Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: March 2, 2015

Demonstration/Quarter Reporting Period:
Demonstration Year: 21 (7/1/2014 – 6/30/2015)
Federal Fiscal Quarter: 1/2015 (10/1/2014-12/31/2014)
State Fiscal Quarter: 2/2015 (10/1/2014-12/31/2014)
Calendar Year: 4/2014 (10/1/2014-12/31/2014)

Introduction

Hawaii's QUEST Integration is a Department of Human Services (DHS), Med-QUEST Division (MQD) comprehensive section 1115 (a) demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. The demonstration creates a public purchasing pool that arranges for health care through capitated-managed care plans. In 1994, the MQD converted approximately 108,000 recipients from three public funded medical assistance programs into the initial demonstration including 70,000 Aid to Families with Dependent Children (AFDC-related) individuals; 19,000 General Assistance program individuals (of which 9,900 were children whom the MQD was already receiving Federal financial participation); and 20,000 former MQD funded SCHIP program individuals.

QUEST Integration is a continuation and expansion of the state's ongoing demonstration that is funded through Title XIX, Title XXI and the State. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. QUEST Integration provides Medicaid State Plan benefits and additional benefits (including institutional and home and community-based long-term-services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations. During the period between approval and implementation of the QUEST Integration managed care contract the state will continue operations under its QUEST and QUEST Expanded Access (QExA) programs. The current extension period began on October 1, 2013.

The State's goals in the demonstration are to:

- Improve the health care status of the member population;
- Minimize administrative burdens, streamline access to care for enrollees with changing health status, and improve health outcomes by integrating the demonstration's programs and benefits;
- Align the demonstration with Affordable Care Act;
- Improve care coordination by establishing a "provider home" for members through the use of assigned primary care providers (PCP);
- Expand access to home and community based services (HCBS) and allow individuals to have a choice between institutional services and HCBS;
- Maintain a managed care delivery system that assures access to high-quality, cost-effective care that is provided, whenever possible, in the members' community, for all covered populations;
- Establish contractual accountability among the contracted health plans and health care providers;
- Continue the predictable and slower rate of expenditure growth associated with managed care; and
- Expand and strengthen a sense of member responsibility and promote independence and choice among members that leads to more appropriate utilization of the health care system.

Enrollment Information

Note: Enrollment counts include both person counts (unduplicated members) and member months. Member months and unduplicated members data for October 2014 to December 2014.

Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	Member Months 10/2014-12/2014	Unduplicated Members 10/2014-12/2014
Mandatory State Plan Groups			
State Plan Children	State Plan Children	335,796	105,831
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	141,492	46,547
Aged	Aged w/Medicare Aged w/o Medicare	76,152	24,343
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	82,523	25,887
Expansion State Adults	Expansion State Adults	139,443	46,610
Newly Eligible Adults	Newly Eligible Adults	102,862	33,961
Optional State Plan Children	Optional State Plan Children		
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	948	350
Medically Needy Adults	Medically Needy Adults		
Demonstration Eligible Adults	Demonstration Eligible Adults	8	13
Demonstration Eligible Children	Demonstration Eligible Children		
VIII-Like Group	VIII-Like Group	-37	92
Total		879,177	283,634

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	203,063
Title XXI funded State Plan	28,938
Title XIX funded Expansion	80,571
Enrollment current as of	12/31/2014

Outreach/Innovative Activities

The DHS focused on enrolling Medicaid individuals using new Modified Adjusted Gross Income (MAGI) criteria. In addition, MQD fine-tuned its work within its eligibility system called Kauwale (community) On-Line Eligibility Assistance System (KOLEA). DHS focused applicants to apply on-

line at its mybenefits.hawaii.gov website.

At this time, DHS does not have any other outreach services for eligibility applications.

Operational/Policy Developments/Issues

During the first quarter of FFY15, the Med-QUEST Division (MQD) continued its oversight of the QUEST program for five health plans: AlohaCare, Health Services Medical Association (HMSA), Kaiser Foundation Health Plan, 'Ohana Health Plan, and UnitedHealthcare Community Plan. The QUEST program serves approximately 275,000 beneficiaries who are not aged or disabled.

During the first quarter of FFY15, the MQD continued its oversight of the QUEST Expanded Access (QExA) for two health plans: 'Ohana Health Plan, and UnitedHealthcare Community Plan. The QExA programs services approximately 53,400 beneficiaries who are aged or disabled.

The MQD awarded contracts for the QUEST Integration or QI program in January 2014. The five health plans awarded a contract for QI are: AlohaCare, Health Services Medical Association (HMSA), Kaiser Foundation Health Plan, 'Ohana Health Plan, and United Healthcare Community Plan.

QUEST Integration or QI is a melding of both the QUEST and QExA programs. QI is a patient-centered approach with provision of services based upon clinical conditions and medical necessity. QUEST Integration combines QUEST and QUEST Expanded Access (QExA) programs into one and eliminates the QUEST-ACE and QUEST-Net programs. In addition, beneficiaries remain with same health plan upon turning 65 or when changes occur in their health condition. In QUEST Integration, health plans will provide a full-range of comprehensive benefits including long-term services and supports. MQD has lowered its ratios for service coordination.

Expenditure Containment Initiatives

No expenditure containment planned.

Financial/Budget Neutrality Development/Issues

The budget neutrality for first quarter of FFY15 was submitted.

Member Month Reporting

A. For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1 (October 2014)	Month 2 (November 2014)	Month 3 (December 2014)	Total for Quarter Ending 12/2014
EG 1-Children	110,390	113,551	111,855	335,796
EG 2-Adults	52,113	45,881	43,506	141,500
EG 3-Aged	25,242	25,943	24,967	76,152
EG 4-Blind/Disabled	27,400	27,490	27,633	82,523
EG 5-VIII-Like Adults	9	-42	-4	-37
EG 6-VIII Group Combined	74,035	82,999	85,261	242,295

B. For Informational Purposes Only

With Waiver Eligibility Group	Month 1 (October 2014)	Month 2 (November 2014)	Month 3 (December 2014)	Total for Quarter Ending 12/2014
State Plan Children	110,390	113,551	111,855	335,796
State Plan Adults	52,108	45,881	43,503	141,492
Aged	25,242	25,943	24,967	76,152
Blind or Disabled	27,400	27,490	27,633	82,523
Expansion State Adults	39,846	48,698	50,889	139,433
Newly Eligible Adults	34,189	34,301	34,372	102,862
Optional State Plan Children				
Foster Care Children, 19-20 years old	305	315	328	948
Medically Needy Adults				
Demonstration Eligible Adults	5	0	3	8
Demonstration Eligible Children				
VIII-Like Group	9	-42	-4	-37

QUEST Integration Consumer Issues

HCSB Grievance

During the first quarter of FFY15, the HCSB continued to handle incoming calls. As telephone calls come into the MQD Customer Service Branch, if related to client or provider problems with health plans (either QUEST or QExA), transfer those telephone calls to the HCSB. The clerical staff person(s) takes the basic contact information and assigns the call to one of the social workers. MQD tracks all of the calls and their resolution through an Access database. If the clients' call is an enrollment issue (i.e., into a QExA health plan), then the CSB will work with the client to resolve their issue. The CSB did not have any calls related to QExA this quarter.

	Member			Provider		
	QUEST	QExA	FFS	QUEST	QExA	FFS
October 2014	0	11	0	0	4	4
November 2014	2	2	0	0	3	4
December 2014	1	3	0	3	4	3
Total	3	16	0	3	11	11

During the first quarter of FFY15, the HCSB staff, as well as other MQD staff, processed approximately 44 member and provider telephone calls and e-mails (see table above). The number of calls from members is less than other quarters. In previous quarters, MQD received approximately 55 to 60 calls, letters, and e-mails.

HCSB Appeals

Appeals	Member #	Provider #
Submitted	8	3
DHS resolved with health plan or DOH-DDD in member/provider's favor prior to going to hearing	4	1
Member/provider withdrew hearing request	3	2
Hearings		
Resolution in DHS favor	1	0
Resolution in Member's favor	0	0

The HCSB received eleven (11) appeals in the first quarter of FFY15. Of the eleven (11) appeals that we received, eight (8) were member appeals and three were provider (3) appeals. DHS was able to dismiss four (4) of them by working with the health plan to cover the requested service. The other three (3) appeals were provider appeals that were resolved prior to going to hearing by either Department of Health, Developmental Disabilities Division (DOH-DDD) withdrawing or the provider agreeing to pay the request for recoupment. The types of appeals were primarily LTSS (9) with one being medical (1) and one for residential treatment.

Types of Member Appeals	#
Medical	1
LTSS	9
Other: Residential Treatment	1

Provider Interaction

The MQD and the health plans continue to have two regularly scheduled meetings with providers. One of the meetings is a monthly meeting with the Case Management Agencies. MQD focuses the meetings with these agencies around continually improving and modifying processes within the health plans related to HCBS. In addition, the MQD and health plans meet with the behavioral health provider group that serves the CCS population. This group focuses on health plan systems and addressing needs of this fragile population.

Most of the communication with providers occurs via telephone and e-mail at this time. The MQD will arrange any requested meetings with health plans and provider groups as indicated.

The MQD estimates that provider call volume has decreased due to frequent meetings with the providers throughout the program as well as the health plans addressing provider issues when the provider contacts the health plan first.

Enrollment of individuals

The DHS had an increase of enrollment of approximately 10,000 members during the first quarter of FFY15. Of this group, 74 chose their health plan when they became eligible, 3,758 changed their health plan after being auto-assigned.

	#
Individuals who chose a health plan when they became eligible	74
Individuals who changed their health plan after being auto-assigned	3,758
Individuals who changed their health plan outside of allowable choice period (i.e., plan to plan change)	129
Individuals in the ABD program that changed their health plan	25

In addition, DHS had 129 plan-to-plan changes during the first quarter of FFY15. A plan-to-plan change is a change in enrollment outside of the allowable choice period. Both health plans (the losing and the gaining health plan) agree to the change. Changes are effective the first day of the following month.

In addition, 25 individuals in the QUEST

within days 61 to 90 after confirmation notice was issued	

Expanded Access (QExA) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

Long-Term Services and Supports (LTSS)

HCBS Waiting List

During the first quarter of FFY15, the QExA health plans did not have a wait list for HCBS.

HCBS Expansion and Provider Capacity

During the first quarter of FFY15, MQD monitored the number of beneficiaries receiving HCBS when long-term services and supports (LTSS) were required. The number of clients requiring long-term services and supports continues to increase. In the first quarter of FFY15, the increase is 45.4% since the start of the program receiving long-term services and supports. The number of individuals in nursing facilities increased this past quarter. HCBS usage has more than doubled since the start of the QExA program. Nursing facility services have decreased by approximately 11.0% since program inception.

The number of beneficiaries receiving HCBS has increased by approximately 121% since program inception. At the start of the program clients receiving HCBS was 42.6% of all clients receiving long-term care services. This number has increased to 65% (64.9%) since the start of the program.

	2/1/09	4th Qtr FFY14, av	4th Qtr FFY14, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 4th Qtr FFY14
HCBS	2,110	4,705	4,669	121.3%↑	42.6%	64.9%↑
NF	2,840	2,490	2,527	11.0%↓	57.4%	35.1%↓
Total	4,950	7,195	7,196	45.4%↑		

Behavioral Health Programs Administered by the DOH and DHS

The DHS transferred approximately 1,500 individuals from the QUEST program into the Community Care Services (CCS) program on April 1, 2014. Individuals in CCS have a Serious Mental Illness (SMI) diagnosis with functional impairment. The Medicaid beneficiaries who continue to receive services from AMHD are legally encumbered. These individuals are under court order to be cared for by AMHD.

Program	#
Adult Mental Health Division (AMHD/DOH)	246
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,031
Community Care Services (CCS/DHS)	5,744

The Child and Adolescent Mental Health Division (CAMHD) under the DOH provides behavioral health services to children from ages three (3) through twenty (20). CAMHD is providing services to approximately 1,031 children during the first quarter to FFY15.

QUEST Integration transition

The DHS started QUEST Integration transition or readiness review for QUEST Integration health plans

on February 1, 2014. Readiness review during the first quarter of FFY15 consisted of MQD's review of documents that health plans submitted. MQD utilized its process for tracking, review and return of submissions. In addition, MQD used review tools that aligned contract requirement with deliverables for approval.

During this quarter, MQD performed three trainings for health plans. Trainings were:

- DD Road Show (training with QI health plans and Developmental Disabilities Division on Oahu and Kona on ESPDT coordination for children in the DD/ID 1915(c) waiver);
- Assessment and Service Plan;
- Taking the First Steps…Transition of Care; and
- Updated training for assessments and service planning.

MQD submitted its provider network certification to CMS on November 20, 2014 certifying that all health plans had an adequate provider network for the QUEST Integration program.

MQD finalized all corrective action plans by November 30, 2014. In addition, MQD finalized all deliverables for go-live.

MQD submitted a letter to CMS on December 9, 2014 that verified that all five health plans had completed their readiness review requirements and would be accepting members for the QUEST Integration program on January 1, 2015.

Quality Assurance/Monitoring Activity

MQD Quality Strategy

Our goal continues to ensure that our clients receive high quality care by providing effective oversight of health plans and contracts to ensure accountable and transparent outcomes. We have adopted the Institute of Medicine's framework of quality, ensuring care that is safe, effective, efficient, customer-centered, timely, and equitable. MQD identified an initial set of ambulatory care measures based on this framework. MQD reviews and updates HEDIS measures annually that the health plans report to us.

MQD continues to update its quality oversight of home and community based services, which will affect mostly our QExA health plans, the DDID program, and the Going Home Plus program. MQD uses quality grid based upon the HCSB Quality Framework for monitoring the DDID program. The quality grid included measures that span the six assurances and sub-assurances of level of care, service plans, qualified providers, health and welfare, financial accountability, and administrative authority. We have also been working on behavioral health monitoring and quality improvement.

Our quality approach aspires to 1) have collaborative partnerships among the MQD, health plans, and state departments; 2) advance the patient-centered medical home; 3) increase transparency- including making information (such as quality measures) readily available to the public; 4) being data driven; and 5) use quality-based purchasing- including exploring a framework and process for financial and non-financial incentives.

MQD updated its quality strategy and submitted a draft version to CMS on December 18, 2014. MQD is waiting feedback from CMS prior to implementing. The revised quality strategy is consistent with the previously approved 2010 version.

Quality Activities during the quarter

The following is a description of the EQRO activities completed for this quarter. EQRO performs oversight of health plans for the QUEST, QUEST Expanded Access (QExA) and Community Care Services (CCS) programs:

1. PIPS –Health Services Advisory Group (HSAG) reviewed the health plan final PIPs and provided the health plans with their final report on October 3, 2014.

2. HEDIS – The EQRO was working with MQD on determining HEDIS measures for HEDIS 2015 during this quarter.

3. Compliance Monitoring – HSAG reviewed the health plan's corrective action plans in October 2014. HSAG approved the CAPs and started planning of on-site visits with health plans in January 2015 to finalized CAPs.

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – MQD started working with HSAG on Child CAHPS survey for 2015.

5. Provider Survey – The HSAG and MQD were developing plans for the provider survey in 2015.

6. The EQRO issued its final report to MQD on November 13, 2014. MQD issued the technical report to CMS (both regional and central offices) on November 21, 2014.

QUEST and QExA Dashboards

The MQD receives dashboards on both the QUEST and QExA programs monthly (see Attachment A and Attachment B for months October, November, and December 2014). These reports allow MQD to track provider network, claims processing, processing of prior authorization, and call center statistics at a glance.

Demonstration Evaluation

MQD submitted its QUEST Integration Draft Evaluation Design to CMS on December 18, 2014.

Enclosures/Attachments

Attachment A QUEST Dashboard- December 2014
Attachment B QExA Dashboard- December 2014

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QUEST Dashboard Report
CY 2014 Monthly Trend Analysis

	Jan-14					Feb-14					Mar-14					Apr-14					May-14					Jun-14				
	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	United	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members																														
QUEST Adult	30,531	57,394	8,789	9,043	8,196	31,304	59,632	9,006	9,827	8,728	32,713	62,153	9,177	10,859	9,757	32,167	64,281	9,316	11,119	10,112	31,854	64,619	9,158	10,995	10,004	30,751	63,709	8,980	10,858	9,931
QUEST Keiki	39,941	85,289	17,179	4,304	3,851	40,338	86,241	17,334	4,277	3,954	40,846	87,098	17,468	4,732	4,252	40,817	87,802	17,481	4,875	4,369	39,358	86,402	17,024	4,838	4,320	37,396	84,512	16,563	4,764	4,288
Total	**70,472**	**142,683**	**25,968**	**13,347**	**12,047**	**71,642**	**145,873**	**26,340**	**14,104**	**12,682**	**73,559**	**149,251**	**26,645**	**15,591**	**14,009**	**72,984**	**152,083**	**26,797**	**15,994**	**14,481**	**71,212**	**151,021**	**26,182**	**15,833**	**14,324**	**68,458**	**148,221**	**25,543**	**15,622**	**14,219**
# Network Providers																														
PCPs	314	747	229	573	635	316	759	229	591	627	320	768	231	582	629	549	766	229	584	636	550	757	229	584	635	554	752	215	586	634
PCPs - #in Clinics (ex. FQHC, CHC, etc.)																														
Specialists	2,079	2,554	531	1,708	1,633	2,098	2,463	525	1,781	1,557	2,093	2,459	525	1,877	1,556	2,092	2,503	531	1,872	1,561	2,014	2,520	531	1,825	1,549	2,085	2,543	531	1,792	1,548
Behavioral Health	609	1,219	137	505	641	615	1,190	137	521	646	625	1,190	147	523	655	642	1,200	145	532	668	645	1,222	145	533	684	646	1,239	147	547	671
Facilities (Hosp./NF)	33	24	52	51	46	33	24	52	51	46	33	24	52	51	46	34	24	52	51	46	34	24	52	51	46	35	24	52	51	46
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1,424	1,118	321	1,308	800	1,439	1,105	321	1,325	931	1,460	1,108	321	1,320	932	1,471	1,119	321	1,317	982	1,478	1,122	321	1,292	1,028	1,476	1,134	329	1,311	1,029
Total # of providers	**4,459**	**5,662**	**1,270**	**4,145**	**3,755**	**4,501**	**5,540**	**1,264**	**4,269**	**3,807**	**4,531**	**5,549**	**1,276**	**4,353**	**3,818**	**4,788**	**5,612**	**1,278**	**4,356**	**3,893**	**4,721**	**5,645**	**1,278**	**4,245**	**3,942**	**4,796**	**5,692**	**1,274**	**4,287**	**3,928**
Call Center																														
# Member Calls	3,609	10,521	587	2,357	1,550	3,494	10,105	378	2,168	1,405	3,554	10,829	436	2,407	1,497	4,240	14,594	460	2,462	1,621	4,157	15,051	394	2,194	1,723	4,571	14,572	460	2,549	892
Avg. time until phone answered	0:00:23	0:34:00	0:00:18	0:00:22	0:00:08	0:00:13	0:22:00	0:00:12	0:00:23	0:00:11	0:00:23	0:26:00	0:00:11	0:00:09	0:00:11	0:00:14	0:27:00	0:00:10	0:00:11	0:00:07	0:00:17	1:16:00	0:00:13	0:00:12	0:00:10	0:00:23	1:07:00	0:00:13	0:00:10	00:05
Avg. time on phone with member	3:40:00	3:51:00	3:10:00	0:06:32	0:05:42	3:39:00	3:53:00	3:12:00	0:06:23	0:05:38	3:22:00	3:38:00	3:10:00	0:06:00	0:05:41	3:11:00	2:50:00	3:07:00	0:06:02	0:04:42	3:06	7:55:12	3:06:00	0:07:07	0:04:30	3:12	2:47:00	3:08:00	0:06	10:52
% of member calls abandoned	3.5%	3.08%	3.00%	1.87%	1.5%	2.1%	2.15%	2.70%	2.90%	3.6%	3.9%	2.33%	2.80%	2.20%	3.6%	2.2%	2.42%	2.60%	2.60%	1.6%	2.6%	7.86%	2.60%	2.32%	2.1%	5.6%	7.99%	2.90%	3.6%	0.8%
# Provider Calls	8,524	14,051	N/A	216	1,078	7,348	13,198	N/A	212	1,022	8,359	12,835	N/A	219	1,079	9,033	15,118	N/A	248	1,000	8,699	16,276	N/A	231	1,224	8,492	12,085	N/A	233	337
Avg. time until phone answered	0:00:23	0:17:00	N/A	0:00:06	00:06	0:00:14	0:25:00	N/A	0:00:06	00:07	0:00:21	0:22:00	N/A	0:00:06	00:07	0:00:15	0:25:00	N/A	0:00:05	00:06	0:00:16	0:29:00	N/A	0:00:06	00:08	0:00:23	0:25:00	N/A	0:00:07	00:04
Avg. time on phone with provider	3:25:00	2:20:00	N/A	0:05:26	0:06:34	3:25:00	2:23:00	N/A	0:06:27	0:05:52	3:30:00	2:56:00	N/A	0:06:27	0:05:43	3:03:00	2:33:00	N/A	0:06:16	0:05:54	3:07	2:03:00	N/A	0:06:51	0:05:53	3:18	2:05:00	N/A	0:07	09:07
% of provider calls abandoned	4.68%	2.28%	N/A	0.46%	6.00%	3.00%	3.00%	N/A	0.47%	14.00%	4.60%	2.33%	N/A	0.0%	10.80%	3.30%	3.23%	N/A	1.60%	5.10%	3.4%	4.51%	N/A	0.0%	7.10%	5.5%	3.08%	N/A	2.1%	0.6%
Medical Claims - Electronic																														
# Submitted, not able to get into system	987	8,049	8	352	547	1,016	6,080	13	313	552	1,195	8,468	14	382	656	1,467	9,745	30	342	652	1,180	6,993	5	376	703	1,571	11,957	8	375	680
# Received	37,222	249,948	232	10,021	10,953	34,437	233,249	267	9,483	11,051	38,066	265,162	245	11,315	13,133	38,677	272,017	254	11,872	13,054	40,689	276,847	138	13,311	14,061	36,540	268,834	243	12,193	13,619
# Paid	34,611	240,616	156	8,604	8,850	35,938	217,298	165	8,640	9,307	37,613	230,225	154	11,995	10,752	30,286	229,942	150	10,365	11,257	37,923	288,823	86	12,168	12,354	33,509	230,230	156	10,483	11,308
# In Process	8,431	87,950	71	546	33	15,736	88,268	95	484	39	2,953	106,227	86	198	44	9,510	129,878	97	133	57	4,543	96,379	89	310	69	5,005	116,717	159	541	78
# Denied	2,119	21,600	4	737	1,538	1,786	15,418	6	742	1,646	2,625	16,905	5	1,033	1,720	1,903	18,253	6	929	1,805	2,766	21,426	3	1,170	2,023	2,459	18,141	4	1,008	1,903
Avg time for processing claim in days (month to date)	7	11	21	9	8	6	11	19	9	8	4	11	14	8	8	4	11	13	7	9	4	11	13	7	8	4	12	14	8	8
Medical Claims - Paper																														
# Submitted, not able to get into system	469	1,848	86	68	70	1,019	1,392	105	87	84	528	1,670	138	126	93	448	2,965	301	293	93	468	4,216	99	303	85	486	3,525	94	294	86
# Received	21,799	59,221	2,342	2,795	1,405	21,017	54,983	2,159	3,283	1,689	23,780	61,074	2,472	3,992	1,867	20,305	52,912	2,563	3,094	1,862	20,045	42,821	2,622	3,279	1,718	21,757	35,374	2,789	3,244	1,730
# Paid	19,731	49,698	1,579	2,320	1,068	18,486	50,875	1,338	3,095	1,377	22,109	49,031	1,556	3,459	1,430	18,057	48,689	1,521	2,976	1,277	17,754	48,238	1,632	2,704	1,518	19,814	38,742	1,786	2,527	1,234
# In Process	6,328	28,624	719	506	14	14,688	27,219	771	556	15	6,137	32,946	865	151	13	5,973	30,520	980	55	14	5,857	25,214	1,692	285	19	5,273	25,244	1,828	408	18
# Denied	2,068	7,506	45	416	266	1,844	5,885	51	565	349	2,499	7,065	51	604	363	2,313	7,019	63	494	513	2,291	6,318	60	475	317	2,548	5,582	41	543	307
Avg time for processing claim in days (month-to-date)	10	15	21	13	10	9	14	19	14	11	8	14	14	9	10	7	16	13	8	10	7	18	13	7	14	8	21	14	9	12
Prior Authorization (PA)- Electronic																														
# Received	115	239	122	8	17	124	226	100	11	1	115	234	119	2	9	110	298	121	2	15	105	298	378	10	4	91	262	109	14	5
# In Process	21	65	0	0	6	21	99	0	0	0	21	102	0	0	1	16	129	0	0	2	11	94	0	0	0	13	98	0	0	1
# Approved	94	194	120	8	11	103	170	99	11	1	93	199	114	2	8	93	222	116	2	11	93	276	375	9	4	78	215	105	14	4
# Denied	0	34	2	0	0	0	22	1	0	0	1	32	5	0	0	1	49	5	0	2	1	57	3	1	0	0	43	4	0	0
Avg time for PA in days (month to date)	6	9	1	0	2	6	10	3	3	7	5	12	3	1	6	7	13	4	1	5	7	11	3	0	1	6	10	5	1	4
Prior Authorization (PA)- Paper and Telephone																														
# Received	3,599	877	2	194	1,039	3,563	861	1	184	847	3,602	893	2	191	1,000	3,298	808	2	187	1,179	3,212	717	4	199	1,127	3,004	703	2	182	1,117
# In Process	815	58	0	11	136	859	50	0	19	80	804	62	0	15	97	694	22	0	3	83	545	4	0	0	9	640	0	0	2	29
# Approved	2,760	714	0	181	877	2,686	691	0	165	740	2,775	681	0	175	883	2,585	664	0	182	1,066	2,650	571	0	195	1,084	2,350	542	0	178	1,058
# Denied	24	177	2	2	26	18	178	1	5	27	23	200	2	1	20	19	184	2	2	30	17	164	4	4	34	14	165	2	2	30
Avg time for PA in days (month-to-date)	5	1	13	5	3	5	7	1	5	3	4	1	1	3	3	4	3	14	3	3	4	1	13	4	3	5	0	9	4	3
# Non-Emergency Transports																														
Ground	465	607	78	429	667	362	519	28	488	553	443	611	37	489	683	451	635	46	600	680	527	531	24	555	870	583	604	27	520	351
Air	504	650	0	72	66	383	495	0	55	45	430	565	4	91	64	477	620	6	106	61	428	519	0	109	81	469	648	0	109	21
* round trip																														
# Member Grievance																														
# Received	10	8	6	3	3	12	7	5	8	4	33	9	8	7	3	17	6	6	4	3	17	5	10	8	4	8	8	8	8	4
# Resolved	16	7	7	5	6	11	7	8	6	2	14	7	8	3	5	34	10	6	8	3	21	4	10	4	2	10	7	5	8	4
# Outstanding	3	6	4	1	2	6	6	1	3	4	25	8	1	7	2	8	4	1	3	2	5	5	1	7	4	3	6	4	7	4
# Provider Grievance																														
# Received	0	1	0	0	1	0	1	0	0	0	2	1	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0
# Resolved	0	0	0	2	2	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	2	2	0	0	0	0	1	0	0	0
# Outstanding	0	1	0	0	0	0	1	0	0	0	2	1	0	0	0	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0
# Member Appeals																														
# Received	2	26	2	1	0	2	27	2	0	4	1	43	2	0	1	2	38	0	0	3	0	31	0	1	2	1	28	5	1	2
# Resolved	0	32	1	0	0	3	25	2	1	0	1	41	3	0	4	1	30	1	0	1	1	31	0	0	3	1	36	1	1	2
# Outstanding	2	12	2	1	0	1	14	2	0	4	1	16	1	0	1	2	24	0	0	3	1	24	0	1	2	1	16	4	1	2
# Provider Appeals																														
# Received	0	2	0	10	16	0	3	0	9	7	0	3	0	10	25	1	2	0	14	15	0	1	0	6	21	0	3	0	11	15
# Resolved	0	2	0	20	12	0	0	0	9	15	0	3	0	3	6	0	4	0	11	27	1	2	0	12	20	0	0	0	20	13
# Outstanding	0	2	0	21	10	0	5	0	21	2	0	5	0	28	21	1	3	0	23	9	0	2	0	25	10	0	5	0	16	12
Utilization - based on Auth (A) or Claims (C)																														
Inpatient Acute Admits (A) - per 1,000	66	111	3	161	142	68	103	2	147	114	71	131	2	124	99	73	125	2	118	117	71	130	2	121	126	69	124	2	143	100
Inpatient Acute Days (A) - per 1,000	302	513	14	679	740	302	455	10	709	685	247	557	13	489	415	294	524	12	638	812	308	595	12	561	611	302	499	9	797	621
Inpatient Acute Psych Admits (A)- per 1,000	7	1	0	14	11	7	1	0	19	5	10	1	0	20	6	5	1	0	12	9	6	1	0	17	10	7	1	0	14	6
Inpatient Acute Psych Days (A)- per 1,000	26	7	1	35	51	26	7	4	67	30	41	8	3	49	24	25	7	1	39	33	20	7	3	40	73	30	6	3	41	29
Readmissions within 30 days (A)	25	191	0	26	8	25	169	0	28	11	24	253	0	21	12	26	300	0	22	9	23	307	0	28	4	32	249	0	26	11
Waitlisted Days (A) - per 1,000	37	11	0	0	0	37	11	0	0	16	25	11	0	0	11	40	8	1	0	12	46	12	0	0	10	50	7	0	0	0
ER Visits (C) - per 1,000	565	494	19	707	508	574	447	20	664	500	569	482	19	682	584	505	432	19	632	577	556	463	19	657	517	520	470	19	702	556
# Prescriptions (C) - per 1,000	7,432	9,798	677	8,572	7,861	7,432	9,034	623	8,216	7,303	7,845	9,556	683	8,238	7,573	7,911	9,439	664	8,519	7,818	7,964	9,681	673	8,767	8,634	7,013	9,293	630	8,298	8,338

Legend:
- ER= Emergency Room
- Hosp= Hospital
- PCP= Primary Care Provider
- Psych= Psychiatric

Many health plans report utilization or frequency of services on a per 1000 members basis. This allows for a consistent statistical comparison across health plans and time periods. It is the use or occurrence (of a service, procedure, or benefit) for every 1,000 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 "80 hospital admissions per thousand members." This means that for every 1,000 members 80 are admitted to a hospital every year, so a health plan with 100,000 members would have 8,000 admissions in one year.

QUEST Dashboard Report
CY 2014 Monthly Trend Analysis

	Jul-14					Aug-14					Sep-14					Oct-14					Nov-14					Dec-14				
	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED	AlohaCare	HMSA	Kaiser	Ohana	UNITED
# Members																														
QUEST Adult	30,202	63,119	8,883	10,901	9,907	29,342	62,639	8,764	10,788	9,855	28,715	62,031	8,519	10,674	9,850	27,081	60,294	8,447	10,302	9,497	27,485	61,523	8,576	10,524	9,742	28626	62,955	8742	10,960	10,249
QUEST Keiki	37,121	83,281	16,292	4,755	4,194	35,945	81,884	15,919	4,687	4,190	35,152	80,600	15,279	4,726	4,231	33,474	78,611	15,056	4,519	4,105	34,073	79,915	15,288	4,681	4,258	35012	81,133	15561	4,875	4,519
Total	**67,323**	**146,400**	**25,175**	**15,656**	**14,101**	**65,287**	**144,523**	**24,683**	**15,475**	**14,045**	**63,867**	**142,631**	**23,798**	**15,400**	**14,081**	**60,555**	**138,905**	**23,503**	**14,821**	**13,602**	**61,558**	**141,438**	**23,864**	**15,205**	**14,000**	**63638**	**144,088**	**24303**	**15,835**	**14,768**
# Network Providers																														
PCPs	551	756	212	585	597	561	741	217	594	598	443	462	7	589	600	440	461	7	592	600	442	459	7	597	599	447	637	7	598	597
PCPs - #in Clinics (ex. FQHC, CHC, etc.)					27				96	27	118	306	215	96	27	120	342	209	96	27	121	341	209	96	27	120	168	201	96	28
Specialists	2,104	2,592	533	1,794	1,806	2,113	2,647	538	1,816	1,814	2,134	2,640	547	1,819	1,819	2,156	2,746	547	1,824	1,820	2,167	2,743	550	1836	1,826	2179	2,756	543	1817	1,830
Behavioral Health	653	1,243	150	548	701	660	1,249	152	556	700	662	1,260	154	563	707	669	1,297	156	564	720	677	1,303	158	575	717	676	1,303	158	577	737
Facilities (Hosp./NF)	35	24	52	51	46	35	24	52	51	46	49	24	52	51	46	51	25	52	51	46	51	25	52	51	46	51	25	52	51	46
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1,466	1,153	329	1,325	634	1,467	1,159	331	1,337	626	1,480	1,149	331	1,351	631	1,511	1,161	331	1,355	637	1,494	1,158	331	1369	802	1,497	1,162	331	1366	812
Total # of providers	**4,809**	**5,768**	**1,276**	**4,303**	**3,811**	**4,836**	**5,820**	**1073**	**4,450**	**3,811**	**4,886**	**5,841**	**1,306**	**4,469**	**3,830**	**4,947**	**6,032**	**1,302**	**4,482**	**3,850**	**4,952**	**6,029**	**1,307**	**4,524**	**4,017**	**4,970**	**6,051**	**1,292**	**4,505**	**4,050**
Call Center																														
# Member Calls	4,736	16,064	538	2,648	1,649	4,831	12,589	437	2,340	1,519	6,066	16,019	541	2,440	1,777	4,706	11,435	353	2,516	1,755	3,389	8,349	717	2,036	1,424	3,832	8,656	532	2,263	1,530
Avg. time until phone answered	0:00:06	3:44:00	0:00:15	0:00:11	00:20	0:00:12	5:06	0:00:13	0:00:08	00:16	0:00:35	13:44	0:00:12	0:00:15	00:09	0:00:24	13:06	0:00:10	0:00:16	00:14	0:00:09	15:30	0:00:29	0:00:22	00:14	0:00:06	1:42	0:00:40	0:00:24	00:11
Avg. time on phone with member	3:02	2:44:00	3:00:00	0:07	05:46	2:54	4:08	2:58	0:07	06:01	3:07	4:38	3:09	0:07	05:23	3:53	4:43	3:13	0:07	05:23	4:04	4:51	2:39	0:07	05:18	4:13	5:08	2:56	0:07	05:13
% of member calls abandoned	1.5%	24.82%	2.50%	5.4%	2.4%	3.6%	30.06%	2.30%	2.6%	1.3%	9.8%	55.19%	2.30%	2.4%	0.6%	6.3%	52.66%	2.00%	3.2%	1.0%	2.6%	59:16%	6.00%	3.3%	0.8%	2.3%	11.45%	7.00%	3.0%	1.5%
# Provider Calls	8,707	14,282	N/A	292	684	7,363	9,745	N/A	257	511	8,787	10,704	N/A	294	466	8,720	9,197	N/A	296	532	6,668	7,186	643	227	425	6,802	7,031	776	218	533
Avg. time until phone answered	0:00:07	0:44:00	N/A	0:00:05	00:05	0:00:15	6:01	N/A	0:00:07	00:04	0:00:38	12:07	N/A	0:00:09	00:04	0:00:24	10:20	N/A	0:00:08	00:05	0:00:09	14:55	0:00:29	0:00:14	00:04	0:00:06	1:51	0:00:42	0:00:18	00:04
Avg. time on phone with provider	3:20	1:27:00	N/A	0:07	05:54	3:19	4:11	N/A	0:09	06:52	3:19	4:40	N/A	0:07	06:42	3:51	4:41	N/A	0:07	06:13	4:04	5:02	1:36	0:08	06:50	4:13	4:55	1:59	0:07	07:10
% of provider calls abandoned	1.2%	5.69%	N/A	1.7%	0.2%	2.3%	33.58%	N/A	0.8%	0.4%	8.3%	46.64%	N/A	1.7%	0.2%	5.5%	40:20%	N/A	3.0%	0.4%	1.3%	46.24%	6.00%	1.8%	0.0%	0.8%	9.21%	10.00%	2.3%	0.4%
Medical Claims - Electronic																														
# Submitted, not able to get into system	1,622	7,397	10	547	685	1,069	7,690	11	561	644	1,259	6,886	13	544	724	1,325	2,881	15	564	734	1,933	6,798	13	432	647	1,375	6,569	4	452	685
# Received	34,644	270,396	269	11,867	13,713	33,940	262,108	242	11,413	12,881	38,476	287,686	269	13,066	14,493	37,642	301,722	277	13,238	14,682	33,549	250,678	241	11,881	12,958	36,189	283,438	46	12,675	13,704
# Paid	34,304	283,765	186	10,917	12,410	29,075	220,511	160	11,637	10,438	34,643	239,183	189	10,622	11,991	36,017	308,521	197	12,199	13,138	30,143	243,539	138	12,792	11,093	32,405	233,164	33	10,118	12,472
# In Process	2,843	83,538	191	836	34	5,163	109,941	165	970	105	6,644	141,410	196	839	113	5,914	111,376	203	869	127	6,985	103,086	144	729	134	8,575	137,116	34	554	301
# Denied	2,352	19,695	5	1,161	2,149	2,386	15,083	4	1,416	1,960	2,414	16,980	7	1,320	1,863	2,624	23,111	5	1,479	2,203	1,729	15,339	6	1,519	1,975	2,254	16,223	1	1,567	2,310
Avg time for processing claim in days (month to date)	4	12	13	9	8	4	12	14	10	7	4	12	10	9	8	5	12	12	8	8	5	13	14	9	8	6	12	30	9	9
Medical Claims - Paper																														
# Submitted, not able to get into system	470	1,307	96	228	88	461	1,498	110	148	89	432	2,101	137	153	99	173	2,281	131	511	111	274	1,827	117	267	73	180	1,808	178	205	167
# Received	20,852	33,284	2,714	3,627	1,773	19,860	42,403	2445	3,117	1,796	19,852	49,846	2,717	3,415	1,985	20,986	56,451	2,498	2,768	2,220	18,451	45,093	2,172	2,530	1,471	20,415	45,528	2,240	2,842	3,340
# Paid	19,277	48,657	1,886	2,689	1,541	15,685	41,820	1621	2,909	1,279	17,696	52,339	1,910	2,677	1,480	17,705	51,466	1,777	2,576	1,644	15,830	51,701	1,238	2,773	1,377	17,511	35,815	1,593	2,349	991
# In Process	5,973	20,848	1,932	705	14	5,875	34,856	1662	631	59	5,013	35,475	1,978	608	64	5,835	39,743	1,825	334	67	6,051	25,600	1,297	427	79	6,349	29,234	1,646	243	264
# Denied	3,998	8,425	46	560	414	2,192	7,419	42	676	392	2,823	7,657	68	615	449	2,575	9,111	49	657	451	2,402	9,101	59	551	464	2,673	6,832	53	539	369
Avg time for processing claim in days (month-to-date)	7	25	13	11	12	7	28	14	12	10	8	23	10	11	12	13	23	12	12	12	9	19	14	13	13	8	20	30	11	16
Prior Authorization (PA)- Electronic																														
# Received	148	307	132	10	9	149	267	127	6	6	146	311	150	10	12	121	325	152	7	13	139	216	118	5	7	95	221	122	8	4
# In Process	13	96	0	0	0	27	125	0	0	0	21	139	0	0	0	6	128	0	0	0	32	74	0	0	0	7	0	0	0	0
# Approved	133	263	131	10	9	121	201	123	6	6	125	246	140	10	11	115	280	146	7	3	107	211	115	5	6	88	256	114	8	4
# Denied	2	41	1	0	0	1	37	4	0	0	0	52	10	0	1	0	59	6	0	10	0	45	3	0	1	0	39	8	0	0
Avg time for PA in days (month to date)	9	10	5	0	10	11	10	5	0	7	7	10.75	4	0	3	8	6.94	4	0	12	8	13	9	0	7	10	10	5	0	2
Prior Authorization (PA)- Paper and Telephone																														
# Received	3,313	540	1	197	1,042	3,097	538	3	163	738	3,376	630	0	194	913	3,349	605	0	186	964	3,248	501	0	161	765	2,139	633	0	173	1,032
# In Process	328	8	0	1	10	652	5	0	16	7	764	8	0	23	12	466	1	0	14	52	761	0	0	11	7	211	0	0	0	53
# Approved	2,968	409	0	190	1,014	2,435	402	0	146	711	2,724	483	0	171	854	2,873	454	0	169	868	2,469	336	0	149	719	1,920	495	0	169	909
# Denied	17	131	1	6	18	10	144	3	1	20	12	144	0	0	47	10	158	0	3	44	12	166	0	1	39	8	138	0	4	70
Avg time for PA in days (month-to-date)	5	0	11	5	4	6	0	13	4	4	6	0.27	0	4	3	5	2.02	0	4	4	5	0.29	0	4	4	6	0.34	0	4	3
# Non-Emergency Transports																														
Ground	575	638	41	534	364	542	672	54	525	369	545	717	62	587	415	615	727	48	649	514	523	552	53	510	446	542	540	53	545	409
Air	447	660	1	98	18	389	660	1	86	19	395	698	0	104	17	461	685	0	134	31	402	527	0	67	26	404	513	1	77	21
* round trip																														
# Member Grievance																														
# Received	11	10	4	8	5	12	4	7	5	9	14	2	5	13	3	16	5	5	6	5	16	0	8	3	5	20	7	8	4	5
# Resolved	7	7	7	6	6	13	9	5	10	6	13	5	5	6	6	19	4	5	12	3	14	2	8	4	5	19	7	9	3	6
# Outstanding	7	9	1	9	3	6	4	3	4	6	7	1	3	11	3	4	2	3	5	5	6	0	3	4	5	7	0	2	5	4
# Provider Grievance																														
# Received	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
# Resolved	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
# Outstanding	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0
# Member Appeals																														
# Received	4	21	2	1	0	0	35	1	1	1	1	35	0	0	0	1	21	1	0	0	0	18	1	0	5	0	25	0	0	3
# Resolved	3	24	4	1	2	2	24	3	1	0	0	40	0	1	1	2	27	0	0	0	0	17	2	0	0	0	37	0	0	4
# Outstanding	2	13	2	1	0	0	24	0	1	1	1	19	0	0	0	0	12	1	0	0	0	13	0	0	5	0	1	0	0	4
# Provider Appeals																														
# Received	0	5	1	11	21	0	1	0	24	16	0	3	0	12	24	0	4	0	17	9	0	0	0	12	21	0	1	0	22	11
# Resolved	0	2	0	6	18	0	1	1	11	18	0	6	0	20	24	0	2	0	16	12	0	2	0	8	11	0	5	0	18	20
# Outstanding	0	8	1	21	15	0	8	0	34	13	0	5	0	26	13	0	8	0	27	10	0	6	0	30	20	0	2	0	34	11
Utilization - based on Auth (A) or Claims (C)																														
Inpatient Acute Admits (A) - per 1,000	83	131	3	109	130	86	133	3	127	113	80	142	3	143	133	86	173	2	135	137	70	109	3	117	96	78	97	3	141	160
Inpatient Acute Days (A) - per 1,000	315	543	10	562	582	336	591	12	542	548	297	599	10	610	558	361	552	6	565	686	325	506	11	547	516	324	499	11	525	832
Inpatient Acute Psych Admits (A)- per 1,000	6	1	0	17	6	5	1	0	11	11	6	1	1	18	14	6	1	1	16	5	5	1	0	14	7	5	1	0	10	5
Inpatient Acute Psych Days (A)- per 1,000	31	5	4	53	24	24	4	2	113	53	24	5	4	66	51	29	5	4	68	13	27	5	3	37	19	29	6	0	51	21
Readmissions within 30 days (A)	43	278	0	21	15	31	279	0	24	13	36	294	0	33	15	28	356	0	26	11	22	208	0	27	9	33	292	1	14	18
Waitlisted Days (A) - per 1,000	49	8	1	0	0	27	11	1	0	0	26	10	1	34	0	37	14	1	36	0	14	7	1	34	0	34	8	1	0	0
ER Visits (C) - per 1,000	546	428	19	674	529	548	436	20	664	628	577	464	19	718	577	558	450	19	714	596	548	442	19	645	542	2,890	449	19	647	580
# Prescriptions (C) - per 1,000	7,913	9,530	648	9,192	8,628	7,828	9,518	641	9,194	8,464	8,385	9934	630	9,404	9,146	8,675	10109	665	9,977	9,444	7,875	9,187	577	9,044	8,480	8,416	9,914	674	9,649	9,547

Legend:
ER= Emergency Room
Hosp= Hospital
PCP= Primary Care Provider
Psych= Psychiatric

Many health plans report utilization or frequency of serv
occurrence (of a service, procedure, or benefit) for ever
annualizing). An example would be "80 hospital admiss
members would have 8,000 admissions in one year.

QUEST Health Plan Demographic Information by Island

as of: 12/31/2014

ALOHA CARE

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	266	52	9	1	40	40	39	447
PCPs - (accepting new members)	**172**	**26**	**7**	**1**	**31**	**21**	**28**	**286**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	66	8	3	2	3	17	21	120
PCPs - Clinics (accepting new members)	**57**	**8**	**3**	**2**	**2**	**15**	**20**	**107**
Specialists	1640	180	27	2	115	102	113	2,179
Specialists (accepting new members)	**711**	**92**	**7**	**1**	**47**	**34**	**48**	**940**
Behavioral Health	417	85	4	3	43	61	63	676
Behavioral Health (accepting new members)	**304**	**60**	**3**	**2**	**33**	**50**	**49**	**501**
Facilities (Hosp./NF)	24	4	1	2	8	2	10	51
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	974	172	15	14	106	112	104	1,497
Totals	**3,387**	**501**	**59**	**24**	**315**	**334**	**350**	**4,970**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	32,824	9,279	2111	477	5,757	6,733	6,457	63,638

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	99	155	176	159	134	118	108	112

Note: RFP requirement is 300 members for every PCP

HMSA

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	413	54	6	18	39	61	46	637
PCPs - (accepting new members)	**319**	**26**	**5**	**13**	**3**	**48**	**39**	**453**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	96	7	2	1	6	19	37	168
PCPs - Clinics (accepting new members)	**12**	**2**	**2**	**0**	**4**	**0**	**13**	**33**
Specialists	1860	253	42	13	175	157	256	2,756
Specialists (accepting new members)	**1860**	**253**	**42**	**13**	**175**	**157**	**256**	**2,756**
Behavioral Health	818	139	7	3	82	135	119	1,303
Behavioral Health (accepting new members)	**818**	**139**	**7**	**3**	**82**	**135**	**119**	**1,303**
Facilities (Hosp./NF)	12	2	1	1	3	1	5	25
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	695	144	12	16	88	93	114	1,162
Totals	**3,894**	**599**	**70**	**52**	**393**	**466**	**577**	**6,051**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	89,999	8,265	565	110	8,115	22,807	14,227	144,088

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	177	135	71	6	180	285	171	179

Note: RFP requirement is 300 members for every PCP

QUEST Health Plan Demographic Information by Island

as of: 12/31/2014

KAISER

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	**0**	**0**	**4**	**3**	**0**	**0**	**0**	7
PCPs - (accepting new members)	0	0	4	3	0	0	0	**7**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	122	42	0	0	21	5	11	201
PCPs - Clinics (accepting new members)	**115**	**40**	**0**	**0**	**21**	**5**	**11**	**192**
Specialists	**390**	**59**	**1**	**0**	**46**	**19**	**28**	543
Specialists (accepting new members)	390	59	1	0	46	19	28	**543**
Behavioral Health	**111**	**18**	**0**	**1**	**11**	**8**	**9**	158
Behavioral Health (accepting new members)	**111**	**18**	**0**	**1**	**11**	**8**	**9**	**158**
Facilities (Hosp./NF)	**35**	**3**	**1**	**1**	**3**	**7**	**2**	52
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	**200**	**45**	**4**	**4**	**37**	**17**	**24**	331
Totals	**858**	**167**	**10**	**9**	**118**	**56**	**74**	**1,292**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,988	8,315						24,303

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	131	198	0	0	0	0	0	117

Note: RFP requirement is 300 members for every PCP

OHANA

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	396	52	3	6	49	64	28	598
PCPs - (accepting new members)	**175**	**21**	**3**	**1**	**21**	**22**	**10**	**253**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	67	2	1	1	2	10	13	96
PCPs - Clinics (accepting new members)	**67**	**2**	**1**	**1**	**2**	**10**	**13**	**96**
Specialists	1469	87	13	4	111	75	58	1,817
Specialists (accepting new members)	**994**	**82**	**13**	**0**	**38**	**73**	**54**	**1,254**
Behavioral Health	413	34	1	0	31	63	35	577
Behavioral Health (accepting new members)	**336**	**33**	**1**	**0**	**19**	**51**	**25**	**465**
Facilities (Hosp./NF)	27	5	2	1	7	2	7	51
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	881	142	17	6	82	117	121	1,366
Totals	**3,253**	**322**	**37**	**18**	**282**	**331**	**262**	**4,505**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	9039	2084	157	38	1014	1925	1578	15,835

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	20	39	39	5	20	26	38	23

Note: RFP requirement is 300 members for every PCP

QUEST Health Plan Demographic Information by Island

as of: **12/31/2014**

UnitedHealthCare

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	419	48	7	6	51	50	40	**621**
PCPs - (accepting new members)	341	43	5	6	49	22	36	**502**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	12	0	0	0	0	15	1	**28**
PCPs - Clinics (accepting new members)	12	0	0	0	0	15	1	**28**
Specialists	1484	120	40	2	146	94	88	**1,974**
Specialists (accepting new members)	1106	116	39	2	137	59	85	**1,544**
Behavioral Health	543	79	3	1	24	62	38	**750**
BH (accepting new members)	531	74	2	1	23	58	37	**726**
Facilities (Hosp./NF)	30	6	2	1	4	8	5	**56**
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	563	85	8	5	59	57	64	**841**
Totals	**4,127**	**443**	**96**	**16**	**416**	**348**	**316**	**5,762**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	**8,615**	**1,906**	**131**	**33**	**986**	**1,796**	**1,292**	**14,759**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	21	40	19	6	19	36	32	**24**

Note: RFP requirement is 300 members for every PCP

Attachment B

QExA Dashboard Report
Health Plan Comparison
CY 2014 Monthly Trend Analysis

	January '14		February '14		March '14		April '14		May '14		June '14		July '14		August '14		September '14		October '14		November '14		December '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
# Members																								
Medicaid	9,953	6,919	10,115	6,936	10,254	6,942	10,419	7,006	10,426	7,060	10,548	7,061	10,242	7,026	10,346	7,036	10,418	7,117	10,381	7,082	10,461	7,119	10,587	7,199
Duals	15,348	15,440	15,298	15,584	15,252	15,671	15,238	15,803	15,391	15,902	15,277	15,933	15,539	15,982	15,440	15,965	15,481	16,037	15,504	16,126	15,429	16,148	15,432	16,284
Total Members	**25,301**	**22,359**	**25,413**	**22,520**	**25,506**	**22,613**	**25,657**	**22,809**	**25,817**	**22,962**	**25,825**	**22,994**	**25,781**	**23,008**	**25,786**	**23,001**	**25,899**	**23,154**	**25,885**	**23,208**	**25,890**	**23,267**	**26,019**	**23,483**
# Network Providers																								
PCPs	541	836	546	816	553	818	559	825	556	820	557	813	554	753	559	754	550	756	553	757	559	756	558	757
PCPs - # in Clinics (e.g. FQHC, CHC, etc.)														41	67	41	67	41	67	41	67	41	67	42
Specialists	2209	2,389	2230	2,292	2212	2,299	2212	2,320	2187	2,335	2141	2,324	2136	2,548	2151	2,599	2149	2,611	2150	2,615	2159	2,626	2156	2,518
Facilities (Hosp./NF)	63	46	63	46	63	46	63	46	63	46	63	46	63	46	63	46	63	46	63	46	63	46	63	46
Foster Homes (FH) (CCFHH only; no E-ARCH)	979	1,173	990	998	994	1,000	1000	1,003	999	1,010	1011	1,024	1010	931	1012	945	1018	946	1018	949	1024	960	1016	967
HCBS Providers (All LTC, except CCFHH and NF)	156	247	157	278	156	282	156	284	156	288	157	288	157	386	157	382	157	382	157	382	157	374	156	373
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	1,596	684	1,613	982	1,612	982	1,618	1016	1,590	1,050	1,622	1,054	1,640	743	1,651	724	1,672	730	1,677	734	1,688	874	1,688	895
Total # of providers	**5,544**	**5,375**	**5,599**	**5,412**	**5,590**	**5,427**	**5,608**	**5,494**	**5,551**	**5,549**	**5,551**	**5,549**	**5,560**	**5,448**	**5,660**	**5,491**	**5,676**	**5,512**	**5,685**	**5,524**	**5,717**	**5,677**	**5,704**	**5,598**
Call Center																								
# Member Calls	10,490	5,276	7,940	4,778	8,698	4,254	9,467	4,317	8,693	4,562	9,697	3,470	9,657	3,485	8,521	3,422	9,375	3,759	10,122	4,025	8,004	3,074	9,233	3,791
Avg. time until phone answered	0:00:26	00:11	0:00:27	00:14	0:00:11	00:08	0:00:12	00:08	0:00:12	00:11	0:00:11	00:12	0:00:11	00:24	0:00:09	00:14	0:00:16	00:10	0:00:19	00:14	0:00:28	00:15	0:00:35	00:12
Avg. time on phone with member	0:06	0:06	0:06	0:06	0:06	0:07	0:06	0:07	0:07	07:45	0:06	11:59	0:07	06:20	0:07	05:38	0:07	05:14	0:07	05:06	0:08	05:00	0:05	05:07
% of member calls abandoned	5%	3.4%	5%	5.0%	2%	1.6%	3%	1.7%	3%	3.1%	4%	1.0%	5%	2.7%	3%	1.8%	3%	1.1%	3%	1.3%	4%	1.1%	3%	1.0%
# Provider Calls	4,520	2,347	4,085	2,303	4,314	1,884	4,482	1,940	4,213	2,054	4,609	2,454	4,973	2,822	4,661	2,346	4,526	2,743	5,153	2,782	3,968	2,468	3,948	2,829
Avg. time until phone answered	0:00:33	00:11	0:00:28	00:15	0:00:17	00:09	0:00:16	00:08	0:00:26	00:10	0:00:30	00:10	0:00:13	00:04	0:00:11	00:00	0:00:22	00:01	0:00:27	00:01	0:00:30	00:01	0:00:37	00:01
Avg. time on phone with provider	0:08	0:07	0:07	0:07	0:10	0:07	0:07	0:08	0:07	09:09	0:08	11:59	0:08	06:47	0:08	07:52	0:08	07:22	0:09	07:28	0:08	06:30	0:08	07:26
% of provider calls abandoned	3%	2.9%	3%	3.6%	2%	1.3%	2%	1.0%	2%	2.3%	3%	0.8%	1%	0.6%	1%	0.0%	2%	0.3%	2%	0.1%	3%	0.2%	4%	0.1%
Medical Claims- Electronic																								
# Submitted, not able to get into system	3,073	2,748	2,233	2,667	2,629	2,974	2,401	2,240	2,109	2,139	2,085	2,195	2,157	2,276	2,565	2,077	2,566	2,157	2,248	2,170	2,007	1,707	1,851	1,845
# Received	51,397	54,970	49,927	53,344	56,858	58,484	59,366	44,802	59,116	42,799	53,845	43,913	53,056	45,522	55,380	41,542	53,823	43,159	56,212	43,432	53,361	40,099	52,712	36,918
# Paid	43,319	42,336	39,857	40,167	56,930	47,367	46,241	39,863	47,471	31,713	40,387	32,642	38,901	35,696	48,522	32,371	39,876	33,017	44,065	35,177	50,352	30,425	42,693	33,135
# In Process	9,324	985	12,083	807	5,985	828	6,671	853	6,349	841	7,318	881	10,308	801	8,372	875	7,261	893	7,658	907	6,462	925	4,807	1,473
# Denied	4,816	10,963	4,494	10,938	5,642	12,375	7,860	11,999	6,505	9,448	7,193	10,702	8,665	11,066	14,255	9,567	11,574	8,418	9,166	10,878	6,586	8,629	5,747	9,352
Avg time for processing claim in days	12	9	10	10	9	9	7	10	8	9	8	11	11	10	12	9	10	10	9	10	8	10	8	12
* unable to break out (month to date)																								
Medical Claims- Paper																								
# Submitted, not able to get into system	232	459	322	479	447	514	1,155	884	2,875	1,086	1,111	1,265	747	1,288	657	1,227	537	1,313	1,728	1,356	657	1,103	668	1,632
# Received	17,442	9,196	18,985	9,588	22,204	10,287	17,435	17,693	15,930	21,723	17,378	25,300	16,863	25,765	15,197	24,545	15,885	26,272	13,600	27,133	13,137	22,072	13,737	32,644
# Paid	13,407	7,785	14,339	6,376	18,311	8,113	13,207	11,789	10,637	15,382	10,106	16,868	9,976	20,121	12,448	18,196	10,441	17,036	10,763	18,773	11,056	17,189	10,517	16,880
# In Process	6,250	1,778	6,422	1,851	3,215	1,763	2,079	1,773	3,033	1,811	3,939	1,872	5,496	1,770	4,746	4,108	4,444	4,192	2,284	4,176	3,347	4,236	2,025	5,357
# Denied	3,616	2,853	3,744	2,061	5,073	2,148	4,360	4,810	3,603	5,809	4,057	6,689	3,593	7,559	5,472	7,267	4,388	6,589	3,786	8,559	3,275	7,423	3,327	6,731
Avg time for processing claim in days (month-to-date)	17	13	19	15	13	15	7	11	8	8	10	8	13	10	15	7	15	8	12	8	12	9	11	9
Prior Authorization (PA)- Electronic																								
# Received	77	63	28	58	30	62	50	49	30	47	52	32	33	34	29	47	45	53	26	33	19	28	35	25
# In Process	2	24	2	8	0	12	0	11	1	2	2	1	1	0	0	3	0	18	1	2	0	0	5	7
# Approved	75	34	26	42	30	48	48	37	27	44	49	31	32	33	29	43	44	35	25	25	19	23	30	15
# Denied	0	5	0	8	0	2	2	1	2	1	1	0	0	1	0	1	1	0	0	6	0	5	0	3
Avg time for PA in days (month to date)	1	4	0	6	0	5	0	5	1	5	1	5	1	6	1	6	1	6	1	10	2	10	1	3
Prior Authorization (PA)- Paper and Telephone																								
# Received	805	3,073	672	3,127	734	3,774	678	3,846	711	4,171	677	4,316	659	3,918	572	3,446	713	3,491	709	3,892	592	2,871	764	3,145
# In Process	18	175	28	132	26	197	30	242	15	118	14	149	24	117	27	113	50	159	31	184	21	110	18	146
# Approved	773	2,662	635	2,739	702	3,300	637	3,350	658	3,787	631	3,930	619	3,551	535	3,098	646	3,081	658	3,467	548	2,513	733	2,776
# Denied	14	236	9	256	6	277	11	254	38	266	32	237	16	250	10	235	17	251	20	241	23	248	13	223
Avg time for PA in days (month-to-date)	5	3	5	3	4	3	4	3	4	4	5	2	5	3	5	3	5	3	5	4	5	4	5	3
# Non-Emergency Transports																								
Ground	9,325	16,181	8,567	14,445	8,453	15,107	9,552	15,778	9,583	16,415	8,941	7,349	9,745	8,071	9,034	7,357	9,411	7,737	9,860	8,395	8,635	7,109	9,508	8055
Air	635	329	505	289	530	364	513	395	488	333	571	112	617	147	502	129	569	131	574	158	490	99	448	114
* round trip																								
# Member Grievance																								
# Received	74	58	62	59	59	46	64	65	73	81	98	68	74	70	69	44	81	72	71	66	60	53	52	64
# Resolved	70	55	77	63	51	57	54	37	58	72	76	82	91	83	88	39	73	47	84	71	47	55	68	60
# Outstanding	49	21	34	17	42	6	52	34	67	43	89	29	72	16	53	21	61	46	48	41	61	39	45	43

Attachment B

QExA Dashboard Report
Health Plan Comparison
CY 2014 Monthly Trend Analysis

	January '14		February '14		March '14		April '14		May '14		June '14		July '14		August '14		September '14		October '14		November '14		December '14	
	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United	Ohana	United
# Provider Grievance																								
# Received	2	0	3	1	1	2	2	5	4	0	3	0	2	3	0	0	3	0	5	1	0	0	2	1
# Resolved	4	2	4	4	2	1	1	2	1	2	1	3	3	3	3	0	2	0	2	0	3	0	3	1
# Outstanding	3	4	2	1	1	2	2	5	5	3	7	0	6	0	3	0	4	0	7	1	4	0	3	0
# Member Appeals																								
# Received	2	5	5	5	5	21	7	17	6	17	1	3	2	3	2	7	3	4	0	10	2	10	0	8
# Resolved	3	0	2	5	5	7	5	22	8	11	1	20	3	3	3	2	3	7	2	5	1	7	1	13
# Outstanding	1	5	4	5	4	19	6	14	4	20	4	3	3	3	2	8	2	5	0	10	1	13	0	8
# Provider Appeals																								
# Received	73	35	10	58	31	60	13	40	28	60	13	55	29	42	20	51	33	53	22	84	22	30	55	26
# Resolved	110	82	83	51	4	48	2	58	27	45	18	53	26	49	12	32	37	63	16	45	30	34	21	74
# Outstanding	79	19	6	26	33	38	44	20	45	35	40	37	43	30	51	49	47	39	52	78	44	74	78	26
Utilization - based on Auth (A) or Claims (C)																								
Inpatient Acute Admits * (A) - per 1,000	297	225	253	198	290	258	254	205	287	218	301	216	275	259	275	213	262	223	320	289	273	217	307	158
Inpatient Acute Days * (A) - per 1,000	1,659	1,601	1,236	1,174	1,364	1,389	937	1,494	1,848	1,402	1,690	1,510	1,991	1,486	2,105	1,259	1,786	1,318	1,777	1,855	1,903	1,376	1,655	753
Readmissions within 30 days* (A)	75	51	66	17	68	33	62	25	64	26	72	26	73	29	60	26	59	18	70	32	50	21	73	14
ER Visits * (C) - per 1,000**	1,047	1,703	1,063	1,868	1,108	2,039	994	1,922	1,133	2,261	1,107	837	1,233	967	1,161	992	1,194	924	1,142	874	1,094	848	1,001	813
# Prescriptions (C) - per 1,000	21,012	20,362	18,841	18,468	20,550	19,845	20,477	19,520	20,773	19,708	19,080	19,304	20,934	20,342	20,303	19,418	20,795	19,549	20,780	20,185	18,730	18,167	18,390	20,221
Waitlisted Days * (A) - per 1,000	373	36	414	62	227	71	168	77	155	83	201	75	334	49	270	80	157	176	556	95	415	38	26	38
NF Admits * (A)	6	4	1	0	0	1	3	4	2	1	3	2	1	1	3	3	4	1	1	1	5	2	6	2
# Members in NF (non-Medicare paid days) (C)**	1,398	1,186	1,373	1,255	1,410	1,234	1,390	1,182	1,429	1,197	1,417	1,211	1,419	1,222	1,394	1,225	1,391	1,193	1,404	1,219	1,344	1,168	1,247	1,200
# Members in HCBS **(C)- note: member can be included in more than one category listed below	2,235	2,535	2,224	2,595	2,300	2,606	2,258	2,570	2,235	2,552	2,252	2,522	2,258	2,574	2,264	2,566	2,297	2,604	2,302	2,577	2,255	2,565	1,867	2,441
# Members in FH **(C)	669	1,039	683	1,059	698	1,057	704	1,053	712	1,065	711	1,049	713	1,049	720	1,038	715	1,055	731	1,057	720	1,035	565	1,053
# Members in Self-Direction **(C)	877	854	861	906	907	904	855	890	838	886	859	898	858	908	829	924	876	936	867	931	920	902	866	762
# Members receiving other HCBS **(C)	1,358	980	1,363	991	1,393	991	1,403	975	1,397	969	1,393	968	1,400	984	1,435	970	1,421	978	1,435	976	1,335	976	1,001	981
NF Days (non-Medicare covered days) (C)																								
(* non-Medicare) (**lag in data of two months)																								

Legend:

ER= Emergency Room
FH=Foster Home
HCBS= Home and Community Based Services
Hosp= Hospital
NF=Nursing Facility
PCP= Primary Care Provider
CMS 1500- physicians, case management agencies, RACCP homes, home health, etc.
CMS UB04- nursing facilities, FQHC, hospitals

Many health plans report utilization or frequency of services on a per 1000 members basis. This allows for a consistent statistical comparison across health plans and time periods. It is the use or occurrence (of a service, procedure, or benefit) for every 1,000 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 "80 hospital admissions per thousand members." This means that for every 1,000 members 80 are admitted to a hospital every year, so a health plan with 100,000 members would have 8,000 admissions in one year.

* Duplicates included

QExA Health Plan Demographic Information by Island

as of: **December 31, 2014**

OHANA

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	Hawaii	Hawaii	Totals
PCPs - (Traditional)	348	53	5	3	47	72	30	558
PCPs - (accepting new members)	**175**	**20**	**3**	**1**	**18**	**20**	**10**	**247**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	38	2	1	1	2	10	13	67
PCPs - Clinics (accepting new members)	**38**	**2**	**1**	**1**	**2**	**10**	**13**	**67**
Specialists	1738	111	14	0	102	110	81	2,156
Specialists (accepting new members)	**1566**	**103**	**14**	**0**	**98**	**94**	**70**	**1,945**
Foster Homes (FH) (CCFFH only; no ARCH)	854	41	0	0	14	81	26	1,016
HCBS Providers (All LTC, except CCFFH and NF)	**108**	**9**	**2**	**0**	**6**	**23**	**8**	156
Facilities (Hosp./NF)	36	5	2	1	7	4	8	63
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	1080	168	18	6	119	155	142	1,688
Totals	**4,202**	**389**	**42**	**11**	**297**	**455**	**308**	**5,704**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members	17,112	2,442	385	85	963	3,540	1,492	**26,019**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	
Members per PCP	44	44	64	21	20	43	35	42

Note: RFP requirement is 600 members for every PCP

UnitedHealthcare

# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs - (Traditional)	560	58	6	6	66	54	45	**795**
PCPs - (accepting new members)	458	48	5	6	61	33	34	**645**
PCPs - Clinics (e.g. FQHC, CHC, etc.)	20	0	0	0	6	15	1	**42**
PCPs - Clinics (accepting new members)	20	0	0	0	6	15	1	**42**
Specialists	1,416	106	42	2	137	89	102	**1,894**
Specialists (accepting new members)	1,294	105	42	2	136	67	100	**1,746**
Behavioral Health	558	83	3	1	26	61	38	**770**
BH (accepting new members)	544	78	2	1	24	57	37	**743**
Facilities (Hosp./NF)	37	8	2	2	4	9	5	**67**
Ancilliary & Other (All provider types not listed above; incl Phcy, Lab, Allied, Hospice, HHA)	620	94	8	5	68	64	66	**925**
Totals	**4,932**	**489**	**105**	**22**	**504**	**394**	**386**	**6,832**

# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,517	1,623	2	0	1,310	3,671	1,360	**23,483**

# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	28	28	0	0	20	68	30	**30**

QExA Health Plan Summary of Call Center Calls

as of: **December 31, 2014**

OHANA

Summary of Calls by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	564	69	6	1	57	167	63	**927**
Network (provider look up, access)	67	13	0	0	0	9	7	**96**
Primary Care Physician Assignment or Change	291	30	2	1	16	49	33	**422**
NEMT (inquiry, scheduling) -*monthly repor* t	4134	0	0	0	0	0	0	**4134**
Authorization/Notification (prior auth status)	31	17	5	0	6	32	41	**132**
Eligibility (general plan eligiblity, change request)	153	32	1	0	2	25	19	**232**
Benefits (coverage inquiry)	166	37	5	0	3	33	17	**261**
Enrollment (ID card request, update member information)	525	70	6	0	15	103	53	**772**
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	280	56	10	1	11	56	25	**439**
Billing/Payment/Claims	79	17	2	1	3	21	6	**129**
Appeals	3	2	0	0	0	4	1	**10**
Complaints and Grievances	29	13	0	0	1	9	6	**58**
Other	1095	171	19	4	61	237	124	**1711**
Totals	**7,417**	**527**	**56**	**8**	**175**	**745**	**395**	**9,323**

UnitedHealthcare

Summary of Calls by Island	Oahu	Maui	Kauai	Lanai	Molokai	East Hawaii	West Hawaii	Totals
Pharmacy - (claim, coverage, access)	**9**	**0**	**15**	**1**	**14**	**14**	**0**	**53**
Network (provider look up, access)	**31**	**6**	**37**	**5**	**8**	**18**	**2**	**107**
Primary Care Physician Assignment or Change	**42**	**2**	**14**	**0**	**9**	**23**	**9**	**99**
NEMT (inquiry, scheduling) -*monthly repor* t*	**3,326**	**372**	**167**	**10**	**11**	**700**	**566**	**5,152**
Authorization/Notification (prior auth status)	**38**	**6**	**39**	**7**	**35**	**34**	**4**	**163**
Eligibility (general plan eligiblity, change request)	**515**	**57**	**271**	**12**	**91**	**220**	**26**	**1,192**
Benefits (coverage inquiry)	**3**	**0**	**3**	**1**	**0**	**10**	**1**	**18**
Enrollment (ID card request, update member information)	**193**	**24**	**68**	**14**	**35**	**79**	**21**	**434**
Service Coordination Inquiry or request (contact FSC, assessment, plan of care)	**36**	**7**	**13**	**2**	**6**	**14**	**3**	**81**
Billing/Payment/Claims	**1,183**	**130**	**755**	**83**	**129**	**315**	**0**	**2,595**
Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Complaints and Grievances	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other	**544**	72	468	46	227	329	7	**1,693**
Totals	**5,920**	**676**	**1,850**	**181**	**565**	**1,756**	**639**	**11,587**

*Calls logged via Logisticare call center

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