

Managed Care Program Annual Report (MCPAR) for Hawaii: 2024_QUEST Integration

Due date	Last edited	Edited by	Status
06/29/2025	06/26/2025	Velma Crabbe Parker	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Hawaii
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Jon D. Fujii - Health Care Services Branch Administrator
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	mqdcpcs@dhs.hawaii.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Megan Hironaka
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	mhironaka@dhs.hawaii.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/26/2025

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2024
A6	Program name Auto-populated from report dashboard.	2024_QUEST Integration

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	AlohaCare HMSA Kaiser Ohana United

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator

Response

BSS entity name

Hawaii Health and Harm Reduction Center

Hui O Hauula

Kokua Kalihi Valley Comprehensive Family Services

Koolauloa Community Health and Wellness Center

Legal Aid Society of Hawaii

Project Vision Hawaii (Statewide)

Waianae Coast Comprehensive Health Center

Waikiki Health

Waimanalo Health Center

We Are Oceania

Hawaii Island Community Health Center
Hilo/Kona

Hamakua Health Center

Kumukahi Health +Wellness Kea'au and Kailua-Kona

Kalanihale

Hana Health

IMUA Family Services

Lanai Community Health Center

Malama I Ke Ola

Maui Aids Foundation

Molokai Community Health Center


Hoola Lahui Hawaii

Malama Pono Health Services

Aloha State Outreach

Institute for Human Services

Add In Lieu of Services and Settings (A.9)

 Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on [Medicaid.gov](https://www.Medicaid.gov).

Indicator	Response
ILOS name	

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	439,773
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	439,671

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity	State Medicaid agency staff
	Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.	EQRO
	Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	Other third-party vendor

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	Definitive and presumptive drug screen payment issues
BX.2	<p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	State has established a hybrid system
BX.3	<p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	Section 12.1 D

BX.4	Description of overpayment contract standard Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	The Health Plan shall recover and report all overpayments, unless otherwise prohibited under this RFP or federal or state law. “Overpayment” as used in this section is defined in 42 CFR §438.2. All overpayments identified by the Health Plan shall be reported to DHS in accordance with §6.2.F. The overpayment shall be reported in the reporting period in which the overpayment is identified. It is understood the Health Plan may not be able to complete recovery of overpayment until after the reporting period. The Health Plan shall report to DHS the full overpayment identified
BX.5	State overpayment reporting monitoring Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	Overpayments are reported quarterly, and overpayments must be reported in the reporting period in which they are discovered.
BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	MQD communicates these changes via the 834 daily file to the health plan. Daily files are received from KOLEA eligibility system to HPMMIS enrollment system. These files are processed nightly, and subsequently the daily enrollment batch jobs are run and produce the data for the 834 daily file to the health plan. For reconciliation, MQD sends a monthly 834 file which contains the entire current client data for the next month. MQD also asks MCOs to submit an 1179A Form to report Changes in Circumstances for our members, including change to household composition, member names, member addresses, or additional insurance. MQD reviews submitted 1179A information and completes updates in our KOLEA eligibility system; these changes are then communicated back to the health plan via 834.

BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	Changes in provider circumstances: Describe metric Describe the metric or indicator that the state uses.	The State measures the percent of "for cause" suspensions or terminations that are reported to the State within 3 business days as a Key Performance Indicator on the Program Integrity report.
BX.8a	Federal database checks: Excluded person or entities During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No
BX.9a	Website posting of 5 percent or more ownership control Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	Website posting of 5 percent or more ownership control:	https://medquest.hawaii.gov/

Link

What is the link to the website?
Refer to 42 CFR 602(g)(3).

BX.10

Periodic audits

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.

https://medquest.hawaii.gov/content/dam/for-msanddocuments/resources/consumer-guides/HI2023-24_EQR_TechRpt_F1.pdf

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals RFP-MQD-2021-008; 5/21/2021 for AlohaCare and HMSA, 5/28/2021 for United Healthcare, 6/9/2021 for Ohana Health Plan and Kaiser Permanente (dates of full execution)
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	05/21/2021
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://medquest.hawaii.gov/en/resources/solicitations-contract.html
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Transportation
C11.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C11.5	Program enrollment Enter the average number of individuals enrolled in this	439,671

managed care program per month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

During CY 2024 enrollment decreased from 477,276 members in January to 409,498 members in December. This decrease is likely due to the unwinding process and the improvements to the economy which reduces Medicaid enrollment.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> <p>Other, specify – Evaluations</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>Section 6.4 (https://medquest.hawaii.gov/content/dam/for msanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)</p>
C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality</p>	<p>Section 14.21 (https://medquest.hawaii.gov/content/dam/for msanddocuments/resources/RFP/quest-integration/QI_RFP-MQD-2021-008_Amendments_1-4.pdf)</p>

standards. Use contract section references, not page numbers.

C1III.5	Incentives for encounter data quality	N/A
Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.		
C1III.6	Barriers to collecting/validating encounter data	Staffing shortages and vacancies
Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.		

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	<p>HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.3. A) Adverse Event: An event, preventable or nonpreventable, that caused harm to a patient as a result of medical care, residential care, or resulted from provider preventable conditions or healthcare acquired conditions. In the current report, all adverse events shall be reported as events that were related to medical care, or residential care.</p> <p>HEALTH PLAN MANUAL, Part III – Reporting Guidance, Report 505§505.5. A).2. Percent of adverse events reported to the Health Plan within 72 hours (Total – Deduplicated)</p>
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>Contract RFP-MQD-2021-008: 9.5.I.9 If the Health Plan denies a request for expedited resolution of an appeal, it shall transfer the appeal to the standard timeframe of no longer than thirty (30) days from the day the Health Plan receives the appeal, with a possible fourteen (14) days extension.</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>"Contract RFP-MQD-2021-008: 9.5.I.5 For expedited resolution of an appeal, the Health Plan shall resolve the appeal and provide written notice to the affected parties as expeditiously as the Member’s health condition requires, but no more than seventy-two (72) hours from the time the Health Plan received the appeal. The Health Plan shall make reasonable efforts to also provide oral notice of the appeal determination to the Member.</p> <p>Contract RFP-MQD-2021-008: 9.5.I.7,a-e The Health Plan may extend the expedited appeal resolution time frame by up to fourteen additional (14) days if the Member requests the extension or the Health Plan needs additional information and demonstrates to DHS how the delay shall be in the Member’s best interest. For any extension not requested by the Member, or if the Health Plan denies a request for expedited resolution of an appeal, it shall: a. Transfer the appeal to the time frame for standard resolution; b. Make reasonable efforts</p>

to give the Member prompt oral notice of the delay or denial; c. Within two (2) days give the Member written notice of the reason for the decision to extend the timeframe or deny a request for expedited resolution of an appeal; d. Inform the Member orally and in writing that they may file a grievance with the Health Plan for the delay or denial of the expedited process, if he or she disagrees with that decision; and e. Resolve the appeal as expeditiously as the Member's health condition requires and no later than the date the extension expires."

C1IV.4**State definition of "timely" resolution for grievances**

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

"RFP-MQD-2021-008 § 9.5.E.7.b:Convey a disposition, in writing, of the grievance resolution as expeditiously as the Member's health condition requires, but no later than thirty (30) days of the initial expression of dissatisfaction; RFP-MQD-2021-008 §9.5.H.5 For standard resolution of an appeal, the Health Plan shall resolve the appeal and provide a written notice of disposition to the parties as expeditiously as the Member's health condition requires, but no more than thirty (30) days from the day the Health Plan receives the appeal. RFP-MQD-2021-008 §9.5.I.5 For expedited resolution of an appeal, the Health Plan shall resolve the appeal and provide written notice to the affected parties as expeditiously as the Member's health condition requires, but no more than seventy-two (72) hours from the time the Health Plan received the appeal. The Health Plan shall make reasonable efforts to also provide oral notice of the appeal determination to the Member."

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.</p>	<p>Provider shortages with specialists in rural locations are the State's biggest challenge. MCPs tell us that reasons such as provider retirement, death, re-location or even burn-out are the biggest contributing factors.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The State developed a network adequacy report to identify gaps or areas with room for improvement. The report also points out key performance indicators (KPI's) to measure progress towards meeting contractual standards. If these KPIs are not met or consistent gaps are identified, the State will communicate with the MCPS on a reasonable corrective actions. If these steps do not remedy the situation then penalties are considered. When access to care is not available in the beneficiaries' immediate demographic area, the MCPs will coordinate transportation to ensure the beneficiary can receive services until the network gap is resolved. The MCPs can fly beneficiaries to other islands (or out-of-state) to receive care. Willing providers can also be flown to the neighbor islands. Another method for connecting beneficiaries with providers is telehealth via phone or "virtual visits." If a MCPS network is unable to provide a particular service, then an out-of-network provider can be used.</p>

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

1 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Hospitals (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

2 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Primary Care Providers (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for all members; Pharmacies (15 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: LTSS-related standard: provider travels to the enrollee

4 / 5

C2.V.2 Measure standard

The MCO shall meet the following geographic access standards for LTSS members; Hospitals (30 min driving time - Urban; 60 minute driving time - Rural)

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

5 / 5

C2.V.2 Measure standard

Members can obtain needed health services within the acceptable wait time; PCP routine visits for adults and children (Appointments within 21 days)

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Secret shopper calls

C2.V.8 Frequency of oversight methods

Quarterly

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://medquest.hawaii.gov/en/resources/community-partners.html
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	All BSS offer in-person assistance, by phone, virtual microsoft teams/Zoom and will utilize translated materials, offer interpretive services and auxiliary aids when requested.
C1IX.3	BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	Entities assist residents in applying for LTSS, along with assisting them to submit their required documents.
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	Health Care Outreach Branch staff communicate daily with all entities, answer their questions and help them check status on cases. We provide Annual and on-going training, support and guidance to all entities. For the community organizations that are contracted and funded by DHS Med-QUEST Division, they are required to submit monthly reports which include their outreach activities, enrollment numbers, assistance numbers, interpretation/translation numbers and in what particular language, any issues as well as success stories.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	MCO
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p>	06/02/2025
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	01/23/2019

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website? The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://medquest.hawaii.gov/en/resurces/reports.html

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	AlohaCare
		77,168
		HMSA
		218,948
		Kaiser
		51,612
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1) 	Ohana
		36,268
		United
		55,676
		AlohaCare
		17.5%
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1) 	HMSA
		49.8%
		Kaiser
		11.7%
		Ohana
		8.2%
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1) 	United
		12.7%

D11.3	Plan share of any Medicaid managed care	AlohaCare
		17.6%
	What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?	HMSA
		49.8%
		Kaiser
	• Numerator: Plan enrollment (D1.I.1)	11.7%
	• Denominator: Statewide Medicaid managed care enrollment (B.I.2)	Ohana
		8.2%
		United
		12.7%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	AlohaCare
		92%
		HMSA
		89%
		Kaiser
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	94%
		Ohana
		88%
		United
		89%
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	AlohaCare
		Program-specific statewide
		HMSA
		Program-specific statewide
		Kaiser
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	Program-specific statewide
		Ohana
		Program-specific statewide
		United
		Program-specific statewide

D1II.2	Population specific MLR description Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter “N/A” if not applicable. See glossary for the regulatory definition of MLR.	AlohaCare N/A
		HMSA N/A
		Kaiser N/A
		Ohana N/A
		United N/A
D1II.3	MLR reporting period discrepancies Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	AlohaCare Yes
		HMSA Yes
		Kaiser Yes
		Ohana Yes
		United Yes
N/A	Enter the start date.	AlohaCare 01/01/2023
		HMSA 01/01/2023
		Kaiser 01/01/2023
		Ohana 01/01/2023
		United 01/01/2023

N/A	Enter the end date.	AlohaCare 12/31/2023
		HMSA 12/31/2023
		Kaiser 12/31/2023
		Ohana 12/31/2023
		United 12/31/2023

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p>AlohaCare</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters. Data not submitted monthly from March through December due to Change Health Security breach in February 2024. MQD issued a waiver while the IT issues were resolved. Percentage based on first quarter submission.</p> <p>HMSA</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters. Data not submitted monthly from March through December due to Change Health Security breach in February 2024. MQD issued a waiver while the IT issues were resolved. Percentage based on whole year.</p> <p>Kaiser</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.</p> <p>Ohana</p> <p>Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health</p>

Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.

United

Encounter data shall be submitted to DHS, at a minimum, on a monthly basis, and no later than the end of the month following the month when the financial liability was processed, paid, denied, voided, or adjusted/corrected. Health Plans shall submit one hundred (100) percent of encounter data within fifteen (15) months from the date of service, including all adjusted and resubmitted encounters.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

AlohaCare

99.4%

HMSA

98.9%

Kaiser

99.9%

Ohana

99.8%

United

99.8%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

AlohaCare

100%

HMSA

100%

Kaiser

100%

Ohana

100%

United

100%

Topic IV. Appeals, State Fair Hearings & Grievances



Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	AlohaCare 42
		HMSA 783
		Kaiser 9
		Ohana 198
		United 136
D1IV.1a	Appeals denied Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.	AlohaCare N/A
		HMSA N/A
		Kaiser N/A
		Ohana N/A
		United N/A
D1IV.1b	Appeals resolved in partial favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.	AlohaCare N/A
		HMSA N/A
		Kaiser N/A
		Ohana N/A
		United N/A

D1IV.1c	Appeals resolved in favor of enrollee Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".	AlohaCare N/A
		HMSA N/A
		Kaiser N/A
		Ohana N/A
		United N/A
D1IV.2	Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	AlohaCare 8
		HMSA 240
		Kaiser 0
		Ohana 42
		United 22
D1IV.3	Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).	AlohaCare 16
		HMSA 6
		Kaiser 0
		Ohana 112
		United 21
D1IV.4	Number of critical incidents filed during the reporting year by (or on behalf of) an	AlohaCare 0

**LTSS user who previously
filed an appeal**

0

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Kaiser

0

Ohana

0

United

0

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a

**Standard appeals for which
timely resolution was
provided**

AlohaCare

32

HMSA

463

Kaiser

3

Ohana

144

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

D1IV.5b	Expedited appeals for which timely resolution was provided	AlohaCare 4
	Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	HMSA 137 Kaiser 0 Ohana 60 United 15
D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service	AlohaCare 40
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	HMSA 869 Kaiser 7 Ohana 190 United 137
D1IV.6b	Resolved appeals related to reduction, suspension, or termination of a previously authorized service	AlohaCare 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	HMSA 1 Kaiser 0 Ohana 0 United 0

D1IV.6c	Resolved appeals related to payment denial Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan’s denial, in whole or in part, of payment for a service that was already rendered.	AlohaCare
		1
		HMSA
		57
		Kaiser
		2
		Ohana
		15
		United
		3
<hr/>		
D1IV.6d	Resolved appeals related to service timeliness Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan’s failure to provide services in a timely manner (as defined by the state).	AlohaCare
		1
		HMSA
		0
		Kaiser
		0
		Ohana
		0
		United
		0
<hr/>		
D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan’s failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	AlohaCare
		0
		HMSA
		0
		Kaiser
		0
		Ohana
		1
		United
		0
<hr/>		
D1IV.6f	Resolved appeals related to plan denial of an enrollee’s	AlohaCare
		N/A

	right to request out-of-network care	HMSA
		N/A
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	Kaiser
		N/A
		Ohana
		N/A
		United
		N/A
D1IV.6g	Resolved appeals related to denial of an enrollee's request to dispute financial liability	AlohaCare
		0
		HMSA
		0
		Kaiser
		0
		Ohana
		0
		United
		0

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	AlohaCare
		0
		HMSA
		0
		Kaiser
D1IV.7b	Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.	0
		HMSA
		571
		Kaiser
		5
D1IV.7c	Resolved appeals related to inpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.	Ohana
		3
		United
		5

D1IV.7d	Resolved appeals related to outpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	AlohaCare
		0
		HMSA
		3
		Kaiser
D1IV.7e	Resolved appeals related to covered outpatient prescription drugs Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	1
		Ohana
		0
		United
		0
D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	AlohaCare
		13
		HMSA
		351
		Kaiser
D1IV.7g	Resolved appeals related to long-term services and supports (LTSS)	0
		Ohana
		157
		United
		62
D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	AlohaCare
		0
		HMSA
		0
		Kaiser
D1IV.7g	Resolved appeals related to long-term services and supports (LTSS)	0
		Ohana
		0
		United
		3
D1IV.7g	Resolved appeals related to long-term services and supports (LTSS)	AlohaCare
		6

	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	HMSA 0 Kaiser 0 Ohana 1 United 0
D1IV.7h	Resolved appeals related to dental services Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	AlohaCare N/A HMSA N/A Kaiser N/A Ohana N/A United N/A
D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT) Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	AlohaCare 0 HMSA 1 Kaiser 0 Ohana 0 United 15
D1IV.7j	Resolved appeals related to other service types Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the	AlohaCare 0 HMSA 11 Kaiser

managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

3
Ohana
53
United
0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	AlohaCare
		2
		HMSA
		21
		Kaiser
		1
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	AlohaCare
		1
		HMSA
		8
		Kaiser
		0
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	AlohaCare
		1
		HMSA
		13
		Kaiser
		1
		Ohana
		6
		United
		5

D1IV.8d	State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	AlohaCare
		0
		HMSA
		0
		Kaiser
		0
		Ohana
		0
		United
		1
D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	AlohaCare
		N/A
		HMSA
		N/A
		Kaiser
		N/A
		Ohana
		N/A
		United
		N/A
D1IV.9b	External Medical Reviews resulting in an adverse decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	AlohaCare
		N/A
		HMSA
		N/A
		Kaiser
		N/A
		Ohana
		N/A
		United
		N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.	AlohaCare
		127
		HMSA
		294
		Kaiser
		388
		Ohana
		261
		United
		405
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	AlohaCare
		19
		HMSA
		25
		Kaiser
		61
		Ohana
		21
		United
		79
D1IV.12	Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	AlohaCare
		49
		HMSA
		0
		Kaiser
		8
		Ohana
		28
		United
		40

D1IV.13	Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance	AlohaCare
		0
		HMSA
		0
		Kaiser
	For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.	0
	If the managed care plan does not cover LTSS, the state should enter “N/A” in this field.	Ohana
	Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter “N/A” in this field.	0
	To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the	United
		2

grievance preceded the filing of the critical incident.

D1IV.14	Number of grievances for which timely resolution was provided Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	AlohaCare
		75
		HMSA
		122
		Kaiser
		310
		Ohana
		18
		United
		235

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		1
		HMSA
		0
		Kaiser
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.	2
		Ohana
		1
		United
		0
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		34
		HMSA
		233
		Kaiser
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	170
		Ohana
		57
		United
		40
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.	AlohaCare
		0
		HMSA
		0
		Kaiser
D1IV.15d	Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient behavioral health services. Do not include grievances related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15b. If the managed care plan does not cover this type of service, enter “N/A”.	29
		Ohana
		0
		United
		0

D1IV.15d	Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare	
		1	
		HMSA	
		0	
		Kaiser	
		0	
		Ohana	
		2	
		United	
		0	
		<hr/>	
		D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".
0			
HMSA			
10			
Kaiser			
11			
		Ohana	
		8	
		United	
		4	
		<hr/>	
		D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".
0			
HMSA			
1			
Kaiser			
0			
		Ohana	
		2	
		United	
		0	
		<hr/>	
		D1IV.15g	Resolved grievances related to long-term services and supports (LTSS)
		14	

	Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	HMSA 0 Kaiser 0 Ohana 15 United 48
D1IV.15h	Resolved grievances related to dental services Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare N/A HMSA N/A Kaiser N/A Ohana N/A United N/A
D1IV.15i	Resolved grievances related to non-emergency medical transportation (NEMT) Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	AlohaCare 71 HMSA 25 Kaiser 27 Ohana 47 United 306
D1IV.15j	Resolved grievances related to other service types Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the	AlohaCare 6 HMSA 25 Kaiser

managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".	149
	Ohana
	129
	United
	7

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service	AlohaCare 48
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.	HMSA 55
	Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Kaiser 159
		Ohana 33
		United 167
D1IV.16b	Resolved grievances related to plan or provider care management/case management	AlohaCare 0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.	HMSA 22
	Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	Kaiser 0
		Ohana 24
		United 39

D1IV.16c	Resolved grievances related to access to care/services from plan or provider	AlohaCare
	Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	50
		HMSA
		5
		Kaiser
		33
	Ohana	
	36	
	United	
	160	
D1IV.16d	Resolved grievances related to quality of care	AlohaCare
	Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	23
		HMSA
		55
		Kaiser
		56
	Ohana	
	118	
	United	
	19	
D1IV.16e	Resolved grievances related to plan communications	AlohaCare
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee’s access to or the accessibility of enrollee materials or plan communications.	3
		HMSA
		32
		Kaiser
		5
	Ohana	
	1	
	United	
	4	
D1IV.16f	Resolved grievances related to payment or billing issues	AlohaCare

	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.	1 HMSA 7 Kaiser 48 Ohana 6 United 12
D1IV.16g	<p>Resolved grievances related to suspected fraud</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.</p> <p>Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.</p>	<p>AlohaCare 0 HMSA 4 Kaiser 5 Ohana 0 United 1</p>
D1IV.16h	<p>Resolved grievances related to abuse, neglect or exploitation</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.</p> <p>Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.</p>	<p>AlohaCare 0 HMSA 7 Kaiser 1 Ohana 13 United 0</p>

D1IV.16i	<p>Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).</p>	<p>AlohaCare</p> <p>0</p> <p>HMSA</p> <p>0</p> <p>Kaiser</p> <p>0</p> <p>Ohana</p> <p>3</p> <p>United</p> <p>0</p>
D1IV.16j	<p>Resolved grievances related to plan denial of expedited appeal</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan’s denial of an enrollee’s request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.</p>	<p>AlohaCare</p> <p>0</p> <p>HMSA</p> <p>0</p> <p>Kaiser</p> <p>3</p> <p>Ohana</p> <p>3</p> <p>United</p> <p>0</p>
D1IV.16k	<p>Resolved grievances filed for other reasons</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.</p>	<p>AlohaCare</p> <p>2</p> <p>HMSA</p> <p>107</p> <p>Kaiser</p> <p>78</p> <p>Ohana</p> <p>24</p> <p>United</p>

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 18-64 years 1 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

58

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

60.76%

HMSA

65.06%

Kaiser

46.34%

Ohana

63.79%

United

61.83%



Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services 2 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

58.72%

HMSA

68.54%

Kaiser

65.75%

Ohana

60.70%

United

69.40%



Complete

D2.VII.1 Measure Name: Advance Care Planning LTSS 18+

3 / 103

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

326

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

32.67%

HMSA

21.18%

Kaiser

5.13%

Ohana

37.36%

United

51.34%



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication Continuation and Maintenance Phase 4 / 103**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

47.37%

HMSA

59.15%

Kaiser

N/A

Ohana

N/A

United

N/A



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase 5 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

49.18%

HMSA
47.18%

Kaiser
66.67%

Ohana
N/A

United
N/A



D2.VII.1 Measure Name: Ambulatory Care—Total ED Visits (per 1,000 member years) Total 6 / 103

D2.VII.2 Measure Domain

Ambulatory Care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
467.74

HMSA
414.98

Kaiser
384.74

Ohana
560.91

United
512.98



Complete

D2.VII.1 Measure Name: Ambulatory Care—Total Outpatient Visits (per 1,000 measure years) Total

D2.VII.2 Measure Domain
Ambulatory Care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
2890.18

HMSA
3296.57

Kaiser
3059.61

Ohana
4097.03

United
4945.09



**D2.VII.1 Measure Name: Antidepressant Medication Management
Effective Acute Phase Treatment**

8 / 103

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.81%

HMSA

66.00%

Kaiser

73.52%

Ohana

67.94%

United
71.15%



**D2.VII.1 Measure Name: Antidepressant Medication Management
Effective Continuation Phase Treatment**

9 / 103

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

37.22%

HMSA

47.08%

Kaiser

51.14%

Ohana

48.85%

United

54.15%



Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services: Total

10 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

58.72%

HMSA

68.54%

Kaiser

65.75%

Ohana

60.70%

United

69.40%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio: Total (5–64 Years) 11 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.07%

HMSA

46.97%

Kaiser

89.67%

Ohana

44.36%

United

54.46%



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing —Total

12 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

16.67%

HMSA

26.06%

Kaiser

54.90%

Ohana

N/A

United

N/A



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing—Total

13 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

50.00%

HMSA
50.00%

Kaiser
70.59%

Ohana
N/A

United
N/A



D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing—Total

14 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
16.67%

HMSA
27.66%

Kaiser
54.90%

Ohana
N/A

United
N/A



D2.VII.1 Measure Name: Breast Cancer Screening: Total

15 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
39.70%

HMSA
50.63%

Kaiser
68.04%

Ohana
41.16%

United
53.44%



D2.VII.1 Measure Name: Blood Pressure Control for Patients With Diabetes: Blood Pressure Control for Patients With Diabetes

16 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.74%

HMSA

64.06%

Kaiser

76.32%

Ohana

57.91%

United

69.59%



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure: Total

17 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

49.39%

HMSA

59.51%

Kaiser

73.68%

Ohana

56.69%

United

67.64%



Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

18 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

N/A

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
47.69%

HMSA
59.55%

Kaiser
61.12%

Ohana
40.63%

United
48.42%



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women: Total

19 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare

46.65%

HMSA

49.36%

Kaiser

70.60%

Ohana

49.64%

United

49.65%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Combination 10 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.06%

HMSA

35.04%

Kaiser

52.46%

Ohana

19.70%

United

29.44%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Combination 1 / 103
3

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

44.04%

HMSA

63.75%

Kaiser

68.65%

Ohana
36.72%

United
48.91%



D2.VII.1 Measure Name: Childhood Immunization Status: Combination 2 / 103
7

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
37.71%

HMSA
54.99%

Kaiser
65.73%

Ohana
29.25%

United
42.09%



D2.VII.1 Measure Name: Childhood Immunization Status: DTaP

23 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

52.55%

HMSA

67.40%

Kaiser

72.41%

Ohana

46.87%

United

52.80%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Hepatitis A 24 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

67.15%

HMSA

79.08%

Kaiser

82.34%

Ohana

66.57%

United

66.18%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Hepatitis B 25 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

N/A

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
63.75%

HMSA
81.02%

Kaiser
86.83%

Ohana
60.00%

United
72.51%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: HiB

26 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare

67.88%

HMSA

82.00%

Kaiser

82.13%

Ohana

62.69%

United

70.07%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Influenza 27 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

38.20%

HMSA

46.96%

Kaiser

60.40%

Ohana

38.81%

United

40.15%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: IPV

28 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

69.34%

HMSA

81.51%

Kaiser

82.86%

Ohana

63.58%

United

70.56%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: MMR

29 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

67.88%

HMSA

80.78%

Kaiser

83.80%

Ohana

67.46%

United

67.40%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Pneumococcal Conjugate

30 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

51.34%

HMSA

68.61%

Kaiser

69.59%

Ohana

47.46%

United

52.55%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: Rotavirus

31 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.01%

HMSA

66.91%

Kaiser

77.95%

Ohana

47.16%

United

55.47%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status: VZV

32 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

67.64%

HMSA

80.54%

Kaiser

83.39%

Ohana

65.97%

United

66.67%



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening: Total

33 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

23.15%

HMSA

40.00%

Kaiser

53.46%

Ohana

29.26%

United

41.84%



Complete

D2.VII.1 Measure Name: Diagnosed Mental Health Disorders: Total 34 / 103

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

13.95%

HMSA

18.61%

Kaiser

16.34%

Ohana

21.27%

United

21.11%



Complete

D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes: Eye Exam for Patients With Diabetes

35 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

54.74%

HMSA

59.41%

Kaiser

71.16%

Ohana

57.18%

United

63.99%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use: 306 / 103
Day Follow-Up—HEDIS Total (13+ Years)

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

39.29%

HMSA

42.21%

Kaiser

38.14%

Ohana

45.42%

United

40.99%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Substance Use: 7-37 / 103
Day Follow-Up—HEDIS Total (13+ Years)

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

26.98%

HMSA

26.64%

Kaiser

20.00%

Ohana

29.08%

United

27.70%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness: 30-Day Follow-Up—Total

38 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

44.68%

HMSA

59.13%

Kaiser

68.82%

Ohana

72.46%

United

63.54%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up—Total 39 / 103**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

25.96%

HMSA

47.31%

Kaiser

48.24%

Ohana

58.68%

United

52.08%



Complete

D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness: 3040 / 103
Day Follow-Up—HEDIS Total (6+ Years)

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

45.74%

HMSA
42.67%

Kaiser
49.43%

Ohana
56.12%

United
52.37%



D2.VII.1 Measure Name: Follow-Up After ED Visit for Mental Illness: 7- 41 / 103
Day Follow-Up—HEDIS Total (6+ Years)

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
30.49%

HMSA
26.21%

Kaiser
29.89%

Ohana
37.76%

United
35.10%



D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (<8.0%)—Total

42 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
44.04%

HMSA
55.50%

Kaiser
58.02%

Ohana
55.47%

United
65.94%



D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes: HbA1c Poor Control (>9.0%)—Total 43 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
47.45%

HMSA
36.43%

Kaiser
30.94%

Ohana
35.04%

United
23.36%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement—Alcohol Use Disorder—Total 44 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

8.31%

HMSA

9.72%

Kaiser

5.52%

Ohana

7.95%

United

5.26%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement—Opioid Use Disorder—Total 45 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

15.29%

HMSA

19.22%

Kaiser

14.29%

Ohana

19.28%

United

11.25%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement—Other Substance Use Disorder—Total 46 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

8.30%

HMSA

11.11%

Kaiser

7.71%

Ohana

7.86%

United

8.79%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement—Total—Total 47 / 103**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

8.80%

HMSA

11.39%

Kaiser

7.09%

Ohana

8.80%

United

7.99%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation—Alcohol Use Disorder—Total 48 / 103**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

36.76%

HMSA

32.05%

Kaiser

30.11%

Ohana

31.79%

United

31.98%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation—Opioid Use Disorder—Total 49 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.68%

HMSA
38.25%

Kaiser
24.49%

Ohana
38.55%

United
40.63%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation—Other Substance Use Disorder—Total 50 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
42.97%

HMSA
34.34%

Kaiser
30.26%

Ohana
34.98%

United
39.03%



D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation—Total 51 / 103

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
40.95%

HMSA
33.96%

Kaiser
29.92%

Ohana
34.33%

United
37.12%



D2.VII.1 Measure Name: Immunizations for Adolescents: Combination 1 (Meningococcal, Tdap) 52 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
59.85%

HMSA
69.10%

Kaiser
73.48%

Ohana
50.15%

United
65.98%



D2.VII.1 Measure Name: Immunizations for Adolescents: Combination 2 (Meningococcal, Tdap, HPV) 53 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
32.12%

HMSA
40.88%

Kaiser
52.93%

Ohana
23.72%

United
28.47%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents: HPV

54 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

33.33%

HMSA

43.07%

Kaiser

54.25%

Ohana

25.23%

United

30.90%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents: Meningococcal

55 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

61.80%

HMSA

71.53%

Kaiser

74.25%

Ohana

54.05%

United

54.74%



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents: Tdap

56 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

61.56%

HMSA

71.78%

Kaiser

75.47%

Ohana

51.95%

United

54.74%



Complete

D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years): Maternity 10-19 Ds/1000 MY

57 / 103

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

535.81

HMSA

372.47

Kaiser

359.64

Ohana

333.25

United

377.45



Complete

D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years): Maternity 20-44 Ds/1000 MY

58 / 103

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

40.07

HMSA

41.10

Kaiser

40.94

Ohana

31.71

United

29.47



Complete

D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years): Maternity 45-64 Ds/1000 MY

59 / 103

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

13.13

HMSA

57.56

Kaiser

11.87

Ohana

13.92

United
52.79



D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years): Maternity Tot Ds/1000 MY

60 / 103

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

20.79

HMSA

20.50

Kaiser

20.29

Ohana

16.14

United

14.92



Complete

D2.VII.1 Measure Name: Inpatient Utilization (per 1,000 member years): Medicine Tot ALOS

61 / 103

D2.VII.2 Measure Domain

Utilization

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

673.60

HMSA

563.98

Kaiser

574.39

Ohana

824.52

United

723.75



Complete

D2.VII.1 Measure Name: Lead Screening in Children

62 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

N/A

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.90%

HMSA

50.85%

Kaiser

74.17%

Ohana

43.15%

United

42.70%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Comprehensive Assessment and Update : Assessment of Core Elements

63 / 103

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

47.92%

HMSA

26.04%

Kaiser

44.79%

Ohana

50.00%

United

8.33%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports

64 / 103

Comprehensive Assessment and Update : Assessment of Supplemental Elements

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

47.92%

HMSA

18.75%

Kaiser

42.71%

Ohana

47.92%

United

8.33%



Complete

**D2.VII.1 Measure Name: Long-Term Services and Supports
Comprehensive Care Plan and Update: Care Plan with Core Elements
Documented**

65 / 103

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

66.67%

HMSA

2.08%

Kaiser

35.42%

Ohana

50.00%

United

10.42%



Complete

**D2.VII.1 Measure Name: Long-Term Services and Supports
Comprehensive Care Plan and Update: Care Plan with Supplemental
Elements Documented**

66 / 103

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

66.67%

HMSA

2.08%

Kaiser

35.42%

Ohana
42.71%

United
10.42%



D2.VII.1 Measure Name: Long-Term Services and Supports Re-Assessment/Care Plan Update After Inpatient Discharge : Reassessment After Inpatient Discharge

67 / 103

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
12.20%

HMSA
4.59%

Kaiser
20.83%

Ohana
13.54%

United



Complete

**D2.VII.1 Measure Name: Long-Term Services and Supports Re-Assessment/Care Plan Update After Inpatient Discharge :
Reassessment and Care Plan Update After Inpatient Discharge**

68 / 103

D2.VII.2 Measure Domain

Long-term services and supports

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

7.32%

HMSA

0.00%

Kaiser

11.46%

Ohana

9.38%

United

1.04%



Complete

D2.VII.1 Measure Name: Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner 69 / 103

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.25%

HMSA

3.13%

Kaiser

34.38%

Ohana

39.58%

United

4.17%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Expected Readmissions—Total* 70 / 103

D2.VII.2 Measure Domain

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

9.87%

HMSA

9.68%

Kaiser

9.69%

Ohana

11.89%

United

11.13%



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions: O/E Ratio—
Total***

71 / 103

D2.VII.2 Measure Domain

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

74.85%

HMSA

81.73%

Kaiser

76.90%

Ohana

88.85%

United

92.97%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Observed Readmissions—Total*

72 / 103

D2.VII.2 Measure Domain

Care Coordination

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.39%

HMSA

7.91%

Kaiser

7.45%

Ohana

10.56%

United

10.35%



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care 73 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

76.64%

HMSA
78.14%

Kaiser
85.07%

Ohana
69.28%

United
76.89%



D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care 74 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
73.48%

HMSA
82.79%

Kaiser
90.63%

Ohana
66.99%

United
74.21%



D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia 75 / 103

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
61.41%

HMSA
59.03%

Kaiser
68.29%

Ohana
74.47%

United
76.51%



D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

76 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
71.70%

HMSA
70.08%

Kaiser
86.61%

Ohana
68.81%

United

76.92%



Complete

D2.VII.1 Measure Name: Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

77 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

57.47%

HMSA

73.72%

Kaiser

80.11%

Ohana

58.16%

United

54.01%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 15 Months of Life^{78 / 103} —Six or More Well-Child Visits

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

56.03%

HMSA

68.53%

Kaiser

72.10%

Ohana

58.24%

United

53.94%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Documentation—Total

79 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

81.51%

HMSA

88.01%

Kaiser

96.77%

Ohana

82.73%

United

90.51%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition—Total

80 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

74.70%

HMSA

79.53%

Kaiser

97.77%

Ohana

71.05%

United

60.58%



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity—Total

81 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

73.48%

HMSA

77.49%

Kaiser

97.77%

Ohana

69.83%

United

60.34%



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits: Total 82 / 103

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.51%

HMSA

55.29%

Kaiser
42.94%

Ohana
36.67%

United
41.80%



D2.VII.1 Measure Name: Hypertension Admission Rate (per 100,000 member months): Total* 83 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
419.47

HMSA
288.09

Kaiser
320.23

Ohana
620.74

United
752.61



D2.VII.1 Measure Name: Lower-Extremity Amputation Among Patients with Diabetes Admission Rate (per 100,000 member months): Total* 84 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
729.18

HMSA
388.04

Kaiser
407.57

Ohana
737.07

United
854.32



D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—90 Days—21–44 Years 85 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

42.93%

HMSA

46.54%

Kaiser

45.72%

Ohana

43.44%

United

37.67%



Complete

**D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women:
Most or Moderately Effective Contraception—3 Days—21–44 Years**

86 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

14.51%

HMSA

10.00%

Kaiser

9.39%

Ohana

16.74%

United

12.67%



Complete

**D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women:
LARC—3 Days—21–44 Years**

87 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

7.02%

HMSA

3.69%

Kaiser

3.55%

Ohana

8.60%

United

7.00%



Complete

D2.VII.1 Measure Name: Contraceptive Care—Postpartum Women: LARC—90 Days—21–44 Years

88 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

20.45%

HMSA

19.74%

Kaiser

16.49%

Ohana

21.72%

United

17.33%



Complete

D2.VII.1 Measure Name: Contraceptive Care—All Women: Most or Moderately Effective Contraception—21–44 Years

89 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

16.35%

HMSA

22.95%

Kaiser

22.12%

Ohana

13.29%

United

12.40%



Complete

D2.VII.1 Measure Name: Contraceptive Care—All Women: LARC—21–44 Years 40 / 103

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

4.12%

HMSA

4.64%

Kaiser

4.24%

Ohana

3.35%

United

2.71%



Complete

D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 18–64 Years 91 / 103

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

29.09%

HMSA

25.29%

Kaiser

6.08%

Ohana

11.57%

United

14.04%



Complete

D2.VII.1 Measure Name: Concurrent Use of Opioids and Benzodiazepines: 18-64 Years*

92 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

10.84%

HMSA

13.65%

Kaiser

6.45%

Ohana
16.51%

United
13.99%



D2.VII.1 Measure Name: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) : HbA1c Poor Control (>9.0%)—18–64 Years*

93 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
51.63%

HMSA
40.77%

Kaiser
34.62%

Ohana
41.42%

United

46.36%



Complete

D2.VII.1 Measure Name: Use of Opioids at High Dosage in Persons Without Cancer : 18–64 Years*

94 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

5.28%

HMSA

6.92%

Kaiser

1.28%

Ohana

8.91%

United

8.27%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder: Total

95 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

55.15%

HMSA

57.90%

Kaiser

57.38%

Ohana

59.18%

United

50.93%



D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder: Buprenorphine

96 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

33.58%

HMSA

38.13%

Kaiser

45.90%

Ohana

21.72%

United

24.38%



Complete

D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder: Methadone

97 / 103

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

22.06%

HMSA

19.91%

Kaiser

14.75%

Ohana

38.95%

United

26.85%



Complete

D2.VII.1 Measure Name: Hypertension Admission Rate - Total

98 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results**AlohaCare**

4.19%

HMSA

2.88%

Kaiser

3.20%

Ohana

6.21%

United

7.53%



Complete

D2.VII.1 Measure Name: PQI 01: Diabetes Short-Term Complications Admission Rate - Total 99 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

10.41%

HMSA

8.58%

Kaiser
10.48%

Ohana
9.31%

United
10.58%



D2.VII.1 Measure Name: PQI 05: COPD or Asthma in Older Adults Admission Rate - Total

100 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
22.35%

HMSA
16.29%

Kaiser
14.24%

Ohana
34.02%

United
40.11%



Complete

D2.VII.1 Measure Name: PQI 08: Heart Failure Admission Rate 18-64 Years 101 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare
41.39%

HMSA
27.92%

Kaiser
29.19%

Ohana
72.61%

United
52.86%



D2.VII.1 Measure Name: PQI 15: Asthma in Younger Adults Admission Rate - 18-39 Years 102 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description
N/A

Measure results

AlohaCare
2.95%

HMSA
2.53%

Kaiser
2.75%

Ohana
2.71%

United
3.12%



Complete

D2.VII.1 Measure Name: Uncontrolled Diabetes Admission Rate - Total

103 / 103

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

AlohaCare

1.09%

HMSA

2.18%

Kaiser

1.16%

Ohana

3.88%

United

2.03%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	AlohaCare
		2
		HMSA
		8
		Kaiser
		1
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	Ohana
		3
		United
		2
		AlohaCare
		33
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	HMSA
		38
		Kaiser
		3
		Ohana
		45
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	United
		5
		AlohaCare
		0.43:1,000
		HMSA
		0.17:1,000
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	Kaiser
		0.06:1,000
		Ohana
		1.24:1,000
		United
		0.09:1,000

D1X.4	Count of resolved program integrity investigations How many program integrity investigations were resolved by the plan during the reporting year?	AlohaCare 20
		HMSA 23
		Kaiser 1
		Ohana 25
		United 5
D1X.5	Ratio of resolved program integrity investigations to enrollees What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	AlohaCare 0.26:1,000
		HMSA 0.11:1,000
		Kaiser 0.02:1,000
		Ohana 0.69:1,000
		United 0.09:1,000
D1X.6	Referral path for program integrity referrals to the state What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	AlohaCare Makes referrals to the SMA and MFCU concurrently
		HMSA Makes referrals to the SMA and MFCU concurrently
		Kaiser Makes referrals to the SMA and MFCU concurrently
		Ohana Makes referrals to the SMA and MFCU concurrently

United

Makes referrals to the SMA and MFCU concurrently

D1X.7**Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

AlohaCare

4

HMSA

14

Kaiser

3

Ohana

13

United

6

D1X.8**Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

AlohaCare

0.05:1,000

HMSA

0.06:1,000

Kaiser

0.06:1,000

Ohana

0.36:1,000


United

0.11:1,000

D1X.9a:	Plan overpayment reporting to the state: Start Date What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	AlohaCare 10/01/2024
		HMSA 10/01/2024
		Kaiser 10/01/2024
		Ohana 10/01/2024
		United 10/01/2024
D1X.9b:	Plan overpayment reporting to the state: End Date What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	AlohaCare 12/31/2025
		HMSA 12/31/2025
		Kaiser 12/31/2025
		Ohana 12/31/2025
		United 12/31/2025
D1X.9c:	Plan overpayment reporting to the state: Dollar amount From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?	AlohaCare \$264,291.60
		HMSA \$5,548,296.37
		Kaiser \$317,504.07
		Ohana \$1,923,581.81
		United \$2,386,990.60
D1X.9d:	Plan overpayment reporting to the state: Corresponding premium revenue	AlohaCare \$95,822,027.22

	What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))	HMSA \$249,874,576.62 Kaiser \$58,754,760.47 Ohana \$65,371,557.32 United \$109,422,054.91
D1X.10	Changes in beneficiary circumstances Select the frequency the plan reports changes in beneficiary circumstances to the state.	AlohaCare Monthly HMSA Monthly Kaiser Monthly Ohana Monthly United Monthly


Topic XI: ILOS

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees.	AlohaCare No ILOSs were offered by this plan
		HMSA No ILOSs were offered by this plan
		Kaiser No ILOSs were offered by this plan
		Ohana No ILOSs were offered by this plan
		United No ILOSs were offered by this plan

Topic XIII. Prior Authorization

 **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<p>Hawaii Health and Harm Reduction Center Other Community-Based Organization</p> <p>Hui O Hauula Other Community-Based Organization</p> <p>Kokua Kalihi Valley Comprehensive Family Services Other Community-Based Organization</p> <p>Koolauloa Community Health and Wellness Center Other Community-Based Organization</p> <p>Legal Aid Society of Hawaii Other Community-Based Organization</p> <p>Project Vision Hawaii (Statewide) Other Community-Based Organization</p> <p>Waianae Coast Comprehensive Health Center Other Community-Based Organization</p> <p>Waikiki Health Other Community-Based Organization</p> <p>Waimanalo Health Center Other Community-Based Organization</p> <p>We Are Oceania Other Community-Based Organization</p> <p>Hawaii Island Community Health Center Hilo/Kona Other Community-Based Organization</p> <p>Hamakua Health Center Other Community-Based Organization</p>

Kumukahi Health +Wellness Kea'au and Kailua-Kona

Other Community-Based Organization

Kalanihale

Other Community-Based Organization

Hana Health

Other Community-Based Organization

IMUA Family Services

Other Community-Based Organization

Lanai Community Health Center

Other Community-Based Organization

Malama I Ke Ola

Other Community-Based Organization

Maui Aids Foundation

Other Community-Based Organization

Molokai Community Health Center

Other Community-Based Organization

Hoola Lahui Hawaii

Other Community-Based Organization

Malama Pono Health Services

Other Community-Based Organization

Aloha State Outreach

Other Community-Based Organization

Institute for Human Services

Other Community-Based Organization

What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Hui O Hauula

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Kokua Kalihi Valley Comprehensive Family Services

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Koolauloa Community Health and Wellness Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Legal Aid Society of Hawaii

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Project Vision Hawaii (Statewide)

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Waianae Coast Comprehensive Health Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Waikiki Health

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Waimanalo Health Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

We Are Oceania

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

**Hawaii Island Community Health Center
Hilo/Kona**

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Hamakua Health Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance

along with reporting any changes which may affect coverage.

Kumukahi Health +Wellness Kea'au and Kailua-Kona

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Kalanihale

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Hana Health

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

IMUA Family Services

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Lanai Community Health Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Malama I Ke Ola

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Maui Aids Foundation

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Molokai Community Health Center

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Hoola Lahui Hawaii

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Malama Pono Health Services

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Aloha State Outreach

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.

Institute for Human Services

Beneficiary Outreach

Other, specify – Provide Outreach Education and application and enrollment assistance along with reporting any changes which may affect coverage.
