

# Public Summary Quarterly Report

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

Jul 2015 - Sep 2015



	AlohaCare	HMSA	KAISER	'OHANA	UHC
<b>QUEST Integration Population*</b> - 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).					
Medicaid Non-Dual	65,851	153,256	28,768	29,071	25,614
Medicaid Dual	851	1,258	401	13,760	15,527
Total Medicaid	66,702	154,514	29,169	42,831	41,141
% of Total Medicaid Population	20%	46%	9%	13%	12%
<b>Member Call Center*</b> - Information on the operations of each health plan's member call center.					
# Member Calls	12,316	21,600	1,812	30,105	13,349
Avg. time until phone answered (minute:second)	00:32	00:09	00:14	00:35	00:18
Avg. time on phone with member (minute:second)	04:32	04:57	04:20	11:39	05:29
Longest wait time on hold (minute:second)	1:29	08:16	04:05	31:01	01:59
% of Member calls not answered	6%	1%	1.4%	4%	1.7%
<b>Member Interpretation (verbal) Services*</b> - Information on the number of interpretation requests by members to each health plan.					
# of Cantonese Requests	1	146	107	9	40
# of Mandarin Requests	10	113	32	13	35
# of Vietnamese Requests	6	101	129	21	23
# of Korean Requests	4	41	29	21	16
# of Ilocano Requests	14	22	2	16	5
# of Other Language Requests	26	112	70	223	21
<b>Member Grievances &amp; Appeals</b> - Information on grievances and appeals filed by members to each health plan.					
# of Member Grievances Completed	124	37	32	138	199
# of Member Grievances In-Process	54	32	11	100	41
# of Member Appeals Completed	5	96	2	17	27
# of Member Appeals In-Process	4	61	0	11	28
<b>Health Plan Member Appeal</b> - Information on appeal decisions made by each health plan.					
# Received	4	113	0	17	27
Resolved in favor of Member	1	62	0	14	8
Resolved in favor of Health Plan	3	26	0	4	19

Member Related

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<b>DHS Member Appeals*</b> - Information on appeals filed by members to the Department of Human Services (DHS).					
# Received	0	2	0	1	2
Resolution in Member's favor	0	2	0	1	2
Resolution in DHS favor	0	0	0	0	0
<b>Long Term Services and Support (LTSS)</b> - Information on members receiving LTSS including NF, HCBS, and At-Risk. (C) -- Based on Claims					
Total Members receiving LTSS	124	366	143	3,376	4,563
# of Members in NF (C)	53	69	9	1,168	1,113
% of Members in NF/HCBS	75%	26%	15.9%	53%	13.8%
# of Members in HCBS (C)	71	231	59	2,208	2,193
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	6	23	14	684	962
# of HCBS Members in Self-Direction (C)	6	30	13	852	930
# of HCBS Members receiving other HCBS (C)	68	208	36	1,356	1,057
# of Members in At-Risk (C)	4	68	31	1,050	295
# of At-Risk Members in Self-Direction (C)	17	29	4	387	161
# of At-Risk Members receiving other HCBS (C)	1	62	8	352	134
<b>Going Home Plus (GHP) Program</b> - Information on members in the GHP program.					
# of Active Members in GHP program	5	1	2	32	34
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	3	1	1	15	16
# of Members receiving services in their homes	2	0	1	17	18
# Re-institutionalized	0	0	0	0	3
<b>Provider Network</b> - Information on the number of various providers in each health plan.					
# of PCPs	456	782	210	797	992
# PCPs - (accepting new members)	294	523	203	530	877
# Specialists	2,345	2,313	359	1,531	1,603
# Specialists (accepting new members)	1,089	2,313	359	964	1,568
# Behavioral Health Providers	711	1,356	63	643	825
# Behavioral Health Providers (accepting new members)	537	1,356	63	619	813
# Hospitals	26	26	14	24	24
# LTSS Facilities (Hosp./NF)	46	34	16	38	34
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	370	523	324	1,046	1,129
# HCBS Providers (except residential settings and LTSS facilities)	48	123	39	90	43
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,577	1,803	107	1,777	937
Total # of Providers	5,579	6,960	1,132	5,946	5,587

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		AlohaCare	HMSA	KAISER	'OHANA	UHC
<b>Provider Related</b>	<b>Timely Access</b> - Information on the standard wait times for different member services.					
	Avg. wait time for PCP Pediatric Sick Visits (24 hours) - % of requests that meet waiting time standard	88%	91%	96%	93%	100%
	Avg. wait time for PCP Adult Sick Visits (72 hours) - % of requests that meet waiting time standard	91%	94%	91%	90%	19.4%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	100%	86%	51%	93.0%	33.3%
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	91%	88%	95%	93%	35.3%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	97%	87%	90%	90%	30.5%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks) - % of requests that meet waiting time standard	100%	82%	40%	93%	
	<b>Provider Claims*</b> - Information on provider claims processed by each health plan.					
	% of Claims processed within 30 days (both electronic and paper)	99%	90%	100%	99%	98.6%
	% of Claims processed within 90 days (both electronic and paper)	100%	99%	100%	100%	99.3%
	% of Claims denied	13%	5%	6%	35%	2%
	% of Claims pended for additional information	0%	0%		0%	1.1%
	<b>Value-driven Health Care*</b> - 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.					
	% of PCPs participating in Value-based Purchasing	47%	78%	100%	53%	31%
	% of Hospital participating in Value-based Purchasing	28%	75%	100%	7%	58%

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		AlohaCare	HMSA	KAISER	'OHANA	UHC
<b>Behavioral Health</b>	<b>Community Care Services (CCS)</b> - Information on members referred to the CCS program. CCS is a program for behavioral health services.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Referred to MQD	47	38	9	67	46
	# Approved for CCS	39	26	7	48	42
	% of Approval for CCS	83%	68%	78%	72%	91%
	<b>Behavioral Health Services*</b> - Information provided by 'Ohana Only on CCS members.				'OHANA	
	# of CCS Members				6,380	
	% of CCS Members without Medicare refilling medication within 90 days of last refill				69%	
	% of CCS Members without Medicare NOT refilling medication within 90 days of last refill				31%	
	# of CCS Members with ED visits				140	
	# of CCS Members with a Psychiatric Hospitalization				224	
# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization				31		
# of CCS Members with an adverse event				22		
<b>Service Coordination</b>	<b>Service Coordination</b> - Information on members receiving service coordination.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# of Members receiving Service Coordination (per 100 members)	6.80	1.39	0.59	264.1	12
	# of Members receiving Service Coordination in LTSS (per 100 members)	1.38	0.24	0.15	198.9	94
	# of Members receiving Service Coordination in SHCN (per 100 members)	5.97	1.15	0.22	65.2	73
	% of Members in health plan receiving Service Coordination	0.57%	1%	1%	6%	12%
<b>Dual Eligibles</b>	<b>Dual Eligible Summary</b> - 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	8	2	47	26	46
	# of Medicaid dual members who refused service coordination	6	3	14	0	0
	# of Medicaid dual members who cannot be found	0	318	0	9	0

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		AlohaCare	HMSA	KAISER	'OHANA	UHC
<b>Utilization Management</b>	<b>Prior Authorization (PA) Medical Requests -</b> <i>Information on medical prior authorization requests received by each health plan. This includes authorization requests for medical, behavioral health and LTSS.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	4,456	1,699	1,399	5,601	8,128
	# Approved	3,790	1,633	1,367	5,573	7,264
	% of Approval	85%	96%	98%	99.5%	89%
	Avg time to complete a PA in days	7.5	7.5	7	4	3.9
	<b>Prior Authorization (PA) Pharmacy Requests -</b> <i>Information on pharmacy prior authorization requests received by health plan.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	279	1,652		2,112	696
	# Approved	261	1,081		1,322	402
	% of Approval	94%	65%		63%	58%
	Avg time to complete a PA in days	6	0		1	4
	<b>Utilization of Service*</b> - <i>Information on services utilized by members.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Hospital Readmissions within 30 days	91	135	30	141	163
	# of Members with ED visit (per 100 members)	16	10	7	48	11
	% of Members with ED visit NOT admitted to hospital	93%	94%	97%	88%	12%
	% of Members with ED visit admitted to hospital	7%	6%	3%	12%	88%
	Avg Hospital length of stay (days- a day is 24hrs or longer)	3.98	3.1	4.3	5.4	5.7
	# of Hospital Admissions (per 100 members)	25.39	1.9	0.3	9.9	3.9
	# of Members with HAC and OPPC (per 100 members)	0	0	0	0.07	0.008
# of Members receiving Hep C treatment drugs (per 100 members)	0.108	0.017	0.02	0.053	0.03	

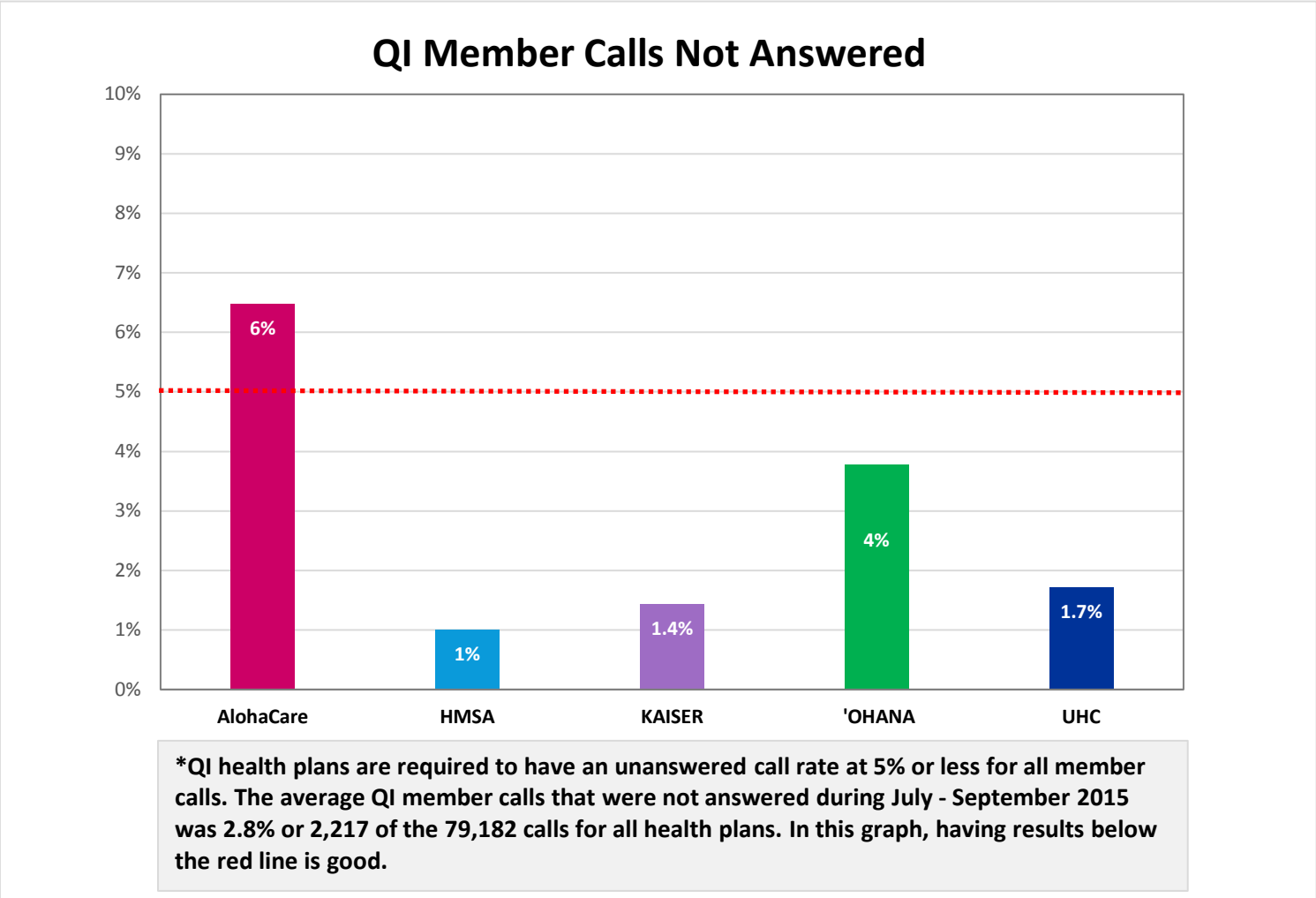
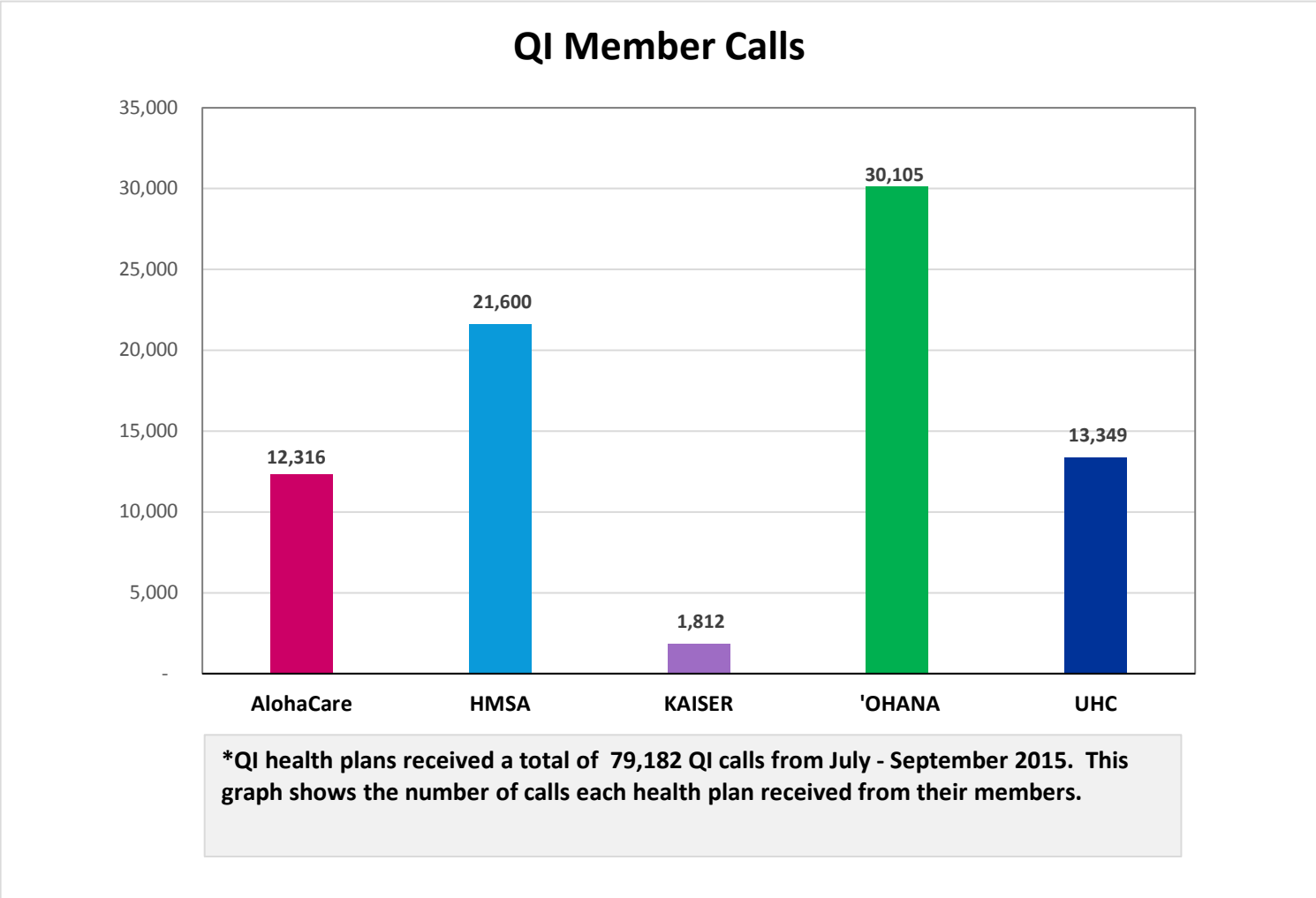
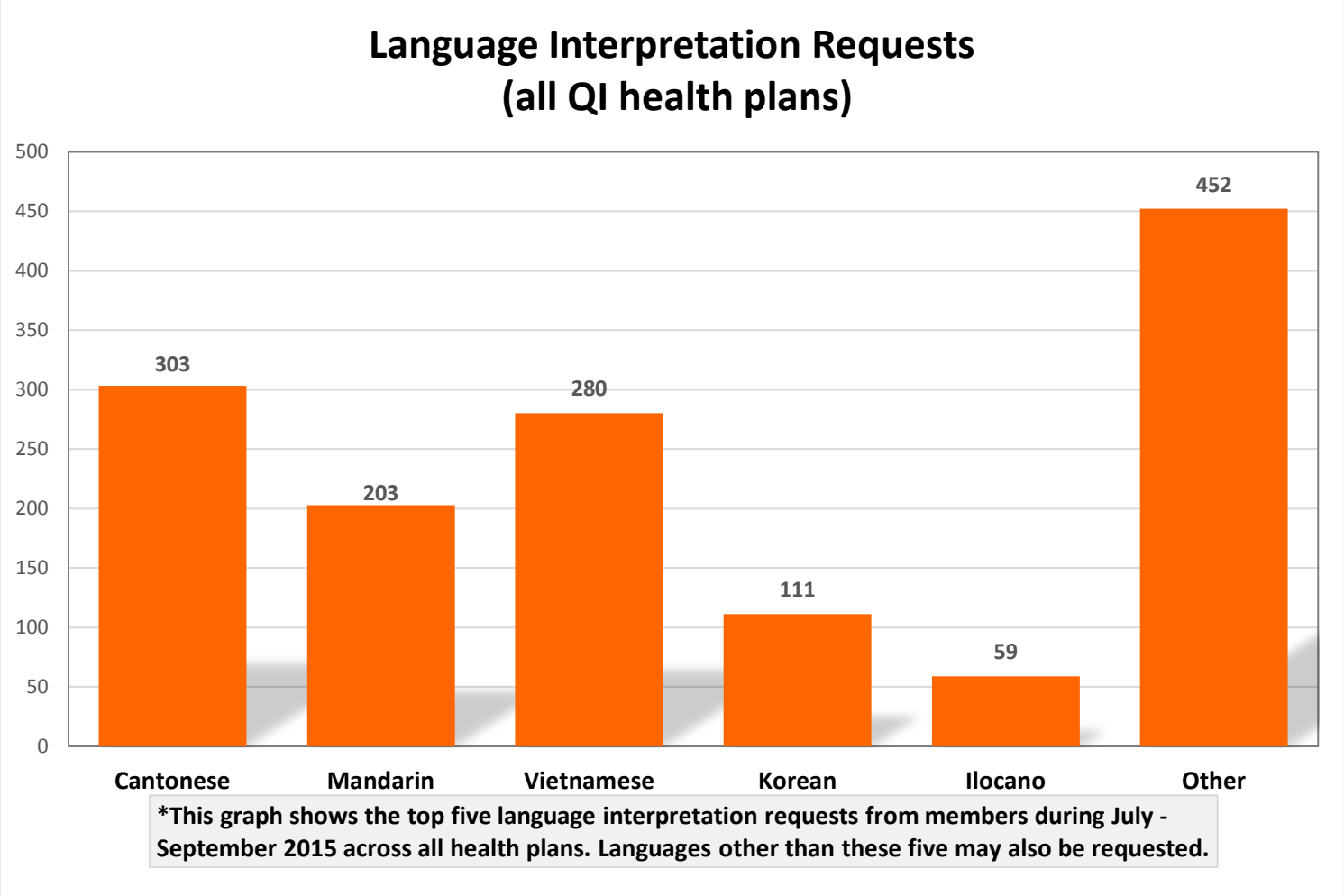
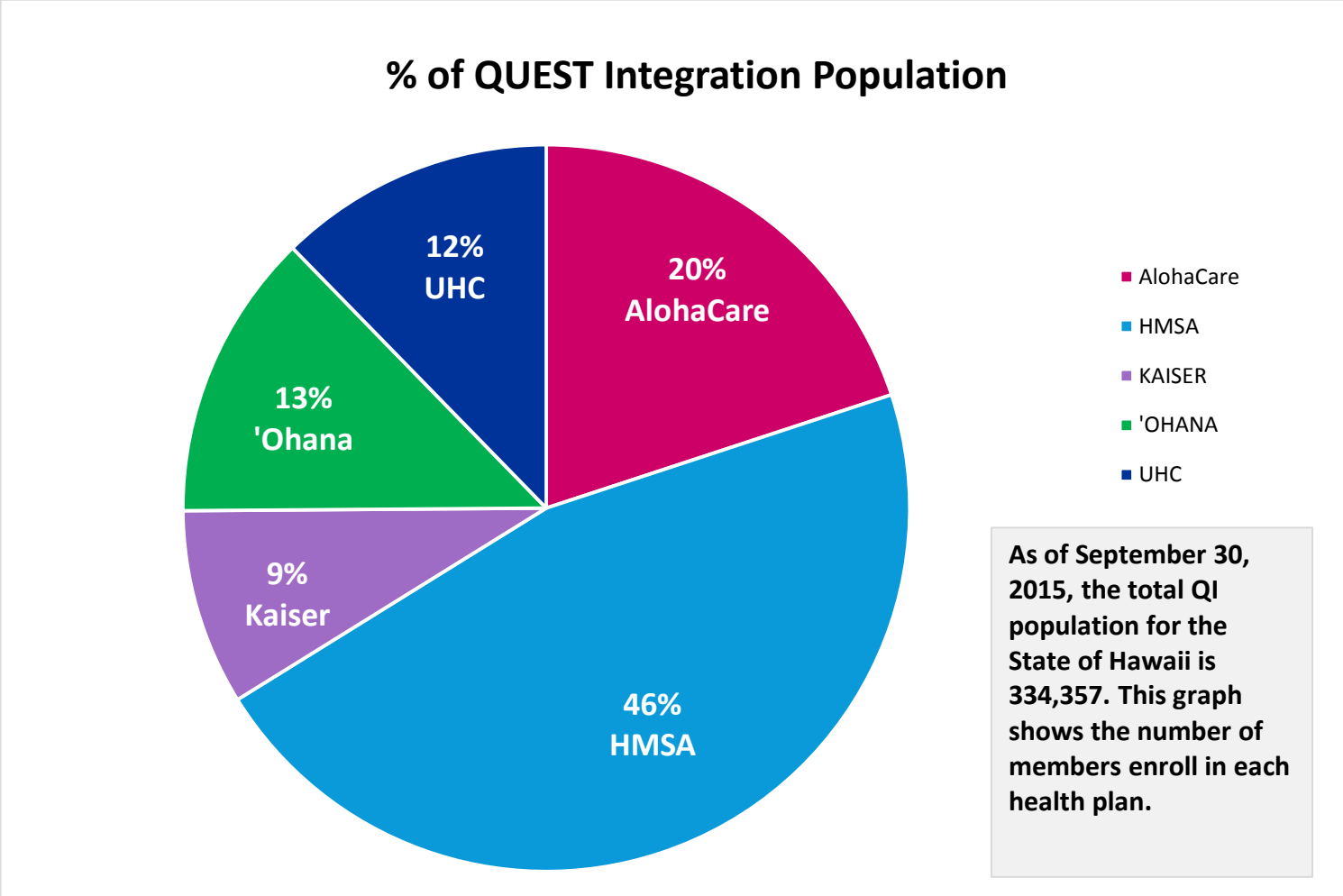
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Legend:
<b>ALF</b> = Assisted Living Facilities
<b>C</b> = Based on claims
<b>CCFFH</b> = Community Care Foster Family Homes
<b>CCS</b> = Community Care Services
<b>DHS</b> = Department of Human Services
<b>E-ARCH</b> = Expanded Adult Residential Care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

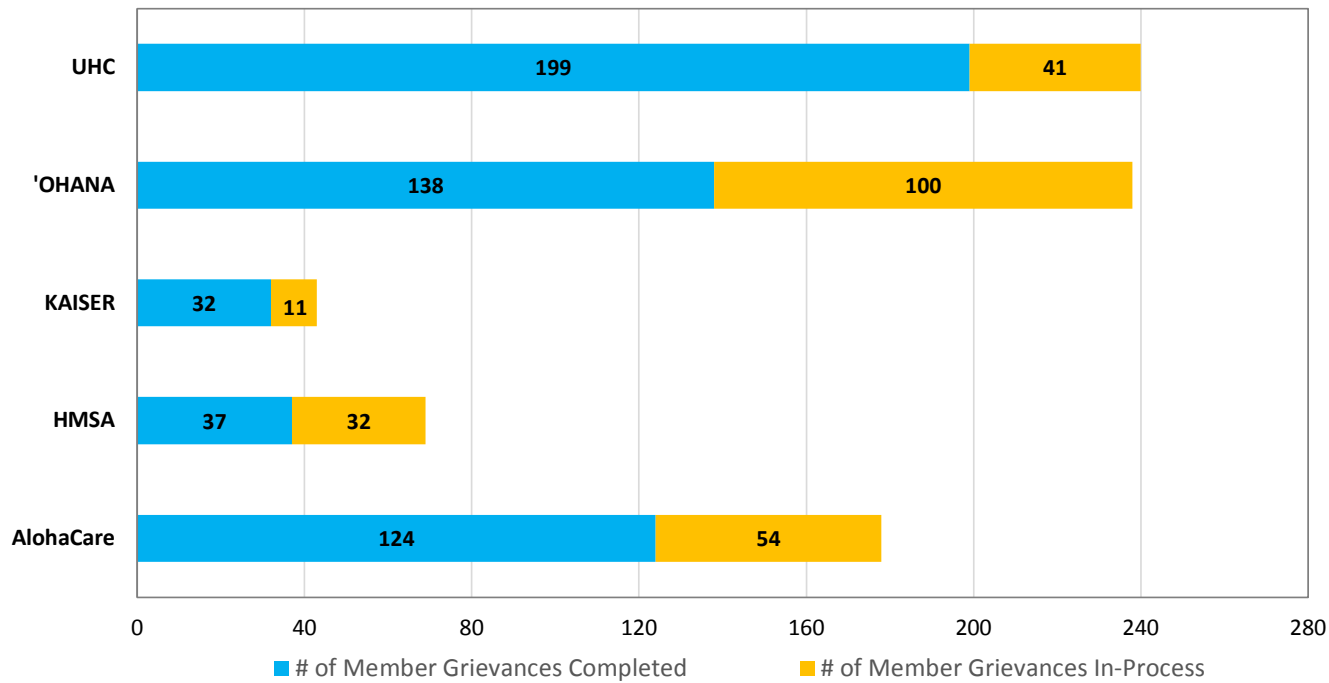
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (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.





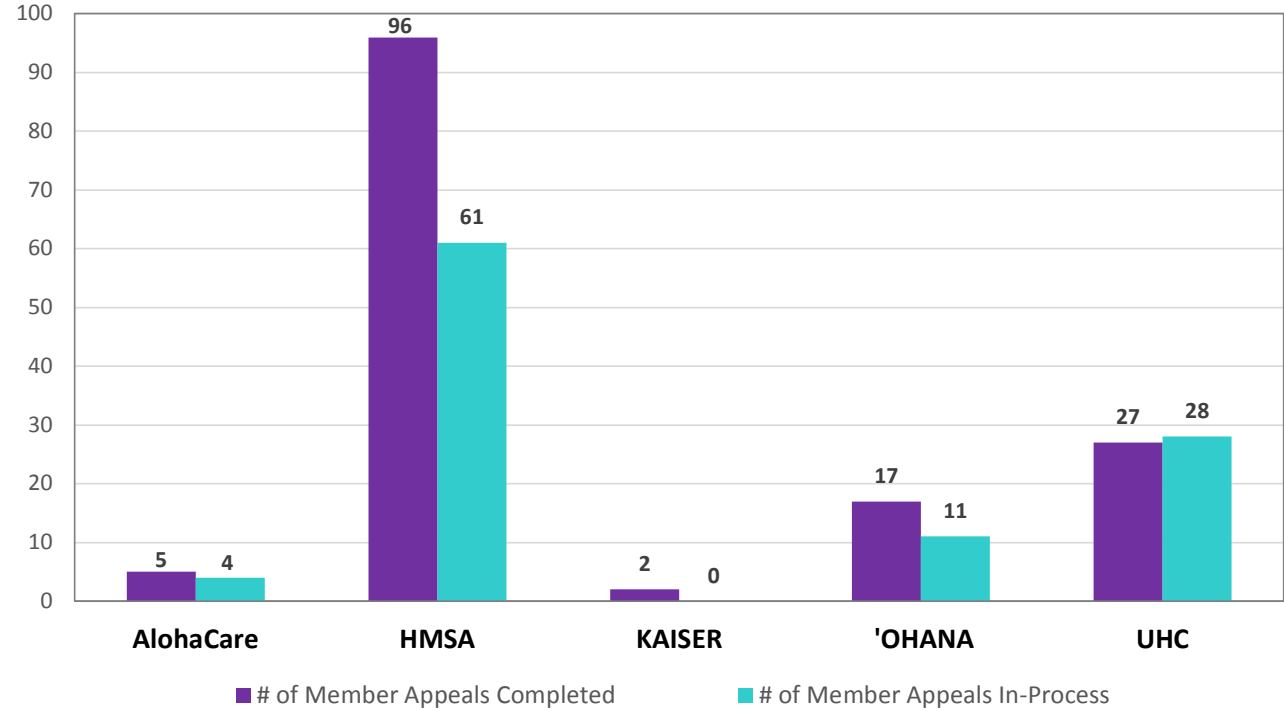
**PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED**

**Member Grievances Completed and In-Process**



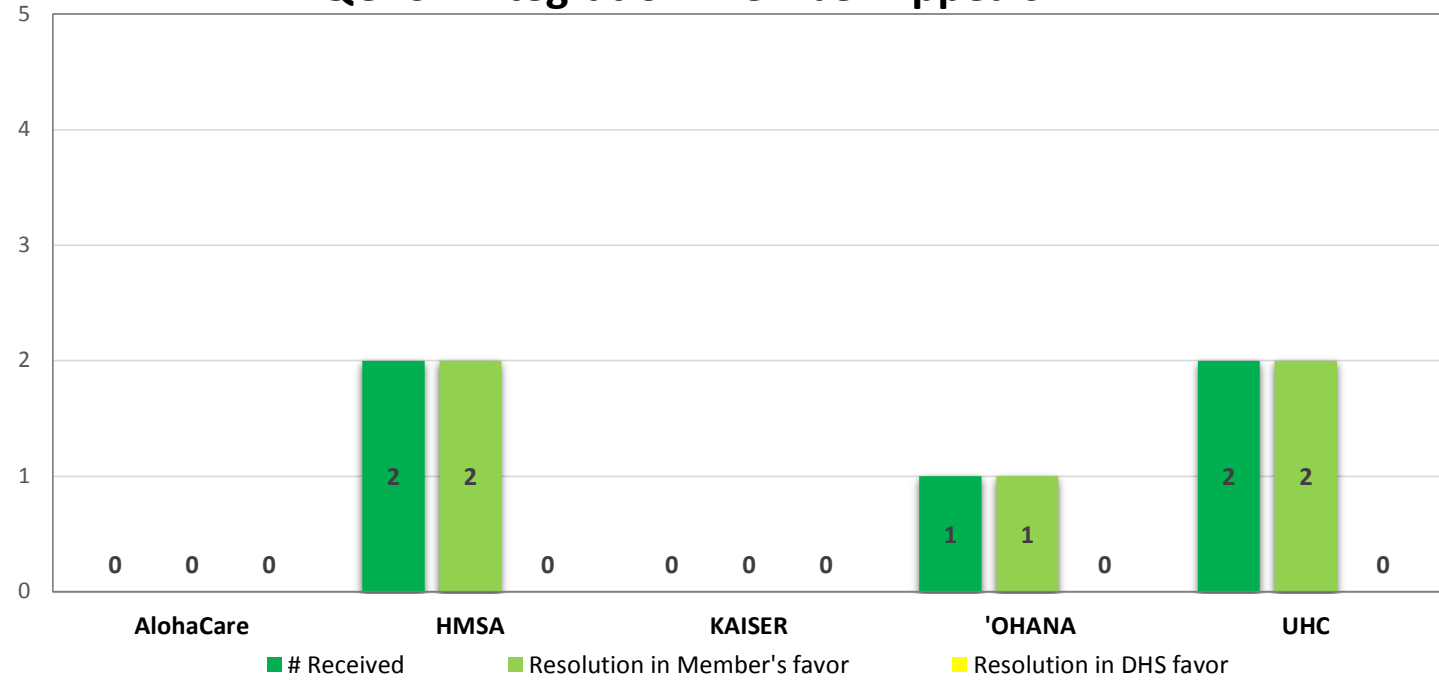
\*This chart shows the number of member grievances completed by the health plans during July - September 2015. It also shows the number of member grievances that are in the process of being reviewed.

**Member Appeals Completed and In-Process**



\*This chart shows the number of member appeals completed by the health plans during July - September 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**

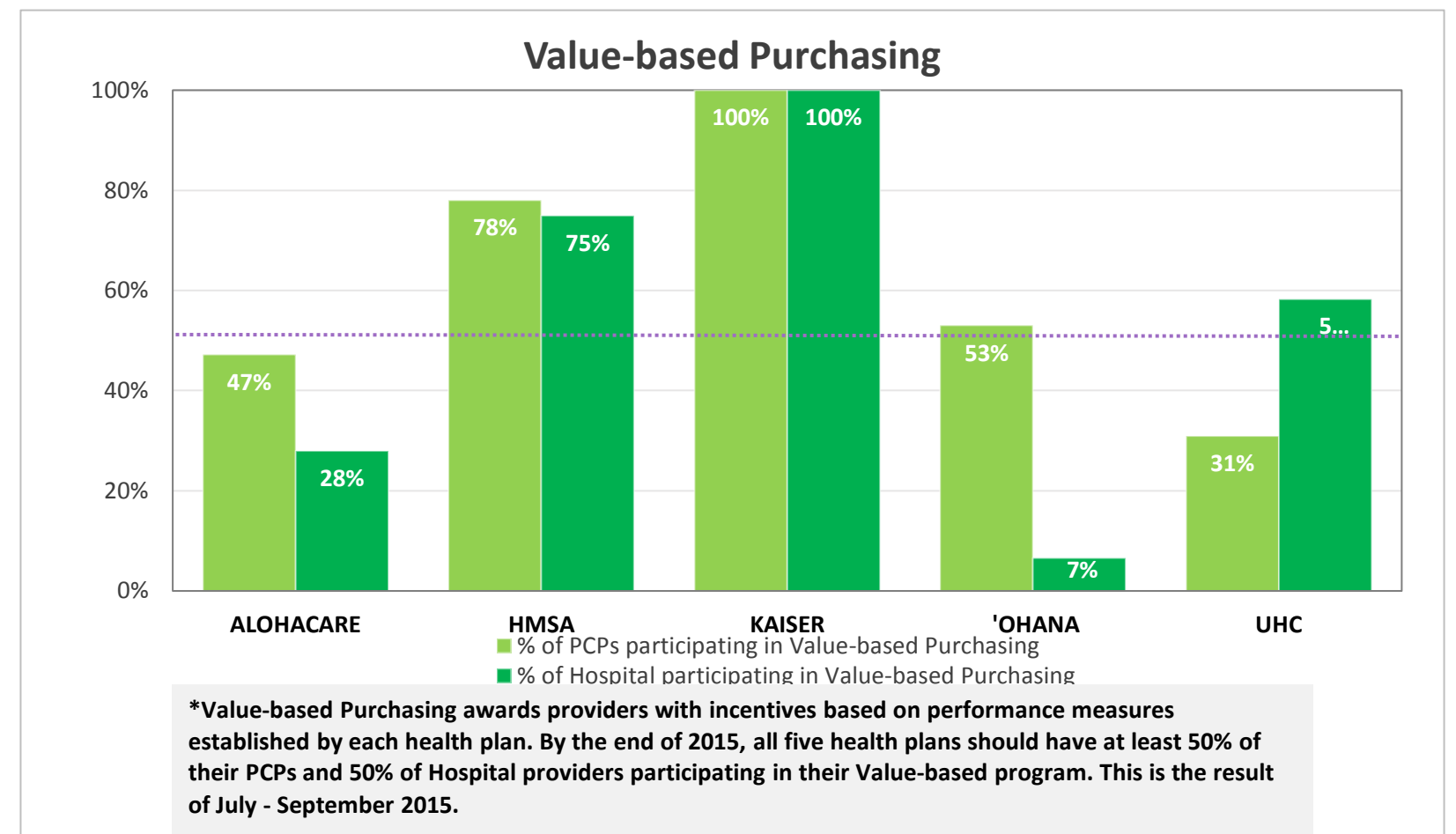
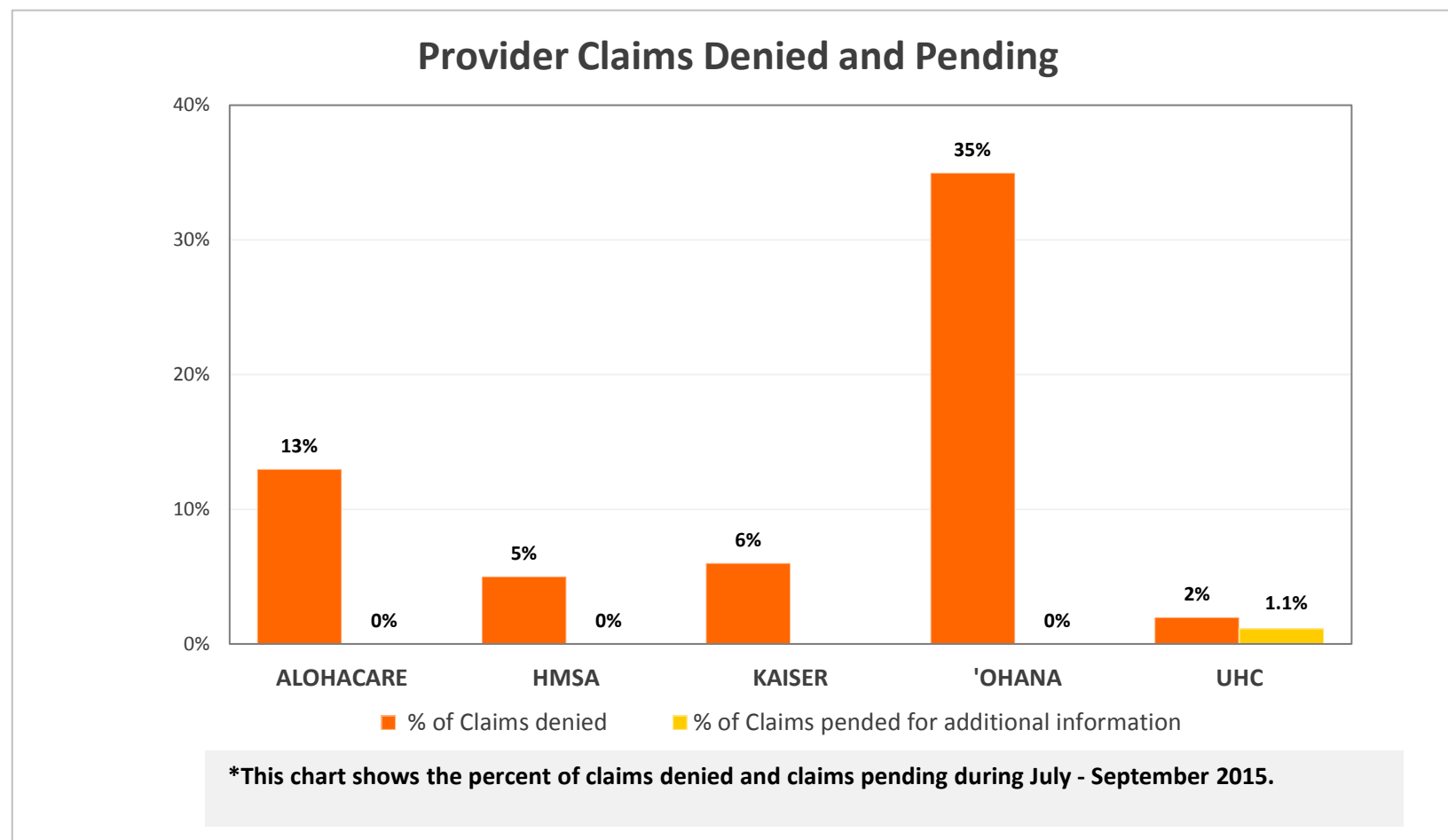
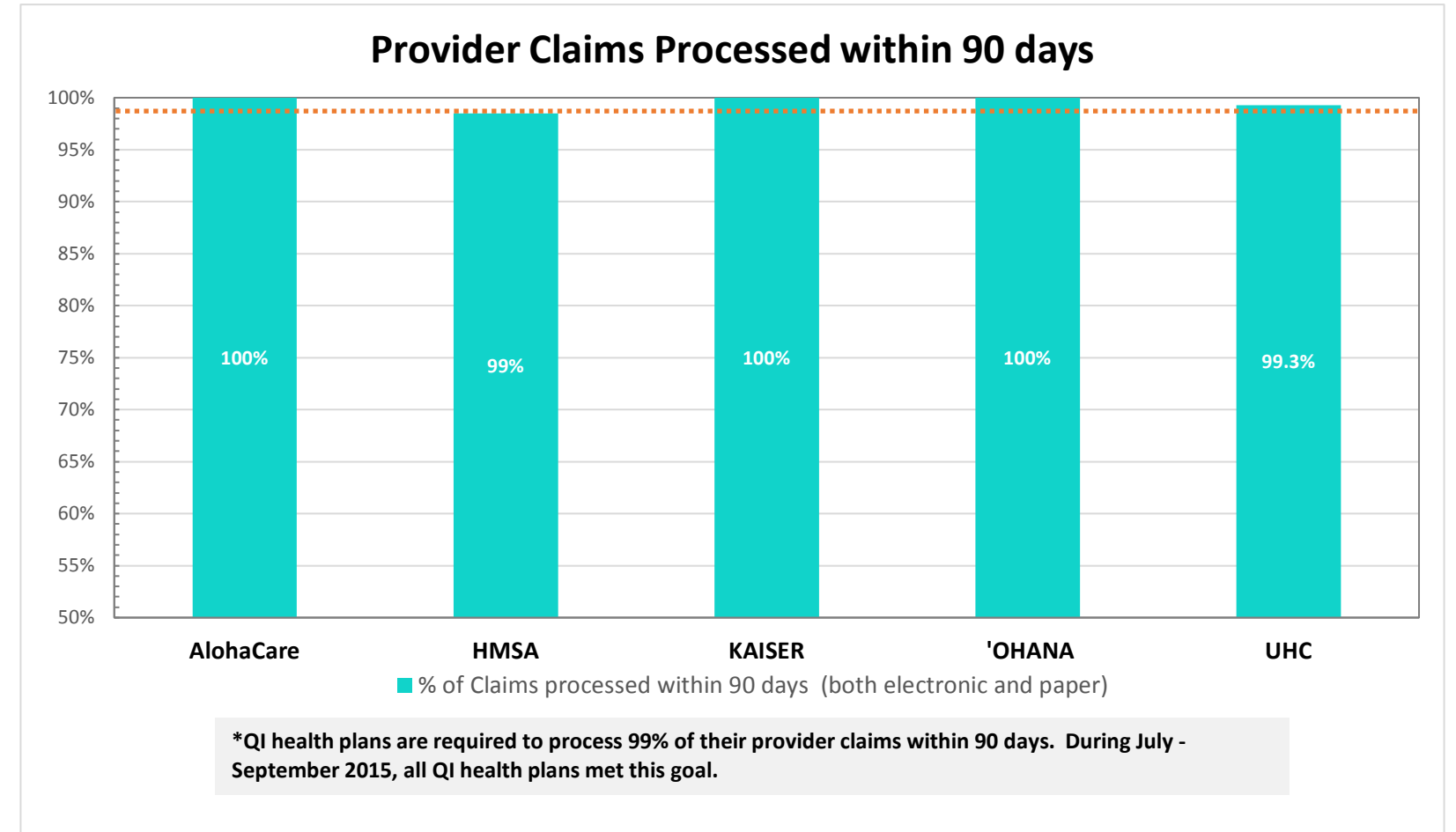
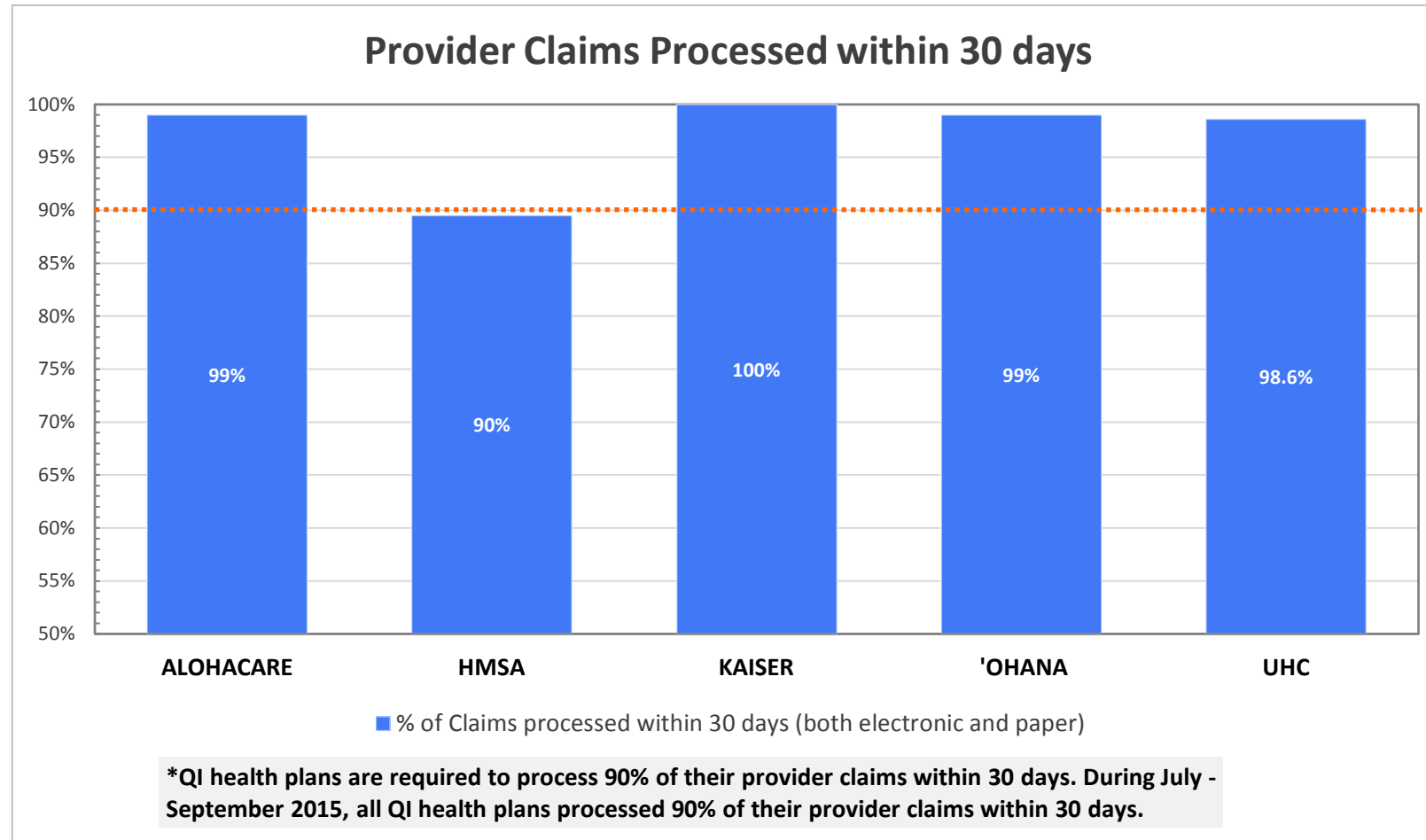


\*This graph shows the total number of member appeals received by DHS during July - September 2015. It also shows how many appeals were resolved in favor of the member and appeals that were resolved in favor of DHS.



## PUBLIC SUMMARY QUARTERLY REPORT - PROVIDER RELATED

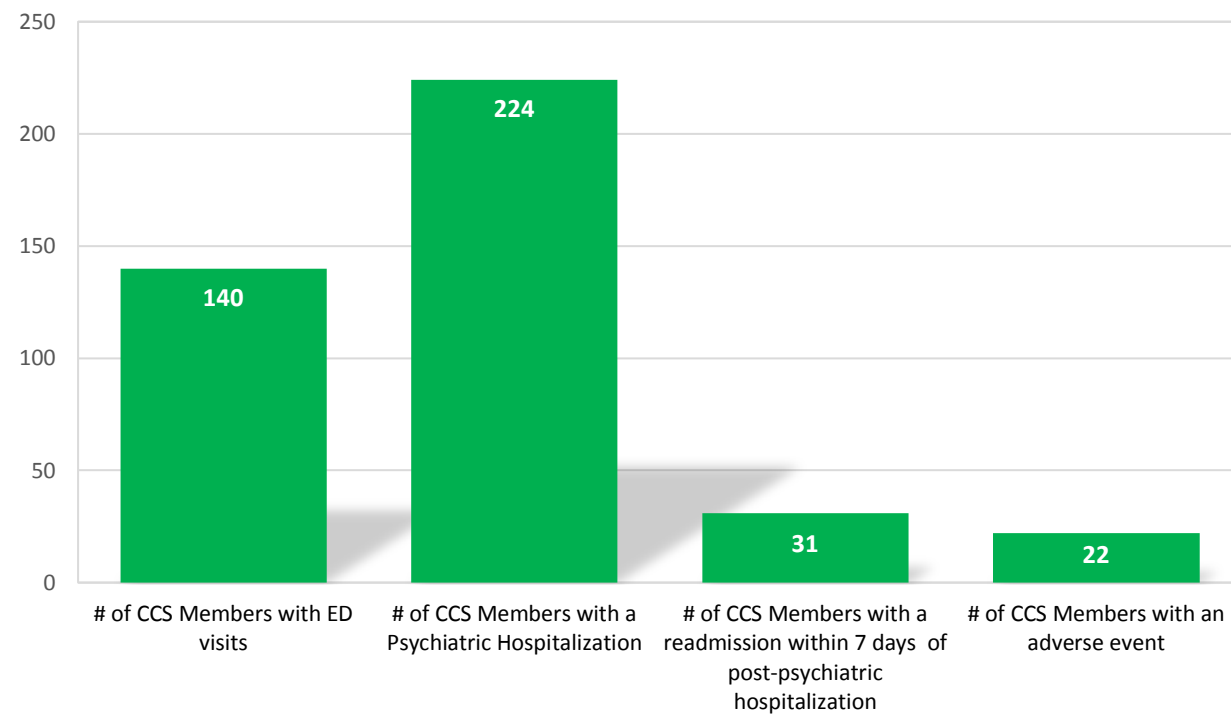
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (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.



## 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.

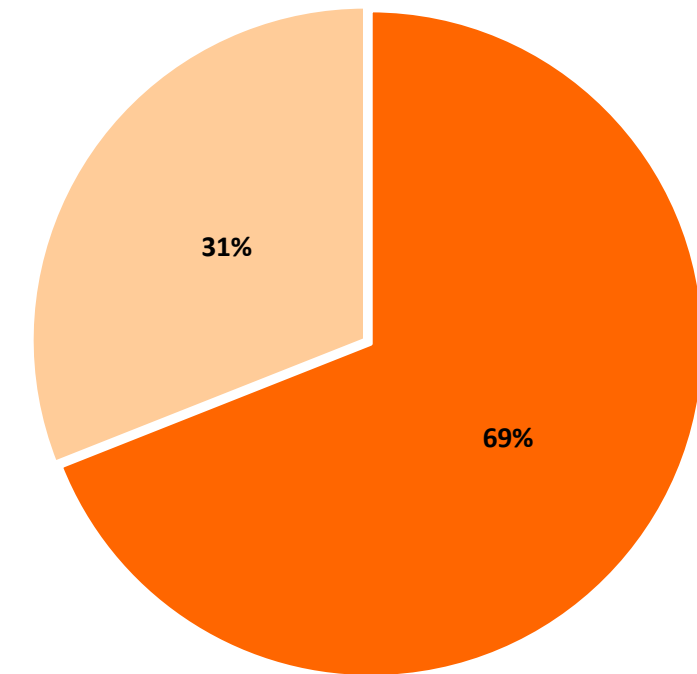
### Community Care Services (CCS) Provided by 'Ohana Health Plan



\*Based on 'Ohana CCS Behavioral Health data from July - September 2015.

### Medication Refills by CCS Members Without Medicare

- % 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

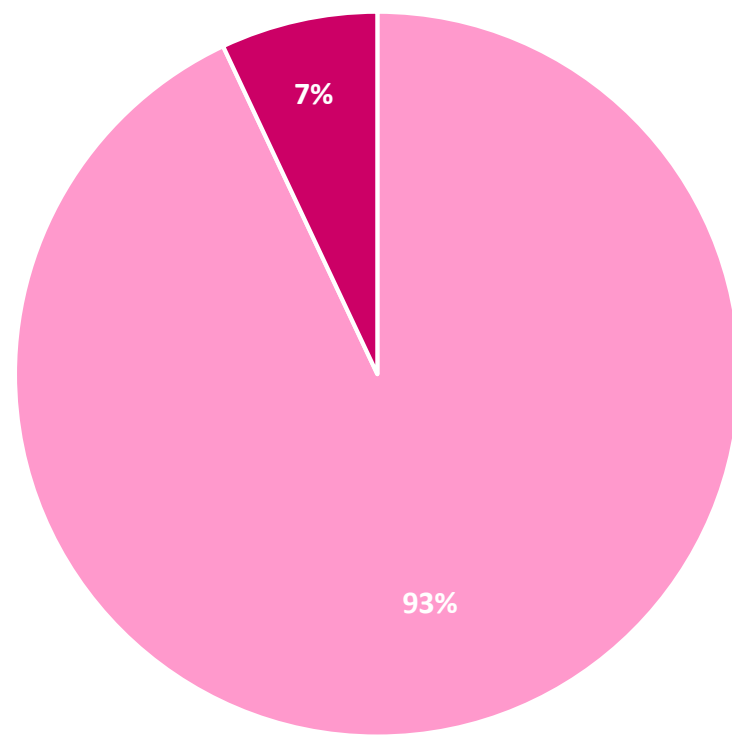


\*This data is based on 'Ohana CCS members without Medicare during July - September 2015. Members with Medicare will have their prescriptions covered by Medicare.

**PUBLIC SUMMARY QUARTERLY REPORT - UTILIZATION MANAGEMENT**

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 the Emergency Department (ED) services utilized by QI members. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

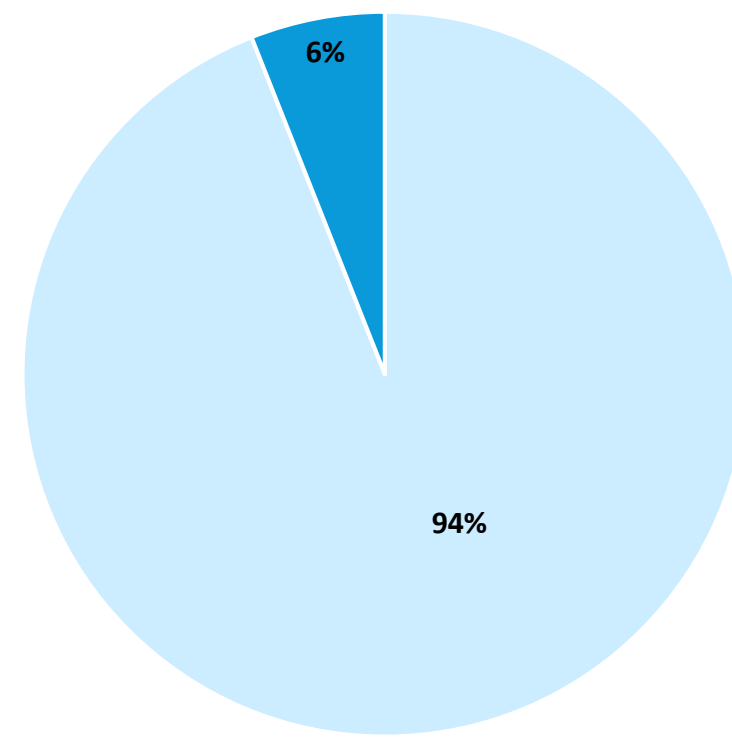
**Utilization of Emergency Department (ED) Services by AlohaCare Members**



A total of 10,671 members visited the Emergency Department during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

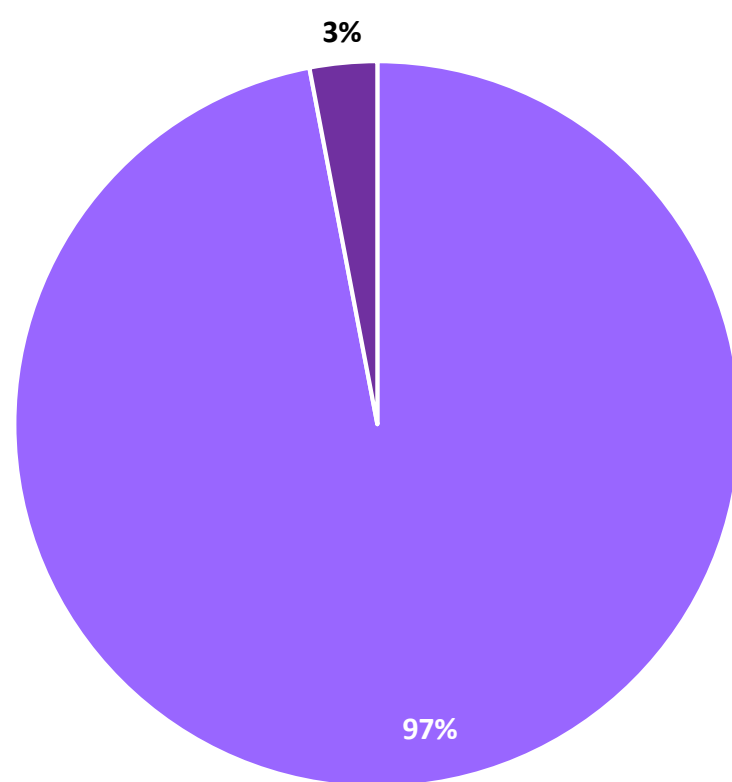
**Utilization of Emergency Department (ED) Services by HMSA Members**



A total of 15,451 members visited the Emergency Department during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

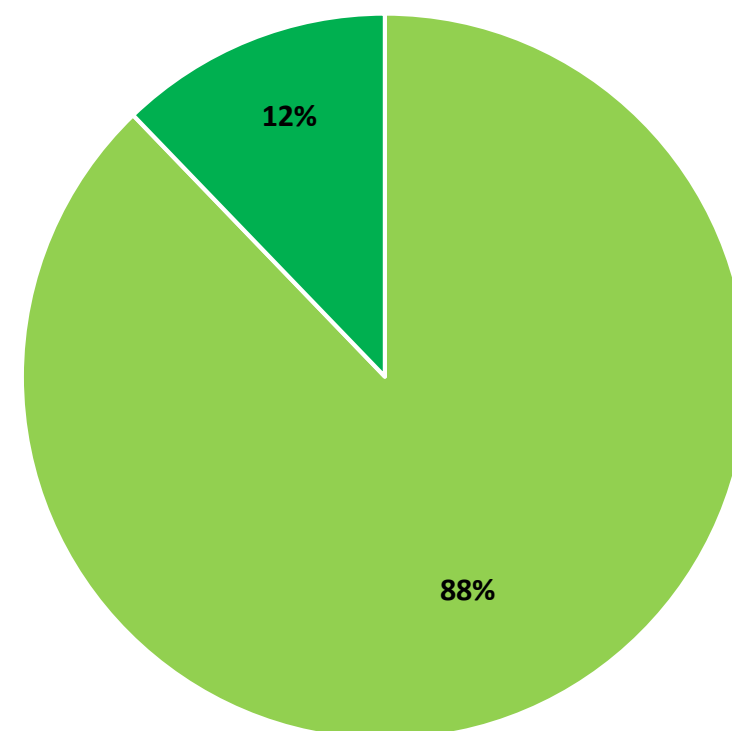
**Utilization of Emergency Department (ED) Services by Kaiser Members**



A total of 2,041 members had an ED visit during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

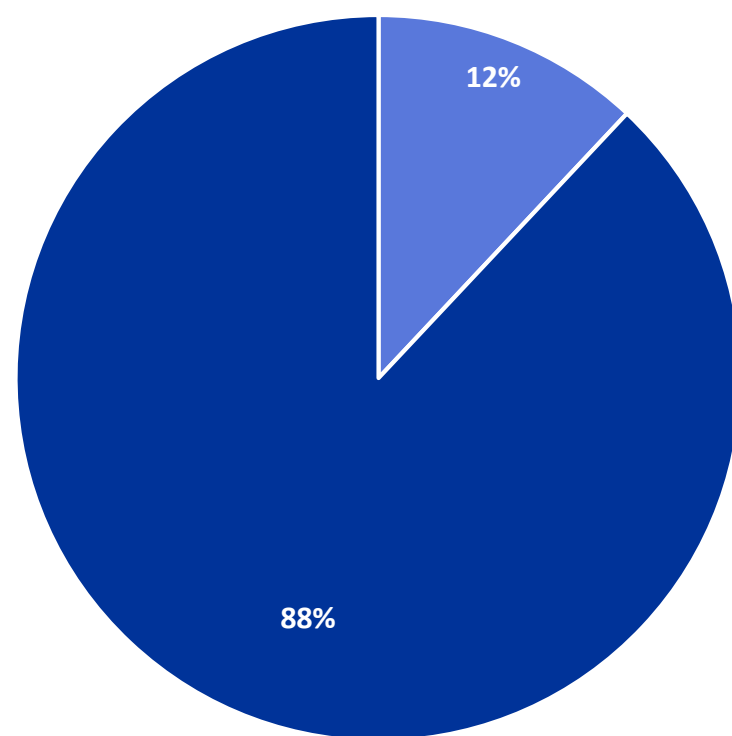
**Utilization of Emergency Department (ED) Services by 'Ohana Members**



A total of 20,558 members had an ED visit during July-September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital

**Utilization of Emergency Department (ED) Services by United Members**



A total of 4,525 members had an ED visit during July - September 2015.

- % of Members with ED visit NOT admitted to hospital
- % of Members with ED visit admitted to hospital