






Public Summary Report

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

*The PSR Semi-Annual Reports are due 45 days after June and December of each year.

January - June 2016

						
	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	67,005	158,748	31,091	31,340	28,166
	Medicaid Dual	1,837	2,542	640	12,587	15,374
	Total Medicaid	68,842	161,290	31,731	43,927	43,540
	% of Total Medicaid Population	20%	46%	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	11,195	57,228	2,860	73,160	27,227
	Avg. time until phone answered (minute:second)	00:06	00:23	00:40	01:38	0:12
	Avg. time on phone with member (minute:second)	05:27	05:39	4:25	10:16	5:12
	Longest wait time on hold (minute:second)	02:56	16:01	00:54	1:00:00	6:32
	% of Member calls not answered	4.2%	2.2%	4.9%	10.0%	1.2%
	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	5	276	397	32	123
	# of Mandarin Requests	9	221	60	31	66
	# of Vietnamese Requests	12	138	310	22	27
	# of Korean Requests	8	112	43	67	95
	# of Ilocano Requests	23	43	18	73	25
	# of Other Language Requests	29	262	129	344	113
	Member Grievances & Appeals* - Information on grievances and appeals filed by members to each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# of Member Grievances Completed (per 1000 members)	3.9	1.1	3.0	18.4	12.3
	# of Member Grievances In-Process (per 1000 members)	0.2	0.1	0.8	14.8	0.4
	# of Member Appeals Completed (per 1000 members)	0.5	3.1	0.2	1.3	1.4
	# of Member Appeals In-Process (per 1000 members)	0.1	0.6	0.0	0.0	0.5
	Health Plan Member Appeal - Information on appeal decisions made by each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	21	284	3	39	41
	Resolved in favor of Member	16	132	0	19	3
	Resolved in favor of Health Plan	5	152	1	11	38

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DHS Member Appeals* - Information on appeals filed by members to the Department of Human Services (DHS).	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Received	2	11	N/A	3	4
Resolution in Member's favor	0	7	N/A	2	3
Resolution in DHS favor	2	4	N/A	1	1
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	252	532	68	3,525	4,976
# of Members in NF (C)	130	117	34	1,037	958
# of Members in HCBS (C)	122	415	34	2,488	3,221
% of Members in NF and HCBS (C)	0.37%	0.33%	0.21%	8%	11%
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	35	30	31	674	1,467
# of HCBS Members in Self-Direction (C)	22	98	14	928	2,531
# of HCBS Members receiving other HCBS (C)	94	385	25	1,560	1,755
# of Members in At-Risk (C)	40	60	53	1,129	797
# of At-Risk Members in Self-Direction (C)	72	29	14	447	460
# of At-Risk Members receiving other HCBS (C)	40	56	27	459	337
Going Home Plus (GHP) Program - Information on members in the GHP program.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Active Members in GHP program	7	2	2	29	21
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	4	2	0	14	8
# of Members receiving services in their homes	3	0	1	16	3
# Re-institutionalized	0	0	1	1	0
Provider Network - Information on the number of various providers in each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of PCPs	608	867	206	812	1,095
# PCPs - (accepting new members)	447	510	187	552	1,010
# Specialists	2,303	2,385	376	1,542	1,800
# Specialists (accepting new members)	1,150	2,385	376	973	1,772
# Behavioral Health Providers	846	1,450	71	652	955
# Behavioral Health Providers (accepting new members)	641	1,450	71	625	933
# Hospitals	25	26	14	24	24
# LTSS Facilities (Hosp./NF)	48	37	16	38	34
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	420	606	228	1,013	1,184
# HCBS Providers (excluding) residential settings and LTSS facilities)	63	140	48	91	54
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,538	2,046	107	1,794	1,005
Total # of Providers	5,851	7,557	1,066	5,966	9,866

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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	89%	94%	94%	98%	100%
	Avg. wait time for PCP Adult Sick Visits (72 hours) - % of requests that meet waiting time standard	95%	95%	91%	94%	96%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	94%	92%	50%	100%	96%
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	96%	99%	94%	94%	96%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	93%	94%	93%	93%	93%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard	96%	100%	46%	89%	99%
	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)	98%	97%	99%	97%	95%
	% of Claims processed within 90 days (both electronic and paper)	100%	99%	100%	100%	98%
% of Claims denied	8%	8%	12%	40%	3%	
% of Claims pended for additional information	N/A	0%	0%	0%	7%	
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	68%	79%	100%	54%	33.0%	
% of Hospital participating in Value-based Purchasing	42%	75%	100%	7%	0.0%	

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		Behavioral Health				
		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.					
	# Referred to MQD	120	55	12	191	113
	# Approved for CCS	81	51	5	103	95
	% of Approval for CCS	68%	93%	42%	54%	84%
	Behavioral Health Services* - Information provided by 'Ohana Only on CCS members.				'OHANA	
	# of CCS Members				5,852	
	% of CCS Members without Medicare refilling medication within 90 days of last refill				76%	
	% of CCS Members without Medicare NOT refilling medication within 90 days of last refill				24%	
	# of CCS Members with ED visits				531	
	# of CCS Members with a Psychiatric Hospitalization				342	
# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization				51		
# of CCS Members with an adverse event				39		
		Service Coordination				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
Service Coordination	Service Coordination - Information on members receiving service coordination.					
	# of Members receiving Service Coordination (per 1000 members)	7	40	66	172	258
	# of Members receiving Service Coordination in LTSS (per 1000 members)	2	8	6	138	168
	# of Members receiving Service Coordination in SHCN (per 1000 members)	4	31	52	34	48
	# of Members receiving Service Coordination in At-Risk (per 1000 members)	1	1	3	58	65
	% of Members in health plan receiving Service Coordination	2%	2%	3%	9%	13%
		Dual Eligibles				
		AlohaCare	HMSA	KAISER	'OHANA	UHC
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.					
	# of Medicaid dual members who had a HFA	158	29	113	74	86
	# of Medicaid dual members who refused service coordination	34	333	44	2	13
	# of Medicaid dual members who cannot be found	33	1499	9	56	9

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Utilization Management	Prior Authorization (PA) Medical Requests - <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	9,873	10,911	4228	13,832	15,881
	# Approved	8,159	9,430	4177	13,462	14,145
	% of Approval	83%	87%	99%	97%	89%
	Avg time to complete a PA in days	3	4	7	6	2
	Prior Authorization (PA) Pharmacy Requests - <i>Information on pharmacy prior authorization requests received by health plan.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	1,630	3,021	N/A	4870	1,260
	# Approved	1,401	2,118	N/A	3,046	635
	% of Approval	86%	70%	N/A	63%	50%
	Avg time to complete a PA in days	3	0	N/A	1	5
	Utilization of Service* - Information on services utilized by members.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Hospital Readmissions within 30 days	240	216	51	206	140
	# of Members with ED visit (per 1000 members)	596	375	120	461	450
	% of Members with ED visit NOT admitted to hospital	92%	96%	95%	85%	95%
	% of Members with ED visit admitted to hospital	8%	4%	5%	15%	5%
	Avg Hospital length of stay (days- a day is 24hrs or longer)	7	4	4	5	7
	# of Hospital Admissions (per 1000 members)	76	82	19	83	84
	# of Members with HAC and OPPC (per 1000 members)	0.00	0.00	0.00	1.14	0.00
	# of Members receiving Hep C treatment drugs (per 1000 members)	0.46	0.58	0.50	1.82	0.87

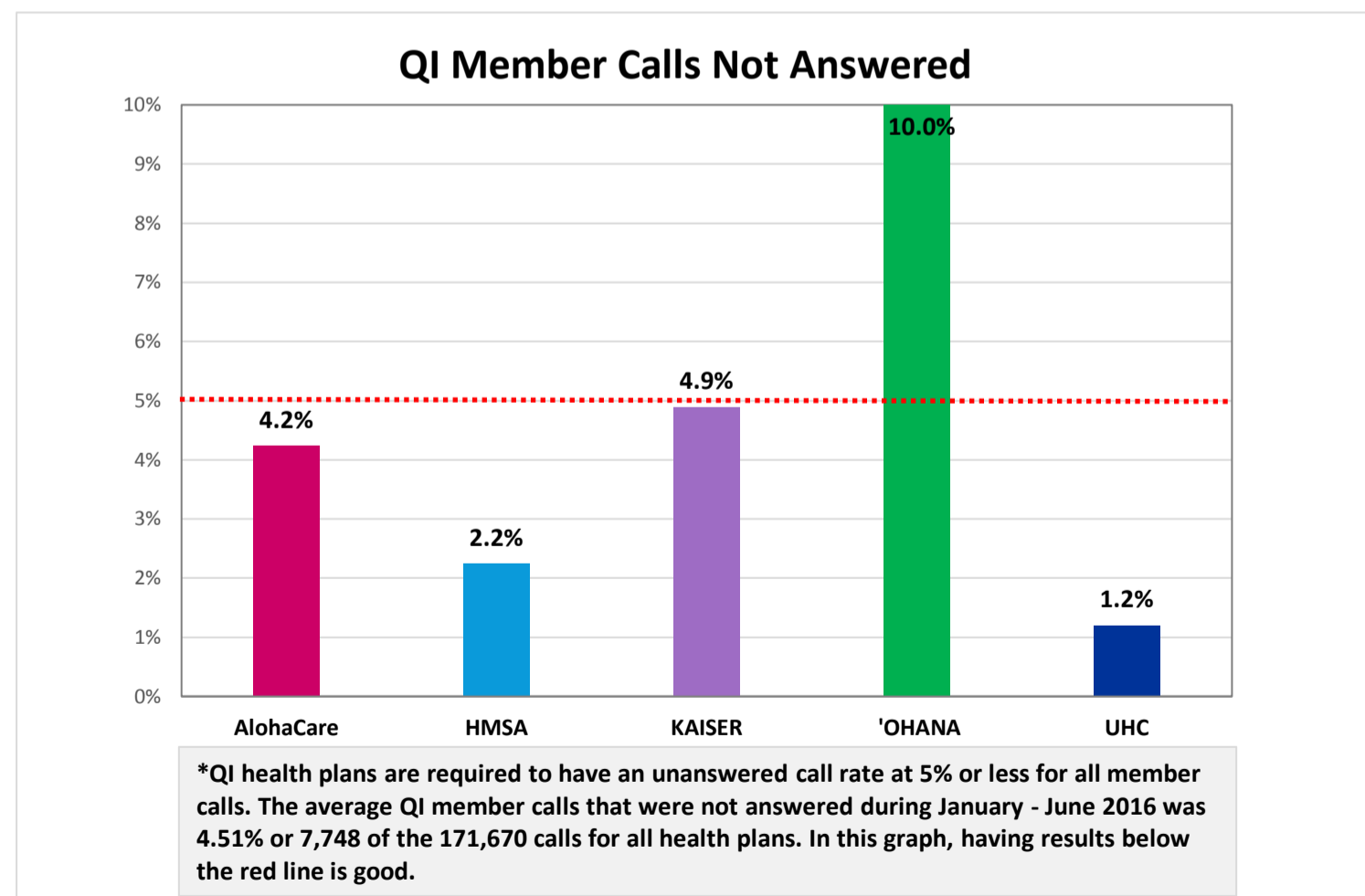
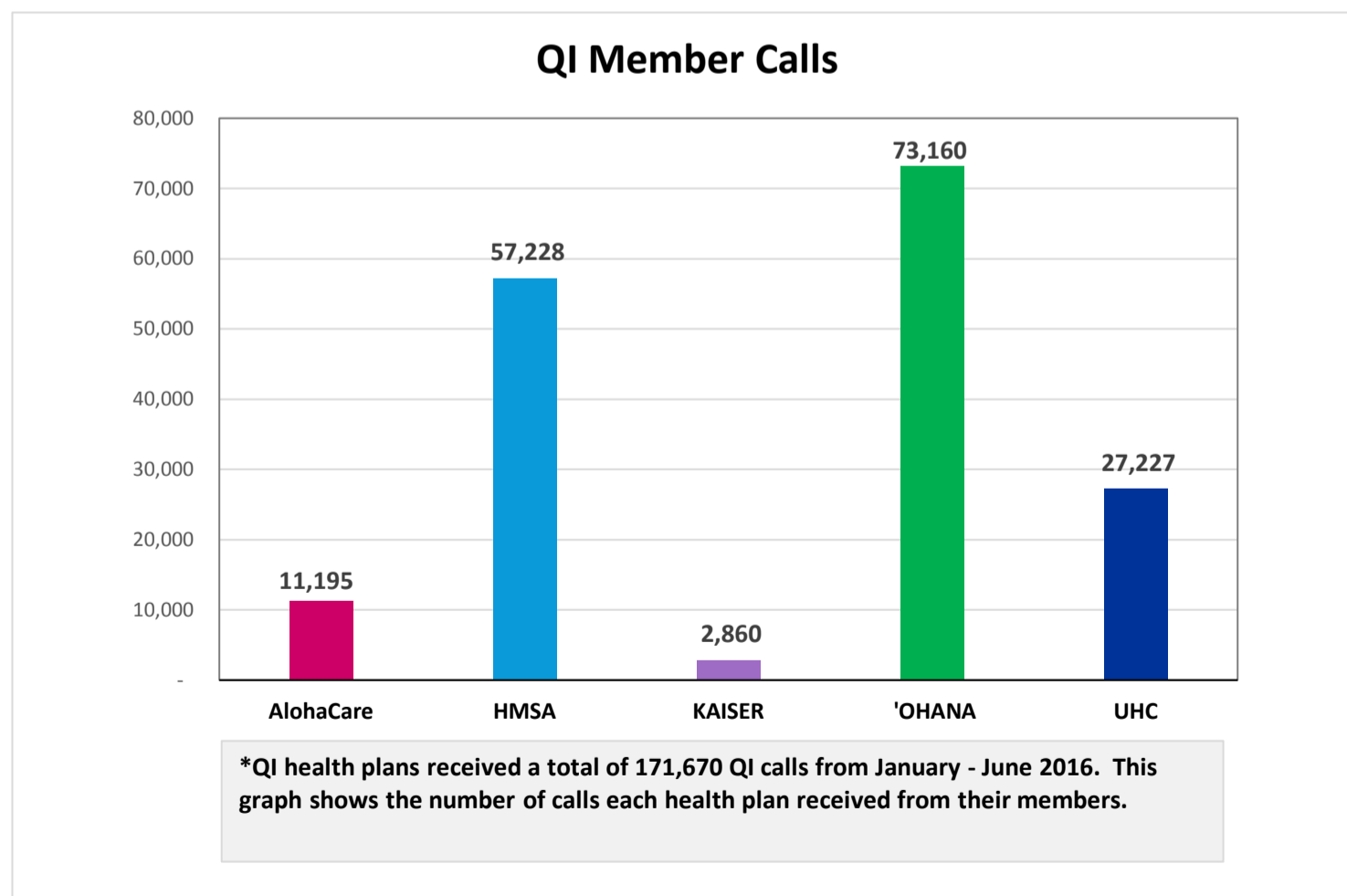
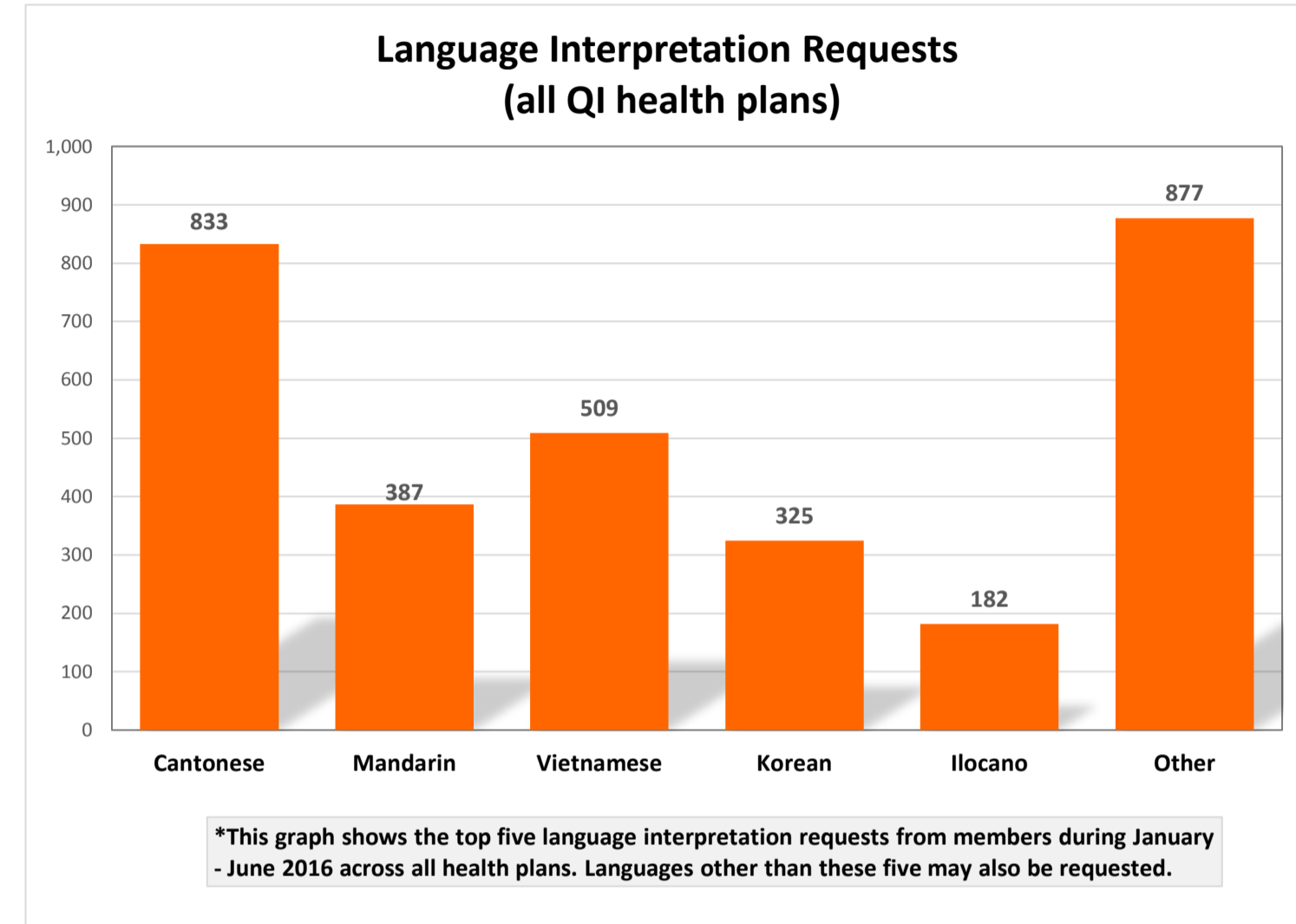
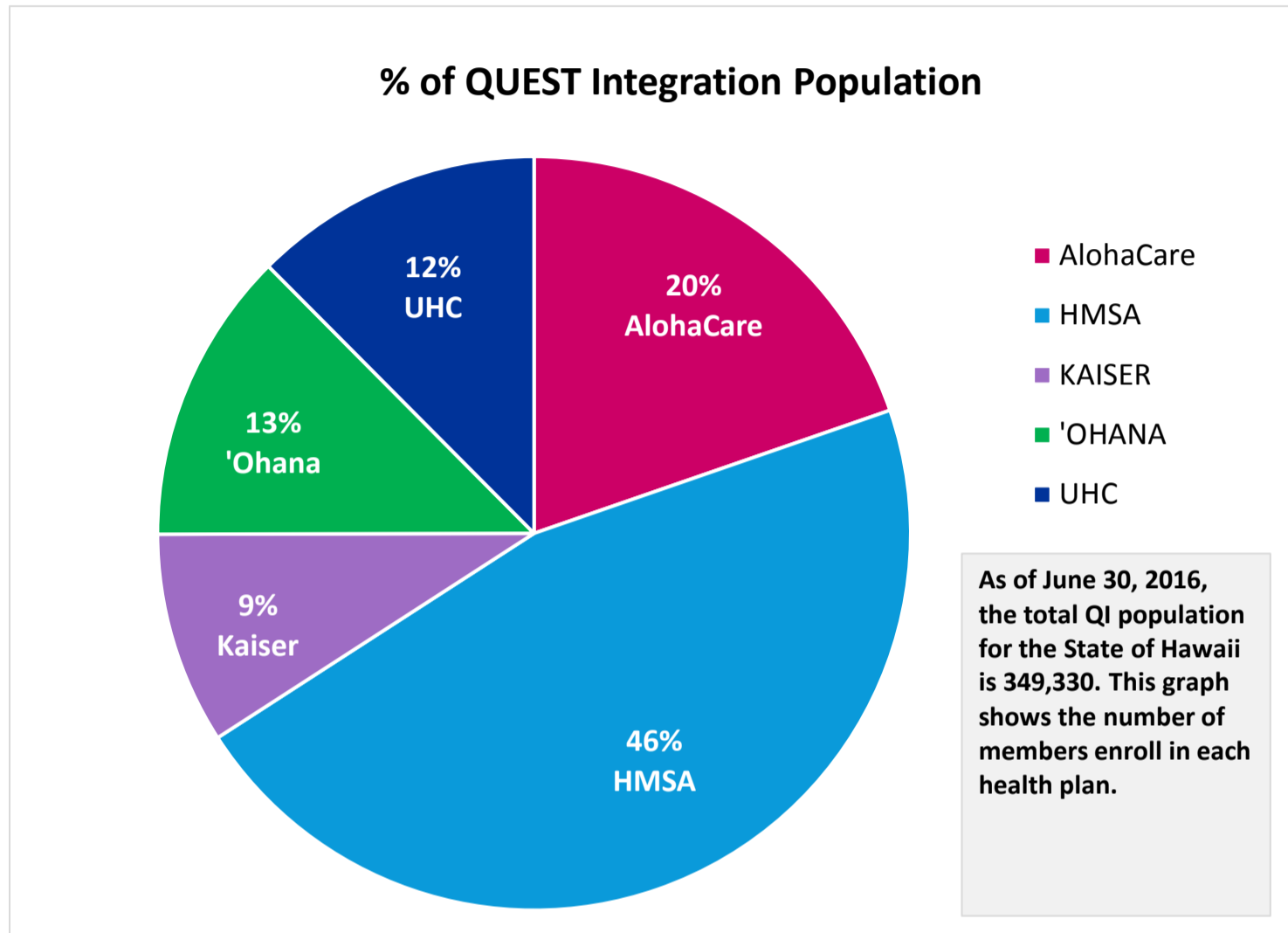
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Legend:
ALF = Assisted Living Facilities
C = Based on claims
CCFFH = Community Care Foster Family Homes
CCS = Community Care Services
DHS = Department of Human Services
E-ARCH = Expanded Adult Residential Care Homes
ED = Emergency Department
FQHC = 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 services received by members in HCBS and 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 1000 members)" means the item is based on every 1000 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 thousand members." This means that for every 1000 members, 8 members visited ED every year. So, a health plan with 100,000 members would have 800 ED visits.

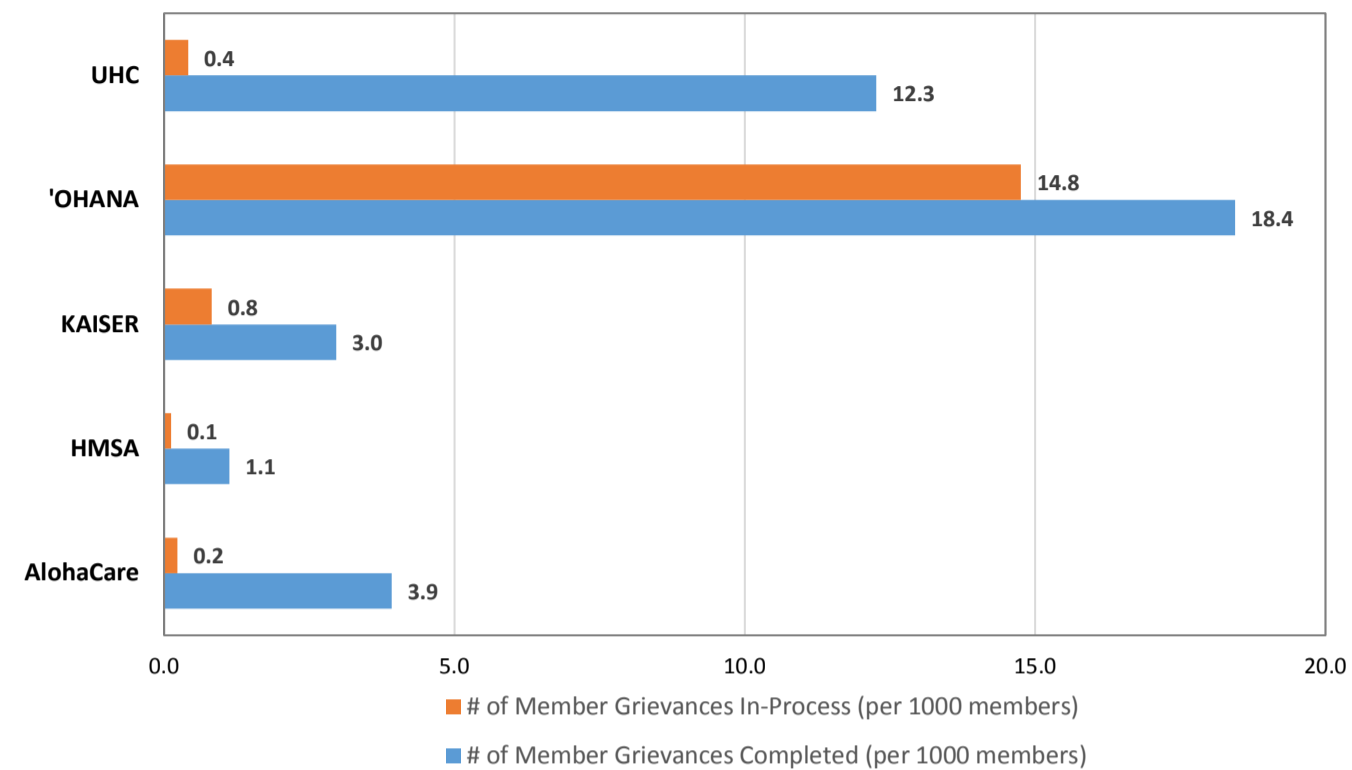
PUBLIC SUMMARY SEMI-ANNUAL REPORT - MEMBER RELATED

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 - Semi-Annual tab.



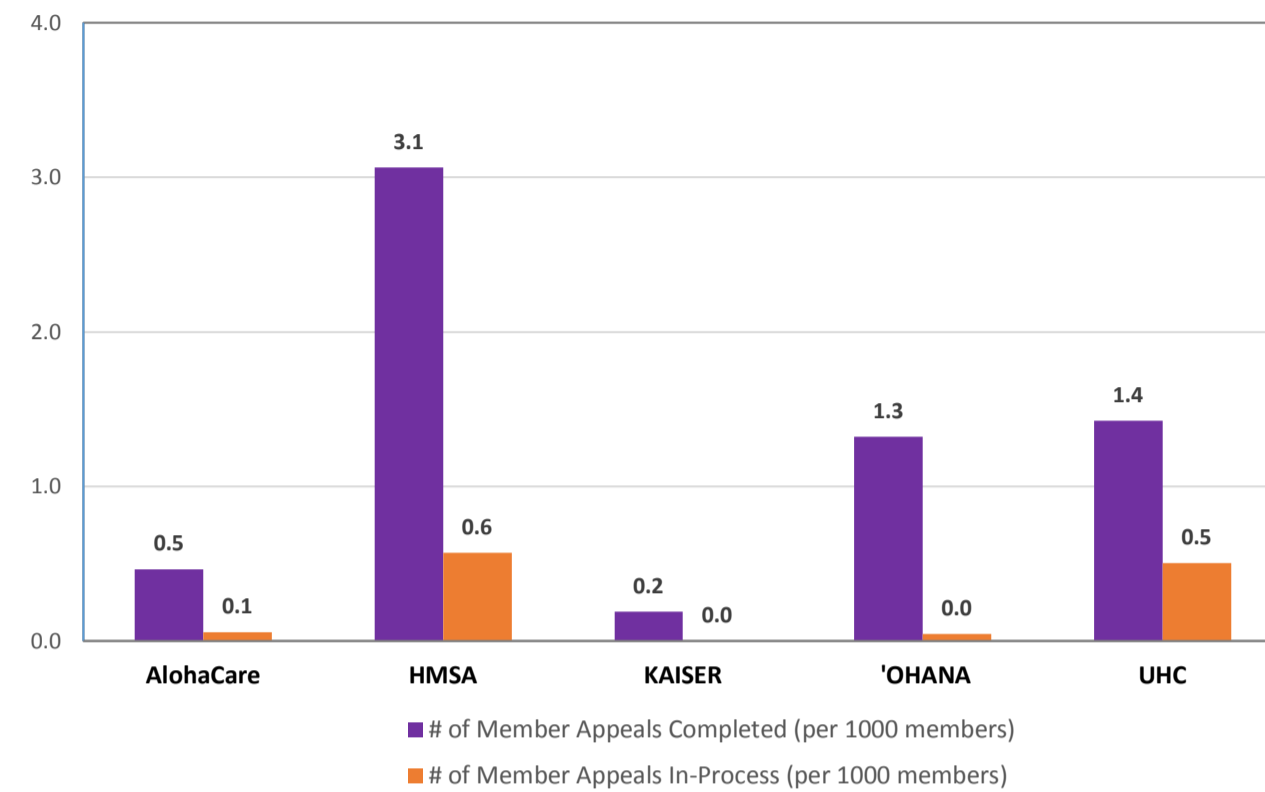
PUBLIC SUMMARY SEMI-ANNUAL REPORT - MEMBER RELATED

Member Grievances Completed and In-Process



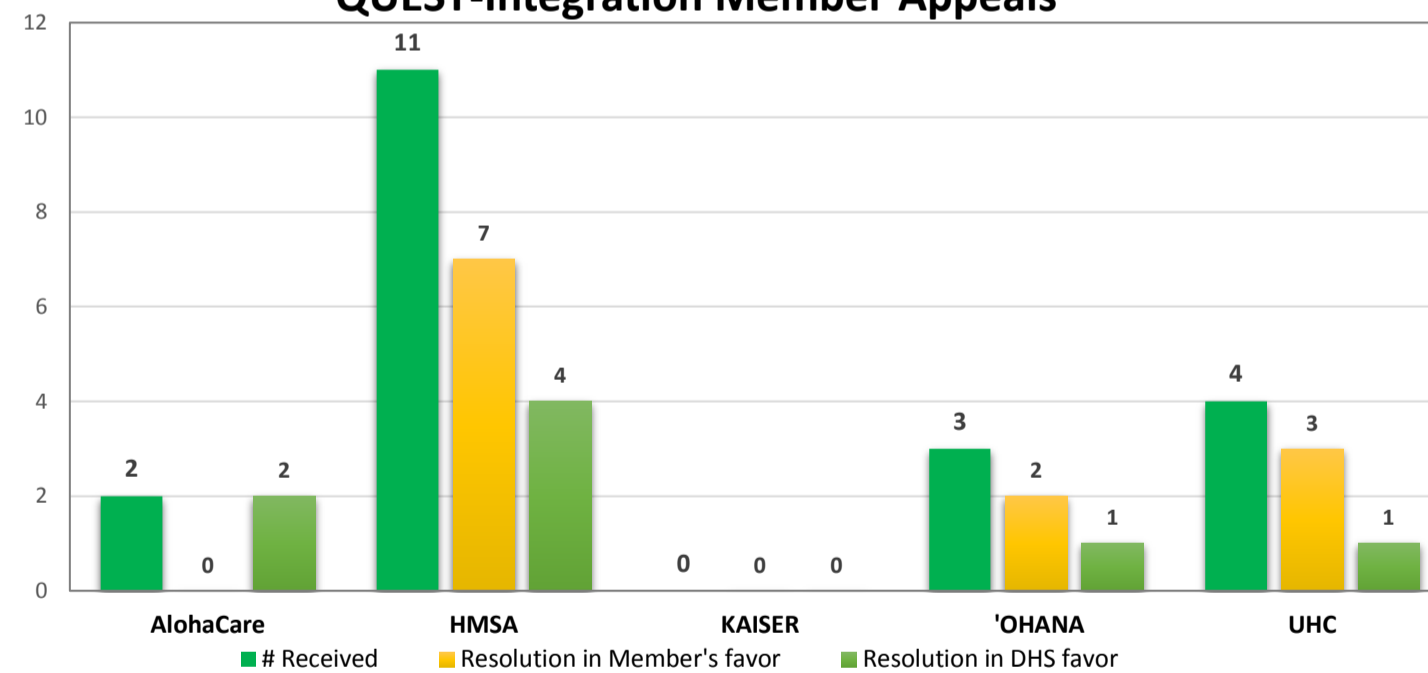
*This chart shows the number of member grievances completed by the health plans during January - June 2016. It also shows the number of member grievances that are in the process of being reviewed.

Member Appeals Completed and In-Process



*This chart shows the number of member appeals completed by the health plans during January - June 2016. It also shows the number of member appeals that are in the process of being reviewed.

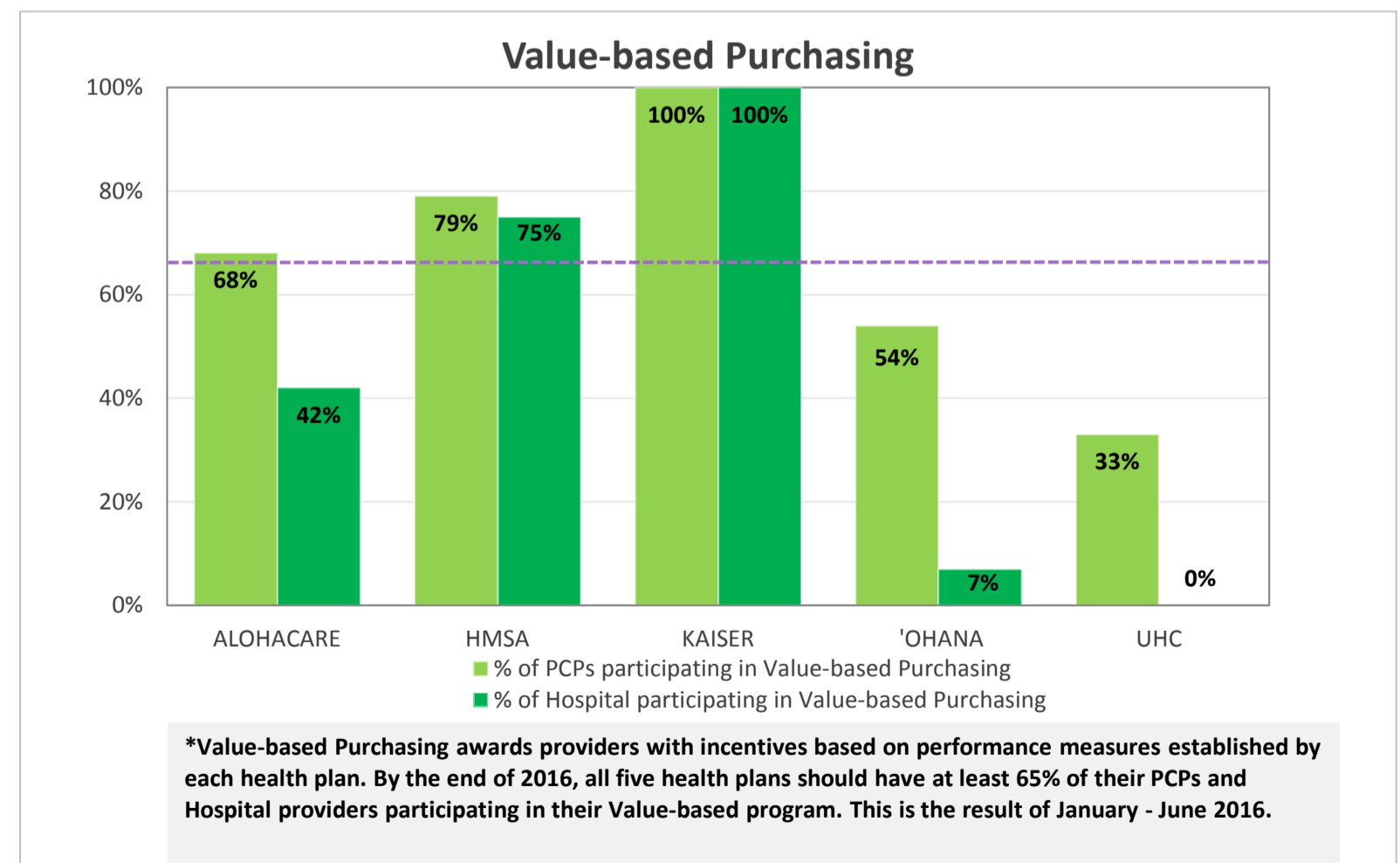
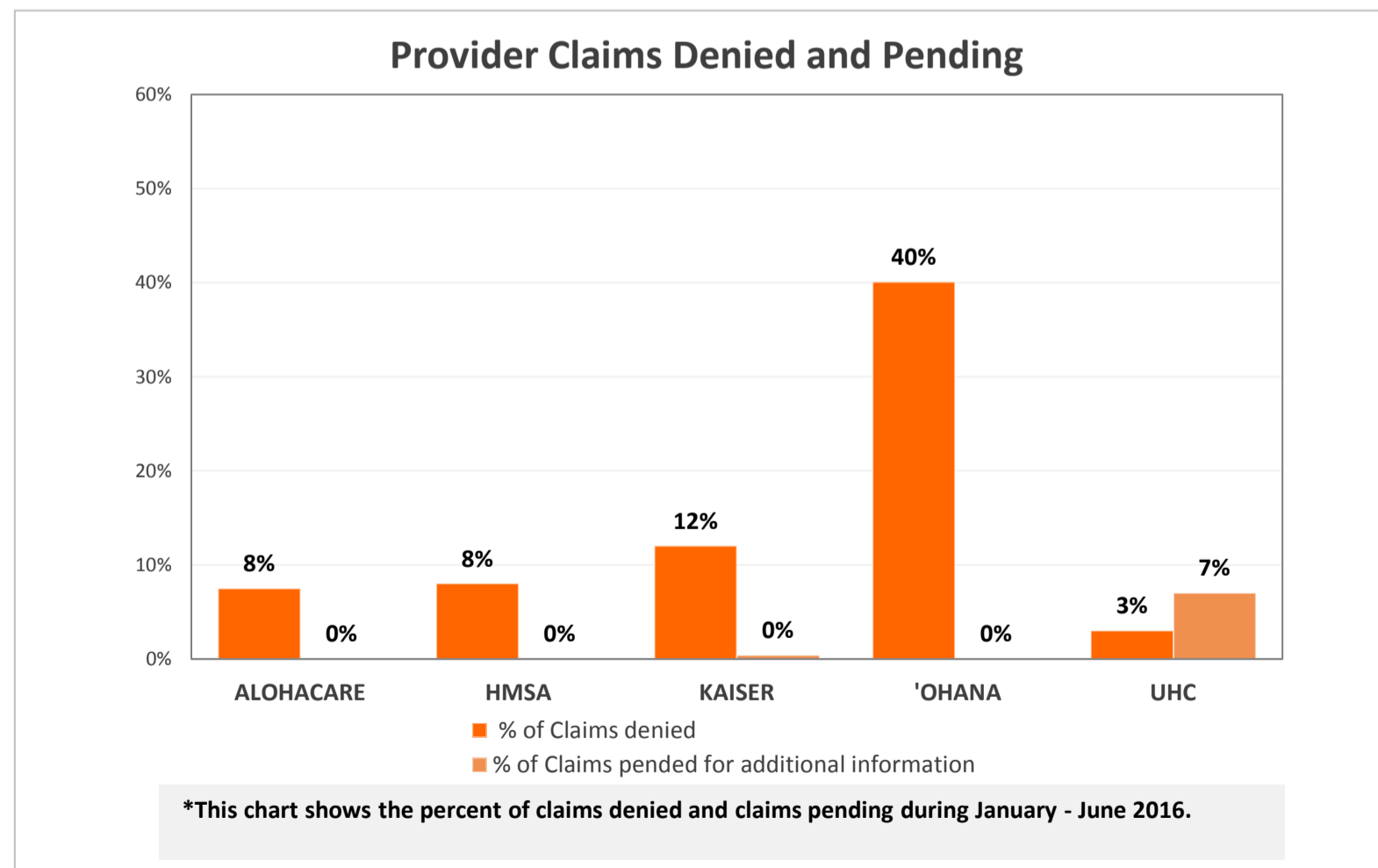
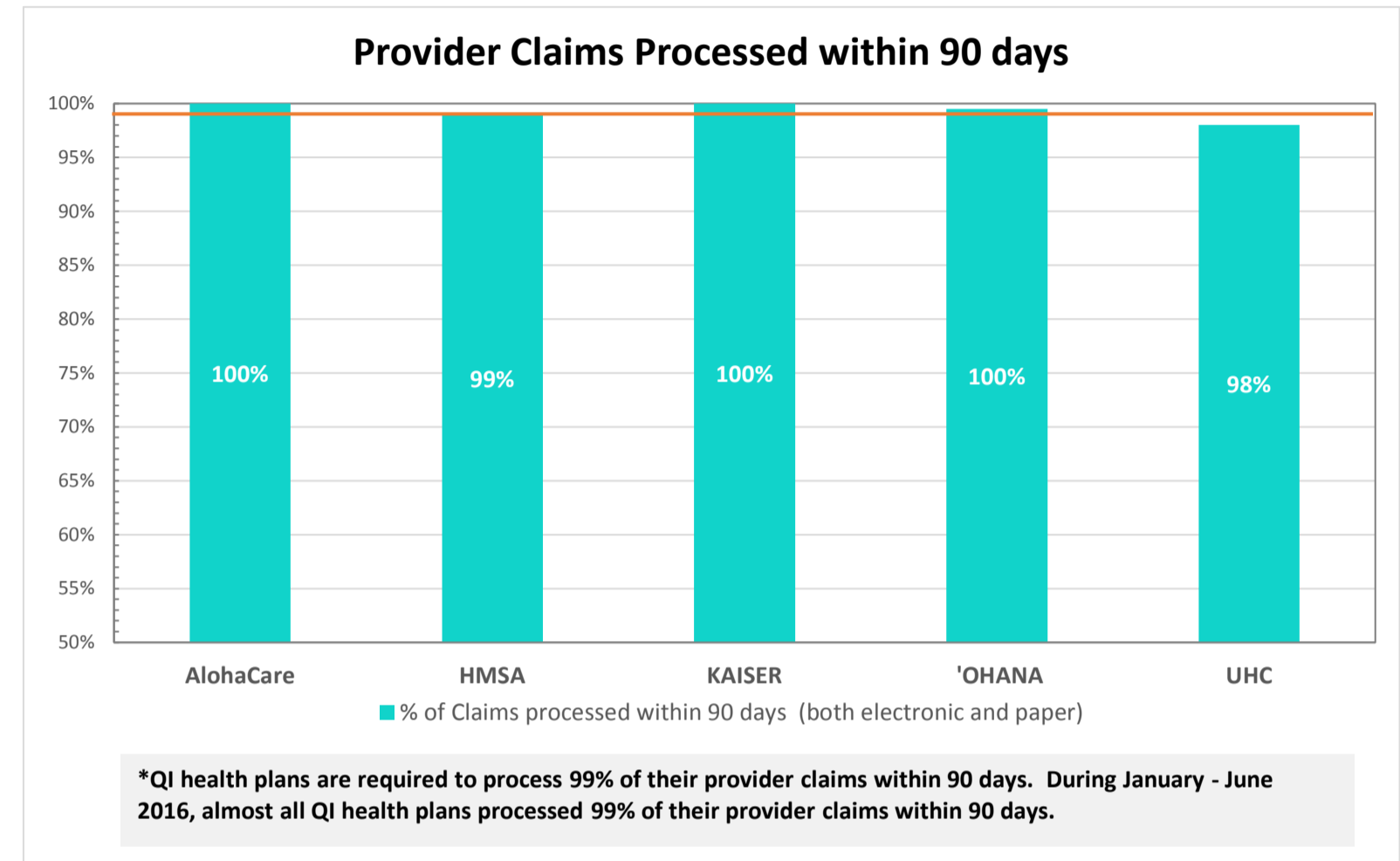
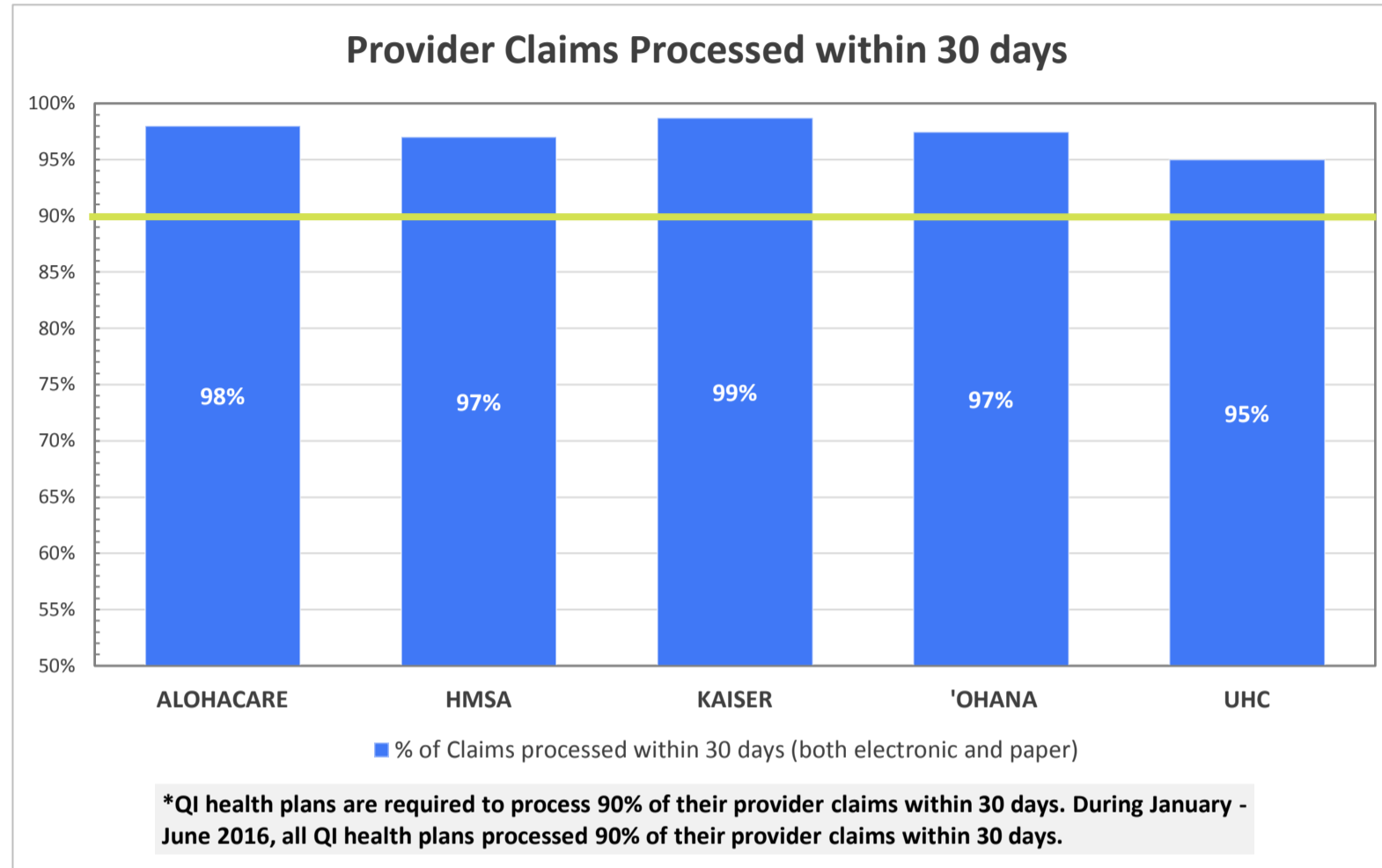
**Department of Human Services (DHS)
QUEST-Integration Member Appeals**



*This graph shows the total number of member appeals received by DHS during January - June 2016. It also shows how many appeals were resolved in favor of the member and appeals that were resolved in favor of DHS.

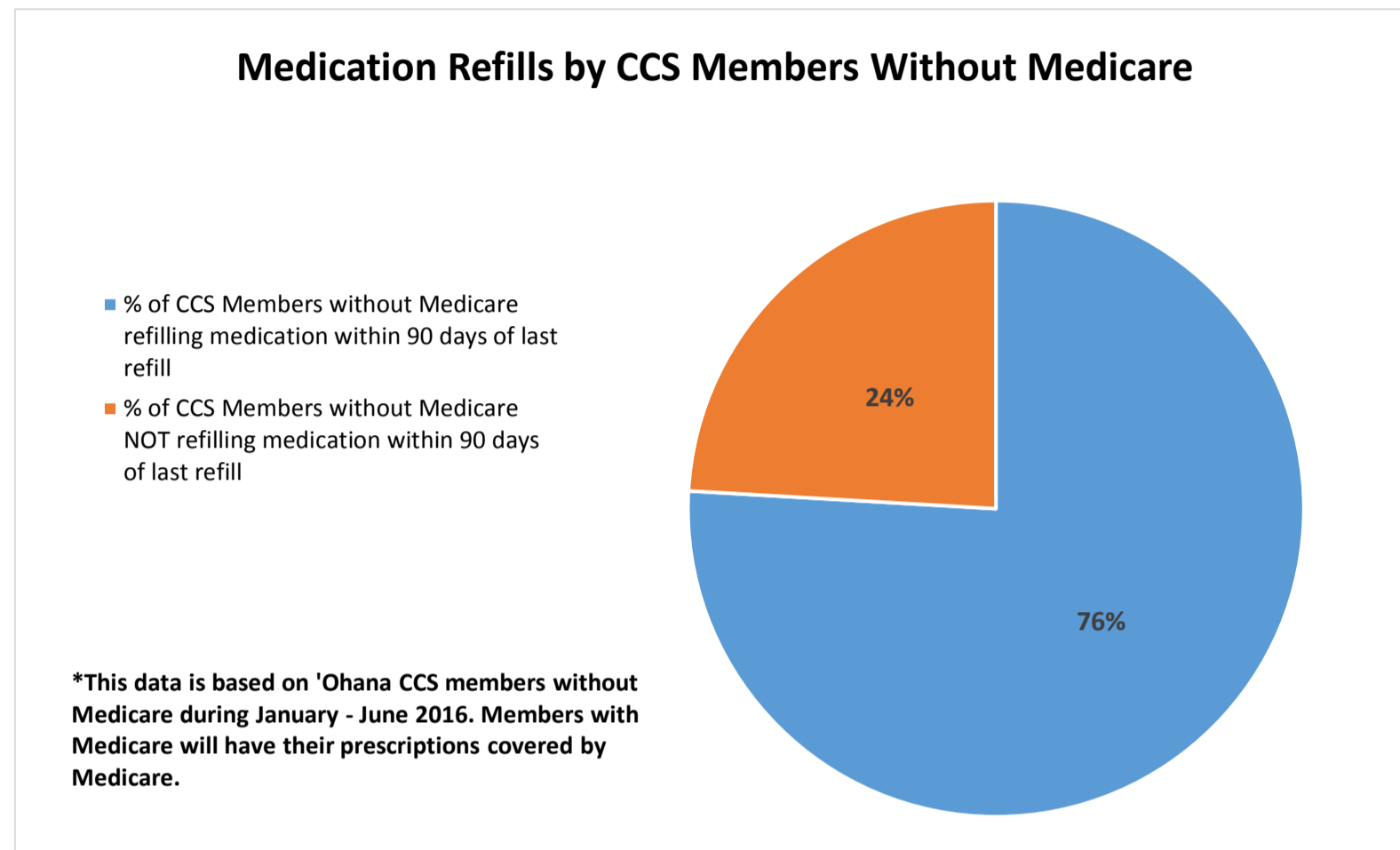
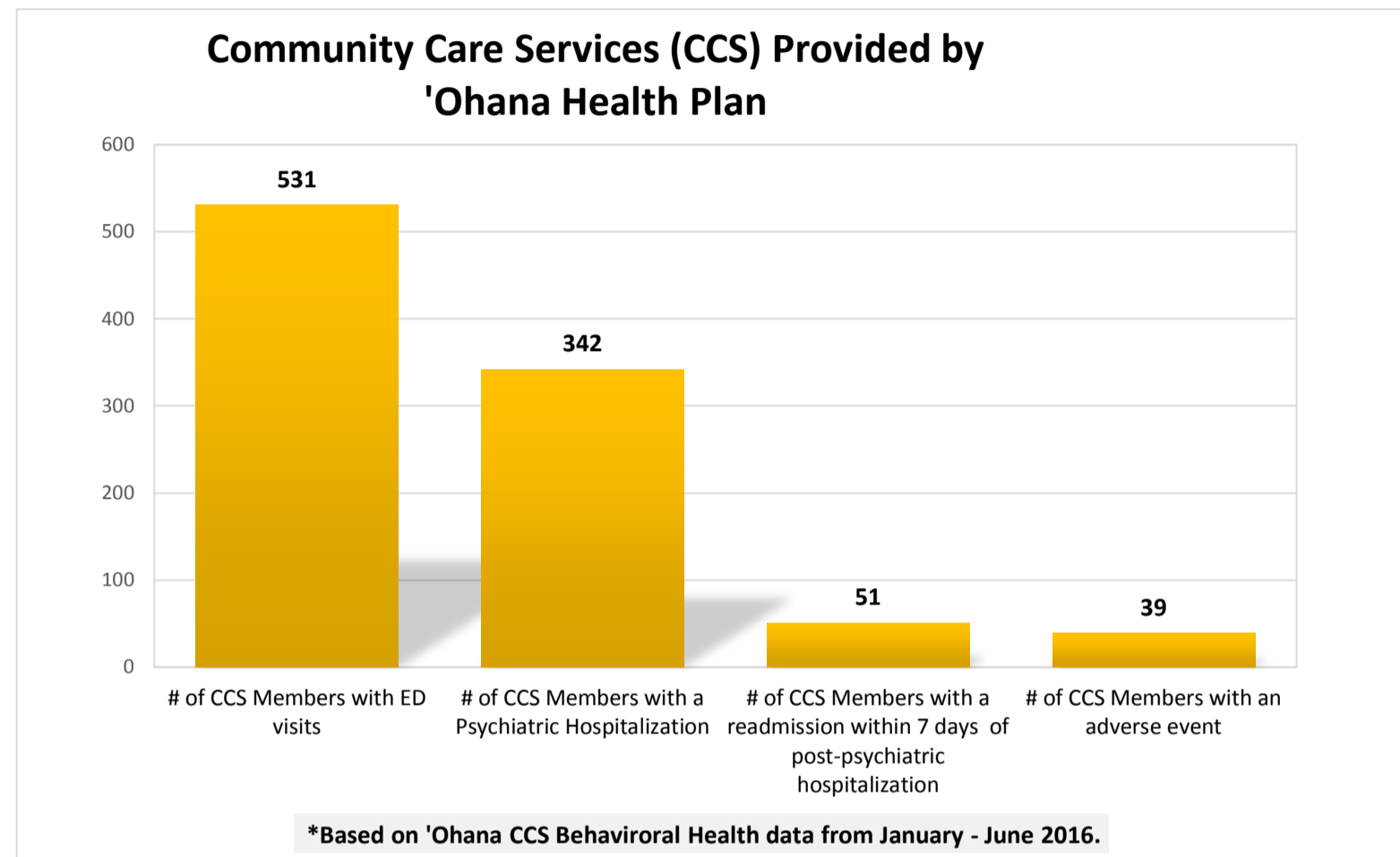
PUBLIC SUMMARY SEMI-ANNUAL REPORT - PROVIDER RELATED

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 - Semi-Annual tab.



PUBLIC SUMMARY SEMI-ANNUAL REPORT - BEHAVIORAL HEALTH

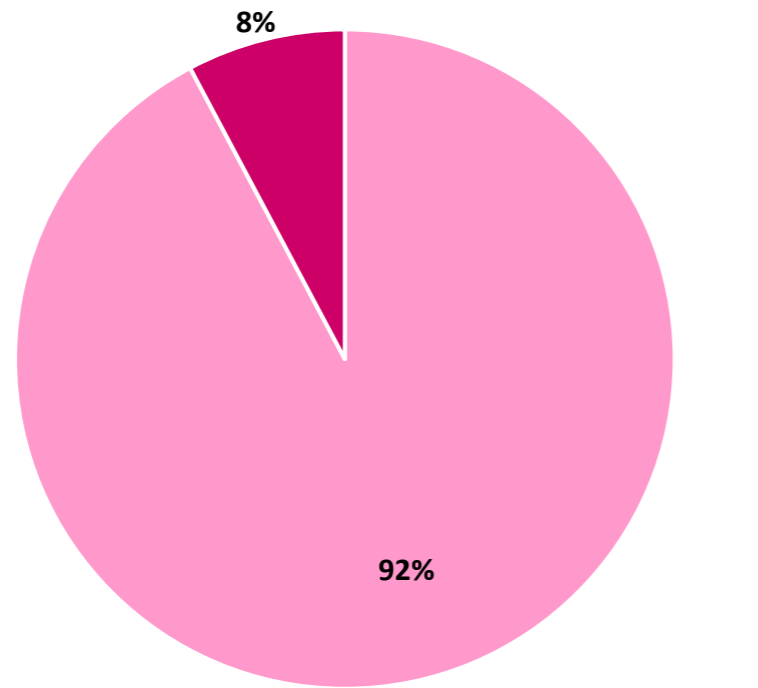
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PUBLIC SUMMARY SEMI-ANNUAL REPORT - UTILIZATION MANAGEMENT

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 - Semi-Annual tab.

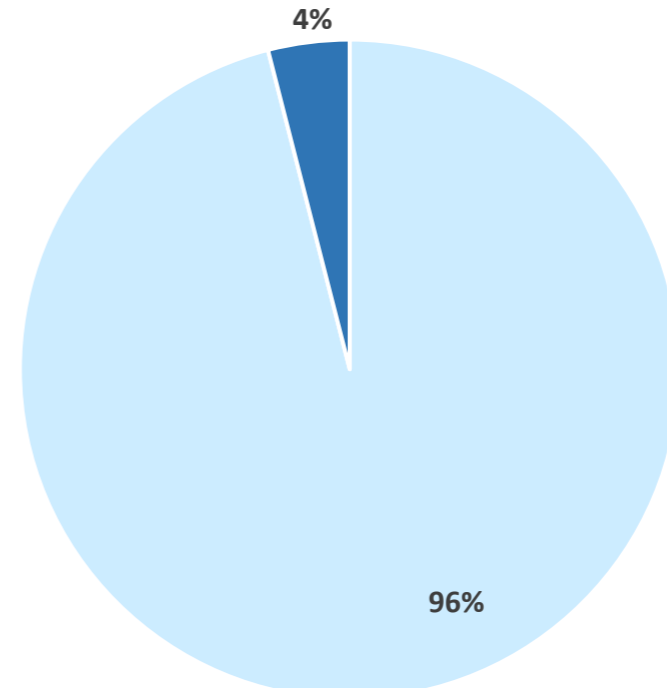
Utilization of Emergency Department (ED) Services by AlohaCare Members



A total of 20,530 members visited the Emergency Department during January - June 2016.

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

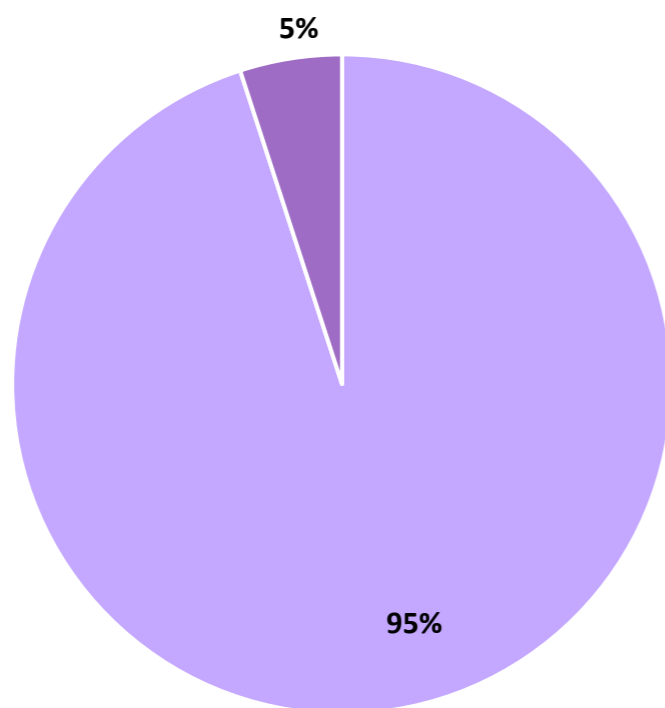
Utilization of Emergency Department (ED) Services by HMSA Members



A total of 30,221 members visited the Emergency Department during January - June 2016.

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

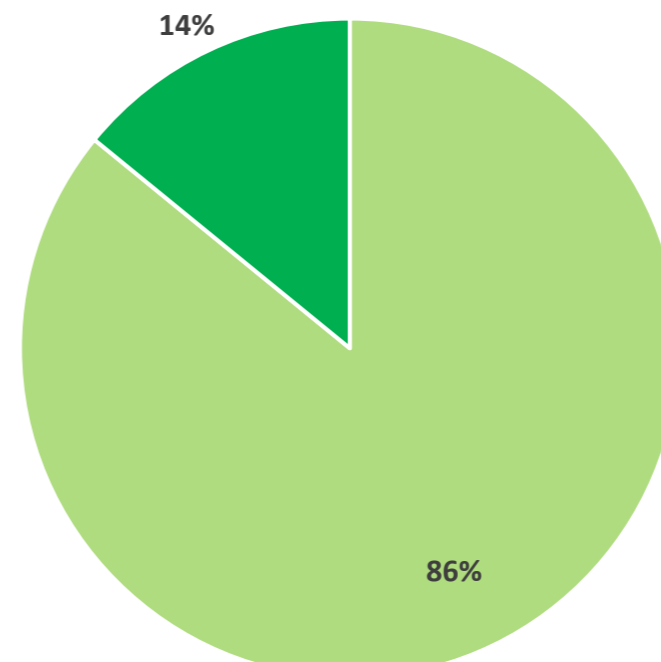
Utilization of Emergency Department (ED) Services by Kaiser Members



A total of 1,903 members visited the Emergency Department during January - June 2016.

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

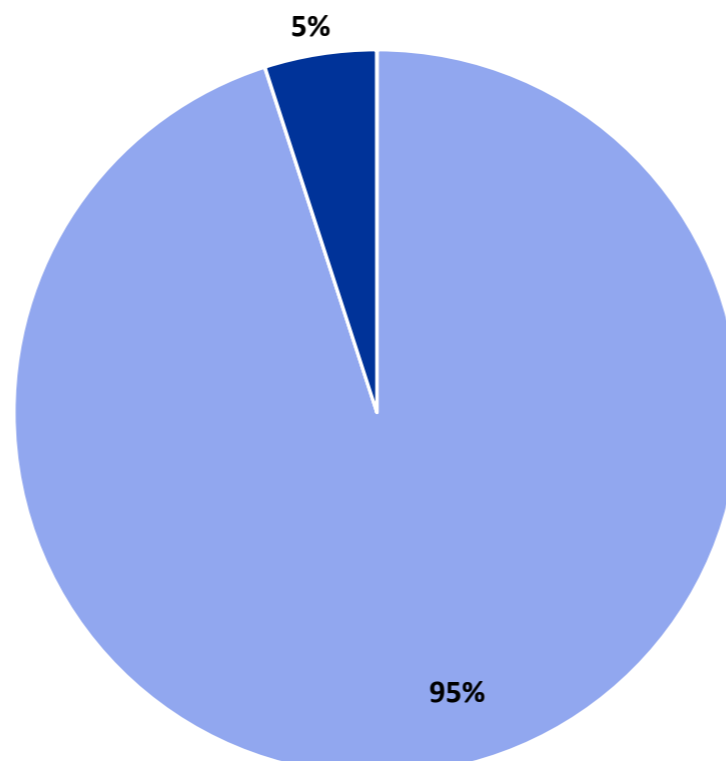
Utilization of Emergency Department (ED) Services by 'Ohana Members



A total of 10,130 members visited the Emergency Department during January - June 2016.

- % 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 9,800 members visited the Emergency Department during January - June 2016.

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