











Public Summary Quarterly Report

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		Apr 2015 - Jun 2015				
						
	QUEST Integration Population* - The number of individuals in the QUEST Integration program by health plan that only have Medicaid (Medicaid Non-Dual) or have both Medicare and Medicaid (Medicaid Dual).	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Medicaid Non-Dual	62,258	151,416	28,271	27,599	23,707
	Medicaid Dual	742	1,068	378	13,930	15,724
	Total Medicaid	62,434	151,528	28,649	41,529	39,431
	% of Total Medicaid Population	19%	47%	9%	13%	12%
Member Related	Member Call Center* - Information on the operations of each health plan's member call center.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Member Calls	10,588	22,831	1,390	31,871	13,462
	Avg. time until phone answered (minute:second)	00:16	00:06	00:13	00:12	00:20
	Avg. time on phone with member (minute:second)	04:48	05:04	03:14	08:09	05:18
	Longest wait time on hold (minute:second)	04:14	06:06	04:21	13:29	11:33
	% of Member calls not answered	3.3%	0.8%	2.1%	2.3%	1.7%
	Member Interpretation (verbal) Services* - Information on the number of interpretation requests by members to each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# of Cantonese Requests	3	141	155	21	39
	# of Mandarin Requests	10	109	24	13	30
	# of Vietnamese Requests	1	80	121	15	17
	# of Korean Requests	8	42	35	29	29
	# of Ilocano Requests	7	23	4	44	3
	# of Other Language Requests	15	91	61	156	27
	Member Grievances & Appeals* - Information on grievances and appeals filed by members to each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# of Member Grievances Completed	61	48	27	249	231
	# of Member Grievances In-Process	31	29	7	142	123
	# of Member Appeals Completed	4	104	2	9	34
	# of Member Appeals In-Process	1	46	3	7	34
	Health Plan Member Appeal - Information on appeal decisions made by each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received					
	Resolved in favor of Member					
	Resolved in favor of Health Plan					
	DHS Member Appeals* - Information on appeals filed by members to the Department of Human Services (DHS).	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	1	1	0	1	1
	Resolution in Member's favor	1	0	0	1	1
	Resolution in DHS favor	0	1	0	0	0






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Long Term Services and Support (LTSS) - Information on members receiving LTSS including NF, HCBS, and At-Risk. (C) -- Based on Claims	AlohaCare	HMSA	KAISER	'OHANA	UHC
Total Members receiving LTSS					
# of Members in NF (C)	39	48	6	1,164	1,105
% of Members in NF/HCBS					
# of Members in HCBS (C)	22	214	56	2,168	2,220
# of HCBS Members in Residential Setting (CCFFH, ARCH/E-ARCH, and ALF) - (C)	8	93	15	662	1,024
# of HCBS Members in Self-Direction (C)	17	42	12	887	887
# of HCBS Members receiving other HCBS (C)	17	121	51	1,281	1,024
# of Members in At-Risk (C)					
# of At-Risk Members in Self-Direction (C)					
# of At-Risk Members receiving other HCBS (C)					
Going Home Plus (GHP) Program - Information on members in the GHP program.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of Active Members in GHP program	3	1	1	39	42
# of Members in Residential Setting (CCFFH, ARCH/ E-ARCH, and ALF) - (C)	2	1	0	19	19
# of Members receiving services in their homes	1	0	1	20	23
# Re-institutionalized	0	0	0	0	2
Provider Network - Information on the number of various providers in each health plan.	AlohaCare	HMSA	KAISER	'OHANA	UHC
# of PCPs	583	782	216	789	944
# PCPs - (accepting new members)	413	520	208	515	828
# Specialists	2,273	2,162	365	1,516	1,589
# Specialists (accepting new members)	1,030	2,162	365	955	1,554
# Behavioral Health Providers	709	1,307	61	632	810
# Behavioral Health Providers (accepting new members)	533	1,307	61	576	800
# Hospitals	26	26	14	24	24
# LTSS Facilities (Hosp./NF)	45	33	16	38	34
# Residential Setting (CCFFH, ARCH/E-ARCH, and ALF)	337	493	346	983	960
# HCBS Providers (except residential settings and LTSS facilities)	42	165	38	143	224
# Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA)	1,570	1,755	109	1,723	974
Total # of Providers	5,585	6,723	1,165	5,848	5,559






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		AlohaCare	HMSA	KAISER	'OHANA	UHC
Provider Related	Timely Access - Information on the standard wait times for different member services.					
	Avg. wait time for PCP Pediatric Sick Visits (24 hours) - % of requests that meet waiting time standard	100%	100%	94%	100%	91%
	Avg. wait time for PCP Adult Sick Visits (72 hours) - % of requests that meet waiting time standard	92%	97%	90%	100%	97%
	Avg. wait time for BH (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	86%	100%	63%	100.0%	100%
	Avg. wait time for PCP visits (routine visits for adults and children) - (21 days) - % of requests that meet waiting time standard	98%	99%	95%	95%	98%
	Avg. wait time for Specialist - (4 weeks) - % of requests that meet waiting time standard	99%	96%	90%	86%	91%
	Avg. wait time for Non-Emergent Hospital Stays - (4 weeks)- % of requests that meet waiting time standard	100%	99%	66%	96%	99%
	Provider Claims* - Information on provider claims processed by each health plan.					
	% of Claims processed within 30 days (both electronic and paper)	98%	89%	97%	98%	97%
	% of Claims processed within 90 days (both electronic and paper)	100%	99%	100%	100%	100%
	% of Claims denied	8%	5%	4%	9%	2%
	% of Claims pended for additional information					
	Value-driven Health Care* - Information on provider participation in Value-based Purchasing. Value-based purchasing is a reimbursement methodology that pays providers for quality services instead of number of visits.					
	% of PCPs participating in Value-based Purchasing	37.9%	79.3%	100.0%	53.6%	32.5%
% of Hospital participating in Value-based Purchasing	28%	70.6%	100.0%	6.6%	58.3%	



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Behavioral Health	Community Care Services (CCS) - Information on members referred to the CCS program. CCS is a program for behavioral health services.	AlohaCare	HMSA	KAISER	'OHANA	UHC	
	# Referred to MQD	50	34	3	108	42	
	# Approved for CCS	34	26	2	55	32	
	% of Approval for CCS	68%	76%	67%	51%	76%	
	Behavioral Health Services* - Information provided by 'Ohana Only on CCS members.					'OHANA	
	# of CCS Members					5,457	
	% of CCS Members without Medicare refilling medication within 90 days of last refill						
	% of CCS Members without Medicare NOT refilling medication within 90 days of last refill						
	# of CCS Members with ED visits					140	
	# of CCS Members with a Psychiatric Hospitalization					224	
# of CCS Members with a readmission within 7 days of post-psychiatric hospitalization					31		
# of CCS Members with an adverse event					22		
Service Coordination	Service Coordination - Information on members receiving service coordination.	AlohaCare	HMSA	KAISER	'OHANA	UHC	
	# of Members receiving Service Coordination (per 100 members)						
	# of Members receiving Service Coordination in LTSS (per 100 members)						
	# of Members receiving Service Coordination in SHCN (per 100 members)						
	% of Members in health plan receiving Service Coordination						
Dual Eligibles	Dual Eligible Summary - Information on Medicaid dual eligible members receiving SHCN. Dual eligible members have both Medicare and Medicaid as their health insurance.	AlohaCare	HMSA	KAISER	'OHANA	UHC	
	# of Medicaid dual members who had a HFA						
	# of Medicaid dual members who refused service coordination						
	# of Medicaid dual members who cannot be found						

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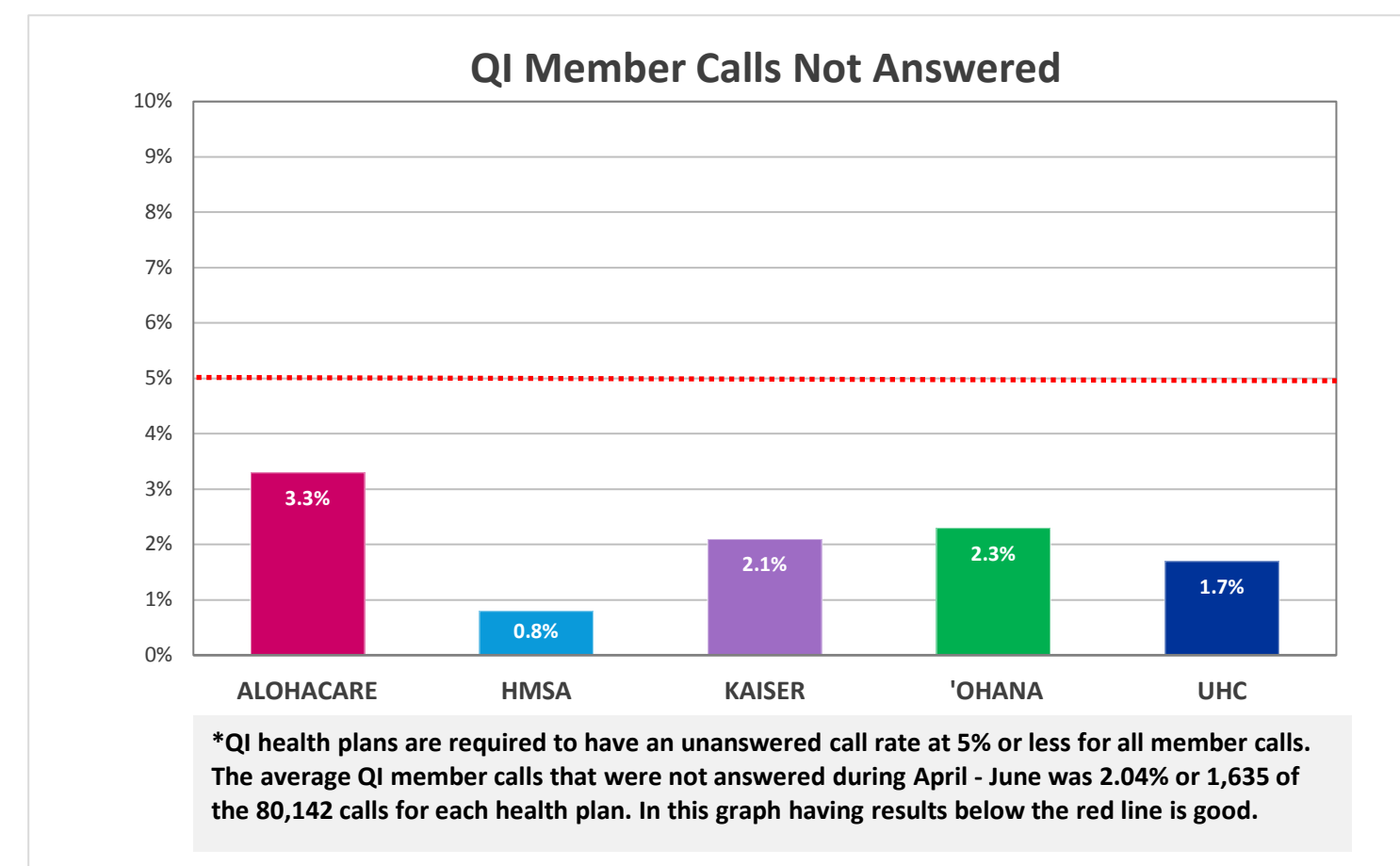
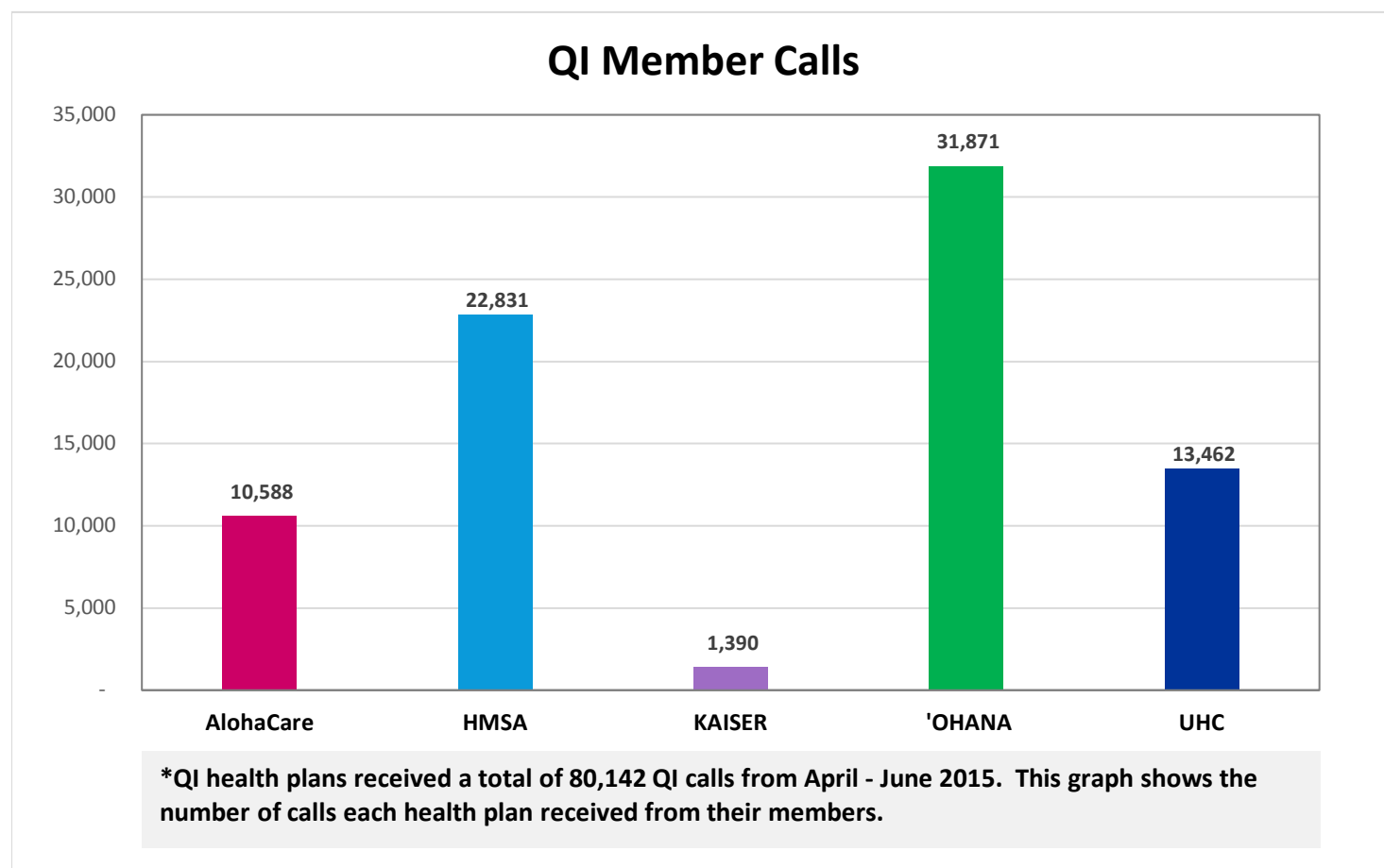
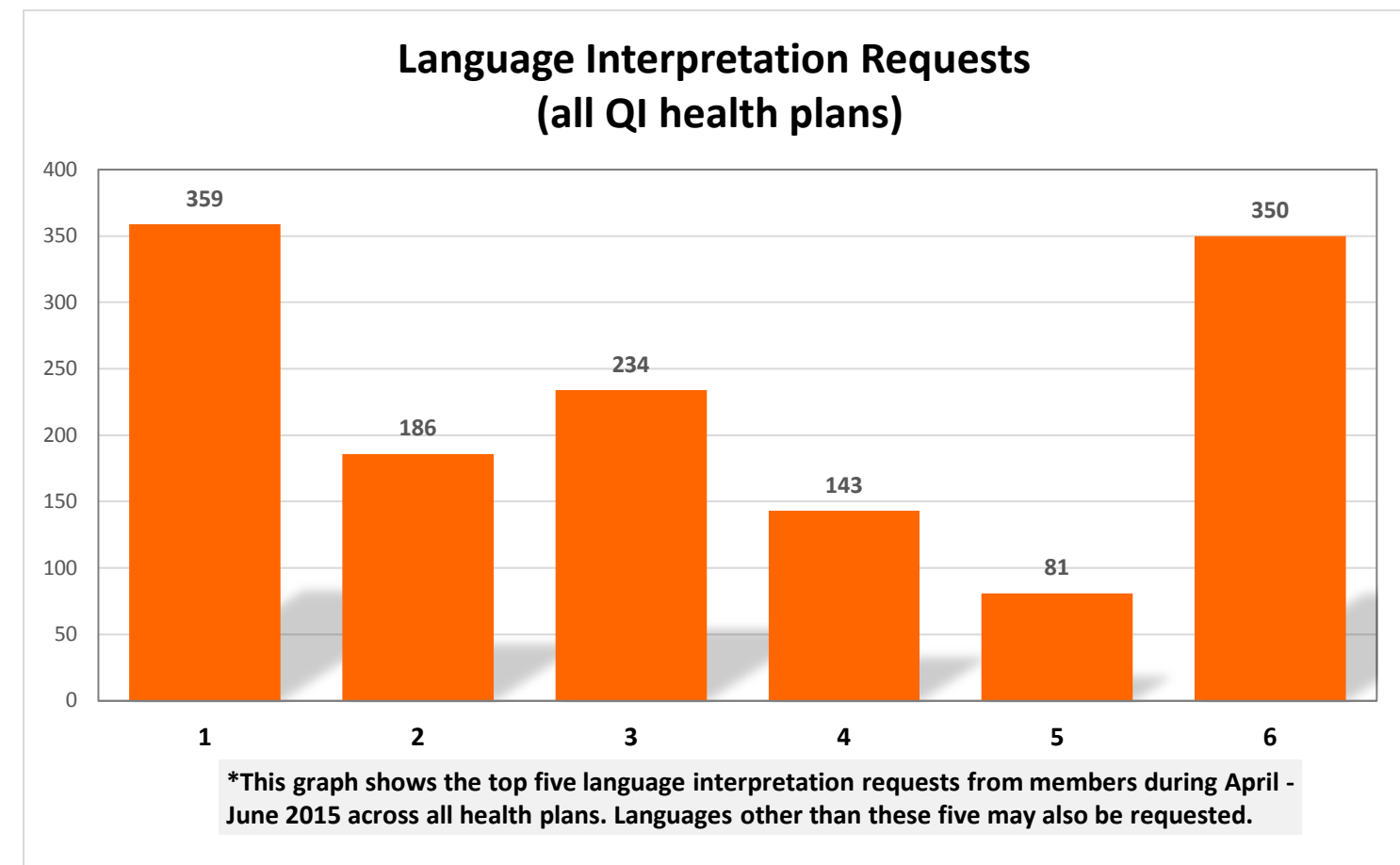
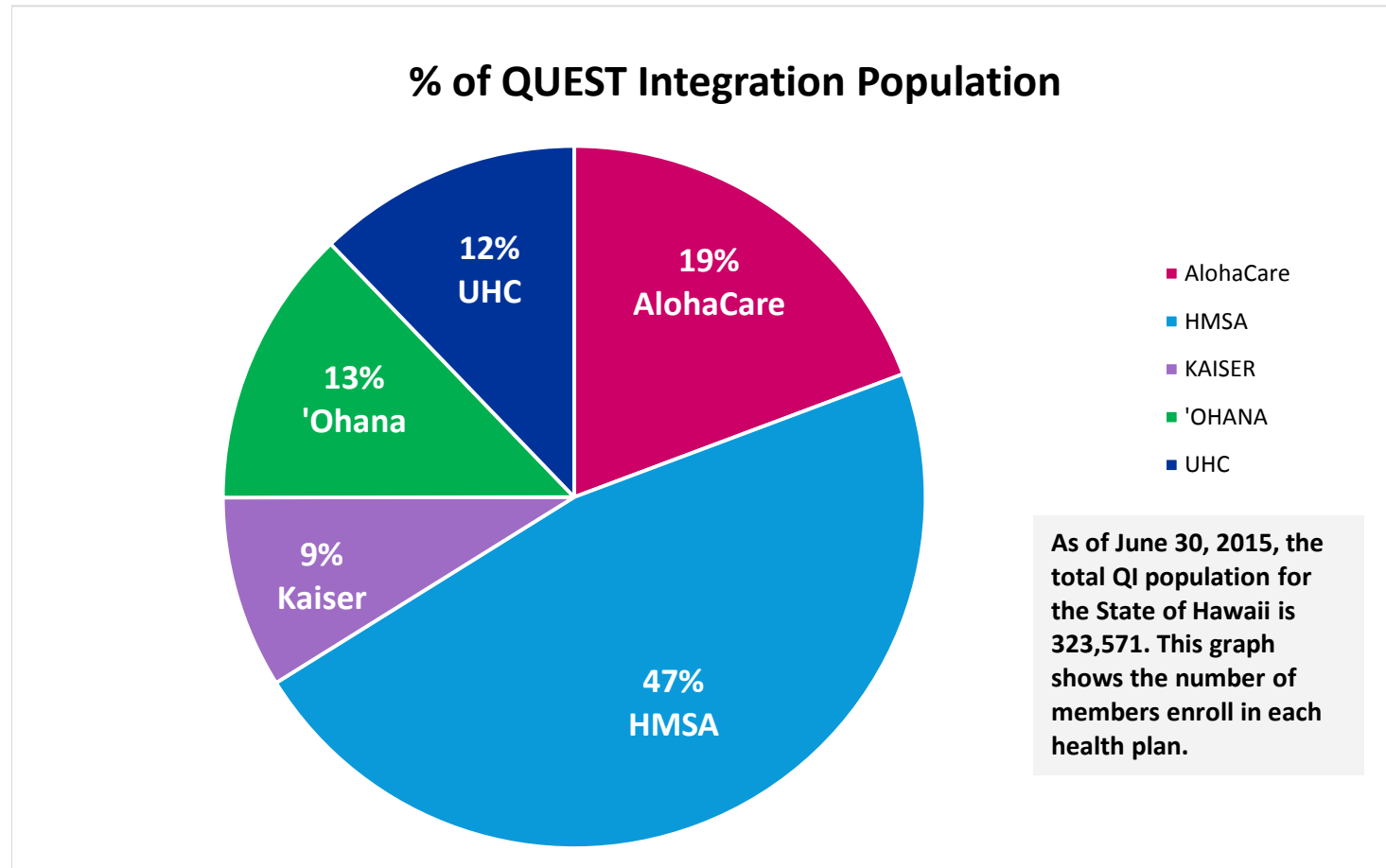
Apr 2015 - Jun 2015						
						
Utilization Management	Prior Authorization (PA) Medical Requests - <i>Information on medical prior authorization requests received by each health plan. This includes authorization requests for medical, behavioral health and LTSS.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received	4,553	3,394	1,459	4,958	7,595
	# Approved	3,946	2,851	1,426	4,882	6,719
	% of Approval	87%	84%	98%	98%	88%
	Avg time to complete a PA in days	4.8	4.6	2.6	2.7	3
	Prior Authorization (PA) Pharmacy Requests - <i>Information on pharmacy prior authorization requests received by health plan.</i>	AlohaCare	HMSA	KAISER	'OHANA	UHC
	# Received					
	# Approved					
	% of Approval					
	Avg time to complete a PA in days					
	Utilization of Services - Information on services utilized by members.	AlohaCare	HMSA	KAISER	'OHANA	UHC
	Hospital Readmissions within 30 days	111	668	35	360	84
	# of Members with ED visit (per 100 members)	58	44	2	74	65
	% of Members with ED visit NOT admitted to hospital					
	% of Members with ED visit admitted to hospital					
	Avg Hospital length of stay (days- a day is 24hrs or longer)					
	# of Hospital Admissions (per 100 members)	8	11.6	0.3	12.7	16.1
	# of Members with HAC and OPPC (per 100 members)					
	# of Members receiving Hep C treatment drugs (per 100 members)					
	FOR MQD USE ONLY					
Member Interpretation Requests	Cantonese	Mandarin	Vietnamese	Korean	Ilocano	Other
Total # of Requests (all health plans)	359	186	234	143	81	350

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

Line items with "(per 100 members)" means the item is based on every 100 members on an annualized basis. This enables health plans of different sizes to be compared and to compare different time periods (by annualizing). An example would be "8 members with ED visit per hundred members". This means that for every 100 members, 8 members visited ED every year. So, a health plan with 100,000 members would have 8,000 ED visits.

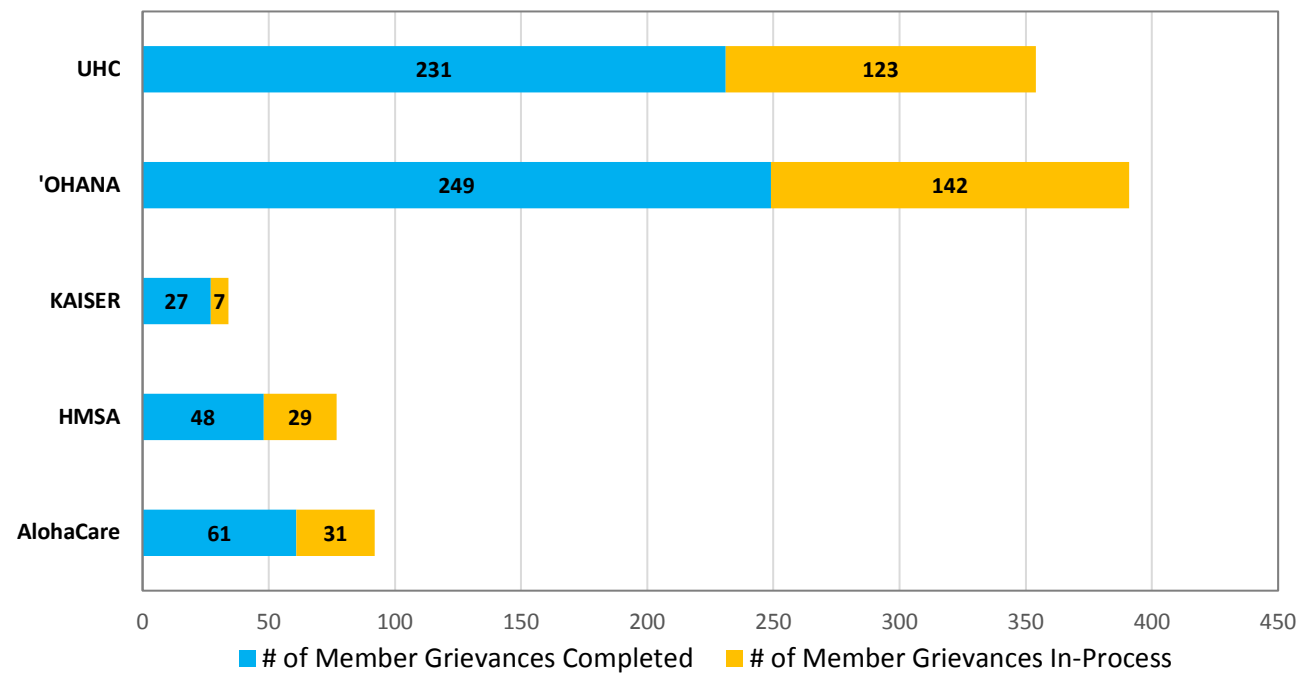
Public Summary Quarterly Report - Member Related

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC cover members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show the services provided by all health plans to QI members for the State of Hawaii. For more information on services provided by QI health plans, see the PSR - Quarterly tab.



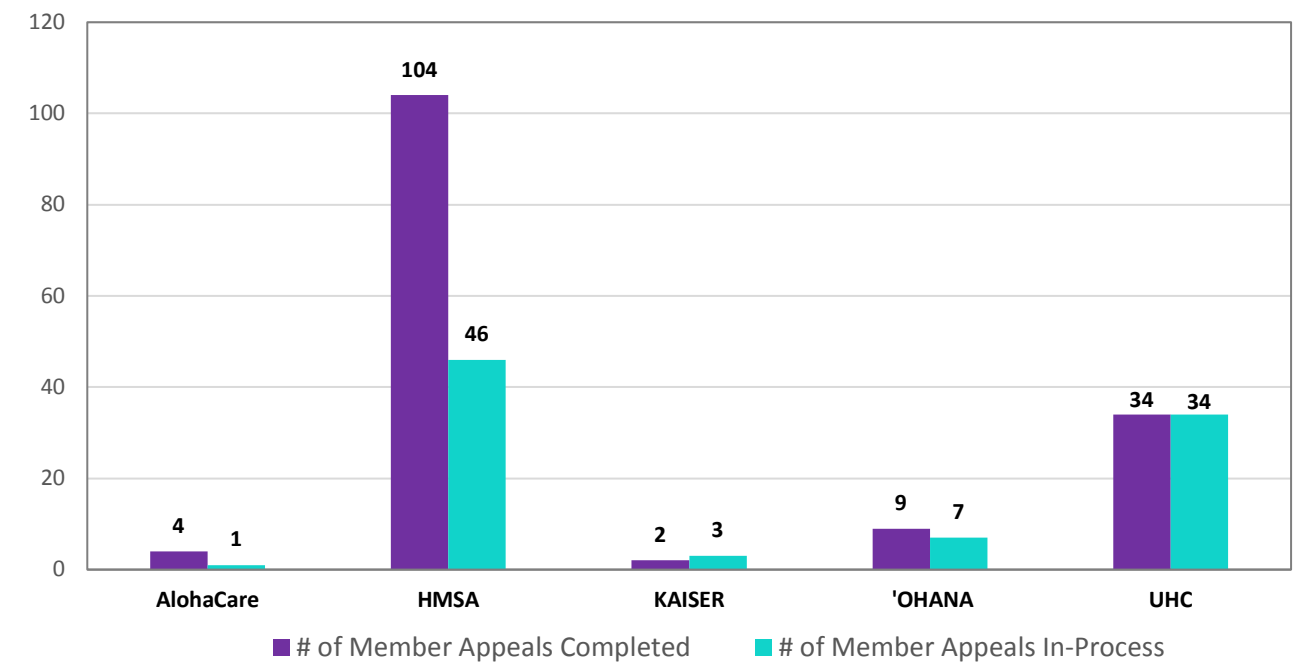
Public Summary Quarterly Report - Member Related

Member Grievances Completed and In-Process



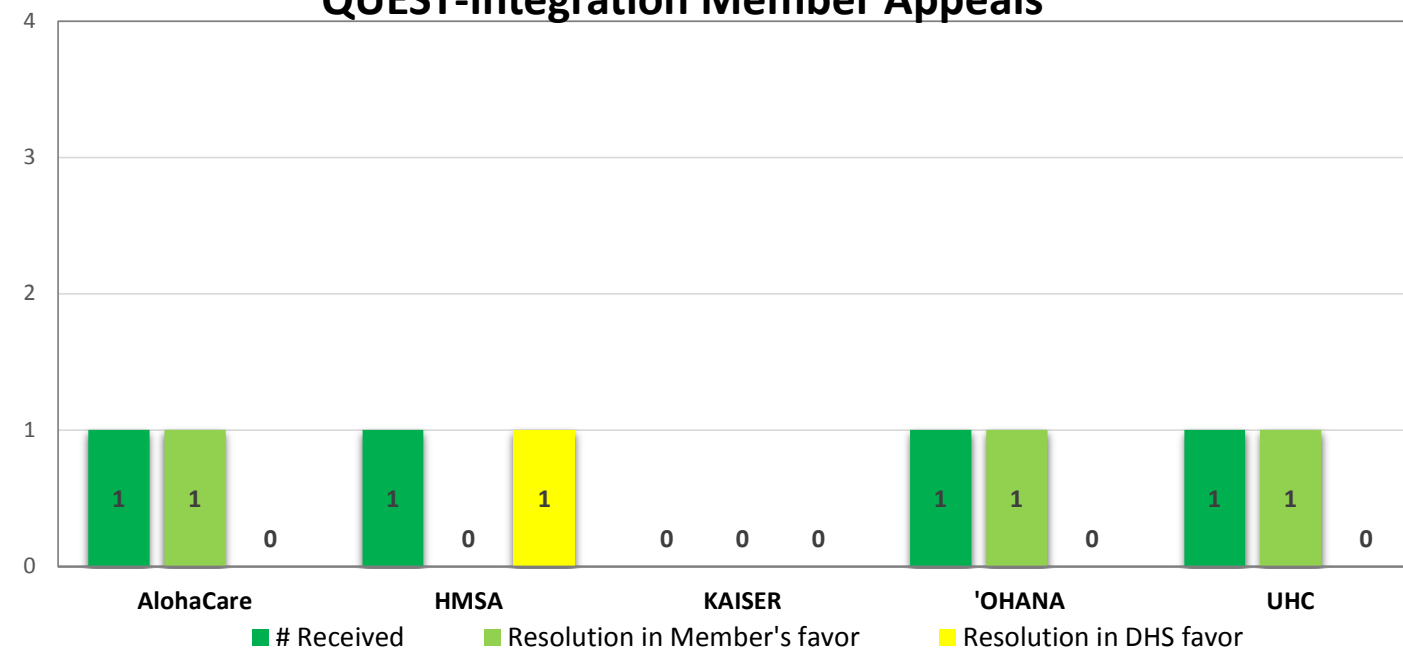
*This chart shows the number of member grievances completed by the health plans during April-June 2015. It also shows the number of member grievances that are in the process of being reviewed.

Member Appeals Completed and In-Process



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

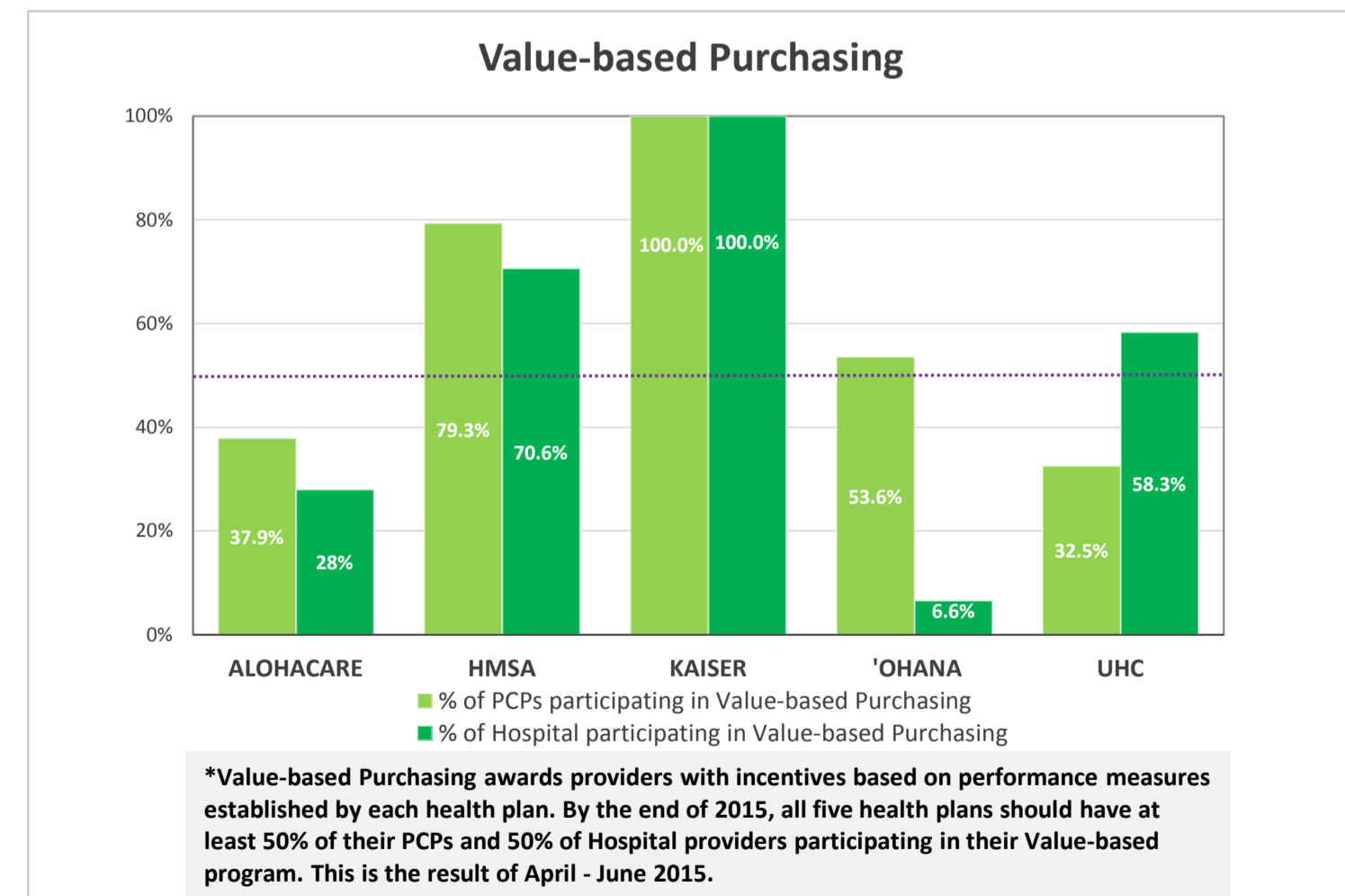
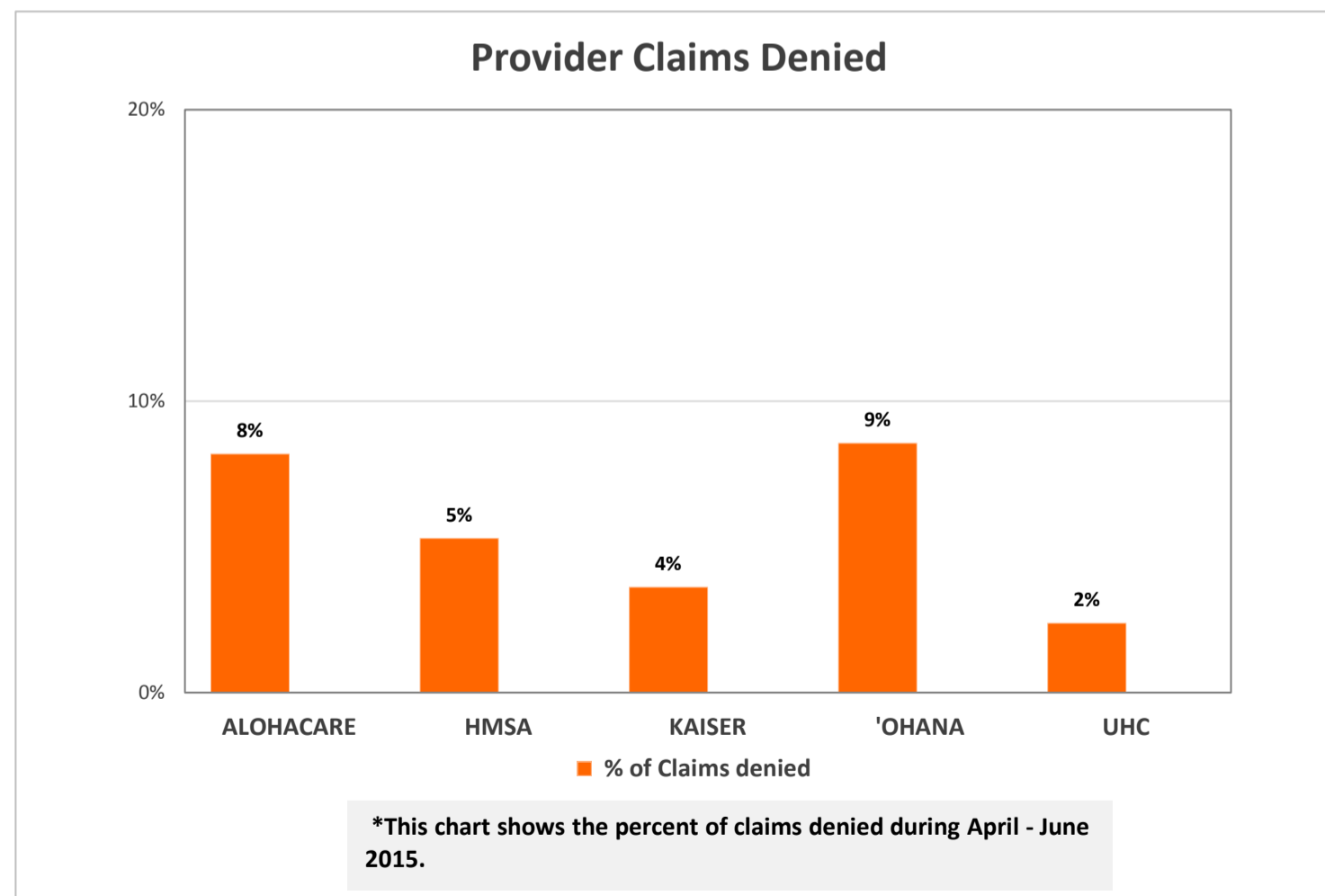
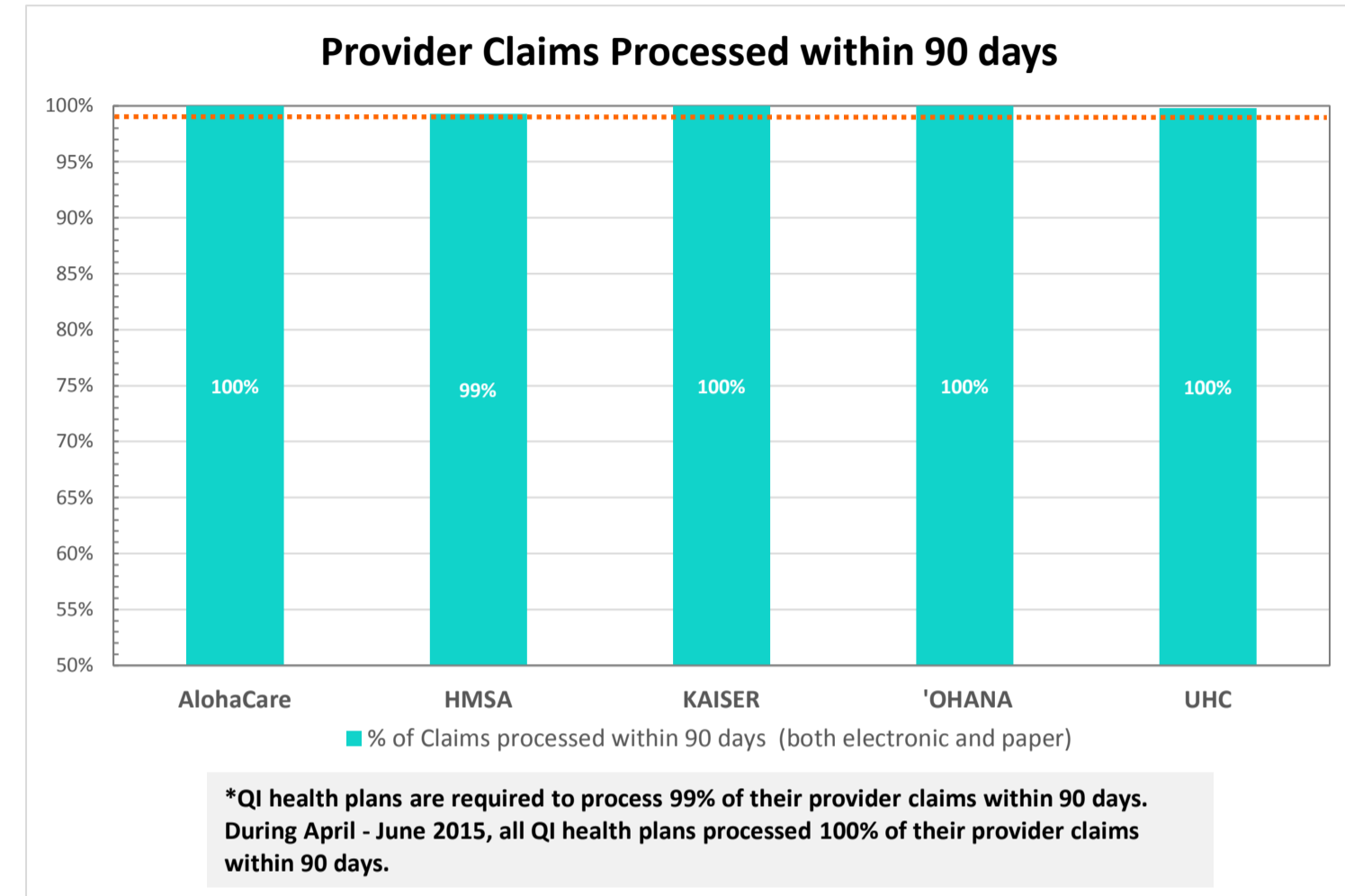
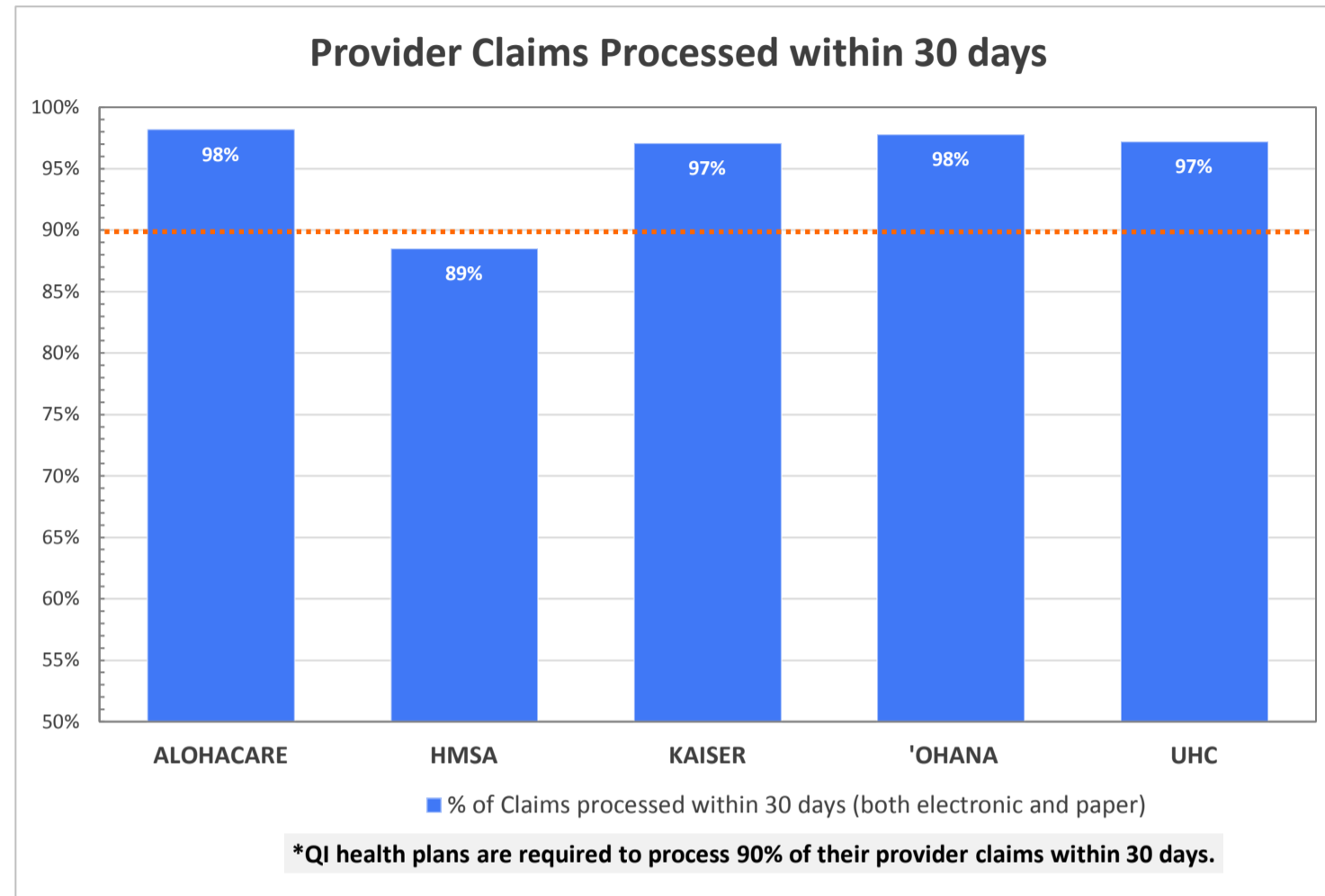
Department of Human Services (DHS) QUEST-Integration Member Appeals



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

Public Summary Quarterly Report - Provider Related

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show provider claims (both electronic and paper) processed by health plans and the value-based purchasing required by the QI program. For more information on services provided by QI health plans, see the PSR - Quarterly tab.



Public Summary Quarterly Report - Behavioral Health

QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan (UHC). AlohaCare, HMSA, 'Ohana and UHC covers members on all islands. Kaiser covers members on Oahu and Maui only. All health plans are required to follow their QI contract. The following graphs show Community Care Services (CCS) provided by 'Ohana health plan. For more information on services provided by QI health plans, see the PSR - Quarterly tab.

