

Public Summary Report

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

Oct 2015 - Dec 2015








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

Member Related

Public Summary Report






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

Oct 2015 - Dec 2015

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

Public Summary Report

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

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

Public Summary Report

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

Oct 2015 - Dec 2015



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

Public Summary Report

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

Oct 2015 - Dec 2015



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

Public Summary Report

Legend:

ALF = Assisted Living Facilities

C = Based on claims

CCFFH = Community Care Foster Family Homes

CCS = Community Care Services

DHS = Department of Human Services

E-ARCH = Expanded Adult Residential Care Homes

ED = Emergency Department

FQHC = Federal Qualified Health Center

GHP = Going Home Plus

HAC = Health Care Acquired Condition

HCSB = Home and Community Based Services

Hep C = Hepatitis C

HFA = Health and Functional Assessment

HHA = Home Health Agencies

Hosp = Hospital

LTSS = Long Term Services and Supports

Medicaid Dual = Individual with both Medicare and Medicaid

MQD = Med-QUEST Division

NF = Nursing Facility

Other HCBS (At-Risk) = Adult Day Care, Adult Day Health, Home Delivered Meals, Personal Care, Personal Emergency Response System and Skilled Nursing

OPPC = Other Provider Preventable Conditions

PA = Prior Authorization

PCMH = Patient-Centered Medical Home

PCP = Primary Care Provider

QI = QUEST Integration

Residential Settings = CCFFH, ALF, ARCH/E-ARCH

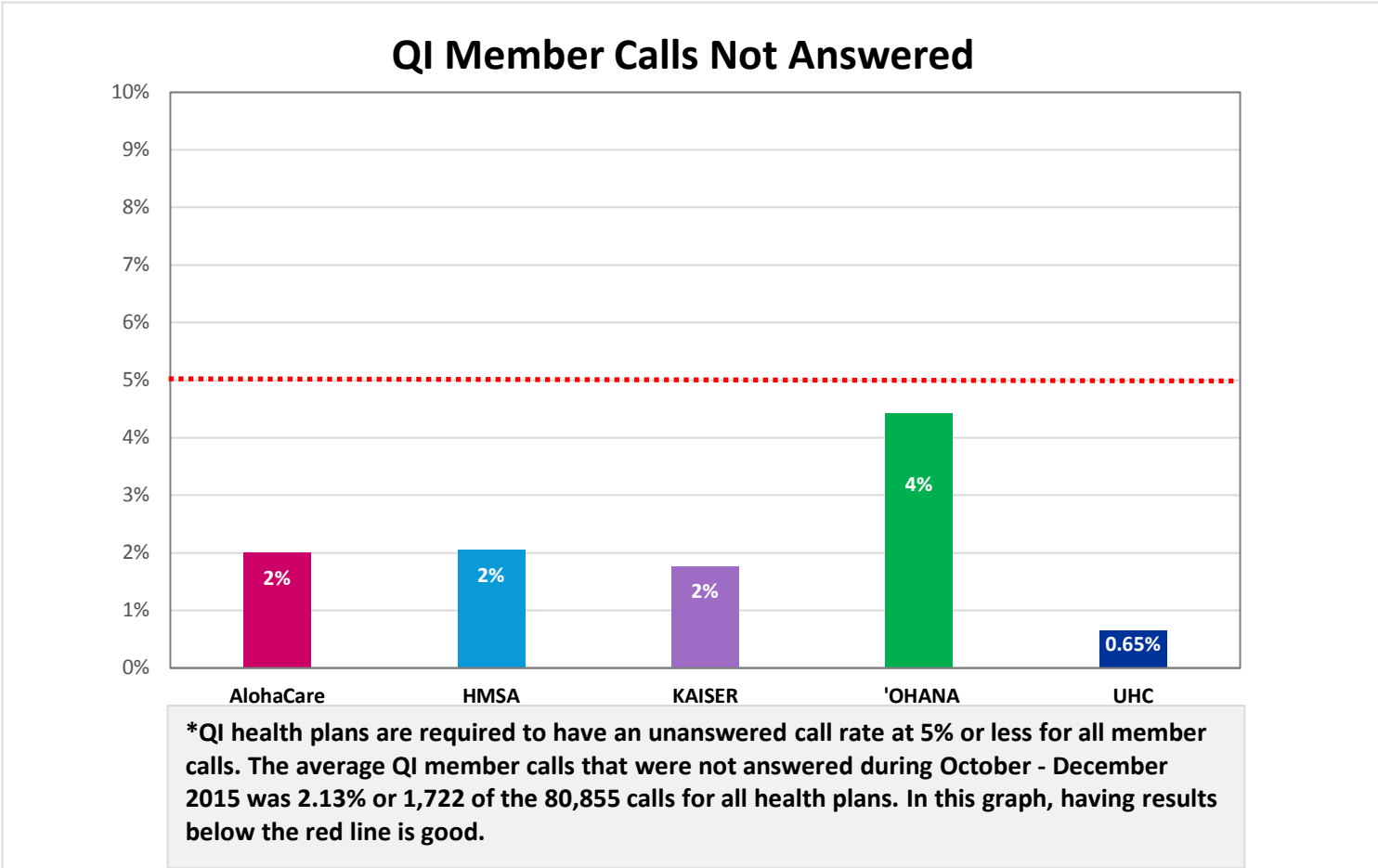
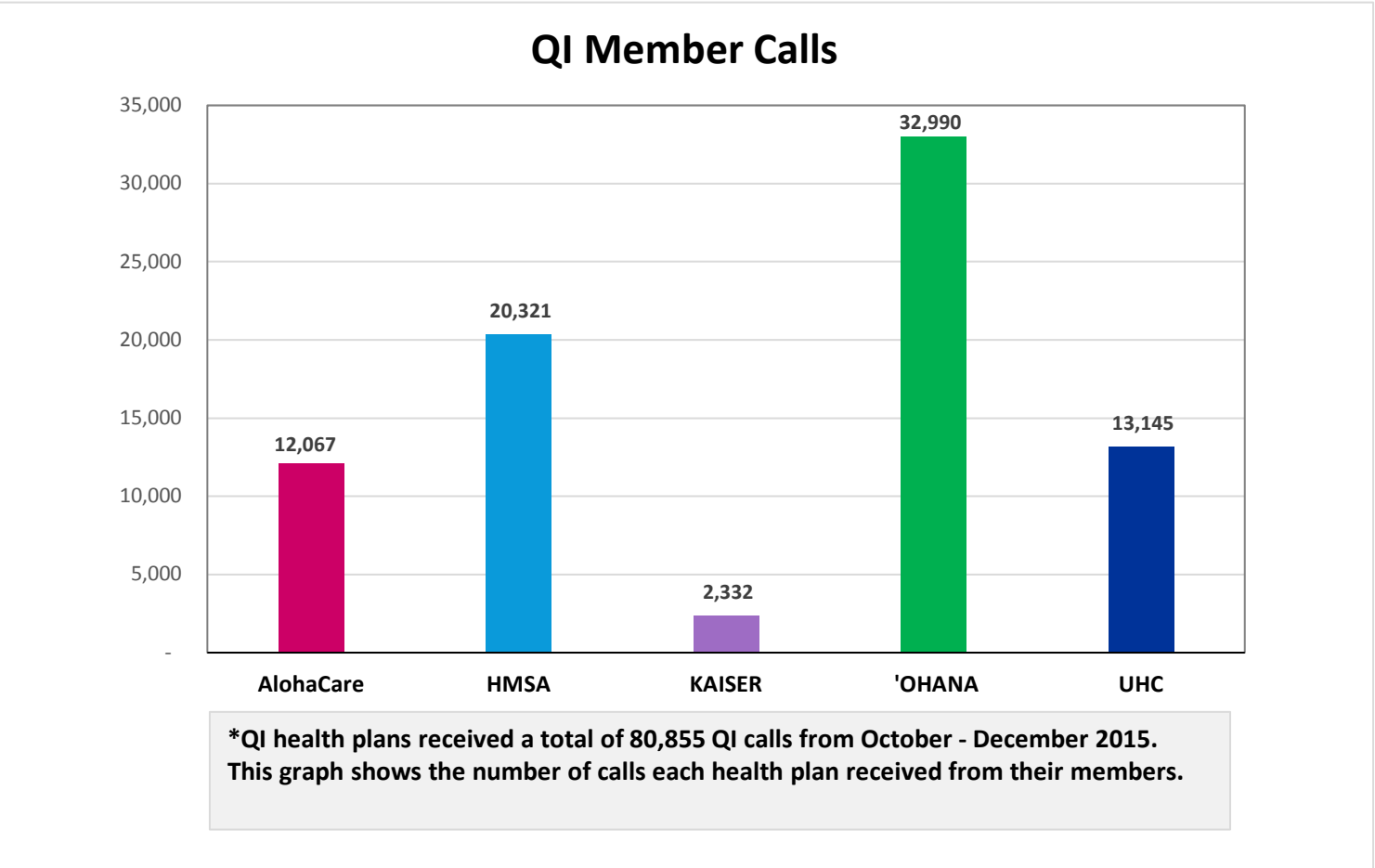
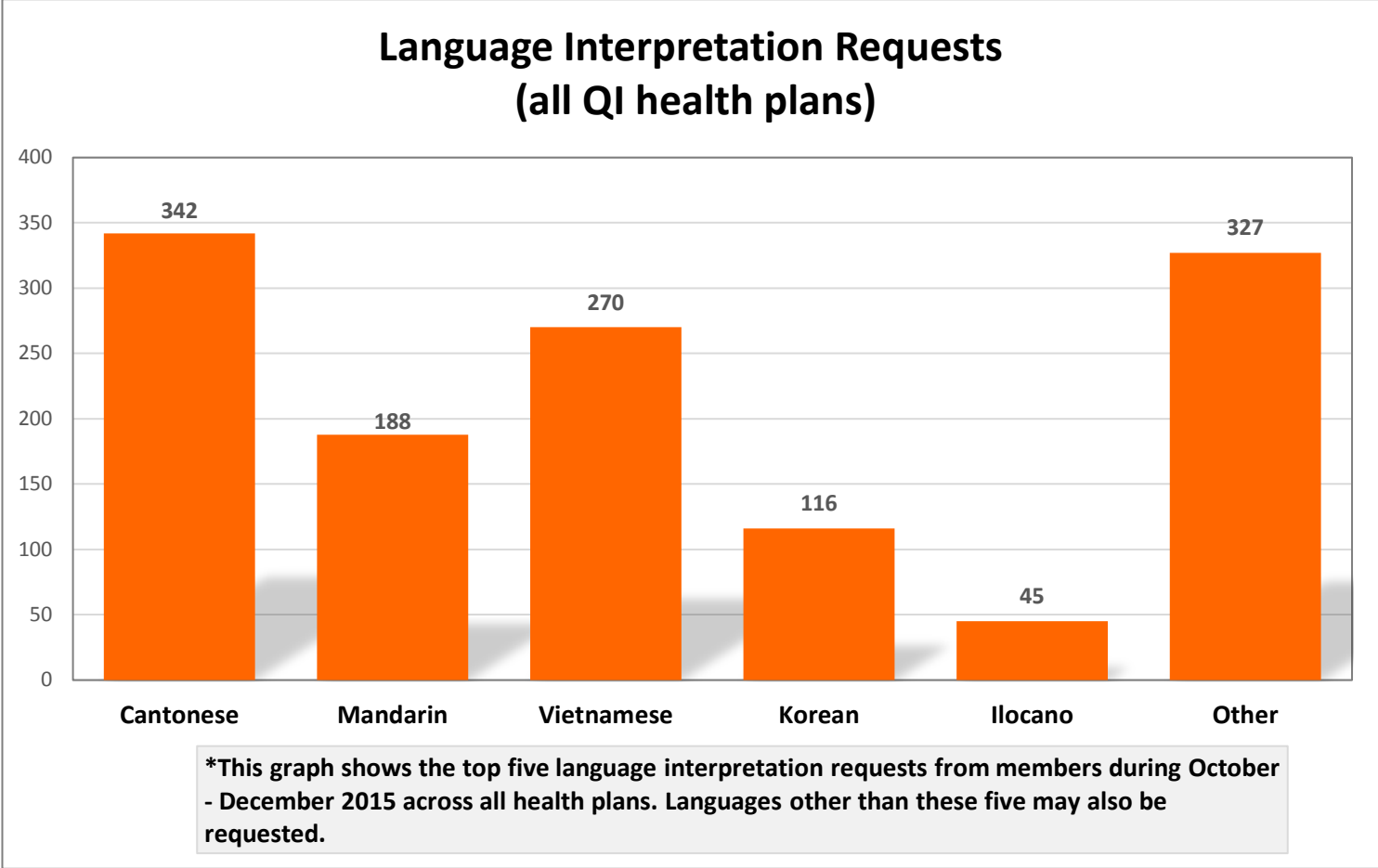
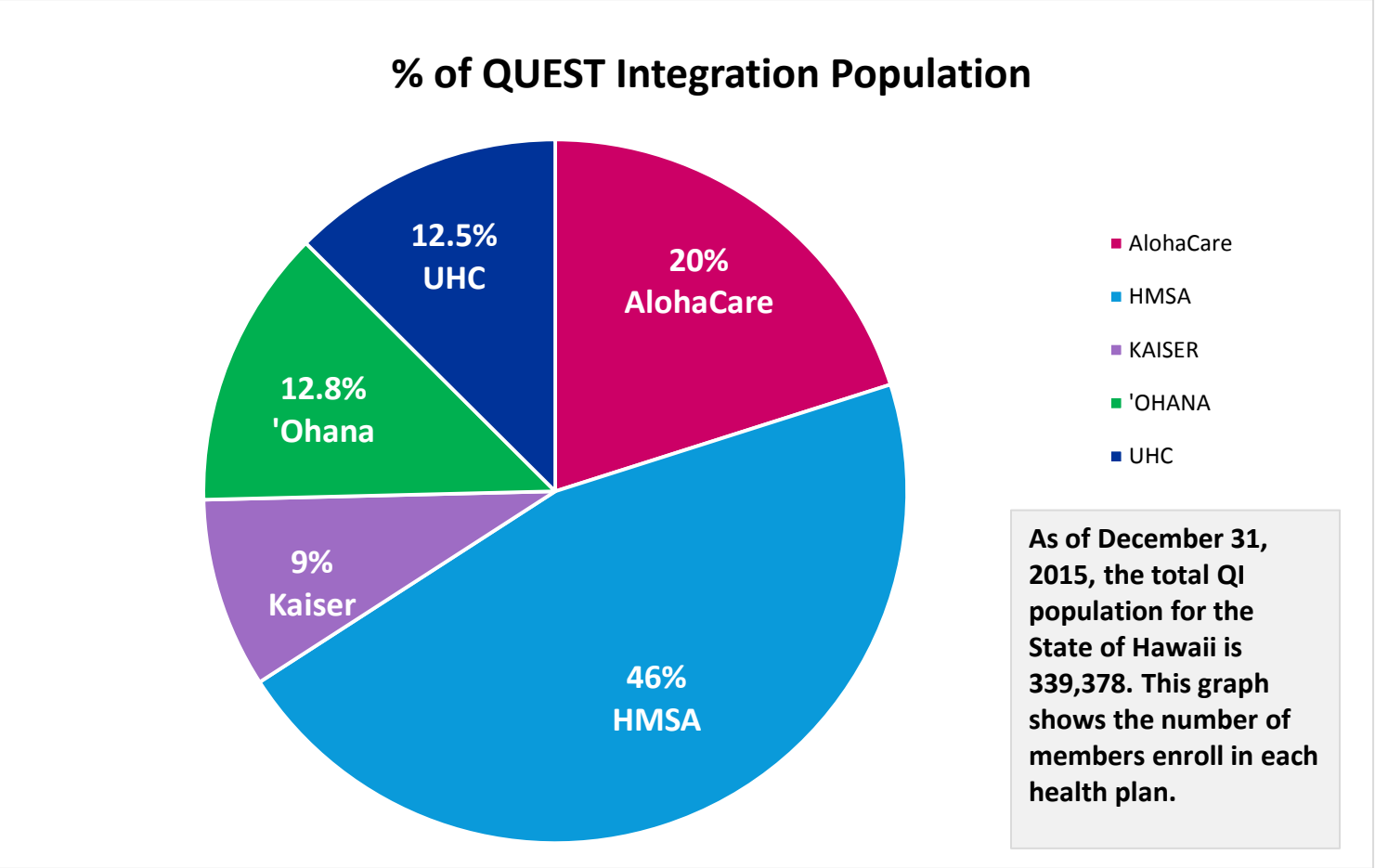
SHCN = Special Health Care Needs

Value-based Purchasing = A program that awards participating providers based on performance.

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

PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED

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



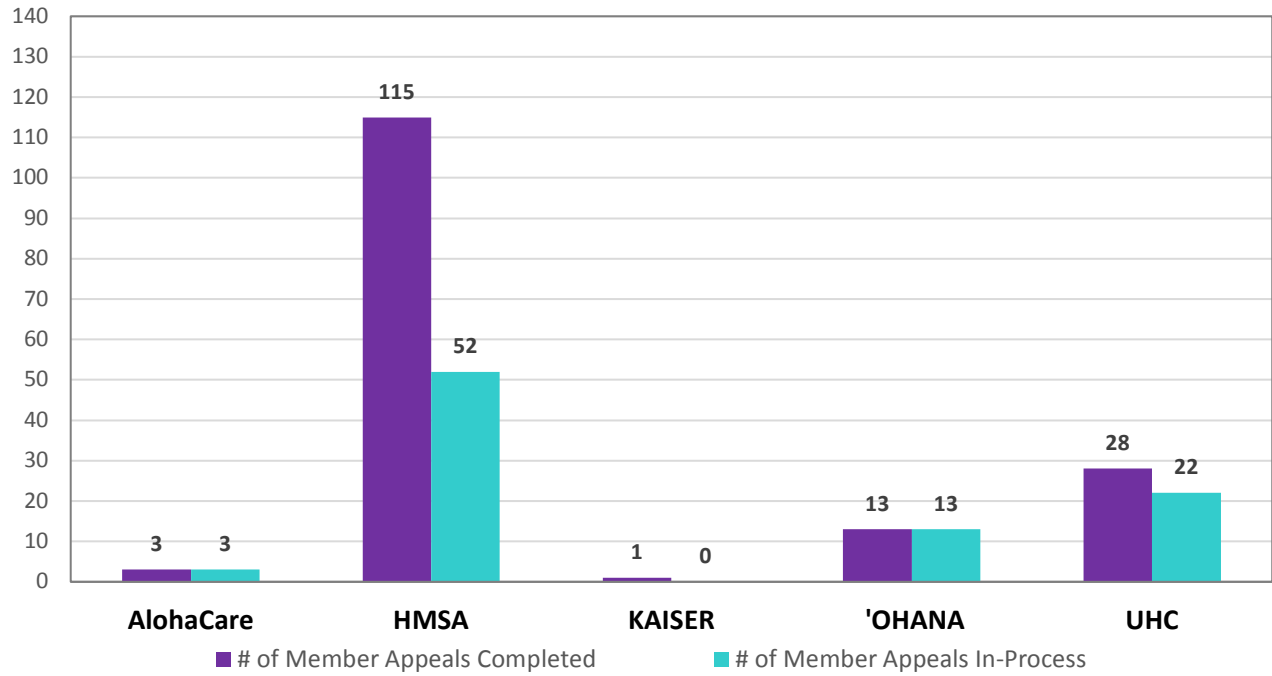
PUBLIC SUMMARY QUARTERLY REPORT - MEMBER RELATED

Member Grievances Completed and In-Process



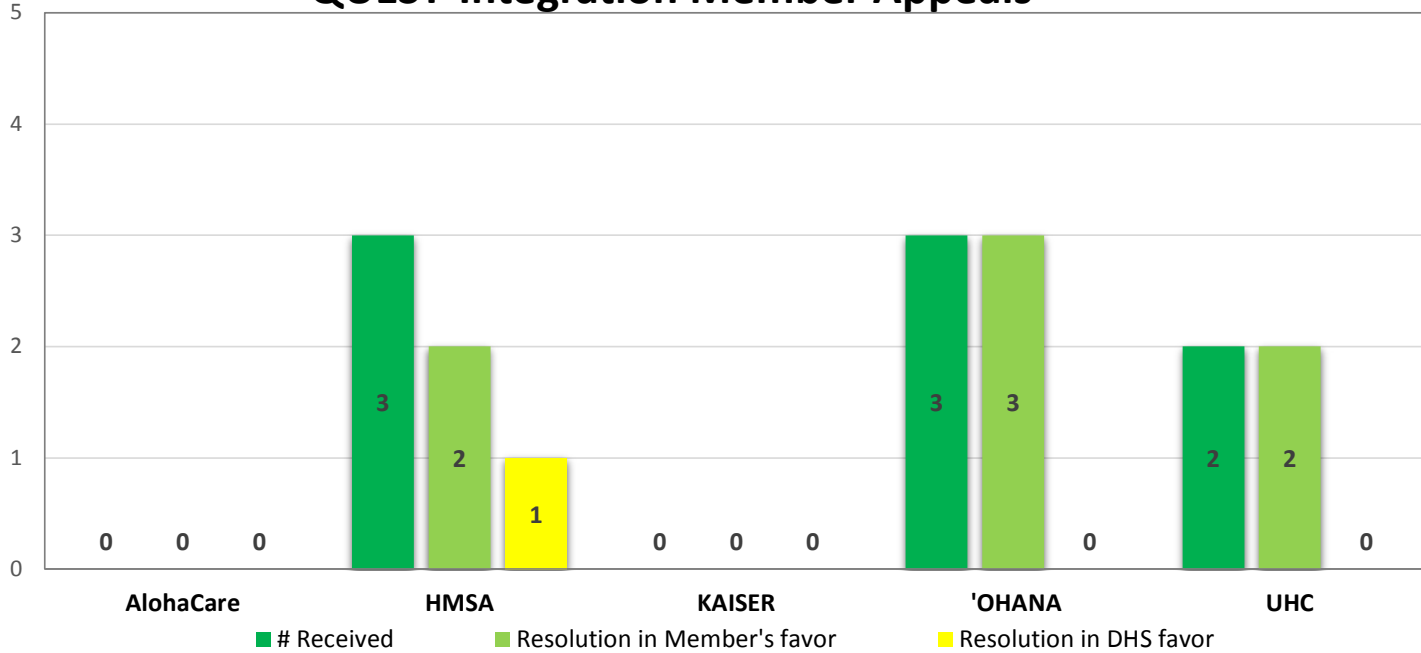
*This chart shows the number of member grievances completed by the health plans during October - December 2015. It also shows the number of member grievances that are in the process of being reviewed.

Member Appeals Completed and In-Process



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

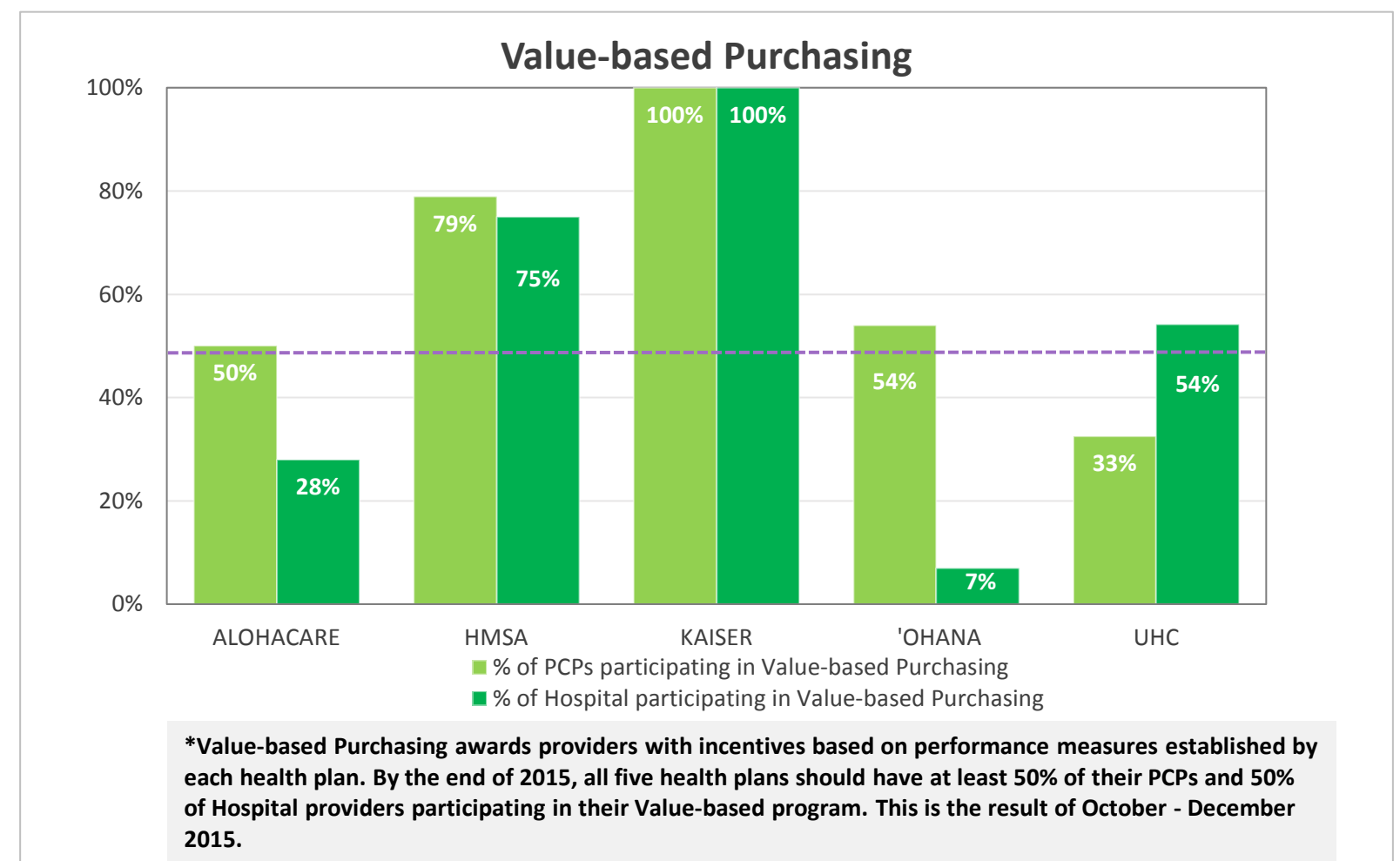
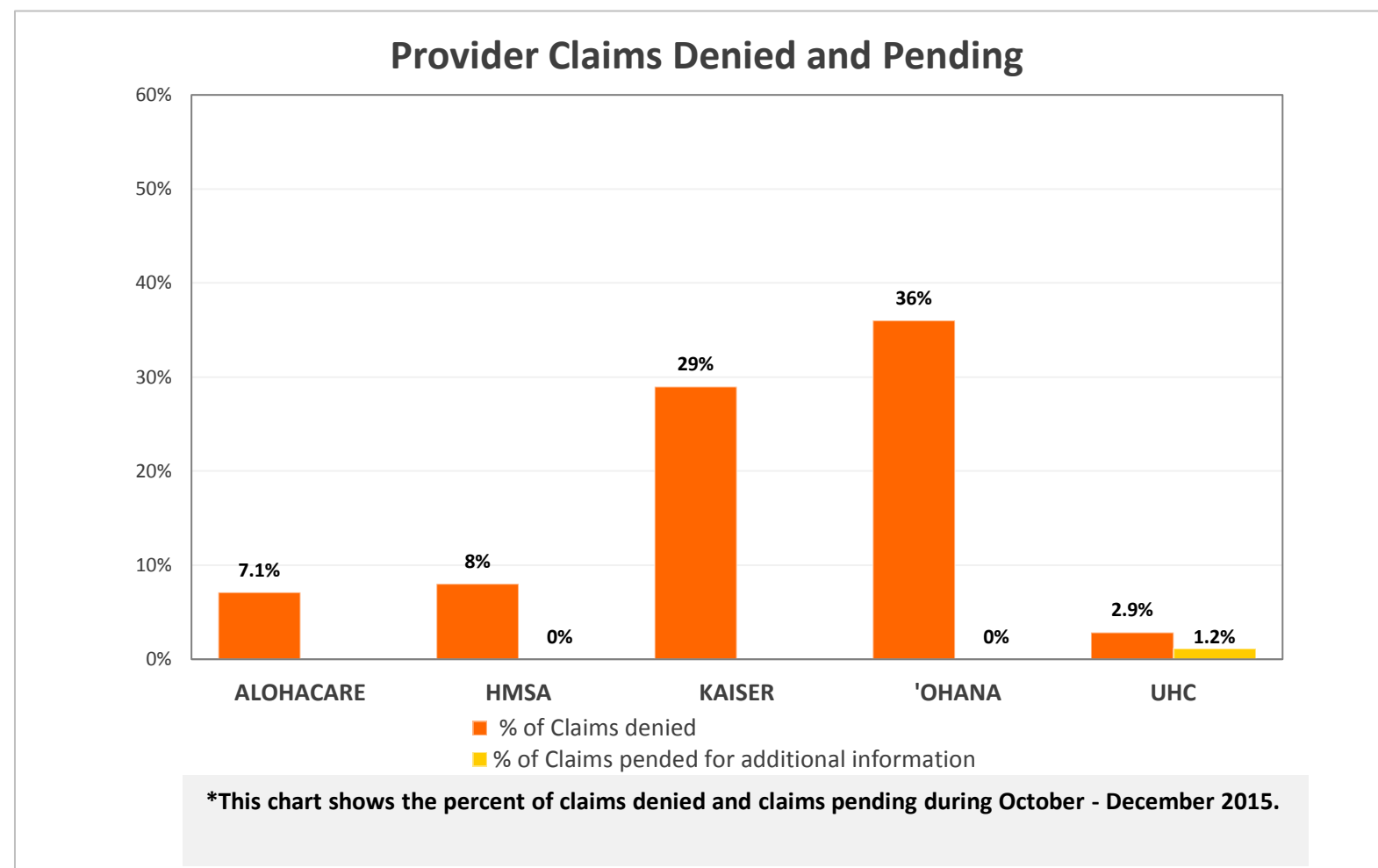
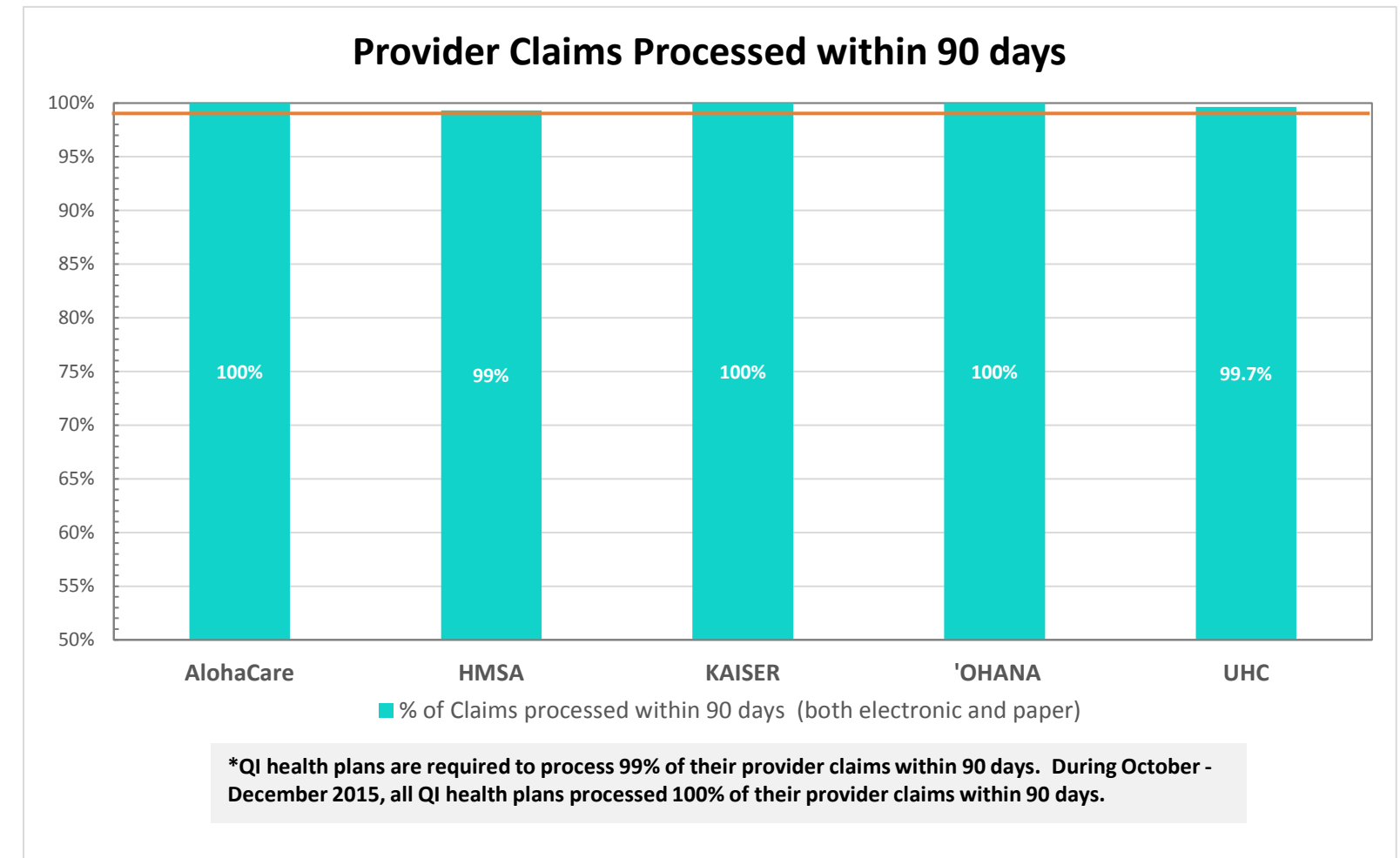
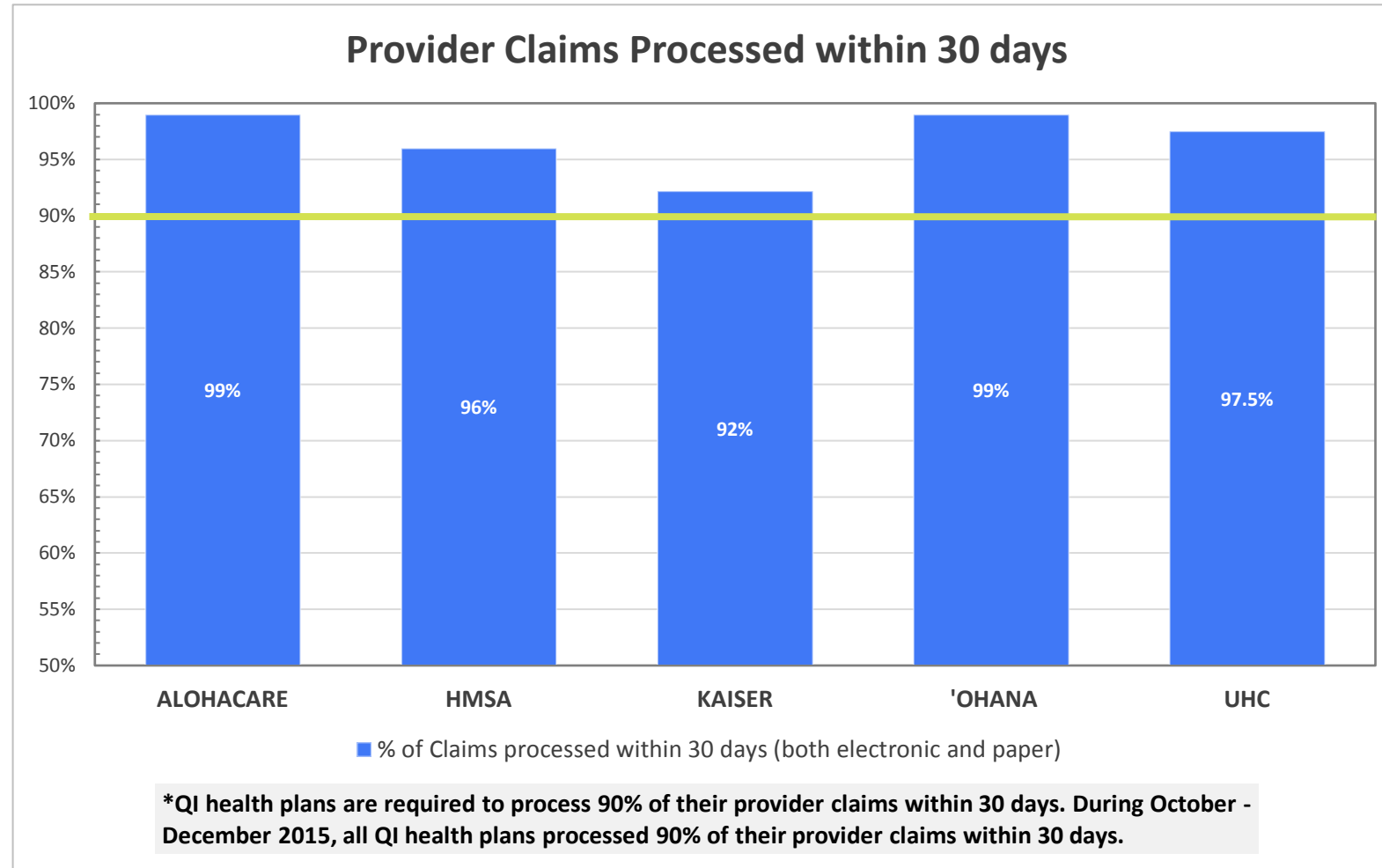
**Department of Human Services (DHS)
QUEST-Integration Member Appeals**



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

PUBLIC SUMMARY QUARTERLY REPORT - PROVIDER RELATED

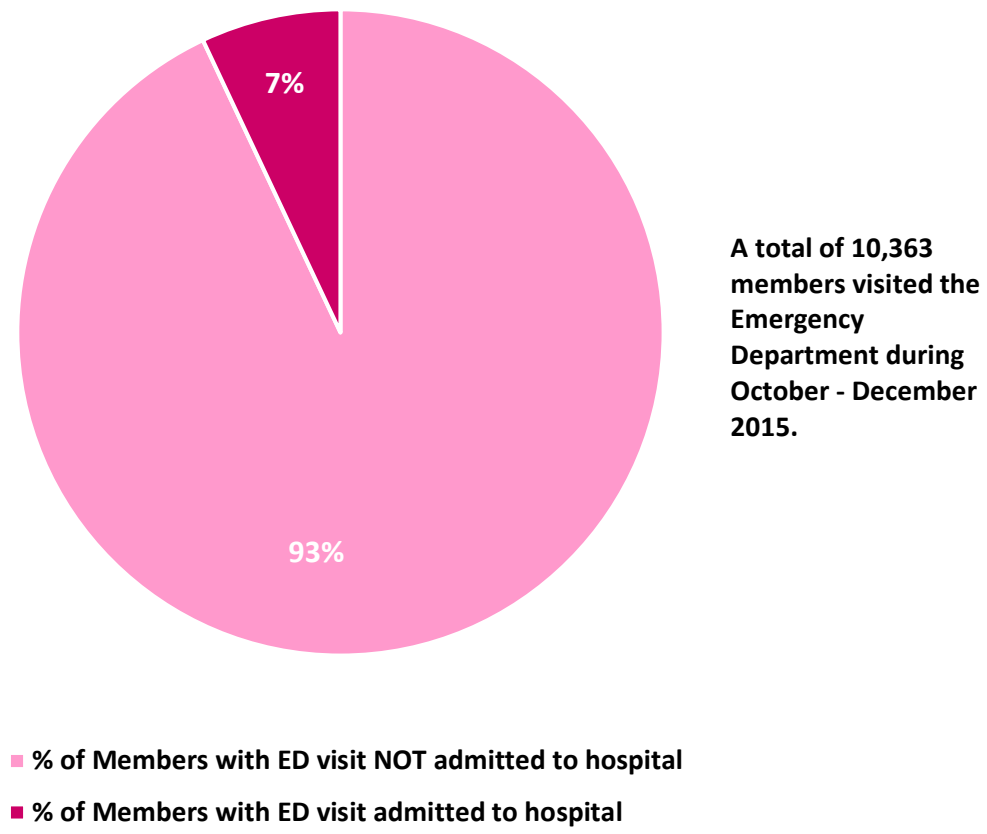
QUEST Integration (QI) is a statewide program that started on January 1, 2015 to provide health care services to all of Hawaii's Medicaid population. There are a total of five health plans participating in the QI program: AlohaCare, HMSA, Kaiser, 'Ohana Health Plan, and UnitedHealthcare Community Plan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



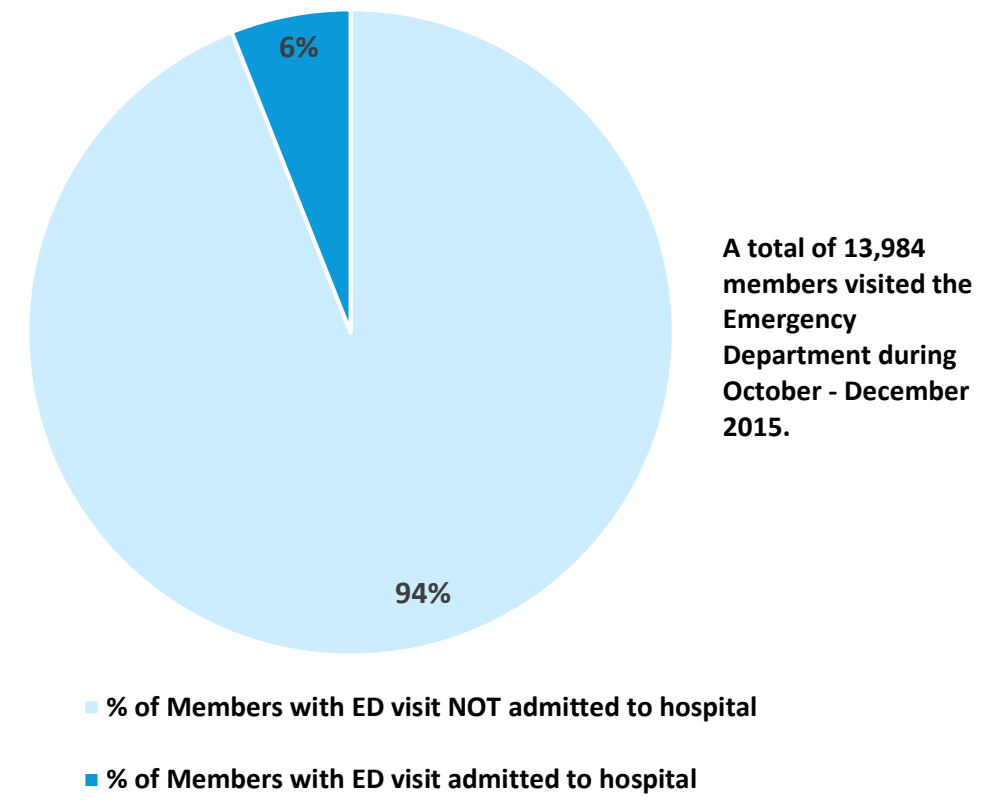
PUBLIC SUMMARY QUARTERLY REPORT - UTILIZATION MANAGEMENT

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

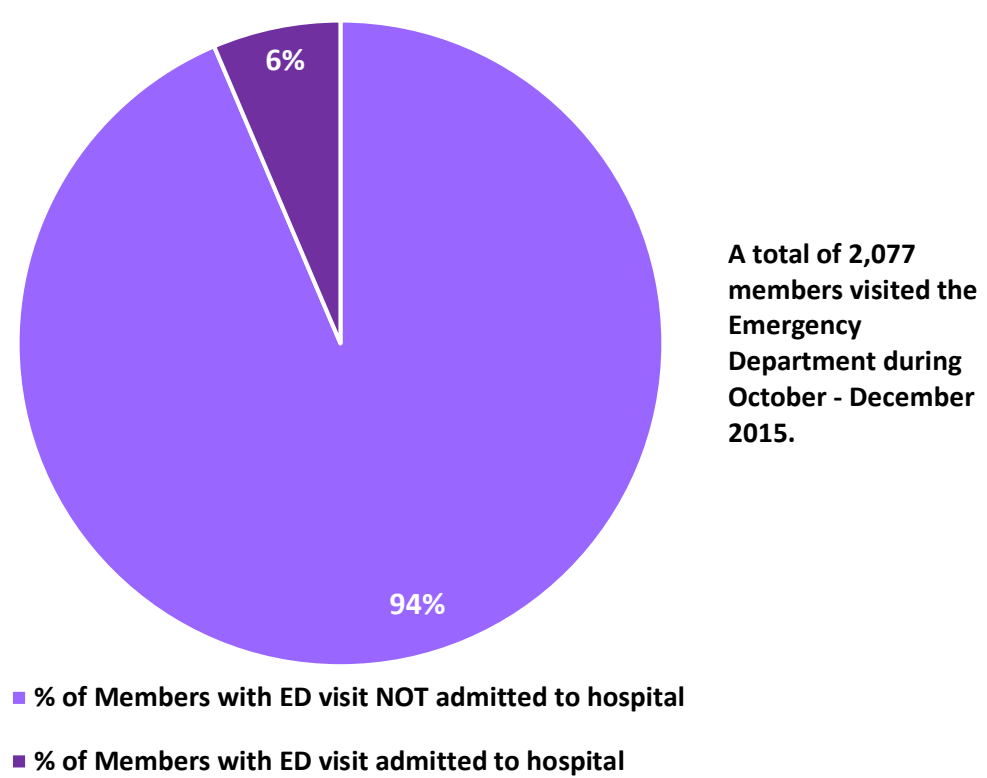
Utilization of Emergency Department (ED) Services by AlohaCare Members



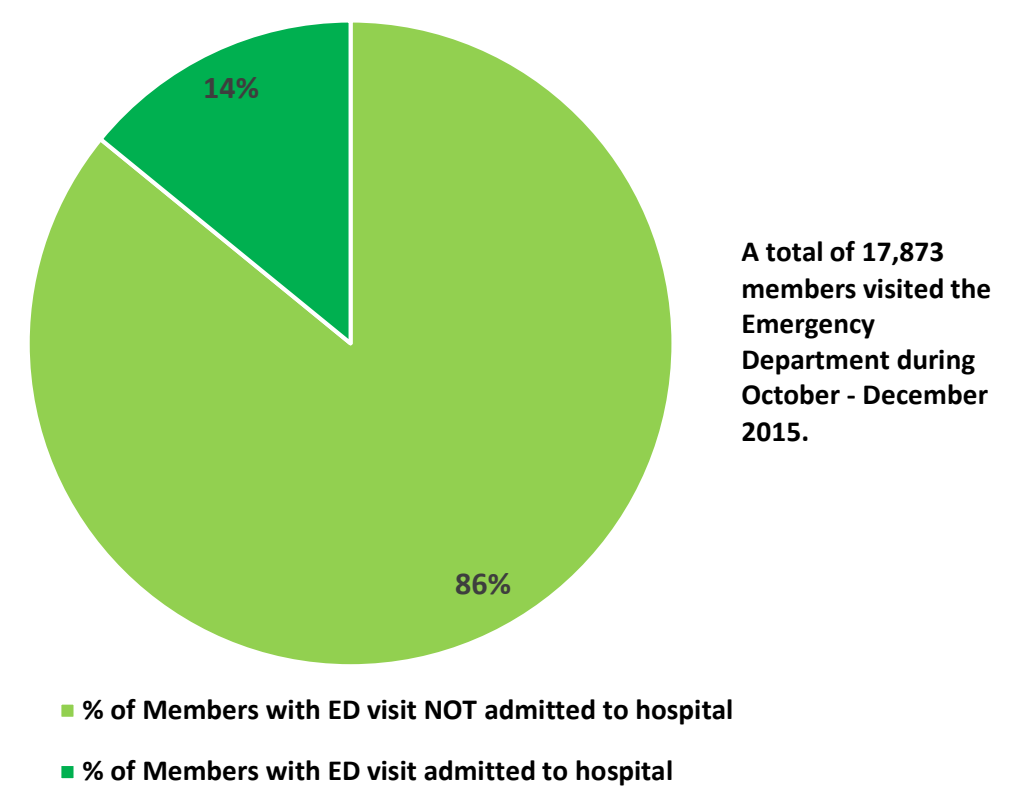
Utilization of Emergency Department (ED) Services by HMSA Members



Utilization of Emergency Department (ED) Services by Kaiser Members



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



Utilization of Emergency Department (ED) Services by United Members

