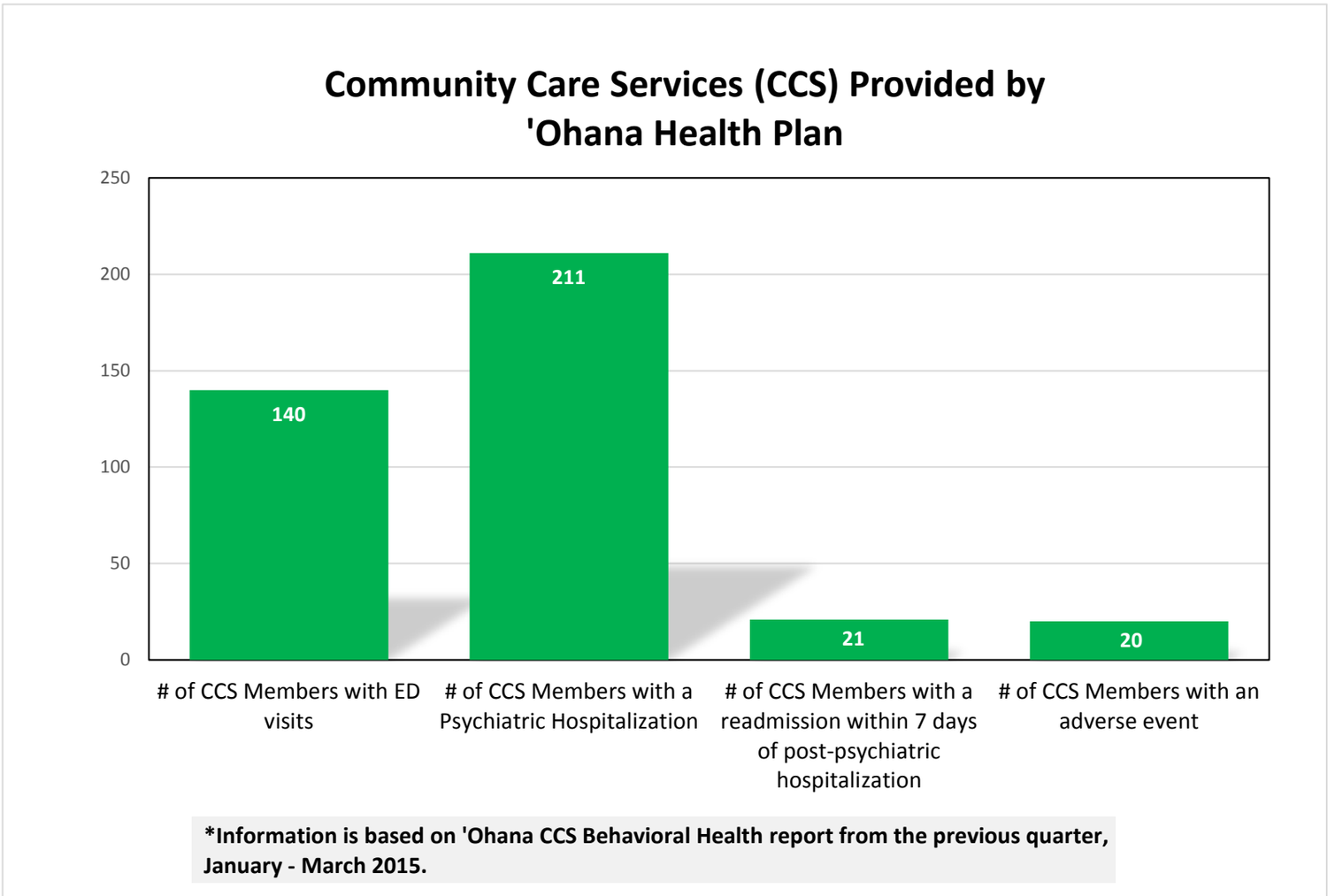
***This chart shows the percent of claims denied during January - March 2015.**



***Value-based Purchasing awards providers with incentives based on performance measures established by each health plan. By the end of 2015, all five health plans should have at least 50% of their PCPs and 50% of Hospital providers participating in their Value-based program. This is the result of January - March 2015.**

Public Summary Quarterly Report - Behavioral Health

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show Community Care Services (CCS) provided by 'Ohana health plan. For more information on services provided by QI health plans, see the PSR - Quarterly tab.



***Information is based on 'Ohana CCS Behavioral Health report from the previous quarter, January - March 2015.**