

# Public Summary Report

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

Oct 2015 - Dec 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   | 66,972    | 153,794 | 29,224 | 30,037 | 27,406 |
| Medicaid Dual   | 1,217     | 1,587   | 445    | 13,555 | 15,141 |
| Total Medicaid  | 68,189    | 155,381 | 29,669 | 43,592 | 42,547 |
| % of Total Medicaid Population  | 20%       | 46%     | 9%     | 12.8%  | 12.5%  |
| <b>Member Call Center*</b> - Information on the operations of each health plan's member call center.  |           |         |        |        |        |
| # Member Calls  | 12,067    | 20,321  | 2,332  | 32,990 | 13,145 |
| Avg. time until phone answered (minute:second)  | 00:07     | 00:19   | 00:21  | 00:35  | 00:09  |
| Avg. time on phone with member (minute:second)  | 4:50      | 05:09   | 04:06  | 06:34  | 05:47  |
| Longest wait time on hold (minute:second)   | 4:00      | 10:23   | 18:00  | 54:23  | 02:10  |
| % of Member calls not answered  | 2%        | 2%      | 2%     | 4%     | 0.65%  |
| <b>Member Interpretation (verbal) Services*</b> - Information on the number of interpretation requests by members to each health plan.  |           |         |        |        |        |
| # of Cantonese Requests   | 0         | 129     | 152    | 4      | 57     |
| # of Mandarin Requests  | 2         | 130     | 25     | 12     | 19     |
| # of Vietnamese Requests  | 0         | 76      | 168    | 10     | 16     |
| # of Korean Requests  | 3         | 32      | 22     | 15     | 44     |
| # of Ilocano Requests   | 7         | 20      | 4      | 11     | 3      |
| # of Other Language Requests  | 16        | 110     | 28     | 138    | 35     |
| <b>Member Grievances &amp; Appeals*</b> - Information on grievances and appeals filed by members to each health plan.   |           |         |        |        |        |
| # of Member Grievances Completed  | 116       | 43      | 19     | 166    | 132    |
| # of Member Grievances In-Process   | 35        | 33      | 7      | 122    | 0      |
| # of Member Appeals Completed   | 3         | 115     | 1      | 13     | 28     |
| # of Member Appeals In-Process  | 3         | 52      | 0      | 13     | 22     |
| <b>Health Plan Member Appeal</b> - Information on appeal decisions made by each health plan.  |           |         |        |        |        |
| # Received  | 3         | 114     | 1      | 18     | 25     |
| Resolved in favor of Member   | 2         | 57      | 0      | 12     | 8      |
| Resolved in favor of Health Plan  | 1         | 57      | 1      | 1      | 17     |

Member Related

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|  |  |  |  |  |  |
|--|---|--|---|---|---|
| <b>DHS Member Appeals*</b> - Information on appeals filed by members to the Department of Human Services (DHS).                              | <b>AlohaCare</b>  | <b>HMSA</b>  | <b>KAISER</b>   | <b>'OHANA</b>   | <b>UHC</b>  |
| # Received   | 0   | 3  | 0   | 3   | 2   |
| Resolution in Member's favor   | 0   | 2  | 0   | 3   | 2   |
| Resolution in DHS favor  | 0   | 1  | 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 | <b>AlohaCare</b>  | <b>HMSA</b>  | <b>KAISER</b>   | <b>'OHANA</b>   | <b>UHC</b>  |
| Total Members receiving LTSS   | 145   | 490  | 155   | 3330  | 4,401   |
| # of Members in NF (C)   | 70  | 77   | 28  | 1,096   | 1,049   |
| % of Members in NF/HCBS  | 93%   | 0%   | 36%   | 49%   | 11.4%   |
| # of Members in HCBS (C)   | 75  | 250  | 28  | 2234  | 2,046   |
| # of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)   | 22  | 25   | 20  | 639   | 936   |
| # of HCBS Members in Self-Direction (C)  | 7   | 43   | 14  | 927   | 800   |
| # of HCBS Members receiving other HCBS (C)   | 63  | 225  | 21  | 1,307   | 994   |
| # of Members in At-Risk (C)  | 23  | 63   | 33  | 748   | 284   |
| # of At-Risk Members in Self-Direction (C)   | 30  | 29   | 10  | 363   | 110   |
| # of At-Risk Members receiving other HCBS (C)  | 14  | 61   | 28  | 385   | 174   |
| <b>Going Home Plus (GHP) Program</b> - Information on members in the GHP program.  | <b>AlohaCare</b>  | <b>HMSA</b>  | <b>KAISER</b>   | <b>'OHANA</b>   | <b>UHC</b>  |
| # of Active Members in GHP program   | 6   | 1  | 2   | 29  | 28  |
| # of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)   | 4   | 1  | 1   | 16  | 15  |
| # of Members receiving services in their homes   | 2   | 0  | 1   | 13  | 13  |
| # Re-institutionalized   | 0   | 0  | 0   | 0   | 0   |
| <b>Provider Network</b> - Information on the number of various providers in each health plan.  | <b>AlohaCare</b>  | <b>HMSA</b>  | <b>KAISER</b>   | <b>'OHANA</b>   | <b>UHC</b>  |
| # of PCPs  | 458   | 800  | 207   | 814   | 947   |
| # PCPs - (accepting new members)   | 299   | 437  | 200   | 548   | 835   |
| # Specialists  | 2,433   | 2,410  | 365   | 1,535   | 1,607   |
| # Specialists (accepting new members)  | 1,175   | 2,410  | 365   | 966   | 1,577   |
| # Behavioral Health Providers  | 732   | 1,419  | 66  | 649   | 818   |
| # Behavioral Health Providers (accepting new members)  | 561   | 1,419  | 66  | 623   | 805   |
| # Hospitals  | 26  | 26   | 14  | 24  | 24  |
| # LTSS Facilities (Hosp./NF)   | 48  | 34   | 16  | 38  | 34  |
| # Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)  | 396   | 547  | 257   | 1,046   | 1,144   |
| # HCBS Providers (except residential settings and LTSS facilities)   | 48  | 137  | 46  | 90  | 49  |
| # Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)  | 1,612   | 1,848  | 107   | 1,783   | 949   |
| Total # of Providers   | 5,753   | 7,221  | 872   | 5,979   | 5,572   |

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|                         |   | Oct 2015 - Dec 2015   |  |   |   |   |
|-------------------------|---|---|--|---|---|---|
|                         |   |  |  |  |  |  |
|                         |   | 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   | 91%   | 100%   | 95%   | 100%  | 100%  |
|                         | Avg. wait time for PCP Adult Sick Visits (72 hours) - % of requests that meet waiting time standard   | 93%   | 97%  | 92%   | 97%   | 100%  |
|                         | Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard  | 92%   | 97%  | 48%   | 95%   | 95%   |
|                         | Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard  | 96%   | 98%  | 93%   | 98%   | 70%   |
|                         | Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard   | 91%   | 97%  | 93%   | 87%   | 38%   |
|                         | Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard   | 100%  | 99%  | 53%   | 97%   | 100%  |
|                         | <b>Provider Claims*</b> - Information on provider claims processed by each health plan.   |   |  |   |   |   |
|                         | % of Claims processed within 30 days (both electronic and paper)  | 99%   | 96%  | 92%   | 99%   | 97.5%   |
|                         | % of Claims processed within 90 days (both electronic and paper)  | 100%  | 99%  | 100%  | 100%  | 99.7%   |
|                         | % of Claims denied  | 7.1%  | 8%   | 29%   | 36%   | 2.9%  |
|                         | % of Claims pended for additional information   |   | 0%   |   | 0%  | 1.2%  |
|                         | <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   | 50%   | 79%  | 100%  | 54%   | 33%   |
|                         | % of Hospital participating in Value-based Purchasing   | 28%   | 75%  | 100%  | 7%  | 54%   |

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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.                                   |           |      |        |        |     |
|   | # Referred to MQD   | 65        | 41   | 11     | 81     | 55  |
|   | # Approved for CCS  | 53        | 36   | 10     | 56     | 45  |
|   | % of Approval for CCS   | 82%       | 88%  | 91%    | 69%    | 82% |
|   | <b>Behavioral Health Services*</b> - Information provided by 'Ohana Only on CCS members.  |           |      |        | 'OHANA |     |
|   | # of CCS Members  |           |      |        | 6,154  |     |
|   | % of CCS Members without Medicare refilling medication within 90 days of last refill  |           |      |        | 68%    |     |
|   | % of CCS Members without Medicare NOT refilling medication within 90 days of last refill  |           |      |        | 32%    |     |
|   | # of CCS Members with ED visits   |           |      |        | 170    |     |
|   | # of CCS Members with a Psychiatric Hospitalization   |           |      |        | 154    |     |
| # of CCS Members with a readmission within 7 days of post-psychiatric hospitalization |   |           |      | 20     |        |     |
| # of CCS Members with an adverse event  |   |           |      | 30     |        |     |
| <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)   | 5.442     | 1.7  | 0.59   | 283.1  | 14  |
|   | # of Members receiving Service Coordination in LTSS (per 100 members)   | 0.854     | 0.32 | 0.15   | 216.6  | 96  |
|   | # of Members receiving Service Coordination in SHCN (per 100 members)   | 4.588     | 1.39 | 0.35   | 66.5   | 73  |
|   | % of Members in health plan receiving Service Coordination  | 1.36%     | 2%   | 1%     | 7%     | 14% |
| <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  | 15        | 67   | 40     | 140    | 16  |
|   | # of Medicaid dual members who refused service coordination   | 4         | 129  | 28     | 6      | 1   |
|   | # of Medicaid dual members who cannot be found  | 5         | 770  | 3      | 19     | 5   |

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Oct 2015 - Dec 2015



|  |  | AlohaCare | HMSA  | KAISER | 'OHANA | UHC   |
|--|--|-----------|-------|--------|--------|-------|
| <b>Utilization Management</b>                                  | <b>Prior Authorization (PA) Medical Requests -</b><br><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   | 4,646     | 1,636 | 1,402  | 5,756  | 7,541 |
|  | # Approved   | 3,839     | 1,577 | 1,358  | 5,855  | 6,627 |
|  | % of Approval  | 83%       | 89%   | 97%    | 108%   | 88%   |
|  | Avg time to complete a PA in days  | 7.5       | 7.02  | 9      | 4      | 2     |
|  | <b>Prior Authorization (PA) Pharmacy Requests -</b><br><i>Information on pharmacy prior authorization requests received by health plan.</i>  | AlohaCare | HMSA  | KAISER | 'OHANA | UHC   |
|  | # Received   | 388       | 1,480 |        | 2,123  | 746   |
|  | # Approved   | 369       | 997   |        | 1,386  | 425   |
|  | % of Approval  | 95%       | 68%   |        | 65%    | 57%   |
|  | Avg time to complete a PA in days  | 4         | 0     |        | 2      | 3     |
|  | <b>Utilization of Service*</b> - <i>Information on services utilized by members.</i>   | AlohaCare | HMSA  | KAISER | 'OHANA | UHC   |
|  | Hospital Readmissions within 30 days   | 108       | 119   | 42     | 149    | 153   |
|  | # of Members with ED visit (per 100 members)   | 15        | 9     | 7      | 41     | 10    |
|  | % of Members with ED visit NOT admitted to hospital  | 93%       | 94%   | 94%    | 86%    | 11%   |
|  | % of Members with ED visit admitted to hospital  | 7%        | 6%    | 6%     | 14%    | 89%   |
|  | Avg Hospital length of stay (days- a day is 24hrs or longer)   | 4.23      | 4.9   | 4.16   | 5.5    | 5.5   |
|  | # of Hospital Admissions (per 100 members)   | 4.24      | 1.7   | 0.3    | 8.5    | 3.8   |
|  | # of Members with HAC and OPPC (per 100 members)   | 0         | 0     | 0      | 3      | 0.007 |
| # of Members receiving Hep C treatment drugs (per 100 members) | 0.07   | 0.023     | 0.02  | 0.0145 | 0.019  |       |

# Public Summary Report

## 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

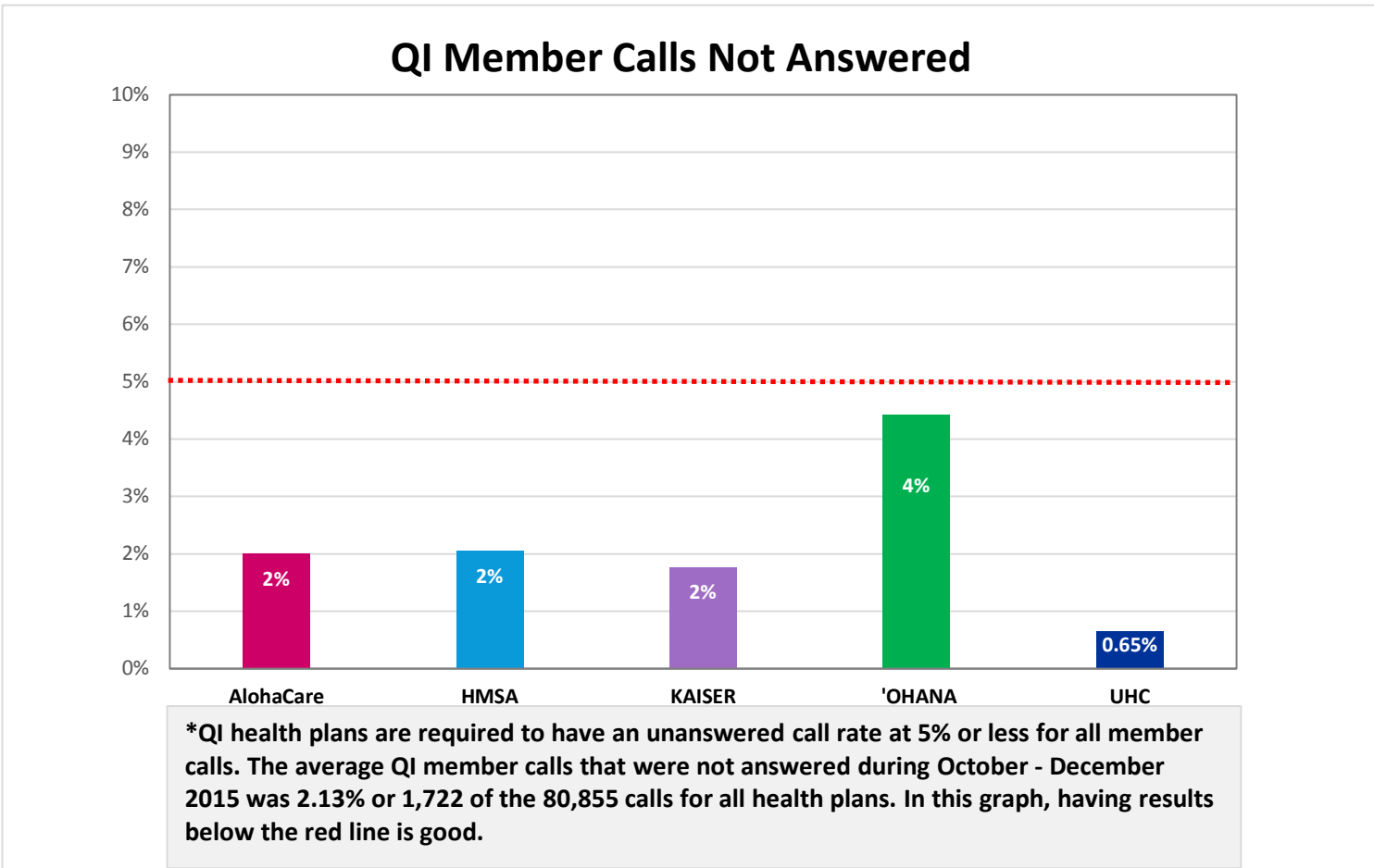
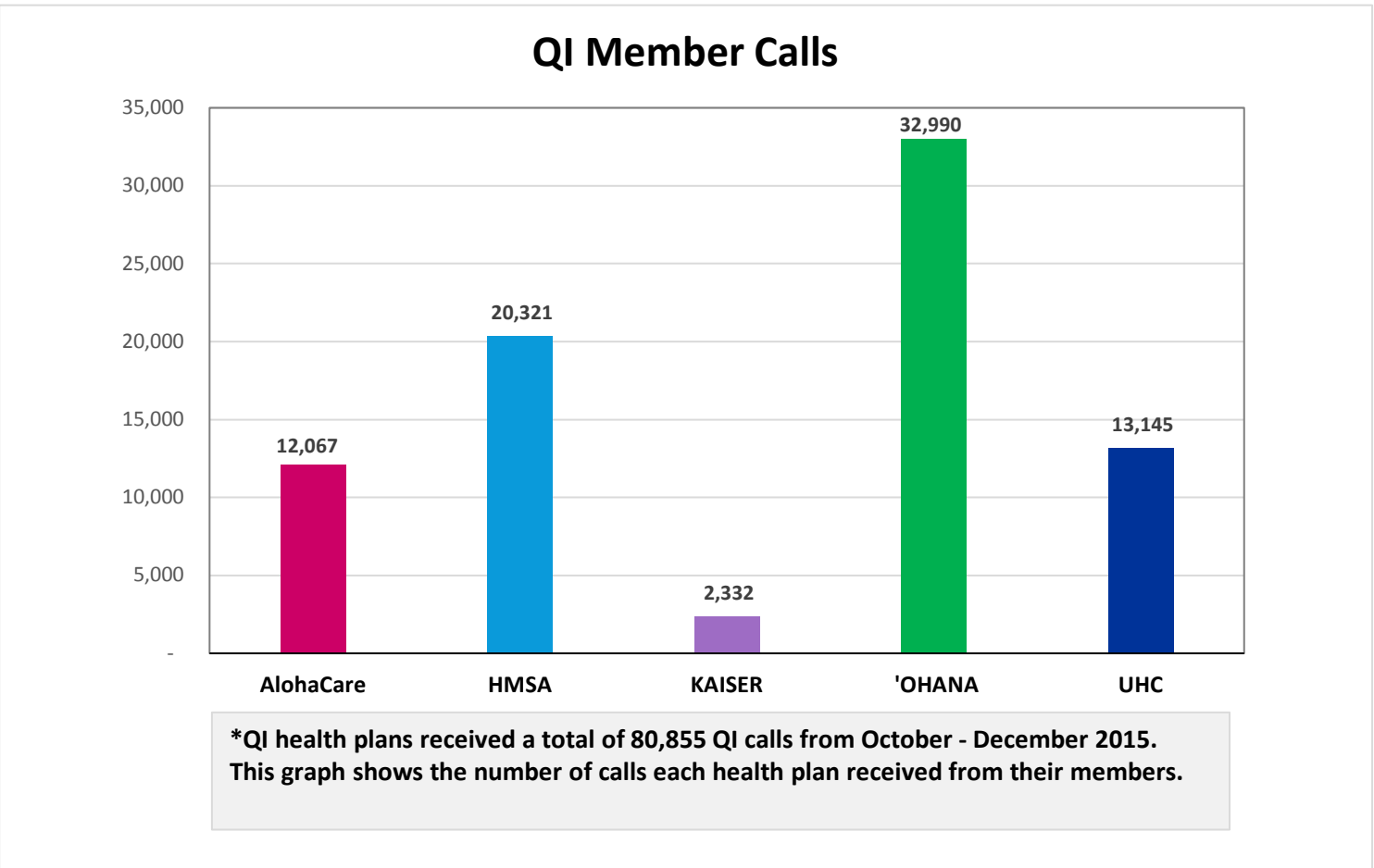
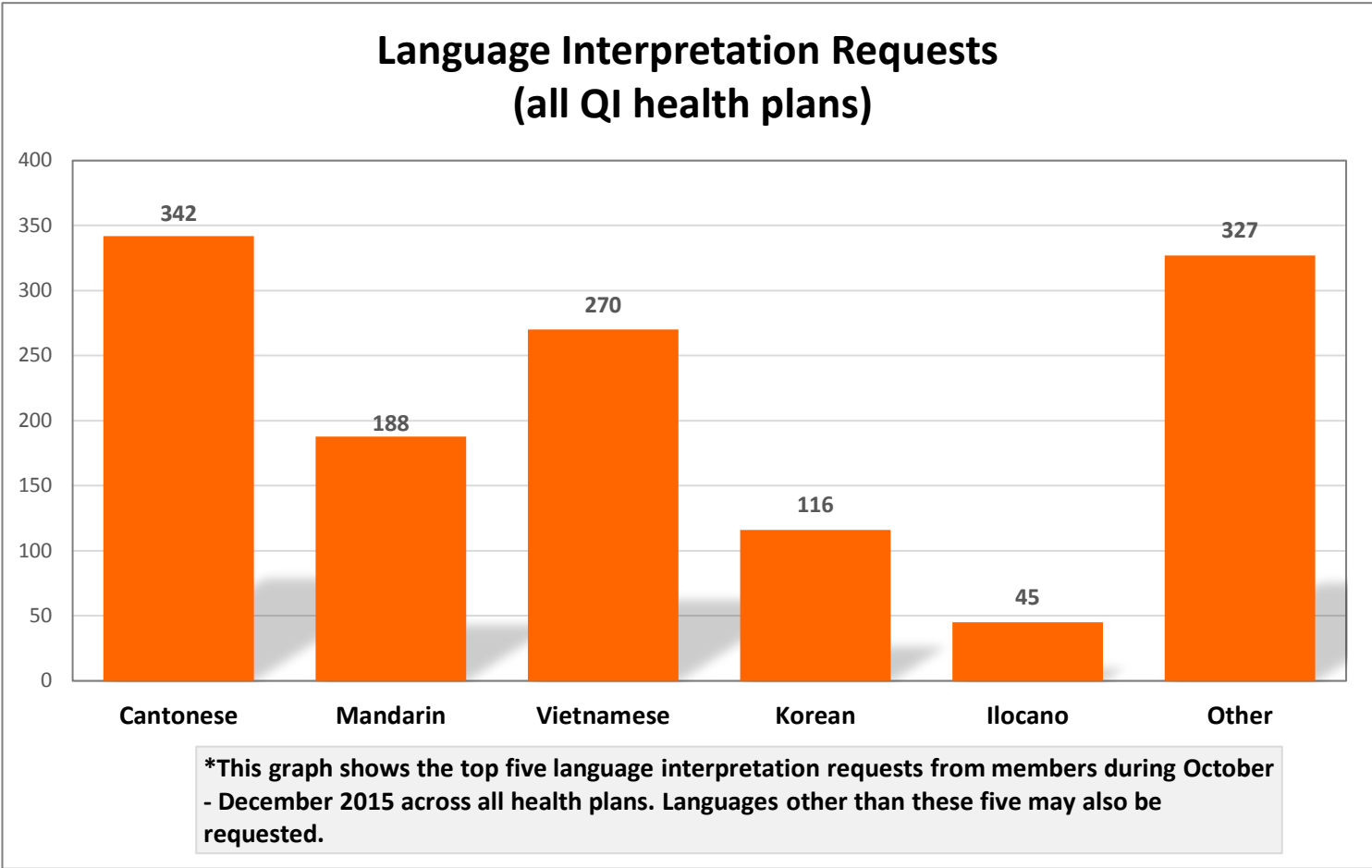
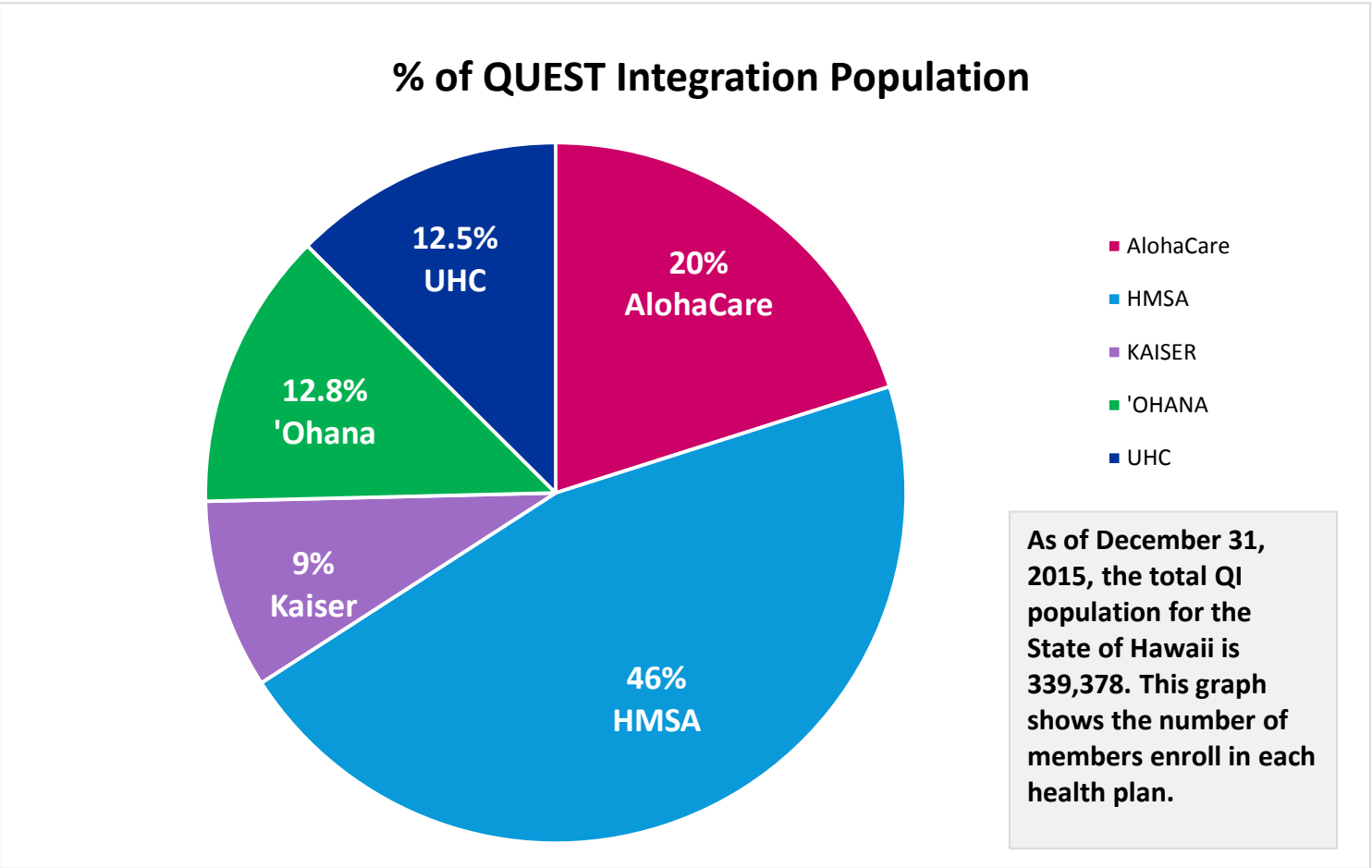
**SHCN** = Special Health Care Needs

**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.



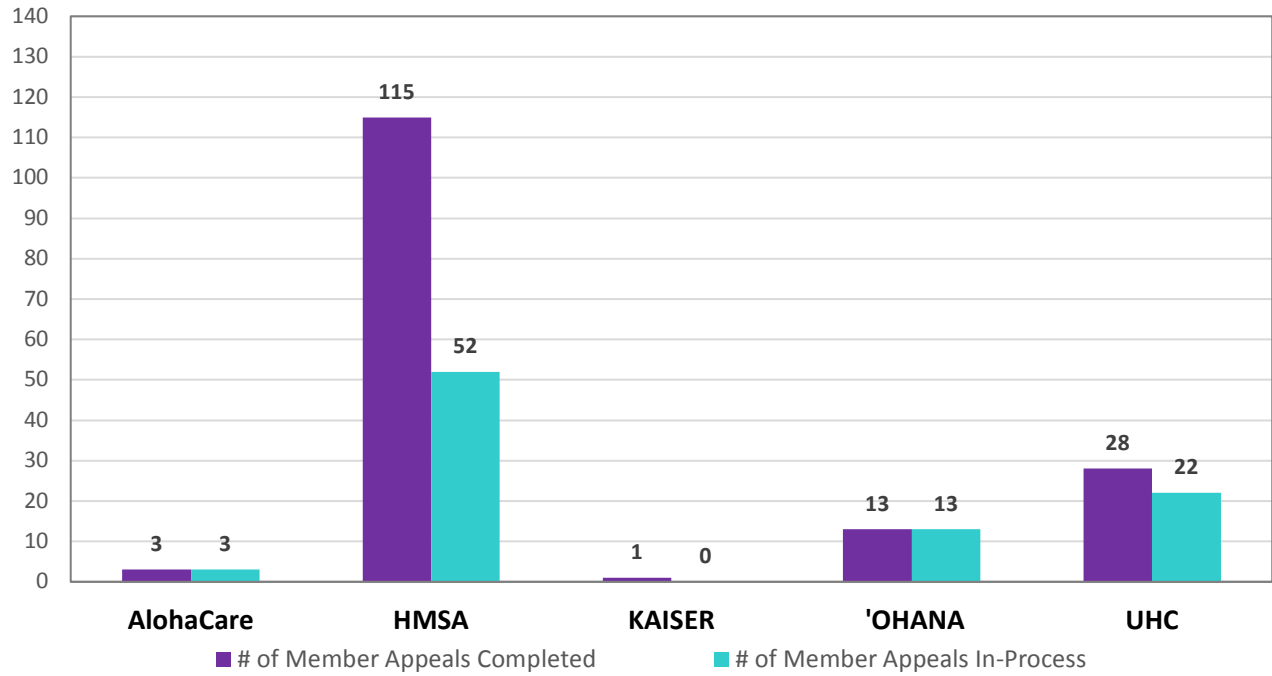
**PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED**

**Member Grievances Completed and In-Process**



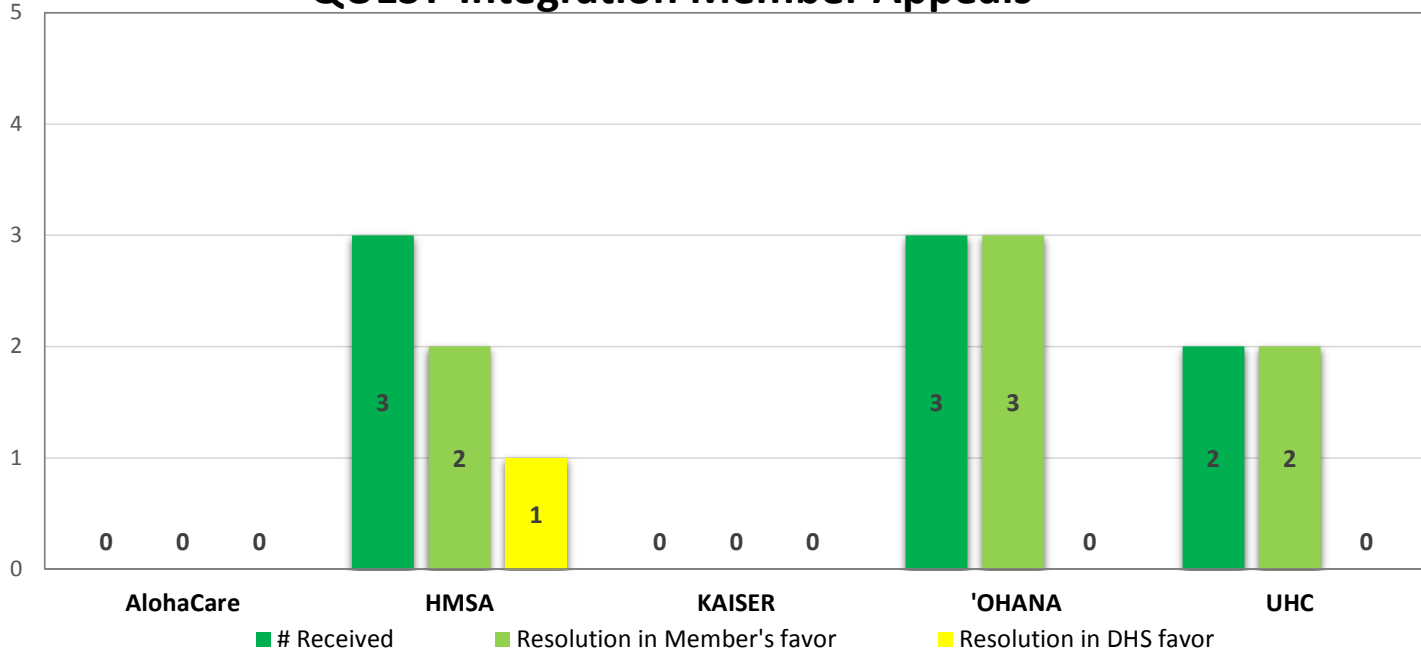
\*This chart shows the number of member grievances completed by the health plans during October - December 2015. It also shows the number of member grievances that are in the process of being reviewed.

**Member Appeals Completed and In-Process**



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

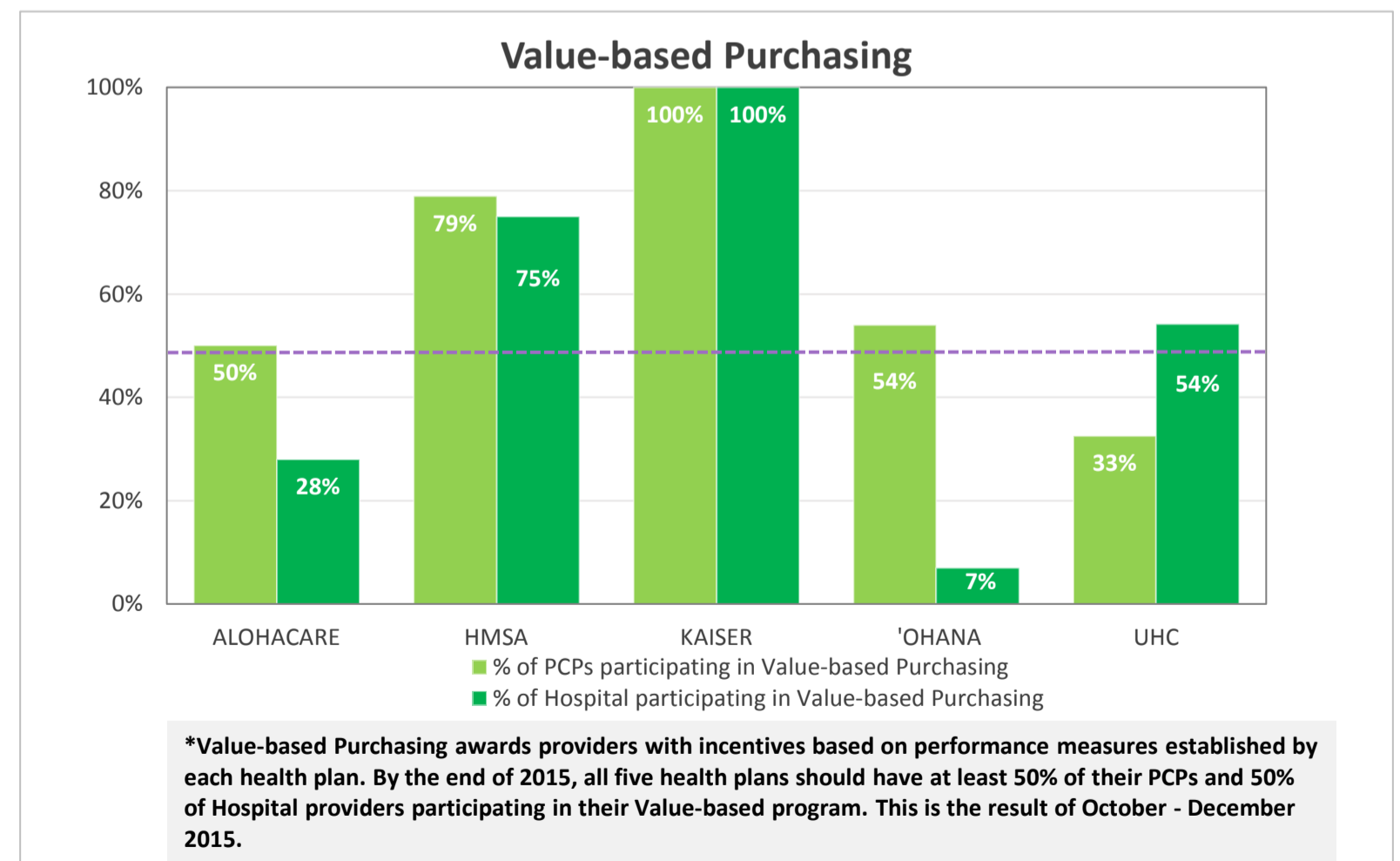
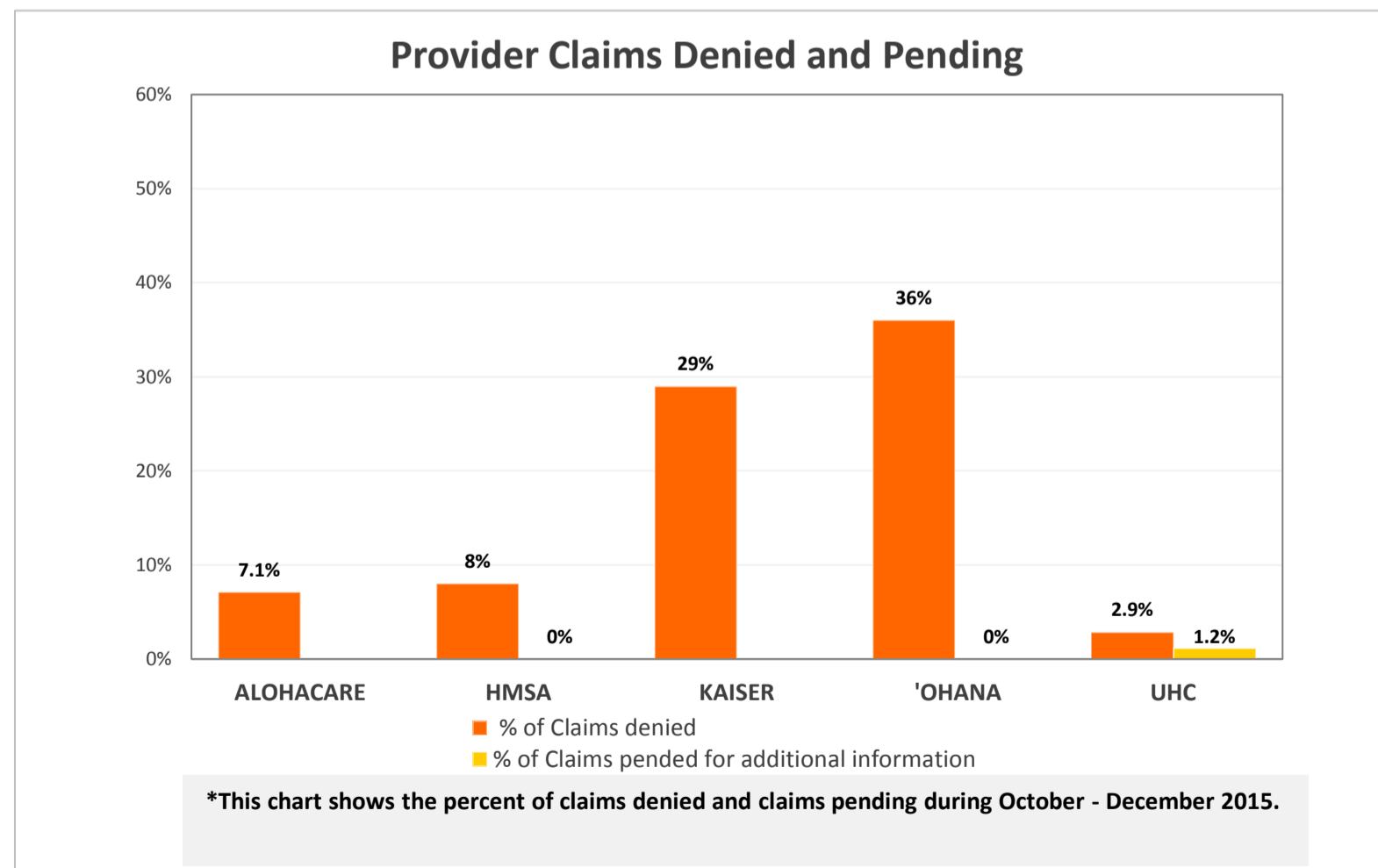
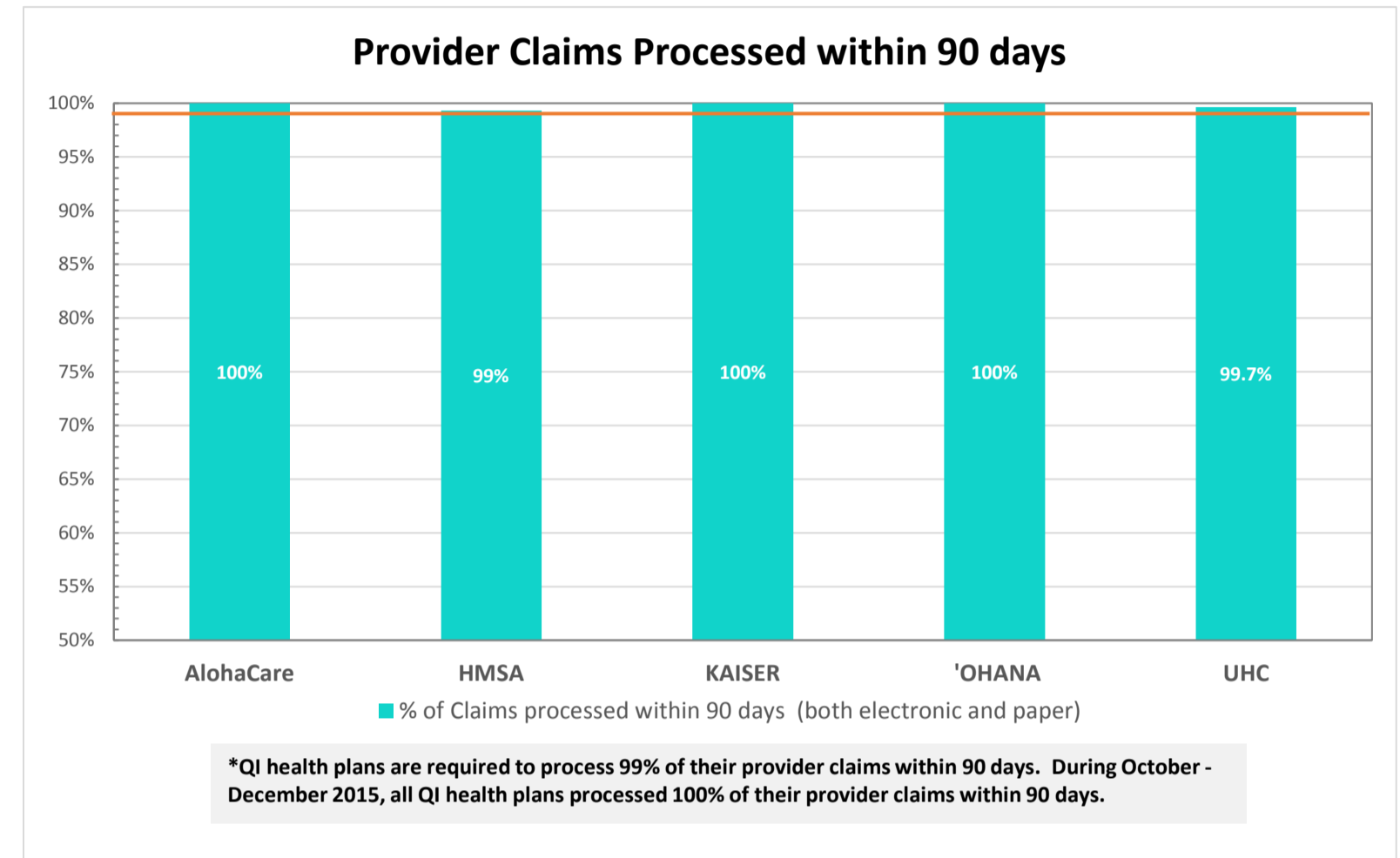
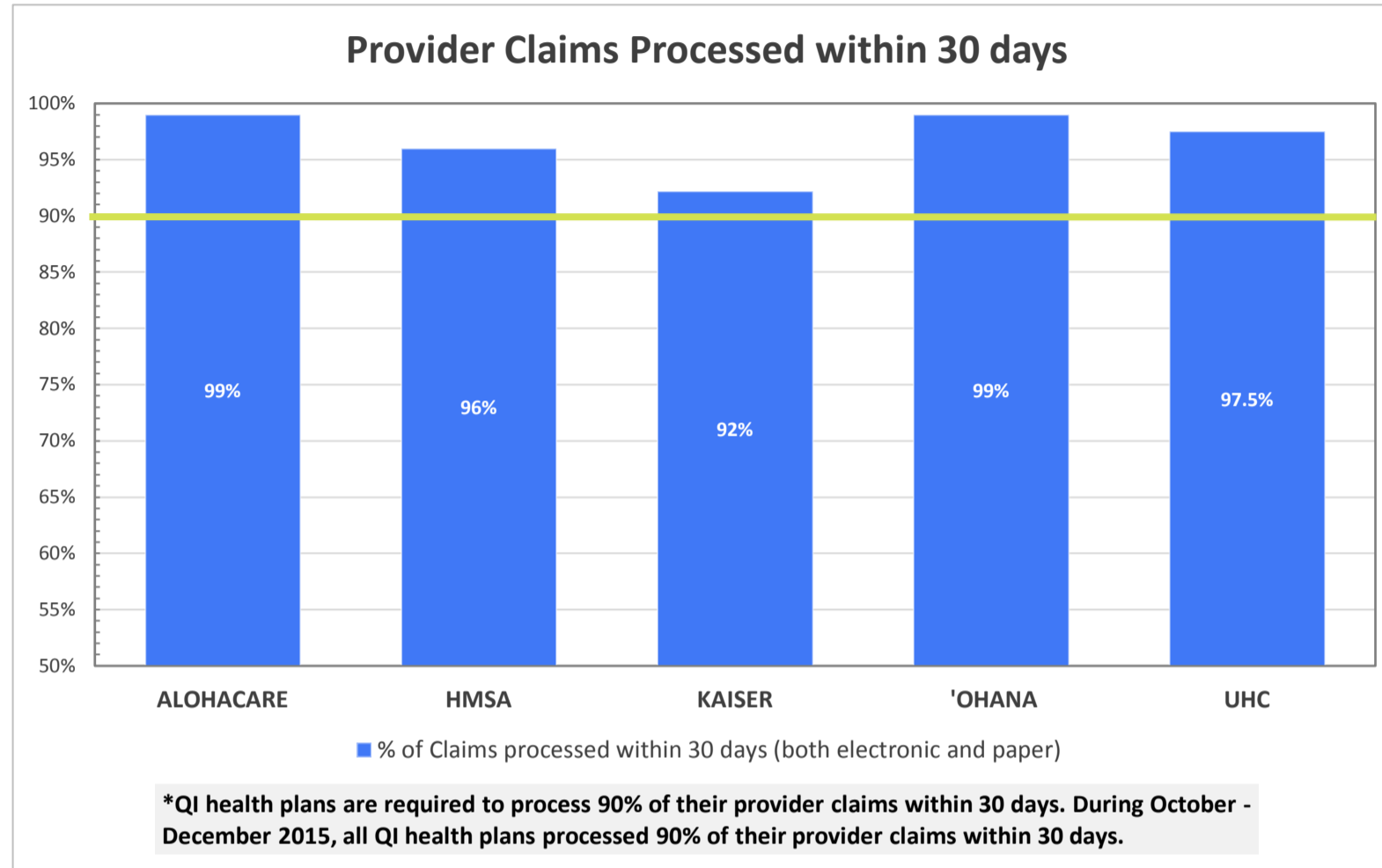


\*This graph shows the total number of member appeals received by DHS during October - December 2015. It also shows how many appeals were resolved in favor of the member and appeals that were resolved in favor of DHS.



## PUBLIC SUMMARY QUARTERLY REPORT - PROVIDER RELATED

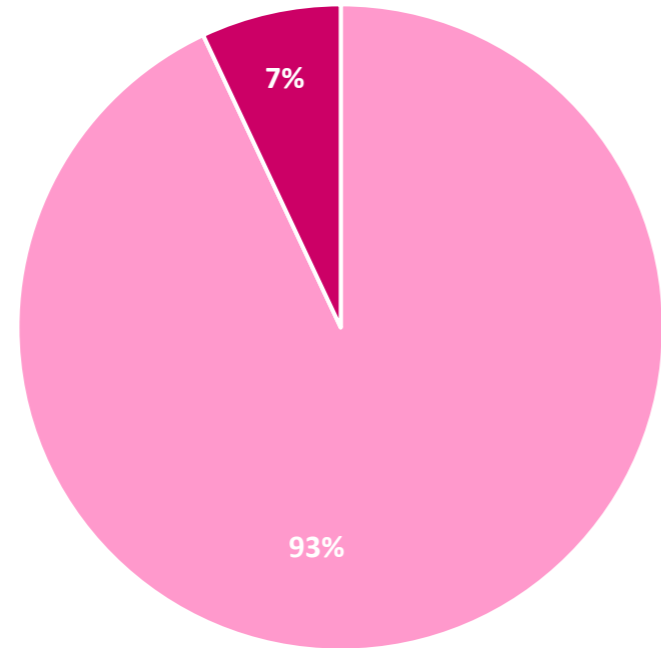
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan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

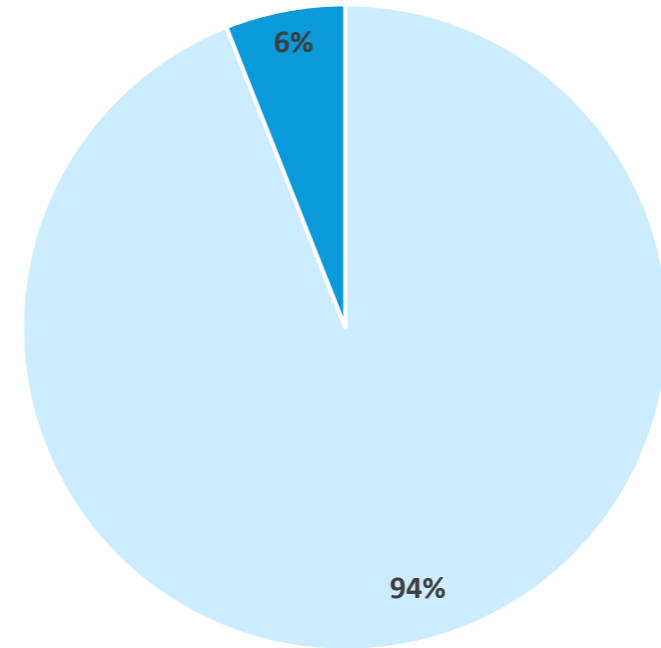
**Utilization of Emergency Department (ED) Services by AlohaCare Members**



A total of 10,363 members visited the Emergency Department during October - December 2015.

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

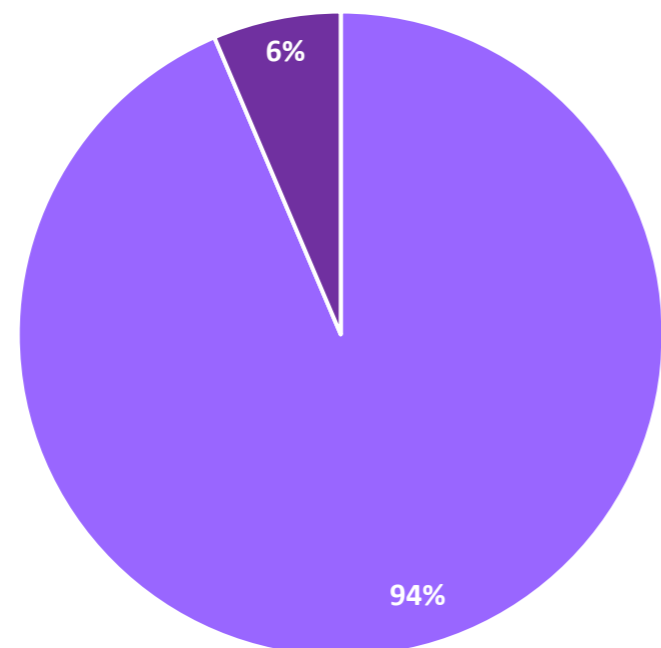
**Utilization of Emergency Department (ED) Services by HMSA Members**



A total of 13,984 members visited the Emergency Department during October - December 2015.

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

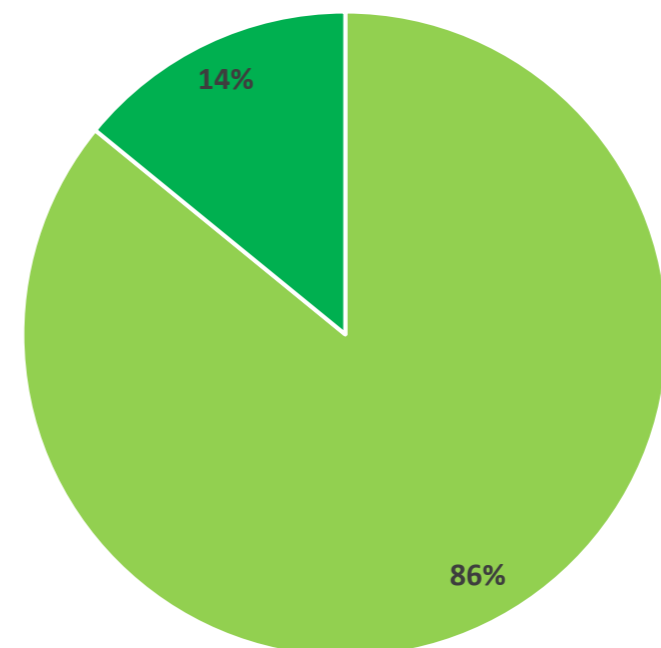
**Utilization of Emergency Department (ED) Services by Kaiser Members**



A total of 2,077 members visited the Emergency Department during October - December 2015.

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

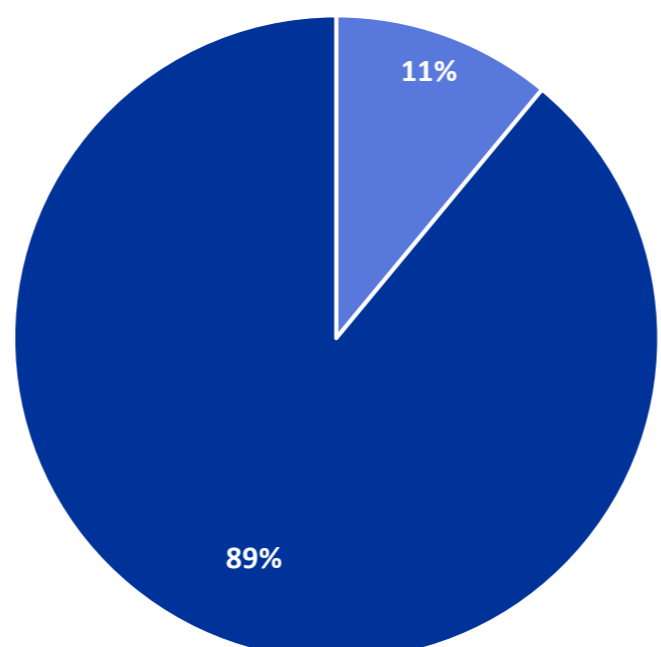
**Utilization of Emergency Department (ED) Services by 'Ohana Members**



A total of 17,873 members visited the Emergency Department during October - December 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 4,255 members visited the Emergency Department during October - December 2015.

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