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.

	July - December 2016				
	AlohaCare	hmsa	KAISER	'OHANA	UnitedHealthcare Community Plan
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	68,837	159,498	30,542	31,440	30,268
Medicaid Dual	2,183	2,964	760	12,326	15,182
Total Medicaid	71,020	162,462	31,302	43,766	45,450
% of Total Medicaid Population	20%	46%	9%	12%	13%
Member Call Center* - Information on the operations of each health plan's member call center.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Member Calls	25,995	40,672	2,743	34,776	22,612
Avg. time until phone answered (minute:second)	00:06	01:23	00:12	00:17	00:13
Avg. time on phone with member (minute:second)	04:37	05:00	04:38	12:17	05:40
Longest wait time on hold (minute:second)	02:55	0:38:03	18:12	36:00	3:36
% of Member calls not answered	3.0%	8.9%	1.6%	4.9%	1.15%
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	3	289	306	11	121
# of Mandarin Requests	28	286	68	4	43
# of Vietnamese Requests	7	153	241	11	31
# of Korean Requests	16	83	54	44	107
# of Ilocano Requests	23	46	11	21	11
# of Other Language Requests	52	204	229	252	74
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)	4.7	0.7	6.3	13.8	0.5
# of Member Grievances In-Process (per 1000 members)	1.6	0.1	0.3	1.1	0.0
# of Member Appeals Completed (per 1000 members)	0.5	2.9	0.3	1.4	0.1
# of Member Appeals In-Process (per 1000 members)	0.2	0.4	0.1	0.1	0.0
Health Plan Member Appeal - Information on appeal decisions made by each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Received	20	327	5	33	52
Resolved in favor of Member	15	195	4	17	35
Resolved in favor of Health Plan	4	76	1	13	12

Member Related (vertical row label)

Public Summary Report

DHS Member Appeals* - Information on appeals filed by members to the Department of Human Services (DHS).	AlohaCare	HMSA	KAISER	'OHANA	UHC
# Received	0	5	1	4	2
Resolution in Member's favor	0	3	0	2	1
Resolution in DHS favor	0	2	1	2	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	312	466	319	3,353	4,169
# of Members in NF (C)	127	151	45	973	1,069
# of Members in HCBS (C)	185	315	169	2,380	2,895
% of Members in NF and HCBS (C)	0.4%	0.3%	1.0%	7.7%	8.7%
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	45	45	49	624	870
# of HCBS Members in Self-Direction (C)	29	122	34	911	838
# of HCBS Members receiving other HCBS (C)	140	148	57	1,469	1,974
# of Members in At-Risk (C)	25	71	76	1,163	205
# of At-Risk Members in Self-Direction (C)	91	33	17	469	43
# of At-Risk Members receiving other HCBS (C)	24	38	32	471	162
Going Home Plus (GHP) Program - Information on members in the GHP program.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Active Members in GHP program	11	5	0	25	26
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	6	2	0	15	6
# of Members receiving services in their homes	3	2	0	12	3
# Re-institutionalized	2	1	0	1	0
Provider Network - Information on the number of various providers in each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of PCPs	611	916	211	812	1,027
# PCPs - (accepting new members)	457	571	193	557	947
# Specialists	2,334	2,520	383	1,568	1,848
# Specialists (accepting new members)	1,293	2,520	383	999	1,820
# Behavioral Health Providers	853	1,119	77	655	940
# Behavioral Health Providers (accepting new members)	700	1,119	77	628	915
# Hospitals	25	26	14	24	24
# LTSS Facilities (Hosp./NF)	49	37	16	38	34
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	488	642	295	1,013	1,137
# HCBS Providers (excluding) residential settings and LTSS facilities)	60	154	57	91	54
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,588	2,289	117	1,804	1,047
Total # of Providers	6,008	8,073	1,170	6,001	9,793

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Provider Related		AlohaCare	HMSA	KAISER	'OHANA	UHC
	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	91%	94%	92%	91%	91%
	Avg. wait time for PCP Adult Sick Visits (72 hours) -% of requests that meet waiting time standard	90%	94%	92%	88%	92%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	99%	95%	53%	100%	93%
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	95%	98%	94%	93%	98%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	93%	97%	94%	97%	99%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard	100%	100%	94%	91%	100%
	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%	94%	98%	97%	96%
	% of Claims processed within 90 days (both electronic and paper)	100%	99%	100%	99%	99%
	% of Claims denied	8%	7%	17%	43%	7%
	% of Claims pended for additional information		1%	0%	0%	0%
	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	72%	77%	100%	54%	29.4%
	% of Hospital participating in Value-based Purchasing	28%	75%	100%	7%	0.0%

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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	104	55	8	134	86
	# Approved for CCS	61	44	5	98	74
	% of Approval for CCS	59%	80%	63%	73%	86%
	Behavioral Health Services* - Information provided by 'Ohana Only on CCS members.				'OHANA	
	# of CCS Members				5,653	
	% of CCS Members without Medicare refilling medication within 90 days of last refill				77%	
	% of CCS Members without Medicare NOT refilling medication within 90 days of last refill				23%	
	# of CCS Members with ED visits				401	
	# of CCS Members with a Psychiatric Hospitalization				317	
	# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization				81	
	# of CCS Members with an adverse event				19	
Service Coordination	Service Coordination - Information on members receiving service coordination.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# of Members receiving Service Coordination (per 1000 members)	2	46	103	257	248
	# of Members receiving Service Coordination in LTSS (per 1000 members)	1	6	12	195	159
	# of Members receiving Service Coordination in SHCN (per 1000 members)	2	39	91	64	46
	# of Members receving Service Coordination in At-Risk (per 1000 members)	0	1	5	63	63
	% of Members in health plan receiving Service Coordination	2%	2%	5%	13%	12%
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	45	745	204	16	105
	# of Medicaid dual members who refused service coordination	11	164	8	4	34
	# of Medicaid dual members who cannot be found	17	1207	4	56	18

Public Summary Report

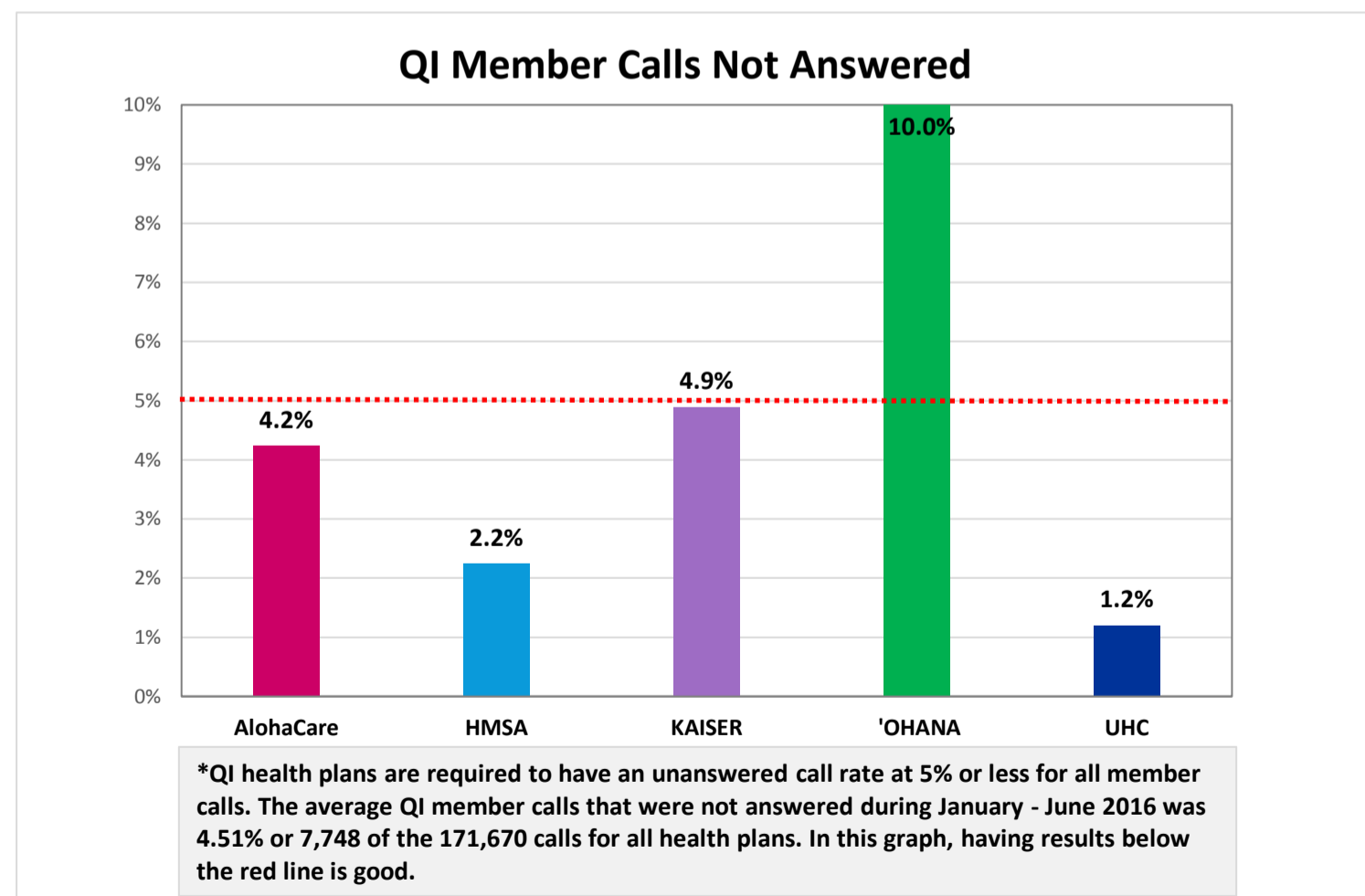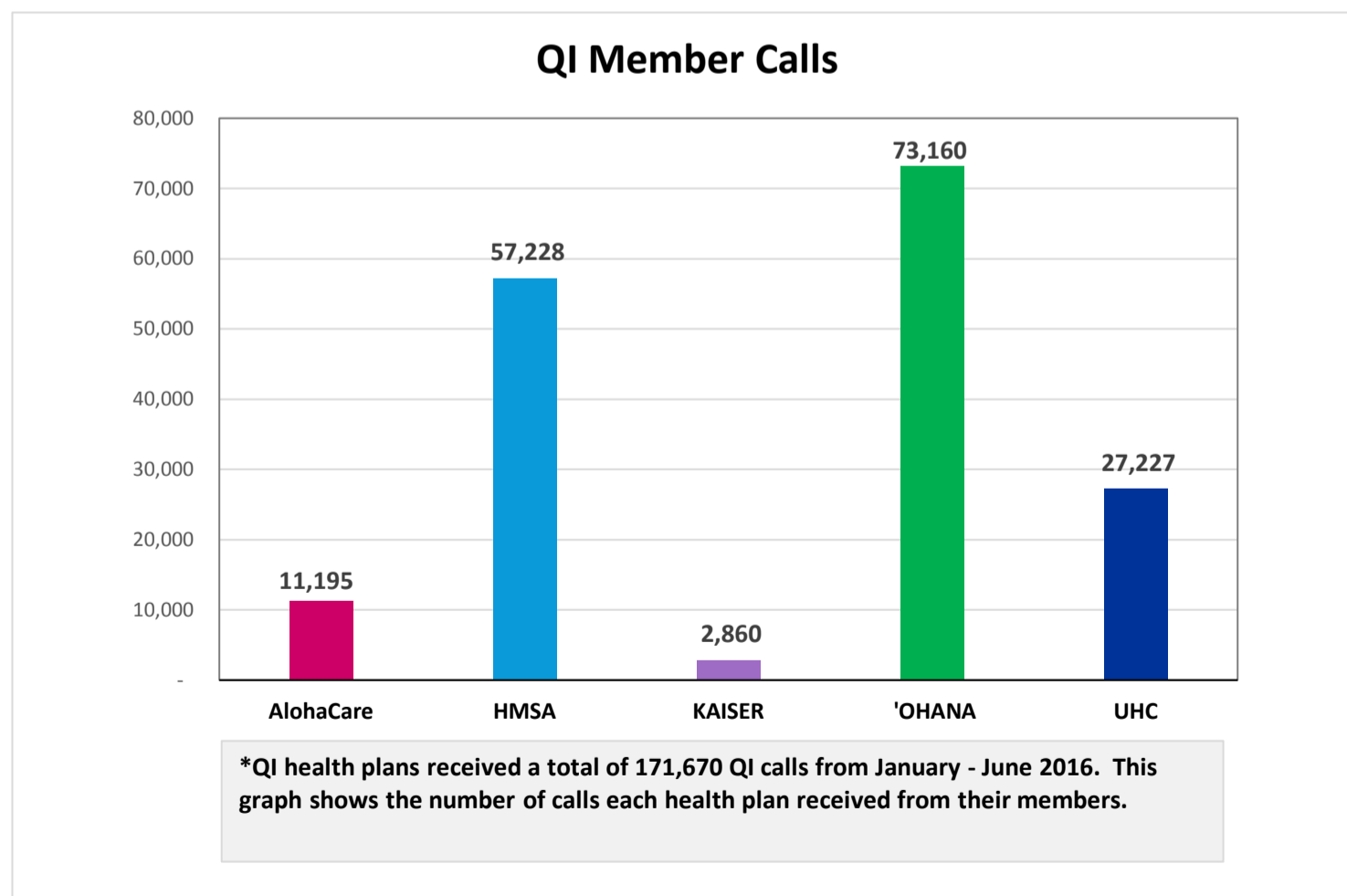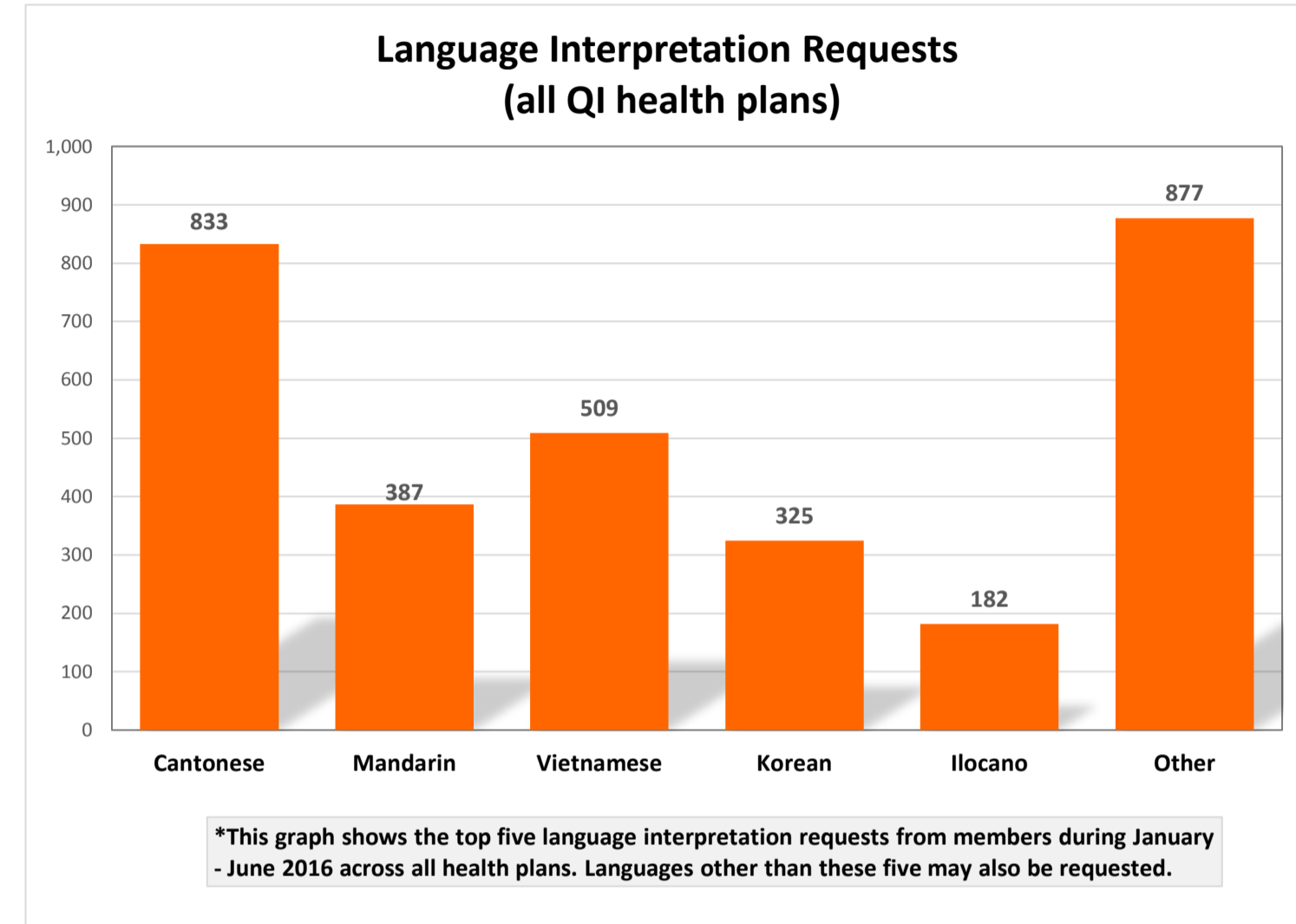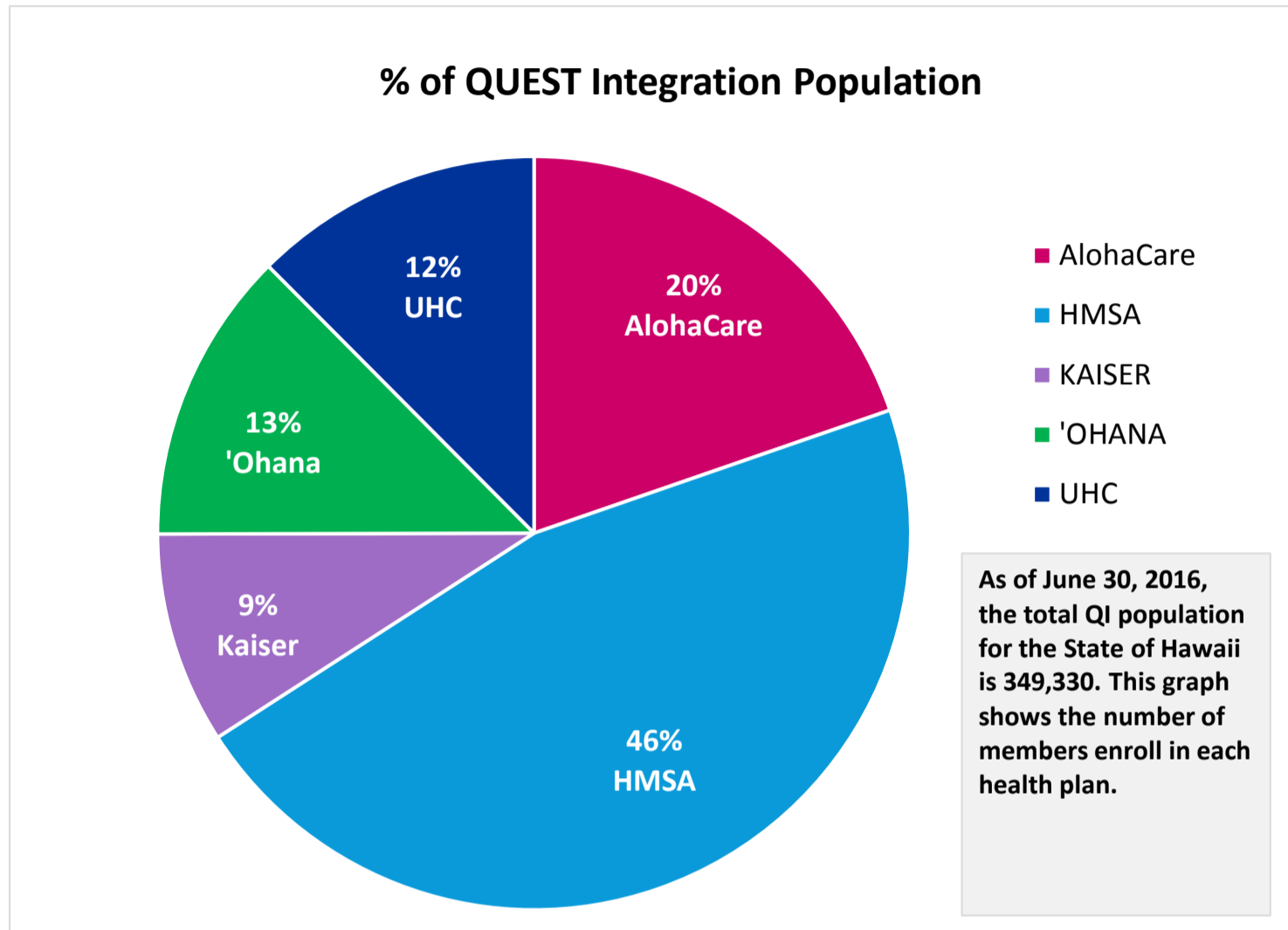| Utilization Management	Prior Authorization (PA) Medical Requests - Information on medical prior authorization requests received by each health plan. This includes authorization requests for medical, behavioral health and LTSS.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	10,894	13,315	814	12,573	14,016
	# Approved	9,031	11,973	747	12,254	12,180
	% of Approval	83%	90%	92%	97%	87%
	Avg time to complete a PA in days	1	3	3	6	3
	Prior Authorization (PA) Pharmacy Requests - Information on pharmacy prior authorization requests received by health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	987	2,588	N/A	4,097	686
	# Approved	869	1,834	N/A	3,000	392
	% of Approval	88%	72%	N/A	73%	57%
	Avg time to complete a PA in days	3	0	N/A	2	4
	Utilization of Service* - Information on services utilized by members.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Hospital Readmissions within 30 days	226	204	61	226	131
	# of Members with ED visit (per 1000 members)	619	363	10	402	334
	% of Members with ED visit NOT admitted to hospital	88%	96%	94%	84%	89%
	% of Members with ED visit admitted to hospital	12%	4%	6%	16%	11%
	Avg Hospital length of stay (days- a day is 24hrs or longer)	4	4	4	5	6
	# of Hospital Admissions (per 1000 members)	77	86	2	88	145
	# of Members with HAC and OPPC (per 1000 members)	0.0	0.0	0.0	25.0	0.0
	# of Members receiving Hep C treatment drugs (per 1000 members)	0.5	0.5	0.1	0.7	0.7

Revised 08/2016

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 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.
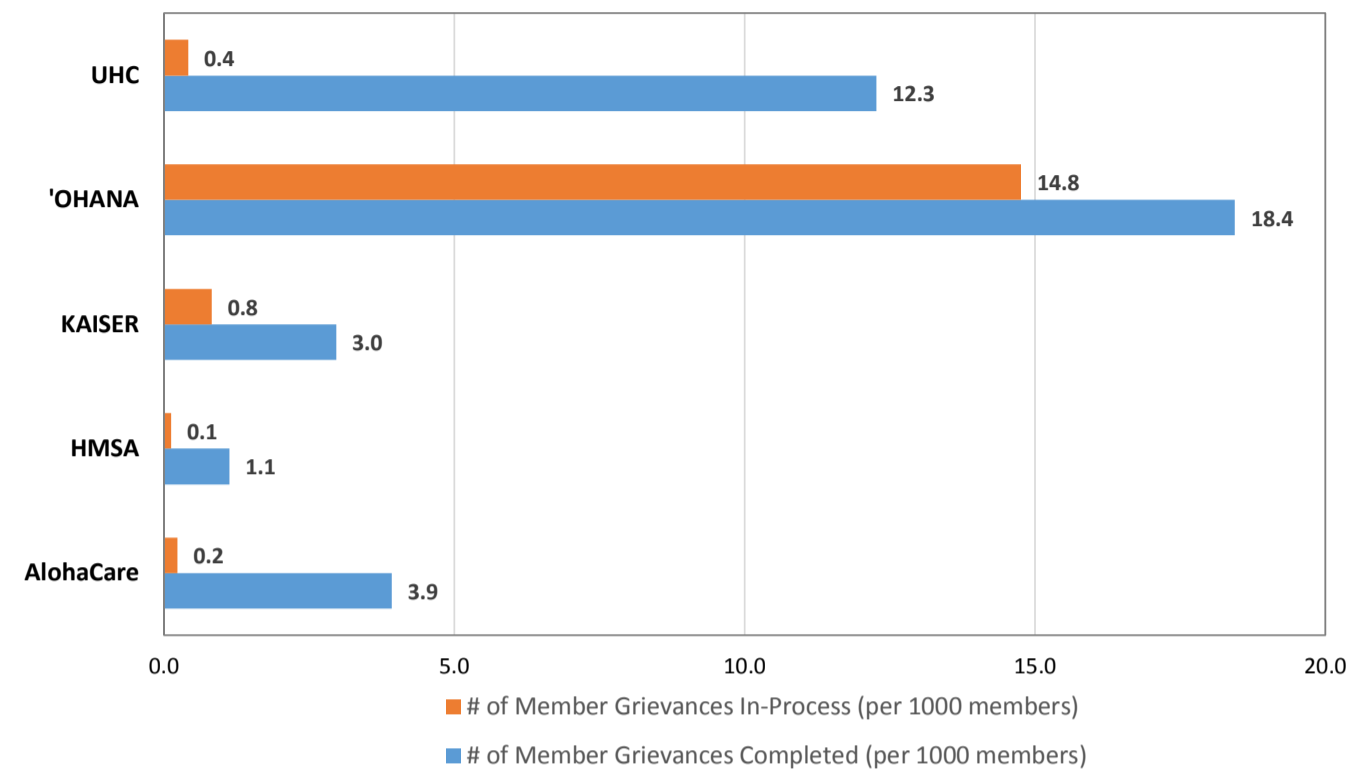
PUBLIC SUMMARY SEMI-ANNUAL REPORT - MEMBER RELATED

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.
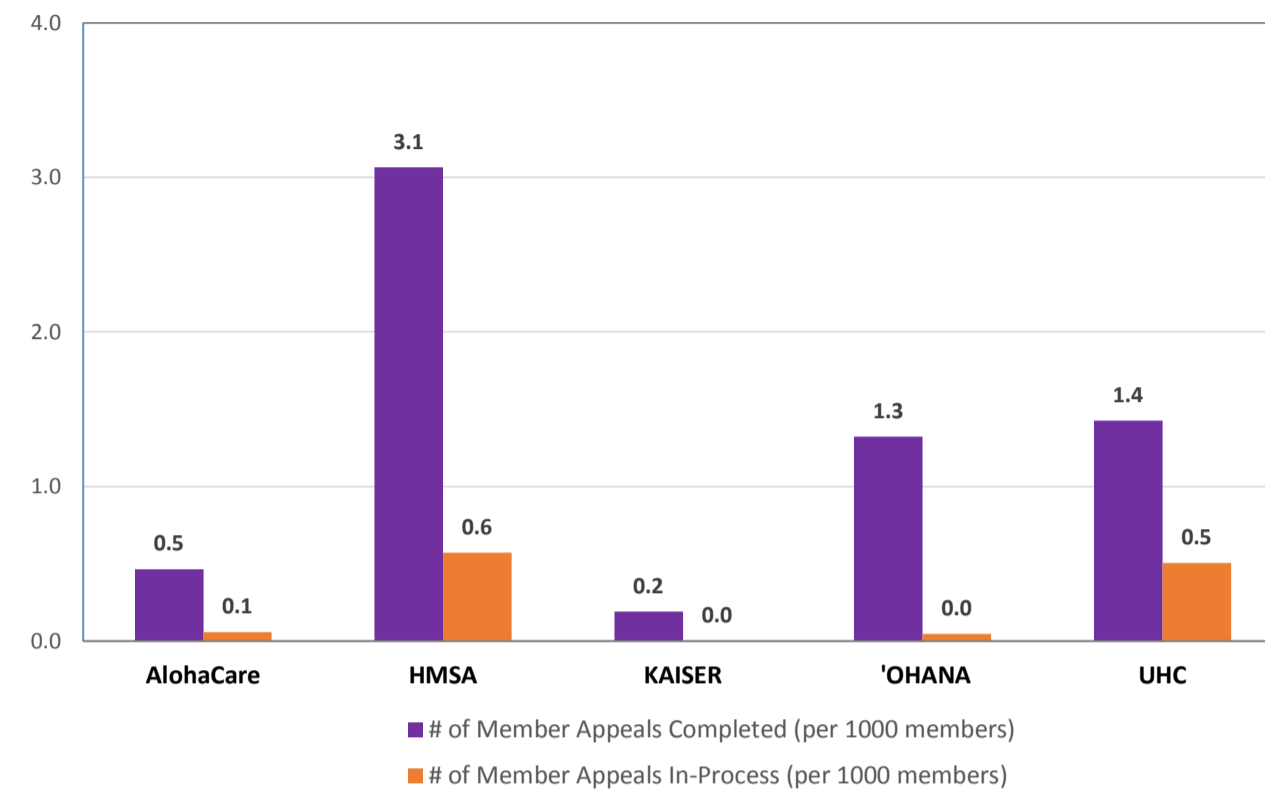
% of QUEST Integration Population

- AlohaCare — 20% AlohaCare
- HMSA — 46% HMSA
- KAISER — 9% Kaiser
- 'OHANA — 13% 'Ohana
- UHC — 12% UHC

As of June 30, 2016, the total QI population for the State of Hawaii is 349,330. This graph shows the number of members enroll in each health plan.

Language Interpretation Requests (all QI health plans)

Language	Requests
Cantonese	833
Mandarin	387
Vietnamese	509
Korean	325
Ilocano	182
Other	877

*This graph shows the top five language interpretation requests from members during January - June 2016 across all health plans. Languages other than these five may also be requested.

QI Member Calls

Health Plan	Calls
AlohaCare	11,195
HMSA	57,228
KAISER	2,860
'OHANA	73,160
UHC	27,227

*QI health plans received a total of 171,670 QI calls from January - June 2016. This graph shows the number of calls each health plan received from their members.

QI Member Calls Not Answered

Health Plan	% Not Answered
AlohaCare	4.2%
HMSA	2.2%
KAISER	4.9%
'OHANA	10.0%
UHC	1.2%

*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 - June 2016 was 4.51% or 7,748 of the 171,670 calls for all health plans. In this graph, having results below the red line is good.

PUBLIC SUMMARY SEMI-ANNUAL REPORT - MEMBER RELATED

Member Grievances Completed and In-Process

- UHC: 0.4 / 12.3
- 'OHANA: 14.8 / 18.4
- KAISER: 0.8 / 3.0
- HMSA: 0.1 / 1.1
- AlohaCare: 0.2 / 3.9

■ # of Member Grievances In-Process (per 1000 members)
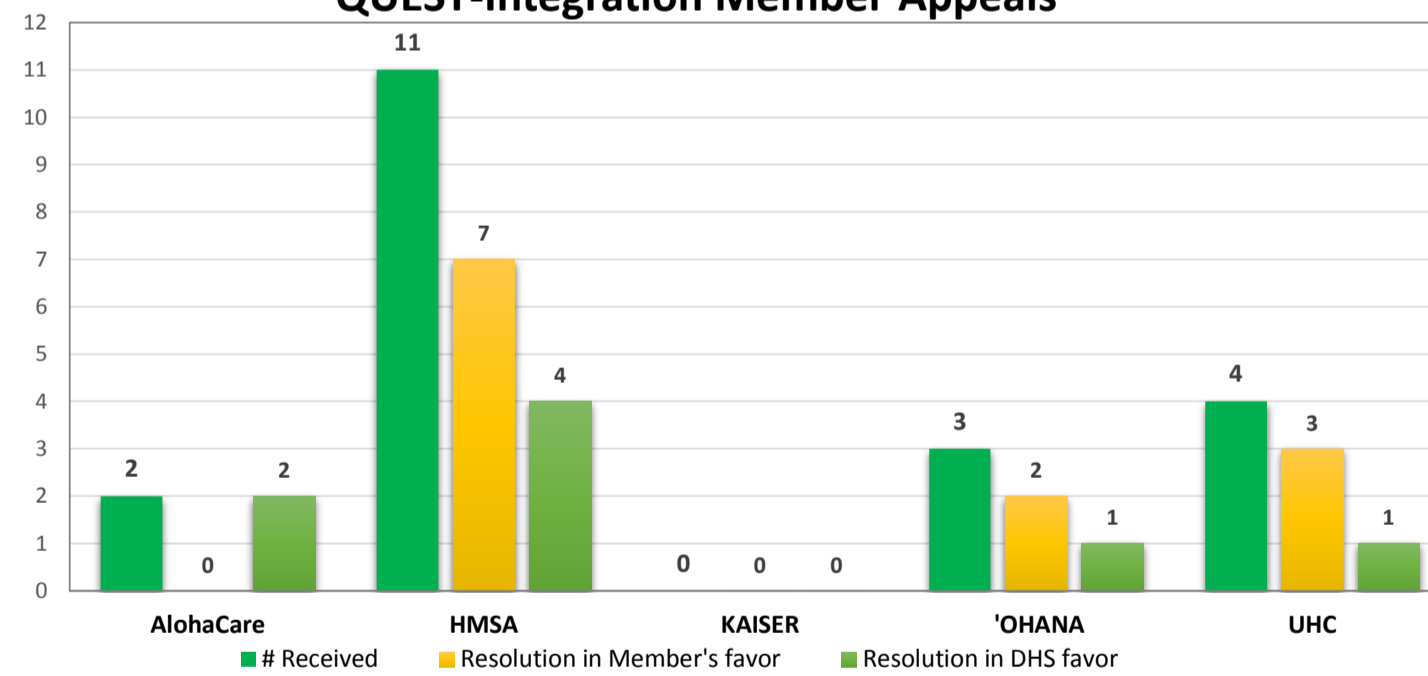■ # of Member Grievances Completed (per 1000 members)

*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

- AlohaCare: 0.5 / 0.1
- HMSA: 3.1 / 0.6
- KAISER: 0.2 / 0.0
- 'OHANA: 1.3 / 0.0
- UHC: 1.4 / 0.5

■ # of Member Appeals Completed (per 1000 members)
■ # of Member Appeals In-Process (per 1000 members)

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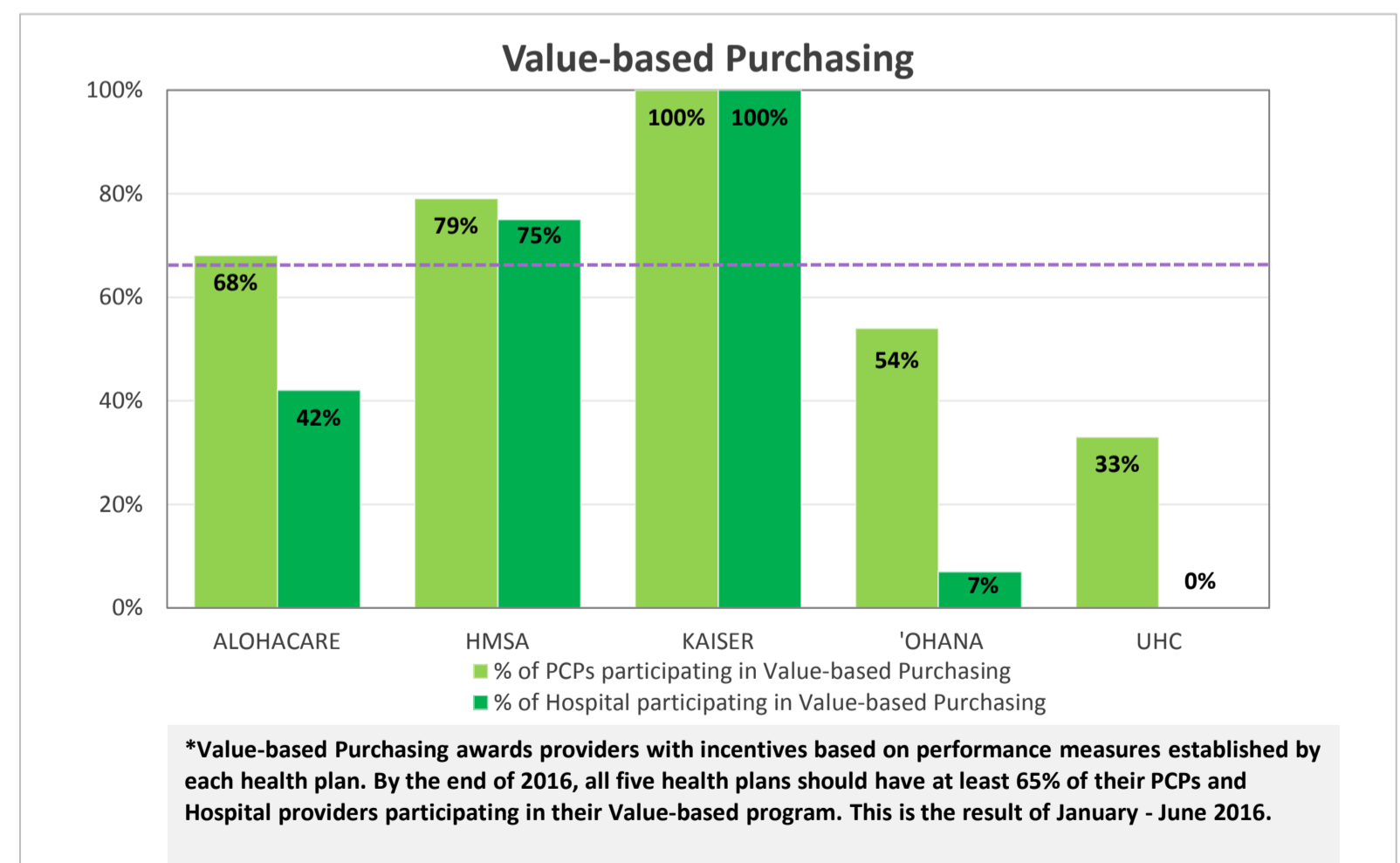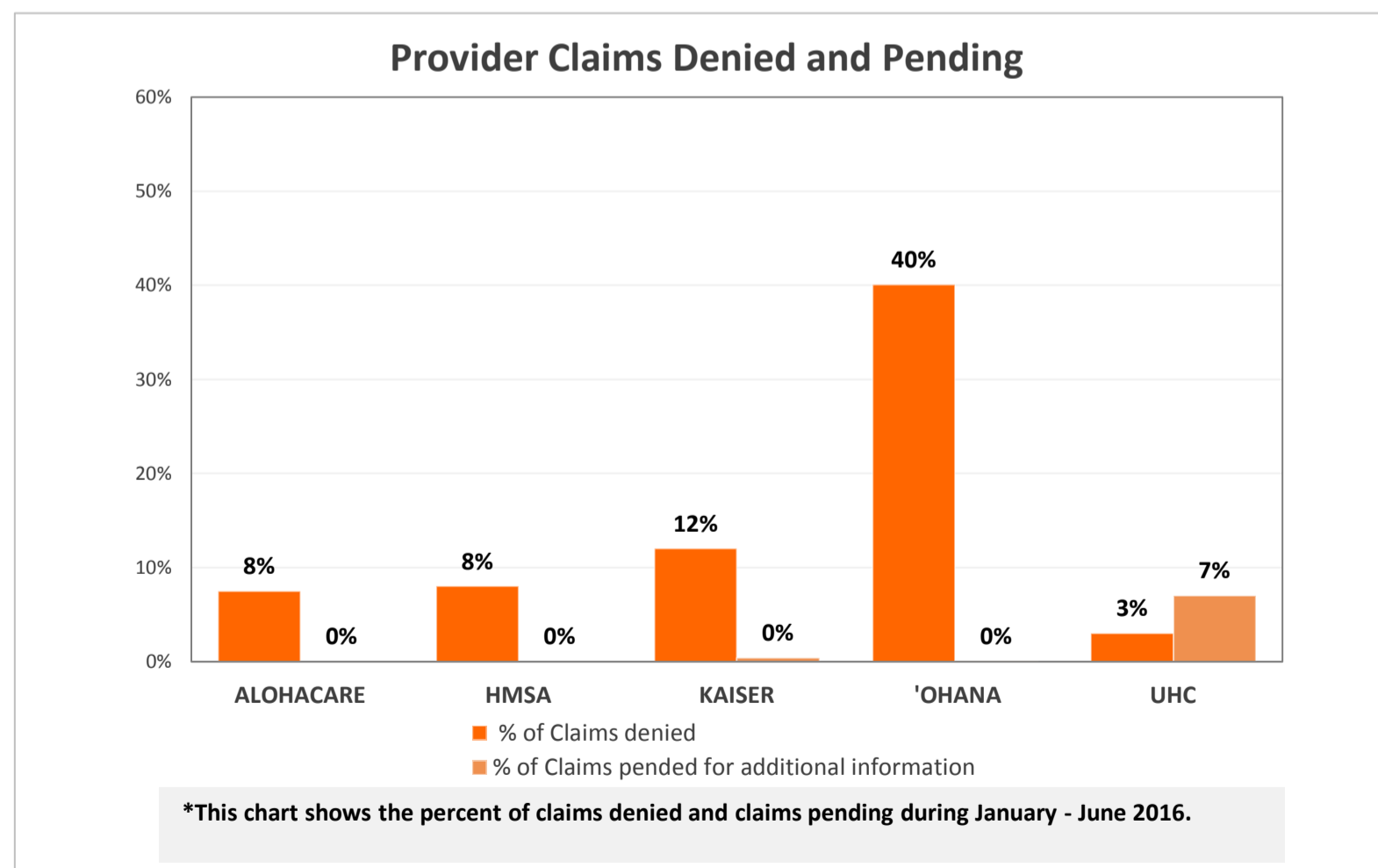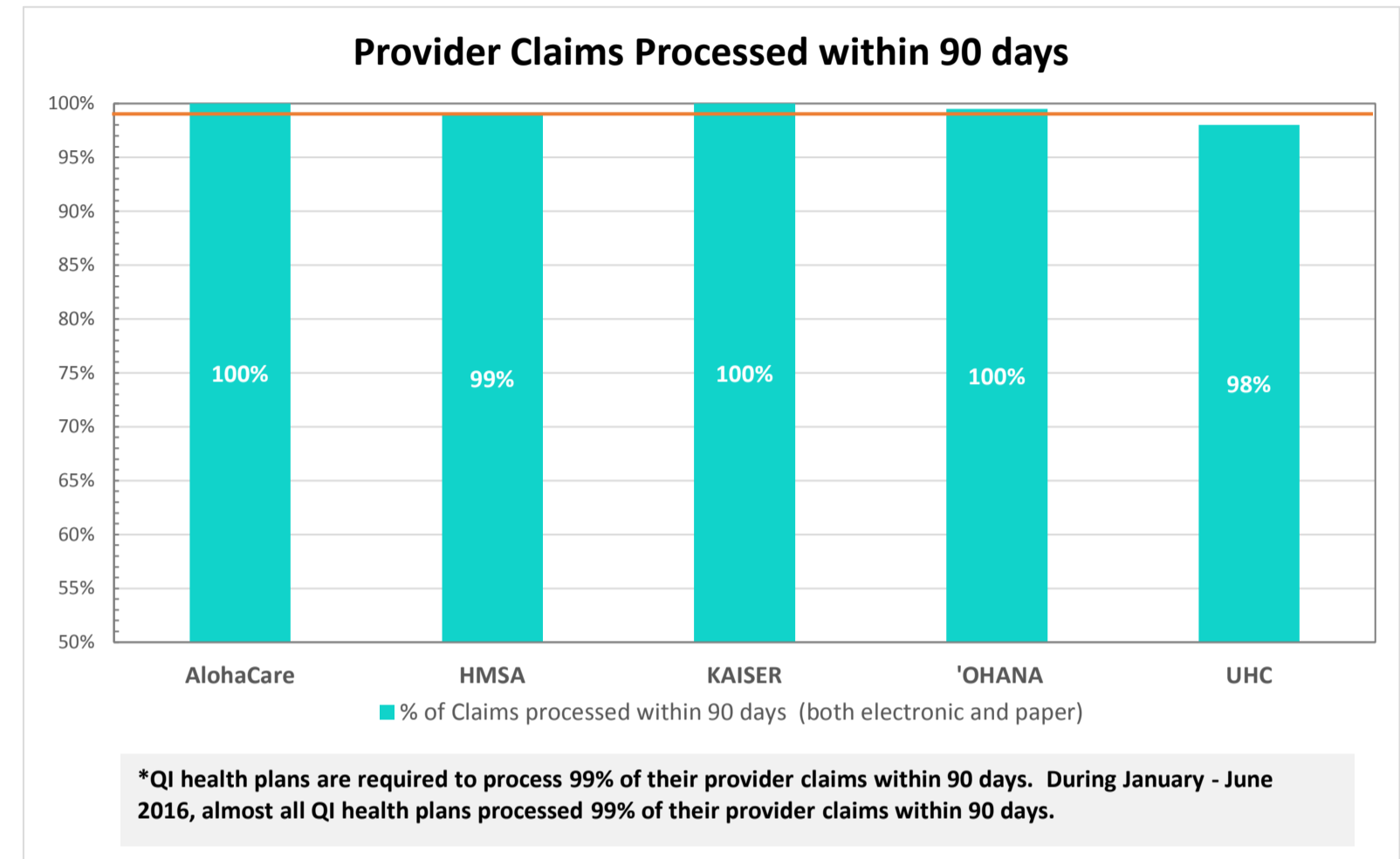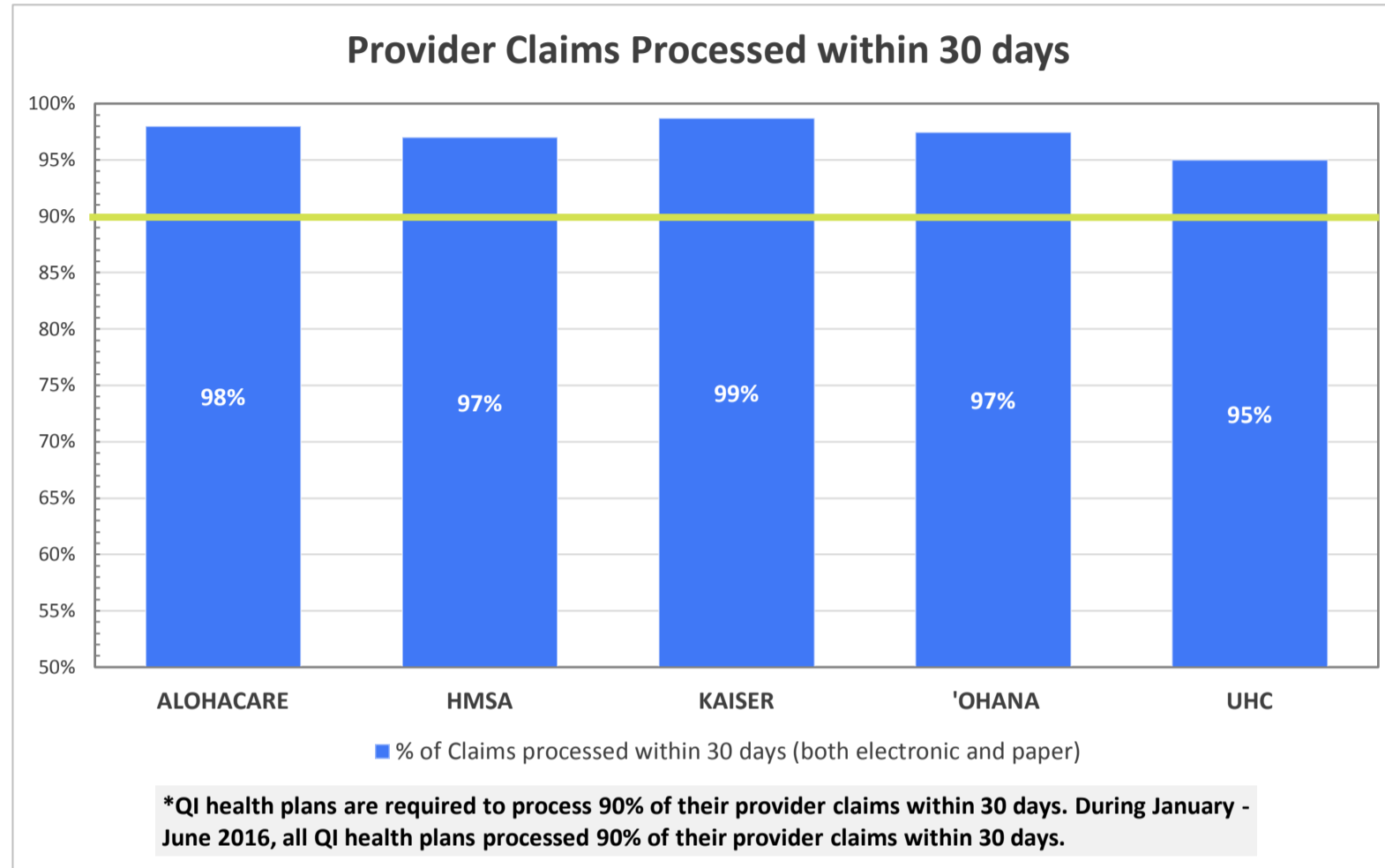
Department of Human Services (DHS) QUEST-Integration Member Appeals

- AlohaCare: 2 / 0 / 2
- HMSA: 11 / 7 / 4
- KAISER: 0 / 0 / 0
- 'OHANA: 3 / 2 / 1
- UHC: 4 / 3 / 1

■ # Received ■ Resolution in Member's favor ■ Resolution in DHS favor

*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.
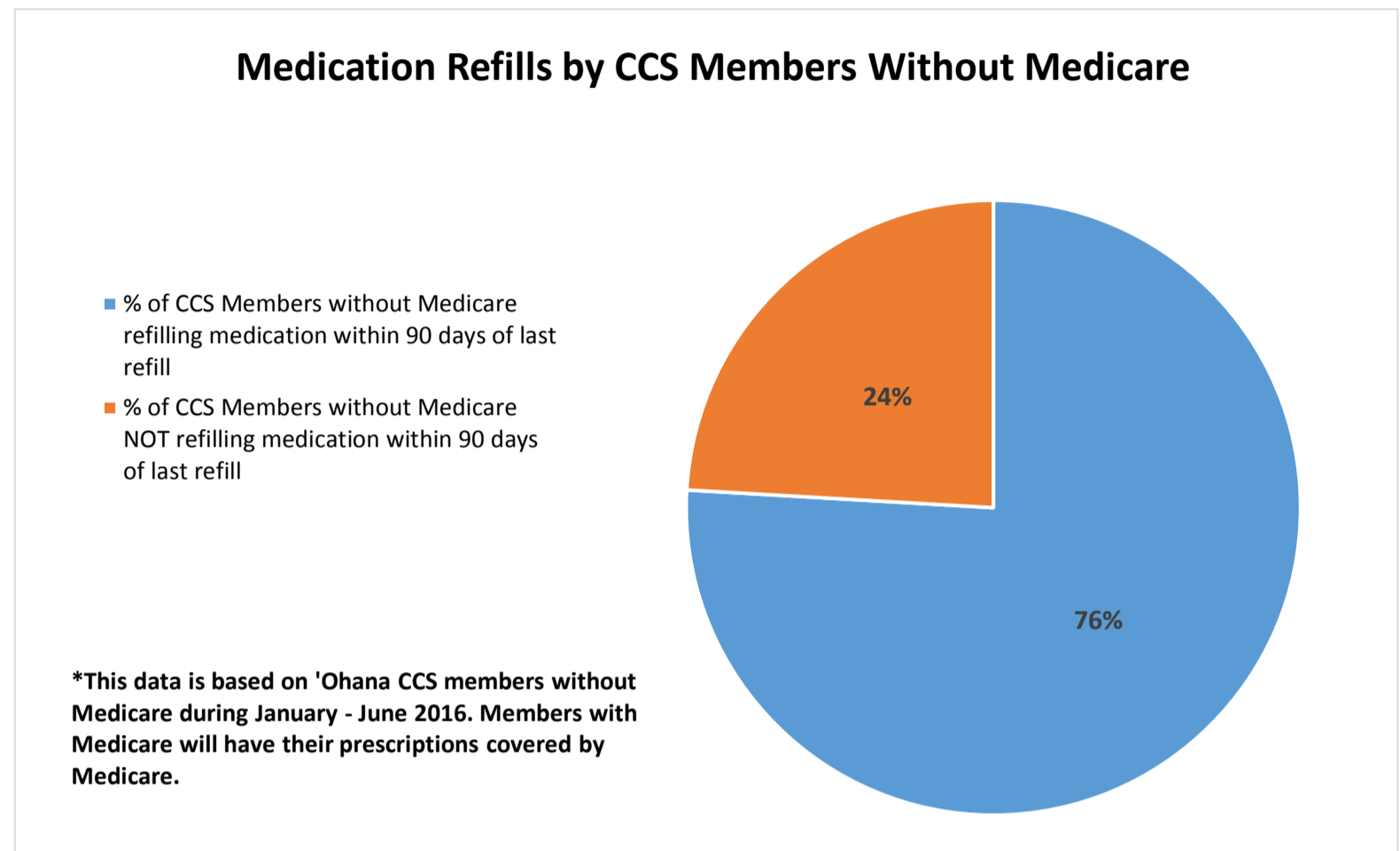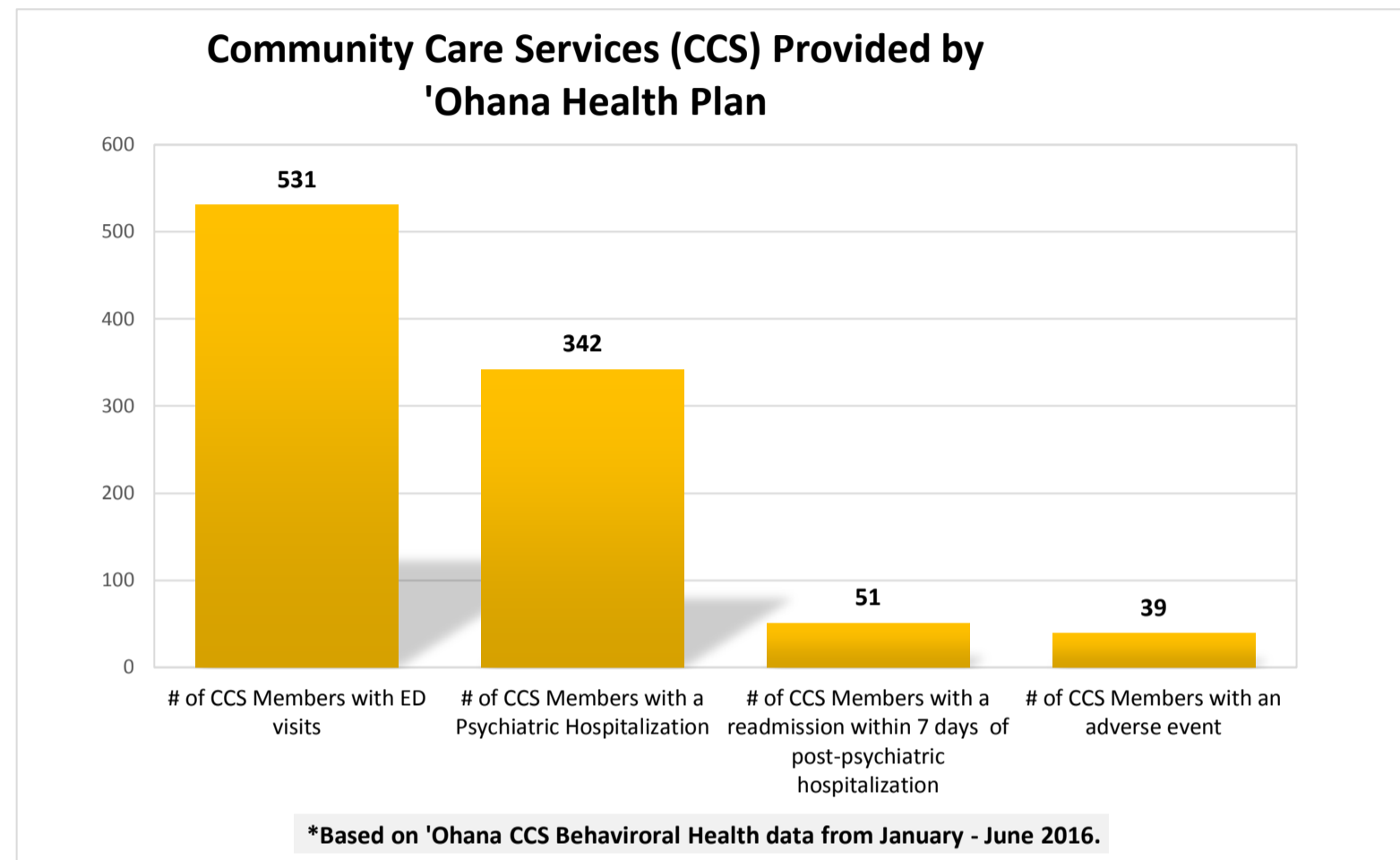
PUBLIC SUMMARY SEMI-ANNUAL REPORT - PROVIDER RELATED

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.

Provider Claims Processed within 30 days

% of Claims processed within 30 days (both electronic and paper)

*QI health plans are required to process 90% of their provider claims within 30 days. During January - June 2016, all QI health plans processed 90% of their provider claims within 30 days.

Provider Claims Processed within 90 days

% of Claims processed within 90 days (both electronic and paper)

*QI health plans are required to process 99% of their provider claims within 90 days. During January - June 2016, almost all QI health plans processed 99% of their provider claims within 90 days.

Provider Claims Denied and Pending

% of Claims denied
% of Claims pended for additional information

*This chart shows the percent of claims denied and claims pending during January - June 2016.

Value-based Purchasing

% of PCPs participating in Value-based Purchasing
% of Hospital participating in Value-based Purchasing

*Value-based Purchasing awards providers with incentives based on performance measures established by each health plan. By the end of 2016, all five health plans should have at least 65% of their PCPs and Hospital providers participating in their Value-based program. This is the result of January - June 2016.

# PUBLIC SUMMARY SEMI-ANNUAL 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 - Semi-Annual tab.

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

Bar chart showing:
- # 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

*Based on 'Ohana CCS Behaviroral Health data from January - June 2016.

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

Pie chart:
- 76%
- 24%

*This data is based on 'Ohana CCS members without Medicare during January - June 2016. Members with Medicare will have their prescriptions covered by Medicare.

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 utilizied 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

8%

92%
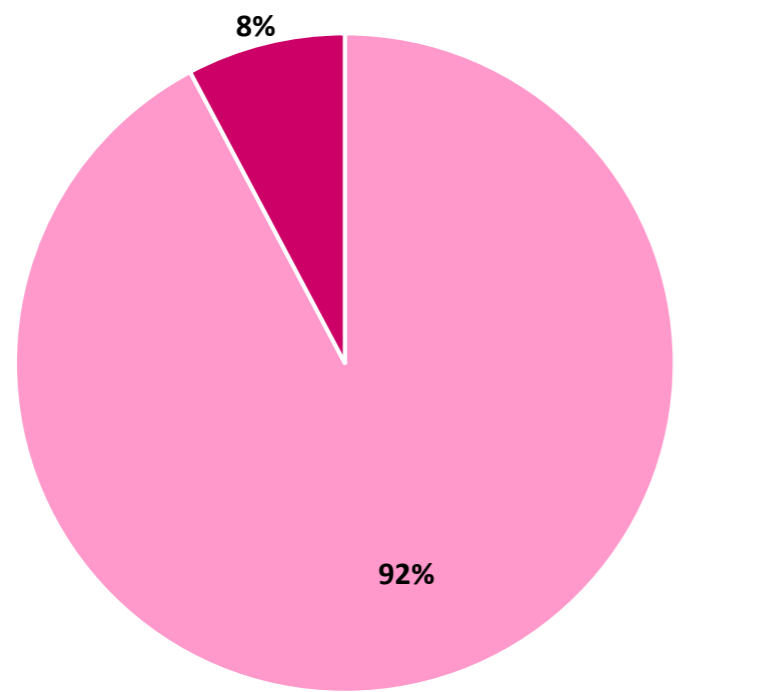
A total of 20,530 members visited the Emergency Department during January - June 2016.

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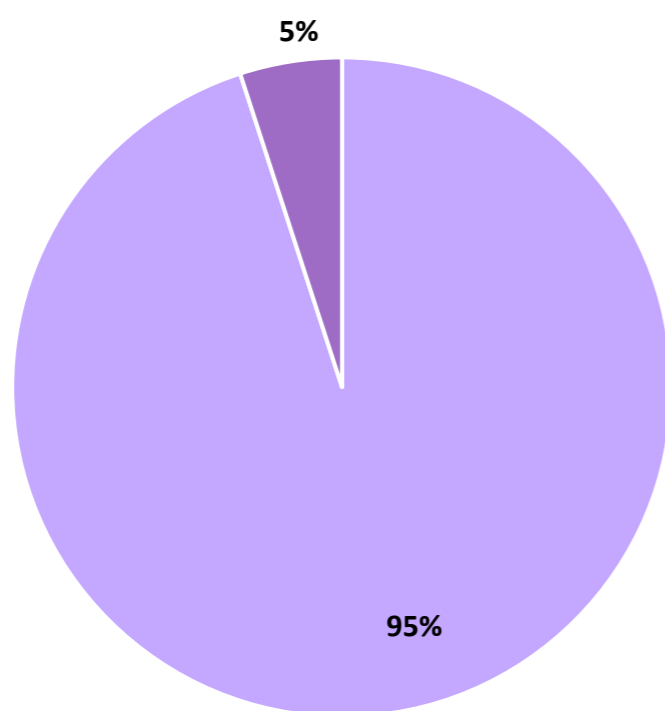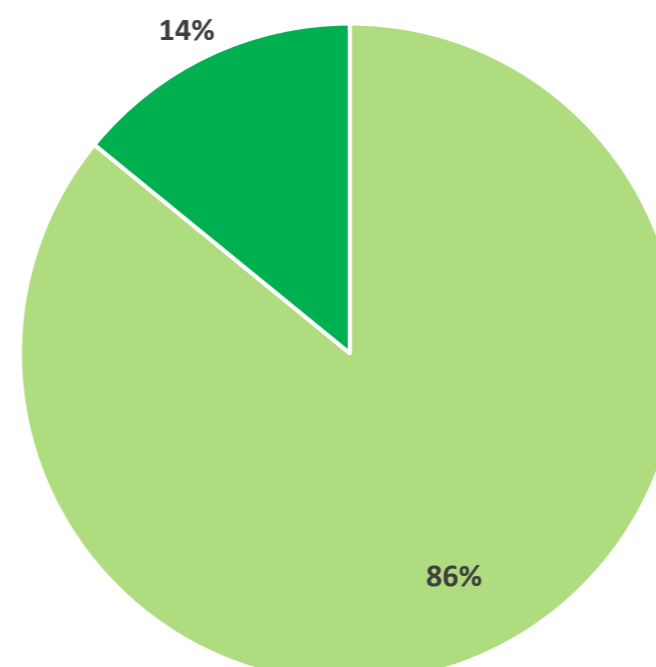- ■ % of Members with ED visit admitted to hospital

Utilization of Emergency Department (ED) Services by HMSA Members

4%

96%
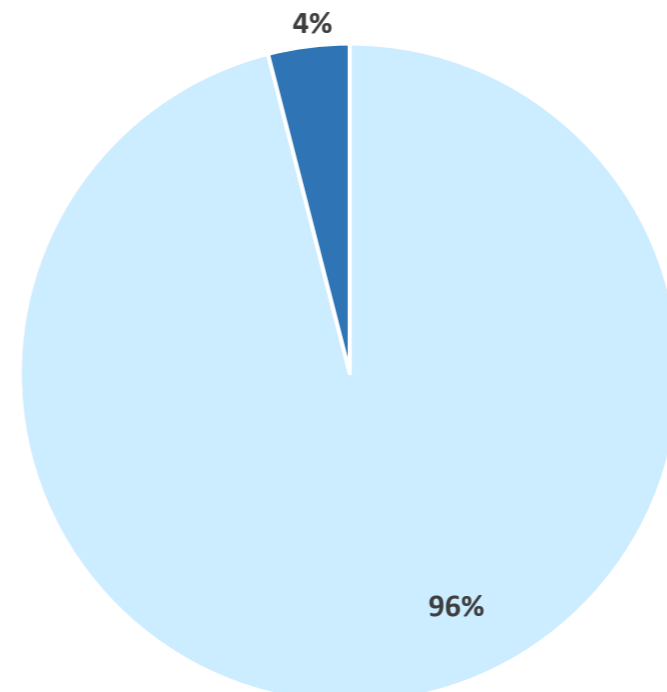
A total of 30,221 members visited the Emergency Department during January - June 2016.

- ■ % 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

5%

95%

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

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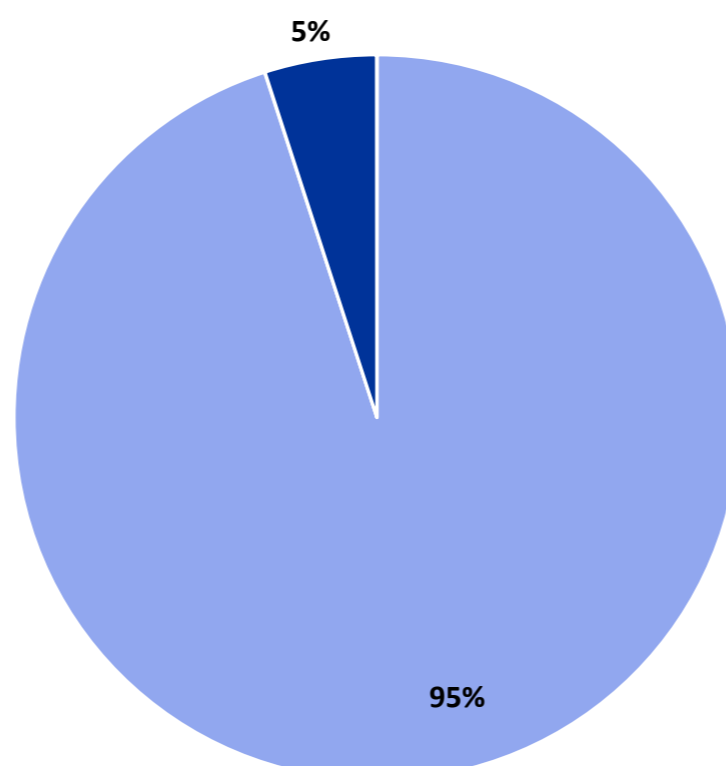- ■ % of Members with ED visit admitted to hospital

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

14%

86%

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

5%

95%

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