# Hawaii QUEST Integration

# Annual Monitoring Report to CMS

# Federal Fiscal Year 2021

## Reporting Period:

October 1, 2020 - September 30, 2021

(Demonstration Year 27)

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# I. Introduction

Hawaii's QUEST Integration (QI) is a Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115 (a) Demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI 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 reporting period, MQD continued to focus on a comprehensive internal quality improvement project, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion, and the goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community. Within five years, MQD anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings. Weekly meetings were held through the federal fiscal year for the "HOPE Leadership Team" to ensure HOPE initiatives are weaved into the new QI Request For Proposal (RFP). On August 26, 2019, the new QI RFP was issued, which introduces an expanded care model to offer additional services for Hawaii's vulnerable population.

MQD awarded the QI RFP on March 15, 2021 to five health plans for coverage on selected islands. MQD conducted the Readiness Review for the QI RFP beginning in May 2021 and concluded it in July 2021. MQD also awarded the CCS RFP on February 8, 2021 to the Ohana Health Plan. The Readiness Review for this RFP began on April 1, 2021 and concluded on May 31, 2021.

MQD also issued a Health Plan Manual which includes various program operation requirements and the revised report tools. The purpose for this project was to streamline the QUEST Integration contract, by removing operational and procedural language out of the contract and into the Health Plan Manual. Although the Health Plan Manual is a separate document, it still retains the full force and authority of the contract itself. The Health Plan Manual has been successfully introduced to the Health Plans and will be updated each quarter.

# II. Operational Updates

## A. Administration

During the reporting period, Hawaii faced difficult times due to the continuous nature of the COVID Pandemic. Services previously provided in-person were provided under Telehealth by MCOs. Challenges including hospital wait listed patients occupying acute beds, a shortage of isolation and quarantine locations, transportation difficulties given COVID social distancing rules, initial vaccination availability, PPE distribution to neighbor island communities were just some of the hurdles MQD contended with. MQD and MCOs worked as a team to address each of these challenges. For the vaccinations, MQD was very concerned with getting the vaccinations to homebound HCBS members. To surmount this challenge, MQD partnered with small local pharmacies to conduct mobile COVID-19 vaccinations in the adult and developmental disability Community Care Foster Family Homes (CCFFHs), and smaller E-ARCHs. Vaccinations were also offered to all caregivers and family members in each home. MQD also work with MCOs to delivery of PPE to adult CCFFHs on Oahu and all neighbor islands. MQD developed PPE Go-Kits to quickly deliver to home that had a member testing positive for COVID-19. These Go-Kits contained enough PPE for the caregivers to safely continue caregiving for a two-week period, and contained disposable gloves, surgical masks, face shields, foot booties, and surgical gowns. MCOs also connected with Government's task force to place Medicaid beneficiaries to assigned hotels or other designated locations if quarantining at home was not feasible.

*Contracts*

During this reporting period, MQD successfully procure and award the following Managed Care contracts to these vendors:

- Community Care Services program – awarded to Ohana Health Plan on February 8, 2021
- QUEST Integration – awarded to Aloha Care, HMSA, Kaiser, Ohana Health Plan and United HealthCare on March 15, 2021. All health plans except Kaiser cover all islands/counties in the State of Hawaii. Kaiser only provides services on the island of Oahu and Maui.

## B. Policy and Program Development & Benefits

*Community Integration Services (CIS)*

The CIS amendment to the current 1115 Demonstration waiver was approved on October 31, 2018. This amendment will increase access to CIS to individuals who are chronically homeless or in danger of losing public housing with either a physical or behavioral illness. MQD continues to work on provision of these services to eligible beneficiaries with providers and collaborative partners in the community. In March of 2020, MQD issued initial CIS policy guidance around data requirements for the CIS program. In September 2020, MQD shared draft CIS policy guidance around criteria, processes, and service codes with Health Plans and community partners with the intent of gathering feedback. In May 2021, updated guidance was released. During this time, regular meetings with the health plan staff, including their housing coordinators, and with MQD staff have taken place to discuss implementation processes.

*1115 Demonstration Renewal*

MQD was awarded an extension of the QUEST Integration demonstration on July 31, 2019. MQD received approval for its existing expenditure and waiver authorities, with the exception of the waiver of retroactive eligibility rules. MQD had withdrawn its request to continue that policy in June 2019. MQD received additional expenditure authority to expand the set of CIS benefits available to beneficiaries. CMS also included new reporting requirements in the Special Terms and Conditions.

MQD submitted various documents related to the 1115 waiver primarily related to responding to the pandemic:

- On April 8, 2020 CMS approved Hawaii's request to update the Hawaii QUEST Integration (Project No. 11-W-00001/9) with the Emergency Preparedness and Response Attachment K in order to respond to the COVID-19 pandemic.
- On June 25, 2020 CMS approved the State of Hawaii's request for a Section 1115(a) Demonstration project to address the COVID-19 public health emergency. CMS approved expenditures for Retainer Payments, 1915(i)-like Initial Evaluations and Assessments, and Revaluations and Reassessments, and 1915(c) and 1915(c)-like HCBS Waiver Level of Care Determination and Redetermination Timeline**.** CMS also approved flexibilities around HCBS Visitor Requirements.
- On September 1, 2020 CMS approved Project No. 11-W-00001/9 Hawaii Behavioral Health Services Protocol submitted by Hawaii as required by the Special Terms and Conditions (STCs) of the demonstration.
- On September 25, 2020 CMS approved the update to the Hawaii QUEST Integration (Project No. 11-W-00001/9) Emergency Preparedness and Response Attachment K with an Addendum in order to respond to the COVID-19 pandemic.

*HOPE initiative*

MQD staff from across the various branches continue to work with our consultants, stakeholders and other parties to develop implementation plans for the initiatives outlined in our HOPE document and the MCO contracts.

The managed care contract awards have multiple initiatives related to the HOPE project and the 1115 Demonstration waiver. This includes screening and addressing social risk factors for members with Special Health Care Needs for Hawaii-specific needs or priority domains (e.g., food and housing insecurity), and standardized screening questions. Managed Care reporting requirements have been updated to reflect new federal and CMS waiver requirements such as the additional Home and Community Based reporting requirements.

Behavioral health integration across the continuum is a major area of focus. MQD, the Health Plans, hospital trade association and sister agency, Behavioral Health Administration, have worked together to examine ways to improve transitions of care, payment/billing processes, shared case/care planning, etc.

## C. Availability and Access of Covered Services & Network Adequacy

Due to the ongoing pandemic, many providers stopped providing in-person services and transitioned to service delivery via telehealth, particularly with community health centers. Because of the increase in service delivery via telehealth, the network adequacy has still been maintained. However, there has been reluctance of parents to seek care for their children during the pandemic. Health Plans, MQD, provider groups and sister agency, Department of Health, have sent flyers, provided incentives, aired Public Service Announcements to encourage care for kids. Additionally, the availability of COVID vaccines for children has been an encouraging for families.

## D. Pertinent Legislative or Litigation Activity

MQD continues to be a party to a lawsuit along with the Children and Adolescent Mental Health Division, Dept. of Health for the provision of mental health services for a child/young adult.

MQD has been pursuing litigation regarding a drug, Plavix, for which MQD believes the manufacturers withheld critical information on drug efficacy as it relates to patient ethnicity. Several key MQD employees were deposed in the 2nd quarter of FFY 2020. On February 15, 2021 the judge in the Plavix case found in favor of the State of Hawaii and awarded $834 million in civil penalties against the Defendants. It is assumed that there will be an appeal by the defendant.

The 2021 Legislative session was primarily focused on budget issues with a large projected shortfall at the start of the legislative session. However, Cares Act federal funding support helped alleviate the harshest of budgetary cuts. That coupled with an unexpected, but welcome, rebound in the tourist industry in Hawaii, there are no projected shortfalls at this time, and no budget cuts needed.

## E. Public Forums

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project on Wednesday, May 5, 2021 at 6:00 p.m. during the Med-QUEST Healthcare Advisory Committee Meeting (MHAC) meeting. During this public forum we reported out on various issues including our mission, increased enrollment, the supportive housing benefit under community integration services and the added community transition services that includes transitional case management services, housing quality and safety improvement services, legal assistance and securing house payments. We also reviewed the approvals by CMS during the past year, such as, the Hawaii Behavioral Health Services Protocol, the Demonstration Waiver Evaluation Design, various Appendix K's during the PHE and the PHE 1115 Demonstration Waiver Evaluation Design.

No comments were received by the public regarding the information presented. Comments were received from the MHAC members regarding how long the Demonstration Project lasts and the process the State follows if changes will be made to the next Demonstration Project. The State explained that the Demonstration Project is for five years and that the State can do amendments to the Demonstration Project as needed. MHAC members also commented on the enrollment numbers and why there was an increase during the PHE. The State explained that during the PHE the State will not terminate any Medicaid members unless they request termination, move out of state, or are deceased. The State also commented that the majority of the increase in enrollment was with the Low-Income Adult population and that we anticipate higher enrollment in Medicaid for at least one more year.

The five-year demonstration project, which is administered by the Department of Human Services, Med-QUEST Division (MQD), authorizes Hawaii to continue providing Medicaid benefits through its managed care delivery system, continue providing Home and Community-Based Services to certain populations, and expand access to and benefits of Community Integration Services for beneficiaries who meet specified needs-based criteria. This demonstration project is approved through July 31, 2024.

Public Forum Dates:

| Public Forum for QUEST Integration Section 1115 Demonstration Project |
| --- |
| • May 5, 2021 |
| **Med-QUEST Healthcare Advisory Committee Meeting (MHAC)** |
| • November 18, 2020<br>• May 5, 2021<br>• June 23, 2021<br>• September 15, 2021 |

# III. Grievances, Appeals & State Fair Hearings

## A. Member Grievances

The following tables provide grievance and appeal events received during this reporting period.

### 1. Grievances to MQD Health Care Services Branch (HCSB)

| October 2020 – September 2021<br>Types of Member Grievances to HCSB | |
| --- | --- |
| This table does *not* include the grievances received by the Health Plans. That information is provided in a separate table below. | |
| Health Plan Policy | 4 |
| Provider/Provider Staff Behavior/Services | 22 |
| Transportation Customer Service | 8 |
| Treatment Plan/Diagnosis | 3 |
| Fraud and Abuse of Services | 3 |
| Billing/Payments | 10 |
| Member Rights | 25 |
| Medication | 5 |
| General Information | 25 |
| Forward to Other Departments | 13 |
| **Total** | **118** |

| Month | # of Member Grievances to HCSB by Month |
|---|---|
| October 2020 | 10 |
| November 2020 | 12 |
| December 2020 | 04 |
| January 2021 | 12 |
| February 2021 | 4 |
| March 2021 | 3 |
| April 2021 | 5 |
| May 2021 | 11 |
| June 2021 | 7 |
| July 2021 | 19 |
| August 2021 | 22 |
| September 2021 | 9 |
| **Total** | **118** |

| Status of Member Grievances Addressed by HCSB | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul–Sep 2021 | **TOTAL** |
| Received | 24 | 26 | 28 | 51 | 129 |
| **Status** | | | | | |
| Referred to Subject Matter Expert | 6 | 20 | 8 | 21 | 55 |
| Health Plan resolved with Members | 5 | 1 | 8 | 6 | 20 |
| Member withdrew grievance | 1 | 0 | 3 | 2 | 6 |
| Resolution in Health Plan favor | 8 | 2 | 3 | 3 | 16 |
| Resolution in Member's favor | 1 | 1 | 2 | 20 | 24 |
| Still awaiting resolution | 2 | 1 | 3 | 1 | 7 |
| Return to Health Plan awaiting Resolution Letter | 2 | 0 | 1 | 0 | 1 |
| Carry-over from previous Quarter | 12 | 0 | 0 | 0 | 12 |

## 2. Grievances to Health Plans

| Types of Member Grievances Reported to Health Plans | | | | | |
|---|---|---|---|---|---|
| | Oct–Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul–Sep 2021 | |
| Medical | | | | | **TOTAL** |
| Provider Policy | 6 | 7 | 7 | 9 | 29 |
| Health Plan Policy | 35 | 28 | 30 | 21 | 114 |
| Provider/Provider Staff Behavior | 72 | 105 | 146 | 125 | 448 |
| Health Plan Staff Behavior | 32 | 50 | 32 | 42 | 156 |
| Appointment Availability | 7 | 5 | 12 | 14 | 38 |
| Network Adequacy/ Availability | 4 | 0 | 3 | 2 | 9 |
| Waiting Times (office, transportation) | 59 | 79 | 158 | 156 | 452 |
| Condition of Office/ Transportation | 4 | 5 | 6 | 8 | 23 |
| Transportation Customer Service | 13 | 19 | 14 | 56 | 102 |
| Treatment Plan/Diagnosis | 34 | 35 | 22 | 22 | 113 |
| Provider Competency | 23 | 24 | 25 | 35 | 107 |
| Interpreter | 0 | 0 | 0 | 0 | 0 |
| Fraud and Abuse of Services | 2 | 5 | 1 | 3 | 11 |
| Billing/Payments | 19 | 36 | 37 | 35 | 127 |
| Health Plan Information | 8 | 11 | 7 | 7 | 33 |
| Provider Communication | 17 | 9 | 13 | 23 | 62 |
| Member Rights | 20 | 19 | 20 | 8 | 67 |
| Total | 355 | 437 | 533 | 566 | 1891 |

Some members had multiple areas that need to be addressed within their one grievance report to MQD.

| Status of Member Grievances Reported to Health Plans | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Total number filed during the reporting period | 287 | 338 | 382 | 448 | 1168 |
| **Status received from Health Plans** | | | | | |
| Total number that received timely acknowledgement from health plan | 278 | 322 | 350 | 428 | 1100 |
| Total number not receiving timely acknowledgement from health plan | 3 | 16 | 32 | 20 | 68 |
| Total number expected to receive timely acknowledgement during next reporting period | 9 | 10 | 16 | 11 | 37 |
| Total number that received timely decision from health plan | 268 | 330 | 337 | 414 | 1081 |

| | | | | | |
|---|---|---|---|---|---|
| Total number not receiving timely decision from health plan | 1 | 23 | 24 | 12 | 59 |
| Total number expected to receive timely decision during next reporting period | 7 | 9 | 36 | 13 | 58 |
| Total number currently unresolved during the reporting period | 18 | 13 | 36 | 30 | 79 |

## B. Member Appeals and State Fair Hearings

There was a total of 1,216 appeals submitted for FFY 2021 with the health plans. Of those appeals submitted to the health plans, only 35 appeals were submitted with the Administrative Appeals Office. There were 25 resolved with the health plan or decided in Member's favor prior to going to a hearing. There were 3 resolved in DHS's favor.

### 1. Appeals to Health Plans

| **Types of Member Appeals to Health Plans** | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Service denial | 43 | 45 | 47 | 54 | 189 |
| Service denial due to not a covered benefit | 9 | 5 | 4 | 5 | 23 |
| Service denial due to not medically necessary | 241 | 256 | 233 | 265 | 995 |
| Service reduction, suspension or termination | 0 | 2 | 0 | 0 | 2 |
| Payment denial | 8 | 5 | 1 | 1 | 15 |
| Timeliness of service | 0 | 0 | 0 | 0 | 0 |
| Prior authorization timeliness | 0 | 0 | 0 | 0 | 0 |
| Other | 4 | 5 | 0 | 1 | 10 |

| **<u>Status</u> of Member Appeals to Health Plans** | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Total number filed during the reporting period | 300 | 311 | 284 | 321 | 1216 |
| **Status received from Health Plans** | | | | | |
| Total number that received timely acknowledgement from health plan | 269 | 297 | 264 | 284 | 1114 |
| Total number not receiving timely acknowledgement from health plan | 9 | 5 | 20 | 36 | 70 |
| Total number expected to receive timely acknowledgement during next reporting period | 22 | 9 | 17 | 33 | 81 |
| Total number that received timely decision from health plan | 165 | 294 | 258 | 278 | 1095 |
| Total number not receiving timely decision from health plan | 2 | 2 | 19 | 34 | 57 |
| Total number expected to receive timely decision during next reporting period | 33 | 17 | 24 | 41 | 115 |
| Total number currently unresolved during the reporting period | 33 | 17 | 66 | 41 | 157 |
| Total number overturned | 168 | 172 | 140 | 146 | 626 |

**2. <u>Appeals to the State (State Fair Hearings)</u>**

| **<u>Types</u> of Member Appeals to State Administrative Appeals Office (AAO)** | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Medical | 4 | 6 | 3 | 4 | 17 |
| Home and Community Based Services (HCBS) | 1 | 1 | 1 | 0 | 3 |
| Van Modification | 0 | 0 | 0 | 0 | 0 |
| Applied Behavioral Analysis (ABA) | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | 0 | 2 | 3 | 0 | 5 |
| Reimbursement | 0 | 0 | 2 | 1 | 3 |
| Medication | 1 | 1 | 0 | 2 | 4 |
| Miscellaneous | 0 | 2 | 1 | 0 | 3 |

| Status of Member Appeals to State Administrative Appeals Office (AAO) | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Submitted | 6 | 12 | 10 | 7 | 35 |
| **Status received from AAO** | | | | | |
| Department of Human Services (DHS) resolved with health plan or Department of Health Developmental Disabilities Division (DOH-DDD) in Member's favor prior to going to hearing | 5 | 8 | 6 | 6 | 25 |
| Dismiss as untimely filing | 0 | 0 | 0 | 0 | 0 |
| Member withdrew hearing request | 0 | 0 | 0 | 0 | 0 |
| Resolution in DHS' favor | 0 | 1 | 2 | 0 | 3 |
| Resolution in Member's favor | 0 | 0 | 1 | 0 | 1 |
| Still awaiting resolution | 1 | 3 | 1 | 1 | 6 |

# IV. Health Plan Enrollment and Disenrollment

MQD transitioned to laptops with virtual personal network and install Voice Over Internet Protocol (VoIP) in EB offices on all islands which has enabled us to continue to serve our members without disruption despite the pandemic, and despite the over 30 percent increase in the number of people on QUEST.

The application process ends with enrollment. It is the goal of MQD to obtain a QI health plan choice from every applicant. If applicant is not prepared to select a plan, MQD staff provides the names of QI health plans in the service area and encourages the individual contact his or her primary care physician to ask the name of the QI health plan the physician is a participating provider. The online applications have been updated to capture the health plan selection. In the absence of a selection, the person will be auto-assigned to a QI health plan and generate a choice notice. The beneficiary has 90 days to choose another QI Health Plan if they wish. Otherwise, the beneficiary will remain enrolled in the auto-assigned QI Health Plan until the next annual plan change period. Beneficiaries that regain Medicaid eligibility within 180 days from last covered will re-enroll in the last QI Health Plan recorded in HPMMIS.

## A. Health Plan Enrollment Summary

The 2020 QI Annual Plan Change was October 1 through 31, enrollments applied January 1, 2021. Beneficiaries were mailed an enrollment packet in September. Of the 365,306 beneficiaries eligible to participate during the annual plan change, 5,316 (1.24%) elected to enroll in a different health plan for the 2021 benefit year (January to December 2021). The table below is a summary of the annual plan change activity by QI health plan and service area. The numbers reflect new members each plan gained January 1, 2021.

| **MAGI Excepted** | Oahu | Kauai | Hawaii | Maui | Molokai | Lanai | Total |
|---|---|---|---|---|---|---|---|
| AlohaCare | 57 | 7 | 3 | 13 | 2 | 1 | 83 |
| HMSA | 174 | 12 | 29 | 37 | 2 | 0 | 337 |
| Kaiser | 40 | 0 | 0 | 26 | 0 | 0 | 320 |
| Ohana Health Plan | 37 | 3 | 5 | 3 | 0 | 0 | 114 |
| UnitedHealthcare Community Plan | 329 | 7 | 15 | 15 | 2 | 0 | 416 |
| Total | 637 | 29 | 52 | 94 | 6 | 1 | 819 |
| Beneficiaries w/APC Choice | 1.10% | 0.05% | 0.09% | 0.16% | 0.01% | 0.00% | 1.41% |

| **MAGI** | Oahu | Kauai | Hawaii | Maui | Molokai | Lanai | Total |
|---|---|---|---|---|---|---|---|
| AlohaCare | 466 | 85 | 199 | 100 | 33 | 6 | 889 |
| HMSA | 1632 | 167 | 509 | 218 | 10 | 1 | 3426 |
| Kaiser | 535 | 3 | 0 | 280 | 0 | 0 | 3355 |
| Ohana Health Plan | 46 | 1 | 15 | 8 | 0 | 0 | 888 |
| UnitedHealthcare Community Plan | 129 | 3 | 36 | 15 | 0 | 0 | 253 |
| Total | 2808 | 259 | 759 | 621 | 43 | 7 | 4497 |
| Beneficiaries w/APC Choice | 0.91% | 0.08% | 0.25% | 0.20% | 0.01% | 0.00% | 1.46% |

[*Member Choice of Health Plan Exercised*, appears in section V.A.]

# V. Number of Members who Chose a Health Plan and Number of Members who Changed Health Plans After Auto-Assignment

## A. Member Choice of Health Plan Exercised

| Number of Members | Oct – Dec 2020 | Jan – Mar 2021 | Apr – Jun 2021 | Jul – Sep 2021 | Total |
|---|---|---|---|---|---|
| Chose a health plan when they became eligible | **3,268** | **5,427** | **4,089** | **4,233** | **17,017** |
| Automatically assigned when they became eligible | **11,538** | **6,425** | **5,104** | **5,223** | **28,290** |
| Changed their health plan after being automatically assigned | **4,646** | **2,438** | **1,707** | **1,630** | **10,421** |
| Members in the ABD program who changed their health plan within days 61 to 90 after confirmation notice was issued | **23** | **18** | **11** | **7** | **59** |

During this reporting period, **17,017** individuals chose their health plan when they became eligible, and **10,421** changed their health plan after being auto-assigned. Also, **45,391** individuals had an initial enrollment which fell within this reporting period.

In addition, **59** individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

# VI. Demonstration Enrollment

## A. Enrollment Counts

| | | Member Months | Unduplicated Members |
|---|---|---|---|
| **Medicaid Eligibility Groups** | **FPL Level and/or other qualifying Criteria** | **10/2020 - 9/2021** | **As of 9/30/21** |
| **Mandatory State Plan Groups** | | | |
| State Plan Children | State Plan Children | 1,555,042 | 132,486 |
| State Plan Adults | State Plan Adults<br>State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA) | 505,297 | 43,193 |
| Aged | Aged w/Medicare<br>Aged w/o Medicare | 391,144 | 34,290 |
| Blind or Disabled (B/D) | B/D w/Medicare<br>B/D w/o Medicare<br>Breast and Cervical Cancer Treatment Program (BCCTP) | 311,103 | 26,381 |
| Expansion State Adults | Expansion State Adults | 1,546,736 | 135,149 |
| Newly Eligible Adults | Newly Eligible Adults | 335,653 | 29,026 |
| Foster Care Children, 19-20 years old | Foster Care Children, 19-20 years old | 7,649 | 636 |
| CHIP | CHIP (HI01), CHIPRA (HI02) | 344,552 | 28,214 |
| **Total** | | 4,997,169 | 429,375 |

| **State Reported Enrollment in the Demonstration (as requested)** | **Current Enrollees** |
|---|---|
| Title XIX funded State Plan | 236,986 |
| Title XXI funded State Plan | 28,214 |
| Title XIX funded Expansion | 164,175 |
| Enrollment current as of | 9/30/2021 |

## B. Member Month Reporting

For Use in Budget Neutrality Calculations

| Without Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Total for Year Ending 9/30/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EG 1 – Children | 125,664 | 126,407 | 128,113 | 129,110 | 129,378 | 129,529 | 130,559 | 131,878 | 131,589 | 132,471 | 133,459 | 134,534 | 1,562,691 |
| EG 2 – Adults | 39,132 | 40,540 | 40,325 | 41,189 | 41,899 | 42,428 | 42,872 | 42,980 | 42,748 | 43,179 | 43,771 | 44,234 | 505,297 |
| EG 3 – Aged | 29,861 | 30,247 | 30,390 | 32,447 | 32,392 | 32,797 | 33,164 | 33,481 | 33,360 | 34,070 | 34,084 | 34,851 | 391,144 |
| EG 4 – Blind/Disabled | 24,654 | 24,866 | 25,648 | 26,255 | 26,207 | 26,375 | 26,290 | 26,479 | 25,230 | 26,082 | 26,320 | 26,697 | 311,103 |
| EG 5 – VIII-Like Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| EG 6 – VIII Group Combined | 140,261 | 143,259 | 150,242 | 154,646 | 155,577 | 158,543 | 160,779 | 162,313 | 158,339 | 164,290 | 165,584 | 168,556 | 1,882,389 |

(Entries of "n/a" indicate that the State of Hawaii does not report on the eligibility group.)

For Informational Purposes Only

| With Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Total for Year Ending 9/30/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| State Plan Children | 125,045 | 125,787 | 127,480 | 128,477 | 128,725 | 128,884 | 129,914 | 131,214 | 130,935 | 131,848 | 132,831 | 133,902 | 1,555,042 |
| Sate Plan Adults | 39,132 | 40,540 | 40,325 | 41,189 | 41,899 | 42,428 | 42,872 | 42,980 | 42,748 | 43,179 | 43,771 | 44,234 | 505,297 |
| Aged | 29,861 | 30,247 | 30,390 | 32,447 | 32,392 | 32,797 | 33,164 | 33,481 | 33,360 | 34,070 | 34,084 | 34,851 | 391,144 |
| Blind or Disabled | 24,654 | 24,866 | 25,648 | 26,255 | 26,207 | 26,375 | 26,290 | 26,479 | 25,230 | 26,082 | 26,320 | 26,697 | 311,103 |
| Expansion State Adults | 115,321 | 117,918 | 122,908 | 126,422 | 127,659 | 130,487 | 132,128 | 133,563 | 129,818 | 135,301 | 136,397 | 138,814 | 1,546,736 |
| Newly Eligible Adults | 24,940 | 25,341 | 27,334 | 28,224 | 27,918 | 28,056 | 28,651 | 28,750 | 28,521 | 28,989 | 29,187 | 29,742 | 335,653 |
| Optional State Plan Children | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Foster Care Children, 19-20 years old | 619 | 620 | 633 | 633 | 653 | 645 | 645 | 664 | 654 | 623 | 628 | 632 | 7,649 |
| Medically Needy Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Demonstration Eligible Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Demonstration Eligible Children | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VIII-Like Group | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Governmental | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Governmental LTC | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

(Entries of “n/a” indicate that the State of Hawaii does not report on the eligibility group.)

## C. Enrollment in Behavioral Health Programs

Point-in-Time (1st day of last month in reporting quarter)

| Program | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| | Enrollment | | | |
| **Community Care Services (CCS)**<br><br>Adult (at least 18 years old) QI beneficiaries with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) who meet the program criteria, receive all behavioral health services through the CCS program. | **4,789** | **4,895** | **4,945** | **5,035** |
| **Early Intervention Program (EIP/DOH)**<br><br>Infant and toddlers from birth to 3 years old receive services to assist in the following developmental areas: physical (sits, walks); cognitive (pays attention, solves problems); communication (talks, understands); social or emotional (plays with others, has confidence); and adaptive (eats, dresses self). | **738** | **653** | **694** | **741** |
| **Child and Adolescent Mental Health Division (CAMHD/DOH)**<br><br>Children and adolescents age 3 years old to 18 or 20 years old (depending on an educational assessment), receive behavioral health services utilizing Evidence-Based Practices and an Evidence-Based Services Committee, from the state Department of Health. | **822** | **843** | **855** | **811** |

### D. Enrollment in Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the Health Plans are as follows.

| 1st Quarter Health Plan | Oct 2020 | Nov 2020 | Dec 2020 |
|---|---|---|---|
| Aloha Care | 524 | 504 | 497 |
| HMSA | 698 | 691 | 690 |
| Kaiser | 310 | 322 | 345 |
| Ohana | 2678 | 2514 | 2499 |
| United Healthcare | 2058 | 2110 | 2160 |
| **Total** | **6268** | **6141** | **6191** |

| 2nd Quarter Health Plan | Jan 2021 | Feb 2021 | Mar 2021 |
|---|---|---|---|
| Aloha Care | 478 | 481 | 586 |
| HMSA | 752 | 608 | 621 |
| Kaiser | 347 | 353 | 348 |
| Ohana | 2507 | 2486 | 2387 |
| United Healthcare | 2238 | 2145 | 2078 |
| **Total** | **6322** | **6073** | **6020** |
| **3rd Quarter Health Plan** | **Apr 2021** | **May 2021** | **Jun 2021*** |
| Aloha Care | 455 | 425 | |
| HMSA | 636 | 632 | 638 |
| Kaiser | 324 | 330 | |
| Ohana | 2444 | 2382 | |
| United Healthcare | 2235 | 2289 | |
| **Total** | **6094** | **6058** | **638** |

*Data unavailable. Data compiled for this table is taken from QUEST Integration Dashboards. QUEST Integration Dashboards are no longer reported to MQD from the Health Plans as of July 1, 2021. June data for LTSS enrollment are usually reported in the following July QUEST Integration Dashboards. HMSA happened to provide its June LTSS enrollment data in its June 2021 QUEST Integration Dashboard.

## VII. Outreach, Innovative Activities, and Beneficiary Support System

The Health Care Outreach Branch (HCOB) actively planned and prepared for the Annual Medicaid Enrollment system (KOLEA) and Health Insurance Marketplace training to approximately 135 “Kōkua” (outreach/enrollment assisters), in-person assisters from Federally Qualified Health Centers (FQHC’s), Med-QUEST Kōkua Services Contractors, and other community health centers statewide. Trainings occurred virtually via Microsoft Teams due to the COVID-19

Pandemic, and covered details on how to submit online applications and upload documents in our KOLEA system via their Navigator Portal along with review of the Federal Health Insurance Marketplace application details.

Significant work through the year continued in identifying and assisting hard to reach populations and those individuals and families who experience significant barriers to health care access due to various social determinants of health such as homelessness, lack of transportation, language/cultural barriers, justice-involved populations and those who are admitted to and discharged from public institutions such as the Hawaii State Hospital.

October 2020 through September 2021 continued its challenges with the Covid-19 Public Health Emergency. One positive change occurred with the signing of the Omnibus Bill on 12/27/2020, which corrected an administrative error and restored Medicaid benefits to the citizens from the Federated States of Micronesia, The Republic of the Marshall Islands and the Republic of Palau, covered under the Compact of Free Association (COFA). Effective December 27, 2020, Hawaii residents from these nations could apply for full Medicaid benefits if their tax household size and income met the eligibility threshold. Our Medicaid Enrollment systems team quickly worked to update our system to better process and determine these new incoming applications. HCOB created simple messaging for our COFA residents and worked with our community partners to help get the word out and start assisting with Medicaid applications. Hawaii was the first state to implement this change for our COFA residents.

HCOB also noted, due to the Covid-19 pandemic, an uptick in those transitioning in and out of the Hawaii State Hospital along with justice-involved populations and experienced an increase of suspension/unsuspension requests from members for their Medicaid coverage.

# VIII. Delivery of Long Term Services and Supports (LTSS)

### A. Long Term Services and Supports

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), ICF DD/ID facilities and nursing facilities.

### B. Adverse Events

In FFY 2021, a total of 1,645 adverse events related to the LTSS population were reported. The top five incident categories were: Fall, Hospital, Death, Emergency Room Visit, and Injury. Falls were the top occurring incident for all quarters. Hospitalization was the second most occurring incident.

There were 51 adverse events from Nursing Facilities. “Fall” remains the top occurring incident for all quarters in Nursing Facilities and “injury” was the second most occurring incident.

In ICF DD/ID there were 30 adverse events. “Emergency Room Visits” were the top occurring incident for all quarters in ICF DD/ID and “injury” was the second most occurring incident.

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), nursing facilities and Developmental Disability and

Intellectual Disability (DD/ID) facilities. The following provides greater detail on the adverse incidents reported to MQD by the nursing facilities for the reporting period.

Developmental Disability and Intellectual Disability (DD/ID) facilities are not included in the LTSS category. The table below provides the adverse incidents reported to MQD by intermediate care DD/ID facilities for the reporting period.

| Types of Adverse Events | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Health Plan | | | | Nursing Facility | | | | ICF DD/ID | | | |
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 |
| Fall | 132 | 151 | 135 | 122 | 8 | 12 | 14 | 4 | 0 | 0 | 0 | 0 |
| Hospital | 104 | 80 | 62 | 74 | 0 | 1 | 0 | 0 | 0 | 3 | 1 | 0 |
| Death | 32 | 28 | 26 | 21 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Emergency Room Visit | 55 | 95 | 115 | 86 | 0 | 1 | 0 | 0 | 5 | 5 | 5 | 5 |
| Injury | 44 | 59 | 36 | 72 | 1 | 0 | 5 | 4 | 0 | 1 | 0 | 1 |
| Med Error | 0 | 6 | 10 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aspiration | 0 | 0 | 14 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **367** | **419** | **398** | **380** | **9** | **14** | **20** | **8** | **6** | **9** | **7** | **8** |

# IX. State Efforts Related to the Collection and Verification of Encounter Data and Utilization Data

During FFY 2021 MQD continued to enhance our partnership with AHCCCS to improve encounter data quality in our MMIS. Using OAPD funding MQD onboarded three new positions to increase our ability to monitor and research encounter data quality: a Reporting Analyst, a Senior Reporting Analyst, and a Data Governance Analyst. Through these new positions MQD has been able to build routine reports to monitor encounter data quality, including reconciliation reports and reports to help MQD research what encounters “pend” due to data validation edits. Our Data Governance Analyst has enhanced existing MQD documentation on our MMIS, its associated data warehouse, and our reference table update process.

In addition to these three positions, in MQD used OAPD funds to enlist the help of a contractor, Freedman Healthcare to strengthen MQD's policy and system documentation, improve facilitation and resolution of ongoing encounter data issues with MCOs, and support the development of an action plan to systematically improve encounter data quality. Freedman Healthcare (FHC) began work in FFY 2021 to create an online repository of MQD's policy and MMIS edits that provides MQD with a consolidated, up-to-date, and easy to search resource. As they are creating the repository, FHC is analyzing the relationship between MQD policy and MMIS edits to understand which policies are associated with edits or not, and which edits are associated with a policy or not. This analysis will help MQD refresh our policy and edits to ensure all edits have a business policy, and likewise all business policies have an edit or report to monitor compliance. FHC is also facilitating regular meetings with MQD's MCOs to understand and document encounter data submission issues, including where MQD guidance to MCOs can be created or improved. As they analyze our policies and edits and facilitate meetings with MCOs, FHC is developing an action plan and timeline of recommended steps MQD should take to systematically improve encounter data quality. MQD has secured additional OAPD funds for this work to continue going forward.

MQD continued to conduct monthly encounter data validation meetings with all participating MCOs in FFY 2021. During these meeting we address major issues in encounter data submission and validation and share updates on changing encounter data submission guidance, specifically related to the upcoming implementation of APR DRG payment for inpatient claims. Throughout FFY 2021 MQD refined the encounter reconciliation process with MCOs to get detailed information on discrepancies between encounters submitted by the MCOs and accepted by the MQD. With the support of our new Reporting Analysts we have automated an extract of encounters accepted by the MQD to share quarterly with our MCOs. MCOs use these extracts to match against encounters submitted to the MQD and summarize the results of their reconciliation using a template built by our actuaries, Milliman. This template breaks reconciliation into 7 categories (Inpatient DRG, Inpatient Non-DRG, Outpatient, Professional, HCBS, Pharmacy, and Nursing Home Waitlist) that allow MQD to understand differences in encounter data completeness by different domains. MQD will continue conducting reconciliation with our MCOs quarterly and annually.

# X. Impact of Demonstration in Providing Insurance Coverage

This section is new and will be populated in future reports. Data is not currently available for this section.

# XI. Performance Metrics & Quality Assurance and Monitoring

## A. Quality Activities

The External Quality Review Organization (EQRO) oversees the health plans for the Quest Integration (QI) and Community Care Services (CCS) programs. Health Services Advisory Group (HSAG), the EQRO, performed the following activities this Demonstration Year:

## 1. Validation of Performance Improvement Projects (PIPs)

Per Hawaii's Quality Strategy, each health plan was required by the MQD to conduct PIPs in accordance with 42 CFR 438.330(b)(1) and §438.330(d)(2)(i-iv). The purpose of a PIP is to assess and improve processes and, thereby, outcomes of care. For such projects to achieve meaningful and sustained improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner.

And, as one of the mandatory EQR activities required under the Balanced Budget Act, the EQRO conducted annual validation of these PIPs. The EQRO completed their validation through an independent review process. To ensure methodological soundness while meeting all State and federal requirements, HSAG follows guidelines established in the CMS publication, *EQR Protocol 1: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, October 2019 (the PIP protocol). For calendar year (CY) 2021, the MQD required health plans to conduct performance improvement projects (PIPs) in accordance with 42 CFR §438.330(b)(1). In accordance with 42 CFR §438.330(d), each PIP must include:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve quality improvement.
- Evaluating effectiveness of the interventions.
- Planning and initiating activities for increasing and sustaining improvement.

Towards the end of 2019, the EQRO initiated validation activities for the following 12 new PIPs to be submitted by the Hawaii Medicaid health plans:

1. For three QI health plans (AlohaCare, HMSA and KFHP)
   - Improving Adolescent WellCare Visits
   - Follow-Up After Hospitalization for Mental Illness.
2. For one QI health plan (Ohana)
   - Improving Rates for Adolescent Well-Child Visits
   - Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge
3. For one QI health plan (UnitedHealthcare)
   - Improving Adolescent Well-Care Visit Rates Among UHC CP HI Membership at Waianae Coast Comprehensive Health Center
   - Improving 7-Day Follow-Up After Hospitalization for Mental Illness Among UHC CP HI Members Ages 18–64
4. For CCS
   - Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge
   - Follow–Up After Emergency Department Visit for Mental Illness.

All QI health plans completed and submitted Module 4 and Module 5 for the Improving Adolescent Well-Care Visits and Follow-Up After Hospitalization for Mental Illness PIPs. These PIPs were initiated in CY 2019 and this is the final validation. HSAG's final validation of PIPs includes the following two key components of the quality improvement process:

1. Defining the right interventions to test is a significant step to achieve improvement and selecting interventions that have the potential for impacting the SMART Aim is essential to the quality improvement

process. Health plans' identification of key drivers and subsequent selection of appropriate interventions to address them are necessary steps to improve outcomes and essential to the MCO's overall success.

2. Organizing and analyzing health plans' PIP data to draw conclusions about their quality improvement efforts. During review, the overall methodological validity of the PIP, as well as the overall success in achieving the SMART Aim goal will be determined.

**PIPs Validation Findings**

AlohaCare

1. Improving Adolescent Well-Care Visits

The health plan tested two interventions during this PIP:

- Member Outreach via Nanosite: This intervention was tested from July 2020 through September 2020. During the intervention testing period, the health plan indicated that out of a total of 58 members who were engaged in the nanosite, seven members had a compliant adolescent well-care visit. The intervention was deemed ineffective, and the health plan decided to abandon the intervention.
- Member Incentive: This intervention was tested from October 2020 through January 2021. Icario, formally known as (NovuHealth), provided outreach to educate on the importance of well-care visits while providing an incentive to those members who completed visits. Icario used an Omni-channel communication-integrated system, through which Icario interacted with members through several modes of communication (call center, mail stream channel-inbound and outbound, interactive voice response system, digital platform, email, text, and Web portal). Per the health plan, the outcome of this intervention was successful, having an overall compliancy of 66.4 percent (87/131) for members engaged. The health plan decided to adapt this intervention.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| Increase the Percentage of Adolescent Well-Care Visits, Among 18–20 year old's, located in Waianae and Waipahu from 14.92% to 17.71% by 1/31/2021. | 14.92% | 17.71% | 20.0% | *Low Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan met the SMART Aim goal prior to the dates when the intervention testing began. Even though it appears that one of the interventions has the potential to result in improvement, it could not be directly linked to improvement in the SMART Aim measure rate. Therefore, HSAG assigned the PIP a score of Low Confidence.

2. Follow-Up After Hospitalization for Mental Illness

The health plan tested the Contracting with a Behavioral Health Provider (Care Hawaii) to provide 7-day follow-up visits intervention during this PIP. The intervention was initially tested for three months beginning April 2020 on members discharged from Castle Medical Center; however, beginning July 13, 2020, the intervention was also expanded to Queens Medical Center. The health plan reported success with the intervention with 37 of the 159 members who received the intervention having a compliant FUH visit at the contracted behavioral health provider. The health plan indicated that when the contracted behavioral health provider was on vacation, it affected the compliancy rates; therefore, indicating a clear linkage of the intervention to improvement. The health plan decided to adopt this intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase the percentage of compliance for 7-day Follow-up after Hospitalization for Mental Illness or Intentional Self-Harm (FUH) for Members 18–64 years of age from 15.5% to 21.4%. | 15.5% | 21.4% | 30.0% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan met the SMART Aim goal, and it appears the tested intervention could be reasonably linked to the improvement achieved. Therefore, HSAG assigned the PIP a score of High Confidence.

<u>Hawaii Medical Services Association</u>

1. Improving Adolescent Well-Care Visits

   HMSA tested one intervention, Targeted member incentive and education, for the PIP and documented that the intervention was delayed due to the coronavirus disease 2019 (COVID-19). The health plan reported data starting in October 2020 for members who received outreach, completed a well-care visit, and received the incentive, as well as members who needed a well-care visit and were enrolled into the outreach program. HMSA reported that the intervention testing time period was three months and, based on the data, only 46 out of the 784 members who received the intervention completed an adolescent well-care visit and received the incentive. The intervention was not as effective as the health plan had hoped it would be. The health plan decided to continue testing the intervention.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, for members 12 to 21 years of age and older among the Kauai County, increase the overall percentage of adolescent well-care visits from 38% to 41%. | 38% | 41% | 44.08% | *Low Confidence* |

Based on the SMART Aim run chart, the data points were above the goal until the intervention started in October 2020. After the intervention began, the SMART Aim measure result declined to below the baseline. The highest SMART Aim rate was 44.08 percent for the 12-month period of November 1, 2019 through October 31, 2020. The SMART Aim goal was achieved; however, the intervention tested could not be linked to the improvement. Therefore, HSAG assigned the PIP a score of *Low Confidence.*

Based on the SMART Aim run chart, the data points were above the goal until the intervention started in October 2020. After the intervention began, the SMART Aim measure result declined to below the

baseline. The highest SMART Aim rate was 44.08 percent for the 12-month period of November 1, 2019 through October 31, 2020. The SMART Aim goal was achieved; however, the intervention tested could not be linked to the improvement. Therefore, HSAG assigned the PIP a score of Low Confidence.

2. Follow-Up After Hospitalization for Mental Illness

   HMSA tested two interventions for the PIP:
   - Transitional Care Management: The health plan tested the intervention from July 2020 to January 2021. During this intervention, the health plan helped members schedule a behavioral health provider follow-up appointment while each member was inpatient and prior to discharge from Castle Medical Center. Based on the intervention effectiveness measure data, the health plan reported improved compliance in members receiving the intervention. The health plan decided to expand the intervention to two additional facilities and continue testing beyond the SMART Aim end date.
   - Service Coordination: The health plan tested the intervention from July 2020 to January 2021. During this intervention, the health plan contacted members who were admitted inpatient for mental illness within two days of discharge to enroll them in a Service Coordination Program. Based on the reported data, it appears a total of 15 members were enrolled, out of whom six members had a compliant follow-up after hospitalization (FUH) visit. The health plan decided to continue testing the intervention beyond the SMART Aim end date.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, for acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm, increase the total percentage of follow-up visits with a mental health practitioner after hospitalization for mental illness within 7 days after discharge from 34.72% to 37.72%." | 34.72% | 37.72% | 39.65% | *Confidence* |

Based on the SMART Aim data, the results exceeded the goal of 37.72 percent for seven months. Six of these months were after the interventions began. HSAG assigned the PIP a score of Confidence.

Kaiser Foundation Health Plan QUEST

1. Adolescent Well-Care Visits

   KFHP tested two interventions for the PIP:
   - Adding Targeted Members to the Wait List: This intervention was tested for two months from June 1, 2020, through July 31, 2020. Based on the intervention testing data, adding members to the wait list did not yield a high rate of members getting scheduled for an adolescent well-care visit. The intervention was deemed ineffective and abandoned by the health plan.
   - Outreaching and Scheduling Members from the Outreach List Created from Well-Child Visit (WCV) Tool: This intervention was tested from August 1, 2020, through December 31, 2020. The health plan reported that the data indicated low outreach rates and the process was labor intensive; therefore, it abandoned the intervention.

Table 2-1—SMART Aim Measure Results

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase the percentage of completed adolescent well-care visits among QUEST Integration members ages 12–21 assigned to a Primary Care provider at Waipio Clinic, from 45.46% to 48.42%. | 45.46% | 48.42% | 42.06% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 48.42 percent. The highest SMART Aim rate reported was 42.06 percent. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of *Low Confidence.*

2. Follow-Up After Hospitalization for Mental Illness

KFHP tested one intervention for the PIP, Live reminder call prior to scheduled hospital discharge appointment. The testing period began on May 15, 2020 and ended on January 31, 2021. The health plan indicated that the intervention positively impacted the rate of completed appointments. When comparing the group who received the intervention against the group who did not, the overall data illustrated that the group who received and answered the live reminder call had a higher rate of completed hospital discharge appointments than the group who did not receive the intervention, 76.67 percent, and 64.71 percent, respectively. The health plan decided to adopt the intervention.

Table 2-2—SMART Aim Measure Results

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase our percentile ranking for the *Follow-Up After Hospitalization for Mental Illness* measure from 75th percentile to the 95th percentile range by increasing the percentage of completed follow-up visits with a mental health practitioner within 30 days after an acute inpatient discharge with a principle diagnosis of mental illness or intentional self-harm for QUEST Integration members on Oahu and Maui, ages 6 and older, from 68.14% to 75.68% or higher. | 68.14% | 75.68% | 75.64% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 75.68 percent. The highest SMART Aim rate reported was 75.64 percent for the 12-month period of June 1, 2019, through May 31, 2020. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of Low Confidence.

'Ohana Health Plan QUEST Integration

1. Improving Rates for Adolescent Well-Care Visits

   The health plan tested the Emphasizing and educating on the importance of a well-child visit to members and their parents/guardians through telephone outreach, by Provider Practice Coordinators (PPCs) and/or Service Coordinators (SCs), while incentivizing members with gift cards ($25) to keep scheduled well-child visits (Healthy Rewards 2020) when scheduling/reminding members on their well-child visit intervention during the PIP. The intervention was tested in two rounds; the first round was conducted from July 20, 2020, through August 21, 2020, and the second round was conducted from November 16, 2020, through December 11, 2020. The health plan had incomplete data for the first round of intervention testing; however, the health plan documented that, after the first round of testing, 91 out of the 463 non-compliant members became Adolescent Well-Care Visits (AWC) measure compliant. After the second round of the intervention, wherein the data was manually tracked, the health plan reported that 45 out of the 307 non-compliant members became AWCmeasure compliant. The health plan decided to continue testing the intervention beyond the SMART Aim end date.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, 'Ohana Health Plan aims to increase the percentage of adolescent well-care visits assigned to Bay Clinic, Kalihi Palama Health Ctr, Dr Sorbella Guillermo, Dr Vincent Ramo, and Koolauloa Community Health and Wellness, from 44.66% to 49.66%." | 44.66% | 49.66% | 40.00% | *Low Confidence* |

Based on the SMART Aim run chart, the health plan did not meet the SMART Aim goal; therefore, HSAG assigned the PIP a score of *Low Confidence*.

2. Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

   The health plan tested *the Ohana Qualified Mental Health Practitioner to provide a follow-up visit and short-term case management service within seven (7) days post inpatient discharge for mental illness* intervention during this PIP. This intervention was tested from January 2020 through the SMART Aim end date. At the beginning of the intervention testing period, there were coronavirus disease 2019 (COVID-19) pandemic, data, and staffing related challenges; however, it appears that from July 2020 onwards, the health plan was able to carry out the intervention as planned. Telephonic follow-up visits were added as numerator-compliant follow-up visits in alignment with the HEDIS update. Based on the reported data collected during the intervention testing period, it appears that that out of a total of 172 discharges, for 107 discharges, members had a compliant seven-day follow-up after hospitalization visit. The intervention was deemed effective, and the health plan decided to adopt the intervention.

Table 2-2—SMART Aim Measure Results

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of follow-up within seven days post hospitalization of discharges for members (age 6 and older) discharged from Adventist Health Castle, Kahi Mohala Hospital, The Queens Medical, Hilo Medical Hospitalist, and Maui Memorial Hospital from [28.82%] to [40.00%]. | 28.82% | 40.00% | 48.52% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan exceeded the SMART Aim goal. It appears that the tested intervention could be linked to the improvement; therefore, HSAG assigned the PIP a score of *High Confidence.*

'Ohana Health Plan Community Care Services Program

1. Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

   The health plan tested the Bi-directional communication between Case Management (CM) liaisons and member's assigned case managers intervention during the PIP. The intervention was tested from May 2020 through the SMART Aim end date. During the intervention testing period, based on the reported data, it appears that that out of a total of 52 discharges, for 31 discharges, members had a compliant 7-day FUH visit. The intervention was deemed effective and the health plan decided to adopt the intervention as a corrective action plan for those Community Based Case Management organizations (CBCMs) who perform below the 75th percentile for the Follow-Up After Hospitalization for Mental Illness (FUH) measure.

Table 2-1—SMART Aim Measure Results

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of the Follow-up Post Hospitalization within seven days for those discharged for mental illness among the members, age 18 and older, who are assigned to the selected Community Based Case Management Agencies (Aloha House and Hope Inc.) from 51.72% to 63.79% | 51.72% | 63.79% | 73.84% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan exceeded the SMART Aim goal. It appears that the tested intervention could be linked to the improvement; therefore, HSAG assigned the PIP a score of *High Confidence.*

2. Follow-Up After Emergency Department Visit for Mental Illness

   The health plan tested one intervention, Utilize Hawaii Health Information Exchange (HHIE) reporting system to obtain ED discharge notifications on daily a basis (real-time) and CM liaisons will relay the information to the selected CBCMs, for the PIP. The intervention was tested from August 2020 through the SMART Aim end date. During the intervention testing period, for 41 emergency department (ED) visits, the CM liaison sent the ED visit notifications to the members' care manager within one business day post ED discharge. Out of these 41 visits, for 14 visits (34.15 percent), members had a compliant follow-up after emergency department visit for mental illness (FUM) visit. The health plan indicated challenges with its automated HHIE notification system. Consequently, the quality improvement project manager provided the ED notifications by manually accessing the HHIE Notify portal and facility census daily.

   The intervention was deemed effective; however, the health plan noted that manual notification of ED visits was not feasible. The health plan will adapt the intervention once the health plan is able to automate the HHIE ED census notification.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of follow-up within 7 days post ED visits for mental illness or intentional self-harm for the members (age 18 and older) who are assigned to 'Ohana Health Plan and IHS from 44.68% to 53.00% | 44.68% | 53.00% | 53.84% | *Confidence* |

Based on the SMART Aim run chart, the health plan exceeded the SMART Aim goal in the last two months of the PIP. It appears that the tested intervention, if adapted, has the potential to result in improvement; therefore, HSAG assigned the PIP a score of *Confidence*.

<u>UnitedHealthcare Community Plan QUEST Integration</u>

1. Improving Adolescent Well-Care Visits Rates Among UHCCP HI Membership at Waianae Coast Comprehensive Health Center

   The health plan tested one intervention for the PIP, Adolescent Well-Care Call Outreach Campaign to Waianae Coast Comprehensive Health Center Auto-Assigned and Unestablished Members. The testing period was April 1, 2020, to January 31, 2021. The health plan indicated that the outreach intervention was not effective, and it planned to adapt the intervention to test at a later time.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of Adolescent Well-Care visits completed among members assigned to Waianae Coast Comprehensive Health Center (WCCHC) as their PCP, from 26.94% to 29.94% | 26.94% | 29.94% | 28.45% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 29.94 percent. The highest SMART Aim rate reported was 28.45 percent for the 12-month period of February 1, 2019, through January 31, 2020. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of *Low Confidence*.

2. Improving 7-Day Follow-Up After Hospitalization for Mental Illness Among UHCCP HI Members Ages 18–64

The health plan tested two interventions for the PIP:

- Provider Incentive Program: This intervention offered providers an additional $50 for completion of follow-up appointments within seven days of discharge for mental illness and was tested from April 1, 2020, to August 31, 2020. The health plan indicated that the incentive was not effective in improving follow-up after discharge rates and therefore, it chose to abandon the intervention.
- Offering a follow-up appointment using telehealth: The intervention was tested from September 1, 2020, to January 31, 2021 at two pilot facilities, Castle Hospital and Queens Medical Center. The health plan indicated that the intervention did not appear to be effective at improving the follow-up after discharge rates and it planned to adapt the intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 01/31/2021, increase the rate of follow-up visits with a mental health practitioner within seven days after acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm for non-dual QUEST Integration members ages 18 to 64, from 34.90% to 40.29% | 34.90% | 40.29% | 41.35% | *Low Confidence* |

Based on the SMART Aim data, the goal (40.29 percent) was achieved for the 12-month period of May 1, 2019, through April 30, 2020, with a result of 41.35 percent. The SMART Aim goal was achieved at the beginning of intervention testing and an intervention tested for the PIP could not be linked to the improvement. Following April 2020, the SMART Aim data points demonstrated a decline and were below the baseline for the last seven months of the PIP. Therefore, HSAG assigned the PIP a score of Low Confidence.

## 2. Healthcare Effectiveness Data and Information Set (HEDIS)

*Validation of performance measures (PMs)*.

HSAG performed independent audits of the performance measure results calculated by the QI health plans and CCS program according to the HEDIS Measurement Year 2020, Volume 5: HEDIS Compliance Audit: Standards, Policies and Procedures. The audit procedures were also consistent with the CMS protocol for performance measure validation: CMS External Quality Review (EQR) Protocols. The health plans that contracted with the MQD during the current measurement year for QI and CCS programs underwent separate NCQA HEDIS Compliance Audits for these programs. Each audit incorporated a detailed assessment of the health plans' IS capabilities for collecting, analyzing, and reporting HEDIS information, including a review of the specific reporting methods used for the HEDIS measures. HSAG also conducted an NCQA HEDIS Compliance Audit to evaluate the CCS program's IS capabilities in reporting on a set of HEDIS and non-HEDIS measures relevant to behavioral health. The measurement period was CY 2019 (January 1, 2020, through December 31, 2020), and the audit activities were conducted concurrently with HEDIS 2020 reporting.

During the HEDIS audits, HSAG reviewed the performance of the health plans on state-selected HEDIS or non-HEDIS performance measures. The health plans were required to report on 17 measures, yielding a total of 52 measure indicators, for the QI population. 'Ohana CCS was required to report on 9 measures for the CCS program. The measures were organized into the following five categories, or domains, to evaluate the health plans' performance and the quality of, timeliness of, and access to Medicaid care and services.

- Access and Risk-Utilization
- Children's Preventive Health
- Women's Health
- Care for Chronic Conditions
- Behavioral Health

HSAG evaluated each QI health plan's compliance with NCQA IS standards during the 2020 NCQA HEDIS Compliance Audit. All QI health plans were Fully Compliant with the IS standards applicable to the measures under the scope of the audit. Overall, the health plans followed the NCQA HEDIS 2020 specifications to calculate their rates for the required HEDIS measures. All measures received the audit designation of Reportable.

## 3. Compliance Monitoring Review

**COVID-19 Impact**

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus disease 2019 (COVID-19) outbreak in the United States and travel restrictions in the State of Hawaii, the on-site portion of the EQRO's review of the health plan's compliance with standards was changed to a virtual site review utilizing the Webex meeting platform.

2020 is the second year of the three-year review cycle of EQR compliance reviews. HSAG performed a desk review of documents, file reviews, and a virtual site visit that included reviewing additional documents and conducting interviews with the QI health plans and the CCS program.

HSAG evaluated the degree to which QI health plans and CCS program complied with federal Medicaid managed care regulations and associated State contract requirements in performance categories (i.e., standards) that related to eight selected standard areas:

- Provider Selection
- Subcontracts and Delegation
- Credentialing
- Quality Assessment and Performance Improvement
- Health Information Systems
- Practice Guidelines
- Program Integrity
- Enrollment and Disenrollment

The deficiencies identified during the review of health plan compliance were all successfully remediated during the second quarter of 2021. This information about the health plans' successful completion of corrective action plans will be included in the annual EQR technical report.

## 4. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

In calendar year (CY) 2021, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of member experience surveys to child Medicaid members enrolled in participating QUEST Integration (QI) health plans. The MQD contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey. The goal of the CAHPS Health Plan Survey is to provide performance feedback that will aid in improving overall member experience. Results were provided to MQD at both the plan-specific and statewide aggregate report levels.

The standardized survey instrument selected was the CAHPS 5.1H Child Medicaid Health Plan Survey. Parents and caretakers of child members completed the surveys from February to May 2021. All parents and caretakers of sampled child members received an English version of the survey with the option to request a survey in one of the four alternate, non-English languages predominant in the State of Hawaii: Chinese, Ilocano, Korean, or Vietnamese.

**Table 2** on the next page, shows the overall member experience ratings on the evaluated CAHPS measures for the QI health plans.

Table 2—Overall Member Experience Ratings

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | ★★★ | ★★★★ | ★+ | ★+ | ★+ |
| Hawaii Medical Service Association QI | ★★★★ | ★★★★ | ★★+ | ★★ | ★ |
| Kaiser Foundation Health Plan QI | ★★★★★ | ★★★★★ | ★★★★+ | ★★★ | ★★ |
| ‘Ohana Health Plan QI | ★★ | ★ | ★★★★+ | ★★+ | ★+ |
| UnitedHealthcare Community Plan QI | ★★ | ★★★ | ★★+ | ★+ | ★+ |

*What do the stars represent?*

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| ★★★★★ | ★★★★ | ★★★ | ★★ | ★ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. The QI health plans' results were compared to NCQA's 2020 Quality Compass®: Benchmark and Compare Quality Data. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

**Table 3** shows the top-box scores on the evaluated CAHPS measures for the QI health plans.

Table 3—Top-Box Scores

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | 75.3% | 82.2% | 83.9%+ | 80.1%+ | 79.2%+ |
| Hawaii Medical Service Association QI | 76.1% | 82.9% | 87.2%+ | 84.2% | 82.9% |
| Kaiser Foundation Health Plan QI | 78.4% | 86.4% | 92.4%+ | 86.6% | 88.8% |
| ‘Ohana Health Plan QI | 70.3% | 73.3% | 91.3%+ | 84.9%+ | 80.3%+ |
| UnitedHealthcare Community Plan QI | 73.3% | 80.3% | 87.7%+ | 80.7%+ | 76.0%+ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. Scores were calculated using the methodology recommended by NCQA. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

## 5. Provider Survey

In calendar year (CY) 2021, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more QI health plans. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Hawaii Provider Survey. The goal of the survey is to supply feedback to the MQD as it relates to providers' perceptions of the QI health plans.

HSAG and the MQD developed a survey instrument designed to acquire provider information and gain providers' insight into the QI health plans' performance and potential areas of performance improvement. A total of 1,500 providers were sampled for inclusion in the survey administration: 200

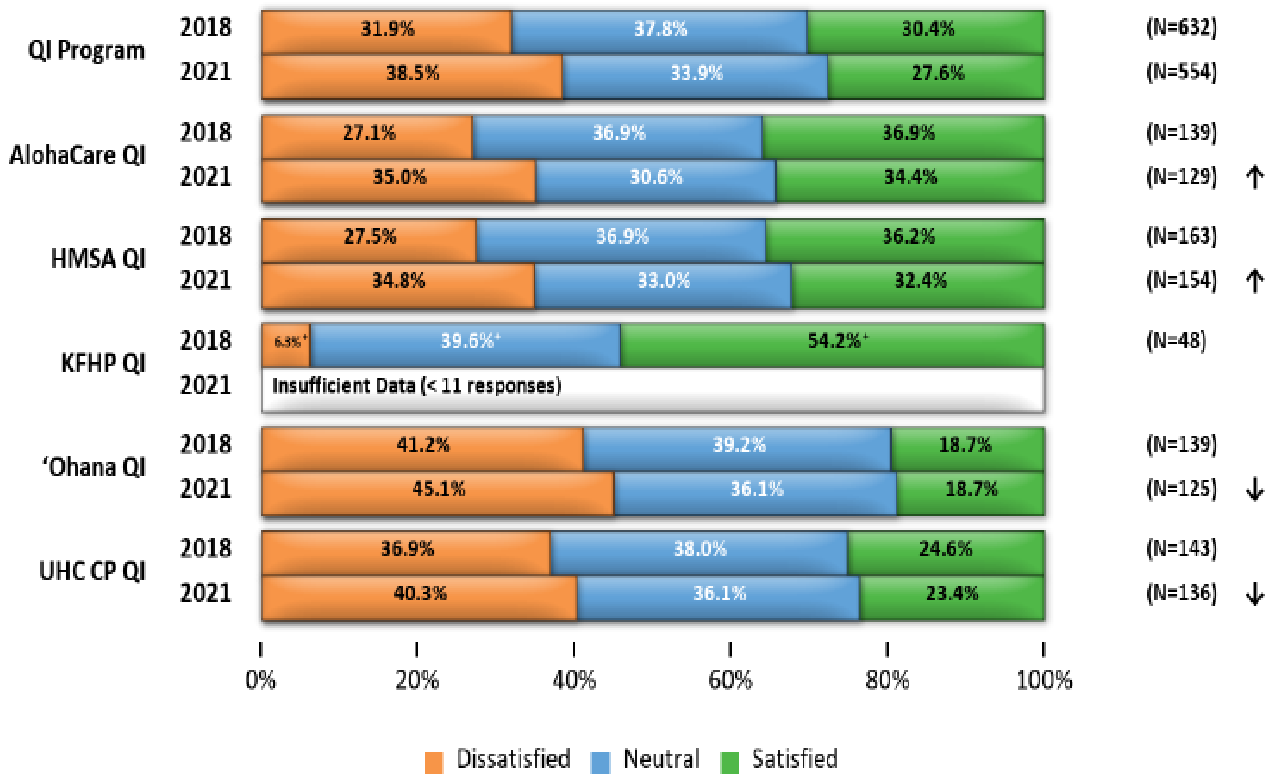
KFHP providers (i.e., KFHP QI) and 1,300 non-KFHP providers (i.e., AlohaCare QI, HMSA QI, ‘Ohana QI, and/or UHC CP QI providers). Providers completed the surveys from July to September 2021.

## Findings

General Positions

Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they receive from their contracted QI health plan(s). Figure 4-1 depicts the response category proportions for each QI health plan and the QI Program.

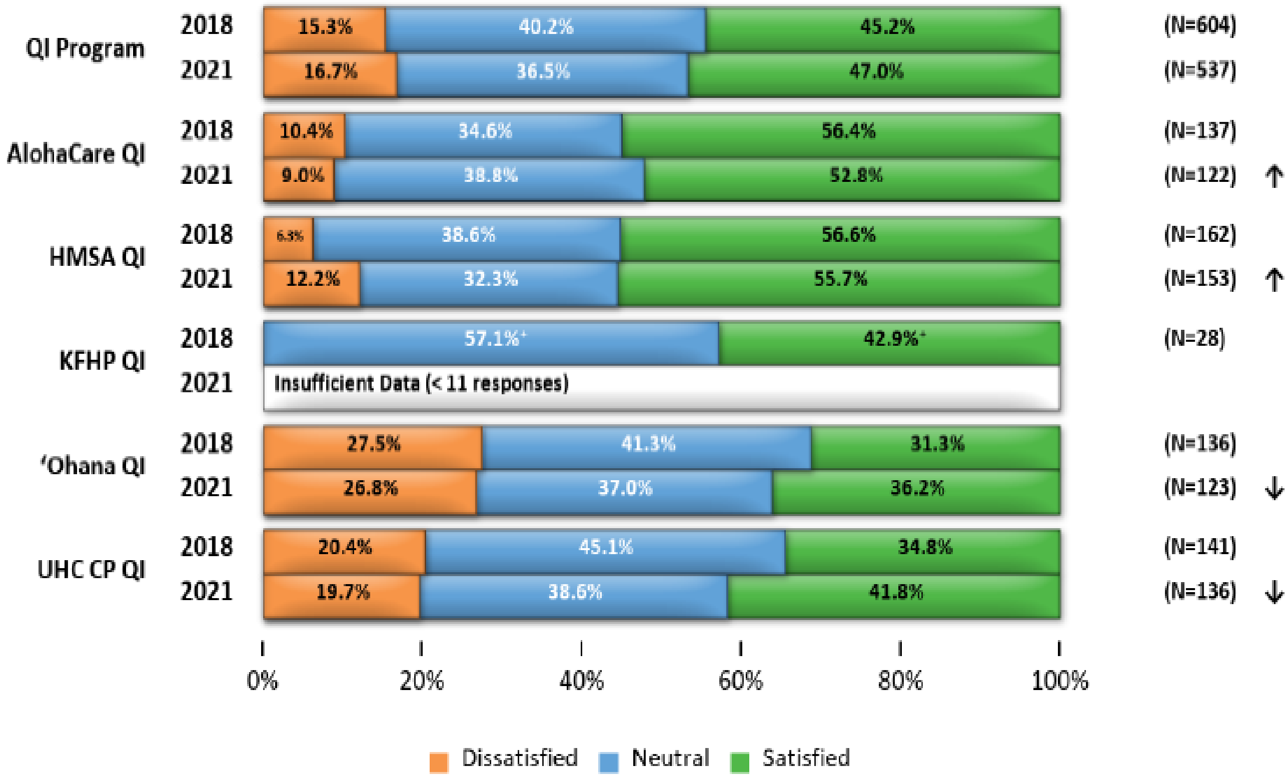
**Figure 4-1—General Positions: Compensation Satisfaction**




Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan’s top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan’s top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plan(s). Figure 4-2 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-2—General Positions: Timeliness of Claims Payments




Note: Percentages may not total 100.0%.

Providing Quality Care

Providers were asked two questions focusing on the impact QI health plans have on their ability to provide quality care. Areas rated included the prior authorization process and formularies. Figure 4-3 and Figure 4-4 depict the response category proportions for each QI health plan and the QI Program.

**Figure 4-3—Providing Quality Care: Prior Authorization Process**

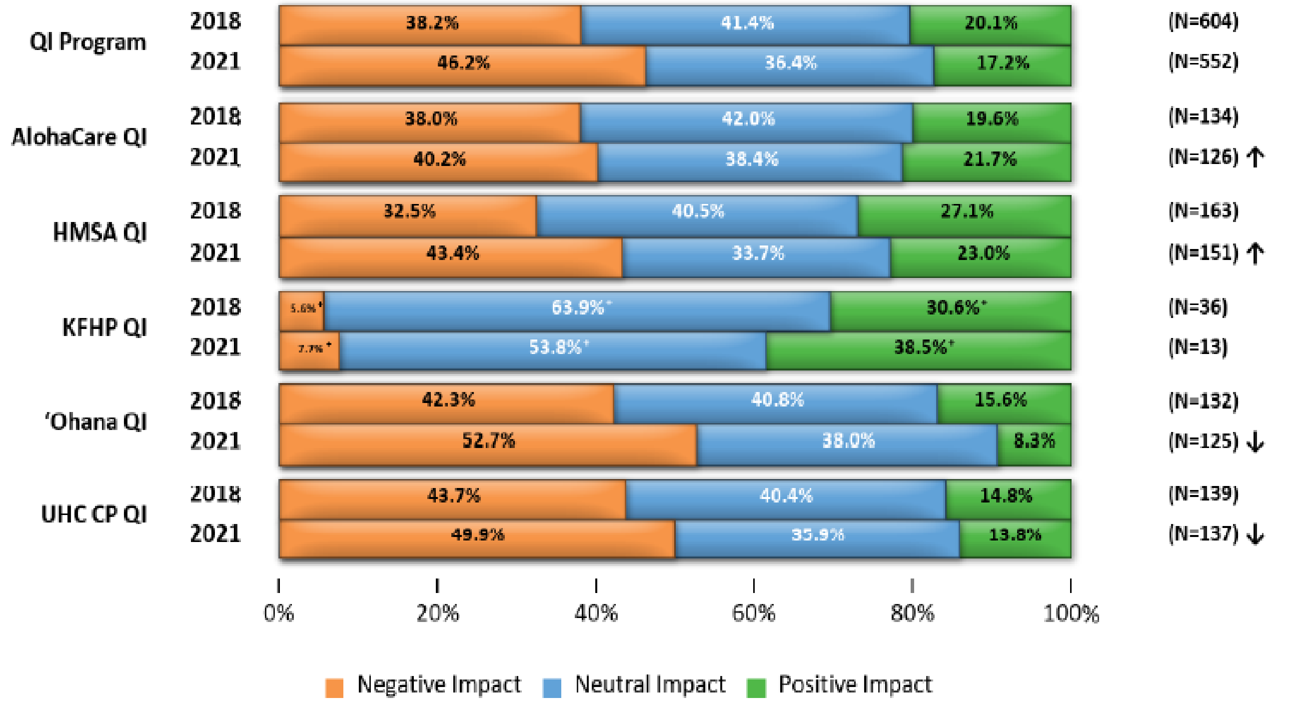
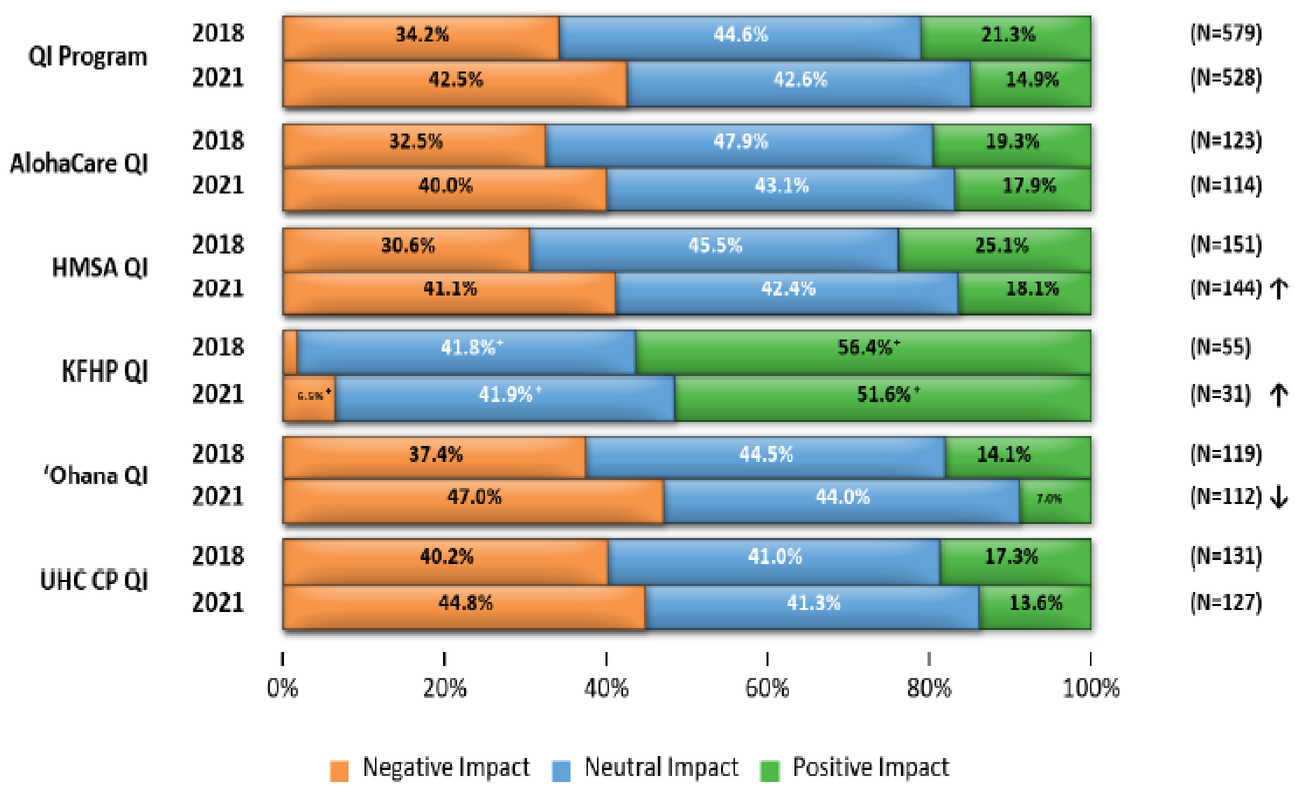


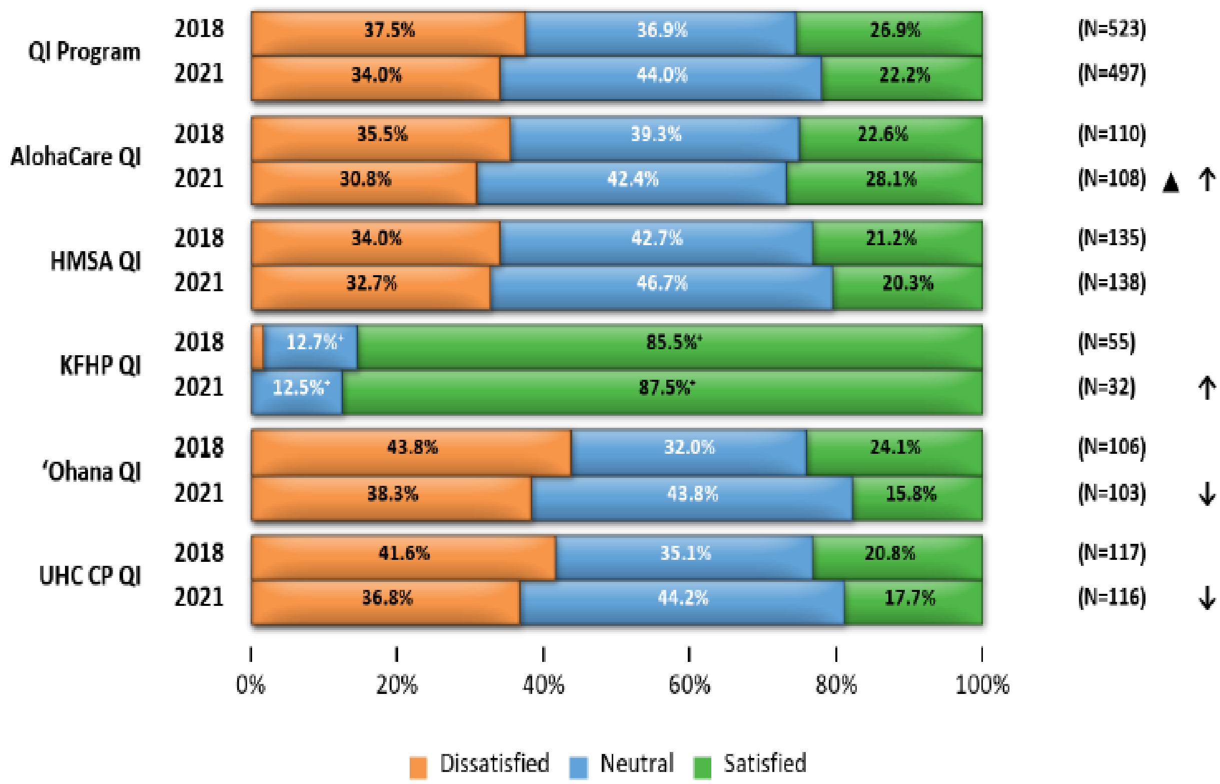

**Figure 4-4—Providing Quality Care: Formulary**



Non-Formulary

Providers were asked a question to rate the adequacy of the QI health plans' access to non-formulary drugs, when needed. Figure 4-5 depicts the response category proportions for each QI health plan and the QI Program.

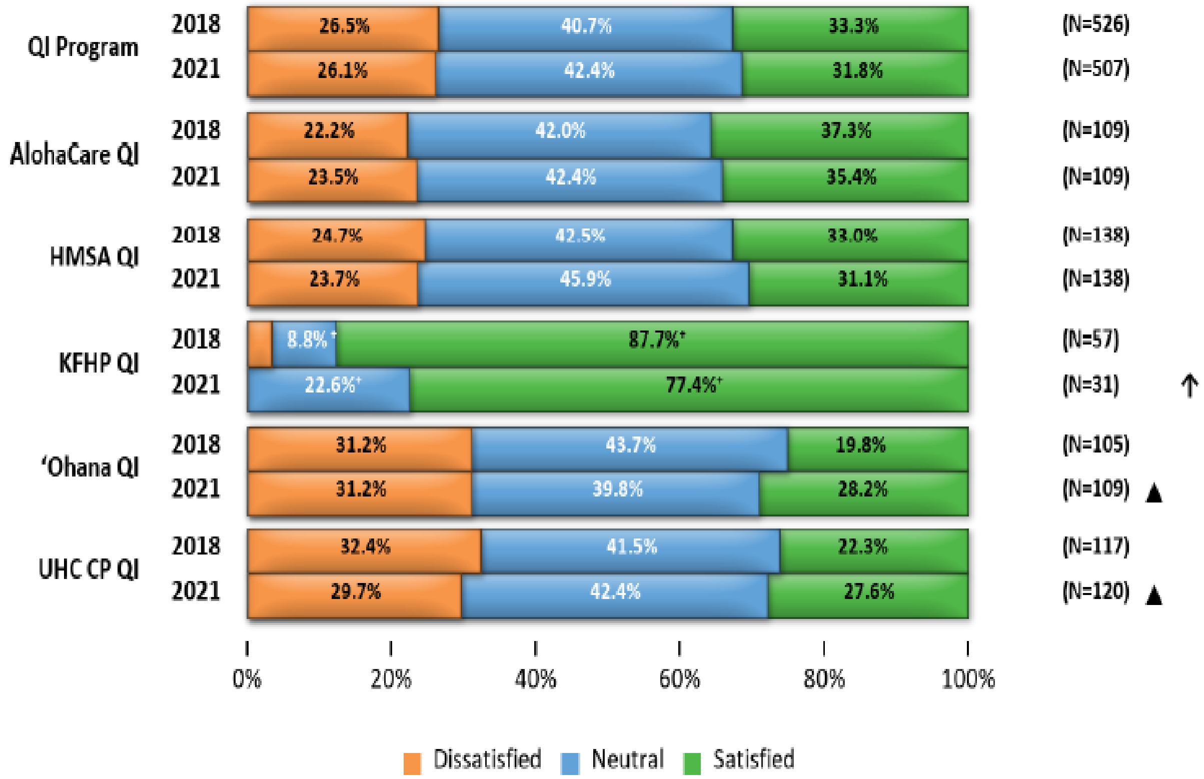
Figure 4-5—Non-Formulary: Adequate Access to Non-Formulary Drugs




Service Coordinators

Providers were asked to rate the adequacy of the help provided by the QI health plans' service coordinators when needed. Figure 4-6 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-6—Service Coordinators: Helpfulness of Service Coordinators




Specialists

Providers were asked two questions regarding QI health plans' specialists. Providers were asked to rate the adequacy of the network of specialists, as well as their satisfaction with the availability of mental health providers, including psychiatrists. Figure 4-7 and Figure 4-8 depict the response category proportions for each QI health plan and the QI Program.

**Figure 4-7—Specialists: Adequate Network of Specialists**

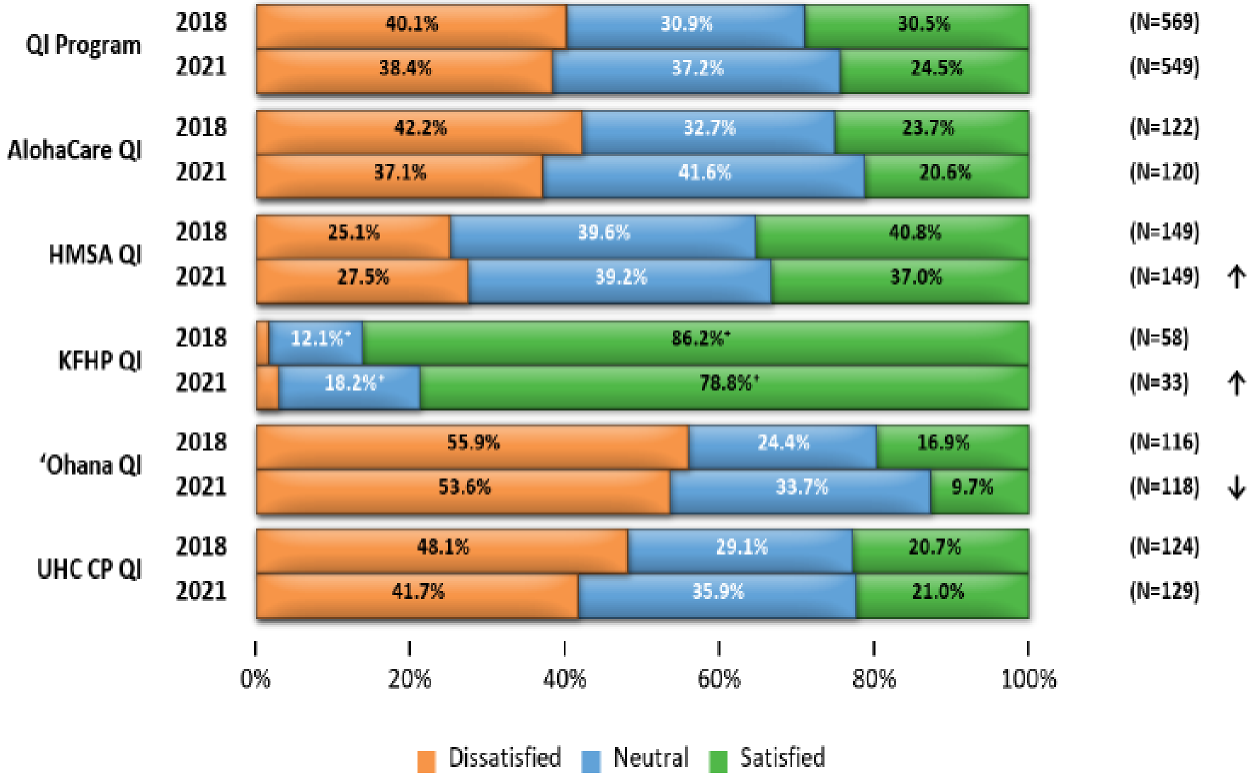
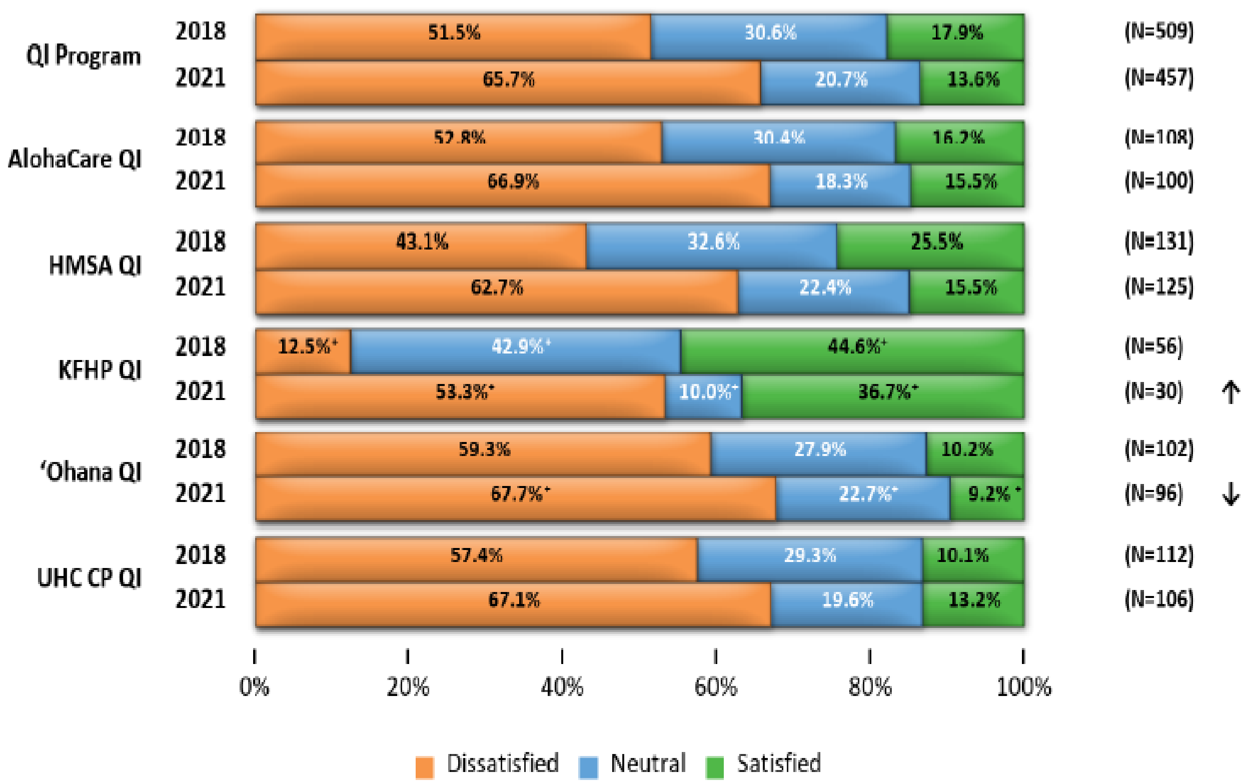


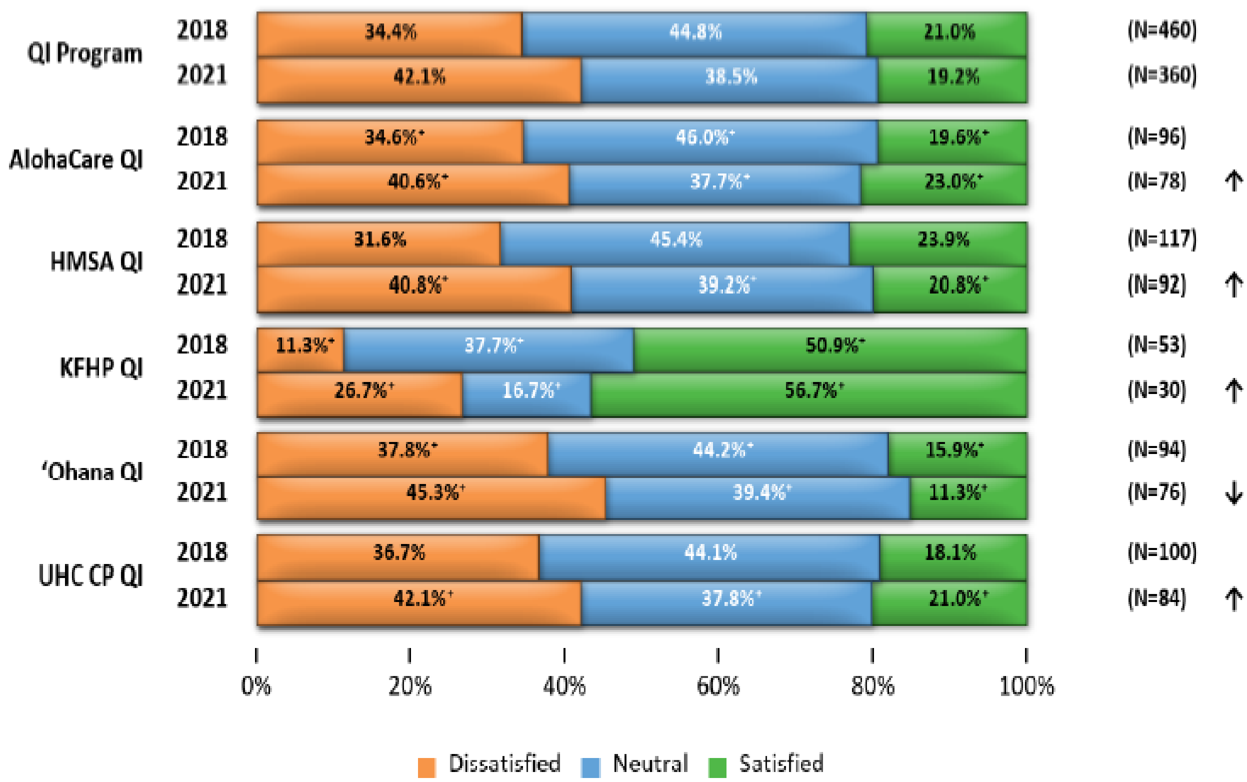

**Figure 4-8—Specialists: Availability of Mental Health Providers**



Substance Abuse

Providers were asked to rate the access to substance abuse treatment that was provided by the QI health plans. Figure 4-9 depicts the response category proportions for each QI health plan and the QI Program.

Figure 4-9—Substance Abuse: Access to Substance Abuse Treatment




# XII. Budget Neutrality and Financial Reporting Requirements

The Budget Neutrality spreadsheet for the quarter ending September 30, 2020 was submitted by the November 30, 2020 deadline.

## A. Total Annual Expenditures for the Demonstration Population for the Demonstration Year

Please see Attachment D: Schedule C, Quarter Ending September 30, 2021.

**B. Expenditures for Uncompensated Care Costs**

Please see Attachment D: Schedule C, Quarter Ending September 30, 2021.

# XIII. Evaluation Activities and Interim Findings

During FFY2021, MQD continued working with the University of Hawaii (UH) Evaluation Team on evaluation and data planning activities. These included the creation of brand new report templates to support a variety of reports that will collect data to support the evaluation project. Specifically, report templates were designed to collect new information on value-based purchasing and alternative payment models; special health care needs populations; LTSS populations; the CIS population; social determinants of health and health disparities; and the advancing primary care initiative. UH Evaluation and MQD provided technical assistance and training to health plans on completing these reports. In addition, MQD has been training the team on accessing and using other MQD data to support evaluation activities.

# XIV. Other

*Provider Management System Upgrade (PMSU) - HOKU (Hawaii Online Kahu Utility)*

In partnership with Arizona Health Care Cost Containment System (AHCCCS), MQD has moved forward with upgrading existing provider management software. A PMSU vendor was selected in FFY 2018 quarter three, and we received approval of this vendor contract in FFY 2019 quarter one. The Internal Verification & Validation (IVV) vendor was selected in FFY 2018 quarter four, to monitor the PMSU project. The initial go-live date of August 26, 2019 was postponed until March 2, 2020, to account for unforeseen complexities in business rules development and software coding and implementation. The go-live date was then postponed to April 13, 2020 to ensure thorough testing of the system. As we approached April 13, MQD and AHCCCS decided to postpone the go-live date due to the COVID-19 public health emergency (PHE). The official go-live date was August 3, 2020.

MQD issued a request for proposal in 2019 to secure a vendor for our Provider Enrollment and Revalidation contract. MQD awarded the contract to Koan, with an effective contract date of January 1, 2020. With the Provider Enrollment and Revalidation contract, Koan is responsible with managing MQD's provider hotline, imaging (scanning) provider applications and assisting with screening and inputting provider enrollment and revalidation applications.

MQD named the PMSU project, Hawaii's Online Kahu Utility (HOKU). Hoku, in Hawaiian means guiding star. Kahu, in Hawaiian means caretaker or pastor, one who looks after their flock. Med-QUEST providers are caretakers looking after and taking care of members.

MQD named the PMSU project, Hawaii's Online Kahu Utility (HOKU). Hoku, in Hawaiian means guiding star. Kahu, in Hawaiian means caretaker or pastor, one who looks after their flock. Med-QUEST providers are caretakers

looking after and taking care of members. HOKU's go-live date was August 3, 2020. MQD conducted various training sessions and provided training materials (YouTube videos and PPT slide decks). There are training videos for each HOKU enrollment type (Group Biller, Individual Provider, Atypical Provider, Facility/Agency/Organization and Atypical Agency). The tech writer is also assisting with reviewing/approving provider applications. During the first few months of HOKU's go-live period, MQD and Koan staff began to learn how to navigate HOKU, review applications and approve/deny applications in the live environment. MQD and Koan met daily to discuss issues and ask questions, and also meet with CNSI a few times each week to discuss identified issues and request assistance for specific application review steps.

In FFY 2021, the new HOKU system went through certification review, and was certified.

MQD has been collaborating with the MCOs and is using their assistance to reach out to providers that have not yet registered in HOKU. This will help to increase the number of providers that register in HOKU.

Below is a snapshot of the provider application statistics at the end of September.

| Application Status | Number of Applications | Description |
|---|---|---|
| In Process | 1,886 | Number of applications providers are currently working on in HOKU but have not yet submitted. |
| In Review | 1,938 | Number of applications providers submitted in HOKU and are awaiting State Review. |
| Approved | 2,492 | Number of applications State reviewed and approved. |

### *Electronic Visit Verification (EVV)*

In accordance with the 21st Century Cures Act, Med-QUEST Division (MQD) executed an Electronic Visit Verification (EVV) soft launch in early October 2020. In the federal fiscal year (FFY) 2021, development, configuration, implementation, training, and support of EVV was accomplished with the assistance of a statewide EVV vendor. The CMS Operational Readiness Review meeting was held in October 2020 an no issues were identified.

FFY2021 continued with EVV system and user interface refinements and the completion of provider agency and MCO training statewide virtual training forums. Throughout FFY2021, MQD communicated progress to stakeholders via several modes of communication including email, electronic newsletters, virtual meetings, and EVV webpage updates.

MQD's future work will include; regular communications with stakeholders, collaboration with the IV&V vendor on process enhancements and working with the EVV vendor towards solution implementation and support.

FFY2021 summary:

OCTOBER

During the month of October 2020, HI went live with a soft launch of EVV statewide. All MQD members and the majority of EVV providers and authorizations were loaded into the state vendor Sandata. The first of many instructor-led webinar training sessions commenced. This allowed provider agencies to begin setting up and configuring the EVV solution. EVV visits were also starting to be recorded. The CMS Operational Readiness Review meeting was held. Hosted a third virtual EVV town hall meeting open to the public. The AZ and HI EVV Project Teams continued to work the project schedule, participated in focused workstreams that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV status and questions. Aligning with the Open Model approach, Alternate EVV vendor testing with Sandata continued.

NOVEMBER

During the month of November 2020, additional instructor-led webinar training sessions continued. All but one MCO completed the claims validation testing with the EVV vendor. The remaining MCO has manual EVV claims validation process implemented until testing is complete. Authorization upload issues were discovered by the EVV vendor that were assessed and resolved. The EVV Project Teams continued focused workstream meetings that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project. Finalized and approved the EVV training schedule. Met with the provider agencies to review the training schedule, authorization cutover and 3rd party EVV vendor requirements.

DECEMBER

During the month of December, additional instructor-led webinar training sessions continued. Additional authorization upload issues were discovered by the EVV vendor that were assessed and resolved. Met one-on-one with many provider agencies to address EVV questions and perform mini-training sessions. Hosted the eighth EVV town hall meeting open to the public. Implemented the statewide mandatory use of EVV on the 30th of December 2020.

JANUARY

During the month of January 2021, 100% of provider IDs became active and were ready for authorizations and EVV visits. Achieved a 95% completion rate for the provider agency self-paced Sandata administration training allowing provider agencies to begin setting up and configuring the EVV solution. The final sessions of Sandata instructor-led training completed. The EVV vendor Sandata fixed a second Authorization load issue. The AZ and HI EVV Project Teams continued to work the project schedule, participated in focused workstreams that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV status and questions. Aligning with the Open Model approach, Alternate EVV vendor testing with Sandata continued.

FEBRUARY

During the month of February 2021, Med-QUEST performed outreach to all EVV provider agencies that have not loaded visits. Increased outreach activity for provider agencies from monthly meetings to bi-weekly. All MCOs completed the second round of authorization validation between what was sent to the EVV vendor and what is found in production. As a result of the authorization validation efforts, MCOs identified missing authorizations for correction and resubmission. The EVV vendor Sandata fixed a mobile application issue that prevented switching services when capturing visits. The EVV Project Teams continued focused workstream meetings that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines.

MARCH

During the month of March 2021, multiple 1-on-1 provider agency review sessions were held to review EVV visit statuses, so they clearly understand the overall situation when the hard edit is turned on. The majority of authorizations were sent from the state and MCOs to be loaded into the state EVV vendor Sandata. However, an issue persists with the EVV vendor getting the authorizations transferred from a staging environment to the production environment. Established and held 1st weekly Alt EVV Vendor group meeting to review EVV requirements and address/resolve visit upload issues. Met with 1-on-1 with Alt EVV vendors to address issues preventing visit uploads. Attended the second of three DOMO (Business intelligence reporting tool) training sessions with Sandata. All bulk orders for the Self-directed devices from the EVV vendor was delivered. Determined the Hard Edit date needed to move from 4/1/21 to 7/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

APRIL

During the month of April 2021, achieved 97% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for the remaining 3% of provider agencies. Resolved a technical issue preventing self-directed members from logging in. Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with the state's EVV Vendor Sandata to review change request requirements. Met with a provider agency to review initial EVV claims validation results. Identified remaining missing member in the EVV solution and resolved with the Member Eligibility team. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

MAY

During the month of May 2021, established a reporting process with the MCOs to monitor the claims validated against the EVV visits. Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

JUNE

During the month of June 2021, created a weekly DDD EVV Claims Validation Report that is sent to provider agencies calling out specific claim line items that are failing the soft-edit validation. Sandata fixed the Visit Verification Exception allowing agencies to acknowledge visit issues. This informs provider agencies about issues that need to be addressed with additional training. Determined the Hard Edit date needed to move from 7/1/21 to 9/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

JULY

During the month of July 2021, achieved 100% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for provider agencies that did not utilize an EVV solution. Identified and resolved one MCO that was not generating EVV authorizations correctly. Continued to meet with the state's EVV vendor to address CAP items. EVV vendor resolved a visit status reporting inconsistency. While not completely resolved the EVV vendor made dramatic improvements getting EVV authorizations into their production environment.

Determined the Hard Edit date needed to move from 9/1/21 to 10/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with provider agencies to review initial EVV claims validation results. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

AUGUST

During the month of August 2021, created, distributed, and posted a revised EVV Provider Type memo clarifying agency requirements. The state's EVV vendor updated the system for provider agencies to make additional corrections to recorded visits.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

SEPTEMBER

During the month of September2021, created and released a memo defining the 5 new service code/modifier combinations that will be supported in EVV. The MCOs began testing authorization sub-limits and Plan of Care support with the state's EVV vendor. Extracted and distributed the EVV Fraud Waste and Abuse visit data to the MCOs for review and investigations.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

### *Clinical Care Guidelines*

In the 2021 federal fiscal year, the COVID-19 public health emergency (PHE) influenced much of the work. Planning was also ongoing in anticipation of the PHE's end.

Infection prevention was high priority. In collaboration with multiple partners including the Hawai'i Emergency Management Agency, Department of Health, and local pharmacies, COVID-19 vaccinations were provided at home for beneficiaries, caregivers, and eligible household residents in Community Care Foster Family Homes (CCFFHs). Planning also began for in-home booster shots. Free personal protective equipment was provided to CCFFH operators statewide in collaboration with multiple partners, including our contracted Managed Care Organizations (MCOs) and CCFFH caregiver associations. Routine outreach to our stakeholders including our MCOs, community care management agencies, and home and community-based residential providers reinforced infection prevention, information about caring for infected individuals, and PHE status updates.

Supporting facility capacity and access to care were also priorities. Supportive efforts included addressing hospital capacity issues by working with our MCOs and other stakeholders to expedite appropriate discharge placement. Guidance was also issued to update subacute level of care criteria to support the most appropriate level of care and setting for individuals and to expedite hospital discharge. Ensuring access and continuity of care, coverage of services provided through audio-only technology (a service mode not generally covered pre-PHE) were extended at least until the end of the federal PHE when the state's emergency proclamation allowing this flexibility expired.

Addressing PHE concerns highlighted areas for post-PHE planning – particularly capacity and access issues. In addressing hospital decompression, closer scrutiny of the discharge and placement process continues. Work is ongoing with partners to support the buildup of CCFFHs, particularly in rural areas, to provide more long term care choices for our beneficiaries, and expedite hospital discharges with appropriate and cost-effective placements. Finally, post-PHE policy planning for telehealth is ongoing. The PHE highlighted issues including access, quality of care, and audio-only mode. Work continues with stakeholders to support appropriate care provided through telehealth.

### *Community Integration Services (CIS) Rapid Cycle Assessments*

The UH Evaluation Team started the CIS rapid cycle assessments in July 2021. Findings from these assessments and other reporting requirements will be synthesized, compiled, and shared with all stakeholders in November/December. Additional meetings have been planned for December 2021. The UH Evaluation team is planning for meeting with the Housing Service Providers.

# XV. MQD Contact

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# QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

| | Oct-20 | | | | | Nov-20 | | | | | Dec-20 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| **# Members** | | | | | | | | | | | | | | | |
| Medicaid | 66,602 | 172,900 | 39025 | 29190 | ###### ## | 67,585 | 176,131 | 40941 | 29535 | ###### #### | 68,632 | 179,332 | 42933 | 29771 | ###### ### |
| Duals | 4,039 | 6,792 | 1722 | 9526 | ###### ## | 4,071 | 6,966 | 1781 | 9515 | ###### #### | 4,123 | 7,154 | 1899 | 9521 | ###### ### |
| Total | **70,641** | **179,692** | **40747** | **38716** | **55,452** | **71,656** | **183,097** | **42722** | **39050** | **56,379** | **72,755** | **186,486** | **44832** | **39292** | **56,774** |
| **# Network Providers** | | | | | | | | | | | | | | | |
| PCPs | 822 | 1,065 | 226 | 811 | 913 | 836 | 1,081 | 221 | 814 | 915 | 834 | 1,093 | 222 | 809 | 920 |
| PCPs - (accepting new members) | 697 | 858 | 210 | 594 | 622 | 711 | 874 | 205 | 595 | 620 | 710 | 747 | 206 | **590** | 624 |
| Specialists | 2,748 | 3,084 | 438 | 1553 | 1,656 | 2,779 | 3,126 | 438 | 1553 | 1,663 | 2,792 | 3,141 | 458 | 1553 | 1,671 |
| Specialists (accepting new members) | 1,932 | 3,084 | 438 | 994 | 1,400 | 1,958 | 3,126 | 438 | 993 | 1,404 | 1,969 | 3,141 | 458 | **993** | 1,413 |
| Behavioral Health | 848 | 1,694 | 129 | 672 | 1,058 | 858 | 1,712 | 129 | 676 | 1,061 | 866 | 1,717 | 196 | 677 | 1,067 |
| Behavioral Health (accepting new members) | 763 | 1,694 | 129 | 627 | 1,025 | 773 | 1,712 | 129 | 627 | 1,028 | 782 | 1,717 | 196 | **627** | 1,034 |
| Hospitals | 25 | 27 | 13 | 24 | 23 | 25 | 27 | 13 | 24 | 23 | 25 | 27 | 13 | 24 | 23 |
| LTSS Facilities (Hosp w/ NF unit/NF) | 47 | 37 | 21 | 38 | 34 | 48 | 38 | 24 | 38 | 33 | 45 | 38 | 20 | 38 | 35 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 617 | 618 | 140 | 1053 | 1,191 | 620 | 625 | 148 | 1052 | 1,191 | 624 | 628 | 136 | 1052 | 1,191 |
| HCBS Providers (except residential settings and LTSS facilities) | 83 | 154 | 67 | 91 | 56 | 81 | 155 | 65 | 91 | 56 | 88 | 157 | 67 | 92 | 58 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | 1,939 | 2,472 | 116 | 1782 | 1,822 | 1,954 | 2,508 | 119 | 1783 | 1,835 | 1,972 | 2,531 | 256 | 1784 | 1,841 |
| Total # of providers | **7,129** | **9,151** | **1150** | **6,024** | **6,753** | **7,201** | **9,272** | **1157** | **6,031** | **6,777** | **7,246** | **9,332** | **1368** | **6,029** | **6,806** |
| **Call Center** | | | | | | | | | | | | | | | |
| # Member Calls | 4,443 | 8,957 | 627 | 5,399 | 4,516 | 3,611 | 8,311 | 1,375 | 4,869 | 3,727 | 3,917 | 9,014 | 713 | 5,056 | 3,850 |
| Avg. time until phone answered | 0:00:08 | 0:00:22 | 0:00:08 | 0:00:20 | 0:00:27 | 0:00:07 | 0:00:23 | 0:00:09 | 0:00:24 | 0:00:07 | 0:00:06 | 0:00:22 | 0:00:07 | 0:00:31 | 0:00:07 |
| Avg. time on phone with member | 0:06:30 | 0:07:28 | 8:52 | 0:09:13 | 0:07:35 | 0:06:38 | 0:07:18 | 6:51 | 0:08:55 | 0:07:54 | 0:06:45 | 0:07:18 | 6:29 | 0:08:33 | 0:08:17 |
| % of member calls abandoned (member hung up) | 0.52% | 2.23% | 1% | 1% | 1.80% | 0.69% | 2.59% | 0% | 2% | 0.40% | 0.28% | 2.33% | 0% | 3% | 0.50% |
| # Provider Calls | 6,821 | 5,335 | 85 | 2,708 | 2,300 | 5,942 | 4,584 | 116 | 2,285 | 1,902 | 6,516 | 4,974 | 83 | 2,376 | 2,015 |
| Avg. time until phone answered | 0:00:16 | 0:00:28 | 0:00:07 | 0:00:11 | 0:00:01 | 0:00:18 | 0:00:31 | 0:00:04 | 0:00:22 | 0:01:01 | 0:00:10 | 0:00:20 | 0:00:05 | 0:00:18 | 0:00:11 |
| Avg. time on phone with provider | 0:06:40 | 0:08:28 | 4:41 | 0:08:55 | 0:07:34 | 0:06:31 | 0:07:55 | 5:06 | 0:08:53 | 0:07:15 | 0:06:26 | 0:08:19 | 4:55 | 0:08:40 | 0:07:23 |
| % of provider calls abandoned (provider hung up) | 1.07% | 2.21% | 0% | 1% | 0.04% | 1.50% | 2.23% | 0% | 2% | 0.50% | 0.63% | 1.65% | 0% | 2% | 0.89% |
| **Medical Claims- Electronic** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 2,762 | 3,238 | 0 | 3238 | 3,882 | 2,348 | 2,660 | 0 | 2660 | 4,081 | 1,843 | 2,456 | 0 | 12848 | 3,408 |
| # Received | 52,785 | 164,544 | 33809 | 198353 | 83,984 | 48,147 | 153,209 | 33067 | 186276 | 80,629 | 54,780 | 162,427 | 35632 | 242471 | 83,694 |
| # Paid | 44,118 | 171,403 | 32385 | 203788 | 77,459 | 50,067 | 137,499 | 30028 | 167527 | 73,221 | 46,923 | 161,709 | 33174 | 209970 | 78,424 |
| # In Process | 9,513 | 40,222 | 510 | 40732 | 1,792 | 6,699 | 44,843 | 2100 | 46943 | 4,475 | 11,183 | 31,553 | 1420 | 54158 | 1,671 |
| # Denied | 2,907 | 14,801 | 914 | 15715 | 11,123 | 3,453 | 11,089 | 939 | 12028 | 8,363 | 3,386 | 14,008 | 1038 | 26522 | 9,531 |
| Avg time for processing claim in days | 5 | 8 | 2 | 5.6 | 6 | 7 | 9 | 1 | 5.8 | 6 | 5 | 9 | 2 | 5 | 6 |
| % of electronic claims processed in 30 days | 99% | 99% | 99.99 | 100% | 99.8 | 97% | 99% | 99.99 | 100% | 100.0 | 98% | 99% | 99.97 | 100% | 100.0 |
| % of electronic claims processed in 90 days | 100% | 100% | 100 | 100% | 100.0 | 100% | 100% | 100 | 100% | 100.0 | 100% | 100% | 100 | 100% | 100.0 |
| (month to date) | | | | | | | | | | | | | | | |
| **Medical Claims- Paper** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 451 | 979 | 12 | 991 | 758 | 289 | 777 | 6 | 783 | 972 | 306 | 934 | 8 | 552 | 796 |
| # Received | 14,899 | 15,625 | 7 | 15632 | 6,729 | 13,486 | 15,642 | 6 | 15648 | 6,647 | 14,423 | 14,605 | 11 | 19273 | 6,906 |
| # Paid | 12,573 | 15,045 | 1 | 15046 | 5,722 | 12,942 | 13,530 | 0 | 13530 | 5,229 | 12,314 | 14,360 | 7 | 14846 | 6,042 |
| # In Process | 7,383 | 8,831 | 3 | 8834 | 199 | 3,894 | 8,923 | 3 | 8926 | 749 | 5,404 | 7,099 | 1 | 5550 | 209 |
| # Denied | 1,615 | 2,456 | 3 | 2459 | 1,483 | 1,823 | 2,020 | 3 | 2023 | 1,387 | 1,854 | 2,069 | 3 | 4187 | 1,603 |
| Avg time for processing claim in days | 10 | 17 | 3 | 8.5 | 6 | 14 | 17 | 21 | 10 | 6 | 12 | 17 | 13 | 8 | 6 |
| % of electronic claims processed in 30 days | 97% | 95% | 100.00 | 99% | 99.7 | 93% | 95% | 100.00 | 100% | 99.9 | 95% | 93% | 80.00 | 100% | 99.9 |
| % of electronic claims processed in 90 days | 100% | 100% | 100.00 | 99% | 100.0 | 100% | 100% | 100.00 | 100% | 100.0 | 100% | 99% | 100.00 | 100% | 100.0 |
| **Prior Authorization (PA)- Electronic** | | | | | | | | | | | | | | | |
| # Received | 266 | 2624 | 904 | 330 | 2,138 | 184 | 2300 | 937 | 269 | 1,097 | 213 | 2632 | 830 | 515 | 1,130 |
| # In Process | 49 | 443 | 35 | 285 | 133 | 45 | 260 | 47 | 237 | 0 | 34 | 192 | 62 | 357 | 0 |
| # Approved | 204 | 2,512 | 838 | 1,157 | 1,811 | 135 | 2,272 | 873 | 524 | 1,004 | 176 | 2534 | 739 | 385 | 1,044 |
| # Denied | 44 | 215 | 31 | 16 | 194 | 38 | 211 | 17 | 16 | 93 | 45 | 255 | 29 | 11 | 86 |
| Avg time for PA in days | 1 | 4 | 3 | 29 | 2 | 1 | 4 | 3 | 32 | 1 | 1 | 3 | 3 | 4 | 1 |
| (month to date) | | | | | | | | | | | | | | | |
| **Prior Authorization (PA)- Paper and Telephone** | | | | | | | | | | | | | | | |
| # Received | 1,627 | 584 | 0 | 1,026 | 128 | 1,515 | 488 | 0 | 1,007 | 705 | 1,771 | 530 | 0 | 1,460 | 804 |
| # In Process | 320 | 27 | 0 | 922 | 8 | 437 | 45 | 0 | 916 | 0 | 293 | 18 | 0 | 1,330 | 0 |
| # Approved | 1,246 | 523 | 0 | 1,025 | 114 | 1,231 | 415 | 0 | 1,005 | 606 | 1,402 | 507 | 0 | 1,409 | 699 |
| # Denied | 201 | 74 | 0 | 37 | 6 | 115 | 55 | 0 | 15 | 99 | 196 | 50 | 0 | 12 | 105 |
| Avg time for PA in days | 2 | 2 | 0 | 3 | 3 | 1 | 2 | 0 | 3 | 2 | 1 | 2 | 0 | 2 | 1 |
| (month-to-date) | | | | | | | | | | | | | | | |
| **# Non-Emergency Transports** | | | | | | | | | | | | | | | |
| Ground (# of round trips) | 3,169 | 4,050 | 600 | 5094 | 7,538 | 3,013 | 3,807 | 569 | 4626 | 6,974 | 3,422 | 4,544 | 614 | 5038 | 7,401 |
| Air (by segment) | 397 | 569 | 134 | 190 | 284 | 425 | 619 | 182 | 231 | 286 | 513 | 644 | 111 | 236 | 293 |
| Public Transportation Pass (bus pass & handivan coupons) | 1,168 | 950 | 318 | 1454 | 820 | 1,101 | 1,156 | 251 | 1367 | 934 | 838 | 1,156 | 528 | 1425 | 930 |
| **# Member Grievances** | | | | | | | | | | | | | | | |
| # Received | 25 | 6 | 16 | 36 | 22 | 31 | 16 | 10 | 21 | 33 | 22 | 13 | 15 | 20 | 20 |
| # Resolved | 19 | 15 | 20 | 7 | 27 | 33 | 7 | 12 | 3 | 20 | 28 | 16 | 13 | 2 | 37 |
| # Outstanding | 14 | 4 | 10 | 29 | 17 | 12 | 13 | 8 | 18 | 32 | 6 | 10 | 10 | 17 | 15 |
| **# Provider Grievances** | | | | | | | | | | | | | | | |
| # Received | 61 | 2 | 302 | 0 | 0 | 70 | 2 | 39 | 0 | 1 | 105 | 0 | 52 | 0 | 0 |

## QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

| | Oct-20 | | | | | Nov-20 | | | | | Dec-20 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **AlohaCare** | **HMSA** | **Kaiser** | **Ohana** | **UNITED** | **AlohaCare** | **HMSA** | **Kaiser** | **Ohana** | **UNITED** | **AlohaCare** | **HMSA** | **Kaiser** | **Ohana** | **UNITED** |
| # Resolved | 274 | 3 | 282 | 0 | 0 | 273 | 0 | 38 | 0 | 0 | 291 | 2 | 50 | 0 | 0 |
| # Outstanding | 506 | 2 | 20 | 0 | 0 | 301 | 4 | 1 | 0 | 0 | 115 | 2 | 2 | 0 | 1 |
| **# Member Appeals** | | | | | | | | | | | | | | | |
| # Received | 3 | 93 | 0 | 6 | 19 | 4 | 54 | 0 | 9 | 11 | 2 | 57 | 0 | 4 | 11 |
| # Resolved | 3 | 95 | 0 | 7 | 18 | 4 | 60 | 1 | 6 | 9 | 2 | 58 | 0 | 8 | 15 |
| # Outstanding | 1 | 20 | 0 | 3 | 7 | 1 | 14 | 0 | 6 | 9 | 1 | 13 | 0 | 2 | 5 |
| **# Provider Appeals** | | | | | | | | | | | | | | | |
| # Received | 12 | 19 | 0 | 27 | 71 | 3 | 11 | 0 | 21 | 39 | 2 | 12 | 0 | 44 | 53 |
| # Resolved | 59 | 16 | 0 | 31 | 65 | 46 | 22 | 0 | 19 | 40 | 41 | 10 | 0 | 37 | 48 |
| # Outstanding | 91 | 20 | 0 | 10 | 14 | 48 | 9 | 0 | 12 | 13 | 9 | 11 | 0 | 17 | 18 |
| **Utilization - based on Auth (A) or Claims (C )** | | | | | | | | | | | | | | | |
| Inpatient Acute Admits * (A) - per 1,000 | 60 | 81 | 4 | 87 | 56 | 59 | 78 | 3 | 83 | 58 | 58 | 74 | 3 | 88 | 58 |
| Inpatient Acute Days * (A) - per 1,000 | 305 | 242 | 19 | 694 | 420 | 316 | 230 | 20 | 493 | 425 | 312 | 231 | 17 | 589 | 393 |
| Readmissions within 30 days* (A) | 25 | 167 | 32 | 46 | 28 | 40 | 152 | 9 | 44 | 32 | 32 | 155 | 12 | 43 | 34 |
| ED Visits * (C ) - per 1,000** | 352 | 278 | 20 | 565 | 436 | 360 | 282 | 18 | 531 | 440 | 348 | 272 | 20 | 510 | 434 |
| # Prescriptions (C ) - per 1,000 | 7007 | 8,908 | 492 | 10,552 | 8,653 | 6,470 | 8,435 | 451 | 10,113 | 8,347 | 6,737 | 6,921 | 474 | 10, 441 | 8,073 |
| Waitlisted Days * (A) - per 1,000 | 25 | 2 | 3 | 48 | 125 | 32 | 3 | 1 | 40 | 111 | 24 | 3 | 1 | 6 | 127 |
| NF Admits * (A) | 43 | 15 | 8 | 9 | 41 | 28 | 7 | 4 | 9 | 25 | 35 | 12 | 6 | 12 | 38 |
| # Members in NF (non-Medicare paid days) (C)** | 252 | 301 | 87 | 679 | 681 | 229 | 300 | 92 | 654 | 649 | 240 | 297 | 105 | 608 | 669 |
| # Members in HCBS **(C)- note: member can be included in more than one category listed below | 272 | 397 | 223 | 1999 | 1377 | 275 | 391 | 230 | 1860 | 1,461 | 257 | 393 | 240 | 1891 | 1,491 |
| # Members in Residential Setting **(C) | 159 | 128 | 135 | 540 | 876 | 154 | 125 | 133 | 530 | 866 | 151 | 130 | 123 | 502 | 834 |
| # Members in Self-Direction **(C ) | 87 | 117 | 45 | 761 | 259 | 87 | 118 | 46 | 666 | 247 | 88 | 122 | 51 | 711 | 241 |
| # Members receiving other HCBS **(C) | 115 | 229 | 178 | 1238 | 1118 | 124 | 228 | 184 | 1194 | 1,214 | 112 | 227 | 189 | 1180 | 1,250 |
| # Members in At-Risk ** (C) | 812 | 841 | 147 | 852 | 1407 | 815 | 858 | 147 | 821 | 1,407 | 826 | 887 | 151 | 789 | 1,409 |
| # Members in Self-Direction **(C ) | 346 | 367 | 31 | 413 | 516 | 351 | 373 | 30 | 372 | 487 | 351 | 371 | 33 | 372 | 472 |
| # Members receiving other HCBS **(C ) | 314 | 738 | 116 | 447 | 891 | 291 | 752 | 117 | 403 | 920 | 348 | 758 | 118 | 406 | 937 |
| (* non-Medicare) (**lag in data of two months) | | | | | | | | | | | | | | | |

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.

PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFFH/EARCH/ALF, home care agencies , 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.

## QUEST Integration Health Plan Demographic Information by Island

as of: 12/31/2020

### ALOHA CARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs | 468 | 84 | 23 | 12 | 68 | 88 | 91 | 834 |
| **PCPs - (accepting new members)** | **393** | **74** | **20** | **10** | **57** | **76** | **80** | **710** |
| Specialists* | 2035 | 283 | 25 | 0 | 177 | 78 | 194 | 2792 |
| **members)** | **1448** | **183** | **12** | **0** | **121** | **55** | **150** | **1969** |
| Behavioral Health* | 539 | 116 | 12 | 3 | 48 | 82 | 66 | 866 |
| **Behavioral Health (accepting new members)** | **479** | **108** | **12** | **3** | **45** | **76** | **59** | **782** |
| Hospitals | 12 | 2 | 1 | 1 | 3 | 1 | 5 | 25 |
| LTSS Facilities (Hosp./NF) | 24 | 3 | 0 | 1 | 7 | 6 | 4 | 45 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 517 | 30 | 1 | 0 | 10 | 51 | 15 | 624 |
| HCBS Providers (except residential settings and LTSS facilities) | 43 | 13 | 4 | 3 | 7 | 13 | 5 | 88 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1268 | 246 | 27 | 14 | 140 | 134 | 143 | 1972 |
| **Totals** | **4906** | **777** | **93** | **34** | **460** | **453** | **523** | **7246** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 41243 | 9190 | 2282 | 480 | 5954 | 6898 | 6708 | **72755** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 88 | 109 | 99 | 40 | 88 | 78 | 74 | 87 |

Note: RFP requirement is 300 members for every PCP

### HMSA

| | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 689 | 93 | 15 | 14 | 65 | 107 | 110 | 1,093 |
| **PCPs - (accepting new members)** | **443** | **66** | **13** | **9** | **45** | **81** | **90** | **747** |
| Specialists* | 1,874 | 315 | 70 | 43 | 184 | 326 | 329 | 3,141 |
| **members)** | **1,874** | **315** | **70** | **43** | **184** | **326** | **329** | **3,141** |
| Behavioral Health* | 1,071 | 210 | 9 | 8 | 95 | 190 | 134 | 1,717 |
| **Behavioral Health (accepting new members)** | **1,071** | **210** | **9** | **8** | **95** | **190** | **134** | **1,717** |
| Hospitals | 14 | 2 | 1 | 1 | 3 | 1 | 5 | 27 |
| LTSS Facilities (Hosp./NF) | 26 | 2 | 1 | 0 | 3 | 5 | 1 | 38 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 498 | 31 | 1 | 0 | 12 | 64 | 22 | 628 |
| HCBS Providers (except residential settings and LTSS facilities) | 77 | 17 | 8 | 6 | 13 | 25 | 11 | 157 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1,625 | 280 | 33 | 21 | 162 | 179 | 231 | 2,531 |
| **Totals** | **5,874** | **950** | **138** | **93** | **537** | **897** | **843** | **9,332** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 109817 | 13876 | 947 | 193 | 12612 | 28955 | 20086 | **186,486** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 159 | 149 | 63 | 14 | 194 | 271 | 183 | 171 |

Note: RFP requirement is 300 members for every PCP

### KAISER

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 159 | 63 | | | | | | 222 |
| **PCPs - (accepting new members)** | 152 | 54 | | | | | | **206** |
| Specialists* | 373 | 85 | | | | | | 458 |
| **members)** | 373 | 85 | | | | | | **458** |
| Behavioral Health* | 158 | 38 | | | | | | 196 |
| **Behavioral Health (accepting new members)** | 158 | 38 | | | | | | **196** |
| Hospitals | 11 | 2 | | | | | | 13 |
| LTSS Facilities (Hosp./NF) | 19 | 1 | | | | | | 20 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 124 | 12 | | | | | | 136 |
| HCBS Providers (except residential settings and LTSS facilities) | 51 | 16 | | | | | | 67 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 191 | 65 | | | | | | 256 |
| **Totals** | **1086** | **282** | **0** | **0** | **0** | **0** | **0** | **1368** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 30317 | 14515 | | | | | | **44832** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 191 | 230 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 202 |

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)* | 552 | 52 | 9 | 10 | 73 | 69 | 44 | 809 |
| **PCPs - (accepting new members)** | **410** | **35** | **9** | **10** | **59** | **34** | **33** | **590** |
| Specialists* | 1170 | 108 | 13 | 4 | 113 | 76 | 69 | 1553 |
| **members)** | **708** | **88** | **13** | **4** | **53** | **66** | **61** | **993** |
| Behavioral Health* | 471 | 50 | 4 | 0 | 34 | 74 | 44 | 677 |
| **Behavioral Health (accepting new members)** | **448** | **34** | **3** | **0** | **34** | **68** | **40** | **627** |
| Hospitals | 11 | 2 | 1 | 1 | 3 | 1 | 5 | 24 |
| LTSS Facilities (Hosp./NF) | 23 | 3 | 1 | 1 | 5 | 2 | 3 | 38 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 883 | 41 | 0 | 0 | 18 | 85 | 25 | 1052 |
| HCBS Providers (except residential settings and LTSS facilities) | 51 | 8 | 2 | 0 | 4 | 21 | 6 | 92 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1124 | 180 | 15 | 6 | 131 | 172 | 156 | 1784 |
| **Totals** | **4285** | **444** | **45** | **22** | **381** | **500** | **352** | **6029** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 24573 | 4014 | 416 | 102 | 2184 | 4810 | 3193 | **39292** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 45 | 77 | 46 | 10 | 30 | 70 | 73 | 49 |

Note: RFP requirement is 300 members for every PCP

### UNITED HEALTHCARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 579 | 71 | 11 | 6 | 62 | 78 | 58 | 865 |
| **PCPs - (accepting new members)** | **419** | **27** | **6** | **4** | **55** | **44** | **36** | **591** |
| Specialists* | 1,281 | 171 | 66 | 9 | 114 | 217 | 189 | 2,047 |
| **members)** | **1,045** | **157** | **49** | **9** | **106** | **200** | **175** | **1,741** |
| Behavioral Health* | 765 | 245 | 61 | 63 | 171 | 237 | 202 | 1,744 |
| **Behavioral Health (accepting new members)** | **740** | **241** | **61** | **63** | **168** | **235** | **199** | **1,707** |
| Hospitals | 10 | 3 | 1 | 1 | 3 | 4 | 3 | 25 |
| LTSS Facilities (Hosp./NF) | 25 | 2 | | | 3 | 4 | 1 | 35 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 982 | 53 | 1 | | 23 | 109 | 23 | 1.191 |
| HCBS Providers (except residential settings and LTSS facilities) | 45 | 9 | 2 | | 7 | 18 | 4 | 85 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1,327 | 252 | 16 | 16 | 147 | 184 | 165 | 2,107 |
| **Totals** | **5.014** | **806** | **158** | **95** | **530** | **851** | **645** | **8.099** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 37,120 | 4,949 | 275 | 104 | 3,128 | 7,176 | 4,022 | **56.774** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 64 | 70 | 25 | 17 | 50 | 92 | 69 | 66 |

Note: RFP requirement is 300 members for every PCP

## QUEST Integration Health Plan Summary of Call Center Calls

as of: **12/31/2020**

### ALOHA CARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 66 | 5 | 0 | 2 | 6 | 9 | 5 | **93** |
| Network (provider look up, access) | 76 | 22 | 1 | 0 | 3 | 19 | 2 | **123** |
| Primary Care Physician Assignment or Change | 239 | 32 | 2 | 1 | 16 | 47 | 16 | **353** |
| NEMT (inquiry, scheduling) -*monthly report* | 466 | 49 | 19 | 4 | 16 | 62 | 30 | **646** |
| Authorization/Notification (prior auth status) | 713 | 64 | 8 | 2 | 23 | 60 | 32 | **902** |
| Eligibility (general plan eligiblity, change request) | 771 | 122 | 3 | 4 | 41 | 151 | 27 | **1119** |
| Benefits (coverage inquiry) | 146 | 21 | 0 | 0 | 15 | 34 | 5 | **221** |
| Enrollment (ID card request, update member information) | 49 | 3 | 0 | 0 | 2 | 11 | 1 | **66** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 381 | 18 | 0 | 0 | 6 | 29 | 8 | **442** |
| Billing/Payment/Claims | 517 | 32 | 3 | 1 | 16 | 45 | 13 | **627** |
| Appeals | 11 | 3 | 0 | 0 | 0 | 1 | 0 | **15** |
| Complaints and Grievances | 7 | 2 | 0 | 0 | 1 | 1 | 1 | **12** |
| Other | 250 | 39 | 4 | 1 | 19 | 24 | 7 | **344** |
| **Totals** | **3,692** | **412** | **40** | **15** | **164** | **493** | **147** | **4,963** |

### HMSA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 6 | 2 | 0 | 0 | 1 | 1 | 1 | **11** |
| Network (provider look up, access) | 122 | 15 | 1 | 0 | 8 | 14 | 25 | **185** |
| Primary Care Physician Assignment or Change | 1414 | 181 | 7 | 1 | 129 | 231 | 212 | **2175** |
| NEMT (inquiry, scheduling) -*monthly report* | 220 | 65 | 26 | 4 | 48 | 220 | 158 | **741** |
| Authorization/Notification (prior auth status) | 28 | 4 | 0 | 0 | 2 | 7 | 5 | **46** |
| Eligibility (general plan eligiblity, change request) | 492 | 66 | 1 | | 36 | 84 | 75 | **754** |
| Benefits (coverage inquiry) | 320 | 70 | 2 | 1 | 40 | 59 | 57 | **549** |
| Enrollment (ID card request, update member information) | 656 | 86 | 1 | 0 | 70 | 133 | 107 | **1053** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 63 | 9 | 0 | 0 | 9 | 14 | 12 | **107** |
| Billing/Payment/Claims | 164 | 24 | 0 | 1 | 12 | 34 | 27 | **262** |
| Appeals | 10 | 3 | 0 | 0 | 0 | 0 | 2 | **15** |
| Complaints and Grievances | 3 | 0 | 0 | 0 | 0 | 0 | 0 | **3** |
| Other | 478 | 85 | 4 | 2 | 58 | 114 | 90 | **831** |
| **Totals** | **3976** | **610** | **42** | **9** | **413** | **911** | **771** | **6732** |

### KAISER

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 2 | 0 | | | | | | **2** |
| Network (provider look up, access) | 23 | 10 | | | | | | **33** |
| Primary Care Physician Assignment or Change | 4 | 1 | | | | | | **5** |
| NEMT (inquiry, scheduling) -*monthly report* | 14 | 1 | | | | | | **15** |
| Authorization/Notification (prior auth status) | 0 | 0 | | | | | | **0** |
| Eligibility (general plan eligiblity, change request) | 262 | 58 | | | | | | **320** |
| Benefits (coverage inquiry) | 152 | 27 | | | | | | **179** |
| Enrollment (ID card request, update member information) | 31 | 15 | | | | | | **46** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 0 | 0 | | | | | | **0** |
| Billing/Payment/Claims | 19 | 3 | | | | | | **22** |
| Appeals | 0 | 0 | | | | | | **0** |
| Complaints and Grievances | 0 | 0 | | | | | | **0** |
| Other | 144 | 30 | | | | | | **174** |
| **Totals** | **651** | **145** | **0** | **0** | **0** | **0** | **0** | **796** |

### OHANA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 248 | 36 | 5 | 0 | 11 | 69 | 23 | **392** |
| Network (provider look up, access) | 45 | 3 | 0 | 0 | 2 | 11 | 2 | **63** |
| Primary Care Physician Assignment or Change | 84 | 30 | 1 | 0 | 4 | 20 | 10 | **149** |
| NEMT (inquiry, scheduling) -*monthly report* | 1281 | 279 | 26 | 14 | 4 | 22 | 10 | **1636** |
| Authorization/Notification (prior auth status) | 11 | 7 | 13 | 2 | 1 | 11 | 3 | **48** |
| Eligibility (general plan eligiblity, change request) | 47 | 21 | 0 | 0 | 5 | 7 | 8 | **88** |
| Benefits (coverage inquiry) | 207 | 31 | 1 | 0 | 12 | 51 | 21 | **323** |
| Enrollment (ID card request, update member information) | 202 | 28 | 6 | 0 | 16 | 52 | 25 | **329** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 112 | 12 | 2 | 0 | 5 | 25 | 5 | **161** |
| Billing/Payment/Claims | 10 | 6 | 0 | 0 | 0 | 6 | 2 | **24** |
| Appeals | 10 | 3 | 0 | 0 | 1 | 7 | 1 | **22** |
| Complaints and Grievances | 10 | 1 | 0 | 0 | 2 | 3 | 4 | **20** |
| Other | 1078 | 231 | 31 | 6 | 58 | 259 | 113 | **1776** |
| **Totals** | **3,345** | **688** | **85** | **22** | **121** | **543** | **227** | **5,031** |

## UNITED HEALTHCARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 131 | 17 | 0 | 0 | 14 | 28 | 11 | **201** |
| Network (provider look up, access) | 107 | 19 | 0 | 0 | 7 | 22 | 12 | **167** |
| Primary Care Physician Assignment or Change | 444 | 85 | 2 | 0 | 38 | 67 | 52 | **688** |
| NEMT (inquiry, scheduling) -*monthly report* | 62 | 9 | 1 | 0 | 3 | 29 | 19 | **123** |
| Authorization/Notification (prior auth status) | 24 | 4 | 1 | 0 | 1 | 10 | 16 | **56** |
| Eligibility (general plan eligiblity, change request) | 449 | 62 | 2 | 1 | 36 | 89 | 60 | **699** |
| Benefits (coverage inquiry) | 560 | 68 | 4 | 2 | 27 | 110 | 43 | **814** |
| Enrollment (ID card request, update member information) | 97 | 20 | 1 | 1 | 3 | 15 | 10 | **147** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 92 | 14 | 2 | 0 | 4 | 28 | 10 | **150** |
| Billing/Payment/Claims | 10 | 2 | 0 | 0 | 0 | 3 | 2 | **17** |
| Appeals | 13 | 4 | 1 | 0 | 1 | 0 | 0 | **19** |
| Complaints and Grievances | 0 | 2 | 0 | 0 | 0 | 0 | 0 | **2** |
| Other | 585 | 60 | 10 | 0 | 32 | 149 | 51 | **887** |
| **Totals** | **2,574** | **366** | **24** | **4** | **166** | **550** | **286** | **3,970** |

| | |
|---|---|
| Health plan shall highlight changes made for the previous month(s) | |
| **# Members** | Description of Information to Include |
| Medicaid | Number of members receiving QI benefit package who do not have Medicare primary |
| Duals | Number of members receiving dual benefits |
| Total | Total number of members |
| **# Network Providers** | **Providers count on the "Dashboard" sheet should be un-duplicated. The providers counts on the "HP Demographics by Island" sheet may be duplicated when an individual provider serves multiple islands. Providers such as pharmacy services may be counted based upon number of locations. Non-Hawaii based network providers shall be excluded from all counts.** |
| PCPs | PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool |
| PCPs - (accepting new members) | Number of PCPs (includes PCPs in clinics) accepting new members |
| Specialists | All specialists as defined in Section 40.220 |
| Specialists (accepting new members) | Number of Specialists accepting new members |
| Behavioral Health | All behavioral health providers as defined in Section 40.220 |
| Behavioral Health (accepting new members) | Number of Behavioral Health providers accepting new members |
| Hospitals | All hospitals |
| LTSS Facilities (Hosp./NF) | All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities) |
| Residential Setting (CCFFH, E-ARCH, and ALF) | All residential settings (CCFFH, E-ARCH, and ALF) |
| HCBS Providers (except residential settings and LTSS facilities) | All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies. |
| Total # of providers | Total of all providers listed |
| | **Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section.** |
| **Call Center** | |
| # Member Calls | # of calls received from members |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with member | Average time on the phone with member in minutes and seconds |
| % of member calls abandoned (member hung up) | Percent of member calls abandoned |
| # Provider Calls | # of calls received from providers |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with provider | Average time on the phone with provider in minutes and seconds |
| % of provider calls abandoned (provider hung up) | Percent of provider calls abandoned |
| **Medical Claims- Electronic** | **Note: (1) A " Processed claim" is a QI claim (not based on # of items/lines in the claim) that "PAID" or "DENIED" in the reporting period. Health plan shall determine how a claim is considered "PAID" or "DENIED". (2) When a single claim that has multiple RECEIVED/PAID/DENIED dates, health plan should use the LAST DATE that the final "PAID" or "DENIED" item/line is made for the 30/90 days calculation because this will be a "completely" processed claim.** |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of electronic claims processed in 30 days |
| % of claims processed in 90 days | % of electronic claims processed in 90 days |
| (month to date) | |
| **Medical Claims- Paper** | |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |

| | |
|---|---|
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of paper claims processed in 30 days |
| % of claims processed in 90 days | % of paper claims processed in 90 days |
| (month-to-date) | |
| **Prior Authorization (PA)- Electronic** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month to date) | |
| **Prior Authorization (PA)- Paper and Telephone** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month-to-date) | |
| **# Non-Emergency Transports** | |
| Ground (# of round trips) | # of ground trips for non-emergency transports. A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip not two (2) trips) |
| Air (by segment) | # of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments |
| Public Transportation Pass (bus pass & handivan coupons) | # of bus passes or handivan coupons issued |
| **# Member Grievances** | |
| # Received | # of member grievances received in the month |
| # Resolved | # of member grievances resolved in the month |
| # Outstanding | # of outstanding member grievances at the end of the month<br>Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month. |
| **# Provider Grievances** | |
| # Received | # of provider grievances received in the month |
| # Resolved | # of provider grievances resolved in the month |
| # Outstanding | # of outstanding provider grievances at the end of the month<br>Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month. |
| **# Member Appeals** | |
| # Received | # of member appeals received in the month |
| # Resolved | # of member appeals resolved in the month |
| # Outstanding | # of outstanding member appeals at the end of the month<br>Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month. |
| **# Provider Appeals** | |
| # Received | # of provider appeals received in the month |
| # Resolved | # of provider appeals resolved in the month |
| # Outstanding | # of outstanding provider appeals at the end of the month<br>Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month. |
| **Utilization - based on Auth (A) or Claims (C )** | |
| Inpatient Acute Admits * (A) - per 1,000 | # of inpatient acute admits (based on authorizations) in the month per 1,000 members |

| | |
|---|---|
| Inpatient Acute Days * (A) - per 1,000 | # of inpatient acute days (based on authorizations) in the month per 1,000 members |
| Readmissions within 30 days* (A) | # of readmissions within thirty (30) days in the month based upon authorizations |
| ED Visits* (C ) - per 1,000** | # of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits. |
| # Prescriptions (C ) - per 1,000 | # of prescriptions in the month (based upon claims) per 1,000 members |
| Waitlisted Days* (A) - per 1,000 | # of waitlisted days in the month (based upon authorizations) per 1,000 members |
| NF Admits * (A) | Authorized Non-Medicare nursing facility admissions |
| # Members in NF (non-Medicare paid days)**(C ) | Non-Medicare paid days (claims based) |
| # Members in HCBS **(C) | # of members in HCBS (excluldes members in at-risk) in the month (based upon claims). Member can be included in more than one category listed below.<br>Note: (1) The listing of HCPCS codes listed on the LTSS Report (Tab D. Auth by Service Code) shall be used to determine those HCPCS codes categorized as 'HCBS' (2) The # of members in HCBS (C ) will be based solely on paid claims during the reporting period. This determination will be made irrespective of the member's "1148" status/facility code (e.g. "299") |
| # Members in Residential Setting **( C) | # of HCBS members in Residential Setting (based upon claims).<br>Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031. |
| # Members in Self-Direction **(C ) | # of HCBS members in Self-Direction (based upon claims) |
| # Members receiving other HCBS **(C) | # of HCBS members receiving other HCBS servcies (based upon claims) as defined in Section 40.740.3 |
| # Members in At-risk**(C ) | # of members in At-risk in the month (based upon claims).<br>Note: The population of At-risk members will be based on a member having an active "at-risk" coded 1147 (i.e. Level of Care Approval Status = 11). Only those with paid claims against HCBS codes noted above shall be included. |
| # Members in Self-Direction ** ( C) | # of At-risk members in Self-Direction in the month (based upon claims) |
| # Members receiving other HCBS** (C ) | # of At-risk members receiving other HCBS services (based upon claims) |
| | **Note: Non-Medicare is for acute, ED, and prescriptions. Health plans should report on acute waitlisted, Medicaid primary NF, and all HCBS (even if these individuals are duals).** |

(*Non-Medicare) (**lag in data of two months)

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.
PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

# QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

| | Jan-21 | | | | | Feb-21 | | | | | Mar-21 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| **# Members** | | | | | | | | | | | | | | | |
| Medicaid | 68,954 | 184,507 | 45,034 | 28,830 | 40,767 | 69,927 | 186,763 | 41969 | 29018 | 41,128 | 70,759 | 188,817 | 42512 | 29121 | 41,190 |
| Duals | 4,069 | 7,324 | 2,005 | 9,274 | 16,064 | 4,113 | 7,474 | 1891 | 9239 | 16,091 | 4,170 | 7,703 | 1953 | 9248 | 16,090 |
| Total | **73,023** | **191,831** | **47,039** | **38,104** | **56,831** | **74,040** | **194,237** | **43860** | **38257** | **57,219** | **74,929** | **196,520** | **44465** | **38369** | **57,280** |
| **# Network Providers** | | | | | | | | | | | | | | | |
| PCPs | 857 | 1,092 | 222 | 807 | 919 | 877 | 1102 | 213 | 802 | 868 | 880 | 1100 | 212 | 794 | 847 |
| PCPs - (accepting new members) | 733 | 751 | 193 | 591 | 624 | 748 | 759 | 184 | 589 | 596 | 754 | 756 | 183 | 581 | 582 |
| Specialists | 2,811 | 3,149 | 458 | 1,553 | 1,682 | 2,822 | 3154 | 599 | 1553 | 1,685 | 2,853 | 3145 | 565 | 1551 | 1,703 |
| Specialists (accepting new members) | 1,989 | 3,149 | 458 | 993 | 1,425 | 2,016 | 3154 | 549 | 993 | 1,424 | 2,047 | 3145 | 565 | 991 | 1,436 |
| Behavioral Health | 882 | 1,727 | 194 | 680 | 1,066 | 899 | 1735 | 207 | 680 | 1,070 | 914 | 1725 | 228 | 680 | 1,067 |
| Behavioral Health (accepting new members) | 799 | 1,727 | 194 | 627 | 1,035 | 817 | 1735 | 207 | 627 | 1,036 | 834 | 1725 | 228 | 619 | 1,030 |
| Hospitals | 25 | 27 | 13 | 24 | 23 | 25 | 26 | 11 | 24 | 23 | 25 | 26 | 12 | 24 | 23 |
| LTSS Facilities (Hosp w/ NF unit/NF) | 50 | 38 | 20 | 38 | 43 | 50 | 46 | 20 | 38 | 43 | 50 | 46 | 21 | 38 | 43 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 625 | 629 | 136 | 1,052 | 1,191 | 625 | 630 | 140 | 1054 | 1,192 | 631 | 622 | 148 | 1054 | 1,192 |
| HCBS Providers (except residential settings and LTSS facilities) | 93 | 157 | 69 | 92 | 85 | 98 | 135 | 66 | 92 | 85 | 103 | 135 | 62 | 92 | 84 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | 2,052 | 2,541 | 251 | 1,786 | 1,845 | 2,120 | 2,498 | 282 | 1786 | 1,831 | 2,148 | 2,489 | 243 | 1788 | 1,846 |
| Total # of providers | **7,395** | **9,360** | **1,363** | **6,032** | **6,854** | **7,516** | **9,326** | **1538** | **6,029** | **6,797** | **7,604** | **9,288** | **1491** | **6,021** | **6,805** |
| **Call Center** | | | | | | | | | | | | | | | |
| # Member Calls | 4,284 | 10,286 | 793 | 5,311 | 4,087 | 3,986 | 9,492 | 569 | 4,801 | 3,589 | 7,479 | 10,794 | 618 | 5,693 | 4,065 |
| Avg. time until phone answered | 0 | 0 | 0 | 0 | 0:00:05 | 0:00:19 | 0:02:38 | 0:00:07 | 0:00:25 | 0:00:04 | 0:01:22 | 0:02:54 | 0:00:10 | 0:00:53 | 0:00:12 |
| Avg. time on phone with member | 0 | 0 | 0 | 0 | 0:08:12 | 0:06:07 | 0:07:35 | 6:26 | 0:08:25 | 0:07:26 | 0:06:28 | 0:07:43 | 6:38 | 0:08:41 | 0:07:23 |
| % of member calls abandoned (member hung up) | 0 | 0 | 0 | 0 | 0.20% | 2.73% | 12.82% | 1% | 2% | 0.20% | 10.30% | 13.92% | 1% | 4% | 0.70% |
| # Provider Calls | 6,581 | 5,101 | 98 | 2,687 | 2,184 | 6,315 | 5,521 | 85 | 2,506 | 2,127 | 6,968 | 6,501 | 97 | 2,535 | 2,231 |
| Avg. time until phone answered | 0 | 0 | 0 | 0 | 0:00:02 | 0:00:12 | 0:07:16 | 0:00:03 | 0:00:15 | 0:00:03 | 0:00:26 | 0:06:41 | 0:00:09 | 0:00:10 | 0:00:08 |
| Avg. time on phone with provider | 0 | 0 | 0 | 0 | 0:07:49 | 0:06:41 | 0:08:41 | 6:07 | 0:08:58 | 0:07:40 | 0:06:51 | 0:09:20 | 5:39 | 0:09:07 | 0:07:52 |
| % of provider calls abandoned (provider hung up) | 0 | 0 | 0 | 0 | 0.23% | 0.63% | 29.40% | 0% | 2% | 0.38% | 2.90% | 27.38% | 3% | 1% | 0.40% |
| **Medical Claims- Electronic** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 1,705 | 2,267 | 0 | 20,577 | 1,901 | 1,990 | 2,902 | 0 | 5060 | 2,287 | 2,042 | 2,607 | 0 | 2653 | 3,395 |
| # Received | 46,540 | 160,504 | 33,061 | 388,010 | 74,258 | 50,743 | 163,194 | 34985 | 63691 | 77,917 | 62,626 | 198,435 | 38630 | 55544 | 95,026 |
| # Paid | 41,725 | 131,800 | 31,491 | 335,518 | 69,280 | 48,602 | 146,781 | 33245 | 43234 | 71,317 | 60,053 | 155,427 | 35543 | 50047 | 83,841 |
| # In Process | 12,976 | 47,805 | 578 | 87,057 | 2,066 | 13,185 | 51,284 | 677 | 18361 | 2,376 | 10,812 | 78,430 | 2003 | 12446 | 9,184 |
| # Denied | 3,024 | 12,177 | 992 | 42,439 | 9,156 | 2,166 | 12,934 | 1063 | 9094 | 9,814 | 5,221 | 15,862 | 1084 | 11453 | 11,346 |
| Avg time for processing claim in days | 6 | 9 | 1 | 5.25 | 9 | 6 | 9 | 1 | 6 | 7 | 7 | 8 | 2 | 6.4 | 7 |
| % of electronic claims processed in 30 days | 1 | 99% | 100 | 1 | 99 | 99% | 99% | 99.98 | 99% | 100 | 97% | 99% | 99.99 | 100% | 100 |
| % of electronic claims processed in 90 days | 1 | 100% | 100 | 1 | 99 | 100% | 100% | 100 | 100% | 100 | 100% | 100% | 100 | 100% | 100 |
| (month to date) | | | | | | | | | | | | | | | |
| **Medical Claims- Paper** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 274 | 1,185 | 7 | 886 | 864 | 268 | 653 | 3 | 46 | 921 | 120 | 1,057 | 6 | 74 | 627 |
| # Received | 12,530 | 14,944 | 13 | 30,786 | 5,750 | 13,574 | 14,298 | 13 | 3437 | 5,722 | 17,161 | 15,919 | 7 | 2314 | 7,810 |
| # Paid | 11,239 | 10,181 | 3 | 23,597 | 4,835 | 12,604 | 13,002 | 4 | 2138 | 4,834 | 17,065 | 11,569 | 1 | 1579 | 5,855 |
| # In Process | 6,118 | 10,823 | 0 | 8,944 | 364 | 7,862 | 10,312 | 2 | 1236 | 451 | 5,921 | 12,828 | 0 | 917 | 1,075 |
| # Denied | 1,656 | 1,620 | 10 | 6,671 | 1,517 | 1,877 | 1,807 | 7 | 735 | 1,489 | 2,844 | 1,834 | 6 | 570 | 1,710 |
| Avg time for processing claim in days | 16 | 20 | 6 | 9 | 6 | 16 | 19 | 0 | 9.4 | 6 | 15 | 22 | 12 | 10.9 | 5 |
| % of electronic claims processed in 30 days | 1 | 93% | 100 | 1 | 100 | 97% | 94% | 100.00 | 99% | 100 | 94% | 90% | 85.71 | 100% | 100 |
| % of electronic claims processed in 90 days | 1 | 99% | 100 | 1 | 100 | 99% | 100% | 100.00 | 100% | 100 | 100% | 99% | 100.00 | 100% | 100 |
| **Prior Authorization (PA)- Electronic** | | | | | | | | | | | | | | | |
| # Received | 230 | 2924 | 900 | 811 | 1,187 | 232 | 2962 | 863 | 548 | 992 | 242 | 3275 | 813 | 457 | 1,266 |
| # In Process | 26 | 569 | 23 | 705 | 0 | 42 | 514 | 11 | 463 | 0 | 37 | 391 | 30 | 403 | 0 |
| # Approved | 195 | 2438 | 862 | 851 | 1,107 | 181 | 2,727 | 838 | 552 | 916 | 197 | 3,102 | 793 | 488 | 1,185 |
| # Denied | 37 | 225 | 15 | 14 | 80 | 66 | 290 | 14 | 22 | 76 | 57 | 296 | 21 | 7 | 81 |
| Avg time for PA in days | 1 | 3 | 3 | 4 | 1 | 1 | 4 | 3 | 8 | 1 | 0 | 5 | 3 | 5 | 2 |
| (month to date) | | | | | | | | | | | | | | | |
| **Prior Authorization (PA)- Paper and Telephone** | | | | | | | | | | | | | | | |
| # Received | 1,501 | 553 | 0 | 770 | 811 | 1,469 | 454 | 0 | 819 | 1,004 | 1,561 | 587 | 0 | 958 | 1,391 |
| # In Process | 188 | 36 | 0 | 710 | 0 | 255 | 23 | 0 | 699 | 0 | 185 | 28 | 0 | 897 | 0 |
| # Approved | 1,251 | 468 | 0 | 825 | 703 | 1,133 | 429 | 0 | 735 | 920 | 1,273 | 534 | 0 | 952 | 1,378 |
| # Denied | 125 | 67 | 0 | 16 | 108 | 181 | 38 | 0 | 24 | 84 | 228 | 48 | 0 | 26 | 113 |
| Avg time for PA in days | 2 | 3 | 0 | 4 | 2 | 1 | 2 | 0 | 3 | 2 | 1 | 2 | 0 | 5 | 2 |
| (month-to-date) | | | | | | | | | | | | | | | |
| **# Non-Emergency Transports** | | | | | | | | | | | | | | | |
| Ground (# of round trips) | 3,106 | 4,174 | 597 | 4465 | 7,956 | 3,107 | 4,532 | 626 | 4452 | 7,642 | 1,687 | 5,594 | 806 | 4954 | 8,821 |
| Air (by segment) | 540 | 731 | 167 | 200 | 422 | 570 | 785 | 160 | 239 | 317 | 473 | 868 | 167 | 349 | 345 |
| Public Transportation Pass (bus pass & handivan coupons) | 1,130 | 829 | 491 | 1302 | 860 | 911 | 1,526 | 477 | 1299 | 822 | 205 | 744 | 770 | 1481 | 964 |
| **# Member Grievances** | | | | | | | | | | | | | | | |
| # Received | 12 | 8 | 16 | 38 | 18 | 18 | 9 | 19 | 17 | 28 | 96 | 12 | 26 | 33 | 28 |
| # Resolved | 12 | 12 | 15 | 7 | 15 | 11 | 4 | 20 | 1 | 20 | 75 | 10 | 23 | 3 | 32 |
| # Outstanding | 6 | 6 | 11 | 50 | 18 | 13 | 11 | 10 | 66 | 26 | 34 | 13 | 13 | 96 | 22 |
| **# Provider Grievances** | | | | | | | | | | | | | | | |
| # Received | 85 | 1 | 37 | 0 | 0 | 109 | 3 | 113 | 0 | 1 | 144 | 1 | 112 | 0 | 0 |
| # Resolved | 134 | 2 | 36 | 0 | 1 | 120 | 1 | 110 | 0 | 0 | 149 | 0 | 106 | 0 | 1 |
| # Outstanding | 66 | 1 | 1 | 0 | 0 | 55 | 3 | 3 | 0 | 1 | 50 | 4 | 6 | 0 | 0 |

### QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis

| | Jan-21 | | | | | Feb-21 | | | | | Mar-21 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| **# Member Appeals** | | | | | | | | | | | | | | | |
| # Received | 3 | 64 | 0 | 4 | 10 | 3 | 74 | 0 | 9 | 10 | 5 | 57 | 1 | 4 | 9 |
| # Resolved | 1 | 52 | 0 | 3 | 15 | 3 | 70 | 0 | 6 | 6 | 5 | 69 | 0 | 8 | 11 |
| # Outstanding | 3 | 25 | 0 | 3 | 0 | 3 | 29 | 0 | 6 | 4 | 3 | 17 | 1 | 0 | 2 |
| **# Provider Appeals** | | | | | | | | | | | | | | | |
| # Received | 4 | 6 | 0 | 44 | 40 | 3 | 11 | 0 | 37 | 41 | - | 30 | 0 | 44 | 65 |
| # Resolved | 9 | 9 | 0 | 19 | 35 | 3 | 3 | 0 | 63 | 57 | 4 | 13 | 0 | 40 | 29 |
| # Outstanding | 4 | 8 | 0 | 44 | 23 | 4 | 16 | 0 | 18 | 7 | - | 33 | 0 | 1 | 43 |
| **Utilization - based on Auth (A) or Claims (C )** | | | | | | | | | | | | | | | |
| Inpatient Acute Admits * (A) - per 1,000 | 60 | 76 | 3 | 91 | 53 | 56 | 68 | 4 | 81 | 44 | 62 | 78 | 4 | 80 | 53 |
| Inpatient Acute Days * (A) - per 1,000 | 353 | 238 | 18 | 566 | 386 | 290 | 224 | 18 | 546 | 314 | 331 | 234 | 23 | 612 | 386 |
| Readmissions within 30 days* (A) | 25 | 133 | 23 | 34 | 25 | 27 | 132 | 14 | 32 | 26 | 36 | 197 | 24 | 25 | 33 |
| ED Visits * (C ) - per 1,000** | 349 | 286 | 20 | 576 | 419 | 313 | 261 | 21 | 453 | 384 | 368 | 289 | 22 | 498 | 428 |
| # Prescriptions (C ) - per 1,000 | 6,652 | 8,662 | 455 | 10,136 | 8,587 | 5,996 | 8,223 | 477 | 9,507 | 8020 | 6,715 | 9,208 | 478 | 10,413 | 9,009 |
| Waitlisted Days * (A) - per 1,000 | 27 | 2 | 0 | 20 | 125 | 33 | 3 | 0 | 57 | 151 | 31 | 4 | 1 | 22 | 146 |
| NF Admits * (A) | 40 | 14 | 5 | 8 | 33 | 23 | 17 | 4 | 6 | 20 | 27 | 20 | 6 | 12 | 27 |
| # Members in NF (non-Medicare paid days) (C)** | 212 | 323 | 105 | 631 | 659 | 225 | 324 | 104 | 614 | 620 | 248 | 329 | 107 | 601 | 589 |
| # Members in HCBS **(C)- note: member can be included in more than one category listed below | 266 | 429 | 242 | 1876 | 1,579 | 256 | 284 | 249 | 1872 | 1525 | 338 | 292 | 241 | 1786 | 1489 |
| # Members in Residential Setting **(C) | 147 | 139 | 124 | 514 | 846 | 141 | 140 | 129 | 478 | 858 | 145 | 141 | 106 | 466 | 873 |
| # Members in Self-Direction **(C ) | 79 | 120 | 54 | 657 | 280 | 78 | 118 | 60 | 696 | 253 | 74 | 114 | 62 | 638 | 281 |
| # Members receiving other HCBS **(C) | 125 | 228 | 188 | 1219 | 1,299 | 123 | 119 | 189 | 1176 | 1272 | 196 | 113 | 179 | 1148 | 1208 |
| # Members in At-Risk ** (C) | 821 | 930 | 158 | 804 | 1,242 | 834 | 951 | 166 | 801 | 1360 | 851 | 963 | 160 | 850 | 1367 |
| # Members in Self-Direction **(C ) | 319 | 379 | 33 | 348 | 422 | 322 | 377 | 35 | 358 | 435 | 311 | 380 | 34 | 337 | 489 |
| # Members receiving other HCBS **(C ) | 343 | 735 | 125 | 412 | 820 | 390 | 752 | 131 | 402 | 925 | 398 | 754 | 126 | 466 | 878 |

(* non-Medicare) (**lag in data of two months)

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.

PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFFH/EARCH/ALF, home care agencies , 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.

QUEST Integration Health Plan Demographic Information by Island

as of: 3/31/2021

## ALOHA CARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs | 501 | 83 | 23 | 12 | 68 | 90 | 103 | 880 |
| **PCPs - (accepting new members)** | **422** | **73** | **20** | **10** | **57** | **78** | **94** | **754** |
| Specialists* | 2097 | 290 | 6 | 0 | 179 | 82 | 199 | 2853 |
| **members)** | **1519** | **184** | **4** | **0** | **125** | **60** | **155** | **2047** |
| Behavioral Health* | 567 | 127 | 12 | 3 | 48 | 86 | 71 | 914 |
| **Behavioral Health (accepting new members)** | **510** | **119** | **12** | **3** | **45** | **81** | **64** | **834** |
| Hospitals | 12 | 2 | 1 | 1 | 3 | 1 | 5 | 25 |
| LTSS Facilities (Hosp./NF) | 29 | 3 | 0 | 1 | 7 | 6 | 4 | 50 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 522 | 29 | 1 | 0 | 10 | 53 | 16 | 631 |
| HCBS Providers (except residential settings and LTSS facilities) | 46 | 18 | 5 | 3 | 8 | 17 | 6 | 103 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1432 | 257 | 25 | 14 | 146 | 133 | 141 | 2148 |
| **Totals** | **5206** | **809** | **73** | **34** | **469** | **468** | **545** | **7604** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 42471 | 9331 | 2335 | 491 | 6214 | 7104 | 6983 | **74929** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 85 | 112 | 102 | 41 | 91 | 79 | 68 | 85 |

Note: RFP requirement is 300 members for every PCP

## HMSA

| | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 701 | 92 | 14 | 13 | 67 | 103 | 110 | 1,100 |
| **PCPs - (accepting new members)** | 454 | 66 | 12 | 9 | 46 | 77 | 92 | **756** |
| Specialists* | 1,877 | 318 | 66 | 44 | 184 | 331 | 325 | 3,145 |
| **members)** | **1,877** | **318** | **66** | **44** | **184** | **329** | **325** | **3,145** |
| Behavioral Health* | 1,074 | 210 | 8 | 7 | 96 | 193 | 137 | 1,725 |
| **Behavioral Health (accepting new members)** | **1,074** | **210** | **8** | **7** | **96** | **193** | **137** | **1,725** |
| Hospitals | 13 | 2 | 1 | 1 | 3 | 1 | 5 | 26 |
| LTSS Facilities (Hosp./NF) | 28 | 2 | 1 | 0 | 5 | 5 | 5 | 46 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 493 | 31 | 1 | 0 | 12 | 63 | 22 | 622 |
| HCBS Providers (except residential settings and LTSS facilities) | 57 | 17 | 9 | 7 | 12 | 22 | 11 | 135 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1,644 | 267 | 23 | 13 | 154 | 168 | 220 | 2,489 |
| **Totals** | **5.887** | **939** | **123** | **85** | **533** | **886** | **835** | **9.288** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 116249 | 14746 | 972 | 205 | 13388 | 29991 | 20969 | **196,520** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 166 | 160 | 69 | 16 | 200 | 291 | 191 | 179 |

Note: RFP requirement is 300 members for every PCP

## KAISER

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 156 | 57 | | | | | | 213 |
| **PCPs - (accepting new members)** | 136 | 47 | | | | | | **183** |
| Specialists* | 464 | 101 | | | | | | 565 |
| **members)** | 464 | 101 | | | | | | **565** |
| Behavioral Health* | 188 | 40 | | | | | | 228 |
| **Behavioral Health (accepting new members)** | 188 | 40 | | | | | | **228** |
| Hospitals | 10 | 2 | | | | | | 12 |
| LTSS Facilities (Hosp./NF) | 20 | 1 | | | | | | 21 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 134 | 14 | | | | | | 148 |
| HCBS Providers (except residential settings and LTSS facilities) | 55 | 14 | | | | | | 69 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 177 | 58 | | | | | | 235 |
| **Totals** | **1204** | **287** | **0** | **0** | **0** | **0** | **0** | **1491** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 29348 | 15117 | | | | | | **44465** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 188 | 265 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 209 |

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)* | 545 | 51 | 8 | 10 | 71 | 71 | 38 | 794 |
| **PCPs - (accepting new members)** | 405 | 34 | 8 | 10 | 58 | 36 | 30 | **581** |
| Specialists* | 1168 | 108 | 13 | 4 | 113 | 76 | 69 | 1551 |
| **members)** | 706 | 88 | 13 | 4 | 53 | 66 | 61 | **991** |
| Behavioral Health* | 474 | 50 | 4 | 0 | 34 | 74 | 44 | 680 |
| **Behavioral Health (accepting new members)** | 440 | 34 | 3 | 0 | 34 | 68 | 40 | **619** |
| Hospitals | 11 | 2 | 1 | 1 | 3 | 1 | 5 | 24 |
| LTSS Facilities (Hosp./NF) | 23 | 3 | 1 | 1 | 5 | 2 | 3 | 38 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 884 | 41 | 0 | 0 | 18 | 86 | 25 | 1054 |
| HCBS Providers (except residential settings and LTSS facilities) | 51 | 8 | 2 | 0 | 4 | 21 | 6 | 92 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1128 | 180 | 15 | 6 | 131 | 172 | 156 | 1788 |
| **Totals** | **4284** | **443** | **44** | **22** | **379** | **503** | **346** | **6021** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 23899 | 3905 | 401 | 99 | 2148 | 4731 | 3186 | **38369** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 44 | 77 | 50 | 10 | 30 | 67 | 84 | 48 |

Note: RFP requirement is 300 members for every PCP

## UNITED HEALTHCARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 565 | 71 | 12 | 7 | 66 | 87 | 67 | 875 |
| **PCPs - (accepting new members)** | 399 | 34 | 7 | 5 | 60 | 49 | 48 | **602** |
| Specialists* | 1309 | 175 | 66 | 11 | 118 | 220 | 191 | 2.090 |
| **members)** | 1062 | 159 | 47 | 11 | 110 | 204 | 175 | **1,768** |
| Behavioral Health* | 764 | 243 | 62 | 63 | 176 | 236 | 202 | 1.746 |
| **Behavioral Health (accepting new members)** | 739 | 237 | 62 | 63 | 173 | 233 | 199 | **1,706** |
| Hospitals | 10 | 2 | 1 | 1 | 3 | 4 | 3 | 24 |
| LTSS Facilities (Hosp./NF) | 27 | 3 | | 1 | 5 | 6 | 1 | 43 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 983 | 53 | 1 | | 23 | 109 | 23 | 1,192 |
| HCBS Providers (except residential settings and LTSS facilities) | 47 | 12 | 1 | | 8 | 18 | 6 | 92 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1338 | 251 | 16 | 18 | 141 | 184 | 159 | 2,107 |
| **Totals** | **5.043** | **810** | **159** | **101** | **540** | **864** | **652** | **8.169** |

* A provider may be counted once per island that they provide services.

| # Members by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members | 37,398 | 4,935 | 280 | 104 | 3,183 | 7,307 | 4,073 | **57,280** |

| # Members per PCP by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | |
|---|---|---|---|---|---|---|---|---|
| Members per PCP | 66 | 70 | 23 | 15 | 48 | 84 | 61 | 65 |

Note: RFP requirement is 300 members for every PCP

**QUEST Integration Health Plan Summary of Call Center Calls** as of: 3/31/2021

## ALOHA CARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 103 | 5 | 4 | 0 | 4 | 5 | 5 | **126** |
| Network (provider look up, access) | 116 | 15 | 2 | 0 | 2 | 18 | 7 | **160** |
| Primary Care Physician Assignment or Change | 303 | 38 | 8 | 1 | 15 | 33 | 12 | **410** |
| NEMT (inquiry, scheduling) -*monthly report* | 2472 | 176 | 51 | 35 | 19 | 169 | 115 | **3037** |
| Authorization/Notification (prior auth status) | 502 | 40 | 7 | 1 | 11 | 60 | 17 | **638** |
| Eligibility (general plan eligiblity, change request) | 841 | 72 | 4 | 4 | 40 | 86 | 20 | **1067** |
| Benefits (coverage inquiry) | 202 | 24 | 6 | 2 | 4 | 54 | 7 | **299** |
| Enrollment (ID card request, update member information) | 41 | 2 | 0 | 0 | 0 | 11 | 2 | **56** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 326 | 14 | 1 | 0 | 11 | 18 | 7 | **377** |
| Billing/Payment/Claims | 842 | 34 | 1 | 0 | 16 | 78 | 14 | **985** |
| Appeals | 6 | 0 | 0 | 0 | 0 | 2 | 0 | **8** |
| Complaints and Grievances | 28 | 6 | 0 | 1 | 1 | 6 | 1 | **43** |
| Other | 337 | 48 | 6 | 0 | 19 | 29 | 10 | **449** |
| **Totals** | **6,119** | **474** | **90** | **44** | **142** | **569** | **217** | **7,655** |

## HMSA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 5 | 0 | 0 | 0 | 0 | 4 | 0 | **9** |
| Network (provider look up, access) | 130 | 17 | 0 | 0 | 7 | 18 | 12 | **184** |
| Primary Care Physician Assignment or Change | 1191 | 156 | 6 | 2 | 138 | 215 | 182 | **1890** |
| NEMT (inquiry, scheduling) -*monthly report* | 168 | 68 | 19 | 4 | 53 | 156 | 99 | **567** |
| Authorization/Notification (prior auth status) | 26 | 4 | 0 | 0 | 1 | 13 | 11 | **55** |
| Eligibility (general plan eligiblity, change request) | 274 | 61 | 3 | 0 | 25 | 36 | 33 | **432** |
| Benefits (coverage inquiry) | 262 | 60 | 3 | 0 | 38 | 43 | 40 | **446** |
| Enrollment (ID card request, update member information) | 829 | 85 | 3 | 2 | 87 | 170 | 106 | **1282** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 46 | 9 | 1 | 0 | 1 | 19 | 9 | **85** |
| Billing/Payment/Claims | 203 | 27 | 0 | 0 | 26 | 18 | 23 | **297** |
| Appeals | 1 | 3 | 1 | 0 | 1 | 0 | 2 | **8** |
| Complaints and Grievances | 1 | 0 | 0 | 0 | 1 | 0 | 0 | **2** |
| Other | 547 | 97 | 4 | 1 | 52 | 109 | 111 | **921** |
| **Totals** | **3683** | **587** | **40** | **9** | **430** | **801** | **628** | 6178 |

s

## KAISER

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 4 | 0 | | | | | | **4** |
| Network (provider look up, access) | 39 | 9 | | | | | | **48** |
| Primary Care Physician Assignment or Change | 5 | 2 | | | | | | **7** |
| NEMT (inquiry, scheduling) -*monthly report* | 14 | 1 | | | | | | **15** |
| Authorization/Notification (prior auth status) | 0 | 0 | | | | | | **0** |
| Eligibility (general plan eligiblity, change request) | 211 | 36 | | | | | | **247** |
| Benefits (coverage inquiry) | 141 | 38 | | | | | | **179** |
| Enrollment (ID card request, update member information) | 31 | 13 | | | | | | **44** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 0 | 0 | | | | | | **0** |
| Billing/Payment/Claims | 18 | 2 | | | | | | **20** |
| Appeals | 0 | 0 | | | | | | **0** |
| Complaints and Grievances | 0 | 0 | | | | | | **0** |
| Other | 124 | 27 | | | | | | **151** |
| **Totals** | **587** | **128** | **0** | **0** | **0** | **0** | **0** | **715** |

## OHANA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 258 | 41 | 6 | 2 | 23 | 77 | 21 | **428** |
| Network (provider look up, access) | 31 | 4 | 0 | 0 | 0 | 13 | 1 | **49** |
| Primary Care Physician Assignment or Change | 85 | 21 | 2 | 0 | 5 | 22 | 9 | **144** |
| NEMT (inquiry, scheduling) -*monthly report* | 1869 | 295 | 29 | 4 | 45 | 58 | 18 | **2318** |
| Authorization/Notification (prior auth status) | 17 | 7 | 7 | 0 | 1 | 18 | 11 | **61** |
| Eligibility (general plan eligiblity, change request) | 53 | 6 | 2 | 0 | 4 | 14 | 5 | **84** |
| Benefits (coverage inquiry) | 154 | 22 | 4 | 1 | 10 | 20 | 10 | **221** |
| Enrollment (ID card request, update member information) | 244 | 37 | 1 | 0 | 10 | 77 | 17 | **386** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 143 | 20 | 2 | 1 | 4 | 29 | 2 | **201** |
| Billing/Payment/Claims | 24 | 8 | 2 | 0 | 3 | 7 | 3 | **47** |

| | | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|---|
| Appeals | | 16 | 0 | 0 | 0 | 0 | 3 | 2 | **21** |
| Complaints and Grievances | | 16 | 1 | 0 | 0 | 0 | 6 | 1 | **24** |
| Other | | 1085 | 163 | 26 | 5 | 54 | 267 | 101 | **1701** |
| | **Totals** | **3,995** | **625** | **81** | **13** | **159** | **611** | **201** | **5,685** |

## UNITED HEALTHCARE

| **Summary of Calls by Island** | | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | **Totals** |
|---|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | | 152 | 16 | 0 | 0 | 6 | 14 | 31 | **219** |
| Network (provider look up, access) | | 95 | 21 | 1 | 0 | 5 | 38 | 22 | **182** |
| Primary Care Physician Assignment or Change | | 33 | 3 | 0 | 0 | 1 | 5 | 6 | **48** |
| NEMT (inquiry, scheduling) *-monthly report* | | 73 | 19 | 1 | 0 | 9 | 24 | 11 | **137** |
| Authorization/Notification (prior auth status) | | 35 | 14 | 0 | 0 | 9 | 27 | 6 | **91** |
| Eligibility (general plan eligiblity, change request) | | 486 | 65 | 4 | 1 | 29 | 83 | 60 | **728** |
| Benefits (coverage inquiry) | | 670 | 88 | 4 | 1 | 43 | 101 | 49 | **956** |
| Enrollment (ID card request, update member information) | | 125 | 23 | 0 | 0 | 8 | 24 | 13 | **193** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | | 146 | 17 | 1 | 0 | 9 | 26 | 13 | **212** |
| Billing/Payment/Claims | | 10 | 0 | 2 | 0 | 0 | 0 | 1 | **13** |
| Appeals | | 9 | 2 | 0 | 0 | 0 | 2 | 1 | **14** |
| Complaints and Grievances | | 4 | 1 | 0 | 0 | 0 | 0 | 2 | **7** |
| Other | | 1043 | 158 | 16 | 1 | 70 | 261 | 94 | **1643** |
| | **Totals** | **2,881** | **427** | **29** | **3** | **189** | **605** | **309** | **4,443** |

| Health plan shall highlight changes made for the previous month(s) | |
|---|---|
| **# Members** | Description of Information to Include |
| Medicaid | Number of members receiving QI benefit package who do not have Medicare primary |
| Duals | Number of members receiving dual benefits |
| Total | Total number of members |
| **# Network Providers** | **Providers count on the "Dashboard" sheet should be un-duplicated. The providers counts on the "HP Demographics by Island" sheet may be duplicated when an individual provider serves multiple islands. Providers such as pharmacy services may be counted based upon number of locations. Non-Hawaii based network providers shall be excluded from all counts.** |
| PCPs | PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool |
| PCPs - (accepting new members) | Number of PCPs (includes PCPs in clinics) accepting new members |
| Specialists | All specialists as defined in Section 40.220 |
| Specialists (accepting new members) | Number of Specialists accepting new members |
| Behavioral Health | All behavioral health providers as defined in Section 40.220 |
| Behavioral Health (accepting new members) | Number of Behavioral Health providers accepting new members |
| Hospitals | All hospitals |
| LTSS Facilities (Hosp./NF) | All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities) |
| Residential Setting (CCFFH, E-ARCH, and ALF) | All residential settings (CCFFH, E-ARCH, and ALF) |
| HCBS Providers (except residential settings and LTSS facilities) | All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies. |
| Total # of providers | Total of all providers listed |
| | **Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section.** |
| **Call Center** | |
| # Member Calls | # of calls received from members |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with member | Average time on the phone with member in minutes and seconds |
| % of member calls abandoned (member hung up) | Percent of member calls abandoned |
| # Provider Calls | # of calls received from providers |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with provider | Average time on the phone with provider in minutes and seconds |
| % of provider calls abandoned (provider hung up) | Percent of provider calls abandoned |
| **Medical Claims- Electronic** | **Note: (1) A " Processed claim" is a QI claim (not based on # of items/lines in the claim) that "PAID" or "DENIED" in the reporting period. Health plan shall determine how a claim is considered "PAID" or "DENIED". (2) When a single claim that has multiple RECEIVED/PAID/DENIED dates, health plan should use the LAST DATE that the final "PAID" or "DENIED" item/line is made for the 30/90 days calculation because this will be a "completely" processed claim.** |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of electronic claims processed in 30 days |
| % of claims processed in 90 days | % of electronic claims processed in 90 days |
| (month to date) | |
| **Medical Claims- Paper** | |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |

| | |
|---|---|
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of paper claims processed in 30 days |
| % of claims processed in 90 days | % of paper claims processed in 90 days |
| (month-to-date) | |
| **Prior Authorization (PA)- Electronic** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month to date) | |
| **Prior Authorization (PA)- Paper and Telephone** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month-to-date) | |
| **# Non-Emergency Transports** | |
| Ground (# of round trips) | # of ground trips for non-emergency transports. A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip not two (2) trips) |
| Air (by segment) | # of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments |
| Public Transportation Pass (bus pass & handivan coupons) | # of bus passes or handivan coupons issued |
| **# Member Grievances** | |
| # Received | # of member grievances received in the month |
| # Resolved | # of member grievances resolved in the month |
| # Outstanding | # of outstanding member grievances at the end of the month<br>Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month. |
| **# Provider Grievances** | |
| # Received | # of provider grievances received in the month |
| # Resolved | # of provider grievances resolved in the month |
| # Outstanding | # of outstanding provider grievances at the end of the month<br>Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month. |
| **# Member Appeals** | |
| # Received | # of member appeals received in the month |
| # Resolved | # of member appeals resolved in the month |
| # Outstanding | # of outstanding member appeals at the end of the month<br>Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month. |
| **# Provider Appeals** | |
| # Received | # of provider appeals received in the month |
| # Resolved | # of provider appeals resolved in the month |
| # Outstanding | # of outstanding provider appeals at the end of the month<br>Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month. |
| **Utilization - based on Auth (A) or Claims (C )** | |
| Inpatient Acute Admits * (A) - per 1,000 | # of inpatient acute admits (based on authorizations) in the month per 1,000 members |

| | |
|---|---|
| Inpatient Acute Days * (A) - per 1,000 | # of inpatient acute days (based on authorizations) in the month per 1,000 members |
| Readmissions within 30 days* (A) | # of readmissions within thirty (30) days in the month based upon authorizations |
| ED Visits* (C ) - per 1,000** | # of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits. |
| # Prescriptions (C ) - per 1,000 | # of prescriptions in the month (based upon claims) per 1,000 members |
| Waitlisted Days* (A) - per 1,000 | # of waitlisted days in the month (based upon authorizations) per 1,000 members |
| NF Admits * (A) | Authorized Non-Medicare nursing facility admissions |
| # Members in NF (non-Medicare paid days)**(C ) | Non-Medicare paid days (claims based) |
| # Members in HCBS **(C) | # of members in HCBS (excluldes members in at-risk) in the month (based upon claims). Member can be included in more than one category listed below.<br>Note: (1) The listing of HCPCS codes listed on the LTSS Report (Tab D. Auth by Service Code) shall be used to determine those HCPCS codes categorized as 'HCBS' (2) The # of members in HCBS (C ) will be based solely on paid claims during the reporting period. This determination will be made irrespective of the member's "1148" status/facility code (e.g. "299") |
| # Members in Residential Setting **( C) | # of HCBS members in Residential Setting (based upon claims).<br>Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031. |
| # Members in Self-Direction **(C ) | # of HCBS members in Self-Direction (based upon claims) |
| # Members receiving other HCBS **(C) | # of HCBS members receiving other HCBS servcies (based upon claims) as defined in Section 40.740.3 |
| # Members in At-risk**(C ) | # of members in At-risk in the month (based upon claims).<br>Note: The population of At-risk members will be based on a member having an active "at-risk" coded 1147 (i.e. Level of Care Approval Status = 11). Only those with paid claims against HCBS codes noted above shall be included. |
| # Members in Self-Direction ** ( C) | # of At-risk members in Self-Direction in the month (based upon claims) |
| # Members receiving other HCBS** (C ) | # of At-risk members receiving other HCBS services (based upon claims) |
| | **Note: Non-Medicare is for acute, ED, and prescriptions. Health plans should report on acute waitlisted, Medicaid primary NF, and all HCBS (even if these individuals are duals).** |

(*Non-Medicare) (**lag in data of two months)

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.
PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

**QUEST Integration Dashboard Report Health Plan Comparison Monthly Trend Analysis**

| | Apr-21 | | | | | May-21 | | | | | Jun-21 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED | AlohaCare | HMSA | Kaiser | Ohana | UNITED |
| **# Members** | | | | | | | | | | | | | | | |
| Medicaid | 71.537 | 190.641 | 43305 | 29203 | ###### ### | 71.924 | 191.848 | 43680 | 29139 | ###### ### | 72.515 | 193.125 | 44047 | 29216 | ###### ## |
| Duals | 4.213 | 7.898 | 1999 | 9291 | ###### ### | 4.273 | 8.108 | 2032 | 9292 | ###### ### | 4.342 | 8.316 | 2096 | 9308 | ###### ## |
| Total | **75.750** | **198.539** | **45304** | **38494** | **57.610** | **76.197** | **199.956** | **45712** | **38431** | **57.869** | **76.857** | **201.441** | **46143** | **38524** | **58.141** |
| **# Network Providers** | | | | | | | | | | | | | | | |
| PCPs | 891 | 1.095 | 209 | 798 | 848 | 887 | 1.088 | 204 | 799 | 845 | 888 | 1.078 | 214 | 800 | 861 |
| PCPs - (accepting new members) | 762 | 753 | 179 | 584 | 584 | 759 | 739 | 172 | 583 | 587 | 760 | 735 | 183 | 584 | 605 |
| Specialists | 2.880 | 3.138 | 548 | 1551 | 1.727 | 2.880 | 3.155 | 542 | 1551 | 1.728 | 2.890 | 3.166 | 538 | 1553 | 1.745 |
| Specialists (accepting new members) | 2.072 | 3.138 | 548 | 991 | 1.463 | 2.074 | 3.155 | 542 | 991 | 1.461 | 2.085 | 3.166 | 538 | 991 | 1.483 |
| Behavioral Health | 933 | 1.732 | 235 | 680 | 1.071 | 934 | 1.714 | 240 | 680 | 1.060 | 922 | 1.718 | 232 | 681 | 1.071 |
| Behavioral Health (accepting new members) | 855 | 1.732 | 235 | 619 | 1.031 | 856 | 1.714 | 240 | 619 | 1.020 | 848 | 1.718 | 232 | 619 | 1.029 |
| Hospitals | 25 | 26 | 14 | 24 | 23 | 25 | 26 | 14 | 24 | 23 | 25 | 26 | 14 | 24 | 22 |
| LTSS Facilities (Hosp w/ NF unit/NF) | 50 | 46 | 21 | 38 | 43 | 50 | 46 | 21 | 38 | 43 | 50 | 46 | 21 | 38 | 43 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 643 | 620 | 149 | 1054 | 1.192 | 637 | 619 | 156 | 1055 | 1.192 | 501 | 618 | 161 | 1055 | 1.193 |
| HCBS Providers (except residential settings and LTSS facilities) | 103 | 134 | 66 | 92 | 84 | 103 | 134 | 61 | 92 | 83 | 103 | 134 | 63 | 92 | 83 |
| Ancillary & Other (All provider types not listed above, incl Phcy, Lab, Therapists, Hospice, HHA) | 2.192 | 2.477 | 240 | 1788 | 1.849 | 2.213 | 2.459 | 233 | 1788 | 1.846 | 2.198 | 2.479 | 218 | 1788 | 1.864 |
| Total # of providers | **7.717** | **9.268** | **1482** | **6.025** | **6.837** | **7.729** | **9.241** | **1471** | **6.027** | **6.820** | **7.577** | **9.265** | **1461** | **6.031** | **6.882** |
| **Call Center** | | | | | | | | | | | | | | | |
| # Member Calls | 5.426 | 9.784 | 515 | 5.421 | 3.721 | 4.789 | 9.105 | 458 | 4732 | 3.223 | 4.918 | 9.667 | 472 | 5216 | 3.521 |
| Avg. time until phone answered | 0:00:21 | 0:00:43 | 0:00:08 | 0:00:26 | 0:00:18 | 0:00:36 | 0:00:27 | 0:00:07 | 0:00:31 | 0:00:24 | 0:00:17 | 0:00:17 | 0:00:09 | 0:00:25 | 0:00:06 |
| Avg. time on phone with member | 0:05:55 | 0:07:14 | 5:51 | 0:08:04 | 0:07:12 | 0:07:58 | 0:07:05 | 5:57 | 0:07:57 | 0:07:54 | 0:05:28 | 0:07:15 | 5:59 | 0:08:00 | 0:08:56 |
| % of member calls abandoned (member hung up) | 1.58% | 3.72% | 1% | 3% | 1.50% | 1.25% | 2.32% | 1% | 2% | 2.10% | 1.08% | 1.66% | 1% | 2% | 0.30% |
| # Provider Calls | 6.377 | 5,325 | 68 | 3.252 | 1.921 | 5.801 | 4,935 | 77 | 2941 | 1.800 | 6.747 | 5,437 | 104 | 2742 | 1.820 |
| Avg. time until phone answered | 0:00:18 | 0:00:57 | 0:00:02 | 0:00:10 | 0:00:04 | 0:00:19 | 0:00:29 | 0:00:06 | 0:00:11 | 0:00:02 | 0:00:20 | 0:00:25 | 0:00:07 | 0:00:08 | 0:00:02 |
| Avg. time on phone with provider | 0:06:43 | 0:09:01 | 4:55 | 0:08:20 | 0:07:06 | 0:06:31 | 0:08:14 | 6:37 | 0:08:42 | 0:07:30 | 0:06:32 | 0:08:10 | 4:10 | 0:08:42 | 0:06:46 |
| % of provider calls abandoned (provider hung up) | 0.99% | 4.24% | 0% | 1% | 0.21% | 1.52% | 2.41% | 0% | 2% | 0.44% | 1.60% | 1.89% | 0% | 1% | 0.10% |
| **Medical Claims- Electronic** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 2.293 | 3.274 | 0 | 2635 | 1.273 | 2.073 | 4.369 | 0 | 5288 | 4.895 | 2.193 | 2.323 | 0 | 2615 | 4.138 |
| # Received | 60.211 | 196.781 | 39559 | 54510 | 84.960 | 62.689 | 199.148 | 47533 | 110054 | 93.371 | 61.106 | 202.494 | 45197 | 52887 | 87.869 |
| # Paid | 54.183 | 199.293 | 35875 | 44431 | 79.706 | 54.284 | 175.316 | 41941 | 94478 | 88.899 | 65.599 | 168.855 | 41976 | 46173 | 72.052 |
| # In Process | 12.208 | 58.567 | 2476 | 14308 | 14.098 | 15.908 | 67.633 | 4268 | 26754 | 4.567 | 5.539 | 88.047 | 2033 | 11606 | 10.315 |
| # Denied | 4.843 | 17.103 | 1208 | 7969 | 11.716 | 4.351 | 14.766 | 1324 | 19422 | 14.417 | 5.478 | 13.225 | 1188 | 9331 | 11.145 |
| Avg time for processing claim in days | 6 | 9 | 2 | 7 | 7 | 5 | 10 | 2 | 6.3 | 7 | 5 | 10 | 2 | 6.3 | 7 |
| % of electronic claims processed in 30 days | 98% | 97% | 99.92 | 100% | 100 | 99% | 97% | 99.96 | 100% | 100 | 99% | 97% | 99.95 | 100% | 100 |
| % of electronic claims processed in 90 days (month to date) | 100% | 100% | 100 | 100% | 100 | 100% | 100% | 100 | 100% | 100 | 100% | 100% | 100 | 100% | 100 |
| **Medical Claims- Paper** | | | | | | | | | | | | | | | |
| # Submitted, not able to get into system | 120 | 1.066 | 1 | 114 | 40 | 187 | 953 | 5 | 188 | 863 | 164 | 1.004 | 7 | 160 | 508 |
| # Received | 14.701 | 17.328 | 28 | 3758 | 6.548 | 13.879 | 15.933 | 24 | 6072 | 7.429 | 14.348 | 18.021 | 30 | 3329 | 8.324 |
| # Paid | 10.681 | 15.525 | 7 | 2774 | 7.600 | 12.108 | 16.018 | 9 | 4353 | 6.756 | 15.108 | 12.254 | 6 | 2517 | 6.381 |
| # In Process | 7.436 | 15.180 | 3 | 1445 | 959 | 6.781 | 12.603 | 1 | 2362 | 884 | 3.075 | 16.279 | 0 | 1418 | 1.384 |
| # Denied | 2.341 | 2.811 | 18 | 931 | 2.023 | 2.384 | 2.492 | 14 | 1501 | 1.694 | 2.781 | 2.091 | 24 | 894 | 1.980 |
| Avg time for processing claim in days | 13 | 24 | 6 | 11.65 | 6 | 12 | 23 | 13 | 11 | 6 | 12 | 24 | 3 | 11.5 | 6 |
| % of electronic claims processed in 30 days | 97% | 88% | 100.00 | 100% | 100 | 97% | 90% | 95.65 | 100% | 100 | 97% | 89% | 96.67 | 100% | 100 |
| % of electronic claims processed in 90 days | 99% | 99% | 100.00 | 100% | 100 | 99% | 99% | 100.00 | 100% | 100 | 99% | 97% | 100.00 | 100% | 100 |
| **Prior Authorization (PA)- Electronic** | | | | | | | | | | | | | | | |
| # Received | 302 | 3144 | 818 | 436 | 1.042 | 266 | 3186 | 659 | 444 | 877 | 298 | 2936 | 790 | 839 | 876 |
| # In Process | 57 | 638 | 15 | 384 | 0 | 38 | 591 | 37 | 364 | 0 | 33 | 326 | 18 | 779 | 0 |
| # Approved | 236 | 2.763 | 791 | 451 | 939 | 218 | 2.896 | 603 | 401 | 791 | 248 | 2.832 | 750 | 841 | 767 |
| # Denied | 78 | 278 | 12 | 23 | 103 | 88 | 337 | 19 | 16 | 86 | 72 | 369 | 22 | 10 | 109 |
| Avg time for PA in days (month to date) | 0 | 5 | 3 | 5 | 2 | 0 | 4 | 3 | 5 | 1 | 0 | 5 | 3 | 7 | 1 |
| **Prior Authorization (PA)- Paper and Telephone** | | | | | | | | | | | | | | | |
| # Received | 1.675 | 480 | 0 | 900 | 1.180 | 1.547 | 412 | 0 | 779 | 1.097 | 1.662 | 498 | 0 | 865 | 1.133 |
| # In Process | 299 | 14 | 0 | 795 | 0 | 254 | 30 | 0 | 655 | 0 | 283 | 20 | 0 | 796 | 0 |
| # Approved | 1.273 | 463 | 0 | 873 | 1.065 | 1.207 | 371 | 0 | 739 | 990 | 1.303 | 479 | 0 | 825 | 1.036 |
| # Denied | 203 | 33 | 0 | 29 | 115 | 153 | 24 | 0 | 21 | 107 | 197 | 29 | 0 | 30 | 97 |
| Avg time for PA in days (month-to-date) | 1 | 5 | 0 | 4 | 2 | 1 | 4 | 0 | 4 | 0 | 1 | 3 | 0 | 5 | 2 |
| **# Non-Emergency Transports** | | | | | | | | | | | | | | | |
| Ground (# of round trips) | 1.419 | 5.133 | 619 | 4003 | 8.599 | 1.829 | 5.051 | 552 | 3824 | 8.280 | 1.624 | 5.606 | 547 | 4038 | 8.584 |
| Air (by segment) | 444 | 811 | 188 | 279 | 309 | 453 | 838 | 211 | 287 | 315 | 449 | 1.000 | 190 | 252 | 361 |
| Public Transportation Pass (bus pass & handivan coupons) | 357 | 1.134 | 152 | 1310 | 984 | 499 | 1.011 | 626 | 1333 | 961 | 428 | 1.128 | 518 | 1258 | 976 |
| **# Member Grievances** | | | | | | | | | | | | | | | |
| # Received | 64 | 11 | 38 | 22 | 15 | 24 | 19 | 22 | 30 | 36 | 37 | 12 | 32 | 37 | 41 |
| # Resolved | 64 | 13 | 23 | 4 | 28 | 34 | 12 | 34 | 11 | 20 | 29 | 18 | 31 | 14 | 43 |
| # Outstanding | 34 | 10 | 28 | 114 | 9 | 24 | 17 | 16 | 133 | 25 | 32 | 11 | 23 | 156 | 23 |
| **# Provider Grievances** | | | | | | | | | | | | | | | |
| # Received | 119 | 4 | 81 | 0 | 0 | 130 | 3 | 66 | 0 | 1 | 126 | 4 | 45 | 0 | 2 |
| # Resolved | 131 | 3 | 68 | 0 | 0 | 117 | 2 | 64 | 0 | 1 | 101 | 3 | 43 | 0 | 0 |
| # Outstanding | 39 | 5 | 13 | 0 | 0 | 52 | 6 | 2 | 0 | 0 | 77 | 7 | 2 | 0 | 2 |
| **# Member Appeals** | | | | | | | | | | | | | | | |
| # Received | 2 | 74 | 0 | 3 | 22 | 4 | 53 | 0 | 7 | 9 | 5 | 93 | 0 | 6 | 14 |
| # Resolved | 3 | 71 | 1 | 3 | 13 | 4 | 48 | 0 | 4 | 18 | 4 | 79 | 0 | 6 | 14 |
| # Outstanding | 2 | 20 | 0 | 2 | 11 | 2 | 25 | 0 | 5 | 2 | 3 | 39 | 0 | 1 | 2 |
| **# Provider Appeals** | | | | | | | | | | | | | | | |
| # Received | 7 | 14 | 0 | 64 | 48 | 4 | 14 | 0 | 74 | 33 | 10 | 18 | 0 | 126 | 27 |
| # Resolved | 5 | 24 | 0 | 35 | 56 | 1 | 10 | 0 | 88 | 35 | 5 | 14 | 0 | 2 | 35 |
| # Outstanding | 2 | 24 | 0 | 55 | 35 | 5 | 28 | 0 | 2 | 33 | 10 | 32 | 0 | 0 | 25 |
| **Utilization - based on Auth (A) or Claims (C )** | | | | | | | | | | | | | | | |
| Inpatient Acute Admits * (A) - per 1,000 | 58 | 78 | 3 | 82 | 46 | 62 | 75 | 4 | 92 | 50 | 67 | 74 | 4 | 77 | 45 |
| Inpatient Acute Days * (A) - per 1,000 | 290 | 259 | 26 | 533 | 363 | 338 | 252 | 29 | 698 | 389 | 373 | 244 | 21 | 466 | 320 |
| Readmissions within 30 days* (A) | 37 | 195 | 22 | 52 | 15 | 75 | 165 | 28 | 41 | 21 | 50 | 168 | 22 | 38 | 27 |
| ED Visits * (C ) - per 1,000** | 383 | 139 | 23 | 492 | 414 | 392 | 112 | 26 | 468 | 424 | | 175 | 25 | | |
| # Prescriptions (C ) - per 1,000 | 6.727 | 8.849 | 502 | 10.131 | 8.754 | 6.298 | 8.754 | 467 | 9.960 | 8.555 | 6.693 | 8.837 | 494 | 10.188 | 8.705 |
| Waitlisted Days * (A) - per 1,000 | 41 | 4 | 1 | 24 | 99 | 36 | 4 | 1 | 9 | 110 | 33 | 5 | 0 | 2 | 131 |
| NF Admits * (A) | 37 | 18 | 7 | 8 | 33 | 39 | 4 | 6 | 8 | 33 | 44 | 21 | 2 | 12 | 33 |
| # Members in NF (non-Medicare paid days) (C)** | 234 | 338 | 100 | 602 | 633 | 225 | 337 | 95 | 562 | 648 | | 345 | n/a | | |
| # Members in HCBS **(C)- note: member can be included in more than one category listed below | 221 | 298 | 224 | 1842 | 1602 | 200 | 295 | 235 | 1820 | 1641 | | 293 | n/a | | |
| # Members in Residential Setting **(C) | 136 | 154 | 106 | 489 | 847 | 134 | 154 | 111 | 462 | 843 | | 147 | n/a | | |
| # Members in Self-Direction **(C ) | 75 | 108 | 63 | 640 | 296 | 76 | 106 | 65 | 652 | 296 | | 101 | n/a | | |
| # Members receiving other HCBS **(C) | 88 | 109 | 161 | 1202 | 1306 | 66 | 102 | 170 | 1168 | 1345 | | 91 | n/a | | |
| # Members in At-Risk ** (C) | 867 | 979 | 154 | 853 | 1275 | 878 | 971 | 155 | 846 | 1269 | | 979 | n/a | | |
| # Members in Self-Direction **(C ) | 317 | 368 | 37 | 349 | 424 | 321 | 371 | 39 | 342 | 434 | | 390 | n/a | | |
| # Members receiving other HCBS **(C ) | 335 | 777 | 117 | 455 | 851 | 343 | 775 | 116 | 441 | 835 | | 753 | n/a | | |

| Jul-21 | | | | | Aug-21 | | | | | Sep-21 | | | | | Oct-21 | | | | | Nov-21 | | | | | Dec-21 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

(* non-Medicare) (**lag in data of two months)

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.

PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

CMS 1500- physicians, HCBS providers eg.case management agencies, CCFFH/EARCH/ALF, home care agencies , 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.

**QUEST Integration Health Plan Demographic Information by Island** as of: 6/30/2021

## ALOHA CARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs | 512 | 79 | 26 | 13 | 66 | 89 | 103 | 888 |
| **PCPs - (accepting new members)** | **432** | **69** | **23** | **11** | **55** | **77** | **93** | **760** |
| Specialists* | 2122 | 289 | 6 | 0 | 181 | 88 | 204 | 2890 |
| **members)** | **1548** | **184** | **4** | **0** | **126** | **65** | **158** | **2085** |
| Behavioral Health* | 577 | 128 | 11 | 3 | 46 | 85 | 72 | 922 |
| **Behavioral Health (accepting new members)** | **526** | **119** | **11** | **3** | **43** | **80** | **66** | **848** |
| Hospitals | 12 | 2 | 1 | 1 | 3 | 1 | 5 | 25 |
| LTSS Facilities (Hosp./NF) | 29 | 3 | 0 | 1 | 7 | 6 | 4 | 50 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 420 | 22 | 1 | 0 | 6 | 37 | 15 | 501 |
| HCBS Providers (except residential settings and LTSS facilities) | 45 | 19 | 5 | 3 | 8 | 17 | 6 | 103 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1496 | 237 | 25 | 14 | 147 | 136 | 143 | 2198 |
| **Totals** | **5213** | **779** | **75** | **35** | **464** | **459** | **552** | **7577** |
| * A provider may be counted once per island that they provide services. | | | | | | | | |
| **# Members by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members | 43698 | 9471 | 2337 | 502 | 6382 | 7333 | 7134 | **76857** |
| **# Members per PCP by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members per PCP | 85 | 120 | 90 | 39 | 97 | 82 | 69 | 87 |
| Note: RFP requirement is 300 members for every PCP | | | | | | | | |

## HMSA

| | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 696 | 89 | 11 | 15 | 67 | 102 | 108 | 1,088 |
| **PCPs - (accepting new members)** | 444 | 64 | 9 | 10 | 47 | 76 | 89 | **739** |
| Specialists* | 1,891 | 321 | 49 | 44 | 189 | 334 | 327 | 3,155 |
| **members)** | **1,891** | **321** | **49** | **44** | **189** | **334** | **327** | **3,155** |
| Behavioral Health* | 1,074 | 205 | 6 | 5 | 95 | 190 | 139 | 1,714 |
| **Behavioral Health (accepting new members)** | **1,074** | **205** | **6** | **5** | **95** | **190** | **139** | **1,714** |
| Hospitals | 13 | 2 | 1 | 1 | 3 | 1 | 5 | 26 |
| LTSS Facilities (Hosp./NF) | 28 | 2 | 1 | 0 | 5 | 5 | 5 | 46 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 489 | 32 | 1 | 0 | 12 | 63 | 22 | 619 |
| HCBS Providers (except residential settings and LTSS facilities) | 56 | 17 | 9 | 7 | 12 | 22 | 11 | 134 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1,636 | 256 | 21 | 12 | 148 | 168 | 218 | 2,459 |
| **Totals** | **5.883** | **924** | **99** | **84** | **531** | **885** | **835** | **9.241** |
| * A provider may be counted once per island that they provide services. | | | | | | | | |
| **# Members by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members | 118546 | 15028 | 973 | 207 | 13639 | 30370 | 21193 | **199,956** |
| **# Members per PCP by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members per PCP | 170 | 169 | 88 | 14 | 204 | 298 | 196 | 184 |
| Note: RFP requirement is 300 members for every PCP | | | | | | | | |

## KAISER

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 153 | 61 | | | | | | 214 |
| **PCPs - (accepting new members)** | 132 | 51 | | | | | | **183** |
| Specialists* | 446 | 92 | | | | | | 538 |
| **members)** | 446 | 92 | | | | | | **538** |
| Behavioral Health* | 192 | 40 | | | | | | 232 |
| **Behavioral Health (accepting new members)** | 192 | 40 | | | | | | **232** |
| Hospitals | 12 | 2 | | | | | | 14 |
| LTSS Facilities (Hosp./NF) | 20 | 1 | | | | | | 21 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 145 | 16 | | | | | | 161 |
| HCBS Providers (except residential settings and LTSS facilities) | 51 | 12 | | | | | | 63 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 155 | 63 | | | | | | 218 |
| **Totals** | **1174** | **287** | **0** | **0** | **0** | **0** | **0** | **1461** |
| * A provider may be counted once per island that they provide services. | | | | | | | | |
| **# Members by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members | 30609 | 15534 | | | | | | **46143** |
| **# Members per PCP by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members per PCP | 200 | 255 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 216 |
| 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)* | 541 | 55 | 8 | 10 | 70 | 78 | 38 | 800 |
| **PCPs - (accepting new members)** | 402 | 34 | 8 | 10 | 58 | 42 | 30 | **584** |
| Specialists* | 1170 | 108 | 13 | 4 | 113 | 76 | 69 | 1553 |
| **members)** | 706 | 88 | 13 | 4 | 53 | 66 | 61 | **991** |
| Behavioral Health* | 475 | 50 | 4 | 0 | 34 | 74 | 44 | 681 |
| **Behavioral Health (accepting new members)** | 440 | 34 | 3 | 0 | 34 | 68 | 40 | **619** |
| Hospitals | 11 | 2 | 1 | 1 | 3 | 1 | 5 | 24 |
| LTSS Facilities (Hosp./NF) | 23 | 3 | 1 | 1 | 5 | 2 | 3 | 38 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 885 | 41 | 0 | 0 | 18 | 86 | 25 | 1055 |
| HCBS Providers (except residential settings and LTSS facilities) | 51 | 8 | 2 | 0 | 4 | 21 | 6 | 92 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1128 | 180 | 15 | 6 | 131 | 172 | 156 | 1788 |
| **Totals** | **4284** | **447** | **44** | **22** | **378** | **510** | **346** | **6031** |
| * A provider may be counted once per island that they provide services. | | | | | | | | |
| **# Members by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members | 23949 | 3906 | 402 | 100 | 2178 | 4808 | 3181 | **38524** |
| **# Members per PCP by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members per PCP | 44 | 71 | 50 | 10 | 31 | 62 | 84 | 48 |
| Note: RFP requirement is 300 members for every PCP | | | | | | | | |

## UNITED HEALTHCARE

| # Network Providers by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| PCPs - (Traditional)* | 581 | 70 | 12 | 6 | 67 | 89 | 68 | 893 |
| **PCPs - (accepting new members)** | 415 | 40 | 7 | 6 | 60 | 50 | 50 | **628** |
| Specialists* | 1350 | 172 | 66 | 11 | 117 | 234 | 194 | 2.144 |
| **members)** | 1110 | 156 | 48 | 11 | 109 | 217 | 178 | **1,829** |
| Behavioral Health* | 771 | 240 | 62 | 63 | 174 | 234 | 201 | 1.745 |
| **Behavioral Health (accepting new members)** | 742 | 234 | 62 | 63 | 170 | 230 | 197 | **1,698** |
| Hospitals | 9 | 2 | 1 | 1 | 3 | 3 | 3 | 22 |
| LTSS Facilities (Hosp./NF) | 27 | 3 | | 1 | 5 | 6 | 1 | 43 |
| Residential Setting (CCFFH, E-ARCH, and ALF) | 983 | 53 | 1 | | 23 | 110 | 23 | 1,193 |
| HCBS Providers (except residential settings and LTSS facilities) | 47 | 12 | 1 | | 8 | 18 | 6 | 92 |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA | 1351 | 249 | 16 | 17 | 143 | 190 | 161 | 2,127 |
| **Totals** | **5.119** | **801** | **159** | **99** | **540** | **884** | **657** | **8.259** |
| * A provider may be counted once per island that they provide services. | | | | | | | | |
| **# Members by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members | 37,837 | 5,017 | 281 | 109 | 3,269 | 7,485 | 4,143 | **58.141** |
| **# Members per PCP by Island** | **Oahu** | **Maui** | **Molokai** | **Lanai** | **Kauai** | **East Hawaii** | **West Hawaii** | |
| Members per PCP | 65 | 72 | 23 | 18 | 49 | 84 | 61 | 65 |
| Note: RFP requirement is 300 members for every PCP | | | | | | | | |

**QUEST Integration Health Plan Summary of Call Center Calls** as of: **6/30/2021**

## ALOHA CARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 75 | 9 | 2 | 0 | 4 | 6 | 2 | **98** |
| Network (provider look up, access) | 83 | 13 | 1 | 2 | 11 | 12 | 1 | **123** |
| Primary Care Physician Assignment or Change | 238 | 18 | 4 | 2 | 9 | 35 | 11 | **317** |
| NEMT (inquiry, scheduling) -*monthly report* | 1332 | 101 | 58 | 24 | 39 | 309 | 81 | **1944** |
| Authorization/Notification (prior auth status) | 483 | 25 | 3 | 0 | 10 | 44 | 12 | **577** |
| Eligibility (general plan eligiblity, change request) | 745 | 47 | 2 | 4 | 16 | 40 | 17 | **871** |
| Benefits (coverage inquiry) | 250 | 35 | 2 | 1 | 7 | 34 | 12 | **341** |
| Enrollment (ID card request, update member information) | | 14 | 2 | 0 | 0 | 1 | 3 | **2** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 251 | 14 | 0 | 0 | 4 | 14 | 6 | **289** |
| Billing/Payment/Claims | 481 | 18 | 0 | 4 | 14 | 24 | 10 | **551** |
| Appeals | 7 | 0 | 0 | 0 | 0 | 1 | 2 | **10** |
| Complaints and Grievances | 7 | 3 | 0 | 0 | 0 | 2 | 0 | **12** |
| Other | 267 | 37 | 2 | 1 | 18 | 36 | 20 | **381** |
| **Totals** | **4,219** | **334** | **76** | **38** | **132** | **558** | **177** | **5,516** |

## HMSA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 13 | 4 | 0 | 0 | 1 | 1 | 5 | 24 |
| Network (provider look up, access) | 146 | 16 | 0 | 0 | 10 | 30 | 20 | 222 |
| Primary Care Physician Assignment or Change | 1375 | 161 | 4 | 8 | 166 | 226 | 242 | 2182 |
| NEMT (inquiry, scheduling) -*monthly report* | 447 | 132 | 61 | 11 | 116 | 395 | 289 | 1451 |
| Authorization/Notification (prior auth status) | 57 | 13 | 0 | 0 | 5 | 29 | 10 | 114 |
| Eligibility (general plan eligiblity, change request) | 252 | 40 | 1 | 0 | 38 | 57 | 45 | 433 |
| Benefits (coverage inquiry) | 258 | 56 | 3 | 2 | 35 | 45 | 44 | 443 |
| Enrollment (ID card request, update member information) | 854 | 112 | 5 | 1 | 55 | 232 | 136 | 1395 |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 54 | 8 | 0 | 0 | 4 | 18 | 7 | 91 |
| Billing/Payment/Claims | 248 | 39 | 0 | 0 | 31 | 33 | 39 | 390 |
| Appeals | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 3 |
| Complaints and Grievances | 11 | 1 | 0 | 0 | 0 | 2 | 1 | 15 |
| Other | 610 | 125 | 10 | 5 | 74 | 181 | 126 | 1131 |
| **Totals** | **4326** | **707** | **84** | **27** | **535** | **1250** | **965** | **7894** |

s

## KAISER

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 0 | 0 | | | | | | **0** |
| Network (provider look up, access) | 41 | 7 | | | | | | **48** |
| Primary Care Physician Assignment or Change | 1 | 0 | | | | | | **1** |
| NEMT (inquiry, scheduling) -*monthly report* | 0 | 0 | | | | | | **0** |
| Authorization/Notification (prior auth status) | 0 | 0 | | | | | | **0** |
| Eligibility (general plan eligiblity, change request) | 106 | 26 | | | | | | **132** |
| Benefits (coverage inquiry) | 220 | 54 | | | | | | **274** |
| Enrollment (ID card request, update member information) | 0 | 0 | | | | | | **0** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 0 | 0 | | | | | | **0** |
| Billing/Payment/Claims | 0 | 0 | | | | | | **0** |
| Appeals | 0 | 0 | | | | | | **0** |
| Complaints and Grievances | 1 | 0 | | | | | | **1** |
| Other | 99 | 21 | | | | | | **120** |
| **Totals** | **468** | **108** | **0** | **0** | **0** | **0** | **0** | **576** |

## OHANA

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 200 | 42 | 2 | 0 | 11 | 60 | 14 | **329** |
| Network (provider look up, access) | 43 | 6 | 1 | 0 | 2 | 11 | 3 | **66** |
| Primary Care Physician Assignment or Change | 77 | 11 | 2 | 0 | 2 | 10 | 6 | **108** |
| NEMT (inquiry, scheduling) -*monthly report* | 1652 | 256 | 28 | 7 | 32 | 484 | 168 | **2627** |
| Authorization/Notification (prior auth status) | 12 | 10 | 1 | 5 | 4 | 22 | 8 | **62** |
| Eligibility (general plan eligiblity, change request) | 42 | 7 | 0 | 0 | 1 | 9 | 2 | **61** |
| Benefits (coverage inquiry) | 188 | 31 | 4 | 1 | 11 | 38 | 15 | **288** |
| Enrollment (ID card request, update member information) | 224 | 36 | 7 | 0 | 12 | 63 | 16 | **358** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 113 | 19 | 3 | 0 | 8 | 40 | 10 | **193** |
| Billing/Payment/Claims | 21 | 5 | 0 | 0 | 1 | 6 | 4 | **37** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Appeals | 8 | 1 | 0 | 0 | 0 | 1 | 4 | **14** |
| Complaints and Grievances | 11 | 2 | 0 | 0 | 7 | 2 | 3 | **25** |
| Other | 1033 | 187 | 20 | 5 | 44 | 243 | 89 | **1621** |
| **Totals** | **3,624** | **613** | **68** | **18** | **135** | **989** | **342** | **5,789** |

## UNITED HEALTHCARE

| Summary of Calls by Island | Oahu | Maui | Molokai | Lanai | Kauai | East Hawaii | West Hawaii | Totals |
|---|---|---|---|---|---|---|---|---|
| Pharmacy - (claim, coverage, access) | 153 | 16 | 1 | 3 | 8 | 19 | 18 | **218** |
| Network (provider look up, access) | 86 | 19 | 3 | 0 | 3 | 20 | 7 | **138** |
| Primary Care Physician Assignment or Change | 0 | 0 | 0 | 0 | 0 | 1 | 1 | **2** |
| NEMT (inquiry, scheduling) *-monthly report* | 99 | 14 | 5 | 3 | 7 | 23 | 11 | **162** |
| Authorization/Notification (prior auth status) | 17 | 9 | 0 | 0 | 4 | 22 | 4 | **56** |
| Eligibility (general plan eligiblity, change request) | 371 | 62 | 1 | 0 | 20 | 65 | 49 | **568** |
| Benefits (coverage inquiry) | 555 | 69 | 3 | 6 | 39 | 92 | 43 | **807** |
| Enrollment (ID card request, update member information) | 122 | 27 | 1 | 1 | 8 | 17 | 26 | **202** |
| Service Coordination Inquiry or request (contact FSC, assessment, service plan) | 105 | 14 | 0 | 1 | 9 | 31 | 12 | **172** |
| Billing/Payment/Claims | 15 | 3 | 0 | 0 | 1 | 2 | 0 | **21** |
| Appeals | 11 | 2 | 0 | 0 | 1 | 3 | 1 | **18** |
| Complaints and Grievances | 12 | 1 | 0 | 0 | 0 | 0 | 0 | **13** |
| Other | 1039 | 156 | 6 | 2 | 83 | 197 | 88 | **1571** |
| **Totals** | **2,585** | **392** | **20** | **16** | **183** | **492** | **260** | **3,948** |

| Health plan shall highlight changes made for the previous month(s) | |
|---|---|
| **# Members** | Description of Information to Include |
| Medicaid | Number of members receiving QI benefit package who do not have Medicare primary |
| Duals | Number of members receiving dual benefits |
| Total | Total number of members |
| **# Network Providers** | **Providers count on the "Dashboard" sheet should be un-duplicated. The providers counts on the "HP Demographics by Island" sheet may be duplicated when an individual provider serves multiple islands. Providers such as pharmacy services may be counted based upon number of locations. Non-Hawaii based network providers shall be excluded from all counts.** |
| PCPs | PCP count includes PCPs in the clinics. Utilize the definition provided on the Report Tool |
| PCPs - (accepting new members) | Number of PCPs (includes PCPs in clinics) accepting new members |
| Specialists | All specialists as defined in Section 40.220 |
| Specialists (accepting new members) | Number of Specialists accepting new members |
| Behavioral Health | All behavioral health providers as defined in Section 40.220 |
| Behavioral Health (accepting new members) | Number of Behavioral Health providers accepting new members |
| Hospitals | All hospitals |
| LTSS Facilities (Hosp./NF) | All facilities that have residents receiving LTSS (both hospital-based and free-standing nursing facilities) |
| Residential Setting (CCFFH, E-ARCH, and ALF) | All residential settings (CCFFH, E-ARCH, and ALF) |
| HCBS Providers (except residential settings and LTSS facilities) | All other HCBS providers as defined in Section 40.220 excluding those that are residential settings of LTSS facilities |
| Ancillary & Other (All provider types not listed above; incl Phcy, Lab, Therapists, Hospice, HHA) | All ancillary providers to include pharmacies, laboratories, therapists, hospice, home health agencies. |
| Total # of providers | Total of all providers listed |
| | **Note: all providers in the QI network should be included. There should be no duplication of provider counts per category. If type is not listed, add provider type to the "Ancillary & Other" section.** |
| **Call Center** | |
| # Member Calls | # of calls received from members |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with member | Average time on the phone with member in minutes and seconds |
| % of member calls abandoned (member hung up) | Percent of member calls abandoned |
| # Provider Calls | # of calls received from providers |
| Avg. time until phone answered | Average time until phone was answered in seconds |
| Avg. time on phone with provider | Average time on the phone with provider in minutes and seconds |
| % of provider calls abandoned (provider hung up) | Percent of provider calls abandoned |
| **Medical Claims- Electronic** | **Note: (1) A " Processed claim" is a QI claim (not based on # of items/lines in the claim) that "PAID" or "DENIED" in the reporting period. Health plan shall determine how a claim is considered "PAID" or "DENIED". (2) When a single claim that has multiple RECEIVED/PAID/DENIED dates, health plan should use the LAST DATE that the final "PAID" or "DENIED" item/line is made for the 30/90 days calculation because this will be a "completely" processed claim.** |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of electronic claims processed in 30 days |
| % of claims processed in 90 days | % of electronic claims processed in 90 days |
| (month to date) | |
| **Medical Claims- Paper** | |
| # Submitted, not able to get into system | # of claims submitted that do not get into the system |
| # Received | # of claims received in the month |
| # Paid | # of claims paid in the month |

| | |
|---|---|
| # In Process | # of claims in process at the end of the month |
| # Denied | # of claims denied in the month |
| Avg time for processing paid claim in days | Average time it took to process paid claims in days |
| % of claims processed in 30 days | % of paper claims processed in 30 days |
| % of claims processed in 90 days | % of paper claims processed in 90 days |
| (month-to-date) | |
| **Prior Authorization (PA)- Electronic** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month to date) | |
| **Prior Authorization (PA)- Paper and Telephone** | |
| # Received | # of PAs received in the month |
| # In Process | # of PAs in process in the month |
| # Approved | # of PAs approved in the month |
| # Denied | # of PAs denied in the month |
| Avg time for PA in days | Average time it took to process PAs in days |
| (month-to-date) | |
| **# Non-Emergency Transports** | |
| Ground (# of round trips) | # of ground trips for non-emergency transports. A roundtrip is counted as one (i.e., to MD appointment and home is one (1) trip not two (2) trips) |
| Air (by segment) | # of air trips (by segment) for non-emergency transports i.e. fly from Maui to HNL and back count as 2 segments |
| Public Transportation Pass (bus pass & handivan coupons) | # of bus passes or handivan coupons issued |
| **# Member Grievances** | |
| # Received | # of member grievances received in the month |
| # Resolved | # of member grievances resolved in the month |
| # Outstanding | # of outstanding member grievances at the end of the month<br>Note: The number of member grievances outstanding in this month is the number of member grievances outstanding in the prior month plus the number of member grievances received in this month minus the number of member grievances resolved in this month. |
| **# Provider Grievances** | |
| # Received | # of provider grievances received in the month |
| # Resolved | # of provider grievances resolved in the month |
| # Outstanding | # of outstanding provider grievances at the end of the month<br>Note: The number of provider grievances outstanding in this month is the number of provider grievances outstanding in the prior month plus the number of provider grievances received in this month minus the number of provider grievances resolved in this month. |
| **# Member Appeals** | |
| # Received | # of member appeals received in the month |
| # Resolved | # of member appeals resolved in the month |
| # Outstanding | # of outstanding member appeals at the end of the month<br>Note: The number of member appeals outstanding in this month is the number of member appeals outstanding in the prior month plus the number of member appeals received in this month minus the number of member appeals resolved in this month. |
| **# Provider Appeals** | |
| # Received | # of provider appeals received in the month |
| # Resolved | # of provider appeals resolved in the month |
| # Outstanding | # of outstanding provider appeals at the end of the month<br>Note: The number of provider appeals outstanding in this month is the number of provider appeals outstanding in the prior month plus the number of provider appeals received in this month minus the number of provider appeals resolved in this month. |
| **Utilization - based on Auth (A) or Claims (C )** | |
| Inpatient Acute Admits * (A) - per 1,000 | # of inpatient acute admits (based on authorizations) in the month per 1,000 members |

| | |
|---|---|
| Inpatient Acute Days * (A) - per 1,000 | # of inpatient acute days (based on authorizations) in the month per 1,000 members |
| Readmissions within 30 days* (A) | # of readmissions within thirty (30) days in the month based upon authorizations |
| ED Visits* (C ) - per 1,000** | # of ER visits in the previous month (based upon claims) per 1,000. For example, if reporting is on September 15th for August, provide data for July ER visits. |
| # Prescriptions (C ) - per 1,000 | # of prescriptions in the month (based upon claims) per 1,000 members |
| Waitlisted Days* (A) - per 1,000 | # of waitlisted days in the month (based upon authorizations) per 1,000 members |
| NF Admits * (A) | Authorized Non-Medicare nursing facility admissions |
| # Members in NF (non-Medicare paid days)**(C ) | Non-Medicare paid days (claims based) |
| # Members in HCBS **(C) | # of members in HCBS (excluldes members in at-risk) in the month (based upon claims). Member can be included in more than one category listed below.<br>Note: (1) The listing of HCPCS codes listed on the LTSS Report (Tab D. Auth by Service Code) shall be used to determine those HCPCS codes categorized as 'HCBS' (2) The # of members in HCBS (C ) will be based solely on paid claims during the reporting period. This determination will be made irrespective of the member's "1148" status/facility code (e.g. "299") |
| # Members in Residential Setting **( C) | # of HCBS members in Residential Setting (based upon claims).<br>Note: Based solely on paid claims against HCPCS S5140, T2033 and T2031. |
| # Members in Self-Direction **(C ) | # of HCBS members in Self-Direction (based upon claims) |
| # Members receiving other HCBS **(C) | # of HCBS members receiving other HCBS servcies (based upon claims) as defined in Section 40.740.3 |
| # Members in At-risk**(C ) | # of members in At-risk in the month (based upon claims).<br>Note: The population of At-risk members will be based on a member having an active "at-risk" coded 1147 (i.e. Level of Care Approval Status = 11). Only those with paid claims against HCBS codes noted above shall be included. |
| # Members in Self-Direction ** ( C) | # of At-risk members in Self-Direction in the month (based upon claims) |
| # Members receiving other HCBS** (C ) | # of At-risk members receiving other HCBS services (based upon claims) |
| | **Note: Non-Medicare is for acute, ED, and prescriptions. Health plans should report on acute waitlisted, Medicaid primary NF, and all HCBS (even if these individuals are duals).** |

(*Non-Medicare) (**lag in data of two months)

Legend:
ALF= Assisted Living Facilities
CCFFH= Community Care Foster Family Homes
E-ARCH= Expanded Adult Residential Care Homes
ED= Emergency Department
FQHC= Federal Qualified Health Center
HCBS= Home and Community Based Services
HHA= Home Health Agencies
Hosp= Hospital
LTSS= Long-Term Services and Supports
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.
PCP= Primary Care Provider
QI= QUEST Integration
Residential setting= CCFFH, ARCH/E-ARCH, and ALF

**Schedule C**
**CMS 64 Waiver Expenditure Report**
**Cumulative Data Ending Quarter/Year : 4/2021**

**State: Hawaii**

**Summary of Expenditures by Waiver Year**
**Waiver: 11W00000**

## MAP Waivers

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aged without Medicare-MFI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blind/Disabled without Mec | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Aged without Medicare-MFI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blind/Disabled without Mec | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

## ADM Waivers

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8,939,309 | (4,911,133) | 0 | 0 | 0 | 4,028,176 | 4,028,176 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **8,939,309** | **(4,911,133)** | **0** | **0** | **0** | **4,028,176** | **4,028,176** |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,947,464 | (2,995,138) | 0 | 0 | 0 | 2,952,326 | 2,952,326 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **5,947,464** | **(2,995,138)** | **0** | **0** | **0** | **2,952,326** | **2,952,326** |

**Summary of Expenditures by Waiver Year**
**Waiver: 11W00001**

## MAP Waivers

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.115 | 0 | 70.981.761 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70.981.761 | 70.981.761 |
| 1902 R 2 | 0 | 173.206.589 | 0 | 0 | 0 | 0 | (28.108) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 173.178.481 | 173.178.481 |
| 1902 R 2X | 0 | (8,243,749) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (8,243,749) | (8,243,749) |
| 1902R2 | 0 | 121.392 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 121.392 | 121.392 |
| AFDC | 0 | 148.069.654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 148.069.654 | 148.069.654 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (295) | 121,279,464 | 314,952,648 | 350,714,627 | 326,518,117 | 349,156,948 | 184,750,729 | 364,919,440 | 307,865,937 | 320,856,325 | 330,120,146 | 561,548,421 | 370,684,870 | 396,836,193 | 70,032,670 | 0 | 0 | 4,370,236,240 | 4,370,236,240 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.424.989 | 17.555.107 | 24.914.002 | 19.728.957 | 24.483.589 | 14.925.306 | 37.994.810 | 48.712.106 | 46.535.285 | 55.494.164 | 85.112.820 | 64.546.968 | 98.302.416 | 19.619.701 | 0 | 0 | 560.350.220 | 560.350.220 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (473,188) | (505,165) | (397,775) | (598,936) | (490,186) | (31,916) | 0 | 0 | 0 | (2,497,166) | (2,497,166) |
| Aged without Medicare - M | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (14,668) | (44,822) | (62,495) | (43,976) | (17,253) | 0 | 0 | 0 | 0 | (183,214) | (183,214) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (13.736) | 31.794.652 | 74.760.519 | 81.089.359 | 77.504.607 | 88.201.319 | 49.105.356 | 98.847.286 | 163.362.887 | 158.584.686 | 154.651.730 | 248.125.392 | 151.395.989 | 163.954.870 | 28.450.739 | 0 | 0 | 1.569.815.655 | 1.569.815.655 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (28,991) | 81,514,842 | 211,664,665 | 248,689,322 | 257,028,809 | 282,670,355 | 148,440,400 | 290,201,052 | 285,336,958 | 310,399,367 | 340,654,230 | 475,556,493 | 330,863,589 | 374,621,261 | 65,258,332 | 0 | 0 | 3,702,870,684 | 3,702,870,684 |
| Blind/Disable without Medi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (324.738) | (333.645) | (370.635) | (399.762) | (294.330) | (17.997) | 0 | 0 | 0 | (1.741.107) | (1.741.107) |
| Blind/Disabled with Medica | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (61.110) | (74.223) | (153.925) | (230.511) | (81.788) | (2.258) | 0 | 0 | 0 | (603.815) | (603.815) |
| Breast Cervical Cancer Treat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2) | 4,053 | 545,332 | 904,018 | 750,145 | 365,104 | 585,588 | 277,616 | 222,869 | 103,847 | 107,702 | 5,975 | 45,580 | 10,829 | 0 | 0 | 3,928,656 | 3,928,656 |
| Current | 0 | 493.934.086 | 0 | 0 | 0 | 0 | 1.661.326 | 159.616.917 | 75.521.154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 730.733.483 | 730.733.483 |
| CURRENT POP | 0 | 272.778.438 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 272.778.438 | 272.778.438 |
| Current-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 40,064,795 |
| Demo Elig Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 134.638 | 1.995 | 51.709 | 318.560 | 127.982.800 | 129.456.848 | 154.209.257 | 177.392.619 | 201.628.981 | 238.945.778 | 244.752.485 | 227.394.155 | 43.950.943 | 52.948 | (5.724) | 735 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.546.268.727 | 1.546.268.727 |
| Expansion State Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 191,848,117 | 343,651,347 | 477,526,936 | 537,025,591 | 790,663,556 | 529,260,308 | 698,925,280 | 127,964,414 | 0 | 0 | 3,696,865,549 | 3,696,865,549 |
| FosterCare(19-20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,499 | 83,366 | 94,158 | 137,403 | 73,022 | 176,324 | 173,482 | 703,614 | 618,274 | 885,664 | 1,318,600 | 2,348,338 | 1,739,142 | 2,005,231 | 329,173 | 0 | 0 | 10,777,290 | 10,777,290 |
| HawaiiQuest-1902(R)(2) | 0 | 700.529 | 107.270 | 2.484.576 | 1.636.854 | 860.335 | 1.594.466 | 0 | 0 | 284 | 34.836 | 438.582 | 0 | 0 | 33.061 | 26.332 | 8.001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.925.126 | 7.925.126 |
| HCCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 135,520 | 683,159 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 818,679 | 818,679 |
| HealthQuest-Current | 0 | 3,884,748 | 350,430 | 12,121,771 | 10,002,019 | 7,377,643 | 10,651,130 | 9,373,702 | 64,428,704 | 230,593,470 | 268,955,153 | 392,471,288 | (2,325,152) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,007,884,906 | 1,007,884,906 |
| HealthQuest-Others | 0 | 1.783.163 | 215.685 | 5.322.833 | 3.698.445 | 2.678.918 | 3.915.013 | 3.306.673 | 21.010.550 | 63.645.959 | 99.234.046 | 93.729.117 | (621.643) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 297.918.759 | 297.918.759 |
| Med Needy Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 56,504 | 120,767 | 115,693 | 58,345 | 117,005 | 109,837 | 8,305 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 586,456 | 586,456 |
| Med Needy Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.715 | 3.960 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11.675 | 11.675 |
| MFCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 122.839 | 581.513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 704.352 | 704.352 |
| Newly Eligible Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,331 | 216,961,105 | 165,225,916 | 110,172,746 | 126,903,675 | 190,929,528 | 116,793,798 | 152,473,617 | 27,709,536 | 0 | 0 | 1,107,171,252 | 1,107,171,252 |
| NH w/o W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.100.418 | 16.199.737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21.300.155 | 21.300.155 |
| Opt St Pl Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76.678 | 103.084 | 80.075 | 257.166 | 253.182 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 770.216 | 770.216 |
| Others | 0 | 288,512,308 | 0 | 0 | 0 | 0 | 786,332 | 56,430,712 | 30,507,680 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 376,237,032 | 376,237,032 |
| Others-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.142.103 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.142.103 | 13.142.103 |
| OthersX | 0 | (15,309,727) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (15,309,727) | (15,309,727) |
| QUEST ACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2,751) | 798,681 | 5,696,094 | 14,348,747 | 23,867,636 | 30,465,656 | 27,968,205 | 76,432,838 | 26,173,447 | 99,296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 205,847,849 | 205,847,849 |
| RAACP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.862.479 | 17.432.949 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25.295.428 | 25.295.428 |
| St Pl Adults-Preg Immig/COF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,990 | 2,628,840 | 2,628,927 | 2,873,646 | 987,921 | 1,532,245 | 1,448,764 | 2,048,646 | 2,315,023 | 4,043,498 | 3,127,056 | 2,130,450 | 205,971 | 0 | 0 | 25,995,977 | 25,995,977 |
| State Plan Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (10) | 218 | 99 | 39.158 | 111.982.730 | 118.021.622 | 109.034.691 | 128.225.118 | 131.863.143 | 123.596.289 | 112.790.909 | 130.112.852 | 80.834.554 | 202.315.960 | 172.913.238 | 169.042.108 | 182.723.816 | 256.089.901 | 165.204.350 | 205.071.388 | 37.666.409 | 0 | 0 | 2.437.528.543 | 2.437.528.543 |
| State Plan Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (41) | (9.403) | 2.008 | 878 | 2.541.467 | 181.803.051 | 179.672.723 | 155.392.585 | 168.853.209 | 202.959.370 | 213.968.923 | 187.874.968 | 215.942.758 | 106.595.493 | 248.491.952 | 306.184.281 | 316.589.798 | 372.171.569 | 596.190.804 | 395.849.602 | 423.062.160 | 68.815.946 | 0 | 0 | 4.342.954.101 | 4.342.954.101 |
| Supp. - Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 7,500,002 |
| Supp. - State Gov. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.822.210 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.822.210 | 17.822.210 |
| UCC-Governmental | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.688.221 | 22.546.108 | 18.919.184 | 16.356.580 | 24.507.605 | 34.064.491 | 48.859.842 | 12.164.879 | 5.856.911 | 10.090.466 | 6.184.588 | 981.179 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 216.220.054 | 216.220.054 |
| UCC-GOVT LTC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 609,561 |
| UCC-Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.056.500 | 3.403.710 | 7.500.000 | 7.500.000 | 7.500.000 | 7.500.000 | 0 | 38.818.619 | 39.694.442 | 82.153.936 | 85.515.739 | 66.000.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 355.642.946 | 355.642.946 |
| VIII-Like Group | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,468,225 | (8,863) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,459,362 | 71,459,362 |
| **Total** | **0** | **1,430,419,192** | **673,385** | **19,929,180** | **15,337,318** | **10,916,896** | **18,580,159** | **228,727,963** | **244,800,211** | **294,243,934** | **368,276,721** | **514,860,384** | **444,696,938** | **454,123,543** | **464,250,373** | **785,020,500** | **1,211,765,023** | **1,357,369,890** | **1,307,250,732** | **1,449,178,427** | **773,323,644** | **1,746,788,952** | **1,886,418,223** | **1,978,888,489** | **2,102,497,561** | **3,209,443,268** | **2,128,588,090** | **2,517,376,275** | **446,063,720** | **0** | **0** | **27,409,808,991** | **27,409,808,991** |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.115 | 0 | 35.490.882 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35.490.882 | 35.490.882 |
| 1902 R 2 | 0 | 86,769,823 | 0 | 0 | 0 | 0 | (14,054) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 86,755,769 | 86,755,769 |
| 1902 R 2X | 0 | (4.205.136) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (4.205.136) | (4.205.136) |
| 1902R2 | 0 | 60.696 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60.696 | 60.696 |
| AFDC | 0 | 74,034,827 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74,034,827 | 74,034,827 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (199) | 81.134.508 | 211.362.743 | 229.319.379 | 165.433.841 | 179.767.116 | 95.671.244 | 189.594.079 | 162.182.080 | 173.947.428 | 181.187.273 | 304.997.343 | 212.038.895 | 235.244.802 | 41.473.348 | 0 | 0 | 2.463.353.880 | 2.463.353.880 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,622,988 | 11,822,762 | 16,022,396 | 9,984,628 | 12,621,590 | 7,728,650 | 19,714,968 | 25,630,796 | 25,194,791 | 30,421,066 | 46,083,675 | 37,003,118 | 58,205,157 | 11,618,786 | 0 | 0 | 313,675,371 | 313,675,371 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (249,679) | (273,613) | (218,333) | (324,766) | (277,623) | (19,044) | 0 | 0 | 0 | (1,363,058) | (1,363,058) |
| Aged without Medicare - M | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7.720) | (24.377) | (34.310) | (23.817) | (9.392) | 0 | 0 | 0 | 0 | (99.616) | (99.616) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (9,251) | 21,277,328 | 49,857,636 | 52,547,252 | 39,129,038 | 45,400,574 | 25,392,157 | 51,341,230 | 86,036,126 | 85,942,520 | 84,861,936 | 134,764,611 | 86,528,213 | 97,192,994 | 16,848,528 | 0 | 0 | 877,110,892 | 877,110,892 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (19.525) | 54.511.233 | 141.799.152 | 161.274.589 | 130.207.936 | 145.622.789 | 76.872.883 | 150.336.274 | 149.646.906 | 167.640.879 | 186.541.259 | 256.709.607 | 188.790.052 | 221.625.629 | 38.645.985 | 0 | 0 | 2.070.205.648 | 2.070.205.648 |
| Blind/Disable without Medi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (171.495) | (180.813) | (203.447) | (216.481) | (166.339) | (10.739) | 0 | 0 | 0 | (949.314) | (949.314) |
| Blind/Disabled with Medica | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (32,236) | (40,358) | (84,504) | (125,175) | (45,986) | (1,347) | 0 | 0 | 0 | (329,606) | (329,606) |
| Breast Cervical Cancer Treat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 2.754 | 361.286 | 592.247 | 495.478 | 241.945 | 376.274 | 201.477 | 152.695 | 77.771 | 62.536 | 1.545 | 32.135 | 7.737 | 0 | 0 | 2.605.879 | 2.605.879 |
| Current | 0 | 247.684.665 | 0 | 0 | 0 | 0 | 904.176 | 83.526.544 | 40.668.142 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 372.783.527 | 372.783.527 |
| CURRENT POP | 0 | 136,389,220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 136,389,220 | 136,389,220 |
| Current-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22.572.505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22.572.505 | 22.572.505 |
| Demo Elig Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 79,127 | 1,144 | 30,236 | 186,922 | 75,196,276 | 74,766,107 | 87,642,204 | 114,378,784 | 135,452,513 | 154,819,222 | 123,131,082 | 116,746,726 | 22,522,276 | 27,511 | (3,183) | 397 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 904,977,344 | 904,977,344 |
| Expansion State Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 157,511,412 | 316,564,065 | 458,125,253 | 498,122,382 | 734,467,969 | 482,190,147 | 628,850,865 | 115,167,973 | 0 | 0 | 3,391,000,066 | 3,391,000,066 |
| FosterCare(19-20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51.916 | 53.413 | 63.415 | 89.013 | 36.291 | 90.804 | 89.632 | 365.633 | 326.044 | 480.663 | 723.548 | 1.274.696 | 993.347 | 1.188.859 | 194.936 | 0 | 0 | 6.022.210 | 6.022.210 |
| HawaiiQuest-1902(R)(2) | 0 | 353,988 | 53,702 | 1,242,907 | 818,930 | 430,573 | 808,769 | 0 | 0 | 166 | 20,369 | 256,468 | 0 | 0 | 18,679 | 19,755 | 5,389 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,029,695 | 4,029,695 |
| HCCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76,578 | 438,797 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 515,375 | 515,375 |
| HealthQuest-Current | 0 | 1.963.002 | 175.736 | 6.063.866 | 5.004.058 | 3.692.366 | 5.386.340 | 4.903.637 | 36.087.606 | 132.768.282 | 165.985.082 | 231.578.381 | (1.365.848) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 592.242.508 | 592.242.508 |
| HealthQuest-Others | 0 | 901,053 | 107,974 | 2,662,739 | 1,849,641 | 1,340,727 | 1,981,352 | 1,733,011 | 11,768,154 | 36,642,802 | 60,584,431 | 55,313,761 | (363,962) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 174,521,683 | 174,521,683 |
| Med Needy Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.497 | 68.553 | 68.082 | 38.985 | 78.049 | 64.590 | 4.238 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 354.994 | 354.994 |
| Med Needy Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.196 | 2.666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.862 | 7.862 |
| MFCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 69,404 | 368,050 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 437,454 | 437,454 |
| Newly Eligible Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.331 | 216.943.107 | 165.225.680 | 110.132.233 | 120.601.049 | 178.700.907 | 106.470.887 | 137.189.372 | 24.938.582 | 0 | 0 | 1.060.203.148 | 1.060.203.148 |

## Schedule C
## CMS 64 Waiver Expenditure Report
## Cumulative Data Ending Quarter/Year : 4/2021

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NH w/o W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.881.647 | 10.235.011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.116.658 | 13.116.658 |
| Opt St Pl Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44,819 | 59,404 | 45,487 | 166,217 | 170,408 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 486.356 | 486.356 |
| Others | 0 | 144,525,295 | 0 | 0 | 0 | 0 | 426,612 | 29,580,209 | 16,428,385 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 190.960.501 | 190.960.501 |
| Others-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.404.260 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.404.260 | 7.404.260 |
| OthersX | 0 | (7,809,492) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7.809.492) | (7.809.492) |
| QUEST ACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1.583) | 454.606 | 3.232.556 | 9.373.768 | 16.050.472 | 19.640.154 | 13.856.685 | 39.331.445 | 13.397.540 | 51.580 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 115.387.223 | 115.387.223 |
| RAACP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.442.944 | 10.922.768 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.365.712 | 15.365.712 |
| St Pl Adults-Preg Immig/COF | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16,829 | 1,707,938 | 1,317,977 | 1,473,988 | 508,843 | 795,482 | 764,288 | 1,111,786 | 1,270,634 | 2,194,658 | 1,792,664 | 1,263,590 | 121,976 | 0 | 0 | 14,340,653 | 14,340,653 |
| State Plan Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (6) | 125 | 52 | 22.986 | 65.812.117 | 68.288.552 | 61.892.816 | 82.540.889 | 88.651.957 | 80.730.594 | 56.365.779 | 66.741.085 | 41.647.599 | 104.818.328 | 90.882.653 | 91.217.054 | 100.152.370 | 138.672.946 | 94.298.869 | 121.391.011 | 22.306.047 | 0 | 0 | 1.376.433.823 | 1.376.433.823 |
| State Plan Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (23) | (5.530) | 1.173 | 507 | 1.494.521 | 106.725.591 | 103.797.242 | 88.086.005 | 108.850.847 | 136.539.237 | 138.140.612 | 92.677.457 | 110.463.464 | 54.513.113 | 128.897.353 | 161.395.592 | 171.534.913 | 204.150.083 | 323.486.096 | 226.482.643 | 250.680.272 | 40.752.802 | 0 | 0 | 2.448.663.970 | 2.448.663.970 |
| Supp. - Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,385,251 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,385,251 | 4,385,251 |
| Supp. - State Gov. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.614.749 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.614.749 | 10.614.749 |
| UCC-Governmental | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,212,484 | 13,041,165 | 10,762,501 | 10,040,250 | 16,505,872 | 22,280,473 | 24,838,917 | 6,249,536 | 3,037,111 | 5,240,639 | 3,261,810 | 529,641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 125.000.399 | 125.000.399 |
| UCC-GOVT LTC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 307,706 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 307.706 | 307.706 |
| UCC-Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.787.516 | 1.958.835 | 4.237.500 | 4.959.750 | 5.051.250 | 4.697.250 | 0 | 20.131.336 | 20.583.506 | 42.677.271 | 45.049.870 | 35.626.800 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 190.760.884 | 190.760.884 |
| VIII-Like Group | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,060,184 | (4,595) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,055,589 | 37,055,589 |
| **Total** | **0** | **716,158,823** | **337,412** | **9,969,512** | **7,672,629** | **5,463,666** | **9,493,195** | **119,743,378** | **135,002,643** | **169,413,692** | **226,620,677** | **303,853,039** | **261,079,907** | **262,434,464** | **263,479,344** | **510,938,536** | **813,433,104** | **881,694,769** | **657,883,822** | **745,135,931** | **399,268,014** | **1,068,686,546** | **1,206,703,074** | **1,321,117,892** | **1,407,568,777** | **2,120,724,805** | **1,436,091,040** | **1,752,833,556** | **312,076,700** | **0** | **0** | **17,124,878,947** | **17,124,878,947** |

**ADM Waivers**

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.241.969 | 42.748.419 | 39.312.729 | 11.586.429 | 43.993.148 | 59.479.815 | 54.588.745 | 85.205.753 | 62.594.608 | 82.954.286 | 118.530.760 | 105.382.868 | 97.409.012 | 139.266.156 | 89.286.976 | 101.674.296 | 10.372.289 | 0 | 0 | 1.151.628.258 | 1.151.628.258 |
| HealthQuest-Current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 755,748 | 34,375,214 | 12,833,291 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47,964,253 | 47,964,253 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **7,241,969** | **42,748,419** | **40,068,477** | **45,961,643** | **56,826,439** | **59,479,815** | **54,588,745** | **85,205,753** | **62,594,608** | **82,954,286** | **118,530,760** | **105,382,868** | **97,409,012** | **139,266,156** | **89,286,976** | **101,674,296** | **10,372,289** | **0** | **0** | **1,199,592,511** | **1,199,592,511** |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,679,980 | 22,272,827 | 20,907,343 | 6,121,891 | 25,253,918 | 34,488,282 | 31,963,518 | 59,588,869 | 48,414,408 | 61,342,106 | 93,307,850 | 78,500,894 | 71,800,158 | 98,697,486 | 61,050,371 | 68,616,142 | 6,984,155 | 0 | 0 | 792,990,198 | 792,990,198 |
| HealthQuest-Current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 377,874 | 17,784,187 | 6,534,554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,696,615 | 24,696,615 |
| **Total** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **3,679,980** | **22,272,827** | **21,285,217** | **23,906,078** | **31,788,472** | **34,488,282** | **31,963,518** | **59,588,869** | **48,414,408** | **61,342,106** | **93,307,850** | **78,500,894** | **71,800,158** | **98,697,486** | **61,050,371** | **68,616,142** | **6,984,155** | **0** | **0** | **817,686,813** | **817,686,813** |

## Summary of Expenditures by Waiver Year
## Waiver: 11W00351

**MAP Waivers**

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1915(i)-like Evaluations | 0 | 1.838.169 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.838.169 | 1.838.169 |
| HCBS Waiver LOC Timelines | 0 | 3,977,549 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,977,549 | 3,977,549 |
| Retainer Payments | 0 | 3.099.823 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3.099.823 | 3.099.823 |
| **Total** | **0** | **8,915,541** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **8,915,541** | **8,915,541** |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1915(i)-like Evaluations | 0 | 1.089.378 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.089.378 | 1.089.378 |
| HCBS Waiver LOC Timelines | 0 | 2.357.202 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.357.202 | 2.357.202 |
| Retainer Payments | 0 | 1,840,512 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,840,512 | 1,840,512 |
| **Total** | **0** | **5,287,092** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **5,287,092** | **5,287,092** |

## Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

| | |
|---|---|
| Budget Neutrality Reporting Start DY | 26 |
| Budget Neutrality Reporting End DY | 30 |

**Actuals + Projected**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | Total |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | **Total** | $ 629,445,268 | $ 697,320,596 | $ 743,143,858 | $ 769,348,398 | $ 796,466,688 | |
| | | **PMPM** | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 | |
| | | **Mem-Mon** | 1,403,508 | 1,539,475 | 1,624,394 | 1,665,004 | 1,706,629 | |
| EG 2 - Adults | 2 | **Total** | $ 389,312,838 | $ 472,902,030 | $ 524,738,191 | $ 557,755,942 | $ 592,854,097 | |
| | | **PMPM** | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 | |
| | | **Mem-Mon** | 420,665 | 492,750 | 527,253 | 540,435 | 553,945 | |
| EG 3 - Aged | 3 | **Total** | $ 658,889,243 | $ 764,674,765 | $ 696,978,190 | $ 727,880,659 | $ 760,156,997 | |
| | | **PMPM** | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 | |
| | | **Mem-Mon** | 339,779 | 381,363 | 336,172 | 339,533 | 342,929 | |
| EG 4 – Blind/Disabled | 4 | **Total** | $ 757,508,006 | $ 846,263,757 | $ 930,311,374 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **PMPM** | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 | |
| | | **Mem-Mon** | 286,202 | 306,260 | 322,487 | 325,712 | 328,969 | |
| **TOTAL** | | | **$ 2,435,155,354** | **$ 2,781,161,148** | **$ 2,895,171,613** | **$ 3,035,941,601** | **$ 3,183,838,560** | **$ 14,331,268,277** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | | $ 397,588,744 | $ 425,065,233 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | $5,581,332,378 |
| EG 2 - Adults | 2 | | $ 168,337,381 | $ 207,247,418 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | $3,170,753,153 |
| EG 3 - Aged | 3 | | $ 398,894,397 | $ 459,370,656 | $ 455,187,639 | $ 481,405,329 | $ 502,750,842 | $6,206,031,479 |
| EG 4 – Blind/Disabled | 4 | | $ 478,325,180 | $ 535,314,239 | $ 615,784,624 | $ 649,908,066 | $ 685,289,061 | $7,120,814,180 |
| **TOTAL** | | | **$ 1,443,145,701** | **$ 1,626,997,546** | **$ 1,720,483,543** | **$ 1,810,144,611** | **$ 1,897,628,856** | **$ 8,498,400,257** |

**Savings Phase-Down**

| **Medicaid Per Capita** | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | *Savings Phase-Down* | | | | | | |
| EG 1 - Children | 1 | **Without Waiver** | $ 629,445,268 | $ 697,320,596 | $ 743,143,858 | $ 769,348,398 | $ 796,466,688 | |
| | | **With Waiver** | $ 397,588,744 | $ 425,065,233 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | |
| Difference | | | $ 231,856,524 | $ 272,255,363 | $ 325,779,401 | $ 337,271,844 | $ 349,159,435 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 173,892,393 | $ 204,191,522 | $ 244,334,550 | $ 252,953,883 | $ 261,869,576 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 2 - Adults | 2 | **Without Waiver** | $ 389,312,838 | $ 472,902,030 | $ 524,738,191 | $ 557,755,942 | $ 592,854,097 | |
| | | **With Waiver** | $ 168,337,381 | $ 207,247,418 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | |
| Difference | | | $ 220,975,457 | $ 265,654,612 | $ 292,591,367 | $ 311,001,280 | $ 330,572,397 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 165,731,592 | $ 199,240,959 | $ 219,443,525 | $ 233,250,960 | $ 247,929,298 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 3 - Aged | 3 | **Without Waiver** | $ 658,889,243 | $ 764,674,765 | $ 696,978,190 | $ 727,880,659 | $ 760,156,997 | |
| | | **With Waiver** | $ 398,894,397 | $ 459,370,656 | $ 455,187,639 | $ 481,405,329 | $ 502,750,842 | |
| Difference | | | $ 259,994,847 | $ 305,304,109 | $ 241,790,552 | $ 246,475,330 | $ 257,406,155 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 194,996,135 | $ 228,978,082 | $ 181,342,914 | $ 184,856,498 | $ 193,054,616 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 4 – Blind/Disabled | 4 | **Without Waiver** | $ 757,508,006 | $ 846,263,757 | $ 930,311,374 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **With Waiver** | $ 478,325,180 | $ 535,314,239 | $ 615,784,624 | $ 649,908,066 | $ 685,289,061 | |
| Difference | | | $ 279,182,826 | $ 310,949,518 | $ 314,526,750 | $ 331,048,536 | $ 349,071,717 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 209,387,119 | $ 233,212,139 | $ 235,895,063 | $ 248,286,402 | $ 261,803,788 | |
| **Total Reduction** | | | **$ 744,007,240** | **$ 865,622,702** | **$ 881,016,052** | **$ 919,347,743** | **$ 964,657,278** | **$ 4,374,651,014** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **BASE VARIANCE** | | | **$ 248,002,413** | **$ 288,540,901** | **$ 293,672,017** | **$ 306,449,248** | **$ 321,552,426** | **$ 1,458,217,005** |
| **Excess Spending from Hypotheticals** | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (state preliminary estimate) | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (OACT certified) | | | | | | | | $ - |
| **Carry-Forward Savings From Prior Period** | | | | | | | | |
| **NET VARIANCE** | | | | | | | | **$ 1,458,217,005** |

**Cumulative Target Limit**

| | | | 26 | 27 | 28 | 29 | 30 | |
|---|---|---|---|---|---|---|---|---|
| Cumulative Target Percentage (CTP) | | | 2.0% | 1.5% | 1.0% | 0.5% | | |
| Cumulative Budget Neutrality Limit (CBNL) | | | $ 1,691,148,115 | $ 3,606,686,561 | $ 5,620,842,122 | $ 7,737,435,980 | $ 9,956,617,262 | |
| Allowed Cumulative Variance (= CTP X CBNL) | | | $ 33,822,962 | $ 54,100,298 | $ 56,208,421 | $ 38,687,180 | $ - | |
| Actual Cumulative Variance (Positive = Overspending) | | | $ (248,002,413) | $ (536,543,314) | $ (830,215,331) | $ (1,136,664,579) | $ (1,458,217,005) | |
| Is a Corrective Action Plan needed? | | | | | | | | |

**HYPOTHETICALS TEST 1**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | **Total** | $ 1,269,058,737 | $ 1,712,257,751 | $ 1,582,760,490 | $ 1,700,212,480 | $ 1,826,368,919 | |
| | | **PMPM** | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 | |
| | | **Mem-Mon** | 1,411,053 | 1,816,642 | 1,602,341 | 1,642,400 | 1,683,460 | |
| **TOTAL** | | | **$1,269,058,737** | **$1,712,257,751** | **$1,582,760,490** | **$1,700,212,480** | **$1,826,368,919** | **$8,090,658,377** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | | $646,054,106 | $851,370,582 | $887,278,778 | $953,114,864 | $1,023,835,987 | |
| **TOTAL** | | | **$ 646,054,106** | **$ 851,370,582** | **$ 887,278,778** | **$ 953,114,864** | **$ 1,023,835,987** | **$ 4,361,654,317** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 1** | | | **$ 623,004,631** | **$ 860,887,169** | **$ 695,481,712** | **$ 747,097,616** | **$ 802,532,932** | **$ 3,729,004,059** |

**HYPOTHETICALS TEST 2**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | **Total** | $ - | $ - | $ 4,203,847 | $ 5,419,304 | $ 5,820,928 | |
| | | **PMPM** | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 | |
| | | **Mem-Mon** | | | 3,231 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 4,203,847** | **$ 5,419,304** | **$ 5,820,928** | **$ 15,444,079** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | | $ - | $ - | $ 4,090,434 | $ 5,272,733 | $ 5,663,970 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 4,090,434** | **$ 5,272,733** | **$ 5,663,970** | **$ 15,027,137** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 2** | | | **$ -** | **$ -** | **$ 113,413** | **$ 146,571** | **$ 156,958** | **$ 416,942** |

**HYPOTHETICALS TEST 3**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | **Total** | $ - | $ - | $ 11,465,041 | $ 14,779,902 | $ 15,875,210 | |
| | | **PMPM** | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 | |
| | | **Mem-Mon** | | | 3,231 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 11,465,041** | **$ 14,779,902** | **$ 15,875,210** | **$ 42,120,153** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | $ - | $ - | $ 11,155,729 | $ 14,380,181 | $ 15,447,190 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 11,155,729** | **$ 14,380,181** | **$ 15,447,190** | **$ 40,983,100** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 3** | | | **$ -** | **$ -** | **$ 309,312** | **$ 399,721** | **$ 428,020** | **$ 1,137,053** |

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., “with waiver” expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., “without waiver” expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

| | |
|---|---|
| Blue | Information populated in the Budget Neutrality workbook template based on the demonstration’s approved STC |
| Red | Information populated by states on a quarterly basis or per the reporting requirements defined in the STC |
| Green | Information automatically populated based on the input from other worksheets |

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

| | |
|---|---|
| Data Entry | Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated). |

**Pre-populated values in the downloaded Budget Neutrality workbook template**

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

**Calculating With Waiver (WW) numbers**

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

**Calculating Without Waiver (WOW) numbers**

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

**Below are the definitions for the tabs of the workbook which require data entries from State User.**

**On top of the C Report tab, enter data in the following highlighted cells:**

‘Data Pulled On:’ - enter the date the source file used to enter data on this tab was pulled
‘For the Time Period Through :’ - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

**Notes:**
- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

**State User enters information on the following tabs:**

**C Report Tab**

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.
From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

**Total Adjustments tab**

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter.  Add new reported adjustments to any existing numbers for previous quarters for the reported DY.
**Note**: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -$10,000).

**WW Spending Projected tab**

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.
For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

**MemMonth Actual tab**

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

**MemMonth Projected tab**

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.
For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

**Summary TC tab**

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.
In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.
Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

**Demonstration Years Definitions**

| DY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Start Date | 8/1/1994 | 8/1/1995 | 8/1/1996 | 8/1/1997 | 9/1/1998 | 9/1/1999 | 9/1/2000 | 9/1/2001 | 9/1/2002 | 9/1/2003 | 9/1/2004 | 9/1/2005 | 9/1/2006 | 9/1/2007 | 9/1/2008 |
| End Date | 7/31/1995 | 7/31/1996 | 7/31/1997 | 7/31/1998 | 8/31/1999 | 8/31/2000 | 8/31/2001 | 8/31/2002 | 8/31/2003 | 8/31/2004 | 8/31/2005 | 8/31/2006 | 8/31/2007 | 8/31/2008 | 8/31/2009 |

| DY | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Start Date | 9/1/2009 | 9/1/2010 | 9/1/2011 | 9/1/2012 | 10/1/2013 | 1/1/2014 | 1/1/2015 | 1/1/2016 | 1/1/2017 | 1/1/2018 | 8/1/2019 | 8/1/2020 | 8/1/2021 | 8/1/2022 | 8/1/2023 |
| End Date | 8/31/2010 | 8/31/2011 | 8/31/2012 | 8/31/2013 | 12/31/2013 | 12/31/2014 | 12/31/2015 | 12/31/2016 | 12/31/2017 | 7/31/2019 | 7/31/2020 | 7/31/2021 | 7/31/2022 | 7/31/2023 | 7/31/2024 |

Enter any general comments / notes:

**MEG Definitions**

| | MEG Name | MEG Description | Savings Phase-Down | Expenditures Subject to Cap? | Hypothetical Populations Included in Calculations? | Start DY | Start Date | End DY | End Date |
|---|---|---|---|---|---|---|---|---|---|
| | **Medicaid Per Capita** | | | | | | | | |
| 1 | EG 1 - Children | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 2 | EG 2 - Adults | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 3 | EG 3 - Aged | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 4 | EG 4 – Blind/Disabled | Income up to and including 100% FPL using the institutional income rules, including the application of regular post-eligibility rules and spousal impoverishment eligibility rules. | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| | | | | | N/A | | | | |
| | **Medicaid Per Capita - WOW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate - WOW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate - WW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Hypothetical 1 Per Capita** | | | | Hypothetical Test 1 | | | | |
| 1 | EG 5 – Group VIII | Adults eligible for Medicaid as the group defined in section 1902(a)(10)(A)(i)(VIII) of the Act | N/A | No | Yes | *20* | *10/1/2013* | *20* | *12/31/2013* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 1 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 2 Per Capita** | | | | Hypothetical Test 2 | | | | |
| 1 | EG 6 - CIS | Expenditures related to the CIS benefits of pre-tenancy supports and tenancy supports; excludes expenditures related to the Community Transition Services Pilot Program. | N/A | No | Yes | *26* | *8/1/2019* | *30* | *7/31/2024* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 2 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 3 Per Capita** | | | | Hypothetical Test 3 | | | | |
| 1 | EG 7 – CIS Community Transition Pilot | Expenditures related to the Community Transition Services Pilot Program. | N/A | No | Yes | *26* | *8/1/2019* | *30* | *7/31/2024* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 3 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Tracking Only** | | | | | | | | |

**WOW PMPMs and Aggregates**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| *EG 1 - Children* | 1 | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 |
| *EG 2 - Adults* | 2 | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 |
| *EG 3 - Aged* | 3 | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 |
| *EG 4 – Blind/Disabled* | 4 | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 |

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 |

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 |

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 |

**Program Spending Limits**

| | | | | | | TOTAL |
|---|---|---|---|---|---|---|
| **Program Name and Associated MEGs** | **26** | **27** | **28** | **29** | **30** | |
| **Spending Cap** | | | | | | |
| | | | | | | |
| | | | | | | $ - |
| **Expenditures Subject to Cap** | | | | | | |
| | | | | | | |
| | | | | | | |
| **Variance** | | | | | | $ - |
| Over or Under | . | . | . | . | . | . |

| Date Pulled On: | 11/2/2021 | Reporting DY | 28 |
|---|---|---|---|
| For the Time Period Through: | 9/30/2021 | Reporting Quarter | 1 |

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
· MAP Waivers/ Total Computable section – into cell A100
· MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
· ADM Waivers/ Total Computable section – cell A300
· ADM Waivers/ Federal Share section – cell A400

**MAP Waivers**

**Total Computable**

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,115 | 0 | 70,981,761 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70,981,761 | 70,981,761 |
| 1902 R 2 | 0 | 173,206,589 | 0 | 0 | 0 | 0 | (28,108) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 173,178,481 | 173,178,481 |
| 1902 R 2X | 0 | (8,243,749) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (8,243,749) | (8,243,749) |
| 1902R2 | 0 | 121,392 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 121,392 | 121,392 |
| AFDC | 0 | 148,069,654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 148,069,654 | 148,069,654 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (295) | 121,279,464 | 314,952,648 | 350,714,627 | 326,518,117 | 349,156,948 | 184,750,729 | 364,919,440 | 307,865,937 | 320,856,325 | 330,120,146 | 561,548,421 | 370,684,870 | 396,836,193 | 70,032,670 | 0 | 0 | 4,370,236,240 | 4,370,236,240 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,424,989 | 17,555,107 | 24,914,002 | 19,728,957 | 24,483,589 | 14,925,306 | 37,994,810 | 48,712,106 | 46,535,285 | 55,494,164 | 85,112,820 | 64,546,968 | 98,302,416 | 19,619,701 | 0 | 0 | 560,350,220 | 560,350,220 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (473,188) | (505,165) | (397,775) | (598,936) | (490,186) | (31,916) | 0 | 0 | 0 | (2,497,166) | (2,497,166) |
| Aged without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (14,668) | (44,822) | (62,495) | (43,976) | (17,253) | 0 | 0 | 0 | 0 | (183,214) | (183,214) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (13,736) | 31,794,652 | 74,760,519 | 81,089,359 | 77,504,607 | 88,201,319 | 49,105,356 | 98,847,286 | 163,362,887 | 158,584,686 | 154,651,730 | 248,125,392 | 151,395,989 | 163,954,870 | 28,450,739 | 0 | 0 | 1,569,815,655 | 1,569,815,655 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (28,991) | 81,514,842 | 211,664,665 | 248,689,322 | 257,028,809 | 282,670,355 | 148,440,400 | 290,201,052 | 285,336,958 | 310,399,367 | 340,654,230 | 475,556,493 | 330,863,589 | 374,621,261 | 65,258,332 | 0 | 0 | 3,702,870,684 | 3,702,870,684 |
| Blind/Disable without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (324,738) | (333,645) | (370,635) | (399,762) | (294,330) | (17,997) | 0 | 0 | 0 | (1,741,107) | (1,741,107) |
| Blind/Disabled with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (61,110) | (74,223) | (153,925) | (230,511) | (81,788) | (2,258) | 0 | 0 | 0 | (603,815) | (603,815) |
| Breast Cervical Cancer Treatment (BCCT) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2) | 4,053 | 545,332 | 904,018 | 750,145 | 365,104 | 585,588 | 277,616 | 222,869 | 103,847 | 107,702 | 5,975 | 45,580 | 10,829 | 0 | 0 | 3,928,656 | 3,928,656 |
| Current | 0 | 493,934,086 | 0 | 0 | 0 | 0 | 1,661,326 | 159,616,917 | 75,521,154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 730,733,483 | 730,733,483 |
| CURRENT POP | 0 | 272,778,438 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 272,778,438 | 272,778,438 |
| Current-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 40,064,795 |
| Demo Elig Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 134,638 | 1,995 | 51,709 | 318,560 | 127,982,800 | 129,456,848 | 154,209,257 | 177,392,619 | 201,628,981 | 238,945,778 | 244,752,485 | 227,394,155 | 43,950,943 | 52,948 | (5,724) | 735 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,546,268,727 | 1,546,268,727 |
| Expansion State Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 191,848,117 | 343,651,347 | 477,526,936 | 537,025,591 | 790,663,556 | 529,260,308 | 698,925,280 | 127,964,414 | 0 | 0 | 3,696,865,549 | 3,696,865,549 |
| FosterCare(19-20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,499 | 83,366 | 94,158 | 137,403 | 73,022 | 176,324 | 173,482 | 703,614 | 618,274 | 885,664 | 1,318,600 | 2,348,338 | 1,739,142 | 2,005,231 | 329,173 | 0 | 0 | 10,777,290 | 10,777,290 |
| HawaiiQuest-1902(R)(2) | 0 | 700,529 | 107,270 | 2,484,576 | 1,636,854 | 860,335 | 1,594,466 | 0 | 0 | 284 | 34,836 | 438,582 | 0 | 0 | 33,061 | 26,332 | 8,001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,925,126 | 7,925,126 |
| HCCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 135,520 | 683,159 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 818,679 | 818,679 |
| HealthQuest-Current | 0 | 3,884,748 | 350,430 | 12,121,771 | 10,002,019 | 7,377,643 | 10,651,130 | 9,373,702 | 64,428,704 | 230,593,470 | 268,955,153 | 392,471,288 | (2,325,152) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,007,884,906 | 1,007,884,906 |
| HealthQuest-Others | 0 | 1,783,163 | 215,685 | 5,322,833 | 3,698,445 | 2,678,918 | 3,915,013 | 3,306,673 | 21,010,550 | 63,645,959 | 99,234,046 | 93,729,117 | (621,643) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 297,918,759 | 297,918,759 |
| Med Needy Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 56,504 | 120,767 | 115,693 | 58,345 | 117,005 | 109,837 | 8,305 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 586,456 | 586,456 |
| Med Needy Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,715 | 3,960 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11,675 | 11,675 |
| MFCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 122,839 | 581,513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 704,352 | 704,352 |
| Newly Eligible Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,331 | 216,961,105 | 165,225,916 | 110,172,746 | 126,903,675 | 190,929,528 | 116,793,798 | 152,473,617 | 27,709,536 | 0 | 0 | 1,107,171,252 | 1,107,171,252 |
| NH w/o W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,100,418 | 16,199,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21,300,155 | 21,300,155 |
| Opt St Pl Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76,678 | 103,084 | 80,075 | 257,166 | 253,182 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 770,216 | 770,216 |
| Others | 0 | 288,512,308 | 0 | 0 | 0 | 0 | 786,332 | 56,430,712 | 30,507,680 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 376,237,032 | 376,237,032 |
| Others-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,142,103 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,142,103 | 13,142,103 |
| OthersX | 0 | (15,309,727) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (15,309,727) | (15,309,727) |
| QUEST ACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2,751) | 798,681 | 5,696,094 | 14,348,747 | 23,867,636 | 30,465,656 | 27,968,205 | 76,432,838 | 26,173,447 | 99,296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 205,847,849 | 205,847,849 |
| RAACP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,862,479 | 17,432,949 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,295,428 | 25,295,428 |
| St Pl Adults-Preg Immig/COFAs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,990 | 2,628,840 | 2,628,927 | 2,873,646 | 987,921 | 1,532,245 | 1,448,764 | 2,048,646 | 2,315,023 | 4,043,498 | 3,127,056 | 2,130,450 | 205,971 | 0 | 0 | 25,995,977 | 25,995,977 |
| State Plan Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (10) | 218 | 99 | 39,158 | 111,982,730 | 118,021,622 | 109,034,691 | 128,225,118 | 131,863,143 | 123,596,289 | 112,790,909 | 130,112,852 | 80,834,554 | 202,315,960 | 172,913,238 | 169,042,108 | 182,723,816 | 256,089,901 | 165,204,350 | 205,071,388 | 37,666,409 | 0 | 0 | 2,437,528,543 | 2,437,528,543 |
| State Plan Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (41) | (9,403) | 2,008 | 878 | 2,541,467 | 181,803,051 | 179,672,723 | 155,392,585 | 168,853,209 | 202,959,370 | 213,968,923 | 187,874,968 | 215,942,758 | 106,595,493 | 248,491,952 | 306,184,281 | 316,589,798 | 372,171,569 | 596,190,804 | 395,849,602 | 423,062,160 | 68,815,946 | 0 | 0 | 4,342,954,101 | 4,342,954,101 |
| Supp. - Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 7,500,002 |
| Supp. - State Gov. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17,822,210 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17,822,210 | 17,822,210 |
| UCC-Governmental | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,688,221 | 22,546,108 | 18,919,184 | 16,356,580 | 24,507,605 | 34,064,491 | 48,859,842 | 12,164,879 | 5,856,911 | 10,090,466 | 6,184,588 | 981,179 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 216,220,054 | 216,220,054 |
| UCC-GOVT LTC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 609,561 |
| UCC-Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,056,500 | 3,403,710 | 7,500,000 | 7,500,000 | 7,500,000 | 7,500,000 | 0 | 38,818,619 | 39,694,442 | 82,153,936 | 85,515,739 | 66,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 355,642,946 | 355,642,946 |
| VIII-Like Group | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,468,225 | (8,863) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,459,362 | 71,459,362 |
| Total | 0 | 1,430,419,192 | 673,385 | 19,929,180 | 15,337,318 | 10,916,896 | 18,580,159 | 228,727,963 | 244,800,211 | 294,243,934 | 368,276,721 | 514,860,384 | 444,696,938 | 454,123,543 | 464,250,373 | 785,020,500 | 1,211,765,023 | 1,357,369,890 | 1,307,250,732 | 1,449,178,427 | 773,323,644 | 1,746,788,952 | 1,886,418,223 | 1,978,888,489 | 2,102,497,561 | 3,209,443,268 | 2,128,588,090 | 2,517,376,275 | 446,063,720 | 0 | 0 | 27,409,808,991 | 27,409,808,991 |

**Federal Share**

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,115 | 0 | 35,490,882 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35,490,882 | 35,490,882 |
| 1902 R 2 | 0 | 86,769,823 | 0 | 0 | 0 | 0 | (14,054) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 86,755,769 | 86,755,769 |
| 1902 R 2X | 0 | (4,205,136) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (4,205,136) | (4,205,136) |
| 1902R2 | 0 | 60,696 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60,696 | 60,696 |
| AFDC | 0 | 74,034,827 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74,034,827 | 74,034,827 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (199) | 81,134,508 | 211,362,743 | 229,319,379 | 165,433,841 | 179,767,116 | 95,671,244 | 189,594,079 | 162,182,080 | 173,947,428 | 181,187,273 | 304,997,343 | 212,038,895 | 235,244,802 | 41,473,348 | 0 | 0 | 2,463,353,880 | 2,463,353,880 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,622,988 | 11,822,762 | 16,022,396 | 9,984,628 | 12,621,590 | 7,728,650 | 19,714,968 | 25,630,796 | 25,194,791 | 30,421,066 | 46,083,675 | 37,003,118 | 58,205,157 | 11,618,786 | 0 | 0 | 313,675,371 | 313,675,371 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (249,679) | (273,613) | (218,333) | (324,766) | (277,623) | (19,044) | 0 | 0 | 0 | (1,363,058) | (1,363,058) |
| Aged without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7,720) | (24,377) | (34,310) | (23,817) | (9,392) | 0 | 0 | 0 | 0 | (99,616) | (99,616) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (9,251) | 21,277,328 | 49,857,636 | 52,547,252 | 39,129,038 | 45,400,574 | 25,392,157 | 51,341,230 | 86,036,126 | 85,942,520 | 84,861,936 | 134,764,611 | 86,528,213 | 97,192,994 | 16,848,528 | 0 | 0 | 877,110,892 | 877,110,892 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (19,525) | 54,511,233 | 141,799,152 | 161,274,589 | 130,207,936 | 145,622,789 | 76,872,883 | 150,336,274 | 149,646,906 | 167,640,879 | 186,541,259 | 256,709,607 | 188,790,052 | 221,625,629 | 38,645,985 | 0 | 0 | 2,070,205,648 | 2,070,205,648 |
| Blind/Disable without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (171,495) | (180,813) | (203,447) | (216,481) | (166,339) | (10,739) | 0 | 0 | 0 | (949,314) | (949,314) |
| Blind/Disabled with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (32,236) | (40,358) | (84,504) | (125,175) | (45,986) | (1,347) | 0 | 0 | 0 | (329,606) | (329,606) |
| Breast Cervical Cancer Treatment (BCCT) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1) | 2,754 | 361,286 | 592,247 | 495,478 | 241,945 | 376,274 | 201,477 | 152,695 | 77,771 | 62,536 | 1,545 | 32,135 | 7,737 | 0 | 0 | 2,605,879 | 2,605,879 |
| Current | 0 | 247,684,665 | 0 | 0 | 0 | 0 | 904,176 | 83,526,544 | 40,668,142 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 372,783,527 | 372,783,527 |
| CURRENT POP | 0 | 136,389,220 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 136,389,220 | 136,389,220 |
| Current-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22,572,505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22,572,505 | 22,572,505 |
| Demo Elig Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 79,127 | 1,144 | 30,236 | 186,922 | 75,196,276 | 74,766,107 | 87,642,204 | 114,378,784 | 135,452,513 | 154,819,222 | 123,131,082 | 116,746,726 | 22,522,276 | 27,511 | (3,183) | 397 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 904,977,344 | 904,977,344 |
| Expansion State Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 157,511,412 | 316,564,065 | 458,125,253 | 498,122,382 | 734,467,969 | 482,190,147 | 628,850,865 | 115,167,973 | 0 | 0 | 3,391,000,066 | 3,391,000,066 |
| FosterCare(19-20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51,916 | 53,413 | 63,415 | 89,013 | 36,291 | 90,804 | 89,632 | 365,633 | 326,044 | 480,663 | 723,548 | 1,274,696 | 993,347 | 1,188,859 | 194,936 | 0 | 0 | 6,022,210 | 6,022,210 |
| HawaiiQuest-1902(R)(2) | 0 | 353,988 | 53,702 | 1,242,907 | 818,930 | 430,573 | 808,769 | 0 | 0 | 166 | 20,369 | 256,468 | 0 | 0 | 18,679 | 19,755 | 5,389 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,029,695 | 4,029,695 |
| HCCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76,578 | 438,797 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 515,375 | 515,375 |
| HealthQuest-Current | 0 | 1,963,002 | 175,736 | 6,063,866 | 5,004,058 | 3,692,366 | 5,386,340 | 4,903,637 | 36,087,606 | 132,768,282 | 165,985,082 | 231,578,381 | (1,365,848) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 592,242,508 | 592,242,508 |
| HealthQuest-Others | 0 | 901,053 | 107,974 | 2,662,739 | 1,849,641 | 1,340,727 | 1,981,352 | 1,733,011 | 11,768,154 | 36,642,802 | 60,584,431 | 55,313,761 | (363,962) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 174,521,683 | 174,521,683 |
| Med Needy Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32,497 | 68,553 | 68,082 | 38,985 | 78,049 | 64,590 | 4,238 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 354,994 | 354,994 |
| Med Needy Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,196 | 2,666 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,862 | 7,862 |
| MFCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 69,404 | 368,050 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 437,454 | 437,454 |
| Newly Eligible Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,331 | 216,943,107 | 165,225,680 | 110,132,233 | 120,601,049 | 178,700,907 | 106,470,887 | 137,189,372 | 24,938,582 | 0 | 0 | 1,060,203,148 | 1,060,203,148 |
| NH w/o W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,881,647 | 10,235,011 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,116,658 | 13,116,658 |
| Opt St Pl Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44,819 | 59,404 | 45,487 | 166,217 | 170,408 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 486,356 | 486,356 |
| Others | 0 | 144,525,295 | 0 | 0 | 0 | 0 | 426,612 | 29,580,209 | 16,428,385 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 190,960,501 | 190,960,501 |
| Others-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,404,260 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,404,260 | 7,404,260 |
| OthersX | 0 | (7,809,492) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7,809,492) | (7,809,492) |
| QUEST ACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,583) | 454,606 | 3,232,556 | 9,373,768 | 16,050,472 | 19,640,154 | 13,856,685 | 39,331,445 | 13,397,540 | 51,580 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 115,387,223 | 115,387,223 |
| RAACP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,442,944 | 10,922,768 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,365,712 | 15,365,712 |
| St Pl Adults-Preg Immig/COFAs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16,829 | 1,707,938 | 1,317,977 | 1,473,988 | 508,843 | 795,482 | 764,288 | 1,111,786 | 1,270,634 | 2,194,658 | 1,792,664 | 1,263,590 | 121,976 | 0 | 0 | 14,340,653 | 14,340,653 |
| State Plan Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (6) | 125 | 52 | 22,986 | 65,812,117 | 68,288,552 | 61,892,816 | 82,540,889 | 88,651,957 | 80,730,594 | 56,365,779 | 66,741,085 | 41,647,599 | 104,818,328 | 90,882,653 | 91,217,054 | 100,152,370 | 138,672,946 | 94,298,869 | 121,391,011 | 22,306,047 | 0 | 0 | 1,376,433,823 | 1,376,433,823 |
| State Plan Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (23) | (5,530) | 1,173 | 507 | 1,494,521 | 106,725,591 | 103,797,242 | 88,086,005 | 108,850,847 | 136,539,237 | 138,140,612 | 92,677,457 | 110,463,464 | 54,513,113 | 128,897,353 | 161,395,592 | 171,534,913 | 204,150,083 | 323,486,096 | 226,482,643 | 250,680,272 | 40,752,802 | 0 | 0 | 2,448,663,970 | 2,448,663,970 |
| Supp. - Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,385,251 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,385,251 | 4,385,251 |
| Supp. - State Gov. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,614,749 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,614,749 | 10,614,749 |
| UCC-Governmental | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,212,484 | 13,041,165 | 10,762,501 | 10,040,250 | 16,505,872 | 22,280,473 | 24,838,917 | 6,249,536 | 3,037,111 | 5,240,639 | 3,261,810 | 529,641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 125,000,399 | 125,000,399 |
| UCC-GOVT LTC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 307,706 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 307,706 | 307,706 |
| UCC-Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,787,516 | 1,958,835 | 4,237,500 | 4,959,750 | 5,051,250 | 4,697,250 | 0 | 20,131,336 | 20,583,506 | 42,677,271 | 45,049,870 | 35,626,800 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 190,760,884 | 190,760,884 |
| VIII-Like Group | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,060,184 | (4,595) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,055,589 | 37,055,589 |
| Total | 0 | 716,158,823 | 337,412 | 9,969,512 | 7,672,629 | 5,463,666 | 9,493,195 | 119,743,378 | 135,002,643 | 169,413,692 | 226,620,677 | 303,853,039 | 261,079,907 | 262,434,464 | 263,479,344 | 510,938,536 | 813,433,104 | 881,694,769 | 657,883,822 | 745,135,931 | 399,268,014 | 1,068,686,546 | 1,206,703,074 | 1,321,117,892 | 1,407,568,777 | 2,120,724,805 | 1,436,091,040 | 1,752,833,556 | 312,076,700 | 0 | 0 | 17,124,878,947 | 17,124,878,947 |

**ADM Waivers**

**Total Computable**

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,241,969 | 42,748,419 | 39,312,729 | 11,586,429 | 43,993,148 | 59,479,815 | 54,588,745 | 85,205,753 | 62,594,608 | 82,954,286 | 118,530,760 | 105,382,868 | 97,409,012 | 139,266,156 | 89,286,976 | 101,674,296 | 10,372,289 | 0 | 0 | 1,151,628,258 | 1,151,628,258 |
| HealthQuest-Current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 755,748 | 34,375,214 | 12,833,291 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47,964,253 | 47,964,253 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,241,969 | 42,748,419 | 40,068,477 | 45,961,643 | 56,826,439 | 59,479,815 | 54,588,745 | 85,205,753 | 62,594,608 | 82,954,286 | 118,530,760 | 105,382,868 | 97,409,012 | 139,266,156 | 89,286,976 | 101,674,296 | 10,372,289 | 0 | 0 | 1,199,592,511 | 1,199,592,511 |

**Federal Share**

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,679,980 | 22,272,827 | 20,907,343 | 6,121,891 | 25,253,918 | 34,488,282 | 31,963,518 | 59,588,869 | 48,414,408 | 61,342,106 | 93,307,850 | 78,500,894 | 71,800,158 | 98,697,486 | 61,050,371 | 68,616,142 | 6,984,155 | 0 | 0 | 792,990,198 | 792,990,198 |
| HealthQuest-Current | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 377,874 | 17,784,187 | 6,534,554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,696,625 | 24,696,625 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,679,980 | 22,272,827 | 21,285,217 | 23,906,078 | 31,788,472 | 34,488,282 | 31,963,518 | 59,588,869 | 48,414,408 | 61,342,106 | 93,307,850 | 78,500,894 | 71,800,158 | 98,697,486 | 61,050,371 | 68,616,142 | 6,984,155 | 0 | 0 | 817,686,813 | 817,686,813 |

**C Report Grouper**

**MAP Waivers Only**

**Total Computable**

| MEG Names | | C Report Waiver Names | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | | |
| *EG 1 - Children* | 1 | FosterCare(19-20) | $1,739,142 | $2,005,231 | $329,173 | | |
| *EG 1 - Children* | 1 | State Plan Children | $395,849,602 | $423,062,160 | $68,815,946 | | |
| *EG 2 - Adults* | 2 | State Plan Adults | $165,204,350 | $205,071,388 | $37,666,409 | | |
| *EG 2 - Adults* | 2 | Breast Cervical Cancer Treatment (BCCT) | $5,975 | $45,580 | $10,829 | | |
| *EG 2 - Adults* | 2 | St Pl Adults-Preg Immig/COFAs | $3,127,056 | $2,130,450 | $205,971 | | |
| *EG 3 - Aged* | 3 | Aged w/Mcare | $370,684,870 | $396,836,193 | $70,032,670 | | |
| *EG 3 - Aged* | 3 | Aged w/o Mcare | $64,546,968 | $98,302,416 | $19,619,701 | | |
| *EG 3 - Aged* | 3 | Aged with Medicare - MFP | ($490,186) | ($31,916) | | | |
| *EG 3 - Aged* | 3 | Aged without Medicare - MFP | ($17,253) | | | | |
| *EG 4 – Blind/Disabled* | 4 | B/D w/Mcare | $151,395,989 | $163,954,870 | $28,450,739 | | |
| *EG 4 – Blind/Disabled* | 4 | B/D w/o Mcare | $330,863,589 | $374,621,261 | $65,258,332 | | |
| *EG 4 – Blind/Disabled* | 4 | Blind/Disable without Medicare - MFP | ($294,330) | ($17,997) | | | |
| *EG 4 – Blind/Disabled* | 4 | Blind/Disabled with Medicare - MFP | ($81,788) | ($2,258) | | | |
| **Hypothetical 1 Per Capita** | | | | | | | |
| *EG 5 – Group VIII* | 1 | VIII-Like Group | | | | | |
| *EG 5 – Group VIII* | 1 | Expansion State Adults | $529,260,308 | $698,925,280 | $127,964,414 | | |
| *EG 5 – Group VIII* | 1 | Newly Eligible Adults | $116,793,798 | $152,473,617 | $27,709,536 | | |
| **Hypothetical 2 Per Capita** | | | | | | | |
| *EG 6 - CIS* | 1 | EG 6 - CIS | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | EG 7 – CIS Community Transition Pilot | | | | | |
| **TOTAL** | | | $2,128,588,090 | $2,517,376,275 | $446,063,720 | | |

**Adjustments made to the reported expenditures**

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.
Positive adjustments increase expenditures, and negative adjustments decrease expenditures.
Enter adjustments for every MEG for which adjustments were made or are planned.
**Helpful Hint:** Remember to enter total adjustments as positive or negative (for example, -$10,000 reflects a decrease in expenditures).

| | | 26 | 27 | 28 | 29 | 30 | Description (type of collection, time period, CMS-64 reporting line, etc.) |
|---|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | | |
| *EG 1 - Children* | 1 | | -$2,158 | | | | Cost share |
| *EG 2 - Adults* | 2 | | | | | | |
| *EG 3 - Aged* | 3 | -$35,830,002 | -$35,736,037 | -$5,778,454 | | | Cost share |
| *EG 4 – Blind/Disabled* | 4 | -$3,558,280 | -$3,241,637 | -$569,143 | | | Cost share |
| **Hypothetical 1 Per Capita** | | | | | | | |
| *EG 5 – Group VIII* | 1 | | -$28,315 | | | | Cost share |
| **Hypothetical 2 Per Capita** | | | | | | | |
| *EG 6 - CIS* | 1 | | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | | |

**WW Spending - Actual**

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | $397,588,744 | $425,065,233 | $69,145,119 | | |
| *EG 2 - Adults* | 2 | $168,337,381 | $207,247,418 | $37,883,209 | | |
| *EG 3 - Aged* | 3 | $398,894,397 | $459,370,656 | $83,873,917 | | |
| *EG 4 – Blind/Disabled* | 4 | $478,325,180 | $535,314,239 | $93,139,928 | | |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | $646,054,106 | $851,370,582 | $155,673,950 | | |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | |
| **TOTAL** | | **$ 2,089,199,807** | **$ 2,478,368,128** | **$ 439,716,123** | **$ -** | **$ -** |

**WW Spending - Projected**

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.
Enter the projected annual expenditures for each DY per MEG for the active DYs.
For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | | | $348,219,338 | $432,076,554 | $447,307,253 |
| *EG 2 - Adults* | 2 | | | $194,263,615 | $246,754,662 | $262,281,700 |
| *EG 3 - Aged* | 3 | | | $371,313,722 | $481,405,329 | $502,750,842 |
| *EG 4 – Blind/Disabled* | 4 | | | $522,644,696 | $649,908,066 | $685,289,061 |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | | | $731,604,828 | $953,114,864 | $1,023,835,987 |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | $4,090,434 | $5,272,733 | $5,663,970 |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | $11,155,729 | $14,380,181 | $15,447,190 |

**WW Spending - Total**

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | $397,588,744 | $425,065,233 | $417,364,457 | $432,076,554 | $447,307,253 |
| *EG 2 - Adults* | 2 | $168,337,381 | $207,247,418 | $232,146,824 | $246,754,662 | $262,281,700 |
| *EG 3 - Aged* | 3 | $398,894,397 | $459,370,656 | $455,187,639 | $481,405,329 | $502,750,842 |
| *EG 4 – Blind/Disabled* | 4 | $478,325,180 | $535,314,239 | $615,784,624 | $649,908,066 | $685,289,061 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | $646,054,106 | $851,370,582 | $887,278,778 | $953,114,864 | $1,023,835,987 |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | $4,090,434 | $5,272,733 | $5,663,970 |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | $11,155,729 | $14,380,181 | $15,447,190 |
| **TOTAL** | | **$ 2,089,199,807** | **$ 2,478,368,128** | **$ 2,623,008,485** | **$ 2,782,912,389** | **$ 2,942,576,003** |

**Member Months - Actual**

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.
For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.
**Note**: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.
**Helpful Hint:** When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | 1403508 | 1539475 | 264652 | | |
| EG 2 - Adults | 2 | 420665 | 492750 | 86294 | | |
| EG 3 - Aged | 3 | 339779 | 381363 | 68363 | | |
| EG 4 – Blind/Disabled | 4 | 286202 | 306260 | 52592 | | |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | 1411053 | 1816642 | 328377 | | |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | |

**Member Months - Projected**

Enter/adjust projected member months based on reported actuals.
Enter projected number of member months for each active DY per MEG for the demonstration.
For the current DY, enter only the number that reflects projections for future quarters of the DY.
Do not include member months for either the current reporting quarter or past quarters.

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | | | 1359742 | 1665004 | 1706629 |
| EG 2 - Adults | 2 | | | 440959 | 540435 | 553945 |
| EG 3 - Aged | 3 | | | 267809 | 339533 | 342929 |
| EG 4 – Blind/Disabled | 4 | | | 269895 | 325712 | 328969 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | | | 1273964 | 1642400 | 1683460 |
| **Hypothetical 2 Per Capita** | | | | | | |
| EG 6 - CIS | 1 | | | 3231 | 3974 | 4073 |
| **Hypothetical 3 Per Capita** | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | | 3231 | 3974 | 4073 |

**Member Months - Total**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | 1,403,508 | 1,539,475 | 1,624,394 | 1,665,004 | 1,706,629 |
| EG 2 - Adults | 2 | 420,665 | 492,750 | 527,253 | 540,435 | 553,945 |
| EG 3 - Aged | 3 | 339,779 | 381,363 | 336,172 | 339,533 | 342,929 |
| EG 4 – Blind/Disabled | 4 | 286,202 | 306,260 | 322,487 | 325,712 | 328,969 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | 1,411,053 | 1,816,642 | 1,602,341 | 1,642,400 | 1,683,460 |
| **Hypothetical 2 Per Capita** | | | | | | |
| EG 6 - CIS | 1 | | | 3,231 | 3,974 | 4,073 |
| **Hypothetical 3 Per Capita** | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | | 3,231 | 3,974 | 4,073 |

## Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

| | |
|---|---|
| **Budget Neutrality Reporting Start DY** | 26 |
| **Budget Neutrality Reporting End DY** | 30 |

**Actuals + Projected**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | Total |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | **Total** | $ 629,445,268 | $ 697,320,596 | $ 743,143,858 | $ 769,348,398 | $ 796,466,688 | |
| | | **PMPM** | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 | |
| | | **Mem-Mon** | 1,403,508 | 1,539,475 | 1,624,394 | 1,665,004 | 1,706,629 | |
| EG 2 - Adults | 2 | **Total** | $ 389,312,838 | $ 472,902,030 | $ 524,738,191 | $ 557,755,942 | $ 592,854,097 | |
| | | **PMPM** | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 | |
| | | **Mem-Mon** | 420,665 | 492,750 | 527,253 | 540,435 | 553,945 | |
| EG 3 - Aged | 3 | **Total** | $ 658,889,243 | $ 764,674,765 | $ 696,978,190 | $ 727,880,659 | $ 760,156,997 | |
| | | **PMPM** | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 | |
| | | **Mem-Mon** | 339,779 | 381,363 | 336,172 | 339,533 | 342,929 | |
| EG 4 – Blind/Disabled | 4 | **Total** | $ 757,508,006 | $ 846,263,757 | $ 930,311,374 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **PMPM** | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 | |
| | | **Mem-Mon** | 286,202 | 306,260 | 322,487 | 325,712 | 328,969 | |
| **TOTAL** | | | **$ 2,435,155,354** | **$ 2,781,161,148** | **$ 2,895,171,613** | **$ 3,035,941,601** | **$ 3,183,838,560** | **$ 14,331,268,277** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | | $ 397,588,744 | $ 425,065,233 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | $5,581,332,378 |
| EG 2 - Adults | 2 | | $ 168,337,381 | $ 207,247,418 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | $3,170,753,153 |
| EG 3 - Aged | 3 | | $ 398,894,397 | $ 459,370,656 | $ 455,187,639 | $ 481,405,329 | $ 502,750,842 | $6,206,031,479 |
| EG 4 – Blind/Disabled | 4 | | $ 478,325,180 | $ 535,314,239 | $ 615,784,624 | $ 649,908,066 | $ 685,289,061 | $7,120,814,180 |
| **TOTAL** | | | **$ 1,443,145,701** | **$ 1,626,997,546** | **$ 1,720,483,543** | **$ 1,810,144,611** | **$ 1,897,628,856** | **$ 8,498,400,257** |

**Savings Phase-Down**

| **Medicaid Per Capita** | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | *Savings Phase-Down* | | | | | | |
| EG 1 - Children | 1 | **Without Waiver** | $ 629,445,268 | $ 697,320,596 | $ 743,143,858 | $ 769,348,398 | $ 796,466,688 | |
| | | **With Waiver** | $ 397,588,744 | $ 425,065,233 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | |
| Difference | | | $ 231,856,524 | $ 272,255,363 | $ 325,779,401 | $ 337,271,844 | $ 349,159,435 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 173,892,393 | $ 204,191,522 | $ 244,334,550 | $ 252,953,883 | $ 261,869,576 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 2 - Adults | 2 | **Without Waiver** | $ 389,312,838 | $ 472,902,030 | $ 524,738,191 | $ 557,755,942 | $ 592,854,097 | |
| | | **With Waiver** | $ 168,337,381 | $ 207,247,418 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | |
| Difference | | | $ 220,975,457 | $ 265,654,612 | $ 292,591,367 | $ 311,001,280 | $ 330,572,397 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 165,731,592 | $ 199,240,959 | $ 219,443,525 | $ 233,250,960 | $ 247,929,298 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 3 - Aged | 3 | **Without Waiver** | $ 658,889,243 | $ 764,674,765 | $ 696,978,190 | $ 727,880,659 | $ 760,156,997 | |
| | | **With Waiver** | $ 398,894,397 | $ 459,370,656 | $ 455,187,639 | $ 481,405,329 | $ 502,750,842 | |
| Difference | | | $ 259,994,847 | $ 305,304,109 | $ 241,790,552 | $ 246,475,330 | $ 257,406,155 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 194,996,135 | $ 228,978,082 | $ 181,342,914 | $ 184,856,498 | $ 193,054,616 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 4 – Blind/Disabled | 4 | **Without Waiver** | $ 757,508,006 | $ 846,263,757 | $ 930,311,374 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **With Waiver** | $ 478,325,180 | $ 535,314,239 | $ 615,784,624 | $ 649,908,066 | $ 685,289,061 | |
| Difference | | | $ 279,182,826 | $ 310,949,518 | $ 314,526,750 | $ 331,048,536 | $ 349,071,717 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 209,387,119 | $ 233,212,139 | $ 235,895,063 | $ 248,286,402 | $ 261,803,788 | |
| **Total Reduction** | | | **$ 744,007,240** | **$ 865,622,702** | **$ 881,016,052** | **$ 919,347,743** | **$ 964,657,278** | **$ 4,374,651,014** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **BASE VARIANCE** | | | **$ 248,002,413** | **$ 288,540,901** | **$ 293,672,017** | **$ 306,449,248** | **$ 321,552,426** | **$ 1,458,217,005** |
| **Excess Spending from Hypotheticals** | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (state preliminary estimate) | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (OACT certified) | | | | | | | | $ - |
| **Carry-Forward Savings From Prior Period** | | | | | | | | |
| **NET VARIANCE** | | | | | | | | **$ 1,458,217,005** |

**Cumulative Target Limit**

| | | | 26 | 27 | 28 | 29 | 30 | |
|---|---|---|---|---|---|---|---|---|
| Cumulative Target Percentage (CTP) | | | 2.0% | 1.5% | 1.0% | 0.5% | | |
| Cumulative Budget Neutrality Limit (CBNL) | | | $ 1,691,148,115 | $ 3,606,686,561 | $ 5,620,842,122 | $ 7,737,435,980 | $ 9,956,617,262 | |
| Allowed Cumulative Variance (= CTP X CBNL) | | | $ 33,822,962 | $ 54,100,298 | $ 56,208,421 | $ 38,687,180 | $ - | |
| Actual Cumulative Variance (Positive = Overspending) | | | $ (248,002,413) | $ (536,543,314) | $ (830,215,331) | $ (1,136,664,579) | $ (1,458,217,005) | |
| Is a Corrective Action Plan needed? | | | | | | | | |

**HYPOTHETICALS TEST 1**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | **Total** | $ 1,269,058,737 | $ 1,712,257,751 | $ 1,582,760,490 | $ 1,700,212,480 | $ 1,826,368,919 | |
| | | **PMPM** | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 | |
| | | **Mem-Mon** | 1,411,053 | 1,816,642 | 1,602,341 | 1,642,400 | 1,683,460 | |
| **TOTAL** | | | **$1,269,058,737** | **$1,712,257,751** | **$1,582,760,490** | **$1,700,212,480** | **$1,826,368,919** | **$8,090,658,377** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | | $646,054,106 | $851,370,582 | $887,278,778 | $953,114,864 | $1,023,835,987 | |
| **TOTAL** | | | **$ 646,054,106** | **$ 851,370,582** | **$ 887,278,778** | **$ 953,114,864** | **$ 1,023,835,987** | **$ 4,361,654,317** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 1** | | | **$ 623,004,631** | **$ 860,887,169** | **$ 695,481,712** | **$ 747,097,616** | **$ 802,532,932** | **$ 3,729,004,059** |

**HYPOTHETICALS TEST 2**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | **Total** | $ - | $ - | $ 4,203,847 | $ 5,419,304 | $ 5,820,928 | |
| | | **PMPM** | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 | |
| | | **Mem-Mon** | | | 3,231 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 4,203,847** | **$ 5,419,304** | **$ 5,820,928** | **$ 15,444,079** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | | $ - | $ - | $ 4,090,434 | $ 5,272,733 | $ 5,663,970 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 4,090,434** | **$ 5,272,733** | **$ 5,663,970** | **$ 15,027,137** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 2** | | | **$ -** | **$ -** | **$ 113,413** | **$ 146,571** | **$ 156,958** | **$ 416,942** |

**HYPOTHETICALS TEST 3**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | **Total** | $ - | $ - | $ 11,465,041 | $ 14,779,902 | $ 15,875,210 | |
| | | **PMPM** | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 | |
| | | **Mem-Mon** | | | 3,231 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 11,465,041** | **$ 14,779,902** | **$ 15,875,210** | **$ 42,120,153** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | $ - | $ - | $ 11,155,729 | $ 14,380,181 | $ 15,447,190 | |
| **TOTAL** | | | **$ -** | **$ -** | **$ 11,155,729** | **$ 14,380,181** | **$ 15,447,190** | **$ 40,983,100** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 3** | | | **$ -** | **$ -** | **$ 309,312** | **$ 399,721** | **$ 428,020** | **$ 1,137,053** |

**Yes No**
Yes
No

**Per Capita or Aggregate**
Per Capita
Aggregate

**Phase-Down**
No Phase-Down
Savings Phase-Down

**Actuals and Projected**
Actuals Only
Actuals + Projected

**MAP_ADM**
MAP+ADM Waivers
MAP Waivers Only

**Waiver List**
**MAP WAIVERS**
Not Applicable
1,115
1902 R 2
1902 R 2X
1902R2
AFDC
Aged w/Mcare
Aged w/o Mcare
Aged with Medicare - MFP
Aged without Medicare - MFP
B/D w/Mcare
B/D w/o Mcare
Blind/Disable without Medicare - MFP
Blind/Disabled with Medicare - MFP
Breast Cervical Cancer Treatment (BCCT)
CURRENT
CURRENT POP
Current-Hawaii Quest
Demo Elig Adults
EG 6 - CIS
EG 7 – CIS Community Transition Pilot
Expansion State Adults
FosterCare(19-20)
HawaiiQuest-1902(R)(2)
HCCP
HealthQuest-Current
HealthQuest-Others
Med Needy Adults
Med Needy Children
MFCP
Newly Eligible Adults
NH w/o W
Opt St Pl Children
Others
Others-Hawaii Quest
OthersX
QUEST ACE
RAACP
St PI Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group
**ADM WAIVERS**

| | |
|---|---|
| **Demonstration Reporting Start DY** | 26 |
| **Demonstration Reporting End DY** | 30 |

**Reporting Net Variance**
$ 1,458,217,005

**2019 – 2020 Hawaii MQD Health Plan Initiatives for 2021 CMS Annual Report**

**Assessment of Follow-Up to Prior Year Recommendation**

This is an assessment of how effectively the QUEST Integration health plans addressed the improvement recommendations made by HSAG in the prior year (2019) as a result of the EQR activity findings for compliance monitoring, HEDIS, PIPs, and CAHPS. The CCS program members were not separately sampled for the CAHPS survey as they were included in the QI health plans' sampling; therefore, there are not separate CAHPS results related to CCS members.

Except for the compliance monitoring section and PIPs, the improvements and corrective actions related to the EQR activity recommendations were self-reported by each health plan. HSAG reviewed this information to identify the degree to which the health plans' initiatives were responsive to the improvement opportunities. Plan responses regarding implemented improvement activities were edited for grammatical and stylistic changes only.

**Compliance Monitoring Review**

Formal follow-up re-evaluations of the health plans' corrective actions to address the deficiencies identified in the 2019 compliance reviews were all carried over to 2020. The specific compliance review findings and recommendations were reported in the 2020 EQR Report of Results. As appropriate, HSAG conducted technical assistance for the plans and conducted the follow-up assessments of compliance. All QI health plans and 'Ohana CCS were found to have sufficiently addressed and corrected their findings of deficiencies through implementation of CAPs and were found to be in full compliance with requirements by March 2020. In July 2020, HSAG performed a desk review of documents, file reviews, and a virtual site visit that included reviewing additional documents and conducting interviews with QUEST Integration's Health Plans and 'Ohana CCS key staff members. In addition, QI health plans and 'Ohana CCS provided demonstrations of various health information systems and applications used to conduct health plan operations. HSAG evaluated the degree to which all QI health plans and 'Ohana CCS complied with federal Medicaid managed care regulations and associated State contract requirements in performance categories (i.e., standards) that related to eight selected standard areas:

- The health plan's policies, procedures, and processes related to its selection of providers.
- The health plan's policies, procedures, contracts, and processes related to its subcontracts and any delegation of its managed care functions.
- The health plan's policies, procedures, and processes for credentialing and recredentialing its individual practitioners and organizational providers.
- The health plan's procedures and structure for its quality assessment and performance improvement (QAPI) program.
- The health plan's systems and mechanisms for protecting the confidentiality of health information and collecting, analyzing, and reporting healthcare data and information on its members and services.
- The health plan's adoption and use of clinical practice guidelines.
- The health plan's policies, procedures, and processes related to the management of compliance and fraud, waste, and abuse (FWA) programs.
- The health plan's policies, procedures, and processes related to enrollment and disenrollment of members.

**Performance Improvement Projects**

In alignment with the rapid-cycle PIP process, recommendations are made at the submission of each PIP module. The health plans successfully completed Module 1 and Module 2 and designed a methodologically sound project for each PIPs. The health plans also successfully completed Module 3 and identified opportunities for improvement. Health plans further analyzed opportunities for improvement in Module 3 and considered potential interventions to address the identified process flaws or gaps. Health plans have also initiated Module 4 by selecting an intervention to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles for each PIPs. HSAG will report final Module 4 and Module 5 review findings in the CY 2021 PIP validation report.

## AlohaCare Quest Integration (AlohaCare QI)

**2020 Review of Compliance with Standards**

**Standard I—Provider Selection**

**Strengths**

AlohaCare's policy for provider network adequacy and selection and provider agreement template confirmed that AlohaCare had a comprehensive process for the selection of its network providers to sufficiently meet the needs of AlohaCare's QI members.

AlohaCare's documents demonstrated that AlohaCare communicated and supported network providers to advise and advocate for members regarding members' health status, medical care, treatment options, and the right to participate in treatment decisions. AlohaCare staff members confirmed during the virtual site review interview discussion that it did not object to providing any of its services based on moral or religious grounds, and that effective processes were in place to address situations in which providers may express such objections and ensure members obtain an alternative provider.

AlohaCare's Provider Education policy outlined the expectations and process for delivering timely education to participating providers about health plan operations, managed care, and program requirements. Providers had open access to provider trainings through AlohaCare's online provider portal for on-demand training and ease of access to the provider manual. Bi-annual group training events were offered to providers that addressed plan requirements, important updates, and various topics, including but not limited to claim submissions and billing requirements; member rights and responsibilities; service coordination access and availability; and primary care provider (PCP) roles and responsibilities.

**Areas Requiring Improvement**

While the Credentialing and Recredentialing Processes policy identified that a practitioner is notified of the reason(s) for denial of panel membership and notified of his or her right and process to appeal the decision, the policy did not include that affected providers receive written notice of the reason for the health plan's decision at least 30 days prior to the effective date and notification to DHS at least 45 days prior to the effective date if the individuals or providers represent 5 percent or more of the total providers in that specialty, or if it is a hospital.

**Standard II—Subcontracts and Delegation**

**Strengths**

AlohaCare had subcontracts for delegation of peer review for utilization management (UM) and quality issues to Allmed HealthCare Management, nurse advice call line to CareNet Health, pharmacy benefits management to Express Scripts, foreign language/translation services to Language Services Associates, satisfaction surveys to Market Trends Pacific, and answering services to Physicians Exchange. AlohaCare also had delegation agreements with several community case management agencies (CCMAs) for service coordination to members receiving long-term services and supports (LTSS) in community care foster family homes (CCFFH) and expanded adult residential care homes (E-ARCH). (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

Template delegation agreements and a sample of executed subcontracts submitted were reviewed to ensure all required provisions were included. AlohaCare had policies and procedures for monitoring, oversight, and evaluation of its delegated entities. The health plan provided evidence of having conducted annual audits of its delegates reviewed under this standard. For those delegates, AlohaCare provided evidence of ongoing monitoring, which included regular review of reports from delegates and evaluation of performance using an oversight dashboard and tracking spreadsheet.

The Delegation Oversight policy addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the health plan's ability to fulfill the terms of its contract with MQD.

**Areas Requiring Improvement**

The Allmed HealthCare Management contract, Carenet Health contract, and one executed CCMA (Blue Water Resources) delegation contract was selected for review to ensure all required contract provisions were present. The delegation agreement for Blue Water Resources included all required contract provisions. The Allmed HealthCare Management contract also included all required contract provisions; however, the medical record retention requirements were inconsistent. The Medicare Program Exhibit required retention of records for 10 years, but the Medicaid Program Exhibit required retention of records for seven years. The Carenet Health contract required fiscal records be retained for 10 years but required medical records be retained for only seven years.

AlohaCare must amend its current agreements with Allmed HealthCare Management and Carenet Health or develop an additional contract or written agreement to include a provision that the subcontractor must retain medical records in compliance with the State's health plan contract (10 years).

AlohaCare must ensure that mechanisms are in place to provide written notice of the reason for the health plan's decision to decline an individual or groups of providers in its network to affected providers at least 30 days prior to the effective date and notify DHS at least 45 days prior to the effective date if the individuals or providers represent 5 percent or more of the total providers in that specialty, or if it is a hospital.

**Standard III—Credentialing**

**Strengths**

AlohaCare demonstrated that its credentialing program had well-defined processes in place for credentialing and recredentialing individual licensed practitioners that effectively evaluated practitioners and complied with the National Committee for Quality Assurance (NCQA) credentialing standards and guidelines. A desk review of 10 credentialing files and 10 recredentialing files revealed that timely primary source verification of credentials, timely recredentialing, and timely exclusion searches using the NCQA-approved databases were performed. Further, the health plan’s credentialing and recredentialing files reviewed verified that staff members obtained completed ownership and disclosure documents during credentialing and recredentialing as required. Practitioner credentialing and recredentialing applications contained all required information and confirmed that AlohaCare maintained comprehensive and well-organized credentialing and recredentialing files.

Although AlohaCare did not delegate credentialing functions during the look-back period, the health plan maintained a Delegation Oversight policy and processes for pre-delegation assessment, ongoing monitoring and oversight, as well as annual evaluation of its delegates.

A file review of five organizational providers for initial assessment and five organizational providers for reassessment confirmed that AlohaCare followed its policies and NCQA guidelines for the assessment of organizational providers. Specifically, for non-accredited providers, AlohaCare’s processes assured that an on-site quality assessment was performed or that, in lieu of a site visit, AlohaCare substituted a Centers for Medicare & Medicaid Services (CMS), State, or other sanctioned entity’s quality review that was determined to meet the health plan’s quality assessment criteria.

The Credentialing Committee minutes verified AlohaCare’s process for medical director sign-off on clean files, peer review of files not meeting guidelines, and the medical director’s participation in the credentialing program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

The AlohaCare QAPI program was supported by a comprehensive program description, work plan, and evaluation of the prior year’s quality improvement program achievements. The QAPI program provided the framework to systematically measure and analyze performance and impart essential information that aided management in decision making to improve organizational functions, structures, and processes to improve QI member outcomes.

As required by its MQD contract, AlohaCare maintained a Hawaii-licensed physician (Chief Medical Officer [CMO]) responsible for clinical oversight, implementation, and evaluation of the quality improvement program and who chairs the Corporate Quality Improvement Committee (CQIC). Additionally, a behavioral health medical director (a Board-certified Psychiatrist with unrestricted license to practice medicine in Hawaii) provided support and overall oversight of behavioral health aspects of the quality improvement program and is a member of the CQIC.

The health plan's comprehensive quality improvement program description included its QAPI program mission and purpose, organizational structure, governance, and committee structure. Subcommittees and work groups appointed by the CQIC also provided input to the health plan's quality improvement program. AlohaCare also included as part of the overall scope of its QAPI program the goal to improve members' health status through a variety of activities implemented across all care settings. The overarching goals outlined in QAPI program description were to improve quality of care delivered and quality of services provided, while promoting safe clinical practices. The annual QAPI work plan described improvement activities that included major objectives, planned activities, regulatory requirement, reporting methods, identification of responsible individuals or groups, and time frames for completion. The work plan also functioned as the basis for the health plan's annual evaluation of its QAPI program.

The AlohaCare UM program description, policies and procedures, and UM work plan demonstrated the health plan's ongoing monitoring of its service utilization patterns and detection of over- and underutilization.

The CQIC minutes and interview discussion with AlohaCare staff members during the virtual review interview discussion confirmed that the health plan used data reports, tracking, and trending findings in its overall QAPI program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

AlohaCare provided presentations, data and process flow diagrams, and a system demonstration of its information systems, which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. AlohaCare also had processes in place to verify the accuracy and completeness of its claims and encounter data by conducting claims audits and running the data through various system edits within its claims and encounter data reporting systems. AlohaCare also contracted with Zelis Healthcare to submit claims through its Payment Integrity system, which applies enhanced claim edits and high-dollar bill review processes. The health plan implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

AlohaCare had data security measures, policies, and plans related to disaster planning and recovery and business continuity. The health plan conducts an annual Business Impact Analysis (BIA) and risk Assessment (RA) to identify the critical systems to ensure recovery of those systems occurs within 24 hours of a disruption. AlohaCare had several policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. The health plan required all employees to complete privacy and security training at the time of hire and annually thereafter. During the virtual site review, AlohaCare confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

AlohaCare's policy on adoption and dissemination of clinical practice guidelines (CPGs) described practices for selecting CPGs that are based on valid, reliable clinical evidence or consensus of healthcare professionals; are relevant to its enrolled membership; adopted in consultation with contracting healthcare professionals; and reviewed and updated at least annually. As part of AlohaCare's process for the adoption of CPGs, AlohaCare's Practitioners Advisory Committee (PAC), whose membership includes participating practitioners the health plan's network, is responsible for the review of new guidelines as well as suggested updates of existing guidelines, as deemed appropriate to be presented to the PAC. Recommended guidelines are reported to the CQIC by the CMO for approval of the adoption. Further, the guidelines supported quality and efficiency of care by establishing guidance to improve care for behavioral health, chronic disease, and preventive care. The process for the selection, adoption, dissemination, and implementation of CPGs was also integrated into the QAPI program.

AlohaCare had a variety of CPGs for medical conditions, behavioral health, and preventive care that included diabetes, chronic obstructive pulmonary disease (COPD), diagnosis and treatment management of attention deficit/hyperactivity disorder (ADHD) in school aged children, and adult preventive health. AlohaCare received weekly emails from the National Guideline Clearinghouse to assure timely receipt of summaries of new and revised practice guidelines.

The health plan had processes for regular dissemination of CPG information to providers, including the use of links to AlohaCare's website portal, provider manual, or through the Kuʻi Ka Lono quarterly provider newsletters. Members were informed of how to access CPGs through information provided in the annual member information bulletin.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

AlohaCare had a compliance plan and several policies and procedures that guided the health plan's compliance program. AlohaCare provided initial onboarding and annual training to all employees about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security. AlohaCare's Compliance Officer had a direct reporting line to the Chief Executive Officer and the Board of Directors and was charged with identifying, tracking, mitigating, and reporting on operational compliance risks and conducting day-to-day compliance activities.

AlohaCare utilized Compliance 360, an application for tracking and reporting compliance activities and FWA investigations. AlohaCare implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. The health plan used several FWA detection methodologies including focused medical reviews to detect provider outliers and variations, claims monitoring, trending, and analysis reporting and monitoring that included rapid disenrollment statistics and complaint and grievance statistics. AlohaCare also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members. AlohaCare contracted with HealthLogix as its vendor for mailing of the VOS statements.

If AlohaCare became aware of or identified any potential FWA, the health plan notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the State, AlohaCare had a standard operating procedure (SOP) to enable edits in QNXT, its claims processing application, to suspend payments to providers upon notification from the State.

AlohaCare had processes in place to report overpayments due to FWA promptly using the State's Suspected Fraud Waste and Abuse (SFA) reporting tool, quarterly using the State's Fraud Waste and Abuse Summary Report (FAS) template, and annually using the State's Overpayment Report template. AlohaCare also had a policy and procedure in place to notify the State's financial office in the event it received an overpayment of its capitation.

AlohaCare had a mechanism in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that AlohaCare became aware of a change in a network provider's circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, AlohaCare notified the State using the Provider Suspension and Termination report. Utilizing the AlohaCare provider manual and participating provider agreements, AlohaCare informed providers of their requirement to report overpayments to the health plan, return the overpayment within 60 days, and notify the health plan in writing of the reason for the overpayment.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

AlohaCare had systems, processes, and workflows to accept all individuals enrolled into its health plan without restrictions. The health plan demonstrated its processes for accepting the daily eligibility file from the State and loading the file into QNXT, where new member records would be created and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the health plan data and the State eligibility file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, AlohaCare customer service staff members referred health plan members to the State eligibility worker in the event the member wanted to request disenrollment from the health plan. AlohaCare did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State using the DHS 1179 form when it became aware of a change in a member's circumstance that might affect the member's eligibility.

AlohaCare had a non-discrimination policy and a notice to members to inform enrolled members that AlohaCare does not discriminate against members or use any policy or practice that has the effect of discriminating against members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

## HMSA Quest Integration (HMSA QI)

**2020 Review of Compliance with Standards**

**Standard I—Provider Selection**

**Strengths**

HMSA's policy for provider selection, retention, and recruitment confirmed that HMSA had a comprehensive process for the selection of its network providers to sufficiently meet the needs of HMSA's QI members.

HMSA's documents demonstrated that HMSA communicated and supported network providers to advise and advocate for members regarding members' health status, medical care, treatment options, and the right to participate in treatment decisions. HMSA confirmed during the virtual site review that it did not object to providing any of its services based on moral or religious grounds, and that HMSA had effective processes to address situations in which providers may express such objections and ensure members obtain an alternative provider.

HMSA's provider training program informed providers about health plan operations, managed care, member rights and responsibilities, service coordination, claims, and utilization management (UM). Providers had open access to provider trainings through HMSA's Provider Resource Center, a website portal, or through scheduled webinars. Additionally, the HMSA Provider Resource Center housed a provider library that included HMSA policies, formularies, clinical practice guidelines (CPGs), care management programs, and payment and billing information.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard II—Subcontracts and Delegation**

**Strengths**

HMSA had subcontracts for delegation of behavioral healthcare service coordination and UM to Beacon Health Options, Inc.; 24-hour nurse line call center services to Carenet Health; claims processing for providers to Cobalt Health, Inc.; pharmacy benefits management, specialty drug services, and credentialing of contracted pharmacies to CVS Caremark; physical and occupational therapy to eviCore; walk-in clinic services and credentialing of clinical staff members to MinuteClinic; and radiology, pain management, and UM to National Imaging Associates (NIA). HMSA also reported subcontracts with several community case management agencies (CCMAs) for service coordination to members receiving long-term services and supports (LTSS) in community care foster family homes (CCFFH) and expanded adult residential care homes (E-ARCH). (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

Subcontracts submitted for this standard included all required provisions. HMSA provided evidence of having conducted annual audits of its delegates reviewed under this standard. For those delegates, HMSA provided evidence of ongoing monitoring, which included regular review of reports from delegates and the use of a vendor scorecard to monitor performance. HMSA utilized ServiceNow, a vendor management tool, to store delegate contracts, track performance, review scorecards and operational deliverables, and track delegate audit dates.

HMSA's template delegate contracts and QUEST Subcontractor Process Diagram addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the health plan's ability to fulfill the terms of its contract with the MQD.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard III—Credentialing**

**Strengths**

HMSA demonstrated that its credentialing program had well-defined processes in place for credentialing and recredentialing individual providers that effectively evaluated providers and complied with the National Committee for Quality Assurance (NCQA) credentialing standards and guidelines. A review of 10 credentialing files and 10 recredentialing files demonstrated that HMSA implemented its policy and processes.

HMSA provided evidence that credentialing delegate agreements:

- Described the delegated activities and the responsibilities of HMSA and the delegated entity.
- Required monthly and quarterly reporting of the delegated entity to HMSA.
- Described the process by which HMSA evaluated the delegated entity's performance.

• Specified that HMSA has overall rights and authority to approve, suspend, and terminate individual and organizational providers.

• Described HMSA's process for remediation should the delegated entity not fulfill its obligations, including revocation of the delegation agreement.

The files reviewed confirmed that HMSA and its delegates conducted primary source verification of practitioners' credentials and conducted searches of federal exclusion databases to ensure that practitioners and providers were eligible for participation in federal healthcare programs. HMSA also provided evidence of tracking and ensuring that providers completed and submitted ownership and disclosure documents at initial credentialing and recredentialing.

HMSA provided evidence that it monitored its delegates by regularly reviewing monthly and quarterly reports and completing annual delegation audits.

**Areas Requiring Improvement**

While HMSA had a policy and processes in place for assessment and re-assessment of organizational providers that included a requirement for providers to submit a completed application, one of the five assessment of organizational files and one of the five re-assessment of organizational files reviewed did not include a completed application as required by HMSA's policy. HMSA staff members provided copies of follow-up letters sent to both providers requesting additional documents; however, a request for a completed application was not included in the letter. It was unclear based on the file documentation whether additional efforts were made to obtain a completed application.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

The HMSA QAPI program was supported by comprehensive plans and numerous policies that guided the health plan's care and service delivery system. The documents also provided the framework through which monitoring and improvement activities were conducted.

HMSA annually prepared a QAPI program description, a QAPI work plan, and QAPI program evaluation of the previous year's quality improvement program accomplishments. The quality management (QM) program description was inclusive of all member populations; identified the scope of covered services/settings; and outlined the QM committee structure, the role of the health information system, quality improvement interventions, mechanisms for identification of members with special health care needs (SHCN), and the use of CPGs, among other areas of focus. The health plan also provided its UM program description and UM work plan as evidence of HMSA's ongoing monitoring of service utilization patterns and detection of over- and underutilization.

The robust QAPI work plan incorporated measurable goals, time frames, previously identified issues, and responsible staff members assigned to each quality improvement project. Further, the work plan served as the basis for the health plan's annual QAPI program evaluation. The annual evaluation validated the health plan's use of data, trending, and measurement against established goals, and included a narrative discussion of the health plan's accomplishments and any identified barriers that hindered goal achievement. Quality Improvement Committee meeting minutes demonstrated the health plan's regular review of performance, reporting of metrics, and overall compliance with the work plan.

Additionally, review of the Utilization Management Committee and Case Management Committee meeting minutes and virtual site review interview discussion provided further evidence that the health plan used data trending and analysis in its overall quality improvement program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

HMSA provided presentations, data and process flow diagrams, and system demonstration of its information systems, which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. HMSA also had processes in place to verify the accuracy and completeness of its claims and encounter data by conducting claims audits and running the data through various system edits within its claims and encounter data reporting systems. The health plan implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

HMSA had data security measures, policies, and plans related to disaster planning and recovery and business continuity. The health plan conducts an annual Service Recovery Exercise (SRE) to ensure that the data recovery processes it implements are working as expected. HMSA had several policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. The health plan required all employees to complete privacy and security training at the time of hire and annually thereafter. During the virtual site review, HMSA confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

HMSA's policy on adoption and dissemination of CPGs described practices for selecting CPGs that are based on valid, reliable clinical evidence or consensus of healthcare professionals; are relevant to its enrolled membership; adopted in consultation with contracting healthcare professionals; and reviewed and updated at least annually. Quality Improvement Operations Committee minutes confirmed HMSA annually reviewed and updated its CPG policy.

The HMSA Provider Resource Center Library posted numerous CPGs for preventative health, behavioral health, and medical conditions, which included Attention Deficit Hyperactivity Disorder, Cardiovascular

Disease and Stroke—Primary Prevention, Evaluation and Management of Chronic Kidney Disease, Rheumatoid Arthritis, and Primary Preventative Service—Children (Perinatal–19 Years). HMSA disseminated CPGs to its participating providers through special mailings, updates to the provider manual, or other communications. CPGs were made available to providers via the HMSA Provider Resource Center Library. HMSA had processes in place to distribute the CPGs to members through regular member communications, mailings, or upon member's request.

During the virtual site review interview discussion, HMSA staff members confirmed that the health plan conducts interrater reliability testing and physician peer-to-peer consultation at least quarterly to assure CPGs align with service delivery.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

HMSA had a compliance plan and several policies and procedures that guided the health plan's compliance program. HMSA provided initial onboarding and annual training to employees, executives, and board members about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security.

HMSA utilized Compliance 360, an application for tracking and reporting of compliance activities and FWA investigations. HMSA implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. HMSA's Special Investigation Unit (SIU) utilized software specifically designed for fraud detection and analysis in conjunction with other programs used for data mining, analysis, and reporting. The SIU performed proactive claims analysis and peer comparison of provider claims billing patterns to identify outliers. HMSA also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members.

If HMSA became aware of or identified any potential FWA, the health plan notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the State, HMSA had procedures to enable edits in QNXT, its claims processing application, to suspend payments to providers upon notification from the State.

The health plan had processes in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that HMSA became aware of a change in a network provider's circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, HMSA notified the State using the Provider Suspension and Termination Report. Utilizing provider contracts and the Provider Resource Center on its website, HMSA informed providers of their requirement to report overpayments to the health plan, return the overpayment within 60 days, and notify the health plan in writing of the reason for the overpayment.

**Areas Requiring Improvement**

HMSA had processes in place to report overpayments due to FWA promptly using the State's Suspected Fraud Waste and Abuse (SFA) reporting tool, quarterly using the State's Fraud Waste and Abuse Summary Report (FAS) template, and annually using the State's Overpayment Report template. While HMSA could speak to a general process for reconciling capitation payments from the State against eligibility files, it did not have any written policy, procedure, or process in place to report to the State, or require subcontractors to report to the State, within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

HMSA must develop and implement a written policy, procedure, and/or process to ensure that the health plan and subcontractors report to the State within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

HMSA had systems, processes, and workflows to accept all individuals enrolled into its health plan without restrictions. The health plan demonstrated its processes for accepting the daily eligibility file from the State and loading the file into its claims system, QNXT, where new member records would be created, and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the health plan data and the State eligibility file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, HMSA customer service staff members referred health plan members to the State eligibility worker in the event the member wanted to request disenrollment from the health plan. HMSA did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State using the DHS 1179 form when it became aware of a change in a member's circumstance that might affect the member's eligibility.

HMSA had a non-discrimination policy and a notice to members to inform enrolled members that HMSA does not discriminate against members or use any policy or practice that has the effect of discriminating against members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard

## Kaiser Foundation Health Plan QUEST Integration (KFHP QI)

**2020 Review of Compliance with Standards**

**Standard I—Provider Selection**

**Strengths**

The Health Care Services Agreement Template and Hawaii Permanente Medical Group Employment Agreement Template demonstrated that KFHP communicated and supported providers to advise and advocate for members regarding members health status, medical care, treatment options, and the right to participate in treatment decisions. KFHP confirmed during the virtual site review interview discussion that it did not object to providing any of its services based on moral or religious grounds and that KFHP had processes to address situations in which providers may express such objections and ensure members obtain an alternative provider.

KFHP's provider manual and Provider Education policy identified the processes to ensure providers are informed and educated about health plan operations, organizational structure, QUEST Integration benefit packages, grievance and appeal processes, disease management, and other member programs. Further, the Provider Education policy defined the protocols for delivery of educational sessions at time of contracting; as part of new hire orientation; annual check-in; semi-annual updates; and individual meetings, in an effort to support continuous communication and education on pertinent topics.

KFHP conducted monthly training for affiliated providers that included such topics as billing and claims procedures. Additionally, an overview of Office Ally Direct Data Entry Solution, a full-service clearinghouse for online claims entry, is offered as part of KFHP's provider training/education program. The onboarding of Hawaii Permanente Medical Group (HPMG) providers was found to be comprehensive and communicated important information about the QUEST Integration program, service delivery, documentation and reporting requirements, and member rights and responsibilities.

**Areas Requiring Improvement**

The Credentialing and Privileging Policy and Procedure identified that the health plan would promptly notify the applicant in writing no later than within 30 calendar days of the actions taken on behalf of Kaiser Permanente Hawaii (KPHI) to decline participation in its provider network. The policy, however, did not identify that the health plan notifies DHS at least 45 days prior to the effective date if the individuals or providers represent 5 percent or more of the total providers in that specialty, or if it is a hospital. The health plan must ensure that its policy includes the required time frames for notification to DHS should the health plan decline individuals or providers that represent 5 percent or more of the total providers in that specialty, or if it is a hospital.

**Standard II—Subcontracts and Delegation**

**Strengths**

KFHP had subcontracts for delegation of provider network development and management, utilization management (UM), and professional services to HPMG; pharmacy benefit management to MedImpact; and service coordination to members receiving long-term services and supports (LTSS) in community care foster family homes (CCFFH) and expanded adult residential care homes (E-ARCH) to several community case management agencies (CCMAs). (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

KFHP's policies and delegation agreements ensured that the health plan maintained ultimate responsibility for adhering to and complying with its contract with the State. KFHP's delegation agreement with HPMG was amended in 2019 and contained all required subcontractor provisions.

KFHP provided evidence of participating in ongoing monitoring of MedImpact, which included the review of reports and participation of national oversight meetings held quarterly, identification of any deficiencies and implementation of corrective action procedures, as well as the completion of an annual formal audit done at the national level.

KFHP's policies and procedures addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the health plan's ability to fulfill the terms of its contract with the MQD.

**Areas Requiring Improvement**

KFHP did not have a policy, procedure, or process for conducting a pre-delegation evaluation of a potential subcontractor prior to executing a delegation agreement. The health plan also did not have a policy, procedure, or process for conducting ongoing monitoring and formal reviews of HPMG or the CCMAs, although the health plan did provide some evidence of monitoring its delegates' performance. As evidence of oversight of HPMG, KFHP provided various documents such as GeoAccess reports, grievance and appeal reports, and UM reports; however, it was unclear how often this information was obtained and how this information was utilized by KFHP to ensure HPMG was performing the delegated activities as expected. In addition, there was no documentation of KFHP conducting a formal review of HPMG.

As evidence of oversight of the CCMAs, KFHP provided a Desktop Audit Tool that was completed on one CCMA in 2018. The tool was limited and did not include elements related to the CCMA's delegated functions. KFHP also submitted a Case Management Agency Desktop Review Tool that appeared to be newly created, not finalized, and not implemented. During the interview, KFHP staff members stated that they currently did not have a process to report formal audit results to the CCMAs, nor a corrective action plan process in the event deficiencies were found during ongoing monitoring or formal review.

KFHP must develop and implement:

- A policy, procedure, or process to evaluate a subcontractor's ability to perform the activities to be delegated prior to the execution of a delegation agreement.
- A policy, procedure, or process to conduct ongoing monitoring and formal review of its delegates. This should include designation of the employees/departments responsible for conducting the delegation oversight activities, the frequency of ongoing monitoring (e.g., quarterly review of reports, monthly oversight meetings) and formal reviews, processes used to evaluate performance (e.g., scorecards, metrics), processes for conducting formal review of delegates (e.g., elements of the review, scoring, reporting of results), processes for scheduling and tracking timeliness of formal reviews, and a corrective action process.

Upon review of the CCMA contracts and through discussions with health plan staff members during the virtual site review, it was evident that KFHP did not differentiate between the CCMAs' service provision and the CCMAs' delegated responsibilities. KFHP stated it sent a letter to the CCMAs in January 2020 intending to modify the current Health Care Services Agreements to delegation agreements. However, the letter did not specify the delegated activities and related reporting responsibilities; it revised and reinforced the provider responsibilities outlined in the original Health Care Services Agreement. Section 2.11 of the Health Care Services Agreement stated that, if KFHP delegated activities to the provider, such delegated activities would be described in a separate written agreement and signed by the parties. KFHP did not provide any separate written and signed delegation agreements for review.

While the current CCMA contracts contained some of the required provisions, several required provisions were missing or inconsistent with the health plan's contract with the State. For example, notification to the health plan and the MQD of breaches of confidential information was present in some contracts but not all. Also, the specific medical record requirements and retention policies were not in compliance with the State contract. The contracts contained varying record retention requirements including six, seven, and 10 years.

KFHP must amend its current agreements with the CCMAs or develop an additional contract or written agreement to:

- Specify the managed care administrative functions and obligations being delegated (e.g., completion of the initial health and functional assessment (HFA), submission of the 1147) and the timelines and the health plan's expectations for conducting the delegated activities.

- Specify the reporting responsibilities associated with the delegated tasks (e.g., monthly member roster, member hospitalizations for the month, date of face-to-face visit with member).

- Specify that the CCMA agrees to perform the delegated activities and reporting responsibilities specified in compliance with the health plan's contract obligations.

- Include the provision that the State, the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services (HHS) Inspector General, the Comptroller General, or their designees will have the right to audit the subcontractor through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

- Include a provision that allows the health plan to evaluate the subcontractor's ability to perform the activities to be delegated.

- Include a provision that the CCMA notify the health plan and the MQD of all breaches of confidential information related to Medicaid applicants and recipients, and as health plan members. The CCMA must notify the MQD within two business days of discovery of the breach and provide a written report of the investigation and resultant mitigation of the breach within 30 business days of discovery.

- Specify the medical record requirements and retention policy in compliance with the State's health plan contract (10 years).

KFHP's MedImpact Service Agreement did not include a provision that allows the health plan to evaluate the subcontractor's ability to perform the activities to be delegated; that the right to audit the subcontractor will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later; the requirement that the subcontractor fulfill the requirements of 42 CFR §438.6; and medical record retention policies in compliance with the State's health plan contract.

KFHP must amend its current agreement with MedImpact or develop an additional contract or written agreement to:

- Include a provision that allows the health plan to evaluate the subcontractor's ability to perform the activities to be delegated.
- Include the provision that the State, CMS, the HHS Inspector General, the Comptroller General, or their designees will have the right to audit the subcontractor through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.
- Require the subcontractor fulfill the requirements of 42 CFR §438.6 (special contract provisions related to payment) that are appropriate to the service delegated under the subcontract.
- Include a provision that the subcontractor must retain medical records in compliance with the State's health plan contract (10 years).

**Standard III—Credentialing**

**Strengths**

KFHP's Credentialing and Privileging Policy and Procedure described the processes for credentialing and recredentialing licensed independent practitioners and allied health practitioners that aligned with the National Committee for Quality Assurance (NCQA) standards and guidelines.

A desk review of 10 individual practitioner credentialing and 10 individual practitioner recredentialing files revealed timely primary source verification of all credentials, recredentialing, and exclusion searches using NCQA-approved databases. During the virtual site review interview discussion, KFHP staff members confirmed the health plan's practice for obtaining completed ownership and disclosure documents from providers and practitioners at the time of credentialing and recredentialing.

Review of credentialing committee meeting minutes verified that KFHP followed the health plan's peer review process for review of files not meeting established criteria, and the process for ensuring nondiscriminatory credentialing and recredentialing decisions.

**Areas Requiring Improvement**

A review of the assessment and re-assessment of organizational provider files revealed that the health plan did not collect the CMS or Hawaii State Department of Health (DOH) quality review report as required in the health plan's policy in three of the five assessment of organizational providers and two of the five re-assessment of organizational provider files, as specified in KFHP's Credentialing and Privileging Policy and Procedure. During the virtual review interview session, KFHP staff members identified that the health plan currently receives the complete quality review report only if adverse findings are noted during the time of the CMS or DOH review. KFHP staff members confirmed that site reviews conducted by other entities, such as Community Ties of America (CTA), were not reviewed by the health plan to determine if the results met the health plan's quality guidelines.

The health plan must develop a mechanism to ensure that State or CMS surveys are received and meet KFHP's quality guidelines for assessments or re-assessments of organizational providers that are not accredited and are conducted in lieu of KFHP conducting the on-site review.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

The KFHP QAPI program was supported by both national and regional quality structures, comprehensive plans, and numerous policies that guided the health plan's care and service delivery system. The documents also provided the framework through which monitoring and improvement activities were conducted. KFHP had an established integrated quality program wherein quality assurance and systems improvement are shared responsibilities of KFHP, Kaiser Health Foundation (KFH), and HPMG. The Hawaii Region Quality Program was designed as a systematic, integrated, widely deployed approach to planning, implementing, assessing, and improving clinical quality, patient safety, health outcomes, resource management/stewardship, clinical risk management, outside services, and service performance.

KFHP annually prepared a quality management (QM) program description, a QM work plan, and QM program evaluation of the previous year's quality program accomplishments. The QM program description was inclusive of all member populations; identified the scope of covered services/settings; and outlined the QM committee structure, the role of the health information system, quality improvement interventions, mechanisms for identification of members with special health care needs (SHCN), and the use of clinical practice guidelines (CPGs), among other areas of focus. The health plan also provided its UM program description and UM work plan as evidence of KFHP's ongoing monitoring of service utilization patterns and detection of over- and underutilization.

The robust QAPI work plan incorporated measurable goals, time frames, measurement source, and responsible staff members assigned to each quality improvement objective. Further, the work plan served as the basis for the health plan's annual QAPI program evaluation. The annual evaluation validated the health plan's use of data, trending, and measurement against established goals, and included the health plan's accomplishments and any identified barriers/challenges that hindered goal achievement.

All clinical care provided by KFHP is documented and delivered using an integrated electronic medical record (KP HealthConnect). This system interfaces with pharmacy, laboratory, and diagnostic imaging systems to provide real-time data for all patients. To support population-based primary and secondary preventive care, the Hawaii Region developed a chronic disease and patient-based decision-support system. Use of this tool allows the primary care physician to closely monitor chronic disease members' progress in meeting specified quality goals for disease management.

QM committee meeting minutes demonstrated the health plan's regular review of performance, reporting of metrics, data trending and analysis, and overall compliance with the QAPI work plan and quality improvement program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

KFHP provided presentations, data and process flow diagrams, and a system demonstration of its information systems, which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. KFHP also had processes in place to verify the accuracy and completeness of its claims and encounter data by running the data through various system edits within its claims systems and implementing the National Medicaid Encounter Data Reporting System in 2019. The health plan implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

With the assistance of local, regional, and national information technology departments, KFHP implemented several data security measures and policies and plans related to disaster planning and recovery and business continuity. KFHP had policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. The health plan required all employees to complete privacy and security training at the time of hire and annually thereafter. During the virtual site review, KFHP confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

KFHP adopted both national-level and Hawaii Region CPGs. Topics included medical and behavioral health conditions, as well as preventive healthcare guidelines for adults and children. The process for selection, adoption, dissemination, and implementation of CPGs was described in policies and procedures and was incorporated into the program descriptions for both quality and UM.

KFHP's CPG policies and procedures described practices for selecting CPGs that are based on valid, reliable clinical evidence or consensus of healthcare professionals; are relevant to its enrolled membership; adopted in consultation with contracting healthcare professionals; and reviewed and updated at least every two years.

The health plan had processes for regular dissemination of CPG information to providers, including use of the KPHI internal Clinical Library Hawaii Guidelines intranet site, distribution of new or revised guidelines to affiliated practitioners via the HI Affiliate Practitioner Manual site, or through internal and external affiliate practitioner newsletters. Members are informed of how to access CPGs through information provided in the member handbook. Dissemination of CPGs to members occurs upon request through KFHP's customer service center.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

KFHP had a compliance plan and several policies and procedures that guided the health plan's compliance program. KFHP provided initial onboarding and annual training to employees about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security. KFHP's compliance officer was responsible for leading the quarterly compliance committee meetings, partnering with the HPMG compliance officer, performing day-to-day compliance activities, and reporting compliance matters directly to the Plan President.

KFHP utilized CaseTrack, a case monitoring system for tracking and reporting compliance activities and FWA investigations. KFHP implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. Kaiser Permanente's National Fraud Control Unit supported KFHP's monitoring efforts by utilizing software specifically designed for fraud detection and analysis in conjunction with other programs used for data mining, analysis, and reporting. KFHP also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members.

If KFHP became aware of or identified any potential FWA, the health plan notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the State, KFHP had procedures to enable edits in Tapestry, its claims processing application, to suspend payments to providers upon notification from the State.

The health plan had processes in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that KFHP became aware of a change in a network provider's circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, KFHP notified the State using the Provider/Employee Integrity and Education Reporting Tool.

**Areas Requiring Improvement**

KFHP had processes in place to report overpayments due to FWA promptly using the State's Suspected Fraud Waste and Abuse (SFA) reporting tool, quarterly using the State's Fraud Waste and Abuse Summary Report (FAS) template, and annually using the State's Overpayment Report template. While KFHP could speak to a general process for reconciling capitation payments from the State against eligibility files, it did not have any written policy, procedure, or process in place to report to the State, or require subcontractors to report to the State, within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

KFHP must develop and implement a written policy, procedure, and/or process to ensure that the health plan and subcontractors report to the State within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

KFHP's Health Care Services Agreement for providers stated that the "provider shall be required to refund any payment from a member or member's family (in excess of member's share of cost) for the prior coverage period" and "require the provider to report capitation payments or other overpayments in excess of amounts specified in the contract within sixty (60) calendar days when identified." The agreement did not include information about how or to whom the provider reports overpayments, how the provider returns the overpayment, nor the requirement that the provider is to notify the health plan in writing the reason for the overpayment. The KFHP QUEST Integration Provider Manual contained no information regarding overpayments.

KFHP must amend its Health Care Services Agreement, revise the provider manual, or implement some other mechanism to inform providers of the requirement to report overpayments to the health plan, how to return the overpayment, the requirement to return the overpayment within 60 days, and notify the health plan in writing the reason for the overpayment.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

KFHP had systems, processes, and workflows to accept all individuals enrolled into its health plan without restrictions. The health plan demonstrated its processes for accepting the daily eligibility file from the State and loading the file into its Common Membership System where new member records would be created, and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the health plan data and the State eligibility file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, KFHP customer service staff members referred health plan members to the State eligibility worker in the event the member wanted to request disenrollment from the health plan. KFHP did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State using the DHS 1179 form when it became aware of a change in a member's circumstance that might affect the member's eligibility.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

## UnitedHealthcare Community Plan QUEST Integration (UHC CP QI)

**2020 Review of Compliance with Standards**

**Standard I—Provider Selection**

**Strengths**

UHC CP's policies and procedures, provider agreement appendix template, and its care provider manual confirmed that UHC CP had a comprehensive process for the selection of its network providers. UHC CP documents demonstrated that UHC CP communicated and supported network providers to advise and advocate for members regarding members' health status, medical care, treatment options, and the right to participate in treatment decisions. UHC CP confirmed that it did not object to providing any of its services based on moral or religious grounds, and the health plan had effective processes to address situations in which providers may express such objections and ensure members obtain an alternative provider.

UHC CP's large-scale training and provider Town Hall presentations were comprehensive and informed providers about health plan operations, managed care, claims, and utilization management (UM). Additionally, UHC CP provided access to its on-demand training platform, UHC OnAir, which offered provider education on various topics, some which included continuing education credits.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard II—Subcontracts and Delegation**

**Strengths**

UHC CP had subcontracts for delegation of behavioral healthcare coordination, behavioral health (BH) provider network development and management, and BH provider credentialing to OptumHealth (Behavioral Health); 24-hour nurse line call center services to OptumHealth (Nurseline); and pharmacy network management, pharmacy benefit management, and pharmacy claims management to OptumRx. UHC CP also reported subcontracts with LogistiCare for nonemergent transportation and various community case management agencies (CCMAs) for service coordination to members receiving long-term services and supports in community care foster family homes (CCFFH) and expanded adult residential care homes (E-ARCH). (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

Subcontracts submitted for this standard included all required provisions. UHC CP provided evidence of having conducted annual audits of its delegates and subcontractors reviewed under this standard. For those delegates, UHC CP provided evidence of ongoing monitoring, which included regular review of reports from subcontractors. UHC CP routinely conducted interrater reliability (IRR) reviews on health and functional assessments and level of care assessments completed by the CCMAs to ensure consistency, accuracy, and timeliness of the assessments. UHC CP also submitted meeting minutes of its Delegation Oversight Committee and joint operating committees (JOCs) with delegates.

UHC CP's policies and procedures addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the health plan's ability to fulfill the terms of its contract with the MQD.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard III—Credentialing**

**Strengths**

UHC CP demonstrated that its credentialing program had well-defined processes in place for credentialing and recredentialing providers that effectively evaluated providers and complied with the National Committee for Quality Assurance (NCQA) credentialing standards and guidelines. A review of

10 credentialing files and 10 recredentialing files demonstrated that UHC CP implemented its annual credentialing plan and policies and procedures. UHC CP delegated the credentialing of BH providers to OptumHealth (Behavioral Health) and delegated credentialing of all other non-home- and community-based services (HCBS) providers to MDX Hawaii.

UHC CP provided evidence that its delegates conducted primary source verification of practitioners' credentials and conducted searches of federal exclusion databases to ensure that practitioners and providers were eligible for participation in federal healthcare programs. UHC CP also provided evidence of tracking and ensuring that providers completed and submitted ownership and disclosure documents at initial credentialing and recredentialing.

UHC CP provided evidence that it monitored MDX Hawaii and OptumHealth (Behavioral Health) by regularly reviewing reports, compiling quarterly scorecards, performing file audits, and conducting an annual assessment.

A file review of four organizational providers for initial assessment and five organizational providers for reassessment confirmed that UHC CP followed policies, procedures, and NCQA guidelines for the assessment of organizational providers. Specifically, for non-accredited providers, UHC CP's processes assured that an on-site quality assessment was performed or that, in lieu of a site visit, UHC CP substituted a Centers for Medicare & Medicaid Services (CMS) or State quality review that was determined to meet the health plan's quality assessment criteria.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

Along with UHC CP's local, Hawaii-based staff members responsible for the quality assessment and performance improvement (QAPI) program and activities, additional support, leadership, and consultation from its national headquarters (i.e., the UnitedHealthcare Health Plan Quality Management Committee [QMC] and the National Quality Oversight Committee [NQOC]) were provided. The QAPI program was supported by numerous policies and procedures that guided the care and service delivery system and created the framework to conduct monitoring and improvement activities.

As required by its MQD contract, UHC CP maintained a Hawaii-licensed registered nurse (Vice President of Quality Improvement), responsible for oversight of the implementation and evaluation of the quality improvement (QI) program and the health plan's Chief Medical Officer (CMO) was the designated Hawaii-licensed physician responsible for implementation of the QI program. Additionally, a BH medical director (a Hawaii-based behavioral healthcare practitioner), was accountable for providing leadership and advisement on the BH aspects of the QI program, related to clinical care and safety.

The health plan's comprehensive quality improvement program description included its QAPI program organizational structure, roles and responsibilities of individuals, as well as national and regional supports, governance, and committee structure at all levels (i.e., local/Hawaii, regional, and national). Subcommittees, including those responsible for delegation oversight, physician advisory input, UM, and clinical and service quality, provided input to the health plan's QI program. UHC CP also included, as part of the overall scope of its QAPI program, a population health management (PHM) strategy. The PHM strategy stratified UHC CP's membership based on healthcare needs. The overarching goals outlined in the PHM strategy were to maintain health, manage emerging risk, manage multiple chronic or complex illnesses, and address member safety and outcomes across treatment settings through UHC CP's programs and service delivery. UHC CP's QAPI program activities encompassed quality of care, patient safety, and quality of service. The annual QAPI program work plan described improvement activities that included major objectives, identification of responsible individuals or groups, and time frames for completion. The work plan also functioned as the basis for the health plan's annual evaluation of its QAPI program.

The UHC CP UM program description, policies and procedures, and UM report examples demonstrated UHC CP's ongoing monitoring of its service utilization patterns and detection of over- and underutilization. The Healthcare and Quality Utilization Management Committee (HQUM)minutes and interview discussion with UHC CP staff members confirmed that the health plan used these findings in its overall QAPI program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

UHC CP had Hawaii-based information systems (IS) staff members and national corporate support for the management of all operations related to development and maintenance of its health information systems. Certain delegated functions were outside UHC CP's IS structure and required the delegates to collect and report data to UHC CP (i.e., MDX for credentialing and LogistiCare for transportation services). The delegates received oversight and periodic audits from the health plan to ensure data validity and completeness. The delegates were also required to maintain data security procedures and disaster recovery processes.

During the virtual site review, UHC CP provided presentations, data and process flow diagrams, and system demonstration of its management information system (MIS), which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. UHC CP also had processes in place to verify the accuracy and completeness of its claims and encounter data by examining and comparing monthly paid claims volume by product line, conducting claims audits, and running the data through various system edits within its claims systems. The health plan implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

UHC CP had data security measures and corporate-level (i.e., UnitedHealthcare Group [UHG]) policies and plans related to disaster planning and recovery and business continuity, as well as local-level procedures depicting Hawaii leadership roles and responsibilities in the event of a disaster. UHC CP had several policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. During the virtual site review, UHC CP confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

The UHG national committee structure is primarily responsible for the development, review, and approval of clinical practice guideline (CPG) topics. Selection and review by three UHG national committees (i.e., Medical Technology Assessment Committee, National Medical Care Management Committee, and NQOC) ensures that only nationally recognized guidelines or consensus documents are adopted. To meet the healthcare needs of UHC CP members, UHC CP participated in the national process and determined the relevance of CPGs for its populations and conditions. UHC CP's CPG policies and procedures described practices for selecting CPGs that are based on valid, reliable clinical evidence or consensus of healthcare professionals; adopted in consultation with contracting healthcare professionals; and reviewed and updated periodically.

UHC CP's CPGs are disseminated to providers online via links to UHC CP's provider website and providers are also notified of CPGs through newsletters and other mailings. Dissemination of CPGs to members occurred through member services. Further, members were informed in the member handbook of their right to request CPG information.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

UHC CP had a compliance plan and several policies and procedures that guided the health plan's compliance program. UHC CP provided initial onboarding and annual training to staff members about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security.

UHC CP implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. Using various analytic tools, UHC CP conducted prospective and retrospective claim investigation processes to identify any concerning provider billing patterns. The analytic tools allowed UHC CP to filter providers by various demographics such as region or specialty type to assist in identifying trends within a certain area or type of network provider that may indicate potential FWA. UHC CP also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members.

If UHC CP became aware of or identified any potential FWA, the health plan notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the

State, UHC CP had a Provider Payment Suspension standard operating procedure (SOP) to suspend payments to providers upon notification from the State.

The health plan had processes in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that UHC CP became aware of a change in a network provider's circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, UHC CP notified the State using the Provider/Employee Integrity and Education Report. Utilizing provider contracts and the provider manual, UHC CP informed providers of their requirement to report overpayments to the health plan, return the overpayment within 60 days, and notify the health plan in writing of the reason for the overpayment.

**Areas Requiring Improvement**

The compliance plan, UHC CP Compliance & Ethics Program ("Compliance Plan"), provided by the health plan was dated June 2014. The Compliance Plan stated that UHC CP has a locally employed Compliance Officer who reports indirectly to the UHC CP Plan President and directly to a Regional Compliance Officer, who in turn reports up through a chain of command to the Chief Medicaid Compliance Officer. However, the UHC CP Internal Management Structure document showed a direct reporting line from Compliance to the Health Plan CEO. The FWA Prevention, Detection, Investigation and Reporting policy stated that the Compliance Officer reports to the Plan President as well as to the Regional Compliance Officer and indirectly to the national Chief Medicaid Compliance Officer. During the Program Integrity interview session, health plan staff members confirmed that the UHC CP Compliance Officer has a direct line to the health plan CEO. The health plan's Compliance Plan stated that the Compliance Oversight Committee met monthly; however, the Compliance Oversight Committee Charter stated that the committee met quarterly. The health plan's Compliance Plan did not describe the Board of Directors' involvement in the health plan's compliance program.

UHC CP must update its UHCCP Compliance & Ethics Program to be consistent with current reporting structures between the Compliance Officer, the health plan CEO, and the Board of Directors. In addition, the Compliance Plan must be updated to describe the Board of Directors' involvement in the health plan's compliance program. Finally, the Compliance Plan must be updated to reflect that the Compliance Oversight Committee meets quarterly and not monthly.

UHC CP had processes in place to report overpayments due to FWA to the State quarterly using the State's Fraud Waste and Abuse Summary Report template and annually using the State's Overpayment Report template. However, UHC CP did not have any policy, procedure, or process in place to report to the State, or require subcontractors to report to the State, within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

UHC CP must develop and implement a policy, procedure, and/or process to ensure that the health plan and subcontractors report to the State within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the contract.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

UHC CP had systems, processes, and workflows to accept all individuals enrolled into its health plan without restrictions. The health plan demonstrated its processes for accepting the daily eligibility file from the State and loading the file into Community Strategic Platform (CSP) Facets where new member records would be created, and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the health plan data and the State eligibility file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, UHC CP customer service staff members referred health plan members to the State eligibility worker in the event the member wanted to request disenrollment from the health plan. UHC CP did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State using the DHS 1179 form when it became aware of a change in a member's circumstance that might affect the member's eligibility.

UHC CP had a non-discrimination policy and a notice to members to inform enrolled members that UHC CP does not discriminate against members or use any policy or practice that has the effect of discriminating against members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

## 'Ohana Health Plan QUEST Integration ('Ohana QI)

### 2020 Review of Compliance with Standards

### Standard I—Provider Selection

**Strengths**

'Ohana's participating provider agreement, QI provider manual, and network development policy confirmed that 'Ohana had a comprehensive process for the selection of its network providers. The provider manual demonstrated that 'Ohana communicated and supported network providers to advise and advocate for members regarding members' health status, medical care, treatment options, and the right to participate in treatment decisions. 'Ohana staff members confirmed during the virtual site review interview discussion that it did not object to providing any of its services based on moral or religious grounds. Further, the health plan had effective processes to address situations in which providers may express such objections and ensure members obtain an alternative provider as well as the timely provision of notification to members of the change in benefits coverage.

'Ohana demonstrated that effective processes were in place to notify an individual or group of providers when the health plan denied participation in its provider network. Additionally, 'Ohana's processes included timely notification to DHS if individuals or providers represent 5 percent or more of the total providers in that specialty, or if it is a hospital.

'Ohana provided educational sessions in accordance with the health plan's provider education policy that informed providers about health plan operations, managed care, claims processing, utilization management (UM), and member rights and responsibilities. 'Ohana provided access to educational materials to providers unable to attend either one-on-one or group education sessions through the health plan's secure web portal, sent by mail or through facilitator led web-based teleconference training.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard II—Subcontracts and Delegation**

**Strengths**

'Ohana had subcontracts for delegation of network management and vision services to Premier Vision; network management and audiology services to Hear USA; non-emergency medical transportation to Intelliride; and pharmacy benefits management to CVS Caremark. 'Ohana also reported subcontracts with several community case management agencies (CCMAs) for service coordination to members receiving long-term services and supports (LTSS) in community care foster family homes (CCFFH) and expanded adult residential care homes (E-ARCH). The health plan subcontracted with several provider groups and clinics for credentialing of its providers. (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

Template subcontract agreements and a sample of executed subcontracts submitted were reviewed to ensure all required provisions were included. 'Ohana provided evidence of having conducted annual audits of its delegates reviewed under this standard. For those delegates, 'Ohana provided evidence of ongoing monitoring, which included regular review of reports from delegates and the use of a vendor scorecard to monitor performance. Ohana utilized Compliance 360, a vendor management tool, to track performance, review scorecards and operational deliverables, track delegate audit dates, and conduct the formal audits.

'Ohana's QUEST Integration Program Attachment addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the health plan's ability to fulfill the terms of its contract with the MQD.

**Areas Requiring Improvement**

One executed CCMA delegation agreement was selected for review to ensure all required contract provisions were present. The delegation agreement for Above and Beyond Case Management included all required contract provisions; however, the contract required retention of medical records for seven years, which was not in compliance with the State's health plan contract (10 years).

'Ohana must amend its current agreement with Above and Beyond Case Management or develop an additional contract or written agreement to include a provision that the subcontractor must retain medical records in compliance with the State's health plan contract (10 years). As only one CCMA agreement was reviewed for the purposes of the compliance review, HSAG recommends that 'Ohana review all currently executed CCMA contracts to ensure the medical record retention requirements are correct in all contracts.

**Standard III—Credentialing**

**Strengths**

‘Ohana demonstrated that its credentialing program had well-defined processes in place for credentialing and recredentialing providers that effectively evaluated providers and complied with the National Committee for Quality Assurance (NCQA) credentialing standards and guidelines. A review of 10 credentialing files and 10 recredentialing files demonstrated that ‘Ohana implemented its credentialing policies and procedures and maintained comprehensive and well-organized credentialing files.

Through credentialing delegation agreements, pre-delegation audits, on-going monitoring and oversight, and annual audits, ‘Ohana demonstrated that it followed the health plan’s established policy and processes for delegation of managed care functions. ‘Ohana provided evidence that its delegates conducted primary source verification of practitioners’ credentials and conducted searches of federal exclusion databases to ensure that practitioners and providers were eligible for participation in federal healthcare programs. ‘Ohana also provided evidence that the health plan obtained completed ownership and disclosure documents at initial credentialing and recredentialing.

A file review of four organizational providers for initial assessment and five organizational providers for reassessment confirmed that ‘Ohana followed policies, procedures, and NCQA guidelines for the assessment of organizational providers. Specifically, for non-accredited providers, ‘Ohana’s processes assured that an on-site quality assessment was performed or that, in lieu of a site visit, ‘Ohana substituted a Centers for Medicare & Medicaid Services (CMS) or State quality review that was determined to meet the health plan’s quality assessment criteria.

The Hawaii Credentialing Committee minutes verified ‘Ohana’s process for medical director sign-off on clean files, peer review of files not meeting guidelines, and the medical director’s participation in the credentialing program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

Along with ‘Ohana’s local, Hawaii-based staff members responsible for the quality assessment and performance improvement (QAPI) program and activities, additional support, leadership, and consultation from its parent organization’s WellCare Corporate Quality Improvement Committee (QIC) and Corporate Sub-Committees were provided. ‘Ohana’s QAPI program was supported by numerous policies, procedures, and plans that guided the care and service delivery system and created the framework to conduct monitoring and improvement activities.

‘Ohana prepared an annual QAPI program description, QAPI work plan, and QAPI evaluation of the previous year’s quality program achievements. The QAPI program description included the health plan’s organizational and accountability structure, governance, corporate and local committee and sub-committee structure, goals, and quality improvement program objectives. The scope of the QAPI program activities applied to all member demographic groups, care settings, and types of services (both the quality of clinical care and non-clinical aspects of service). The annual QAPI work plan identified the improvement activities, key objectives, topics, metrics, responsible party, responsible committee, goals, and quarterly reporting. The QAPI work plan served as the basis for ‘Ohana’s annual evaluation of its QAPI program. The annual evaluation demonstrated the use of data, trending, analysis, measurement against goals, identification of accomplishments and any barriers to achieving goals, and effectiveness of actions taken in the prior year. QIC meeting minutes described ‘Ohana’s routine review and reporting of data that monitored adherence to the QAPI work plan.

In addition, ‘Ohana provided its UM program description and applicable policies and procedures, which verified the health plan’s ongoing monitoring of its service utilization patterns and detection of over- and underutilization. Utilization Management Advisory Committee (UMAC) minutes and interview discussion during the virtual site review offered further evidence that ‘Ohana used UM tracking and data reports as part of its overall QAPI program.

‘Ohana’s robust QAPI program demonstrated that the health plan effectively evaluated access, timeliness, and quality of services provided to MedQUEST members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

‘Ohana provided presentations, data and process flow diagrams, and system demonstration of its information systems, which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. ‘Ohana also had processes in place to verify the accuracy and completeness of its claims and encounter data by conducting claims audits and running the data through various system edits within its claims and encounter data reporting systems. The health plan implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

‘Ohana had data security measures, policies, and plans related to disaster planning and recovery and business continuity. ‘Ohana had several policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. The health plan required all employees to complete privacy and security training at the time of hire and annually thereafter. During the virtual site review, ‘Ohana confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

‘Ohana’s process for the implementation and adoption of clinical practice guidelines (CPGs) was initiated through WellCare’s corporate policy and procedure that ensured CPGs are based on valid, reliable clinical evidence or consensus of healthcare professionals; developed in consultation with providers; consider the needs of enrolled members; and reviewed at least every two years and revised as necessary. Further, the CPGs supported quality and efficiency of care by establishing guidance to improve care for behavioral health, chronic disease, and preventive care. The process for selection, adoption, dissemination, and implementation of CPGs was also included in the QAPI program description.

‘Ohana had a variety of CPGs for medical conditions and for preventive care that included cardiovascular disease, asthma, epilepsy, and adolescent preventive health. The adoption of Preventive Health Guidelines were designed to detect and improve the health status of members by affording preventive care to screen for a variety of acute and potentially chronic illnesses. These guidelines also include interventions for prevention and early detection of disease, recommend the frequency and conditions for which interventions are required, and document the basis (scientific or recognized source) upon which the guidelines were based. In addition to the CPGs, the health plan provided the Clinical Practice Guideline Hierarchy, a supplemental resource tool for providers.

The Chief Medical Director of Medical Management or designee was responsible for submittal of CPGs to the Medical Policy Committee (MPC) for review, feedback, and approval. CPGs would then be distributed to either the Utilization Management Medical Advisory Committee or the QIC for approval and dissemination to providers. The health plan had processes for regular dissemination of CPG information to providers, including use of links to the website portal, provider manual, or through quarterly provider newsletters. Members were informed of how to access CPGs through information provided in the member handbook.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

‘Ohana had a compliance plan and several policies and procedures that guided the health plan’s compliance program. ‘Ohana provided initial onboarding and annual training to all employees about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security. ‘Ohana’s Market Compliance Officer had a direct reporting line to the Plan President and was charged with identifying, tracking, mitigating, and reporting on operational compliance risks, chairing the Market Compliance Oversight Committee, and conducting day-to-day compliance activities.

‘Ohana utilized a case tracking system to track and report on compliance activities and FWA investigations. ‘Ohana implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. ‘Ohana’s Special Investigation Unit (SIU) utilized analytic tools such as Cotiviti and Star Sentinel, specifically designed for fraud detection and analysis in conjunction with other programs used for data mining, analysis, and reporting. The SIU performed claims analysis and peer comparison of provider claims billing patterns to identify outliers.

‘Ohana also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members.

If ‘Ohana became aware of or identified any potential FWA, the health plan notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the State, ‘Ohana had procedures to enable edits in Xcelys, its claims processing application, to suspend payments to providers upon notification from the State.

‘Ohana had processes in place to report overpayments due to FWA promptly using the State’s Suspected Fraud Waste and Abuse (SFA) reporting tool, quarterly using the State’s Fraud Waste and Abuse Summary Report (FAS) template, and annually using the State’s Overpayment Report template. ‘Ohana also had a policy and procedure in place to notify the State’s financial office in the event it received an overpayment of its capitation.

‘Ohana had a mechanism in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that ‘Ohana became aware of a change in a network provider’s circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, ‘Ohana notified the State using the Provider Suspension and Termination report. Utilizing the provider manual, ‘Ohana informed providers of their requirement to report overpayments to the health plan, return the overpayment within 60 days, and notify the health plan in writing of the reason for the overpayment.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

‘Ohana had systems, processes, and workflows to accept all individuals enrolled into its health plan without restrictions. The health plan demonstrated its processes for accepting the daily eligibility file from the State and loading the file into its enrollment system, Xcelys, where new member records would be created, and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the health plan data and the State eligibility file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, ‘Ohana customer service staff members referred health plan members to the State eligibility worker in the event the member wanted to request disenrollment from the health plan . ‘Ohana did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State using the DHS 1179 form when it became aware of a change in a member’s circumstance that might affect the member’s eligibility.

‘Ohana had a non-discrimination policy for enrollment and disenrollment of members that stated that ‘Ohana does not discriminate against members or use any policy or practice that has the effect of discriminating against members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

## ‘Ohana Community Care Services (‘Ohana CCS)

### 2020 Review of Compliance with Standards

### Standard I—Provider Selection

#### Strengths

Community Care Services (CCS), ‘Ohana’s BHO, confirmed through its participating provider agreement, provider manual, and network development policy that CCS had a comprehensive process for the selection of its network providers. The provider manual demonstrated that CCS communicated and supported network providers to advise and advocate for members regarding members’ health status, medical care, treatment options, and the right to participate in treatment decisions. CCS staff members confirmed during the virtual site review interview discussion that it did not object to providing any of its services based on moral or religious grounds. Further, the BHO had effective processes to address situations in which providers may express such objections and ensure members obtain an alternative provider as well as the timely provision of notification to members of the change in benefits coverage.

CCS demonstrated that effective processes were in place to notify an individual or group of providers when the BHO denied participation in its provider network. Additionally, CCS’ processes included timely notification to DHS if individuals or providers represent 5 percent or more of the total providers in that specialty, or if it is a hospital.

The CCS program provided educational sessions in accordance with the BHO’s provider education policy that informed providers about BHO operations, managed care, claims processing, utilization management (UM), and member rights and responsibilities. CCS provided access to educational materials to providers unable to attend either one-on-one or group education sessions through the BHO’s secure web portal. Additionally, educational materials may be sent by mail or through facilitator led web-based teleconference training.

#### Areas Requiring Improvement

There were no required corrective actions for this standard.

### Standard II—Subcontracts and Delegation

#### Strengths

CCS had subcontracts for delegation of non-emergency medical transportation to Intelliride and pharmacy benefits management to CVS Caremark. CCS also reported subcontracts with several community-based case management agencies (CBCM) for care coordination/case management to the seriously mentally ill (SMI) members enrolled in the BHO. (Delegation of credentialing is reported and scored in Standard III—Credentialing.)

Template subcontract agreements and a sample of executed subcontracts submitted were reviewed to ensure all required provisions were included. CCS provided evidence of having conducted annual audits of its delegates reviewed under this standard. For those delegates, CCS provided evidence of ongoing monitoring, which included regular review of reports from delegates and the use of a vendor scorecard to monitor performance. CCS utilized Compliance 360, a vendor management tool, to track performance, review scorecards and operational deliverables, track delegate audit dates, and conduct the formal audits.

The Hawaii CCS Program Attachment addressed the requirements for submitting subcontracts to the MQD for review and approval prior to subcontracting and for providing notice to the MQD if terminations of subcontractors are anticipated to materially affect the BHO's ability to fulfill the terms of its contract with MQD.

**Areas Requiring Improvement**

The Intelliride contract, CVS Caremark contract, and one executed CBCM (Care Hawaii Inc.) delegation contract was selected for review to ensure all required contract provisions were present. The delegation agreement for Care Hawaii Inc. included all required contract provisions. The Intelliride and CVS Caremark contracts also included all required contract provisions; however, the contracts required retention of medical records for seven years, which was not in compliance with the State's health plan contract (10 years).

CCS must amend its current agreements with Intelliride and CVS Caremark or develop an additional contract or written agreement to include a provision that the subcontractor must retain medical records in compliance with the State's health plan contract (10 years).

**Standard III—Credentialing**

**Strengths**

CCS demonstrated that its credentialing program had well-defined processes in place for credentialing and recredentialing independent licensed practitioners that effectively evaluated practitioners and complied with the National Committee for Quality Assurance (NCQA) credentialing standards and guidelines. A desk review of 10 credentialing and 10 recredentialing provider files revealed timely primary source verification of credentials, timely recredentialing, and timely exclusion searches using the NCQA-approved databases. CCS also provided evidence of monthly searches to ensure practitioners and providers had not been excluded from federal healthcare participation between recredentialing cycles. Further, the BHO's credentialing and recredentialing files reviewed during the desk review verified that staff members had obtained completed ownership and disclosure documents at the time of credentialing and recredentialing as required. Practitioner credentialing and recredentialing applications contained all required information and confirmed that CCS maintained comprehensive and well-organized credentialing and recredentialing files.

Although CCS did not currently delegate credentialing functions, the BHO maintained a credentialing delegation policy and processes for pre-delegation audits, ongoing monitoring and oversight, as well as annual audits (formal review) of delegates.

A file review of five organizational providers for initial assessment and five organizational providers for reassessment confirmed that the BHO followed policies, procedures, and NCQA guidelines for the assessment of organizational providers. Specifically, for non-accredited providers, the BHO's processes assured that an on-site quality assessment was performed by CCS or that, in lieu of a site visit, CCS substituted a State quality review or other entity site review that was determined to meet the BHO's quality assessment criteria.

The Hawaii Credentialing Committee minutes verified CCS' process for medical director sign-off on clean files, peer review of files not meeting guidelines, process that ensured nondiscriminatory credentialing and recredentialing, and the medical director's participation in the credentialing program.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard IV—Quality Assessment and Performance Improvement**

**Strengths**

Along with CCS' local, Hawaii-based staff members responsible for the quality improvement program and activities, additional support, leadership, and consultation from its parent organization's WellCare Corporate Quality Improvement Committee (QIC) and Corporate Sub-Committees were provided. The CCS quality improvement program was supported by numerous policies, procedures, and plans that guided the care and service delivery system and created the framework to conduct monitoring and improvement activities.

CCS prepared an annual quality improvement program description and quality improvement evaluation of the previous year's quality program achievements. The quality improvement program description included the BHO's organizational and accountability structure, governance, corporate and local committee and sub-committee structure, key performance indicators, and CCS program strategy and objectives. The scope of the quality improvement program activities applied to specialized behavioral health services for eligible members determined to have an SMI or serious and persistent mental illness (SPMI) diagnosis. The quality improvement program description served as the basis for CCS' annual evaluation of its quality improvement program. The annual evaluation demonstrated that CCS evaluated the overall effectiveness of its quality improvement program through the use of data, analysis, measurement against goals, identification of accomplishments and any barriers to achieving goals, and recommendations for the coming year. QIC meeting minutes described CCS' routine review and reporting of data that monitored adherence to the quality improvement program objectives.

In addition, CCS provided its UM program description, annual UM evaluation, pharmacy evaluation, and applicable policies and procedures, which verified the BHO's ongoing monitoring of its service utilization patterns and detection of over- and underutilization. Utilization Management Advisory Committee (UMAC) minutes and interview discussion during the virtual site review offered further evidence that CCS used UM tracking and data reports as part of its overall quality improvement program.

Consistent with its State contract, CCS assigned its medical director as the designated physician responsible for implementation of the quality improvement program and leadership of QIC. CCS also had a behavioral health medical director (a Hawaii-based behavioral health physician) responsible for advisement of the CCS program, including behavioral health elements of the quality improvement program. CCS' comprehensive quality improvement program demonstrated that the BHO effectively evaluated access, timeliness, and quality of services provided to CCS members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard V—Health Information Systems**

**Strengths**

CCS provided presentations, data and process flow diagrams, and system demonstration of its information systems, which provided evidence of its ability to collect, analyze, integrate, and report data on utilization, service coordination, claims, grievances and appeals, service utilization, and disenrollments, among others. CCS also had processes in place to verify the accuracy and completeness of its claims and encounter data by conducting claims audits and running the data through various system edits within its claims and encounter data reporting systems. The BHO implemented an encounter data collection and submission process to ensure that accurate and complete data were submitted to the State using the standardized 837 and National Council for Prescription Drug Programs (NCPDP) formats.

CCS had data security measures, policies, and plans related to disaster planning and recovery and business continuity. CCS had several policies, procedures, and processes to promptly report to the State any breach of unsecured protected health information (PHI) and notify each individual whose unsecured PHI was accessed, acquired, or disclosed as a result of a breach. The BHO required all employees to complete privacy and security training at the time of hire and annually thereafter. During the virtual site review, CCS confirmed that it did not have any PHI breaches affecting more than 500 members in the preceding 12 months.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VI—Practice Guidelines**

**Strengths**

CCS' process for the implementation and adoption of clinical practice guidelines (CPGs) was initiated through WellCare's corporate policy and procedure that ensured CPGs are based on valid, reliable clinical evidence or consensus of healthcare professionals; developed in consultation with providers; consider the needs of enrolled members; and reviewed at least every two years and revised as necessary. Further, the CPGs supported quality and efficiency of care by establishing guidance to improve care for behavioral health, chronic disease, and preventive care. The process for selection, adoption, dissemination, and implementation of CPGs was also included in the QI program description.

CCS had numerous CPGs for behavioral health disorders, including anxiety disorders, depressive disorders in children and adolescents, schizophrenia, substance abuse disorders, and suicidal behavior. Links to the CPGs were available to providers on the BHO's website through the provider portal, and information regarding the online CPGs and other provider resources were published in provider newsletters or the provider manual. The BHO clinical practice guideline policy and procedure identified that CPGs would be available for review and dissemination upon a member's request.

To ensure that actual practice was consistent with the CPGs, CCS staff members confirmed that interrater reliability studies were conducted at least annually to ensure that the desired practice was consistent with the applicable guideline.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VII—Program Integrity**

**Strengths**

The BHO's compliance plan was a WellCare corporate document, was comprehensive, and addressed each of the required provisions. The compliance plan and several policies and procedures guided the BHO's compliance program. CCS provided initial onboarding and annual training to all employees about various compliance topics including identification and reporting of suspected FWA, employee code of conduct, whistleblower and non-retaliation laws, and privacy and security. CCS had a compliance officer who collaborated with and reported to the Ohana Health Plan compliance officer but also had a direct line to the Plan President and was charged with identifying, tracking, mitigating, and reporting on operational compliance risks, participating in the Market Compliance Oversight Committee, and conducting day-to-day compliance activities.

CCS utilized a case tracking system to track and report on compliance activities and FWA investigations. CCS implemented various processes to monitor provider billings, review providers for over- or underutilization, and investigate reports of suspected FWA. CCS' Special Investigation Unit (SIU) utilized analytic tools such as Cotiviti and Star Sentinel, specifically designed for fraud detection and analysis in conjunction with other programs used for data mining, analysis, and reporting. The SIU performed claims analysis and peer comparison of provider claims billing patterns to identify outliers. CCS also conducted Verification of Services (VOS) procedures to verify that services billed by providers were actually provided to its members.

If CCS became aware of or identified any potential FWA, the BHO notified the State Medicaid Fraud Control Unit within the required time frame. If an FWA case was determined to be credible by the State, CCS had procedures to enable edits in Xcelys, its claims processing application, to suspend payments to providers upon notification from the State.

CCS had processes in place to report overpayments due to FWA promptly using the State's Suspected Fraud Waste and Abuse (SFA) reporting tool, quarterly using the State's Fraud Waste and Abuse Summary Report (FAS) template, and annually using the State's Overpayment Report template. CCS also had a policy and procedure in place to notify the State's financial office in the event it received an overpayment of its capitation.

CCS had a mechanism in place to verify that all network providers were enrolled with the State as Medicaid providers. In the event that CCS became aware of a change in a network provider's circumstances that affected his or her ability to participate in the managed care program, or if a provider was terminated from the network, CCS notified the State using the Provider Suspension and Termination report. Utilizing the CCS provider manual, the BHO informed providers of their requirement to report overpayments to the plan, return the overpayment within 60 days, and notify the plan in writing of the reason for the overpayment.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

**Standard VIII—Enrollment and Disenrollment**

**Strengths**

CCS had systems, processes, and workflows to accept all individuals enrolled into the BHO without restrictions. The BHO demonstrated its processes for accepting the daily eligibility file from the State and loading the file into its enrollment system, Xcelys, where new member records would be created, and existing member records would be updated with any demographic and eligibility changes. Any discrepancies between the BHO data and the State enrollment file were investigated and remediated.

As all member enrollment and disenrollment decisions were made by the State, CCS customer service staff members referred BHO members to the State eligibility worker in the event the member wanted to request disenrollment from the BHO. CCS did not request disenrollment of members for reasons other than those permitted under the contract and had processes in place to notify the State when it became aware of a change in a member's circumstance that might affect the member's eligibility.

CCS had a non-discrimination policy for enrollment and disenrollment of members that stated that CCS does not discriminate against members or use any policy or practice that has the effect of discriminating against members.

**Areas Requiring Improvement**

There were no required corrective actions for this standard.

# 2020 – 2021 Hawaii MQD Health Plan Initiatives for 2021 CMS Annual Report

**Assessment of Follow-Up to Prior Year Recommendation**

**2021 Assessment of Follow-Up to Prior Year Recommendations**

This is an assessment of how effectively the QUEST Integration health plans addressed the improvement recommendations made by HSAG in the prior year (2020) as a result of the EQR activity findings for compliance monitoring, HEDIS, PIPs, and CAHPS. The CCS program members were not separately sampled for the CAHPS survey as they were included in the QI health plans' sampling; therefore, there are no separate CAHPS results related to CCS members.

Except for the compliance monitoring section and PIPs, the improvements and corrective actions related to the EQR activity recommendations were self-reported by each health plan. HSAG reviewed this information to identify the degree to which the health plans' initiatives were responsive to the improvement opportunities. Plan responses regarding implemented improvement activities were edited for grammatical and stylistic changes only.

**Compliance Monitoring Review**

Formal follow-up reevaluations of the health plans' corrective actions to address the deficiencies identified in the 2020 compliance reviews were all successfully remediated by the health plans during the second quarter of 2021. The specific compliance review findings and recommendations were reported in the 2020 EQR Report of Results. As appropriate, HSAG conducted technical assistance for the plans and conducted the follow-up assessments of compliance.

**Performance Improvement Projects**

In alignment with the rapid-cycle PIP process, recommendations are made at the submission of each PIP module. The health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. All QI health plans completed and submitted Module 4 and Module 5 for the Improving Adolescent Well-Care Visits and Follow-Up After Hospitalization for Mental Illness PIPs. These PIPs were initiated in CY 2019 and the 2021 final report validation include the recommendations. These recommendations will be evaluated in CY 2022.

## AlohaCare QUEST Integration (AlohaCare QI)

**Validation of Performance Measures—NCQA HEDIS Compliance Audits**

NCQA HEDIS Compliance Audit Recommendations

- The auditors did not have any recommendations for AlohaCare QI.

Improvement Activities Implemented

- Not applicable.

HEDIS Performance Measure Recommendations

Based on HSAG's analyses of AlohaCare QI's 32 measure rates comparable to benchmarks, four measure rates (12.5 percent) ranked at or above the 50th percentile, with one of these rates (3.1 percent) ranking above the 90th percentile, indicating positive performance regarding controlling diabetes and well-child visits for infants.

Conversely, 28 of AlohaCare QI's measure rates comparable to benchmarks (87.5 percent) fell below the 50th percentile, with 23 of these rates (71.9 percent) falling below the 25th percentile, suggesting considerable opportunities for improvement across most domains of care. Additionally, AlohaCare QI met two of the MQD Quality Strategy targets for HEDIS 2020. HSAG recommends that AlohaCare QI focus on improving performance related to the following measures with rates that fell below the 25th percentile for the QI population:

- Access and Risk-Adjusted Utilization
  - Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, 45–64 Years, 65 Years and Older, and Total
- Children's Preventive Health
  - Childhood Immunization Status—Combination 3, DTaP, Hepatitis B, HiB, IPV, MMR, Pneumococcal Conjugate, and VZV
  - Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), HPV, Meningococcal, and Tdap
  - Well-Child Visits in the First 15 Months of Life—No Well-Child Visits
- Women's Health
  - Breast Cancer Screening
  - Cervical Cancer Screening
- Behavioral Health
  - Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total
  - Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

**Improvement Activities Implemented**

**Access to care:**

The pandemic has continued to be a challenge into 2021. AlohaCare recognizes that providers are heavily burdened and has attempted to dramatically improve the quality of member-provider interaction by offering vaccination materials and resources, PPE, and a variety of access to care grants to providers needing funds to enhance their services at this time.

AlohaCare assisted providers with telehealth services to promote access to care, which included providing hardware donations, Zoom licenses and telehealth guidelines to ensure that members could access their providers despite F2F or in-office limitations due to the pandemic.

AlohaCare staff also helped call network providers to help members secure timely specialty care appointments, when needed. When appropriate, AlohaCare utilized out-of-network providers to ensure members received access to needed care.

During the pandemic, AlohaCare have added many new providers including specialty care providers to our network. AlohaCare have also launched a major value-based arrangement with Queens Clinically Integrated Network (QCIPN) which offers payment in the form of a PMPM payment for engagement of non-attributed, assigned members of all of the network's PCPs, and also offers payment for an ED diversion program. AlohaCare is working to develop similar agreements with multiple other provider groups and have developed tools that allow these groups to get real-time data on their attributed and assigned lives including information about utilization, and gaps in care.

A new workgroup (Medical Economics) was launched that targets avoidable utilization; the group analyzes cost and utilization and has developed numerous programs aimed at reduction. As a part of this initiative, AlohaCare is looking at the high cost of NICU and has launched programs with new community providers that offer proactive mobile services to perinatal members that are resistant to seeking medical care and social services on their own. The medical economics workgroup has also launched a sub-initiative aimed at improving the accuracy of our provider's risk scoring, which should be launched by the end of 2021.

**Child Preventative Health:**

The pandemic has a tremendous negative influence on children's preventative health, but AlohaCare has implemented several interventions in 2021 to improve these measures. Recognizing that pediatric vaccination was critical throughout the year, and that COVID vaccination was critical for eligible children, AlohaCare developed vaccination materials to be offered to providers and mailed to member homes. Three campaigns went out in 2021 including pediatric vaccination, COVID vaccination, and flu vaccination. Provider packets included these materials and stickers, and brochures for patients. They included guidebooks with resources helping providers use Motivational Interviewing with parents and families around vaccination.

AlohaCare undertook an omni-approach to improve outreach and communication. Automated campaign messages via text and interactive voice recordings (IVR) were used to educate and remind parents/legal guardians about well child visits and vaccinations listed above. Postcard reminder mailers were sent to parents/legal guardians of children within 3-6 years old and adolescents who missed their annual PCP checkup. Live telephonic calls were made to assist with scheduling visits.

AlohaCare continued a member incentive program to target noncompliant members eligible for these measures, and in March 2021 AlohaCare rolled out their Provider Pay for Performance Program, which included incentive for Well Child Visits and Childhood Immunizations.

In addition, AlohaCare continued to focus on work to promote EPSDT, and our EPSDT coordinator provided extensive outreach to encourage pediatric visits that would include screening, vaccination and exams.

**Women's Health:**

AlohaCare implemented several interventions in 2021 to improve measures for women's health. Automated campaign messages via text and interactive voice recordings (IVR) were used to educate pregnant members about the importance of screens. Live telephonic calls by Lead Care Managers were made to assist with scheduling visits.

AlohaCare is currently in the process of designing new educational materials related to women's health screenings, which can be mailed in the near future on an annual basis.

In 2021, AlohaCare continued a member incentive program to target noncompliant members eligible for cervical cancer and Chlamydia Screening, and in March AlohaCare rolled out our Provider Pay for Performance Program, which included incentives for Prenatal/Postpartum Care, Cervical Cancer Screening and Breast Cancer Screening. Noting that the impact of the pandemic has greatly decreased screening measures, particularly on neighbor islands, AlohaCare has leveraged its relationship with Hawaii's Community Health Centers and with QCIPN to push lists of noncompliant members attributed to those clinics. In addition, AlohaCare has dramatically improved its online population health tools for providers, which allow PCPs to see which patients are noncompliant for the measures noted. These tools help providers by offering actionable patient data, and encourage improvement by showing providers their quality scores compared with external benchmarks and like providers.

In 2021 AlohaCare also established new interdisciplinary quality workgroups. The workgroup focused on Clinical Quality Measures recently defined the target populations and conducted a Failure Modes Effects Analysis on the two chosen measures: Breast CA Screening and Cervical CA Screening.

**Behavioral Health**

AlohaCare staff performed a very successful PIP in 2020 for the 7 day follow up to behavioral health hospitalization with our partners Adventist Castle, and Care Hawaii. In 2021, we expanded the project to include follow-up by QCIPN, through inclusion in the network's value-based arrangement.

AlohaCare recently hired new behavioral health staff who support this and other initiatives including CIS, and new interventions aimed at improving the way we support pregnant and postpartum members with behavioral health and social health needs. While we continue to support children with special healthcare needs through our EPSDT outreach and coordination, we anticipate doing additional work to support the behavioral health needs of children in the near future.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey Recommendations**

**Recommendations from Report**

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. AlohaCare QI should consider determining whether potential quality improvement activities could improve member experience on each of the key drivers identified. Table 3-11 provides a summary of the key drivers identified for AlohaCare QI.

**Table 3-11—AlohaCare QI Key Drivers of Member Experience Analysis**

| Key Drivers | *Rating of Health Plan* | *Rating of All Health Care* | *Rating of Personal Doctor* |
|---|---|---|---|
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | | ✓ | |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | ✓ | | ***N/A*** |

*N/A indicates that this question was not evaluated for this measure.*

The following observation from the key drivers of member experience analysis indicates an area for improvement in access for AlohaCare QI:

- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.

The following observation from the key drivers of member experience analysis indicates an area for improvement in quality of care for AlohaCare QI:

- Respondents reported that their health plan's customer service did not always give them the information or help they needed.

**Improvement Activities Implemented**

AlohaCare's QI team continues to work closely with providers to ensure that patient communication is delivered in a manner that is patient centric. Our plan shares information about member experience surveys with providers, and offers tools and supports for close partners like community health centers. Our plan also views member experience as a holistic end-to-end experience, noting that members rarely differentiate their experience of care received by the doctor, pharmacy, and health plan. A poor experience in any area may contribute to a general dissatisfaction with care on the whole. As a result, our plan has taken a multi-pronged approach to improving overall satisfaction.

o AlohaCare encourages the use of motivational interviewing and patient-centered decision making. We believe that better patient care is a long-game. In 2020, AlohaCare began co-development of a program with the Hawaii Primary Care Association and 13 of Hawaii's Community Health Centers that will support the further development of Hawaii's CHCs as truly transformed Patient Centered Medical Homes (PCMH.) One component of this model is an emphasis on motivational interviewing and patient centered decision making.

o AlohaCare has been a strong proponent of data integration, with a focus on full integration with all of Hawaii's Community Health Centers who see more than half of our members. AlohaCare pays for a considerable portion of the costs related to the CHC's chosen population health tools. These tools provide insight to the care their patients receive outside of their walls, bringing awareness of care the patient received from other doctors or health providers. As with the previous bullet point, we believe an increased focus on supporting PCMH transformation encourages use of tools like Azara with which care teams can do pre-visit planning, and call up information about care members received outside their walls. This provides a better care experience for members.

o AlohaCare has changed their Medicaid Pharmacy Benefits Manager and outsourced medical transportation to highly respected vendors who we believe will provide an exceptional standard of care to our members in a more efficient way. Our plan tracks and trends the performance of these vendors to ensure the experience has improved.

o AlohaCare is providing more, and better, communication with members. Not only are we providing more outreach in ways our members have stated that they prefer to be communicated with, but our plan has continued and enhanced a member incentive program. AlohaCare has added new value-added services, which it has promoted with members via text and online as well as through our member newsletter. We have updated website and social media functionality, and call center processes. Currently, the call center is providing a pilot call-close survey to get feedback about member happiness with our ability to meet their needs. The call center has renovated its recordings and phone tree to create less wait time and lower possibility of being misrouted. Integration of internal information systems has made it easier for call center staff to answer member questions without placing the member on hold for a long time, ort having to call the member back.

Finally, throughout the pandemic, AlohaCare has provided extensive support to community members, offering high-touch care to members with COVID-19, and members whose lives have been impacted by the virus due to job loss, decreased income and other changes in circumstance. Our presence has been warmly felt across all our island communities; in partnership with CHCs and other community partners, we have offered food, PPE and a variety of other essential needs to members and non-members. Our hope is that by improving communications and relationships with providers, supporting clinics, improving internal processes and providing a better overall product, the member experience will improve across every domain.

## HMSA QUEST Integration (HMSA QI)

### NCQA HEDIS Compliance Audit Recommendations

Based on HMSA QI’s data systems and processes, the auditors recommended that the data from ‘Ohana, which is contracted to provide behavioral health services for members, be incorporated for any future HEDIS or state-specific measure rate reporting.

### Improvement Activities Implemented

HMSA began working with Ohana to improve the quality of the CCS population data file for use in November 2019; however, a decision was made by Ohana to discontinue the file transmission to all health plans in 2019 due to the lack of use by other health plans.

**HEDIS Performance Measure Recommendations**

Based on HSAG's analyses of HMSA QI's 33 measure rates comparable to benchmarks, 11 measure rates (33.3 percent) ranked at or above the 50th percentile, with three of these rates (9.1 percent) ranking above the 75th percentile, indicating positive performance in well-child visits for infants; appropriate screening for cervical cancer; and appropriate eye exams for diabetic members. Additionally, HMSA QI met two of the MQD Quality Strategy targets for HEDIS 2020.

Conversely, 22 of HMSA QI's measure rates comparable to benchmarks (68.7 percent) fell below the 50th percentile, with eight of these rates (24.2 percent) falling below the 25th percentile, suggesting considerable opportunities for improvement across all domains of care. HSAG recommends that HMSA QI focus on improving performance related to the following measures with rates that fell below the 25th percentile for the QI population:

- Access and Risk-Adjusted Utilization
  – Adults' Access to Preventive/Ambulatory Health Services—20–44 Years and Total
- Children's Preventive Health
  – Childhood Immunization Status—Hepatitis B and IPV
  – Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Meningococcal, and Tdap
- Care for Chronic Conditions
  – Comprehensive Diabetes Care—Medical Attention for Nephropathy

**Improvement Activities Implemented**

**Access to Care**

HMSA's Online Care® (HOC) offers members an alternative source to care with 24/7 telephone or web access to providers. HOC continues to expand and provides innovative services to members, including offering web consultations or follow-up appointments for certain specialties.

Another option available to members that improves access to care is urgent care providers located in clinics on Oahu, Maui, Hawaii Island and Kauai. The urgent care clinics offer extended weekday, weekend and holiday hours and can treat a wide range of conditions, except life-threatening emergencies.

HMSA also pays for members to travel between islands for non-emergency medical care through for QI members.

Additionally, HMSA continues to provide member education materials, such as articles in our quarterly member magazine, online member magazine, or QUEST Integration member newsletters, to increase member awareness of their care options and to help members understand their role in obtaining appropriate care in a timely and satisfactory manner.

**Children’s Preventive Health**

HMSA has two programs, Payment Transformation and FQHC/RHC Pay-for-Quality, in which part of a provider’s compensation is tied to specific quality metrics.

HMSA’s quality payment programs include a measure for Childhood Immunizations which encompasses Hepatitis B and IPV. This program measure also includes Adolescent Immunizations which encompasses Tdap and meningococcal.

Children and Adolescent members are also participants of HMSA’s EPSDT program, which follows the Bright Futures screening and periodicity schedule. On a monthly basis, HMSA sends members age-specific mailers that remind them to complete their well-child exams, which include applicable vaccinations. These mailers were paused from April 2020 to July 2020 due to COVID-19 restrictions; however, they were resumed in August 2020 and continue in 2021.

In 2021, HMSA continued to partner with Icario to create a rewards program for QI members. The program, called HMSA My Health Rewards, includes member rewards for completing child and adolescent well visits with immunizations. For 2021, HMSA enhanced participation in the program by directly enrolling members eligible for prenatal and postpartum care rewards into eligibility for early childhood well-visits after delivery.

**Care for Chronic Conditions**

HMSA has been working to design a program founded on the concept that all health coordinators should be able to provide disease self-management support rather than a dedicated small group, which is consistent with our approach for commercial and Medicare lines of business.

HMSA has developed workflows that leverage other HMSA resources like CDEs (certified diabetes educators) and combined them with current health coordination processes like complex case meetings.

In a disease management/self-management support program, members would need to be seen frequently. HMSA has taken that into account and will utilize the case acuity function in the Coreo platform to allow health coordinators to give greater weight to the cases for those members who will be served by this program.

HMSA has developed workflows, assessments, education for staff, and referral processes to facilitate the implementation of this program.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey Recommendations**

**Recommendations from Report**

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HMSA QI should consider determining whether potential quality improvement activities could improve member experience on each of the key drivers identified. Table 3-22 provides a summary of the key drivers identified for HMSA QI.

Table 3-22—HMSA QI Key Drivers of Member Experience Analysis

| Key Drivers | *Rating of Health Plan* | *Rating of All Health Care* | *Rating of Personal Doctor* |
|---|---|---|---|
| Respondents reported that when they needed care right away, they did not receive care as soon as they needed it. | ✓ | ✓ | |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | | ✓ | |
| Respondents reported that their personal doctor did not always seem informed and up-to-date about the care they received from other doctors or health providers. | | ✓ | ✓ |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | ✓ | | *N/A* |
| Respondents reported that forms from their health plan were often not easy to fill out. | ✓ | | *N/A* |
| *N/A indicates that this question was not evaluated for this measure.* | | | |

The following observations from the key drivers of member experience analysis indicate areas for improvement in access and timeliness for HMSA QI:

- Respondents reported that when they needed care right away, they did not receive care as soon as they needed it.
- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.

The following observations from the key drivers of member experience analysis indicate areas for improvement in quality of care for HMSA QI:

- Respondents reported that their personal doctor did not always seem informed and up to date about the care they received from other doctors or health providers.
- Respondents reported that their health plan's customer service did not always give them the information or help they needed.
- Respondents reported that forms from their health plan were often not easy to fill out.

**Improvement Activities Implemented**

HMSA administers an annual patient satisfaction survey to members whose PCPs participate in the Payment Transformation Program. The survey covers topics related to engagement, access, and specialist care, and many of the survey questions align with the CAHPS survey. As of 2020, provider-level report cards that summarize the patient satisfaction survey results are generated and shared with PCPs and Provider Organizations. Provider Organizations are encouraged to discuss with their PCPs opportunities to impact our members' experience with care in the delivery system.

In addition, HMSA is very interested in understanding our members concerns regarding receipt of healthcare from our providers as well as their interaction with us. HMSA conducted a QI CAHPS Drill Down Survey for our Adult population that is designed to measure member experiences with regard to key indicators in the Medicaid CAHPS Survey. This will allow HMSA to drill down and obtain additional data points on members experience for the global rating which we saw a decline in from previous years. Fielding from this survey ended in September 2021 and results will be provided to HMSA for improvement opportunities in October 2021.

**Kaiser Foundation Health Plan QUEST Integration (KFHP QI)**

**NCQA HEDIS Compliance Audit Recommendations**

- The auditors did not have any recommendations for KFHP QI.

**Improvement Activities Implemented**

- Not applicable.

**HEDIS Performance Measure Recommendations**

Based on HSAG's analyses of KFHP QI's 32 measure rates comparable to benchmarks, 29 measure rates (90.6 percent) ranked at or above the 50th percentile, with 14 of these rates (43.8 percent) exceeding the 90th percentile, indicating strong performance across all domains. Additionally, KFHP QI met 10 of the MQD Quality Strategy targets for HEDIS 2019: Childhood Immunization Status—Combination 3; Breast Cancer Screening; Cervical Cancer Screening; Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg); and Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total and 30-Day Follow-Up—Total.

Conversely, three of KFHP QI's measure rates comparable to benchmarks (9.4 percent) fell below the 50th percentile, suggesting some opportunities for improvement exist. HSAG recommends that KFHP QI focus on improving performance related to the following measures with rates that fell below the 50th percentile for the QI population:

• Children's Preventive Health

– Adolescent Well-Care Visits

– Childhood Immunization Status—HiB

– Immunizations for Adolescents—Tdap

**Improvement Activities Implemented**

**Adolescent Well-Care Visits**

To address limited access for well-care visits:

- Offered Saturday physical examinations
- Offered Sports Clinics
- Adjustments made to schedules to accommodate adolescent physicals
- Recruitment efforts on-going for additional providers

**Childhood Immunization Status (HiB) and Immunizations for Adolescents (Tdap)**

- Vaccines offered at all well-visits
- Due to the rising number of vaccine refusers, vaccine hesitance addressed at each visit.
- Recruitment efforts on-going for additional providers

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey Recommendations**

**Recommendations from Report**

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. KFHP QI should consider determining whether potential quality improvement activities could improve member experience on each of the key drivers identified. Table 3-33 provides a summary of the key drivers identified for KFHP QI.

**Table 3-33—KFHP QI Key Drivers of Member Experience Analysis**

| Key Drivers | *Rating of Health Plan* | *Rating of All Health Care* | *Rating of Personal Doctor* |
|---|---|---|---|
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | | ✓ | |
| Respondents reported that their personal doctor did not always spend enough time with them. | | | ✓ |
| Respondents reported that forms from their health plan were often not easy to fill out. | ✓ | | *N/A* |

*N/A indicates that this question was not evaluated for this measure.*

The following observation from the key drivers of member experience analysis indicates an area for improvement in access for KFHP QI:

- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.

The following observations from the key drivers of member experience analysis indicate areas for improvement in quality of care for KFHP QI:

- Respondents reported that their personal doctor did not always spend enough time with them.
- Respondents reported that forms from their health plan were often not easy to fill out.

**Improvement Activities Implemented**

- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.

The KPQI Team actively monitors timeliness of access to care for our QI patients. In collaboration with the Health Care Team, the KPQI Service Coordinator is there to ensure our members get the care needed. As a result, our 2020 CAHPS survey indicates that 90.8% of respondents reported that they usually/always find ease of getting the care, tests, or treatments they needed. We continue our focus on improving access to care that is convenient for our members by optimizing easy to use online care options via kp.org or by calling in to our appointment call center.

- Respondents reported that their personal doctor did not always spend enough time with them.

Caring and compassion are core values of our provider practice and sets the standard for our member experience. This is reflected in our 2020 CAHPS survey where 94.76% of respondents indicated that their personal doctor spent enough time with them. In fact, all other questions focused on doctor communication (explained things, listened carefully, and showed me respect) scored above 95% of respondents indicating usually/always. We will continue to monitor these ratings to ensure we continue to provide a consistent and positive member experience.

- Respondents reported that forms from their health plan were often not easy to fill out.

Our business team continues to streamline processes for completing forms. This includes members being able to access forms online via kp.org, using technology to complete forms in care delivery, and reviewing forms with our Patient and Family Centered Care Advisory Council for ease and readability. As a result, our 2020 CAHPS survey indicated that 98.32% of respondents indicated that health plan forms were easy to fill.

**'Ohana Health Plan QUEST Integration (‘Ohana QI)**

**NCQA HEDIS Compliance Audit Recommendations**

- The auditors did not have any recommendations for ‘Ohana QI.

**Improvement Activities Implemented**

- Not applicable.

**HEDIS Performance Measure Recommendations**

Based on HSAG’s analyses of ‘Ohana QI’s 31 measure rates comparable to benchmarks, only four

measure rates (12.9 percent) ranked at or above the 50th percentile with two measure rates (6.5 percent) ranking above the 75th percentile, indicting positive performance in well-child visits for infants and eye care for members with diabetes. Additionally, ‘Ohana QI met two of the MQD Quality Strategy targets for HEDIS 2020: Comprehensive Diabetes Care—HbA1c Control (<8.0%) and Eye Exam (Retinal) Performed.

Conversely, 27 measure rates comparable to benchmarks (87.1 percent) ranked below the 50th percentile, with 19 measure rates (61.3 percent) falling below the 25th percentile, suggesting

considerable opportunities for improvement across all domains. HSAG recommends that ‘Ohana QI focus on improving performance related to the following measures with rates that fell below the 25th percentile for the QI population:

• Access and Risk-Adjusted Utilization

– Adults’ Access to Preventive/Ambulatory Health Services—20–44 Years, 45–64 Years, and Total

• Children’s Preventive Health

– Childhood Immunization Status—Combination 3, DTaP, Hepatitis B, HiB, IPV, MMR, Pneumococcal Conjugate, and VZV

– Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), HPV, Meningococcal, and Tdap

– Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

• Women’s Health

– Breast Cancer Screening

– Cervical Cancer Screening

**Improvement Activities Implemented**

2021 Medicaid Partnership for Quality (P4Q) Program

• ‘Ohana’s 2020 Medicaid Partnership for Quality (P4Q) recognizes providers who collaborate with ‘Ohana to deliver high quality care. Through the P4Q program, providers are able to obtain financial incentives to close care gaps. ‘Ohana supports members by working to educate them about the program, providing virtual meetings on at least a quarterly basis to discuss current member/measure specific Quality Care Gap Reports (also available via the Provider Portal), reaching out to members on behalf of the provider to schedule appointments/discuss care needs and providing general educating on coding and standards of care.

2021 Healthy Rewards

• The ‘Ohana Health Plan Healthy Rewards Program incents and encourages members to take care of their health by providing Visa Debit Cards, Gift Cards and/or Bonus Rewards to those who complete specific preventive health, wellness, and engagement activities. The incentive program is tailored to members based on their individual healthcare needs and includes 11 HEDIS Measures and Annual Health Screening. HEDIS measures include: Well Child 15 and 30 months, Prenatal Timeliness, Postpartum Care, Diabetes HbA1c Test, Diabetes annual eye exam, Cervical Cancer Screening, Breast Cancer Screening, Behavioral Health Follow Up, and Substance Abuse Initiation and Engagement. In addition, the program incents eligible members to receive tobacco cessation counseling and new member Health Risk Assessment (HRA) completion with Primary Care Provider (PCP) visit.

2021 Continuity of Care (CoC) Program

• The CoC program is a risk adjustment bonus program for ‘Ohana providers. It is designed to support outreach to members for annual visits and condition management, which in turn helps better identify members who are eligible for case management programs. The program achieves this goal by increasing PCP visibility into members’ existing medical conditions for better quality of care for chronic management and prevention. Providers earn incentive payments for proactively coordination preventive medicine and thoroughly addressing all of the patients’ current conditions to improve health and providing appropriate clinical quality of care. Members benefit from this program by receiving more regular and proactive assessments and chronic condition care. The 2021 program incorporates appointment agendas, HEDIS and Pharmacy measures in one comprehensive program. Providers are eligible for a bonus for each completed appointment agenda with verified diagnoses via claims.

Focused Call Campaigns

• ‘Ohana’s Provider Practice Coordinators (PPCs) conduct outbound calls to members and encourage them to make an appointment or directly help them schedule an appointment with their primary care provider. This year, specific call campaigns were designed to identify and call members for focused outreach. These included Children’s Preventive Health, Women’s Health, and Behavioral Health call campaigns. If the PPC is unable to reach the member by telephone after multiple attempts, an unable to contact letter for established patients are sent that identifies services that are overdue and asking the member to contact their PCP (name and phone number included in the letter). The letters also include information how to schedule transportation with the PPC's phone number if the member needs help scheduling an appointment. A similar letter is sent to members who have an assigned PCP but have not yet established care with that assigned PCP. The letter also provides the member with information regarding how to change their PCP if needed.

Disparity Toolkits

- 'Ohana's Disparity Toolkits incorporate evidence-based framework for use when communicating directly with members (in-person, over the phone, and via email), developing materials (written, electronic, and recorded), and developing interventions, as necessary for certain populations. Components within the toolkits include messaging checklists, intervention recommendations, and multicultural messaging charts.

In-Home Assessments

- 'Ohana recognizes a small subset of the population may have additional barriers which prevent either an in-person or telehealth visit. Starting in September 2021, we are launching an in-home assessment initiative to further address any access to care or members who may have had historical diagnosis that warrants further attention.

**Access and Risk-Adjusted Utilization**

- Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, 45–64 Years, and Total

Improvement Activities Implemented in 2021:

- Quality Practice Advisors (QPAs) identify providers' appointment timeframes and conduct provider education on annual preventive visits in accordance with specified age groups and timeframes.
- Key providers with access issues are identified and QPAs and Provider Relations conduct specific Access Coaching sessions.
- 'Ohana's Provider Practice Coordinators (PPCs) are encouraging members to conduct their annual preventive visits by engaging members via call campaigns, mailers, and member incentives.
- 'Ohana will be launching in-home assessment visits starting in September 2021.

**Children's Preventive Health**

- Childhood Immunization Status—Combination 3, DTaP, Hepatitis B, HiB, IPV, MMR, Pneumococcal Conjugate, and VZV
- Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), HPV, Meningococcal, and Tdap
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**Improvement Activities Implemented in 2021:**

- Birthday cards are sent to pediatric and adolescent members turning one to twenty, a 2 months in advance of their birthday month as a reminder to go into their primary care physician's office for a well-child visit and to inform them of the importance of a well-child visit.

- Reminder letters are sent to pediatric and adolescent members with upcoming birthdays in 2 months turning one to twenty that have not had a visit to see their primary care physician's office for a well-child visit. The reminder letter informs the parents/guardians on the importance of a well-child visit and what to expect in the visit.

- Periodicity letters are sent to remind parents/guardians to schedule well-visits and keep up to date with immunizations for their child.

- 'Ohana's Provider Practice Coordinators (PPCs) and Service Coordinators (SCs) are outreaching to parents/guardians of pediatric members to educate and assist with scheduling appointments for well-visits and to obtain missing immunizations.

- Corporate Quality Care Gap text campaign to parents/guardians in April and August 2021 targeted to non-compliant members for the following measures: Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Childhood Immunization Status, and Immunizations for Adolescents

- Text messages sent to members caregivers of child members ages 36 months – 8 years through GoMo Health: Growing Steps (2 messages/week). Topics covered:

- Child language and literary development

- Wellness check-in guidance

- Nutrition

- Periodic screenings

- Physical activity

- Inbound IVR messaging and App Push Notification: Obtain shots for return to school for the following measures in July 2021: Childhood Immunization Status, and Immunizations for Adolescents

- 'Ohana's Quality Practice Advisers (QPAs) and/or Provider Practice Coordinators (PPCs) provide providers with non-compliant member lists.

- Providers are mailed a non-compliant member lists for members not seen for more than 120 days from enrollment.

- Medicaid Partnership for Quality (P4Q) Program:

- Provider receives $50 incentive for every member that completes their Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

- Provider receives $50 incentive for every member that completes their Childhood Immunization Status – Combination 10

**Women's Health**

- Breast Cancer Screening
- Cervical Cancer Screening

**Improvement Activities Implemented in 2021:**

- 'Ohana's Provider Practice Coordinators (PPCs) are encouraging members to conduct their Breast Cancer and Cervical Cancer Screening by engaging members via call campaigns, mailers, and member incentives.
- Corporate Quality Care Gap Text campaign to remind members for their screening and tests in March, May, and July 2021
- Inbound IVR messaging Call to Action: Schedule breast and/or cervical screenings in Sept 2021
- Provided education to OB/GYN providers using Women's Health HEDIS Toolkit, which includes all women's health related HEDIS measures
- Medicaid Partnership for Quality (P4Q) Program: Provider receives $25 incentive for Cervical Cancer Screening
- Disparity Toolkit created specific to Filipino and Chuukese populations which provides cultural insight and considerations when addressing members directly about their screenings or when sending specific messaging to them about their preventive care.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey Recommendations**

**Recommendations from Report**

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. 'Ohana QI should consider determining whether potential quality improvement activities could improve member experience on each of the key drivers identified. Table 3-44 provides a summary of the key drivers identified for 'Ohana QI.

**Table 3-44— 'Ohana QI Key Drivers of Member Experience Analysis**

| Key Drivers | *Rating of Health Plan* | *Rating of All Health Care* | *Rating of Personal Doctor* |
|---|---|---|---|
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | | ✓ | |

| | | | |
|---|---|---|---|
| Respondents reported that it was often not easy for them to obtain appointments with specialists. | | ✓ | *N/A* |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | ✓ | | *N/A* |
| Respondents reported that forms from their health plan were often not easy to fill out. | ✓ | | *N/A* |
| *N/A indicates that this question was not evaluated for this measure.* | | | |

The following observations from the key drivers of member experience analysis indicate areas for improvement in access and timeliness for 'Ohana QI:

- Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan.
- Respondents reported that it was often not easy for them to obtain appointments with specialists.

The following observations from the key drivers of member experience analysis indicate areas for improvement in quality of care for 'Ohana QI:

- Respondents reported that their health plan's customer service did not always give them the information or help they needed.
- Respondents reported that forms from their health plan were often not easy to fill out.

**Improvement Activities Implemented**

To address areas of improvement related to access and timeliness and quality of care, the following improvement activities were implemented in 2021:

**Provider Focused Activities**

'Ohana Health Plan has integrated CAHPS conversations into our regular quality meetings with strategic provider partners. During these meetings 'Ohana staff, primarily Quality Practice Advisors (QPAs), educate providers on the importance of CAHPS, disseminate best-practice guidelines, present and review provider CAHPS data and scorecards.

In addition to provider meetings, 'Ohana Health Plan has conducted analytics including sentiment analysis across our provider network to identify key drivers of potential dissatisfaction. A special intervention, based upon this sentiment analysis, is being conducted and will involve additional meeting with providers to review the importance of CAHPS, particularly focused on access to care.

Finally, 'Ohana Health Plan published newsletter articles in the Provider Newsletter to educate its providers on the following CAHPS-related topic:

• “Improving Patient Satisfaction and CAHPS Scores”: Educates providers on CAHPS, describes what composites and overall ratings providers are scored on, and provides tips and best practices on how providers can improve the patient experience related to each composite/rating.

**Member Focused Activities**

Ohana Health Plan published newsletter articles in the Member Newsletter to educate its members on the following CAHPS-related topics:

• “CAHPS stands for Consumer Assessment of Healthcare Providers and Systems": Educates members on CAHPS survey, including what types of questions members are expected to answer if selected to participate.

• “Shared Decision Making”: Educates members on what shared decision-making is and the importance of working with their doctors to make decisions about their health care together.

• "Your Guide to Timely Care": Provides guidelines to members to help schedule their care, and informs members that doctors must provide urgent and routine care in a timely manner.

• "Don't Wait for Care: Waiting Room Alternatives": Educates members on services available to them which might better meet their immediate and urgent care needs.

• "Pharmacy Benefits: Help Us Coordinate Your Care": Educates members on coordination of benefits to help ensure they have accurate processing of drug claims at point of sale.

**Access to Care**

‘Ohana Health Plan continues to utilize its Access to Care process to ensure timely resolution to access to care issues. Customer Service Representative Agents will call a minimum of three providers to see if they can see the patient within the required timeframes. If they are unsuccessful, they will escalate the issue to our offline team who will continue to call providers until they are able to successfully get the member scheduled with a provider within the required timeframes. Agents continue to work directly with the member’s PCP if the needed specialist is unavailable on the member’s home island and will work with the member’s PCP to initiate a travel request so the member can be seen on a neighbor island.

Provider Services continues to focus on network adequacy and expansion to assure the availability of PCPs across the state. ‘Ohana continues to work with providers to determine what support is needed for to allow for opening of provider panels.

Starting in September 2021, in addition to CAHPS conversations with providers, ‘Ohana’s Provider Services and Quality Improvement teams conduct an Access Coaching session with key providers, which identifies impact of access to care on provider practice, helps providers to set goals for reviewing best practices or creating action plans, and reviewing progress on access to care. During this session, ‘Ohana identifies barriers to member care and provides provider education on best practices for improving member access and perception of overall experience.

**Customer Service**

Customer service satisfaction scores are reviewed every month. For low scoring calls, opportunities for improvement are identified, and coaching and training are provided, and agents are placed on performance improvement plans when necessary. Awards are also provided to Customer Service Agents who score the highest in quality, productivity and meet service levels.

Additionally, regular training to customer service staff is conducted on a wide-range of consumer experience topics.

**Operational Activities**

In 2021, 'Ohana Health Plan established a Member Experience Workgroup comprised of leadership throughout the health plan with a mission to drive an increased awareness of member experience throughout the organization. This workgroup serves as a forum to identify and address potential opportunities for increasing member experience, decrease silos or friction which may result in poor member experience, share best-practices and lessons learned related to best-in-class member experience.

Member experience has also been a topic presented and emphasized in all staff Town Hall meetings. All staff were educated on what CAHPS is, why it is an important measure of member experience, and what role they play in driving an excellent member experience. Further trainings have been made available and promoted to all staff within the organization.

## <u>UnitedHealthcare Community Plan QUEST Integration (UHC CP QI)</u>

**NCQA HEDIS Compliance Audit Recommendations**

- The auditors did not have any recommendations for UHC CP QI.

**Improvement Activities Implemented**

- Not applicable.

**HEDIS Performance Measure Recommendations**

Based on HSAG's analyses of UHC CP QI's 31 measure rates comparable to benchmarks, a total of nine measure rates (29.0 percent) ranked at or above the 50th percentile, with three of these rates (9.7 percent) ranking above the 75th percentile and three of these rates (9.7 percent) exceeding the 90th percentile, indicating positive performance in several areas, including access to care for elderly members, well-child visits for infants, and care for members with diabetes. Additionally, UHC CP QI met three of the MQD Quality Strategy targets for HEDIS 2020: Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), and Eye Exam (Retinal) Performed.

Conversely, 22 of UHC CP QI's measure rates comparable to benchmarks (71.0 percent) fell below the 50th percentile, with 19 of these rates (61.3 percent) falling below the 25th percentile, suggesting considerable opportunities for improvement across all domains. HSAG recommends that UHC CP QI focus on improving performance related to the following measures with rates that fell below the 25th percentile for the QI population:

• Access and Risk-Adjusted Utilization

– Adults' Access to Preventive/Ambulatory Health Services—20–44 Years and 45–64 Years

• Children's Preventive Health

– Childhood Immunization Status—Combination 3, DTaP, Hepatitis B, HiB, IPV, MMR, Pneumococcal Conjugate, and VZV

– Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), HPV, Meningococcal, and Tdap

– Well-Child Visits in the First 15 Months of Life—No Well-Child Visits

– Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

• Women's Health

– Cervical Cancer Screening

• Behavioral Health

– Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total

**Improvement Activities Implemented**

• Access and Risk-Adjusted Utilization

– Adults' Access to Preventive/Ambulatory Health Services—20–44 Years and 45–64 Years

• The current UHC CP QI Member Handbook includes the following information to facilitate members' access to care for Preventive/Ambulatory Health Services:

1. A section titled, "How to get health care" is included and provides details on how members can choose or change their Primary Care Provider (PCP).
2. Members are encouraged to schedule their first appointment with their PCP and informed that checkups are important even if members do not feel sick. Through the Advocate4Me service delivery model, UHC CP QI can assist members with scheduling appointments with providers.
3. The Handbook provides the timeframes within which members can expect to get an appointment for primary care services, as well as for specialty and behavioral health services.
4. A table listing covered preventive health services is included in the Handbook and includes the age range and frequency for recommended services.
5. Information on available transportation services to and from healthcare appointments is provided.

- Telehealth providers continue to be available to members for urgent care and non-emergency primary care visits. The UHC CP QI call center assists with referrals to telehealth providers as needed.

- The Winter 2021 edition of the UHC CP QI member newsletter, Health Talk, included an article, "Healthy start: Options for seeing your PCP," that encouraged members and all their families to schedule an annual well visit appointment with their PCP. The article also mentioned telehealth as a possible alternative to an in-person PCP visit.

- The Spring 2021 edition of Health Talk had an article, "Your partner in health," that informed readers about the role of a PCP and when members should see one. The article also mentioned teenagers' health care needs and how members can switch to a new PCP.

- UHC CP QI participated in a national telehealth email initiative in December 2020 to drive awareness of telehealth visits with a PCP, help drive effectiveness of gap closures as a result of virtual care and build general awareness of where to get care. Emails were structured to address telehealth as a priority, followed by additional options for care and important topics to remember for the next visit. There were three customized emails for three different segments of the member population: child, family, and elderly.

- UHC CP QI is participating in the 2021 UnitedHealthcare National Telehealth Email Campaign. Emails will be sent to targeted members to drive awareness of telehealth as an alternative to in-person visits with a PCP and to build general awareness around how members can access care. The email will link members to a virtual visit checklist to help them prepare for their telehealth visit.

**Children's Preventive Health**

– Childhood Immunization Status—Combination 3, DTaP, Hepatitis B, HiB, IPV, MMR, Pneumococcal Conjugate, and VZV

– Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap), Combination 2 (Meningococcal, Tdap, HPV), HPV, Meningococcal, and Tdap

– Well-Child Visits in the First 15 Months of Life—No Well-Child Visits

– Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

- The Member Handbook provides information on covered Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services available to members under the age of 21, including preventive exams/well-visits and immunizations. Support is available as needed to schedule appointments and coordinate transportation to and from appointments.

- The Winter 2021 edition of Health Talk had an article, "Stay on schedule: Vaccines are important even during COVID-19." The article urged parents/guardians to keep up to date on immunizations for their children.

- The Spring 2021 edition of Health Talk included a short message to readers to let them know that immunizations are safe for children and that numerous studies have found no link between vaccines and autism.

- UHC CP QI launched its OmniChannel Program in May 2021 targeting members with gaps in care including immunizations for children (CIS) and immunizations for adolescents (IMA). The OmniChannel program is designed to outreach to members using their preferred mode of communication: email, Interactive Voice Recording (IVR) calls, and/or text messages. The program rolled out with emails and IVR calls only but will expand to text messages in the future. The program is ongoing and will run year-round.

- UHC CP QI continues to send EPSDT mailings to eligible members in 2021. The mailings include welcome and birthday postcards and delinquent visit notifications.

- UHC CP QI is participating in the 2021 Member Rewards Program (MRP). The MRP offers a sample of eligible members a $25 gift card for closing a care gap. Well-Child Visits for ages 3 to 21 years (WCV), IMA Combo 2, and CIS Combo 10 are included as incentivized measures.

- The Healthy First Steps rewards program is a free online wellness program for pregnant women and mothers who have given birth within the past 15 months. The program offers rewards for well-child visits at six months and fifteen months (as well as for prenatal and postpartum care).

- UHC CP QI is also participating in the Pfizer sponsored Child Immunization Program, which reminds parents/guardians of missed dose vaccines for their children at ages six months, eight months, and 16 months through IVR calls and mailed postcards. Reminders for a well-visit during a child's first year are also included in the program, starting at age 10 months.

- UHC CP QI is participating in an HPV email campaign in 2021. Emails are sent to members or parents/guardians to encourage members ages 9-15 to obtain HPV screening and vaccinations prior to their 15th birthday. The email provides education and resources to support informed decision-making.

- The CP-CPCi (Community Plan – Primary Care Professional Incentive) program offers a financial incentive to practitioners for closing HEDIS® care gaps for UHC CP QI members. Well-Child Visits in the First 30 Months (W30) and WCV are incentivized measures in the 2021 program, with a $100 bonus to practitioners for each gap closed.

- The UHC CP QI Quality Clinical Practice Consultants (CPCs) review with their assigned providers the status of their CIS, IMA, W15 and WCV measurements during provider meetings and through emails. The CPCs and providers discuss ideas and strategies to improve measure performance, and the CPCs also clarify any coding questions for billing as needed. A new EPSDT Coordinator was hired in May 2021 and has been attending provider meetings with the CPCs to introduce herself, as she will transition to take over the EPSDT sections from the CPCs in 2021.

- The EPSDT Coordinator will be educating providers on the newly revised DHS 8015 form and answering any questions or concerns from providers on the new form.

- UHC CP QI created an EPSDT Coordinator Assistant position to assist the EPSDT Coordinator with EPSDT activities. The EPSDT Coordination Assistant position was filled in July 2021.

- UHC CP QI created The Wellness Project to provide health education for members and the community via live member wellness workshops. Member wellness presentations are made available following the workshops on the UHC CP QI's public website and the member portal. In August 2021, the EPSDT Coordinator participated in a workshop for UHC CP QI members that focused on EPSDT. The

EPSDT Coordinator presented on EPSDT, vaccinations, and other information to increase member awareness of their EPSDT benefits. A recording of the presentation is accessible for members to listen to at any time.

- The UHC CP QI EPSDT Coordinator provided education for Health Coordinator Managers (HCMs) related to EPSDT. The training focused on the purpose and importance of ESPDT and gap closures. The EPSDT Coordinator trained the clinical staff on the process for checking for EPSDT gaps in the clinical platform as well as talking points and documentation to add to the clinical system.

- UHC CP QI Clinical Practice Consultants (CPCs) provide ongoing training for facilities such as Hamakua Health Center and Community Clinic of Maui focusing on EPSDT. Any training already conducted included 1:1 education on EPSDT with the pediatric staff. Additionally, UHC CP QI shares resources and links for EPSDT as part of recurring monthly meetings with providers.

**Women's Health**

– Cervical Cancer Screening

- The Member Handbook includes the age range and frequency for different types of covered cervical cancer screenings.

- Cervical Cancer Screening (CCS) is an incentivized measure in the 2021 CP-PCPi Program, with practitioners receiving a $100 incentive for each gap closed.

- CCS is also part of the 2021 MRP. Members can receive a $25 gift card for CCS gap closures.

- The OmniChannel program that launched in May 2021 included emails and IVR calls to members with gaps in care for CCS. The program rolled out with emails and IVR calls only but will expand to text messages in the future. The program is ongoing and will run year-round.

- UHC CP QI participated in the 2021 National Women's Email campaign in May 2021, in which emails were sent to eligible members that encourage completion of CCS, as well as breast cancer screenings.

- UHC CP QI CPCs review the CCS measure with providers and explain the importance of gap closure, how gaps are closed, and documentation requirements to meet measure criteria. The CPCs emphasized the importance of CCS at provider visits in September as part of cancer awareness. Additionally, the CPCs participated in a review of CCS with Bay Clinic in July 2021 to support the organization's measure of the month activities.

**Behavioral Health**

– Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total

- In 2021, UHC CP QI recruited for and hired a Behavioral Health (BH) Clinical Practice Consultant (CPC). This position is new to the health plan, and it was developed to offer BH providers additional support in addressing the Follow-Up After Hospitalization for Mental Illness (FUH) measure.

• FUH-7 Days is an incentivized measure in the 2021 CP-PCPi Program, with PCPs receiving a $50 incentive for each gap closed.

• There is also a $50 incentive for BH providers for each FUH follow-up visit within seven days of discharge.

• UHC CP QI is continuing its program in which it donated computers to homeless centers and community-based organizations in Hawaii such as Achieve Zero to allow members experiencing homelessness to complete follow-up visits through telemental health. A telemental health training deck was also created to help the members when setting up follow-up appointments on a virtual platform. The telemental health guide will be distributed to community-based organizations when it is approved by MQD to help members connect with their providers virtually.

***Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey Recommendations***

***Recommendations from Report***

HSAG performed an analysis of key drivers of member experience for the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. UHC CP QI should consider determining whether potential quality improvement activities could improve member experience on each of the key drivers identified. Table 3-55 provides a summary of the key drivers identified for UHC CP QI.

**Table 3-55—UHC CP QI Key Drivers of Member Experience Analysis**

| Key Drivers | *Rating of Health Plan* | *Rating of All Health Care* | *Rating of Personal Doctor* |
|---|---|---|---|
| Respondents reported that when they needed care right away, they did not receive care as soon as they needed it. | ✓ | ✓ | |
| Respondents reported that it was not always easy to get the care, tests, or treatment they thought they needed through their health plan. | ✓ | ✓ | |
| Respondents reported that their personal doctor did not always seem informed and up to date about the care they received from other doctors or health providers. | | | ✓ |
| Respondents reported that their health plan's customer service did not always give them the information or help they needed. | ✓ | | **N/A** |
| *N/A indicates that this question was not evaluated for this measure.* | | | |

The following observations from the key drivers of member experience analysis indicate areas for improvement in access and timeliness for UHC CP QI:

- Respondents reported that when they needed care right away, they did not receive care as soon as they needed it.
- Respondents reported that it was not always easy to get the care, tests, or treatment they

thought they needed through their health plan.

The following observations from the key drivers of member experience analysis indicate an area for improvement in quality of care for UHC CP QI:

- Respondents reported that their personal doctor did not always seem informed and up to date about the care they received from other doctors or health providers.
- Respondents reported that their health plan's customer service did not always give them the information or help they needed.

**Improvement Activities Implemented**

Based on UHC CP QI's results on the 2020 CAHPS® Adult Survey, the following activities were implemented in 2021:

**Access and timeliness: Receiving care needed right away as soon as needed (Getting Care Quickly)**

- UHC CP QI added information to the Member Handbook related to timeliness of care including the timeframes within which members can expect to get an appointment for primary care services, as well as for specialty and behavioral health services.
- The Winter 2021 edition of the UHC CP QI member newsletter, Health Talk, included an article, "Healthy start: Options for seeing your PCP," that mentioned telehealth as a possible alternative to an in-person PCP visit.
- UHC CP QI staff continues to conduct outreach to members to provide education and support regarding telehealth, COVID-19 prevention, and vaccination information. The UHC CP QI call center, for example, has an ongoing workflow to provide information to members on testing centers and locations to receive a vaccine.
- UHC CP QI continues to work on expanding its provider network for both PCPs and specialists and works with its credentialing delegate to minimize administrative burden on providers and better streamline the credentialing and contracting process.
- Information on the transportation benefit available to members is included and promoted in the member newsletter (HealthTalk), in member Welcome Letters, in the Member Handbook, and on the member portal.
- UHC CP QI members can access a telehealth provider including at night, on weekends, and during holidays. Members can use telehealth providers for urgent care and non-emergency primary care visits. The UHC CP QI call center assists with referrals to telehealth providers as needed.
- Consistent with Section 1557 of the Patient Protection and Affordable Care Act, UHC CP QI continues to include language blocks with its written materials for any members who experience language barriers. Language assistance is available for members with language barriers to assist with timely access to providers.
- The Wellness Project will provide member training called, "Taking Charge of My Technology." The training will explain the benefits of using digital technology in managing care and it will include information and demonstrations on NurseLine and MyChart to increase member awareness on health access options available to them (such as telehealth). The training is in development and is scheduled to occur in December 2021.
- UHC CP QI is in the process of developing a "Getting Care Quickly" member flyer. The flyer will be added to a future edition of the Member Newsletter (HealthTalk) and will also be shared with

community-based organizations.

• UHC CP QI is updating its Health Coordination Referral Form to give members and providers more comprehensive referral options. The form enables providers and agencies to refer members directly to Clinical Services departments such as Health Coordination, Community Integration Services (CIS), Hāpai Mālama, and Population Health Management. The referral form captures social risk factors and social determinants of health. The form is being made available on the provider portal for providers to view and download.

• UHC CP QI continues to provide telehealth education to its providers and members and works collaboratively with other managed care organizations (MCOs) on a telehealth implementation plan.

**Access and timeliness: Easy to get care, tests, or treatment needed (Getting Needed Care)**

• The Winter 2021 edition of the UHC CP QI member newsletter, Health Talk, included an article, "Healthy start: Options for seeing your PCP," that mentioned telehealth as an alternative to an in-person PCP visit.

• Timely access to care information was included in the Member Services policies and job aids, and scripting was also updated to capture this information.

• In the member survey for the Timely Access Report (TAR), the following question was added: "Would you consider telehealth for immediate access to care? (Yes/No/Unsure)." A majority of responses indicated openness to using telehealth as an option for immediate access to care. UHC CP QI will therefore continue to promote and expand telehealth options to its members.

• At the Provider and Home and Community-Based Services (HCBS) Provider Townhall held in April 2021, the UHC CP QI Chief Medical Officer provided information on telehealth, the TAR survey results, appointment timeframes, Project ECHO and more. Additional provider townhalls will be scheduled for Q4 2021.

• As members call in to UHC CP QI, Member Services staff educates them on access to care options, including telehealth opportunities. Staff also make referrals to telehealth providers as appropriate.

• UHC CP QI utilizes a Navigator team that focuses on supporting DSNP members. DSNP Navigator team members receive alerts based on claims data when member gaps are identified. DSNP Navigators conduct member outreach to assist with gap closure as needed.

• The UHC CP QI Network team is actively recruiting specialists and working with the credentialing vendor to credential needed specialists, reduce administrative burden for providers, and streamline the credentialing and contracting process.

• The UHC CP Prior Authorization team provides biweekly files to the Network team to identify referrals to out-of-network providers. The Network team utilizes the file to conduct outreach to providers for contracting.

• UHC CP created a telemental health guide which is currently pending MQD approval. The telemental health guide will assist members in finding care and scheduling appointments. It offers step-by-step information for both members and providers to guide them on how to connect with a virtual platform. The guide will be distributed to BH virtual providers and community-based organizations.

• UHC CP QI is continuing its partnership with Waimanalo Health Center on the Traditional Methods of Healing Pilot Program in 2021. Through this program, a Native Hawaiian practitioner and PCP collaborate on a person-centered approach to integrate traditional Native Hawaiian methods of healing and Western medicine from the PCP to provide needed care.

**Quality of Care: Personal doctor seems informed and up to date about care received from other health providers (Coordination of Care)**

- UHC CP QI will provide training as part of the Wellness Project on "Taking Charge of Coordinating My Care". The training will offer members helpful tools to help them take charge of coordinating their care, keep track of their prescriptions and doctors, ensure their medical records are shared among their doctors as they see fit, and empowers members to advocate for their own care. The training is scheduled to occur in October 2021.
- UHC CP QI is distributing to its providers an overview of both CAHPS® and HOS surveys. The material highlights the key survey measures and explains why the surveys are important not only to the health plan but to its providers as well. Distribution started in June and is currently ongoing as part of UHC CP QI's provider education efforts.

**Quality of Care: Customer Service gives the information or help needed (Health Plan Customer Service)**

- A questionnaire developed and piloted in 2019 to gather member feedback on CAHPS® member experience topics is being used at quarterly Member Advisory Group (MAG) meetings. The MAG meetings resumed in Q1 2021 after no meetings were held in 2020 due to the COVID-19 pandemic. UHC CP QI will continue to use the questionnaire to gain member insight on member satisfaction.

- During the 2021 MAG meetings, UHC CP QI staff provided members with information on the Advocate4Me (A4Me) model and the services that Customer Service Advocates (CSAs) provide. Services mentioned include assistance in finding a provider and scheduling appointments; arranging transportation for medical care; connecting to a Health Coordinator or other support resources; coordinating interpreter services if needed; and help with billing issues. UHC CP QI staff emphasized to members that CSAs are firmly committed to helping them resolve any healthcare system issues or concerns they may have.

- UHC CP QI continues to conduct Self-Direct Provider Orientations to educate self-direct providers on processes and guidelines related to timesheet completion and submission deadlines, payment turnaround times, and timeframes for a UHC CP QI self-direct team response.

- UHC CP QI updated its Member Services Job Aids to align with State requirements. For example, Job Aids for PCP/Specialist searches were updated with appointment setting time frames to ensure that UHC CP QI staff set up members appointments in accordance with timely access standards.

- UHC CP QI expanded its support for members with Limited English Proficiency (LEP). UHC CP QI leverages its growing DSNP Navigators team to support QI members who need language assistance. UHC CP QI also has bilingual individuals on staff who speak prevalent non-English languages such as Vietnamese and Korean. UHC CP QI continues to recruit for additional bilingual staff as needed.

- UHC CP QI continues to educate its Member Services staff of the expectations of its Advocate4Me/Navigate4Me Service Delivery models. The Advocate4Me service delivery model is designed to improve the member experience when properly executed. This is accomplished by minimizing the need for members to make repeated calls to the health plan for assistance. The goal is to make members do less work in receiving the care or assistance they need. Also, UHC CP QI continues to promote the use of compassion techniques in member interactions to improve member satisfaction with UHC CP QI Customer Service.

• UHC CP QI is utilizing a User Experience Survey (UES) automated survey at the end of calls to identify member dissatisfiers. Prior to May 2021, members were required to opt-in in order to participate in the survey. In May 2021, UHC CP QI removed the opt-in requirement and opened participation in the UES survey to all members.

• Staff feedback is gathered on an ongoing basis to identify pain points that may adversely impact service provided to members. For example, members expressed concern with UHC CP QI making too many phone calls for the same issue. UHC CP QI determined that the issue was related to an additional layer of outreach calls for annual wellness. UHC CP QI suppressed the additional layer of outreach once it was determined that it caused member abrasion. UHC CP QI works on process improvements such as this an ongoing basis to improve the member experience.

**'Ohana Community Care Services (‘Ohana CCS)**

**NCQA HEDIS Compliance Audit Recommendations**

- The auditors did not have any recommendations for ‘Ohana CCS.

**Improvement Activities Implemented**

- Not applicable.

**HEDIS Performance Measure Recommendations**

Based on HSAG’s analyses of the 14 ‘Ohana CCS measure rates with comparable benchmarks, six of these measures rates (42.9 percent) ranked above the 50th percentile, with four of these rates

(28.6 percent) ranking at or above the 75th percentile, indicating positive performance related to

antipsychotic medication adherence and follow-up after a discharge for mental illness. Three measure rates (21.4 percent) fell below the 25th percentile, suggesting opportunities for improvement. HSAG recommends that ‘Ohana CCS focus on improving performance related to the following measures with rates that fell below the 25th percentile for the QI population:

• Access and Risk-Adjusted Utilization

– Ambulatory Care—Total (per 1,000 Member Months)—ED Visits—Total

• Behavioral Health

– Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

**Improvement Activities Implemented**

**Access and Risk-Adjusted Utilization**

- Ambulatory Care—Total (per 1,000 Member Months)—ED Visits—Total

**Integration Activities with Community Based Organizations**

ER utilization data are reviewed regularly and identify high utilizers for case presentation at Interdisciplinary Care Team Meetings, collaborate with BH case managers and facilities on action plans for high ER utilizers as well as for effective discharge planning and community stabilization for monitoring.

The ER utilization for CCS membership are presented quarterly at ‘Ohana Health Plan QIC (Quality Improvement Committee) to address improvement efforts on high ER utilizers.

In 2021, CCS team began collaborating with AMHD and Mental Health Emergency Workers (MHEW) program to review members who were involuntarily hospitalized by law enforcement on frequent basis to discuss action plans and resources/coordination that can help stabilize and reduce their frequency of crises. Through these meeting, we aim to eliminate gaps in care and address any barriers to optimal health outcomes.

Mental Health Emergency Workers statute through Department of Health (DOH) helps to determine if members need involuntary hospitalization at Queens Medical Center (QMC).

In addition, CCS team have monthly meetings with the Social Work manager of one of highest volume ER facilities in the State (Queens Care Coalition) to discuss high utilization and collaborate on action plans which include crisis and ER diversion strategies and prompt follow-up for those members when they leave the emergency department. We also require CMs to respond to members in the ER or in crisis within 1.5 hours so CCS team will be monitoring this to see if this will help to divert members who may be utilizing the ER unnecessarily.

**PIP FUM: Follow Up Post Hospitalization within Seven (7) Days**

From 2019 to 2020, CCS team conducted performance improvement project on follow up post ED visit for mental illness. The measurement period began around Q2 of 2020. The intervention efforts were on providing timely ER census, increase communication between CCS team Case Management (CM) Liaisons and PIP selected CBCMs (Community Based Case Management Agencies), Aloha House and Hope Inc. supervisors to monitor and closely provide member support on those who visit ER for mental illness until member completes a seven day follow up. The project resulted as successful and effective intervention that CCS team exceeded their SMART Aim goal by 0.84%.

**Behavioral Health**

– Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment

**Member and Provider Education**

In 2021, ‘Ohana Health Plan (Pharmacy, Quality and CCS team) published articles educating members on depression and the importance of medication adherence in 2nd and 3rd quarter.  In 4th quarter, the team is publishing an article to inform CCS members on the community support group specifically on anxiety and depression via online on weekly basis. The idea to publish about the support groups available in our community derived from ‘Ohana Health Plan’s CCS Member Matters Advisory Committee. One of our members addressed that may be helpful for members to learn about the activities they can join in the community for support with depression and lifestyle adjustments from COVID.

As antidepressants are prescribed in both, PCP and BH provider office. In Q2 and Q3 ‘Ohana Health Plan published several provider newsletters about the importance of working together and at what point PCPs should refer members to behavioral health services as ‘Ohana Health Plan recognizes that due to stigma particularly in Hawaii, members in this market refuses to see BH providers. Therefore, PCPs often end up treating members through medication.

**Data Sharing with CBCMs**

‘Ohana Health Plan (Pharmacy, Quality and CCS team) plan began producing the pharmacy report on biweekly basis in efforts to identify members who are prescribed antidepressants. In Q4, Quality will develop a report utilizing the pharmacy claims report to identify AMM eligible members earlier than the existing Quality report becomes available, and CCS will notify the CBCMs on which members are due for their antidepressant medication pick up. When sending the list of members, the message to CBCMs will address the best practice on discussing medication adherence with their clients. This is a pilot project launching this year.

Further plan in discussion is to conduct further research on providing better support for members who are in CCS but have Medicare benefits by reaching out internally to other teams in other market with similar structure and set up with SMI membership with Medicare coverage.  Additionally, other ideas in discussion are to conduct high level, low performing providers, as well as, administering member survey to further narrow down the reasons why CCS members are not picking up their medication as possible barriers are broad such as health literacy, substance use, comorbidity, etc.

| Acronym | Perfomance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| SAA-AD | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 18+ Years | Admin | 2,726 | 2,726 | 1,716 | 62.95% |
| AMM-AD | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 3,339 | 3,339 | 1,828 | 54.75% |
| AMM-AD | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 373 | 373 | 263 | 70.51% |
| AMM-AD | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 3,712 | 3,712 | 2,091 | 56.33% |
| AMM-AD | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 3,339 | 3,339 | 1,265 | 37.89% |
| AMM-AD | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 373 | 373 | 196 | 52.55% |
| AMM-AD | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 3,712 | 3,712 | 1,461 | 39.36% |
| PQI15-AD | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 1,222,988 | 1,222,988 | 36 | 2.94 |
| AMR-AD | Asthma Medication Ratio | 19–50 Years | Admin | 1,275 | 1,275 | 632 | 49.57% |
| AMR-AD | Asthma Medication Ratio | 51–64 Years | Admin | 739 | 739 | 389 | 52.64% |
| AMR-AD | Asthma Medication Ratio | Total | Admin | 2,014 | 2,014 | 1,021 | 50.70% |
| BCS-AD | Breast Cancer Screening | 50–64 Years | Admin | 15,082 | 15,082 | 8,588 | 56.94% |
| BCS-AD | Breast Cancer Screening | 65–74 Years | Admin | 5,857 | 5,857 | 3,084 | 52.65% |
| BCS-AD | Breast Cancer Screening | Total | Admin | 20,939 | 20,939 | 11,672 | 55.74% |
| CCS-AD | Cervical Cancer Screening | Cervical Cancer Screening | Mixed | 74,312 | — | — | 59.67% |
| CHL-AD | Chlamydia Screening in Women | 21–24 Years | Admin | 5,049 | 5,049 | 2,696 | 53.40% |
| HPC-AD | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18-64 Years* | Mixed | 16,001 | — | — | 39.04% |
| HPC-AD | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65-75 Years* | Mixed | 3,995 | — | — | 23.92% |
| HPC-AD | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Mixed | 19,996 | — | — | 35.98% |
| COB-AD | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 6,929 | 6,929 | 1,021 | 14.74% |
| COB-AD | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 1,417 | 1,417 | 197 | 13.90% |
| COB-AD | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 8,346 | 8,346 | 1,218 | 14.59% |
| CCW-AD | Contraceptive Care—All Women | Long-Acting Reversible Method of Contraception (LARC)—21–44 Years | Admin | 48,494 | 48,494 | 2,908 | 6.00% |
| CCW-AD | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 48,494 | 48,494 | 12,202 | 25.16% |
| CCP-AD | Contraceptive Care—Postpartum Women | Long-Acting Reversible Method of Contraception (LARC)—3 Days—21–44 Years | Admin | 4,793 | 4,793 | 157 | 3.28% |
| CCP-AD | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 4,793 | 4,793 | 869 | 18.13% |
| CCP-AD | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 4,793 | 4,793 | 459 | 9.58% |
| CCP-AD | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 4,793 | 4,793 | 2,096 | 43.73% |
| CBP-AD | Controlling High Blood Pressure | 18–64 Years | Hybrid | 20,538 | — | — | 55.78% |
| CBP-AD | Controlling High Blood Pressure | 65–85 Years | Hybrid | 9,142 | — | — | 64.84% |
| CBP-AD | Controlling High Blood Pressure | Total | Hybrid | 29,680 | — | — | 58.63% |

| Acronym | Perfomance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| PQI05-AD | Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 974,012 | 974,012 | 161 | 16.53 |
| PQI05-AD | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 297,999 | 297,999 | 123 | 41.28 |
| PQI05-AD | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 1,272,011 | 1,272,011 | 284 | 22.33 |
| SSD-AD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 3,312 | 3,312 | 2,305 | 69.60% |
| PQI01-AD | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 2,197,000 | 2,197,000 | 298 | 13.56 |
| PQI01-AD | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 297,999 | 297,999 | 23 | 7.72 |
| PQI01-AD | Diabetes Short-Term Complications Admission Rate | Total | Admin | 2,494,999 | 2,494,999 | 321 | 12.87 |
| FUA-AD | Follow-Up After Emergency Department (ED) Visit for Alcohol or Other Drug (AOD) Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 2,084 | 2,084 | 491 | 23.56% |
| FUA-AD | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 69 | 69 | 13 | 18.84% |
| FUA-AD | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 2,084 | 2,084 | 323 | 15.50% |
| FUA-AD | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 69 | 69 | 9 | 13.04% |
| FUM-AD | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 1,511 | 1,511 | 628 | 41.56% |
| FUM-AD | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 53 | 53 | 21 | 39.62% |
| FUM-AD | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 1,511 | 1,511 | 386 | 25.55% |
| FUM-AD | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 53 | 53 | 13 | 24.53% |
| FUH-AD | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 1,313 | 1,313 | 756 | 57.58% |
| FUH-AD | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 36 | 36 | 16 | 44.44% |
| FUH-AD | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 1,313 | 1,313 | 541 | 41.20% |
| FUH-AD | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 36 | 36 | 11 | 30.56% |
| PQI08-AD | Heart Failure Admission Rate | 18-64 Years | Admin | 2,197,000 | 2,197,000 | 828 | 37.69 |
| PQI08-AD | Heart Failure Admission Rate | 65+ Years | Admin | 297,999 | 297,999 | 340 | 114.09 |
| PQI08-AD | Heart Failure Admission Rate | Total | Admin | 2,494,999 | 2,494,999 | 1,168 | 46.81 |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 2,709 | 2,709 | 980 | 36.18% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 284 | 284 | 113 | 39.79% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 884 | 884 | 357 | 40.38% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 140 | 140 | 42 | 30.00% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 5,498 | 5,498 | 2,254 | 41.00% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 242 | 242 | 100 | 41.32% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 8,398 | 8,398 | 3,272 | 38.96% |

| Acronym | Perfomance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 631 | 631 | 241 | 38.19% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 2,709 | 2,709 | 306 | 11.30% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 284 | 284 | 15 | 5.28% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 884 | 884 | 161 | 18.21% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 140 | 140 | 10 | 7.14% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 5,498 | 5,498 | 683 | 12.42% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 242 | 242 | 12 | 4.96% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 8,398 | 8,398 | 1,044 | 12.43% |
| IET-AD | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 631 | 631 | 36 | 5.71% |
| PCR-AD | Plan All-Cause Readmissions | Observed Readmission Rate—Ages 18–44* | Admin | 3,305 | 3,305 | 276 | 8.35% |
| PCR-AD | Plan All-Cause Readmissions | Observed Readmission Rate—Ages 45–54* | Admin | 1,921 | 1,921 | 162 | 8.43% |
| PCR-AD | Plan All-Cause Readmissions | Observed Readmission Rate—Ages 55–64* | Admin | 2,691 | 2,691 | 259 | 9.62% |
| PCR-AD | Plan All-Cause Readmissions | Observed Readmission Rate—Total* | Admin | 7,917 | 7,917 | 697 | 8.80% |
| PCR-AD | Plan All-Cause Readmissions | Expected Readmission Rate—Ages 18–44* | Admin | 3,305 | 3,305 | 287 | 8.67% |
| PCR-AD | Plan All-Cause Readmissions | Expected Readmission Rate—Ages 45–54* | Admin | 1,921 | 1,921 | 206 | 10.75% |
| PCR-AD | Plan All-Cause Readmissions | Expected Readmission Rate—Ages 55–64* | Admin | 2,691 | 2,691 | 318 | 11.82% |
| PCR-AD | Plan All-Cause Readmissions | Expected Readmission Rate—Total* | Admin | 7,917 | 7,917 | 811 | 10.25% |
| PCR-AD | Plan All-Cause Readmissions | Observed/Expected Ratio—Ages 18–44* | Admin | 3,305 | 287 | 276 | 0.96 |
| PCR-AD | Plan All-Cause Readmissions | Observed/Expected Ratio—Ages 45–54* | Admin | 1,921 | 206 | 162 | 0.78 |
| PCR-AD | Plan All-Cause Readmissions | Observed/Expected Ratio—Ages 55–64* | Admin | 2,691 | 318 | 259 | 0.81 |
| PCR-AD | Plan All-Cause Readmissions | Observed/Expected Ratio—Total* | Admin | 7,917 | 811 | 697 | 0.86 |
| PCR-AD | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 3,696 | 3,696 | 111 | 30.03 |
| PCR-AD | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 2,075 | 2,075 | 74 | 35.66 |
| PCR-AD | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 2,791 | 2,791 | 107 | 38.34 |
| PCR-AD | Plan All-Cause Readmissions | Outliers—Total* | Admin | 8,562 | 8,562 | 292 | 34.10 |
| PPC-AD | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 5,807 | — | — | 75.20% |
| CDF-AD | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 138,808 | 119,701 | 18,783 | 15.69% |
| CDF-AD | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 21,722 | 20,003 | 4,675 | 23.37% |
| OHD-AD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 5,762 | 5,762 | 567 | 9.84% |
| OHD-AD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 1,148 | 1,148 | 119 | 10.37% |

Hawaii HEDIS Measurement Year (MY) 2020
Adult Core Set Reporting

| Acronym | Perfomance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 2,683 | 2,683 | 1,296 | 48.30% |
| OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 2,683 | 2,683 | 779 | 29.03% |
| OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 2,683 | 2,683 | 38 | 1.42% |
| OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 2,683 | 2,683 | 3 | 0.11% |
| OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 2,683 | 2,683 | 533 | 19.87% |

* For this indicator, a lower rate indicates better performance.

**Hawaii HEDIS Measurement Year (MY) 2020**
**Adult Core Set Reporting**

| Acronym | Perfomance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |

This spreadsheet contains the results for the federal fiscal year 2021 core set of adults' health care quality measures. HSAG derived the weighted rates based on the HEDIS MY 2020 data (calendar year 2020) and a document titled "Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set): Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting (updated March 2021)." Please consider the following footnotes when reviewing this

1. The Methodology column identifies the data collection methodology reported by the QI health plans (i.e., AlohaCare, HMSA, Kaiser, 'Ohana, and UHC). Admin measures indicate that all QI health plans reported individual rates using administrative data only. Hybrid measures indicate that all QI health plans reported individual rates using both administrative and medical record data. If different methods were used (i.e., some plans reported admin and others reported hybrid), then the methodology is listed as Mixed on the spreadsheet.
2. The Eligible Population column presents the sum of the eligible populations reported by the five QI health plans. The total eligible population for these measures is derived using administrative data from submitted claims and encounters regardless of the data collection methodology (i.e., admin, hybrid, or mixed).
3. The Denominator column presents the denominator for measures depending on the methodology used to calculate the measure. If a measure was calculated using a hybrid or mixed methodology, then the denominator is presented as "—".
4. The Numerator column presents the sum of the numerators reported by the five QI health plans when reported using the admin method. For measures calculated using the hybrid or mixed methods, the numerator is presented as "—".
5. The Weighted Average presents the statewide weighted average of the rates reported by the five QI health plans. The statewide weighted average is calculated by aggregating adjusted rates across all health plans, weighted by their eligible population size.

Hawaii HEDIS Measurement Year (MY) 2020
Child Core Set Reporting

| Acronym | Performance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| AMB-CH | Ambulatory Care—Total | Emergency Department Visits—<1 Year* | Admin | 98,490 | 98,490 | 4,149 | 42.13 |
| AMB-CH | Ambulatory Care—Total | Emergency Department Visits—1–9 Years* | Admin | 860,545 | 860,545 | 17,363 | 20.18 |
| AMB-CH | Ambulatory Care—Total | Emergency Department Visits—10–19 Years* | Admin | 859,716 | 859,716 | 13,932 | 16.21 |
| AMB-CH | Ambulatory Care—Total | Emergency Department Visits—Total*,[6] | Admin | 1,818,751 | 1,818,751 | 35,444 | 19.49 |
| AMR-CH | Asthma Medication Ratio | 5–11 Years | Admin | 456 | 456 | 345 | 75.66% |
| AMR-CH | Asthma Medication Ratio | 12–18 Years | Admin | 437 | 437 | 279 | 63.84% |
| AMR-CH | Asthma Medication Ratio | Total (5–18 Years) | Admin | 893 | 893 | 624 | 69.88% |
| WCV-CH | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 30,777 | 30,777 | 19,602 | 63.69% |
| WCV-CH | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 69,178 | 69,178 | 34,989 | 50.58% |
| WCV-CH | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 42,868 | 42,868 | 19,958 | 46.56% |
| WCV-CH | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 21,004 | 21,004 | 4,604 | 21.92% |
| WCV-CH | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 64,072 | 64,072 | 24,553 | 38.32% |
| WCV-CH | Child and Adolescent Well-Care Visits | Total | Admin | 133,050 | 133,050 | 59,551 | 44.76% |
| CIS-CH | Childhood Immunization Status | DTaP | Mixed | 5,817 | — | — | 74.03% |
| CIS-CH | Childhood Immunization Status | IPV | Mixed | 5,817 | — | — | 84.97% |
| CIS-CH | Childhood Immunization Status | MMR | Mixed | 5,817 | — | — | 86.48% |
| CIS-CH | Childhood Immunization Status | HiB | Mixed | 5,817 | — | — | 85.59% |
| CIS-CH | Childhood Immunization Status | Hepatitis B | Mixed | 5,817 | — | — | 81.69% |
| CIS-CH | Childhood Immunization Status | VZV | Mixed | 5,817 | — | — | 84.98% |
| CIS-CH | Childhood Immunization Status | Pneumococcal Conjugate | Mixed | 5,817 | — | — | 72.89% |
| CIS-CH | Childhood Immunization Status | Hepatitis A | Mixed | 5,817 | — | — | 83.62% |
| CIS-CH | Childhood Immunization Status | Rotavirus | Mixed | 5,817 | — | — | 68.65% |
| CIS-CH | Childhood Immunization Status | Influenza | Mixed | 5,817 | — | — | 59.27% |
| CIS-CH | Childhood Immunization Status | Combination 2 | Mixed | 5,817 | — | — | 69.24% |
| CIS-CH | Childhood Immunization Status | Combination 3 | Mixed | 5,817 | — | — | 66.64% |
| CIS-CH | Childhood Immunization Status | Combination 4 | Mixed | 5,817 | — | — | 65.28% |
| CIS-CH | Childhood Immunization Status | Combination 5 | Mixed | 5,817 | — | — | 56.21% |
| CIS-CH | Childhood Immunization Status | Combination 6 | Mixed | 5,817 | — | — | 50.04% |
| CIS-CH | Childhood Immunization Status | Combination 7 | Mixed | 5,817 | — | — | 55.33% |
| CIS-CH | Childhood Immunization Status | Combination 8 | Mixed | 5,817 | — | — | 49.70% |
| CIS-CH | Childhood Immunization Status | Combination 9 | Mixed | 5,817 | — | — | 43.00% |
| CIS-CH | Childhood Immunization Status | Combination 10 | Mixed | 5,817 | — | — | 42.72% |
| CHL-CH | Chlamydia Screening in Women | 16–20 Years | Admin | 5,390 | 5,390 | 2,489 | 46.18% |
| CCW-CH | Contraceptive Care—All Women | Long-Acting Reversible Method of Contraception (LARC)—15–20 Years | Admin | 17,801 | 17,801 | 715 | 4.02% |
| CCW-CH | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 17,801 | 17,801 | 3,573 | 20.07% |
| CCP-CH | Contraceptive Care—Postpartum Women | Long-Acting Reversible Method of Contraception (LARC)—3 Days—15–20 Years | Admin | 377 | 377 | 17 | 4.51% |
| CCP-CH | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 377 | 377 | 88 | 23.34% |
| CCP-CH | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 377 | 377 | 21 | 5.57% |
| CCP-CH | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 377 | 377 | 167 | 44.30% |
| DEV-CH | Developmental Screening in the First Three Years of Life | Age 1 Year | Mixed | 7,107 | — | — | 21.19% |
| DEV-CH | Developmental Screening in the First Three Years of Life | Age 2 Years | Mixed | 5,820 | — | — | 26.00% |
| DEV-CH | Developmental Screening in the First Three Years of Life | Age 3 Years | Mixed | 6,974 | — | — | 20.66% |

| Acronym | Performance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| DEV-CH | Developmental Screening in the First Three Years of Life | Total | Mixed | 19,901 | — | — | 22.41% |
| FUH-CH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 254 | 254 | 164 | 64.57% |
| FUH-CH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 254 | 254 | 121 | 47.64% |
| ADD-CH | Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | Initiation Phase | Admin | 466 | 466 | 220 | 47.21% |
| ADD-CH | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 86 | 86 | 54 | 62.79% |
| IMA-CH | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Mixed | 7,090 | — | — | 68.34% |
| IMA-CH | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Mixed | 7,090 | — | — | 35.70% |
| IMA-CH | Immunizations for Adolescents | HPV | Mixed | 7,090 | — | — | 37.74% |
| IMA-CH | Immunizations for Adolescents | Meningococcal | Mixed | 7,090 | — | — | 70.92% |
| IMA-CH | Immunizations for Adolescents | Tdap | Mixed | 7,090 | — | — | 73.49% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 89 | 89 | 23 | 25.84% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 209 | 209 | 95 | 45.45% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 298 | 298 | 118 | 39.60% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 89 | 89 | 11 | 12.36% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 209 | 209 | 41 | 19.62% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 298 | 298 | 52 | 17.45% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 89 | 89 | 11 | 12.36% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 209 | 209 | 50 | 23.92% |
| APM-CH | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 298 | 298 | 61 | 20.47% |
| PPC-CH | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 5,807 | — | — | 84.58% |
| CDF-CH | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 31,281 | 29,029 | 9,912 | 34.15% |
| APP-CH | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 27 | 27 | 12 | NA |
| APP-CH | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 65 | 65 | 46 | 70.77% |
| APP-CH | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 92 | 92 | 58 | 63.04% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 47,537 | — | — | 79.53% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 27,797 | — | — | 80.47% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 75,334 | — | — | 79.86% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 47,537 | — | — | 78.21% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 27,797 | — | — | 79.13% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 75,334 | — | — | 78.51% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 47,537 | — | — | 75.88% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 27,797 | — | — | 76.22% |
| WCC-CH | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 75,334 | — | — | 76.01% |

## Hawaii HEDIS Measurement Year (MY) 2020
## Child Core Set Reporting

| Acronym | Performance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |
| W30-CH | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 6,540 | 6,540 | 4,171 | 63.78% |
| W30-CH | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 6,134 | 6,134 | 4,661 | 75.99% |

* For this indicator, a lower rate indicates better performance.

**Hawaii HEDIS Measurement Year (MY) 2020**
**Child Core Set Reporting**

| Acronym | Performance Measure (PM) | PM Indicator | Methodology[1] | MY 2020 | | | |
|---|---|---|---|---|---|---|---|
| | | | | Eligible Population[2] | Denominator[3] | Numerator[4] | Weighted Average[5] |

This spreadsheet pertains to the data submission for the federal fiscal year 2021 core set of children's health care quality measures. HSAG derived the weighted rates based on the HEDIS MY 2020 data (calendar year 2020) and a document titled "Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set): Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting (updated March 2021)." Please consider the following footnotes when reviewing this spreadsheet:

1. The Methodology column identifies the data collection methodology reported by the QI health plans (i.e., AlohaCare, HMSA, Kaiser, 'Ohana, and UHC). Admin measures indicate that all QI health plans reported individual rates using administrative data only. Hybrid measures indicate that all QI health plans reported individual rates using both administrative and medical record data. If different methods were used (i.e., some plans reported admin and others reported hybrid), then the methodology is listed as Mixed on the spreadsheet.
2. The Eligible Population column presents the sum of the eligible populations reported by the five QI health plans. The total eligible population for these measures is derived using administrative data from submitted claims and encounters regardless of the data collection methodology (i.e., admin, hybrid, or mixed).
3. The Denominator column presents the denominator for measures depending on the methodology used to calculate the measure. If a measure was calculated using a hybrid or mixed methodology, then the denominator is presented as "—".
4. The Numerator column presents the sum of the numerators reported by the five QI health plans when reported using the admin method. For measures calculated using the hybrid or mixed methods, the numerator is presented as "—".
5. The Weighted Average presents the statewide weighted average of the rates reported by the five QI health plans. The statewide weighted average is calculated by aggregating adjusted rates across all health plans, weighted by their eligible population size.
6. The *Ambulatory Care—Total (per 1,000 Member Months)—ED Visits—Total* rate was calculated by HSAG to only include the following age indicators: <1 Year, 1–9 Years, and 10–19 Years.

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 17,899 | 10,657 | 17,899 | 59.54% |
| QI | AlohaCare | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 9,765 | 7,031 | 9,765 | 72.00% |
| QI | AlohaCare | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 3,558 | 2,714 | 3,558 | 76.28% |
| QI | AlohaCare | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 31,222 | 20,402 | 31,222 | 65.34% |
| QI | HMSA | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 48,807 | 34,014 | 48,807 | 69.69% |
| QI | HMSA | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 27,042 | 21,709 | 27,042 | 80.28% |
| QI | HMSA | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 5,287 | 4,272 | 5,287 | 80.80% |
| QI | HMSA | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 81,136 | 59,995 | 81,136 | 73.94% |
| QI | KFHP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 8,469 | 6,683 | 8,469 | 78.91% |
| QI | KFHP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 5,108 | 4,515 | 5,108 | 88.39% |
| QI | KFHP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 1,185 | 1,125 | 1,185 | 94.94% |
| QI | KFHP | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 14,762 | 12,323 | 14,762 | 83.48% |
| QI | 'Ohana | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 7,681 | 4,516 | 7,681 | 58.79% |
| QI | 'Ohana | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 6,688 | 5,085 | 6,688 | 76.03% |
| QI | 'Ohana | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 3,382 | 2,858 | 3,382 | 84.51% |
| QI | 'Ohana | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 17,751 | 12,459 | 17,751 | 70.19% |
| QI | Statewide | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 95,464 | 62,825 | 95,464 | 65.81% |
| QI | Statewide | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 58,371 | 45,664 | 58,371 | 78.23% |
| QI | Statewide | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 24,019 | 20,718 | 24,019 | 86.26% |
| QI | Statewide | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 177,854 | 129,207 | 177,854 | 72.65% |
| QI | UHCCP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 20–44 Years | Admin | 12,608 | 6,955 | 12,608 | 55.16% |
| QI | UHCCP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 45–64 Years | Admin | 9,768 | 7,324 | 9,768 | 74.98% |
| QI | UHCCP | AAP | Adults' Access to Preventive/Ambulatory Health Services | 65+ Years | Admin | 10,607 | 9,749 | 10,607 | 91.91% |
| QI | UHCCP | AAP | Adults' Access to Preventive/Ambulatory Health Services | Total | Admin | 32,983 | 24,028 | 32,983 | 72.85% |
| QI | AlohaCare | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 15,071 | 11,560 | 15,071 | 76.70% |
| QI | AlohaCare | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 1,547 | 1,337 | 1,547 | 86.43% |
| QI | AlohaCare | ABA | Adult BMI Assessment | Total | Hybrid | 16,618 | 12,897 | 16,618 | 77.61% |
| QI | HMSA | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 50,614 | 34,473 | 50,614 | 68.11% |
| QI | HMSA | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 3,222 | 2,250 | 3,222 | 69.83% |
| QI | HMSA | ABA | Adult BMI Assessment | Total | Hybrid | 53,836 | 36,723 | 53,836 | 68.21% |
| QI | KFHP | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 9,403 | 8,776 | 9,403 | 93.33% |
| QI | KFHP | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 712 | 695 | 712 | 97.61% |
| QI | KFHP | ABA | Adult BMI Assessment | Total | Hybrid | 10,115 | 9,471 | 10,115 | 93.63% |
| QI | 'Ohana | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 8,273 | 5,867 | 8,273 | 70.92% |
| QI | 'Ohana | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 1,286 | 1,049 | 1,286 | 81.57% |
| QI | 'Ohana | ABA | Adult BMI Assessment | Total | Hybrid | 9,559 | 6,916 | 9,559 | 72.35% |
| QI | UHCCP | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 11,764 | 7,183 | 11,764 | 61.06% |
| QI | UHCCP | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 4,228 | 3,606 | 4,228 | 85.29% |
| QI | UHCCP | ABA | Adult BMI Assessment | Total | Hybrid | 15,992 | 10,789 | 15,992 | 67.46% |
| QI | Statewide | ABA | Adult BMI Assessment | 18–64 Years | Hybrid | 95,125 | — | — | 71.34% |
| QI | Statewide | ABA | Adult BMI Assessment | 65–74 Years | Hybrid | 10,995 | — | — | 81.28% |
| QI | Statewide | ABA | Adult BMI Assessment | Total | Hybrid | 106,120 | — | — | 72.37% |
| QI | AlohaCare | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 71 | 19 | 71 | 26.76% |
| QI | AlohaCare | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 5 | 3 | 5 | NA |
| QI | HMSA | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 288 | 132 | 288 | 45.83% |
| QI | HMSA | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 57 | 37 | 57 | 64.91% |
| QI | KFHP | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 68 | 50 | 68 | 73.53% |
| QI | KFHP | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 14 | 8 | 14 | NA |
| QI | 'Ohana | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 18 | 11 | 18 | NA |
| QI | 'Ohana | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 5 | 3 | 5 | NA |
| QI | Statewide | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 466 | 220 | 466 | 47.21% |
| QI | Statewide | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 86 | 54 | 86 | 62.79% |
| QI | UHCCP | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Initiation Phase | Admin | 21 | 8 | 21 | NA |
| QI | UHCCP | ADD | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | Admin | 5 | 3 | 5 | NA |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 19,363 | 966 | 19,363 | 49.89 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 173,089 | 3,808 | 173,089 | 22.00 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 183,489 | 3,204 | 183,489 | 17.46 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 249,634 | 11,274 | 249,634 | 45.16 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 134,637 | 7,013 | 134,637 | 52.09 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 28,850 | 1,226 | 28,850 | 42.50 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 11,055 | 335 | 11,055 | 30.30 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 4,804 | 105 | 4,804 | 21.86 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 375,941 | 7,978 | 375,941 | 21.22 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 804,921 | 27,931 | 804,921 | 34.70 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 19,363 | 12,408 | 19,363 | 640.81 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 173,089 | 28,367 | 173,089 | 163.89 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 183,489 | 26,580 | 183,489 | 144.86 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 249,634 | 60,447 | 249,634 | 242.14 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 134,637 | 60,151 | 134,637 | 446.76 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 28,850 | 14,381 | 28,850 | 498.47 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 11,055 | 4,687 | 11,055 | 423.97 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 4,804 | 1,820 | 4,804 | 378.85 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 375,941 | 67,355 | 375,941 | 179.16 |
| QI | AlohaCare | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 804,921 | 208,841 | 804,921 | 259.46 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 49,204 | 1,990 | 49,204 | 40.44 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 473,067 | 9,512 | 473,067 | 20.11 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 480,114 | 7,828 | 480,114 | 16.30 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 622,174 | 22,832 | 622,174 | 36.70 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 342,859 | 13,338 | 342,859 | 38.90 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 46,439 | 1,626 | 46,439 | 35.01 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 9,724 | 285 | 9,724 | 29.31 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 5,102 | 152 | 5,102 | 29.79 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 1,002,385 | 19,330 | 1,002,385 | 19.28 |
| QI | HMSA | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 2,028,683 | 57,563 | 2,028,683 | 28.37 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 49,204 | 33,898 | 49,204 | 688.93 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 473,067 | 89,705 | 473,067 | 189.62 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 480,114 | 80,163 | 480,114 | 166.97 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 622,174 | 168,516 | 622,174 | 270.85 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 342,859 | 161,526 | 342,859 | 471.11 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 46,439 | 20,143 | 46,439 | 433.75 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 9,724 | 3,785 | 9,724 | 389.24 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 5,102 | 2,595 | 5,102 | 508.62 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 1,002,385 | 203,766 | 1,002,385 | 203.28 |
| QI | HMSA | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 2,028,683 | 560,331 | 2,028,683 | 276.20 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 11,375 | 341 | 11,375 | 29.98 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 94,039 | 1,489 | 94,039 | 15.83 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 95,392 | 1,239 | 95,392 | 12.99 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 111,914 | 3,432 | 111,914 | 30.67 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 65,618 | 2,045 | 65,618 | 31.17 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 9,668 | 317 | 9,668 | 32.79 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 2,874 | 87 | 2,874 | 30.27 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 1,647 | 59 | 1,647 | 35.82 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 200,806 | 3,069 | 200,806 | 15.28 |
| QI | KFHP | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 392,527 | 9,009 | 392,527 | 22.95 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 11,375 | 14,052 | 11,375 | 1235.34 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 94,039 | 34,068 | 94,039 | 362.28 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 95,392 | 27,698 | 95,392 | 290.36 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 111,914 | 80,512 | 111,914 | 719.41 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 65,618 | 74,827 | 65,618 | 1140.34 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 9,668 | 15,911 | 9,668 | 1645.74 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 2,874 | 4,460 | 2,874 | 1551.84 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 1,647 | 3,250 | 1,647 | 1973.28 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 200,806 | 75,818 | 200,806 | 377.57 |
| QI | KFHP | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 392,527 | 254,778 | 392,527 | 649.07 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 6,822 | 304 | 6,822 | 44.56 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 48,629 | 1,167 | 48,629 | 24.00 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 39,977 | 705 | 39,977 | 17.64 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 111,164 | 5,805 | 111,164 | 52.22 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 90,808 | 5,911 | 90,808 | 65.09 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 21,969 | 1,089 | 21,969 | 49.57 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 14,820 | 575 | 14,820 | 38.80 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 6,974 | 256 | 6,974 | 36.71 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 95,428 | 2,176 | 95,428 | 22.80 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 341,163 | 15,812 | 341,163 | 46.35 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 6,822 | 4,187 | 6,822 | 613.75 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 48,629 | 7,955 | 48,629 | 163.59 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 39,977 | 6,280 | 39,977 | 157.09 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 111,164 | 29,131 | 111,164 | 262.05 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 90,808 | 50,713 | 90,808 | 558.46 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 21,969 | 13,880 | 21,969 | 631.80 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 14,820 | 8,114 | 14,820 | 547.50 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 6,974 | 2,959 | 6,974 | 424.29 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 95,428 | 18,422 | 95,428 | 193.05 |
| QI | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 341,163 | 123,219 | 341,163 | 361.17 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 190 | 9 | 190 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 16,565 | 836 | 16,565 | 50.47 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 28,561 | 1,672 | 28,561 | 58.54 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 7,045 | 476 | 7,045 | 67.57 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 1,107 | 27 | 1,107 | 24.39 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 96 | 1 | 96 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 53,564 | 3,021 | 53,564 | 56.40 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 190 | 11 | 190 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 16,565 | 2,409 | 16,565 | 145.43 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 28,561 | 8,148 | 28,561 | 285.28 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 7,045 | 2,086 | 7,045 | 296.10 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 1,107 | 225 | 1,107 | 203.25 |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 96 | 10 | 96 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 53,564 | 12,889 | 53,564 | 240.63 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 98,490 | 4,149 | 98,490 | 42.13 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 860,545 | 17,363 | 860,545 | 20.18 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 859,716 | 13,932 | 859,716 | 16.21 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 1,280,592 | 51,881 | 1,280,592 | 40.51 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 769,958 | 36,305 | 769,958 | 47.15 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 171,249 | 6,809 | 171,249 | 39.76 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 83,343 | 2,863 | 83,343 | 34.35 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 38,358 | 1,343 | 38,358 | 35.01 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 1,818,751 | 35,444 | 1,818,751 | 19.49 |
| QI | Statewide | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 4,162,251 | 134,645 | 4,162,251 | 32.35 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 98,490 | 71,061 | 98,490 | 721.50 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 860,545 | 169,942 | 860,545 | 197.48 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 859,716 | 147,931 | 859,716 | 172.07 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 1,280,592 | 376,346 | 1,280,592 | 293.88 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 769,958 | 415,199 | 769,958 | 539.25 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 171,249 | 114,720 | 171,249 | 669.90 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 83,343 | 56,992 | 83,343 | 683.82 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 38,358 | 25,674 | 38,358 | 669.33 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 1,818,751 | 388,934 | 1,818,751 | 213.85 |
| QI | Statewide | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 4,162,251 | 1,377,865 | 4,162,251 | 331.04 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—<1 Year* | Admin | 11,726 | 548 | 11,726 | 46.73 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—1–9 Years* | Admin | 71,721 | 1,387 | 71,721 | 19.34 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—10–19 Years* | Admin | 60,744 | 956 | 60,744 | 15.74 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—20–44 Years* | Admin | 185,706 | 8,538 | 185,706 | 45.98 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—45–64 Years* | Admin | 136,036 | 7,998 | 136,036 | 58.79 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—65–74 Years* | Admin | 64,323 | 2,551 | 64,323 | 39.66 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—75–84 Years* | Admin | 44,870 | 1,581 | 44,870 | 35.24 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—85+ Years* | Admin | 19,831 | 771 | 19,831 | 38.88 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—Unknown* | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—Total (1-19)* | Admin | 144,191 | 2,891 | 144,191 | 20.05 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | ED Visits—Total* | Admin | 594,957 | 24,330 | 594,957 | 40.89 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—<1 Year | Admin | 11,726 | 6,516 | 11,726 | 555.69 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—1–9 Years | Admin | 71,721 | 9,847 | 71,721 | 137.30 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—10–19 Years | Admin | 60,744 | 7,210 | 60,744 | 118.69 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—20–44 Years | Admin | 185,706 | 37,740 | 185,706 | 203.22 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—45–64 Years | Admin | 136,036 | 67,982 | 136,036 | 499.74 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—65–74 Years | Admin | 64,323 | 50,405 | 64,323 | 783.62 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—75–84 Years | Admin | 44,870 | 35,946 | 44,870 | 801.11 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—85+ Years | Admin | 19,831 | 15,050 | 19,831 | 758.91 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—Unknown | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—Total (1-19) | Admin | 144,191 | 23,573 | 144,191 | 163.48 |
| QI | UHCCP | AMBA | Ambulatory Care—Total | Outpatient Visits—Total | Admin | 594,957 | 230,696 | 594,957 | 387.75 |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 546 | 277 | 546 | 50.73% |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 40 | 27 | 40 | 67.50% |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 586 | 304 | 586 | 51.88% |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 546 | 198 | 546 | 36.26% |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 40 | 22 | 40 | 55.00% |
| QI | AlohaCare | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 586 | 220 | 586 | 37.54% |
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 1,623 | 845 | 1,623 | 52.06% |
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 63 | 35 | 63 | 55.56% |
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 1,686 | 880 | 1,686 | 52.19% |
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 1,623 | 565 | 1,623 | 34.81% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 63 | 21 | 63 | 33.33% |
| QI | HMSA | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 1,686 | 586 | 1,686 | 34.76% |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 281 | 186 | 281 | 66.19% |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 16 | 14 | 16 | NA |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 297 | 200 | 297 | 67.34% |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 281 | 123 | 281 | 43.77% |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 16 | 10 | 16 | NA |
| QI | KFHP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 297 | 133 | 297 | 44.78% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 356 | 188 | 356 | 52.81% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 61 | 39 | 61 | 63.93% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 417 | 227 | 417 | 54.44% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 356 | 139 | 356 | 39.04% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 61 | 32 | 61 | 52.46% |
| QI | 'Ohana | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 417 | 171 | 417 | 41.01% |
| CCS | 'Ohana | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 168 | 79 | 168 | 47.02% |
| CCS | 'Ohana | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 168 | 56 | 168 | 33.33% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 3,339 | 1,828 | 3,339 | 54.75% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 373 | 263 | 373 | 70.51% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 3,712 | 2,091 | 3,712 | 56.33% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 3,339 | 1,265 | 3,339 | 37.89% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 373 | 196 | 373 | 52.55% |
| QI | Statewide | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 3,712 | 1,461 | 3,712 | 39.36% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—18–64 Years | Admin | 533 | 332 | 533 | 62.29% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—65+ Years | Admin | 193 | 148 | 193 | 76.68% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Acute Phase Treatment—Total | Admin | 726 | 480 | 726 | 66.12% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—18–64 Years | Admin | 533 | 240 | 533 | 45.03% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—65+ Years | Admin | 193 | 111 | 193 | 57.51% |
| QI | UHCCP | AMM | Antidepressant Medication Management | Effective Continuation Phase Treatment—Total | Admin | 726 | 351 | 726 | 48.35% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 61 | 38 | 61 | 62.30% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 64 | 40 | 64 | 62.50% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 221 | 97 | 221 | 43.89% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 121 | 47 | 121 | 38.84% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 125 | 78 | 125 | 62.40% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 342 | 144 | 342 | 42.11% |
| QI | AlohaCare | AMR | Asthma Medication Ratio | Total | Admin | 467 | 222 | 467 | 47.54% |
| QI | HMSA | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 298 | 223 | 298 | 74.83% |
| QI | HMSA | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 266 | 154 | 266 | 57.89% |
| QI | HMSA | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 643 | 271 | 643 | 42.15% |
| QI | HMSA | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 296 | 147 | 296 | 49.66% |
| QI | HMSA | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 564 | 377 | 564 | 66.84% |
| QI | HMSA | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 939 | 418 | 939 | 44.52% |
| QI | HMSA | AMR | Asthma Medication Ratio | Total | Admin | 1,503 | 795 | 1,503 | 52.89% |
| QI | KFHP | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 72 | 69 | 72 | 95.83% |
| QI | KFHP | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 73 | 68 | 73 | 93.15% |
| QI | KFHP | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 165 | 142 | 165 | 86.06% |
| QI | KFHP | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 94 | 85 | 94 | 90.43% |
| QI | KFHP | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 145 | 137 | 145 | 94.48% |
| QI | KFHP | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 259 | 227 | 259 | 87.64% |
| QI | KFHP | AMR | Asthma Medication Ratio | Total | Admin | 404 | 364 | 404 | 90.10% |
| QI | 'Ohana | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 7 | 4 | 7 | NA |
| QI | 'Ohana | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 17 | 8 | 17 | NA |
| QI | 'Ohana | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 110 | 44 | 110 | 40.00% |
| QI | 'Ohana | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 88 | 30 | 88 | 34.09% |
| QI | 'Ohana | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 24 | 12 | 24 | NA |
| QI | 'Ohana | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 198 | 74 | 198 | 37.37% |
| QI | 'Ohana | AMR | Asthma Medication Ratio | Total | Admin | 222 | 86 | 222 | 38.74% |
| QI | Statewide | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 456 | 345 | 456 | 75.66% |
| QI | Statewide | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 437 | 279 | 437 | 63.84% |
| QI | Statewide | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 1,275 | 632 | 1,275 | 49.57% |
| QI | Statewide | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 739 | 389 | 739 | 52.64% |
| QI | Statewide | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 893 | 624 | 893 | 69.88% |
| QI | Statewide | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 2,014 | 1,021 | 2,014 | 50.70% |
| QI | Statewide | AMR | Asthma Medication Ratio | Total | Admin | 2,907 | 1,645 | 2,907 | 56.59% |
| QI | UHCCP | AMR | Asthma Medication Ratio | 5–11 Years | Admin | 18 | 11 | 18 | NA |
| QI | UHCCP | AMR | Asthma Medication Ratio | 12–18 Years | Admin | 17 | 9 | 17 | NA |
| QI | UHCCP | AMR | Asthma Medication Ratio | 19–50 Years | Admin | 136 | 78 | 136 | 57.35% |
| QI | UHCCP | AMR | Asthma Medication Ratio | 51–64 Years | Admin | 140 | 80 | 140 | 57.14% |
| QI | UHCCP | AMR | Asthma Medication Ratio | Total (5–18 Years) | Admin | 35 | 20 | 35 | 57.14% |
| QI | UHCCP | AMR | Asthma Medication Ratio | Total (19–64 Years) | Admin | 276 | 158 | 276 | 57.25% |
| QI | UHCCP | AMR | Asthma Medication Ratio | Total | Admin | 311 | 178 | 311 | 57.23% |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 4 | 2 | 4 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 22 | 3 | 22 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 26 | 5 | 26 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 4 | 0 | 4 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 22 | 3 | 22 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 26 | 3 | 26 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 4 | 0 | 4 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 22 | 12 | 22 | NA |
| QI | AlohaCare | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 26 | 12 | 26 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 65 | 16 | 65 | 24.62% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 127 | 52 | 127 | 40.94% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 192 | 68 | 192 | 35.42% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 65 | 7 | 65 | 10.77% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 127 | 18 | 127 | 14.17% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 192 | 25 | 192 | 13.02% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 65 | 7 | 65 | 10.77% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 127 | 18 | 127 | 14.17% |
| QI | HMSA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 192 | 25 | 192 | 13.02% |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 11 | 5 | 11 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 24 | 18 | 24 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 35 | 23 | 35 | 65.71% |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 11 | 4 | 11 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 24 | 8 | 24 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 35 | 12 | 35 | 34.29% |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 11 | 4 | 11 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 24 | 8 | 24 | NA |
| QI | KFHP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 35 | 12 | 35 | 34.29% |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 6 | 0 | 6 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 20 | 13 | 20 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 26 | 13 | 26 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 6 | 0 | 6 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 20 | 5 | 20 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 26 | 5 | 26 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 6 | 0 | 6 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 20 | 5 | 20 | NA |
| QI | 'Ohana | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 26 | 5 | 26 | NA |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 89 | 23 | 89 | 25.84% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 209 | 95 | 209 | 45.45% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 298 | 118 | 298 | 39.60% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 89 | 11 | 89 | 12.36% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 209 | 41 | 209 | 19.62% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 298 | 52 | 298 | 17.45% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 89 | 11 | 89 | 12.36% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 209 | 50 | 209 | 23.92% |
| QI | Statewide | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 298 | 61 | 298 | 20.47% |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—1–11 Years | Admin | 3 | 0 | 3 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—12–17 Years | Admin | 16 | 9 | 16 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing—Total | Admin | 19 | 9 | 19 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—1–11 Years | Admin | 3 | 0 | 3 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—12–17 Years | Admin | 16 | 7 | 16 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing—Total | Admin | 19 | 7 | 19 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—1–11 Years | Admin | 3 | 0 | 3 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—12–17 Years | Admin | 16 | 7 | 16 | NA |
| QI | UHCCP | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing—Total | Admin | 19 | 7 | 19 | NA |
| QI | AlohaCare | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 1 | 0 | 1 | NA |
| QI | AlohaCare | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 11 | 5 | 11 | NA |
| QI | AlohaCare | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 12 | 5 | 12 | NA |
| QI | HMSA | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 18 | 10 | 18 | NA |
| QI | HMSA | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 43 | 32 | 43 | 74.42% |
| QI | HMSA | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 61 | 42 | 61 | 68.85% |
| QI | KFHP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 4 | 1 | 4 | NA |
| QI | KFHP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 5 | 4 | 5 | NA |
| QI | KFHP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 9 | 5 | 9 | NA |
| QI | 'Ohana | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 3 | 1 | 3 | NA |
| QI | 'Ohana | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 4 | 4 | 4 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 7 | 5 | 7 | NA |
| QI | Statewide | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 27 | 12 | 27 | NA |
| QI | Statewide | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 65 | 46 | 65 | 70.77% |
| QI | Statewide | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 92 | 58 | 92 | 63.04% |
| QI | UHCCP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 1–11 Years | Admin | 1 | 0 | 1 | NA |
| QI | UHCCP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | 12–17 Years | Admin | 2 | 1 | 2 | NA |
| QI | UHCCP | APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Total | Admin | 3 | 1 | 3 | NA |
| QI | AlohaCare | BCS | Breast Cancer Screening | 50–64 Years | Admin | 2,039 | 920 | 2,039 | 45.12% |
| QI | AlohaCare | BCS | Breast Cancer Screening | 65–74 Years | Admin | 787 | 331 | 787 | 42.06% |
| QI | AlohaCare | BCS | Breast Cancer Screening | Total | Admin | 2,826 | 1,251 | 2,826 | 44.27% |
| QI | HMSA | BCS | Breast Cancer Screening | 50–64 Years | Admin | 7,554 | 4,513 | 7,554 | 59.74% |
| QI | HMSA | BCS | Breast Cancer Screening | 65–74 Years | Admin | 1,818 | 745 | 1,818 | 40.98% |
| QI | HMSA | BCS | Breast Cancer Screening | Total | Admin | 9,372 | 5,258 | 9,372 | 56.10% |
| QI | KFHP | BCS | Breast Cancer Screening | 50–64 Years | Admin | 1,483 | 1,172 | 1,483 | 79.03% |
| QI | KFHP | BCS | Breast Cancer Screening | 65–74 Years | Admin | 370 | 277 | 370 | 74.86% |
| QI | KFHP | BCS | Breast Cancer Screening | Total | Admin | 1,853 | 1,449 | 1,853 | 78.20% |
| QI | 'Ohana | BCS | Breast Cancer Screening | 50–64 Years | Admin | 1,702 | 821 | 1,702 | 48.24% |
| QI | 'Ohana | BCS | Breast Cancer Screening | 65–74 Years | Admin | 653 | 310 | 653 | 47.47% |
| QI | 'Ohana | BCS | Breast Cancer Screening | Total | Admin | 2,355 | 1,131 | 2,355 | 48.03% |
| QI | Statewide | BCS | Breast Cancer Screening | 50–64 Years | Admin | 15,082 | 8,588 | 15,082 | 56.94% |
| QI | Statewide | BCS | Breast Cancer Screening | 65–74 Years | Admin | 5,857 | 3,084 | 5,857 | 52.65% |
| QI | Statewide | BCS | Breast Cancer Screening | Total | Admin | 20,939 | 11,672 | 20,939 | 55.74% |
| QI | UHCCP | BCS | Breast Cancer Screening | 50–64 Years | Admin | 2,304 | 1,162 | 2,304 | 50.43% |
| QI | UHCCP | BCS | Breast Cancer Screening | 65–74 Years | Admin | 2,229 | 1,421 | 2,229 | 63.75% |
| QI | UHCCP | BCS | Breast Cancer Screening | Total | Admin | 4,533 | 2,583 | 4,533 | 56.98% |
| CCS | 'Ohana | BHA | Behavioral Health Assessment | BHA Completion Within 14 Days of Enrollment (Within Standard) | Admin | 933 | 349 | 933 | 37.41% |
| CCS | 'Ohana | BHA | Behavioral Health Assessment | BHA Completion Within 15–30 Days of Enrollment | Admin | 933 | 217 | 933 | 23.26% |
| CCS | 'Ohana | BHA | Behavioral Health Assessment | BHA Completion Within 31-60 Days of Enrollment | Admin | 933 | 100 | 933 | 10.72% |
| QI | AlohaCare | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 3,418 | 154 | 295 | 52.20% |
| QI | AlohaCare | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 1,202 | 67 | 116 | 57.76% |
| QI | AlohaCare | CBP | Controlling High Blood Pressure | Total | Hybrid | 4,620 | 221 | 411 | 53.77% |
| QI | HMSA | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 10,167 | 190 | 348 | 54.60% |
| QI | HMSA | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 1,796 | 38 | 63 | 60.32% |
| QI | HMSA | CBP | Controlling High Blood Pressure | Total | Hybrid | 11,963 | 228 | 411 | 55.47% |
| QI | KFHP | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 1,131 | 192 | 310 | 61.94% |
| QI | KFHP | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 360 | 76 | 101 | 75.25% |
| QI | KFHP | CBP | Controlling High Blood Pressure | Total | Hybrid | 1,491 | 268 | 411 | 65.21% |
| QI | 'Ohana | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 2,429 | 155 | 263 | 58.94% |
| QI | 'Ohana | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 1,332 | 95 | 148 | 64.19% |
| QI | 'Ohana | CBP | Controlling High Blood Pressure | Total | Hybrid | 3,761 | 250 | 411 | 60.83% |
| QI | Statewide | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 20,538 | — | — | 55.78% |
| QI | Statewide | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 9,142 | — | — | 64.84% |
| QI | Statewide | CBP | Controlling High Blood Pressure | Total | Hybrid | 29,680 | — | — | 58.63% |
| QI | UHCCP | CBP | Controlling High Blood Pressure | 18–64 Years | Hybrid | 3,393 | 102 | 174 | 58.62% |
| QI | UHCCP | CBP | Controlling High Blood Pressure | 65–85 Years | Hybrid | 4,452 | 161 | 237 | 67.93% |
| QI | UHCCP | CBP | Controlling High Blood Pressure | Total | Hybrid | 7,845 | 263 | 411 | 63.99% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Long-Acting Reversible Method of Contraception (LARC)—3 Days—15–20 Years | Admin | 101 | 6 | 101 | 5.94% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 979 | 45 | 979 | 4.60% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 1,080 | 51 | 1,080 | 4.72% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 101 | 20 | 101 | 19.80% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 979 | 193 | 979 | 19.71% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 1,080 | 213 | 1,080 | 19.72% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 101 | 7 | 101 | 6.93% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 979 | 106 | 979 | 10.83% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 1,080 | 113 | 1,080 | 10.46% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 101 | 38 | 101 | 37.62% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 979 | 408 | 979 | 41.68% |
| QI | AlohaCare | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 1,080 | 446 | 1,080 | 41.30% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—15–20 Years | Admin | 188 | 6 | 188 | 3.19% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 2,514 | 48 | 2,514 | 1.91% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 2,702 | 54 | 2,702 | 2.00% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 188 | 48 | 188 | 25.53% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 2,514 | 462 | 2,514 | 18.38% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 2,702 | 510 | 2,702 | 18.87% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 188 | 8 | 188 | 4.26% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 2,514 | 205 | 2,514 | 8.15% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 2,702 | 213 | 2,702 | 7.88% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 188 | 90 | 188 | 47.87% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 2,514 | 1,162 | 2,514 | 46.22% |
| QI | HMSA | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 2,702 | 1,252 | 2,702 | 46.34% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—15–20 Years | Admin | 23 | 1 | 23 | NA |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 405 | 17 | 405 | 4.20% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 428 | 18 | 428 | 4.21% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 23 | 4 | 23 | NA |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 405 | 71 | 405 | 17.53% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 428 | 75 | 428 | 17.52% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 23 | 1 | 23 | NA |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 405 | 52 | 405 | 12.84% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 428 | 53 | 428 | 12.38% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 23 | 12 | 23 | NA |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 405 | 211 | 405 | 52.10% |
| QI | KFHP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 428 | 223 | 428 | 52.10% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—15–20 Years | Admin | 20 | 2 | 20 | NA |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 316 | 15 | 316 | 4.75% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 336 | 17 | 336 | 5.06% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 20 | 5 | 20 | NA |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 316 | 59 | 316 | 18.67% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 336 | 64 | 336 | 19.05% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 20 | 2 | 20 | NA |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 316 | 34 | 316 | 10.76% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 336 | 36 | 336 | 10.71% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 20 | 8 | 20 | NA |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 316 | 121 | 316 | 38.29% |
| QI | 'Ohana | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 336 | 129 | 336 | 38.39% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—15–20 Years | Admin | 377 | 17 | 377 | 4.51% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 4,793 | 157 | 4,793 | 3.28% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 5,170 | 174 | 5,170 | 3.37% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 377 | 88 | 377 | 23.34% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 4,793 | 869 | 4,793 | 18.13% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 5,170 | 957 | 5,170 | 18.51% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 377 | 21 | 377 | 5.57% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 4,793 | 459 | 4,793 | 9.58% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 5,170 | 480 | 5,170 | 9.28% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 377 | 167 | 377 | 44.30% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 4,793 | 2,096 | 4,793 | 43.73% |
| QI | Statewide | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 5,170 | 2,263 | 5,170 | 43.77% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—15–20 Years | Admin | 45 | 2 | 45 | 4.44% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—21–44 Years | Admin | 579 | 32 | 579 | 5.53% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—3 Days—Total | Admin | 624 | 34 | 624 | 5.45% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—15–20 Years | Admin | 45 | 11 | 45 | 24.44% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—21–44 Years | Admin | 579 | 84 | 579 | 14.51% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | LARC—60 Days—Total | Admin | 624 | 95 | 624 | 15.22% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—15–20 Years | Admin | 45 | 3 | 45 | 6.67% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—21–44 Years | Admin | 579 | 62 | 579 | 10.71% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days—Total | Admin | 624 | 65 | 624 | 10.42% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—15–20 Years | Admin | 45 | 19 | 45 | 42.22% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—21–44 Years | Admin | 579 | 194 | 579 | 33.51% |
| QI | UHCCP | CCP | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days—Total | Admin | 624 | 213 | 624 | 34.13% |
| QI | AlohaCare | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Hybrid | 12,469 | 208 | 411 | 50.61% |
| QI | HMSA | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Hybrid | 39,378 | 231 | 360 | 64.17% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Admin | 6,971 | 5,221 | 6,971 | 74.90% |
| QI | 'Ohana | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Hybrid | 6,050 | 194 | 411 | 47.20% |
| QI | Statewide | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Mixed | 74,312 | — | — | 59.67% |
| QI | UHCCP | CCS | Cervical Cancer Screening | Cervical Cancer Screening | Hybrid | 9,444 | 204 | 411 | 49.64% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | Long-Acting Reversible Method of Contraception (LARC)—15–20 Years | Admin | 3,714 | 142 | 3,714 | 3.82% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 8,593 | 510 | 8,593 | 5.94% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 12,307 | 652 | 12,307 | 5.30% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 3,714 | 657 | 3,714 | 17.69% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 8,593 | 1,797 | 8,593 | 20.91% |
| QI | AlohaCare | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 12,307 | 2,454 | 12,307 | 19.94% |
| QI | HMSA | CCW | Contraceptive Care—All Women | LARC—15–20 Years | Admin | 10,151 | 452 | 10,151 | 4.45% |
| QI | HMSA | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 26,437 | 1,745 | 26,437 | 6.60% |
| QI | HMSA | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 36,588 | 2,197 | 36,588 | 6.00% |
| QI | HMSA | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 10,151 | 2,192 | 10,151 | 21.59% |
| QI | HMSA | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 26,437 | 7,426 | 26,437 | 28.09% |
| QI | HMSA | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 36,588 | 9,618 | 36,588 | 26.29% |
| QI | KFHP | CCW | Contraceptive Care—All Women | LARC—15–20 Years | Admin | 1,947 | 67 | 1,947 | 3.44% |
| QI | KFHP | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 4,690 | 260 | 4,690 | 5.54% |
| QI | KFHP | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 6,637 | 327 | 6,637 | 4.93% |
| QI | KFHP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 1,947 | 444 | 1,947 | 22.80% |
| QI | KFHP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 4,690 | 1,401 | 4,690 | 29.87% |
| QI | KFHP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 6,637 | 1,845 | 6,637 | 27.80% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | LARC—15–20 Years | Admin | 810 | 16 | 810 | 1.98% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 3,272 | 151 | 3,272 | 4.61% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 4,082 | 167 | 4,082 | 4.09% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 810 | 105 | 810 | 12.96% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 3,272 | 595 | 3,272 | 18.18% |
| QI | 'Ohana | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 4,082 | 700 | 4,082 | 17.15% |
| QI | Statewide | CCW | Contraceptive Care—All Women | LARC—15–20 Years | Admin | 17,801 | 715 | 17,801 | 4.02% |
| QI | Statewide | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 48,494 | 2,908 | 48,494 | 6.00% |
| QI | Statewide | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 66,295 | 3,623 | 66,295 | 5.46% |
| QI | Statewide | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 17,801 | 3,573 | 17,801 | 20.07% |
| QI | Statewide | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 48,494 | 12,202 | 48,494 | 25.16% |
| QI | Statewide | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 66,295 | 15,775 | 66,295 | 23.80% |
| QI | UHCCP | CCW | Contraceptive Care—All Women | LARC—15–20 Years | Admin | 1,179 | 38 | 1,179 | 3.22% |
| QI | UHCCP | CCW | Contraceptive Care—All Women | LARC—21–44 Years | Admin | 5,502 | 242 | 5,502 | 4.40% |
| QI | UHCCP | CCW | Contraceptive Care—All Women | LARC—Total | Admin | 6,681 | 280 | 6,681 | 4.19% |
| QI | UHCCP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—15–20 Years | Admin | 1,179 | 175 | 1,179 | 14.84% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—21–44 Years | Admin | 5,502 | 983 | 5,502 | 17.87% |
| QI | UHCCP | CCW | Contraceptive Care—All Women | Most or Moderately Effective Contraception—Total | Admin | 6,681 | 1,158 | 6,681 | 17.33% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 2,966 | 187 | 331 | 56.50% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 630 | 38 | 80 | 47.50% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 3,596 | 225 | 411 | 54.74% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 2,966 | 185 | 331 | 55.89% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 630 | 54 | 80 | 67.50% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 3,596 | 239 | 411 | 58.15% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Hybrid | 2,966 | 158 | 331 | 47.73% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Hybrid | 630 | 46 | 80 | 57.50% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Hybrid | 3,596 | 204 | 411 | 49.64% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Hybrid | 2,966 | 136 | 331 | 41.09% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Hybrid | 630 | 27 | 80 | 33.75% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Hybrid | 3,596 | 163 | 411 | 39.66% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Hybrid | 2,966 | 275 | 331 | 83.08% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Hybrid | 630 | 65 | 80 | 81.25% |
| QI | AlohaCare | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Hybrid | 3,596 | 340 | 411 | 82.73% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 6,949 | 204 | 364 | 56.04% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 957 | 32 | 47 | 68.09% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 7,906 | 236 | 411 | 57.42% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 6,949 | 224 | 364 | 61.54% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 957 | 36 | 47 | 76.60% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 7,906 | 260 | 411 | 63.26% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Hybrid | 6,949 | 188 | 364 | 51.65% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Hybrid | 957 | 33 | 47 | 70.21% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Hybrid | 7,906 | 221 | 411 | 53.77% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Hybrid | 6,949 | 131 | 364 | 35.99% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Hybrid | 957 | 11 | 47 | 23.40% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Hybrid | 7,906 | 142 | 411 | 34.55% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Hybrid | 6,949 | 298 | 364 | 81.87% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Hybrid | 957 | 42 | 47 | 89.36% |
| QI | HMSA | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Hybrid | 7,906 | 340 | 411 | 82.73% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 1,539 | 223 | 343 | 65.01% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 237 | 1 | 49 | 2.04% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 1,776 | 224 | 392 | 57.14% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 1,539 | 190 | 343 | 55.39% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 237 | 39 | 49 | 79.59% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 1,776 | 229 | 392 | 58.42% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Admin | 1,539 | 736 | 1,539 | 47.82% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Admin | 237 | 135 | 237 | 56.96% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Admin | 1,776 | 871 | 1,776 | 49.04% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Admin | 1,539 | 655 | 1,539 | 42.56% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Admin | 237 | 74 | 237 | 31.22% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Admin | 1,776 | 729 | 1,776 | 41.05% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Admin | 1,539 | 1,325 | 1,539 | 86.09% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Admin | 237 | 218 | 237 | 91.98% |
| QI | KFHP | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Admin | 1,776 | 1,543 | 1,776 | 86.88% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 1,910 | 189 | 321 | 58.88% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 512 | 56 | 90 | 62.22% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 2,422 | 245 | 411 | 59.61% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 1,910 | 191 | 321 | 59.50% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 512 | 61 | 90 | 67.78% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 2,422 | 252 | 411 | 61.31% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Hybrid | 1,910 | 162 | 321 | 50.47% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Hybrid | 512 | 57 | 90 | 63.33% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Hybrid | 2,422 | 219 | 411 | 53.28% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Hybrid | 1,910 | 135 | 321 | 42.06% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Hybrid | 512 | 26 | 90 | 28.89% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Hybrid | 2,422 | 161 | 411 | 39.17% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Hybrid | 1,910 | 264 | 321 | 82.24% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Hybrid | 512 | 76 | 90 | 84.44% |
| QI | 'Ohana | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Hybrid | 2,422 | 340 | 411 | 82.73% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 16,001 | — | — | 58.02% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 3,995 | — | — | 61.12% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 19,996 | — | — | 58.64% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 16,001 | — | — | 58.52% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 3,995 | — | — | 73.93% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 19,996 | — | — | 61.62% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Mixed | 16,001 | — | — | 49.84% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Mixed | 3,995 | — | — | 67.63% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Mixed | 19,996 | — | — | 53.44% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Mixed | 16,001 | — | — | 39.04% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Mixed | 3,995 | — | — | 23.92% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Mixed | 19,996 | — | — | 35.98% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Mixed | 16,001 | — | — | 82.62% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Mixed | 3,995 | — | — | 89.72% |
| QI | Statewide | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Mixed | 19,996 | — | — | 84.04% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—18–64 Years | Hybrid | 2,637 | 150 | 249 | 60.24% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—65–75 Years | Hybrid | 1,659 | 114 | 162 | 70.37% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Blood Pressure Control (<140/90 mm Hg)—Total | Hybrid | 4,296 | 264 | 411 | 64.23% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—18–64 Years | Hybrid | 2,637 | 136 | 249 | 54.62% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—65–75 Years | Hybrid | 1,659 | 123 | 162 | 75.93% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed—Total | Hybrid | 4,296 | 259 | 411 | 63.02% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—18–64 Years | Hybrid | 2,637 | 120 | 249 | 48.19% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—65–75 Years | Hybrid | 1,659 | 118 | 162 | 72.84% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Control (<8.0%)—Total | Hybrid | 4,296 | 238 | 411 | 57.91% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—18–64 Years* | Hybrid | 2,637 | 101 | 249 | 40.56% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—65–75 Years* | Hybrid | 1,659 | 29 | 162 | 17.90% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9.0%)—Total* | Hybrid | 4,296 | 130 | 411 | 31.63% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Testing—18–64 Years | Hybrid | 2,637 | 205 | 249 | 82.33% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Testing—65–75 Years | Hybrid | 1,659 | 153 | 162 | 94.44% |
| QI | UHCCP | CDC | Comprehensive Diabetes Care | HbA1c Testing—Total | Hybrid | 4,296 | 358 | 411 | 87.10% |
| QI | AlohaCare | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 6,084 | 1,191 | 5,876 | 20.27% |
| QI | AlohaCare | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 23,640 | 1,448 | 21,775 | 6.65% |
| QI | AlohaCare | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 2,850 | 330 | 2,674 | 12.34% |
| QI | AlohaCare | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 26,490 | 1,778 | 24,449 | 7.27% |
| QI | HMSA | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 19,023 | 8,207 | 17,371 | 47.25% |
| QI | HMSA | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 70,188 | 13,868 | 57,872 | 23.96% |
| QI | HMSA | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 3,925 | 845 | 3,329 | 25.38% |
| QI | HMSA | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 74,113 | 14,713 | 61,201 | 24.04% |
| QI | KFHP | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 3,054 | 58 | 2,801 | 2.07% |
| QI | KFHP | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 12,216 | 1,158 | 10,633 | 10.89% |
| QI | KFHP | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 1,134 | 138 | 1,001 | 13.79% |
| QI | KFHP | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 13,350 | 1,296 | 11,634 | 11.14% |
| QI | 'Ohana | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 1,297 | 175 | 1,231 | 14.22% |
| QI | 'Ohana | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 13,347 | 977 | 11,911 | 8.20% |
| QI | 'Ohana | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 3,868 | 893 | 3,568 | 25.03% |
| QI | 'Ohana | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 17,215 | 1,870 | 15,479 | 12.08% |
| QI | Statewide | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 31,281 | 9,912 | 29,029 | 34.15% |
| QI | Statewide | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 138,808 | 18,783 | 119,701 | 15.69% |
| QI | Statewide | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 21,722 | 4,675 | 20,003 | 23.37% |
| QI | Statewide | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 160,530 | 23,458 | 139,704 | 16.79% |
| QI | UHCCP | CDF | Screening for Depression and Follow-Up Plan | 12–17 Years | Admin | 1,823 | 281 | 1,750 | 16.06% |
| QI | UHCCP | CDF | Screening for Depression and Follow-Up Plan | 18–64 Years | Admin | 19,417 | 1,332 | 17,510 | 7.61% |
| QI | UHCCP | CDF | Screening for Depression and Follow-Up Plan | 65+ Years | Admin | 9,945 | 2,469 | 9,431 | 26.18% |
| QI | UHCCP | CDF | Screening for Depression and Follow-Up Plan | Total (18+ Years) | Admin | 29,362 | 3,801 | 26,941 | 14.11% |
| QI | AlohaCare | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 1,062 | 414 | 1,062 | 38.98% |
| QI | AlohaCare | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 898 | 361 | 898 | 40.20% |
| QI | AlohaCare | CHL | Chlamydia Screening in Women | Total | Admin | 1,960 | 775 | 1,960 | 39.54% |
| QI | HMSA | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 3,233 | 1,443 | 3,233 | 44.63% |
| QI | HMSA | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 2,864 | 1,523 | 2,864 | 53.18% |
| QI | HMSA | CHL | Chlamydia Screening in Women | Total | Admin | 6,097 | 2,966 | 6,097 | 48.65% |
| QI | KFHP | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 614 | 448 | 614 | 72.96% |
| QI | KFHP | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 536 | 447 | 536 | 83.40% |
| QI | KFHP | CHL | Chlamydia Screening in Women | Total | Admin | 1,150 | 895 | 1,150 | 77.83% |
| QI | 'Ohana | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 172 | 64 | 172 | 37.21% |
| QI | 'Ohana | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 252 | 119 | 252 | 47.22% |
| QI | 'Ohana | CHL | Chlamydia Screening in Women | Total | Admin | 424 | 183 | 424 | 43.16% |
| QI | Statewide | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 5,390 | 2,489 | 5,390 | 46.18% |
| QI | Statewide | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 5,049 | 2,696 | 5,049 | 53.40% |
| QI | Statewide | CHL | Chlamydia Screening in Women | Total | Admin | 10,439 | 5,185 | 10,439 | 49.67% |
| QI | UHCCP | CHL | Chlamydia Screening in Women | 16–20 Years | Admin | 309 | 120 | 309 | 38.83% |
| QI | UHCCP | CHL | Chlamydia Screening in Women | 21–24 Years | Admin | 499 | 246 | 499 | 49.30% |
| QI | UHCCP | CHL | Chlamydia Screening in Women | Total | Admin | 808 | 366 | 808 | 45.30% |
| QI | AlohaCare | CIS | Childhood Immunization Status | DTaP | Hybrid | 1,000 | 257 | 411 | 62.53% |
| QI | AlohaCare | CIS | Childhood Immunization Status | IPV | Hybrid | 1,000 | 316 | 411 | 76.89% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | CIS | Childhood Immunization Status | MMR | Hybrid | 1,000 | 321 | 411 | 78.10% |
| QI | AlohaCare | CIS | Childhood Immunization Status | HiB | Hybrid | 1,000 | 313 | 411 | 76.16% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Hepatitis B | Hybrid | 1,000 | 305 | 411 | 74.21% |
| QI | AlohaCare | CIS | Childhood Immunization Status | VZV | Hybrid | 1,000 | 321 | 411 | 78.10% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Hybrid | 1,000 | 246 | 411 | 59.85% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Hepatitis A | Hybrid | 1,000 | 306 | 411 | 74.45% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Rotavirus | Hybrid | 1,000 | 241 | 411 | 58.64% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Influenza | Hybrid | 1,000 | 215 | 411 | 52.31% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 2 | Hybrid | 1,000 | 233 | 411 | 56.69% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 3 | Hybrid | 1,000 | 220 | 411 | 53.53% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 4 | Hybrid | 1,000 | 213 | 411 | 51.82% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 5 | Hybrid | 1,000 | 189 | 411 | 45.99% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 6 | Hybrid | 1,000 | 165 | 411 | 40.15% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 7 | Hybrid | 1,000 | 183 | 411 | 44.53% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 8 | Hybrid | 1,000 | 161 | 411 | 39.17% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 9 | Hybrid | 1,000 | 140 | 411 | 34.06% |
| QI | AlohaCare | CIS | Childhood Immunization Status | Combination 10 | Hybrid | 1,000 | 137 | 411 | 33.33% |
| QI | HMSA | CIS | Childhood Immunization Status | DTaP | Hybrid | 3,323 | 316 | 411 | 76.89% |
| QI | HMSA | CIS | Childhood Immunization Status | IPV | Hybrid | 3,323 | 358 | 411 | 87.10% |
| QI | HMSA | CIS | Childhood Immunization Status | MMR | Hybrid | 3,323 | 368 | 411 | 89.54% |
| QI | HMSA | CIS | Childhood Immunization Status | HiB | Hybrid | 3,323 | 367 | 411 | 89.29% |
| QI | HMSA | CIS | Childhood Immunization Status | Hepatitis B | Hybrid | 3,323 | 338 | 411 | 82.24% |
| QI | HMSA | CIS | Childhood Immunization Status | VZV | Hybrid | 3,323 | 359 | 411 | 87.35% |
| QI | HMSA | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Hybrid | 3,323 | 314 | 411 | 76.40% |
| QI | HMSA | CIS | Childhood Immunization Status | Hepatitis A | Hybrid | 3,323 | 355 | 411 | 86.37% |
| QI | HMSA | CIS | Childhood Immunization Status | Rotavirus | Hybrid | 3,323 | 289 | 411 | 70.32% |
| QI | HMSA | CIS | Childhood Immunization Status | Influenza | Hybrid | 3,323 | 241 | 411 | 58.64% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 2 | Hybrid | 3,323 | 293 | 411 | 71.29% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 3 | Hybrid | 3,323 | 282 | 411 | 68.61% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 4 | Hybrid | 3,323 | 275 | 411 | 66.91% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 5 | Hybrid | 3,323 | 231 | 411 | 56.20% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 6 | Hybrid | 3,323 | 202 | 411 | 49.15% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 7 | Hybrid | 3,323 | 227 | 411 | 55.23% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 8 | Hybrid | 3,323 | 201 | 411 | 48.91% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 9 | Hybrid | 3,323 | 170 | 411 | 41.36% |
| QI | HMSA | CIS | Childhood Immunization Status | Combination 10 | Hybrid | 3,323 | 169 | 411 | 41.12% |
| QI | KFHP | CIS | Childhood Immunization Status | DTaP | Admin | 720 | 609 | 720 | 84.58% |
| QI | KFHP | CIS | Childhood Immunization Status | IPV | Admin | 720 | 658 | 720 | 91.39% |
| QI | KFHP | CIS | Childhood Immunization Status | MMR | Admin | 720 | 657 | 720 | 91.25% |
| QI | KFHP | CIS | Childhood Immunization Status | HiB | Admin | 720 | 635 | 720 | 88.19% |
| QI | KFHP | CIS | Childhood Immunization Status | Hepatitis B | Admin | 720 | 657 | 720 | 91.25% |
| QI | KFHP | CIS | Childhood Immunization Status | VZV | Admin | 720 | 652 | 720 | 90.56% |
| QI | KFHP | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Admin | 720 | 595 | 720 | 82.64% |
| QI | KFHP | CIS | Childhood Immunization Status | Hepatitis A | Admin | 720 | 651 | 720 | 90.42% |
| QI | KFHP | CIS | Childhood Immunization Status | Rotavirus | Admin | 720 | 590 | 720 | 81.94% |
| QI | KFHP | CIS | Childhood Immunization Status | Influenza | Admin | 720 | 538 | 720 | 74.72% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 2 | Admin | 720 | 594 | 720 | 82.50% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 3 | Admin | 720 | 579 | 720 | 80.42% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 4 | Admin | 720 | 579 | 720 | 80.42% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 5 | Admin | 720 | 535 | 720 | 74.31% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 6 | Admin | 720 | 496 | 720 | 68.89% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 7 | Admin | 720 | 535 | 720 | 74.31% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 8 | Admin | 720 | 496 | 720 | 68.89% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 9 | Admin | 720 | 459 | 720 | 63.75% |
| QI | KFHP | CIS | Childhood Immunization Status | Combination 10 | Admin | 720 | 459 | 720 | 63.75% |
| QI | 'Ohana | CIS | Childhood Immunization Status | DTaP | Hybrid | 314 | 206 | 312 | 66.03% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | CIS | Childhood Immunization Status | IPV | Hybrid | 314 | 244 | 312 | 78.21% |
| QI | 'Ohana | CIS | Childhood Immunization Status | MMR | Hybrid | 314 | 245 | 312 | 78.53% |
| QI | 'Ohana | CIS | Childhood Immunization Status | HiB | Hybrid | 314 | 242 | 312 | 77.56% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Hepatitis B | Hybrid | 314 | 240 | 312 | 76.92% |
| QI | 'Ohana | CIS | Childhood Immunization Status | VZV | Hybrid | 314 | 246 | 312 | 78.85% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Hybrid | 314 | 202 | 312 | 64.74% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Hepatitis A | Hybrid | 314 | 240 | 312 | 76.92% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Rotavirus | Hybrid | 314 | 197 | 312 | 63.14% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Influenza | Hybrid | 314 | 176 | 312 | 56.41% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 2 | Hybrid | 314 | 199 | 312 | 63.78% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 3 | Hybrid | 314 | 193 | 312 | 61.86% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 4 | Hybrid | 314 | 190 | 312 | 60.90% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 5 | Hybrid | 314 | 170 | 312 | 54.49% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 6 | Hybrid | 314 | 152 | 312 | 48.72% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 7 | Hybrid | 314 | 167 | 312 | 53.53% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 8 | Hybrid | 314 | 151 | 312 | 48.40% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 9 | Hybrid | 314 | 137 | 312 | 43.91% |
| QI | 'Ohana | CIS | Childhood Immunization Status | Combination 10 | Hybrid | 314 | 136 | 312 | 43.59% |
| QI | Statewide | CIS | Childhood Immunization Status | DTaP | Mixed | 5,817 | — | — | 74.03% |
| QI | Statewide | CIS | Childhood Immunization Status | IPV | Mixed | 5,817 | — | — | 84.97% |
| QI | Statewide | CIS | Childhood Immunization Status | MMR | Mixed | 5,817 | — | — | 86.48% |
| QI | Statewide | CIS | Childhood Immunization Status | HiB | Mixed | 5,817 | — | — | 85.59% |
| QI | Statewide | CIS | Childhood Immunization Status | Hepatitis B | Mixed | 5,817 | — | — | 81.69% |
| QI | Statewide | CIS | Childhood Immunization Status | VZV | Mixed | 5,817 | — | — | 84.98% |
| QI | Statewide | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Mixed | 5,817 | — | — | 72.89% |
| QI | Statewide | CIS | Childhood Immunization Status | Hepatitis A | Mixed | 5,817 | — | — | 83.62% |
| QI | Statewide | CIS | Childhood Immunization Status | Rotavirus | Mixed | 5,817 | — | — | 68.65% |
| QI | Statewide | CIS | Childhood Immunization Status | Influenza | Mixed | 5,817 | — | — | 59.27% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 2 | Mixed | 5,817 | — | — | 69.24% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 3 | Mixed | 5,817 | — | — | 66.64% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 4 | Mixed | 5,817 | — | — | 65.28% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 5 | Mixed | 5,817 | — | — | 56.21% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 6 | Mixed | 5,817 | — | — | 50.04% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 7 | Mixed | 5,817 | — | — | 55.33% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 8 | Mixed | 5,817 | — | — | 49.70% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 9 | Mixed | 5,817 | — | — | 43.00% |
| QI | Statewide | CIS | Childhood Immunization Status | Combination 10 | Mixed | 5,817 | — | — | 42.72% |
| QI | UHCCP | CIS | Childhood Immunization Status | DTaP | Hybrid | 460 | 277 | 411 | 67.40% |
| QI | UHCCP | CIS | Childhood Immunization Status | IPV | Hybrid | 460 | 336 | 411 | 81.75% |
| QI | UHCCP | CIS | Childhood Immunization Status | MMR | Hybrid | 460 | 331 | 411 | 80.54% |
| QI | UHCCP | CIS | Childhood Immunization Status | HiB | Hybrid | 460 | 332 | 411 | 80.78% |
| QI | UHCCP | CIS | Childhood Immunization Status | Hepatitis B | Hybrid | 460 | 338 | 411 | 82.24% |
| QI | UHCCP | CIS | Childhood Immunization Status | VZV | Hybrid | 460 | 322 | 411 | 78.35% |
| QI | UHCCP | CIS | Childhood Immunization Status | Pneumococcal Conjugate | Hybrid | 460 | 272 | 411 | 66.18% |
| QI | UHCCP | CIS | Childhood Immunization Status | Hepatitis A | Hybrid | 460 | 319 | 411 | 77.62% |
| QI | UHCCP | CIS | Childhood Immunization Status | Rotavirus | Hybrid | 460 | 252 | 411 | 61.31% |
| QI | UHCCP | CIS | Childhood Immunization Status | Influenza | Hybrid | 460 | 233 | 411 | 56.69% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 2 | Hybrid | 460 | 266 | 411 | 64.72% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 3 | Hybrid | 460 | 257 | 411 | 62.53% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 4 | Hybrid | 460 | 255 | 411 | 62.04% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 5 | Hybrid | 460 | 211 | 411 | 51.34% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 6 | Hybrid | 460 | 203 | 411 | 49.39% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 7 | Hybrid | 460 | 210 | 411 | 51.09% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 8 | Hybrid | 460 | 202 | 411 | 49.15% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 9 | Hybrid | 460 | 169 | 411 | 41.12% |
| QI | UHCCP | CIS | Childhood Immunization Status | Combination 10 | Hybrid | 460 | 169 | 411 | 41.12% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 1,177 | 115 | 1,177 | 9.77% |
| QI | AlohaCare | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 123 | 15 | 123 | 12.20% |
| QI | AlohaCare | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 1,300 | 130 | 1,300 | 10.00% |
| QI | HMSA | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 3,297 | 478 | 3,297 | 14.50% |
| QI | HMSA | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 172 | 16 | 172 | 9.30% |
| QI | HMSA | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 3,469 | 494 | 3,469 | 14.24% |
| QI | KFHP | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 391 | 33 | 391 | 8.44% |
| QI | KFHP | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 68 | 2 | 68 | 2.94% |
| QI | KFHP | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 459 | 35 | 459 | 7.63% |
| QI | 'Ohana | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 943 | 204 | 943 | 21.63% |
| QI | 'Ohana | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 261 | 46 | 261 | 17.62% |
| QI | 'Ohana | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 1,204 | 250 | 1,204 | 20.76% |
| QI | Statewide | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 6,929 | 1,021 | 6,929 | 14.74% |
| QI | Statewide | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 1,417 | 197 | 1,417 | 13.90% |
| QI | Statewide | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 8,346 | 1,218 | 8,346 | 14.59% |
| QI | UHCCP | COB | Concurrent Use of Opioids and Benzodiazepines | 18–64 Years | Admin | 1,121 | 191 | 1,121 | 17.04% |
| QI | UHCCP | COB | Concurrent Use of Opioids and Benzodiazepines | 65+ Years | Admin | 793 | 118 | 793 | 14.88% |
| QI | UHCCP | COB | Concurrent Use of Opioids and Benzodiazepines | Total | Admin | 1,914 | 309 | 1,914 | 16.14% |
| QI | AlohaCare | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Hybrid | 1,388 | 194 | 1,388 | 13.98% |
| QI | AlohaCare | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Hybrid | 1,001 | 179 | 1,001 | 17.88% |
| QI | AlohaCare | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Hybrid | 1,281 | 181 | 1,281 | 14.13% |
| QI | AlohaCare | DEV | Developmental Screening in the First Three Years of Life | Total | Hybrid | 3,670 | 554 | 3,670 | 15.10% |
| QI | HMSA | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Admin | 3,674 | 510 | 3,674 | 13.88% |
| QI | HMSA | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Admin | 3,324 | 581 | 3,324 | 17.48% |
| QI | HMSA | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Admin | 3,886 | 487 | 3,886 | 12.53% |
| QI | HMSA | DEV | Developmental Screening in the First Three Years of Life | Total | Admin | 10,884 | 1,578 | 10,884 | 14.50% |
| QI | KFHP | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Admin | 783 | 634 | 783 | 80.97% |
| QI | KFHP | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Admin | 720 | 615 | 720 | 85.42% |
| QI | KFHP | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Admin | 780 | 616 | 780 | 78.97% |
| QI | KFHP | DEV | Developmental Screening in the First Three Years of Life | Total | Admin | 2,283 | 1,865 | 2,283 | 81.69% |
| QI | 'Ohana | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Admin | 474 | 49 | 474 | 10.34% |
| QI | 'Ohana | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Admin | 315 | 61 | 315 | 19.37% |
| QI | 'Ohana | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Admin | 406 | 59 | 406 | 14.53% |
| QI | 'Ohana | DEV | Developmental Screening in the First Three Years of Life | Total | Admin | 1,195 | 169 | 1,195 | 14.14% |
| QI | Statewide | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Mixed | 7,107 | — | — | 21.19% |
| QI | Statewide | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Mixed | 5,820 | — | — | 26.00% |
| QI | Statewide | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Mixed | 6,974 | — | — | 20.66% |
| QI | Statewide | DEV | Developmental Screening in the First Three Years of Life | Total | Mixed | 19,901 | — | — | 22.41% |
| QI | UHCCP | DEV | Developmental Screening in the First Three Years of Life | Age 1 Year | Admin | 788 | 119 | 788 | 15.10% |
| QI | UHCCP | DEV | Developmental Screening in the First Three Years of Life | Age 2 Years | Admin | 460 | 77 | 460 | 16.74% |
| QI | UHCCP | DEV | Developmental Screening in the First Three Years of Life | Age 3 Years | Admin | 621 | 98 | 621 | 15.78% |
| QI | UHCCP | DEV | Developmental Screening in the First Three Years of Life | Total | Admin | 1,869 | 294 | 1,869 | 15.73% |
| QI | AlohaCare | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 806,230 | 375,965 | 806,230 | 46.63% |
| QI | AlohaCare | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 806,230 | 249,679 | 806,230 | 30.97% |
| QI | AlohaCare | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 806,230 | 135,021 | 806,230 | 16.75% |
| QI | AlohaCare | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 806,230 | 45,565 | 806,230 | 5.65% |
| QI | HMSA | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 2,030,186 | 1,002,439 | 2,030,186 | 49.38% |
| QI | HMSA | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 2,030,186 | 622,311 | 2,030,186 | 30.65% |
| QI | HMSA | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 2,030,186 | 343,563 | 2,030,186 | 16.92% |
| QI | HMSA | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 2,030,186 | 61,873 | 2,030,186 | 3.05% |
| QI | KFHP | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 393,524 | 200,798 | 393,524 | 51.03% |
| QI | KFHP | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 393,524 | 111,951 | 393,524 | 28.45% |
| QI | KFHP | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 393,524 | 65,927 | 393,524 | 16.75% |
| QI | KFHP | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 393,524 | 14,848 | 393,524 | 3.77% |
| QI | 'Ohana | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 342,332 | 95,499 | 342,332 | 27.90% |
| QI | 'Ohana | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 342,332 | 111,213 | 342,332 | 32.49% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 342,332 | 91,148 | 342,332 | 26.63% |
| QI | 'Ohana | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 342,332 | 44,472 | 342,332 | 12.99% |
| QI | Statewide | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 4,170,173 | 1,818,919 | 4,170,173 | 43.62% |
| QI | Statewide | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 4,170,173 | 1,280,928 | 4,170,173 | 30.72% |
| QI | Statewide | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 4,170,173 | 772,327 | 4,170,173 | 18.52% |
| QI | Statewide | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 4,170,173 | 297,999 | 4,170,173 | 7.15% |
| QI | UHCCP | ENPA | Enrollment by Product Line | Enr by Product Line 0-19 SubTot Pct Tot | Admin | 597,901 | 144,218 | 597,901 | 24.12% |
| QI | UHCCP | ENPA | Enrollment by Product Line | Enr by Product Line 20-44 SubTot Pct Tot | Admin | 597,901 | 185,774 | 597,901 | 31.07% |
| QI | UHCCP | ENPA | Enrollment by Product Line | Enr by Product Line 45-64 SubTot Pct Tot | Admin | 597,901 | 136,668 | 597,901 | 22.86% |
| QI | UHCCP | ENPA | Enrollment by Product Line | Enr by Product Line 65+ SubTot Pct Tot | Admin | 597,901 | 131,241 | 597,901 | 21.95% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 21 | 2 | 21 | NA |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 473 | 94 | 473 | 19.87% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 9 | 2 | 9 | NA |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 482 | 96 | 482 | 19.92% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 503 | 98 | 503 | 19.48% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 21 | 2 | 21 | NA |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 473 | 52 | 473 | 10.99% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 9 | 2 | 9 | NA |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 482 | 54 | 482 | 11.20% |
| QI | AlohaCare | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 503 | 56 | 503 | 11.13% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 49 | 7 | 49 | 14.29% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 762 | 248 | 762 | 32.55% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 24 | 4 | 24 | NA |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 786 | 252 | 786 | 32.06% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 835 | 259 | 835 | 31.02% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 49 | 7 | 49 | 14.29% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 762 | 176 | 762 | 23.10% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 24 | 3 | 24 | NA |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 786 | 179 | 786 | 22.77% |
| QI | HMSA | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 835 | 186 | 835 | 22.28% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 4 | 1 | 4 | NA |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 84 | 19 | 84 | 22.62% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 4 | 2 | 4 | NA |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 88 | 21 | 88 | 23.86% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 92 | 22 | 92 | 23.91% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 4 | 1 | 4 | NA |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 84 | 17 | 84 | 20.24% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 4 | 1 | 4 | NA |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 88 | 18 | 88 | 20.45% |
| QI | KFHP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 92 | 19 | 92 | 20.65% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 6 | 0 | 6 | NA |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 285 | 52 | 285 | 18.25% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 10 | 2 | 10 | NA |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 295 | 54 | 295 | 18.31% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 301 | 54 | 301 | 17.94% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 6 | 0 | 6 | NA |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 285 | 33 | 285 | 11.58% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 10 | 1 | 10 | NA |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 295 | 34 | 295 | 11.53% |
| QI | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 301 | 34 | 301 | 11.30% |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 189 | 51 | 189 | 26.98% |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 189 | 51 | 189 | 26.98% |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 189 | 33 | 189 | 17.46% |
| CCS | 'Ohana | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 189 | 33 | 189 | 17.46% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 84 | 11 | 84 | 13.10% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 2,084 | 491 | 2,084 | 23.56% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 69 | 13 | 69 | 18.84% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 2,153 | 504 | 2,153 | 23.41% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 2,237 | 515 | 2,237 | 23.02% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 84 | 11 | 84 | 13.10% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 2,084 | 323 | 2,084 | 15.50% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 69 | 9 | 69 | 13.04% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 2,153 | 332 | 2,153 | 15.42% |
| QI | Statewide | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 2,237 | 343 | 2,237 | 15.33% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—13–17 Years | Admin | 4 | 1 | 4 | NA |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18–64 Years | Admin | 480 | 78 | 480 | 16.25% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—65+ Years | Admin | 22 | 3 | 22 | NA |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—18+ Years | Admin | 502 | 81 | 502 | 16.14% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 30-Day Follow-Up—Total | Admin | 506 | 82 | 506 | 16.21% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—13–17 Years | Admin | 4 | 1 | 4 | NA |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18–64 Years | Admin | 480 | 45 | 480 | 9.38% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—65+ Years | Admin | 22 | 2 | 22 | NA |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—18+ Years | Admin | 502 | 47 | 502 | 9.36% |
| QI | UHCCP | FUA | Follow-Up After ED Visit for AOD Abuse or Dependence | 7-Day Follow-Up—Total | Admin | 506 | 48 | 506 | 9.49% |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 29 | 14 | 29 | NA |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 229 | 102 | 229 | 44.54% |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 3 | 0 | 3 | NA |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 261 | 116 | 261 | 44.44% |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 29 | 10 | 29 | NA |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 229 | 70 | 229 | 30.57% |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 3 | 0 | 3 | NA |
| QI | AlohaCare | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 261 | 80 | 261 | 30.65% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 169 | 114 | 169 | 67.46% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 500 | 294 | 500 | 58.80% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 8 | 4 | 8 | NA |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 677 | 412 | 677 | 60.86% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 169 | 80 | 169 | 47.34% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 500 | 201 | 500 | 40.20% |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 8 | 2 | 8 | NA |
| QI | HMSA | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 677 | 283 | 677 | 41.80% |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 22 | 17 | 22 | NA |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 96 | 53 | 96 | 55.21% |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 1 | 0 | 1 | NA |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 119 | 70 | 119 | 58.82% |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 22 | 15 | 22 | NA |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 96 | 37 | 96 | 38.54% |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 1 | 0 | 1 | NA |
| QI | KFHP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 119 | 52 | 119 | 43.70% |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 22 | 12 | 22 | NA |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 158 | 116 | 158 | 73.42% |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 5 | 3 | 5 | NA |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 185 | 131 | 185 | 70.81% |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 22 | 10 | 22 | NA |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 158 | 81 | 158 | 51.27% |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 5 | 3 | 5 | NA |
| QI | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 185 | 94 | 185 | 50.81% |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 425 | 376 | 425 | 88.47% |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 20 | 15 | 20 | NA |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 445 | 391 | 445 | 87.87% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 425 | 306 | 425 | 72.00% |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 20 | 13 | 20 | NA |
| CCS | 'Ohana | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 445 | 319 | 445 | 71.69% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 254 | 164 | 254 | 64.57% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 1,313 | 756 | 1313 | 57.58% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 36 | 16 | 36 | 44.44% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 1,603 | 936 | 1,603 | 58.39% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 254 | 121 | 254 | 47.64% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 1,313 | 541 | 1,313 | 41.20% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 36 | 11 | 36 | 30.56% |
| QI | Statewide | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 1,603 | 673 | 1,603 | 41.98% |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 12 | 7 | 12 | NA |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 330 | 191 | 330 | 57.88% |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 19 | 9 | 19 | NA |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 30-Day Follow-Up—Total | Admin | 361 | 207 | 361 | 57.34% |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 12 | 6 | 12 | NA |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 330 | 152 | 330 | 46.06% |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 19 | 6 | 19 | NA |
| QI | UHCCP | FUH | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up—Total | Admin | 361 | 164 | 361 | 45.43% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 45 | 27 | 45 | 60.00% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 329 | 120 | 329 | 36.47% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 6 | 1 | 6 | NA |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 380 | 148 | 380 | 38.95% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 45 | 15 | 45 | 33.33% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 329 | 67 | 329 | 20.36% |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 6 | 1 | 6 | NA |
| QI | AlohaCare | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 380 | 83 | 380 | 21.84% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 140 | 95 | 140 | 67.86% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 423 | 190 | 423 | 44.92% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 21 | 11 | 21 | NA |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 584 | 296 | 584 | 50.68% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 140 | 70 | 140 | 50.00% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 423 | 127 | 423 | 30.02% |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 21 | 9 | 21 | NA |
| QI | HMSA | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 584 | 206 | 584 | 35.27% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 37 | 28 | 37 | 75.68% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 148 | 65 | 148 | 43.92% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 3 | 3 | 3 | NA |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 188 | 96 | 188 | 51.06% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 37 | 17 | 37 | 45.95% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 148 | 41 | 148 | 27.70% |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 3 | 2 | 3 | NA |
| QI | KFHP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 188 | 60 | 188 | 31.91% |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 5 | 1 | 5 | NA |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 214 | 86 | 214 | 40.19% |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 3 | 0 | 3 | NA |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 222 | 87 | 222 | 39.19% |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 5 | 1 | 5 | NA |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 214 | 52 | 214 | 24.30% |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 3 | 0 | 3 | NA |
| QI | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 222 | 53 | 222 | 23.87% |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 346 | 241 | 346 | 69.65% |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 21 | 9 | 21 | NA |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 367 | 250 | 367 | 68.12% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 346 | 169 | 346 | 48.84% |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 21 | 6 | 21 | NA |
| CCS | 'Ohana | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 367 | 175 | 367 | 47.68% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 241 | 155 | 241 | 64.32% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 1,511 | 628 | 1,511 | 41.56% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 53 | 21 | 53 | 39.62% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 1,805 | 804 | 1,805 | 44.54% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 241 | 107 | 241 | 44.40% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 1,511 | 386 | 1,511 | 25.55% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 53 | 13 | 53 | 24.53% |
| QI | Statewide | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 1,805 | 506 | 1,805 | 28.03% |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—6–17 Years | Admin | 14 | 4 | 14 | NA |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—18–64 Years | Admin | 397 | 167 | 397 | 42.07% |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—65+ Years | Admin | 20 | 6 | 20 | NA |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 30-Day Follow-Up—Total | Admin | 431 | 177 | 431 | 41.07% |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—6–17 Years | Admin | 14 | 4 | 14 | NA |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—18–64 Years | Admin | 397 | 99 | 397 | 24.94% |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—65+ Years | Admin | 20 | 1 | 20 | NA |
| QI | UHCCP | FUM | Follow-Up After ED Visit for Mental Illness | 7-Day Follow-Up—Total | Admin | 431 | 104 | 431 | 24.13% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 20 | 4 | 20 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 637 | 234 | 637 | 36.73% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 599 | 219 | 599 | 36.56% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 38 | 15 | 38 | 39.47% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 657 | 238 | 657 | 36.23% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 2 | 1 | 2 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 156 | 67 | 156 | 42.95% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 149 | 66 | 149 | 44.30% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 7 | 1 | 7 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 158 | 68 | 158 | 43.04% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 41 | 16 | 41 | 39.02% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 1,312 | 501 | 1312 | 38.19% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 1,268 | 484 | 1268 | 38.17% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 44 | 17 | 44 | 38.64% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 1,353 | 517 | 1353 | 38.21% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 58 | 20 | 58 | 34.48% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 1,944 | 733 | 1944 | 37.71% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 1,858 | 702 | 1858 | 37.78% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 86 | 31 | 86 | 36.05% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 2,002 | 753 | 2002 | 37.61% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 20 | 0 | 20 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 637 | 65 | 637 | 10.20% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 599 | 64 | 599 | 10.68% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 38 | 1 | 38 | 2.63% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 657 | 65 | 657 | 9.89% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 2 | 0 | 2 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 156 | 27 | 156 | 17.31% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 149 | 27 | 149 | 18.12% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 7 | 0 | 7 | NA |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 158 | 27 | 158 | 17.09% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 41 | 2 | 41 | 4.88% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 1,312 | 111 | 1312 | 8.46% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 1,268 | 109 | 1268 | 8.60% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 44 | 2 | 44 | 4.55% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 1,353 | 113 | 1353 | 8.35% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 58 | 2 | 58 | 3.45% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 1,944 | 191 | 1944 | 9.83% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 1,858 | 188 | 1858 | 10.12% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 86 | 3 | 86 | 3.49% |
| QI | AlohaCare | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 2,002 | 193 | 2002 | 9.64% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 53 | 18 | 53 | 33.96% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 1,190 | 396 | 1190 | 33.28% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 1,119 | 366 | 1119 | 32.71% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 71 | 30 | 71 | 42.25% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 1,243 | 414 | 1243 | 33.31% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 3 | 2 | 3 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 465 | 180 | 465 | 38.71% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 432 | 169 | 432 | 39.12% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 33 | 11 | 33 | 33.33% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 468 | 182 | 468 | 38.89% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 133 | 70 | 133 | 52.63% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 2,198 | 893 | 2198 | 40.63% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 2,133 | 868 | 2133 | 40.69% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 65 | 25 | 65 | 38.46% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 2,331 | 963 | 2331 | 41.31% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 176 | 82 | 176 | 46.59% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 3,560 | 1,346 | 3560 | 37.81% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 3,404 | 1,281 | 3404 | 37.63% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 156 | 65 | 156 | 41.67% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 3,736 | 1,428 | 3736 | 38.22% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 53 | 2 | 53 | 3.77% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 1,190 | 144 | 1190 | 12.10% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 1,119 | 139 | 1119 | 12.42% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 71 | 5 | 71 | 7.04% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 1,243 | 146 | 1243 | 11.75% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 3 | 0 | 3 | NA |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 465 | 88 | 465 | 18.92% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 432 | 83 | 432 | 19.21% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 33 | 5 | 33 | 15.15% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 468 | 88 | 468 | 18.80% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 133 | 35 | 133 | 26.32% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 2,198 | 336 | 2198 | 15.29% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 2,133 | 332 | 2133 | 15.56% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 65 | 4 | 65 | 6.15% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 2,331 | 371 | 2331 | 15.92% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 176 | 36 | 176 | 20.45% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 3,560 | 508 | 3560 | 14.27% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 3,404 | 495 | 3404 | 14.54% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 156 | 13 | 156 | 8.33% |
| QI | HMSA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 3,736 | 544 | 3736 | 14.56% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 4 | 2 | 4 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 171 | 67 | 171 | 39.18% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 158 | 59 | 158 | 37.34% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 13 | 8 | 13 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 175 | 69 | 175 | 39.43% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 32 | 14 | 32 | 43.75% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 31 | 14 | 31 | 45.16% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 1 | 0 | 1 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 32 | 14 | 32 | 43.75% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 24 | 11 | 24 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 277 | 130 | 277 | 46.93% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 265 | 124 | 265 | 46.79% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 12 | 6 | 12 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 301 | 141 | 301 | 46.84% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 26 | 12 | 26 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 446 | 194 | 446 | 43.50% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 422 | 182 | 422 | 43.13% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 24 | 12 | 24 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 472 | 206 | 472 | 43.64% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 4 | 0 | 4 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 171 | 17 | 171 | 9.94% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 158 | 13 | 158 | 8.23% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 13 | 4 | 13 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 175 | 17 | 175 | 9.71% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 32 | 6 | 32 | 18.75% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 31 | 6 | 31 | 19.35% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 1 | 0 | 1 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 32 | 6 | 32 | 18.75% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 24 | 1 | 24 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 277 | 32 | 277 | 11.55% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 265 | 32 | 265 | 12.08% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 12 | 0 | 12 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 301 | 33 | 301 | 10.96% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 26 | 1 | 26 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 446 | 53 | 446 | 11.88% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 422 | 49 | 422 | 11.61% |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 24 | 4 | 24 | NA |
| QI | KFHP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 472 | 54 | 472 | 11.44% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 4 | 0 | 4 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 353 | 162 | 353 | 45.89% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 313 | 141 | 313 | 45.05% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 40 | 21 | 40 | 52.50% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 357 | 162 | 357 | 45.38% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 144 | 54 | 144 | 37.50% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 111 | 42 | 111 | 37.84% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 33 | 12 | 33 | 36.36% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 144 | 54 | 144 | 37.50% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 11 | 4 | 11 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 759 | 354 | 759 | 46.64% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 716 | 333 | 716 | 46.51% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 43 | 21 | 43 | 48.84% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 770 | 358 | 770 | 46.49% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 15 | 4 | 15 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 1,171 | 522 | 1171 | 44.58% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 1,061 | 471 | 1061 | 44.39% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 110 | 51 | 110 | 46.36% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 1,186 | 526 | 1186 | 44.35% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 4 | 0 | 4 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 353 | 35 | 353 | 9.92% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 313 | 33 | 313 | 10.54% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 40 | 2 | 40 | 5.00% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 357 | 35 | 357 | 9.80% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 144 | 15 | 144 | 10.42% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 111 | 14 | 111 | 12.61% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 33 | 1 | 33 | 3.03% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 144 | 15 | 144 | 10.42% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 11 | 2 | 11 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 759 | 84 | 759 | 11.07% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 716 | 83 | 716 | 11.59% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 43 | 1 | 43 | 2.33% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 770 | 86 | 770 | 11.17% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 15 | 2 | 15 | NA |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 1,171 | 125 | 1171 | 10.67% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 1,061 | 121 | 1061 | 11.40% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 110 | 4 | 110 | 3.64% |
| QI | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 1,186 | 127 | 1186 | 10.71% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 133 | 58 | 133 | 43.61% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 133 | 58 | 133 | 43.61% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 52 | 19 | 52 | 36.54% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 52 | 19 | 52 | 36.54% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 376 | 160 | 376 | 42.55% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 376 | 160 | 376 | 42.55% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 513 | 211 | 513 | 41.13% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 513 | 211 | 513 | 41.13% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 133 | 16 | 133 | 12.03% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 133 | 16 | 133 | 12.03% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 52 | 7 | 52 | 13.46% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 52 | 7 | 52 | 13.46% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 376 | 50 | 376 | 13.30% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 376 | 50 | 376 | 13.30% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 513 | 67 | 513 | 13.06% |
| CCS | 'Ohana | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 513 | 67 | 513 | 13.06% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 82 | 24 | 82 | 29.27% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 2,993 | 1,093 | 2993 | 36.52% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 2,709 | 980 | 2709 | 36.18% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 284 | 113 | 284 | 39.79% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 3,075 | 1,117 | 3075 | 36.33% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 5 | 3 | 5 | NA |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 1,024 | 399 | 1024 | 38.96% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 884 | 357 | 884 | 40.38% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 140 | 42 | 140 | 30.00% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 1,029 | 402 | 1029 | 39.07% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 220 | 104 | 220 | 47.27% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 5,740 | 2,354 | 5740 | 41.01% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 5,498 | 2,254 | 5498 | 41.00% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 242 | 100 | 242 | 41.32% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 5,960 | 2,458 | 5960 | 41.24% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 287 | 121 | 287 | 42.16% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 9,029 | 3,513 | 9029 | 38.91% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 8,398 | 3,272 | 8398 | 38.96% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 631 | 241 | 631 | 38.19% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 9,316 | 3,634 | 9316 | 39.01% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 82 | 2 | 82 | 2.44% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 2,993 | 321 | 2993 | 10.73% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 2,709 | 306 | 2709 | 11.30% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 284 | 15 | 284 | 5.28% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 3,075 | 323 | 3075 | 10.50% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 5 | 0 | 5 | NA |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 1,024 | 171 | 1024 | 16.70% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 884 | 161 | 884 | 18.21% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 140 | 10 | 140 | 7.14% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 1,029 | 171 | 1029 | 16.62% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 220 | 41 | 220 | 18.64% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 5,740 | 695 | 5740 | 12.11% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 5,498 | 683 | 5498 | 12.42% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 242 | 12 | 242 | 4.96% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 5,960 | 736 | 5960 | 12.35% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 287 | 42 | 287 | 14.63% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 9,029 | 1,080 | 9029 | 11.96% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 8,398 | 1,044 | 8398 | 12.43% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 631 | 36 | 631 | 5.71% |
| QI | Statewide | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 9,316 | 1,122 | 9316 | 12.04% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—13–17 Years | Admin | 1 | 0 | 1 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18+ Years | Admin | 642 | 234 | 642 | 36.45% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—18–64 Years | Admin | 520 | 195 | 520 | 37.50% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—65+ Years | Admin | 122 | 39 | 122 | 31.97% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Alcohol Abuse or Dependence—Total | Admin | 643 | 234 | 643 | 36.39% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18+ Years | Admin | 227 | 84 | 227 | 37.00% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—18–64 Years | Admin | 161 | 66 | 161 | 40.99% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—65+ Years | Admin | 66 | 18 | 66 | 27.27% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Opioid Abuse or Dependence—Total | Admin | 227 | 84 | 227 | 37.00% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—13–17 Years | Admin | 11 | 3 | 11 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18+ Years | Admin | 1,194 | 476 | 1194 | 39.87% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—18–64 Years | Admin | 1,116 | 445 | 1116 | 39.87% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—65+ Years | Admin | 78 | 31 | 78 | 39.74% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Other Drug Abuse or Dependence—Total | Admin | 1,205 | 479 | 1205 | 39.75% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—13–17 Years | Admin | 12 | 3 | 12 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18+ Years | Admin | 1,908 | 718 | 1908 | 37.63% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—18–64 Years | Admin | 1,653 | 636 | 1653 | 38.48% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—65+ Years | Admin | 255 | 82 | 255 | 32.16% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation—Total—Total | Admin | 1,920 | 721 | 1920 | 37.55% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—13–17 Years | Admin | 1 | 0 | 1 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18+ Years | Admin | 642 | 60 | 642 | 9.35% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—18–64 Years | Admin | 520 | 57 | 520 | 10.96% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—65+ Years | Admin | 122 | 3 | 122 | 2.46% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Alcohol Abuse or Dependence—Total | Admin | 643 | 60 | 643 | 9.33% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—13–17 Years | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18+ Years | Admin | 227 | 35 | 227 | 15.42% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—18–64 Years | Admin | 161 | 31 | 161 | 19.25% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—65+ Years | Admin | 66 | 4 | 66 | 6.06% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Opioid Abuse or Dependence—Total | Admin | 227 | 35 | 227 | 15.42% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—13–17 Years | Admin | 11 | 1 | 11 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18+ Years | Admin | 1,194 | 132 | 1194 | 11.06% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—18–64 Years | Admin | 1,116 | 127 | 1116 | 11.38% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—65+ Years | Admin | 78 | 5 | 78 | 6.41% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Other Drug Abuse or Dependence—Total | Admin | 1,205 | 133 | 1205 | 11.04% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—13–17 Years | Admin | 12 | 1 | 12 | NA |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18+ Years | Admin | 1,908 | 203 | 1908 | 10.64% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—18–64 Years | Admin | 1,653 | 191 | 1653 | 11.55% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—65+ Years | Admin | 255 | 12 | 255 | 4.71% |
| QI | UHCCP | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment | Engagement—Total—Total | Admin | 1,920 | 204 | 1920 | 10.63% |
| QI | AlohaCare | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Hybrid | 1,488 | 257 | 411 | 62.53% |
| QI | AlohaCare | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Hybrid | 1,488 | 123 | 411 | 29.93% |
| QI | AlohaCare | IMA | Immunizations for Adolescents | HPV | Hybrid | 1,488 | 132 | 411 | 32.12% |
| QI | AlohaCare | IMA | Immunizations for Adolescents | Meningococcal | Hybrid | 1,488 | 268 | 411 | 65.21% |
| QI | AlohaCare | IMA | Immunizations for Adolescents | Tdap | Hybrid | 1,488 | 280 | 411 | 68.13% |
| QI | HMSA | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Hybrid | 4,128 | 291 | 411 | 70.80% |
| QI | HMSA | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Hybrid | 4,128 | 156 | 411 | 37.96% |
| QI | HMSA | IMA | Immunizations for Adolescents | HPV | Hybrid | 4,128 | 164 | 411 | 39.90% |
| QI | HMSA | IMA | Immunizations for Adolescents | Meningococcal | Hybrid | 4,128 | 300 | 411 | 72.99% |
| QI | HMSA | IMA | Immunizations for Adolescents | Tdap | Hybrid | 4,128 | 314 | 411 | 76.40% |
| QI | KFHP | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Admin | 772 | 633 | 772 | 81.99% |
| QI | KFHP | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Admin | 772 | 350 | 772 | 45.34% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | IMA | Immunizations for Adolescents | HPV | Admin | 772 | 356 | 772 | 46.11% |
| QI | KFHP | IMA | Immunizations for Adolescents | Meningococcal | Admin | 772 | 650 | 772 | 84.20% |
| QI | KFHP | IMA | Immunizations for Adolescents | Tdap | Admin | 772 | 651 | 772 | 84.33% |
| QI | 'Ohana | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Hybrid | 299 | 159 | 299 | 53.18% |
| QI | 'Ohana | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Hybrid | 299 | 76 | 299 | 25.42% |
| QI | 'Ohana | IMA | Immunizations for Adolescents | HPV | Hybrid | 299 | 86 | 299 | 28.76% |
| QI | 'Ohana | IMA | Immunizations for Adolescents | Meningococcal | Hybrid | 299 | 170 | 299 | 56.86% |
| QI | 'Ohana | IMA | Immunizations for Adolescents | Tdap | Hybrid | 299 | 172 | 299 | 57.53% |
| QI | Statewide | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Mixed | 7,090 | — | — | 68.34% |
| QI | Statewide | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Mixed | 7,090 | — | — | 35.70% |
| QI | Statewide | IMA | Immunizations for Adolescents | HPV | Mixed | 7,090 | — | — | 37.74% |
| QI | Statewide | IMA | Immunizations for Adolescents | Meningococcal | Mixed | 7,090 | — | — | 70.92% |
| QI | Statewide | IMA | Immunizations for Adolescents | Tdap | Mixed | 7,090 | — | — | 73.49% |
| QI | UHCCP | IMA | Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) | Hybrid | 403 | 200 | 403 | 49.63% |
| QI | UHCCP | IMA | Immunizations for Adolescents | Combination 2 (Meningococcal, Tdap, HPV) | Hybrid | 403 | 93 | 403 | 23.08% |
| QI | UHCCP | IMA | Immunizations for Adolescents | HPV | Hybrid | 403 | 109 | 403 | 27.05% |
| QI | UHCCP | IMA | Immunizations for Adolescents | Meningococcal | Hybrid | 403 | 225 | 403 | 55.83% |
| QI | UHCCP | IMA | Immunizations for Adolescents | Tdap | Hybrid | 403 | 220 | 403 | 54.59% |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 100 | 243 | 100 | 2.43 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 1,265 | 3,268 | 1265 | 2.58 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 4 | 19 | 4 | 4.75 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 1,369 | 3,530 | 1369 | 2.58 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 183,489 | 243 | 183489 | 1.32 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 249,634 | 3,268 | 249634 | 13.09 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 134,637 | 19 | 134637 | 0.14 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 572,564 | 3,530 | 572564 | 6.17 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 183,489 | 100 | 183489 | 0.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 249,634 | 1,265 | 249634 | 5.07 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 134,637 | 4 | 134637 | 0.03 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 572,564 | 1,369 | 572564 | 2.39 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 64 | 181 | 64 | 2.83 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 43 | 102 | 43 | 2.37 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 110 | 477 | 110 | 4.34 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 561 | 2,752 | 561 | 4.91 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 1,012 | 5,381 | 1012 | 5.32 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 275 | 2,569 | 275 | 9.34 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 90 | 679 | 90 | 7.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 45 | 345 | 45 | 7.67 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 2,200 | 12,486 | 2200 | 5.68 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 19,363 | 181 | 19363 | 9.35 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 173,089 | 102 | 173089 | 0.59 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 183,489 | 477 | 183489 | 2.60 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 249,634 | 2,752 | 249634 | 11.02 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 134,637 | 5,381 | 134637 | 39.97 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 567,760 | 2,569 | 567760 | 4.52 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 28,850 | 679 | 28850 | 23.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 11,055 | 345 | 11055 | 31.21 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 1,372,681 | 12,486 | 1372681 | 9.10 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 19,363 | 64 | 19363 | 3.31 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 173,089 | 43 | 173089 | 0.25 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 183,489 | 110 | 183489 | 0.60 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 249,634 | 561 | 249634 | 2.25 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 134,637 | 1,012 | 134637 | 7.52 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 567,760 | 275 | 567760 | 0.48 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 28,850 | 90 | 28850 | 3.12 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 11,055 | 45 | 11055 | 4.07 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 1,372,681 | 2,200 | 1372681 | 1.60 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 93 | 1,109 | 93 | 11.92 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 92 | 674 | 92 | 7.33 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 283 | 1,415 | 283 | 5.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 2,184 | 9,386 | 2184 | 4.30 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 1,523 | 11,453 | 1523 | 7.52 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 417 | 4,116 | 417 | 9.87 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 128 | 1,185 | 128 | 9.26 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 51 | 375 | 51 | 7.35 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 4,771 | 29,713 | 4771 | 6.23 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 19,363 | 1,109 | 19363 | 57.27 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 173,089 | 674 | 173089 | 3.89 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 183,489 | 1,415 | 183489 | 7.71 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 249,634 | 9,386 | 249634 | 37.60 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 134,637 | 11,453 | 134637 | 85.07 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 567,760 | 4,116 | 567760 | 7.25 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 28,850 | 1,185 | 28850 | 41.07 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 11,055 | 375 | 11055 | 33.92 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 1,372,681 | 29,713 | 1372681 | 21.65 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 19,363 | 93 | 19363 | 4.80 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 173,089 | 92 | 173089 | 0.53 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 183,489 | 283 | 183489 | 1.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 249,634 | 2,184 | 249634 | 8.75 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 134,637 | 1,523 | 134637 | 11.31 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 567,760 | 417 | 567760 | 0.73 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 28,850 | 128 | 28850 | 4.44 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 11,055 | 51 | 11055 | 4.61 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 1,372,681 | 4,771 | 1372681 | 3.48 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 29 | 928 | 29 | 32.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 49 | 572 | 49 | 11.67 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 73 | 695 | 73 | 9.52 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 358 | 3,366 | 358 | 9.40 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 507 | 6,053 | 507 | 11.94 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 142 | 1,547 | 142 | 10.89 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 38 | 506 | 38 | 13.32 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 6 | 30 | 6 | 5.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 1,202 | 13,697 | 1202 | 11.40 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 19,363 | 928 | 19363 | 47.93 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 173,089 | 572 | 173089 | 3.30 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 183,489 | 695 | 183489 | 3.79 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 249,634 | 3,366 | 249634 | 13.48 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 134,637 | 6,053 | 134637 | 44.96 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 567,760 | 1,547 | 567760 | 2.72 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 28,850 | 506 | 28850 | 17.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 11,055 | 30 | 11055 | 2.71 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 1,372,681 | 13,697 | 1372681 | 9.98 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 19,363 | 29 | 19363 | 1.50 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 173,089 | 49 | 173089 | 0.28 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 183,489 | 73 | 183489 | 0.40 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 249,634 | 358 | 249634 | 1.43 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 134,637 | 507 | 134637 | 3.77 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 567,760 | 142 | 567760 | 0.25 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 28,850 | 38 | 28850 | 1.32 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 11,055 | 6 | 11055 | 0.54 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 1,372,681 | 1,202 | 1372681 | 0.88 |
| QI | AlohaCare | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 190 | 478 | 190 | 2.52 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 3,101 | 7,720 | 3101 | 2.49 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 7 | 20 | 7 | 2.86 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 3,298 | 8,218 | 3298 | 2.49 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 480,114 | 478 | 480114 | 1.00 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 622,174 | 7,720 | 622174 | 12.41 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 342,589 | 20 | 342589 | 0.06 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 1,444,877 | 8,218 | 1444877 | 5.69 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 480,114 | 190 | 480114 | 0.40 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 622,174 | 3,101 | 622174 | 4.98 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 342,589 | 7 | 342589 | 0.02 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 1,444,877 | 3,298 | 1444877 | 2.28 |
| QI | HMSA | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 163 | 648 | 163 | 3.98 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 184 | 678 | 184 | 3.68 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 213 | 840 | 213 | 3.94 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 1,055 | 4,544 | 1055 | 4.31 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 1,892 | 9,443 | 1892 | 4.99 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 248 | 1,531 | 248 | 6.17 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 78 | 629 | 78 | 8.06 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 70 | 546 | 70 | 7.80 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 3,903 | 18,859 | 3903 | 4.83 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 49,204 | 648 | 49204 | 13.17 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 473,067 | 678 | 473067 | 1.43 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 480,114 | 840 | 480114 | 1.75 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 622,174 | 4,544 | 622174 | 7.30 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 342,589 | 9,443 | 342589 | 27.56 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 46,439 | 1,531 | 46439 | 32.97 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 9,724 | 629 | 9724 | 64.69 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 5,102 | 546 | 5102 | 107.02 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 2,028,413 | 18,859 | 2028413 | 9.30 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 49,204 | 163 | 49204 | 3.31 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 473,067 | 184 | 473067 | 0.39 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 480,114 | 213 | 480114 | 0.44 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 622,174 | 1,055 | 622174 | 1.70 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 342,589 | 1,892 | 342589 | 5.52 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 46,439 | 248 | 46439 | 5.34 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 9,724 | 78 | 9724 | 8.02 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 5,102 | 70 | 5102 | 13.72 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 2,028,413 | 3,903 | 2028413 | 1.92 |
| QI | HMSA | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 216 | 1,164 | 216 | 5.39 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 268 | 1,301 | 268 | 4.85 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 516 | 1,911 | 516 | 3.70 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 4,647 | 15,257 | 4647 | 3.28 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 2,719 | 15,491 | 2719 | 5.70 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 384 | 2,975 | 384 | 7.75 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 117 | 982 | 117 | 8.39 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 89 | 649 | 89 | 7.29 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 8,956 | 39,730 | 8956 | 4.44 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 49,204 | 1,164 | 49204 | 23.66 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 473,067 | 1,301 | 473067 | 2.75 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 480,114 | 1,911 | 480114 | 3.98 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 622,174 | 15,257 | 622174 | 24.52 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 342,589 | 15,491 | 342589 | 45.22 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 46,439 | 2,975 | 46439 | 64.06 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 9,724 | 982 | 9724 | 100.99 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 5,102 | 649 | 5102 | 127.21 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 2,028,413 | 39,730 | 2028413 | 19.59 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 49,204 | 216 | 49204 | 4.39 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 473,067 | 268 | 473067 | 0.57 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 480,114 | 516 | 480114 | 1.07 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 622,174 | 4,647 | 622174 | 7.47 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 342,589 | 2,719 | 342589 | 7.94 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 46,439 | 384 | 46439 | 8.27 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 9,724 | 117 | 9724 | 12.03 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 5,102 | 89 | 5102 | 17.44 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 2,028,413 | 8,956 | 2028413 | 4.42 |
| QI | HMSA | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 53 | 516 | 53 | 9.74 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 84 | 623 | 84 | 7.42 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 113 | 593 | 113 | 5.25 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 491 | 2,993 | 491 | 6.10 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 820 | 6,028 | 820 | 7.35 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 136 | 1,444 | 136 | 10.62 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 39 | 353 | 39 | 9.05 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 19 | 103 | 19 | 5.42 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 1,755 | 12,653 | 1755 | 7.21 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 49,204 | 516 | 49204 | 10.49 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 473,067 | 623 | 473067 | 1.32 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 480,114 | 593 | 480114 | 1.24 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 622,174 | 2,993 | 622174 | 4.81 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 342,589 | 6,028 | 342589 | 17.60 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 46,439 | 1,444 | 46439 | 31.09 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 9,724 | 353 | 9724 | 36.30 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 5,102 | 103 | 5102 | 20.19 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 2,028,413 | 12,653 | 2028413 | 6.24 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 49,204 | 53 | 49204 | 1.08 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 473,067 | 84 | 473067 | 0.18 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 480,114 | 113 | 480114 | 0.24 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 622,174 | 491 | 622174 | 0.79 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 342,589 | 820 | 342589 | 2.39 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 46,439 | 136 | 46439 | 2.93 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 9,724 | 39 | 9724 | 4.01 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 5,102 | 19 | 5102 | 3.72 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 2,028,413 | 1,755 | 2028413 | 0.87 |
| QI | HMSA | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 31 | 69 | 31 | 2.23 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 532 | 1,410 | 532 | 2.65 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 1 | 3 | 1 | 3.00 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 564 | 1,482 | 564 | 2.63 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 95,392 | 69 | 95392 | 0.72 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 111,914 | 1,410 | 111914 | 12.60 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 65,618 | 3 | 65618 | 0.05 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 272,924 | 1,482 | 272924 | 5.43 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 95,392 | 31 | 95392 | 0.32 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 111,914 | 532 | 111914 | 4.75 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 65,618 | 1 | 65618 | 0.02 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 272,924 | 564 | 272924 | 2.07 |
| QI | KFHP | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 28 | 142 | 28 | 5.07 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 35 | 106 | 35 | 3.03 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 33 | 124 | 33 | 3.76 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 238 | 896 | 238 | 3.76 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 356 | 1,862 | 356 | 5.23 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 91 | 421 | 91 | 4.63 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 32 | 139 | 32 | 4.34 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 22 | 93 | 22 | 4.23 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 835 | 3,783 | 835 | 4.53 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 11,375 | 142 | 11375 | 12.48 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 94,039 | 106 | 94039 | 1.13 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 95,392 | 124 | 95392 | 1.30 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 111,914 | 896 | 111914 | 8.01 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 65,618 | 1,862 | 65618 | 28.38 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 9,668 | 421 | 9668 | 43.55 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 2,874 | 139 | 2874 | 48.36 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 1,647 | 93 | 1647 | 56.47 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 392,527 | 3,783 | 392527 | 9.64 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 11,375 | 28 | 11375 | 2.46 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 94,039 | 35 | 94039 | 0.37 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 95,392 | 33 | 95392 | 0.35 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 111,914 | 238 | 111914 | 2.13 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 65,618 | 356 | 65618 | 5.43 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 9,668 | 91 | 9668 | 9.41 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 2,874 | 32 | 2874 | 11.13 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 1,647 | 22 | 1647 | 13.36 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 392,527 | 835 | 392527 | 2.13 |
| QI | KFHP | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 42 | 272 | 42 | 6.48 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 48 | 146 | 48 | 3.04 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 88 | 346 | 88 | 3.93 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 880 | 3,057 | 880 | 3.47 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 562 | 3,462 | 562 | 6.16 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 137 | 650 | 137 | 4.74 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 41 | 515 | 41 | 12.56 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 28 | 142 | 28 | 5.07 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 1,826 | 8,590 | 1826 | 4.70 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 11,375 | 272 | 11375 | 23.91 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 94,039 | 146 | 94039 | 1.55 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 95,392 | 346 | 95392 | 3.63 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 111,914 | 3,057 | 111914 | 27.32 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 65,618 | 3,462 | 65618 | 52.76 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 9,668 | 650 | 9668 | 67.23 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 2,874 | 515 | 2874 | 179.19 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 1,647 | 142 | 1647 | 86.22 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 392,527 | 8,590 | 392527 | 21.88 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 11,375 | 42 | 11375 | 3.69 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 94,039 | 48 | 94039 | 0.51 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 95,392 | 88 | 95392 | 0.92 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 111,914 | 880 | 111914 | 7.86 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 65,618 | 562 | 65618 | 8.56 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 9,668 | 137 | 9668 | 14.17 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 2,874 | 41 | 2874 | 14.27 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 1,647 | 28 | 1647 | 17.00 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 392,527 | 1,826 | 392527 | 4.65 |
| QI | KFHP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 14 | 130 | 14 | 9.29 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 13 | 40 | 13 | 3.08 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 24 | 153 | 24 | 6.38 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 110 | 751 | 110 | 6.83 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 205 | 1,597 | 205 | 7.79 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 46 | 229 | 46 | 4.98 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 9 | 376 | 9 | 41.78 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 6 | 49 | 6 | 8.17 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 427 | 3,325 | 427 | 7.79 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 11,375 | 130 | 11375 | 11.43 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 94,039 | 40 | 94039 | 0.43 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 95,392 | 153 | 95392 | 1.60 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 111,914 | 751 | 111914 | 6.71 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 65,618 | 1,597 | 65618 | 24.34 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 9,668 | 229 | 9668 | 23.69 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 2,874 | 376 | 2874 | 130.83 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 1,647 | 49 | 1647 | 29.75 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 392,527 | 3,325 | 392527 | 8.47 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 11,375 | 14 | 11375 | 1.23 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 94,039 | 13 | 94039 | 0.14 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 95,392 | 24 | 95392 | 0.25 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 111,914 | 110 | 111914 | 0.98 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 65,618 | 205 | 65618 | 3.12 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 9,668 | 46 | 9668 | 4.76 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 2,874 | 9 | 2874 | 3.13 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 1,647 | 6 | 1647 | 3.64 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 392,527 | 427 | 392527 | 1.09 |
| QI | KFHP | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 18 | 49 | 18 | 2.72 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 436 | 1,151 | 436 | 2.64 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 2 | 7 | 2 | 3.50 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 456 | 1,207 | 456 | 2.65 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 39,977 | 49 | 39977 | 1.23 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 111,164 | 1,151 | 111164 | 10.35 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 90,808 | 7 | 90808 | 0.08 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 241,949 | 1,207 | 241949 | 4.99 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 39,977 | 18 | 39977 | 0.45 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 111,164 | 436 | 111164 | 3.92 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 90,808 | 2 | 90808 | 0.02 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 241,949 | 456 | 241949 | 1.88 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 16 | 55 | 16 | 3.44 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 27 | 99 | 27 | 3.67 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 59 | 387 | 59 | 6.56 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 418 | 2,382 | 418 | 5.70 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 1,045 | 7,174 | 1045 | 6.87 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 311 | 2,371 | 311 | 7.62 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 234 | 1,872 | 234 | 8.00 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 90 | 566 | 90 | 6.29 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 2,200 | 14,906 | 2200 | 6.78 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 6,822 | 55 | 6822 | 8.06 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 48,629 | 99 | 48629 | 2.04 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 39,977 | 387 | 39977 | 9.68 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 111,164 | 2,382 | 111164 | 21.43 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 90,808 | 7,174 | 90808 | 79.00 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 21,969 | 2,371 | 21969 | 107.92 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 14,820 | 1,872 | 14820 | 126.32 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 6,974 | 566 | 6974 | 81.16 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 341,163 | 14,906 | 341163 | 43.69 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 6,822 | 16 | 6822 | 2.35 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 48,629 | 27 | 48629 | 0.56 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 39,977 | 59 | 39977 | 1.48 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 111,164 | 418 | 111164 | 3.76 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 90,808 | 1,045 | 90808 | 11.51 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 21,969 | 311 | 21969 | 14.16 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 14,820 | 234 | 14820 | 15.79 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 6,974 | 90 | 6974 | 12.91 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 341,163 | 2,200 | 341163 | 6.45 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 25 | 151 | 25 | 6.04 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 50 | 758 | 50 | 15.16 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 111 | 759 | 111 | 6.84 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 1,058 | 5,311 | 1058 | 5.02 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 1,466 | 11,410 | 1466 | 7.78 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 429 | 26,417 | 429 | 61.58 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 294 | 2,391 | 294 | 8.13 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 122 | 868 | 122 | 7.11 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 3,555 | 48,065 | 3555 | 13.52 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 6,822 | 151 | 6822 | 22.13 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 48,629 | 758 | 48629 | 15.59 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 39,977 | 759 | 39977 | 18.99 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 111,164 | 5,311 | 111164 | 47.78 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 90,808 | 11,410 | 90808 | 125.65 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 21,969 | 26,417 | 21969 | 1202.47 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 14,820 | 2,391 | 14820 | 161.34 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 6,974 | 868 | 6974 | 124.46 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 341,163 | 48,065 | 341163 | 140.89 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 6,822 | 25 | 6822 | 3.66 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 48,629 | 50 | 48629 | 1.03 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 39,977 | 111 | 39977 | 2.78 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 111,164 | 1,058 | 111164 | 9.52 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 90,808 | 1,466 | 90808 | 16.14 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 21,969 | 429 | 21969 | 19.53 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 14,820 | 294 | 14820 | 19.84 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 6,974 | 122 | 6974 | 17.49 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 341,163 | 3,555 | 341163 | 10.42 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 9 | 96 | 9 | 10.67 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 23 | 659 | 23 | 28.65 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 34 | 323 | 34 | 9.50 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 204 | 1,778 | 204 | 8.72 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 419 | 4,229 | 419 | 10.09 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 118 | 24,046 | 118 | 203.78 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 60 | 519 | 60 | 8.65 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 32 | 302 | 32 | 9.44 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 899 | 31,952 | 899 | 35.54 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 6,822 | 96 | 6822 | 14.07 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 48,629 | 659 | 48629 | 13.55 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 39,977 | 323 | 39977 | 8.08 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 111,164 | 1,778 | 111164 | 15.99 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 90,808 | 4,229 | 90808 | 46.57 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 21,969 | 24,046 | 21969 | 1094.54 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 14,820 | 519 | 14820 | 35.02 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 6,974 | 302 | 6974 | 43.30 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 341,163 | 31,952 | 341163 | 93.66 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 6,822 | 9 | 6822 | 1.32 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 48,629 | 23 | 48629 | 0.47 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 39,977 | 34 | 39977 | 0.85 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 111,164 | 204 | 111164 | 1.84 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 90,808 | 419 | 90808 | 4.61 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 21,969 | 118 | 21969 | 5.37 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 14,820 | 60 | 14820 | 4.05 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 6,974 | 32 | 6974 | 4.59 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 341,163 | 899 | 341163 | 2.64 |
| QI | 'Ohana | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 376 | 944 | 376 | 2.51 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 5,968 | 15,186 | 5968 | 2.54 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 15 | 55 | 15 | 3.67 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 6,359 | 16,185 | 6359 | 2.55 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 859,716 | 944 | 859716 | 1.10 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 1,280,592 | 15,186 | 1280592 | 11.86 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 769,688 | 55 | 769688 | 0.07 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 2,914,800 | 16,185 | 2914800 | 5.55 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 4,804 | 0 | 4804 | 0.00 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 859,716 | 376 | 859716 | 0.44 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 1,280,592 | 5,968 | 1280592 | 4.66 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 769,688 | 15 | 769688 | 0.02 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 2,914,800 | 6,359 | 2914800 | 2.18 |
| QI | Statewide | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 325 | 1,327 | 325 | 4.08 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 327 | 1,118 | 327 | 3.42 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 444 | 2,015 | 444 | 4.54 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 2,732 | 12,836 | 2732 | 4.70 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 5,488 | 32,306 | 5488 | 5.89 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 1,505 | 11,001 | 1505 | 7.31 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 845 | 5,724 | 845 | 6.77 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 506 | 2,963 | 506 | 5.86 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 12,172 | 69,290 | 12172 | 5.69 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 98,490 | 1,327 | 98490 | 13.47 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 860,545 | 1,118 | 860545 | 1.30 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 859,716 | 2,015 | 859716 | 2.34 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 1,280,592 | 12,836 | 1280592 | 10.02 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 769,688 | 32,306 | 769688 | 41.97 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 710,159 | 11,001 | 710159 | 15.49 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 101,138 | 5,724 | 101138 | 56.60 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 44,609 | 2,963 | 44609 | 66.42 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 4,729,741 | 69,290 | 4729741 | 14.65 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 98,490 | 325 | 98490 | 3.30 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 860,545 | 327 | 860545 | 0.38 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 859,716 | 444 | 859716 | 0.52 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 1,280,592 | 2,732 | 1280592 | 2.13 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 769,688 | 5,488 | 769688 | 7.13 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 710,159 | 1,505 | 710159 | 2.12 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 101,138 | 845 | 101138 | 8.35 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 44,609 | 506 | 44609 | 11.34 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 4,729,741 | 12,172 | 4729741 | 2.57 |
| QI | Statewide | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 444 | 3,183 | 444 | 7.17 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 519 | 3,215 | 519 | 6.19 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 1,088 | 4,834 | 1088 | 4.44 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 10,102 | 39,574 | 10102 | 3.92 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 8,054 | 57,388 | 8054 | 7.13 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 2,252 | 41,840 | 2252 | 18.58 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 1,202 | 9,432 | 1202 | 7.85 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 665 | 4,287 | 665 | 6.45 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 24,326 | 163,753 | 24326 | 6.73 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 98,490 | 3,183 | 98490 | 32.32 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 860,545 | 3,215 | 860545 | 3.74 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 859,716 | 4,834 | 859716 | 5.62 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 1,280,592 | 39,574 | 1280592 | 30.90 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 769,688 | 57,388 | 769688 | 74.56 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 710,159 | 41,840 | 710159 | 58.92 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 101,138 | 9,432 | 101138 | 93.26 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 44,609 | 4,287 | 44609 | 96.10 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 4,729,741 | 163,753 | 4729741 | 34.62 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 98,490 | 444 | 98490 | 4.51 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 860,545 | 519 | 860545 | 0.60 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 859,716 | 1,088 | 859716 | 1.27 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 1,280,592 | 10,102 | 1280592 | 7.89 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 769,688 | 8,054 | 769688 | 10.46 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 710,159 | 2,252 | 710159 | 3.17 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 101,138 | 1,202 | 101138 | 11.88 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 44,609 | 665 | 44609 | 14.91 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 4,729,741 | 24,326 | 4729741 | 5.14 |
| QI | Statewide | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 119 | 1,856 | 119 | 15.60 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 192 | 2,097 | 192 | 10.92 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 268 | 1,875 | 268 | 7.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 1,402 | 11,552 | 1402 | 8.24 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 2,551 | 25,027 | 2551 | 9.81 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 747 | 30,839 | 747 | 41.28 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 357 | 3,708 | 357 | 10.39 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 159 | 1,324 | 159 | 8.33 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 5,795 | 78,278 | 5795 | 13.51 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 98,490 | 1,856 | 98490 | 18.84 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 860,545 | 2,097 | 860545 | 2.44 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 859,716 | 1,875 | 859716 | 2.18 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 1,280,592 | 11,552 | 1280592 | 9.02 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 769,688 | 25,027 | 769688 | 32.52 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 710,159 | 30,839 | 710159 | 43.43 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 101,138 | 3,708 | 101138 | 36.66 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 44,609 | 1,324 | 44609 | 29.68 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 4,729,741 | 78,278 | 4729741 | 16.55 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 98,490 | 119 | 98490 | 1.21 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 860,545 | 192 | 860545 | 0.22 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 859,716 | 268 | 859716 | 0.31 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 1,280,592 | 1,402 | 1280592 | 1.09 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 769,688 | 2,551 | 769688 | 3.31 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 710,159 | 747 | 710159 | 1.05 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 101,138 | 357 | 101138 | 3.53 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 44,609 | 159 | 44609 | 3.56 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 4,729,741 | 5,795 | 4729741 | 1.23 |
| QI | Statewide | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 4,804 | 0 | 4804 | 0.00 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 10-19 ALOS | Admin | 37 | 105 | 37 | 2.84 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 20-44 ALOS | Admin | 634 | 1,637 | 634 | 2.58 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 45-64 ALOS | Admin | 1 | 6 | 1 | 6.00 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Tot ALOS | Admin | 672 | 1,748 | 672 | 2.60 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 10-19 Days/1000 MM | Admin | 60,744 | 105 | 60744 | 1.73 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 20-44 Days/1000 MM | Admin | 185,706 | 1,637 | 185706 | 8.82 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 45-64 Days/1000 MM | Admin | 136,036 | 6 | 136036 | 0.04 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Tot Days/1000 MM | Admin | 382,486 | 1,748 | 382486 | 4.57 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Unk Days/1000 MM | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 10-19 Ds/1000 MM | Admin | 60,744 | 37 | 60744 | 0.61 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 20-44 Ds/1000 | Admin | 185,706 | 634 | 185706 | 3.41 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity 45-64 Ds/1000 | Admin | 136,036 | 1 | 136036 | 0.01 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Tot Ds/1000 | Admin | 382,486 | 672 | 382486 | 1.76 |
| QI | UHCCP | IPUA | Inpatient Utilization | Maternity Unk Ds/1000 | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine <1 ALOS | Admin | 54 | 301 | 54 | 5.57 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 10-19 ALOS | Admin | 38 | 133 | 38 | 3.50 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 1-9 ALOS | Admin | 29 | 187 | 29 | 6.45 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 20-44 ALOS | Admin | 460 | 2,262 | 460 | 4.92 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 45-64 ALOS | Admin | 1,183 | 8,446 | 1183 | 7.14 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 65-74 ALOS | Admin | 580 | 4,109 | 580 | 7.08 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 75-84 ALOS | Admin | 411 | 2,405 | 411 | 5.85 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 85+ ALOS | Admin | 279 | 1,413 | 279 | 5.06 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Tot ALOS | Admin | 3,034 | 19,256 | 3034 | 6.35 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine <1 Days/1000 MM | Admin | 11,726 | 301 | 11726 | 25.67 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 10-19 Days/1000 MM | Admin | 71,721 | 133 | 71721 | 1.85 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 1-9 Days/1000 MM | Admin | 60,744 | 187 | 60744 | 3.08 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 20-44 Days/1000 MM | Admin | 185,706 | 2,262 | 185706 | 12.18 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 45-64 Days/1000 MM | Admin | 136,036 | 8,446 | 136036 | 62.09 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 65-74 Days/1000 MM | Admin | 64,323 | 4,109 | 64323 | 63.88 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 75-84 Days/1000 MM | Admin | 44,870 | 2,405 | 44870 | 53.60 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 85+ Days/1000 MM | Admin | 19,831 | 1,413 | 19831 | 71.25 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Tot Days/1000 MM | Admin | 594,957 | 19,256 | 594957 | 32.37 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine <1 Ds/1000 | Admin | 11,726 | 54 | 11726 | 4.61 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 10-19 Ds/1000 MM | Admin | 71,721 | 38 | 71721 | 0.53 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 1-9 Ds/1000 MM | Admin | 60,744 | 29 | 60744 | 0.48 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 20-44 Ds/1000 | Admin | 185,706 | 460 | 185706 | 2.48 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 45-64 Ds/1000 | Admin | 136,036 | 1,183 | 136036 | 8.70 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 65-74 Ds/1000 | Admin | 64,323 | 580 | 64323 | 9.02 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 75-84 Ds/1000 | Admin | 44,870 | 411 | 44870 | 9.16 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine 85+ Ds/1000 | Admin | 19,831 | 279 | 19831 | 14.07 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Tot Ds/1000 | Admin | 594,957 | 3,034 | 594957 | 5.10 |
| QI | UHCCP | IPUA | Inpatient Utilization | Medicine Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS <1 | Admin | 68 | 487 | 68 | 7.16 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 10-19 | Admin | 61 | 336 | 61 | 5.51 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 1-9 | Admin | 90 | 403 | 90 | 4.48 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 20-44 | Admin | 1,333 | 6,563 | 1333 | 4.92 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 45-64 | Admin | 1,784 | 15,572 | 1784 | 8.73 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 65-74 | Admin | 885 | 7,682 | 885 | 8.68 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 75-84 | Admin | 622 | 4,359 | 622 | 7.01 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS 85+ | Admin | 375 | 2,253 | 375 | 6.01 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS Tot | Admin | 5,218 | 37,655 | 5218 | 7.22 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP ALOS Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 <1 | Admin | 11,726 | 487 | 11726 | 41.53 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 10-19 | Admin | 71,721 | 336 | 71721 | 4.68 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 1-9 | Admin | 60,744 | 403 | 60744 | 6.63 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 20-44 | Admin | 185,706 | 6,563 | 185706 | 35.34 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 45-64 | Admin | 136,036 | 15,572 | 136036 | 114.47 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 65-74 | Admin | 64,323 | 7,682 | 64323 | 119.43 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 75-84 | Admin | 44,870 | 4,359 | 44870 | 97.15 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM 85+ | Admin | 19,831 | 2,253 | 19831 | 113.61 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Tot | Admin | 594,957 | 37,655 | 594957 | 63.29 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 <1 | Admin | 11,726 | 68 | 11726 | 5.80 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 10-19 | Admin | 71,721 | 61 | 71721 | 0.85 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 1-9 | Admin | 60,744 | 90 | 60744 | 1.48 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP 20-44 Ds/1000 | Admin | 185,706 | 1,333 | 185706 | 7.18 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 45-64 | Admin | 136,036 | 1,784 | 136036 | 13.11 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 65-74 | Admin | 64,323 | 885 | 64323 | 13.76 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 75-84 | Admin | 44,870 | 622 | 44870 | 13.86 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM 85+ | Admin | 19,831 | 375 | 19831 | 18.91 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Tot | Admin | 594,957 | 5,218 | 594957 | 8.77 |
| QI | UHCCP | IPUA | Inpatient Utilization | Tot IP Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery <1 ALOS | Admin | 14 | 186 | 14 | 13.29 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 10-19 ALOS | Admin | 23 | 203 | 23 | 8.83 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 1-9 ALOS | Admin | 24 | 111 | 24 | 4.63 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 20-44 ALOS | Admin | 239 | 2,664 | 239 | 11.15 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 45-64 ALOS | Admin | 600 | 7,120 | 600 | 11.87 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 65-74 ALOS | Admin | 305 | 3,573 | 305 | 11.71 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 75-84 ALOS | Admin | 211 | 1,954 | 211 | 9.26 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 85+ ALOS | Admin | 96 | 840 | 96 | 8.75 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Tot ALOS | Admin | 1,512 | 16,651 | 1512 | 11.01 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Unk ALOS | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery <1 Days/1000 MM | Admin | 11,726 | 186 | 11726 | 15.86 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 10-19 Days/1000 MM | Admin | 71,721 | 203 | 71721 | 2.83 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 1-9 Days/1000 MM | Admin | 60,744 | 111 | 60744 | 1.83 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 20-44 Days/1000 MM | Admin | 185,706 | 2,664 | 185706 | 14.35 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 45-64 Days/1000 MM | Admin | 136,036 | 7,120 | 136036 | 52.34 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 65-74 Days/1000 MM | Admin | 64,323 | 3,573 | 64323 | 55.55 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 75-84 Days/1000 MM | Admin | 44,870 | 1,954 | 44870 | 43.55 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 85+ Days/1000 MM | Admin | 19,831 | 840 | 19831 | 42.36 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Tot Days/1000 MM | Admin | 594,957 | 16,651 | 594957 | 27.99 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Days/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery <1 Ds/1000 | Admin | 11,726 | 14 | 11726 | 1.19 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 10-19 Ds/1000 MM | Admin | 71,721 | 23 | 71721 | 0.32 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 1-9 Ds/1000 MM | Admin | 60,744 | 24 | 60744 | 0.40 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 20-44 Ds/1000 | Admin | 185,706 | 239 | 185706 | 1.29 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 45-64 Ds/1000 | Admin | 136,036 | 600 | 136036 | 4.41 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 65-74 Ds/1000 | Admin | 64,323 | 305 | 64323 | 4.74 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 75-84 Ds/1000 | Admin | 44,870 | 211 | 44870 | 4.70 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery 85+ Ds/1000 | Admin | 19,831 | 96 | 19831 | 4.84 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Tot Ds/1000 | Admin | 594,957 | 1,512 | 594957 | 2.54 |
| QI | UHCCP | IPUA | Inpatient Utilization | Surgery Ds/1000 MM Unk | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 277 | 29 | 277 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 336 | 5 | 336 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 530 | 6 | 530 | 11.32 |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 767 | 12 | 767 | 15.65 |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 277 | 9 | 277 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 336 | 5 | 336 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 530 | 8 | 530 | 15.09 |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 767 | 5 | 767 | 6.52 |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 277 | 5 | 277 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 336 | 6 | 336 | NA |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 530 | 10 | 530 | 18.87 |
| QI | AlohaCare | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 767 | 10 | 767 | 13.04 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 967 | 0 | 967 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 727 | 0 | 727 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 900 | 0 | 900 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 2,134 | 0 | 2134 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 967 | 0 | 967 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 727 | 1 | 727 | 1.38 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 900 | 0 | 900 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 2,134 | 0 | 2134 | 0.00 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 967 | 15 | 967 | 15.51 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 727 | 14 | 727 | 19.26 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 900 | 12 | 900 | 13.33 |
| QI | HMSA | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 2,134 | 39 | 2134 | 18.28 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 2,041 | 12 | 2041 | 5.88 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 256 | 2 | 256 | NA |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 632 | 2 | 632 | 3.16 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 927 | 4 | 927 | 4.31 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 2,041 | 6 | 2041 | 2.94 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 256 | 5 | 256 | NA |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 632 | 7 | 632 | 11.08 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 927 | 1 | 927 | 1.08 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 2,041 | 42 | 2041 | 20.58 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 256 | 34 | 256 | NA |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 632 | 31 | 632 | 49.05 |
| QI | KFHP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 927 | 46 | 927 | 49.62 |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 114,075 | 260 | 114075 | 2.28 |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 57 | 0 | 57 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 114,075 | 16 | 114075 | 0.14 |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 57 | 0 | 57 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 114,075 | 2 | 114075 | 0.02 |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 57 | 0 | 57 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 133,071 | 883 | 133071 | 6.64 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 7,862 | 402 | 7862 | 51.13 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 8,689 | 164 | 8689 | 18.87 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 15,606 | 227 | 15606 | 14.55 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 133,071 | 73 | 133071 | 0.55 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 7,862 | 43 | 7862 | 5.47 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 8,689 | 58 | 8689 | 6.68 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 15,606 | 92 | 15606 | 5.90 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 133,071 | 91 | 133071 | 0.68 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 7,862 | 80 | 7862 | 10.18 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 8,689 | 90 | 8689 | 10.36 |
| QI | Statewide | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 15,606 | 153 | 15606 | 9.80 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—18–64 Years | Admin | 15,711 | 582 | 15711 | 37.04 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—65–74 Years | Admin | 6,486 | 395 | 6486 | 60.90 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—75–84 Years | Admin | 6,627 | 156 | 6627 | 23.54 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Short-Term Stay—85+ Years | Admin | 11,778 | 211 | 11778 | 17.91 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—18–64 Years | Admin | 15,711 | 42 | 15711 | 2.67 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—65–74 Years | Admin | 6,486 | 32 | 6486 | 4.93 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—75–84 Years | Admin | 6,627 | 43 | 6627 | 6.49 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Medium-Term Stay—85+ Years | Admin | 11,778 | 86 | 11778 | 7.30 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—18–64 Years | Admin | 15,711 | 27 | 15711 | 1.72 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—65–74 Years | Admin | 6,486 | 26 | 6486 | 4.01 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—75–84 Years | Admin | 6,627 | 37 | 6627 | 5.58 |
| QI | UHCCP | LTSS-AIF | Long-Term Services and Supports—Admission to an Institution from the Community | Long-Term Stay—85+ Years | Admin | 11,778 | 58 | 11778 | 4.92 |
| QI | AlohaCare | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 42 | 4 | 42 | NA |
| QI | AlohaCare | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 42 | 11 | 42 | NA |
| QI | HMSA | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 87 | 15 | 87 | NA |
| QI | KFHP | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 87 | 31 | 87 | NA |
| QI | 'Ohana | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 179 | 11 | 179 | 0.06 |
| QI | 'Ohana | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 179 | 55 | 179 | 0.31 |
| QI | Statewide | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 1,467 | 210 | 1467 | 0.14 |
| QI | Statewide | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 1,467 | 490 | 1467 | 0.33 |
| QI | UHCCP | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Observed Rate | Admin | 1,159 | 180 | 1159 | 0.16 |
| QI | UHCCP | LTSS-ILOS | Long-Term Services and Supports—Minimizing Institutional Length of Stay | Risk-Adjusted Rate | Admin | 1,159 | 393 | 1159 | 0.34 |
| QI | AlohaCare | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 15 | 1 | 15 | NA |
| QI | HMSA | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 15 | 10 | 15 | NA |
| QI | KFHP | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 57 | 0 | 57 | NA |
| QI | KFHP | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 57 | 42 | 57 | NA |
| QI | 'Ohana | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 1 | 1 | 1 | NA |
| QI | 'Ohana | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 1 | 1 | 1 | NA |
| QI | Statewide | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 604 | 483 | 604 | 0.80 |
| QI | Statewide | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 604 | 415 | 604 | 0.69 |
| QI | UHCCP | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Observed Rate | Admin | 531 | 481 | 531 | 0.91 |
| QI | UHCCP | LTSS-TRAN | Long-Term Services and Supports—Successful Transition After Long-Term Institutional Stay | Risk-Adjusted Rate | Admin | 531 | 362 | 531 | 0.68 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 123,640 | 142 | 123640 | 1.38% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 43,785 | 244 | 43785 | 6.69% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 214,303 | 1,642 | 214303 | 9.19% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 25,927 | 76 | 25927 | 3.52% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 407,655 | 2,104 | 407655 | 6.19% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 131,439 | 105 | 131439 | 0.96% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 47,326 | 158 | 47326 | 4.01% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 199,719 | 1,330 | 199719 | 7.99% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 18,782 | 51 | 18782 | 3.26% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 397,266 | 1,644 | 397266 | 4.97% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 255,079 | 247 | 255079 | 1.16% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 91,111 | 402 | 91111 | 5.29% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 414,022 | 2,972 | 414022 | 8.61% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 44,709 | 127 | 44709 | 3.41% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 804,921 | 3,748 | 804921 | 5.59% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 123,640 | 201 | 123640 | 1.95% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 43,785 | 300 | 43785 | 8.22% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 214,303 | 2,335 | 214303 | 13.07% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 25,927 | 137 | 25927 | 6.34% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 407,655 | 2,973 | 407655 | 8.75% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 131,439 | 270 | 131439 | 2.47% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 47,326 | 198 | 47326 | 5.02% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 199,719 | 1,764 | 199719 | 10.60% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 18,782 | 104 | 18782 | 6.64% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 397,266 | 2,336 | 397266 | 7.06% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 255,079 | 471 | 255079 | 2.22% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 91,111 | 498 | 91111 | 6.56% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 414,022 | 4,099 | 414022 | 11.88% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 44,709 | 241 | 44709 | 6.47% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 804,921 | 5,309 | 804921 | 7.91% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 123,640 | 0 | 123640 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 43,785 | 3 | 43785 | 0.08% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 214,303 | 9 | 214303 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 25,927 | 0 | 25927 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 407,655 | 12 | 407655 | 0.04% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 131,439 | 0 | 131439 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 47,326 | 2 | 47326 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 199,719 | 15 | 199719 | 0.09% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 18,782 | 0 | 18782 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 397,266 | 17 | 397266 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 255,079 | 0 | 255079 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 91,111 | 5 | 91111 | 0.07% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 414,022 | 24 | 414022 | 0.07% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 44,709 | 0 | 44709 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 804,921 | 29 | 804921 | 0.04% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 123,640 | 0 | 123640 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 43,785 | 3 | 43785 | 0.08% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 214,303 | 14 | 214303 | 0.08% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 25,927 | 0 | 25927 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 407,655 | 17 | 407655 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 131,439 | 1 | 131439 | 0.01% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 47,326 | 2 | 47326 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 199,719 | 20 | 199719 | 0.12% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 18,782 | 1 | 18782 | 0.06% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 397,266 | 25 | 397266 | 0.08% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 1 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 255,079 | 1 | 255079 | 0.00% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 91,111 | 5 | 91111 | 0.07% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 414,022 | 34 | 414022 | 0.10% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 44,709 | 1 | 44709 | 0.03% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 804,921 | 42 | 804921 | 0.06% |
| QI | AlohaCare | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 1 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 123,640 | 5 | 123640 | 0.05% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 43,785 | 21 | 43785 | 0.58% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 214,303 | 111 | 214303 | 0.62% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 25,927 | 41 | 25927 | 1.90% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 407,655 | 178 | 407655 | 0.52% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 131,439 | 4 | 131439 | 0.04% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 47,326 | 17 | 47326 | 0.43% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 199,719 | 128 | 199719 | 0.77% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 18,782 | 31 | 18782 | 1.98% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 397,266 | 180 | 397266 | 0.54% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 255,079 | 9 | 255079 | 0.04% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 91,111 | 38 | 91111 | 0.50% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 414,022 | 239 | 414022 | 0.69% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 44,709 | 72 | 44709 | 1.93% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 804,921 | 358 | 804921 | 0.53% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 123,640 | 114 | 123640 | 1.11% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 43,785 | 267 | 43785 | 7.32% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 214,303 | 1,551 | 214303 | 8.68% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 25,927 | 62 | 25927 | 2.87% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 407,655 | 1,994 | 407655 | 5.87% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 131,439 | 155 | 131439 | 1.42% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 47,326 | 114 | 47326 | 2.89% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 199,719 | 994 | 199719 | 5.97% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 18,782 | 51 | 18782 | 3.26% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 397,266 | 1,314 | 397266 | 3.97% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 255,079 | 269 | 255079 | 1.27% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 91,111 | 381 | 91111 | 5.02% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 414,022 | 2,545 | 414022 | 7.38% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 44,709 | 113 | 44709 | 3.03% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 804,921 | 3,308 | 804921 | 4.93% |
| QI | AlohaCare | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 328,878 | 1,067 | 328878 | 3.89% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 115,747 | 1,051 | 115747 | 10.90% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 597,396 | 6,688 | 597396 | 13.43% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 35,507 | 132 | 35507 | 4.46% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 1,077,528 | 8,938 | 1077528 | 9.95% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 352,430 | 1,343 | 352430 | 4.57% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 125,548 | 867 | 125548 | 8.29% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 436,751 | 3,766 | 436751 | 10.35% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 25,060 | 88 | 25060 | 4.21% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 939,789 | 6,064 | 939789 | 7.74% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 681,308 | 2,410 | 681308 | 4.24% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 241,295 | 1,918 | 241295 | 9.54% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 1,034,147 | 10,454 | 1034147 | 12.13% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 60,567 | 220 | 60567 | 4.36% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 2,017,317 | 15,002 | 2017317 | 8.92% |
| QI | HMSA | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 328,878 | 1,269 | 328878 | 4.63% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 115,747 | 1,319 | 115747 | 13.67% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 597,396 | 8,805 | 597396 | 17.69% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 35,507 | 177 | 35507 | 5.98% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 1,077,528 | 11,570 | 1077528 | 12.89% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 352,430 | 1,650 | 352430 | 5.62% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 125,548 | 1,025 | 125548 | 9.80% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 436,751 | 4,713 | 436751 | 12.95% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 25,060 | 115 | 25060 | 5.51% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 939,789 | 7,503 | 939789 | 9.58% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 681,308 | 2,919 | 681308 | 5.14% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 241,295 | 2,344 | 241295 | 11.66% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 1,034,147 | 13,518 | 1034147 | 15.69% |
| QI | HMSA | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 60,567 | 292 | 60567 | 5.79% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 2,017,317 | 19,073 | 2017317 | 11.35% |
| QI | HMSA | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 328,878 | 0 | 328878 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 115,747 | 12 | 115747 | 0.12% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 597,396 | 36 | 597396 | 0.07% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 35,507 | 0 | 35507 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 1,077,528 | 48 | 1077528 | 0.05% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 352,430 | 0 | 352430 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 125,548 | 2 | 125548 | 0.02% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 436,751 | 20 | 436751 | 0.05% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 25,060 | 0 | 25060 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 939,789 | 22 | 939789 | 0.03% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 681,308 | 0 | 681308 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 241,295 | 14 | 241295 | 0.07% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 1,034,147 | 56 | 1034147 | 0.06% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 60,567 | 0 | 60567 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 2,017,317 | 70 | 2017317 | 0.04% |
| QI | HMSA | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 328,878 | 9 | 328878 | 0.03% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 115,747 | 26 | 115747 | 0.27% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 597,396 | 115 | 597396 | 0.23% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 35,507 | 1 | 35507 | 0.03% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 1,077,528 | 151 | 1077528 | 0.17% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 352,430 | 13 | 352430 | 0.04% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 125,548 | 16 | 125548 | 0.15% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 436,751 | 104 | 436751 | 0.29% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 25,060 | 0 | 25060 | 0.00% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 939,789 | 133 | 939789 | 0.17% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 681,308 | 22 | 681308 | 0.04% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 241,295 | 42 | 241295 | 0.21% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 1,034,147 | 219 | 1034147 | 0.25% |
| QI | HMSA | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 60,567 | 1 | 60567 | 0.02% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 2,017,317 | 284 | 2017317 | 0.17% |
| QI | HMSA | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 328,878 | 10 | 328878 | 0.04% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 115,747 | 91 | 115747 | 0.94% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 597,396 | 265 | 597396 | 0.53% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 35,507 | 15 | 35507 | 0.51% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 1,077,528 | 381 | 1077528 | 0.42% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 352,430 | 14 | 352430 | 0.05% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 125,548 | 44 | 125548 | 0.42% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 436,751 | 254 | 436751 | 0.70% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 25,060 | 11 | 25060 | 0.53% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 939,789 | 323 | 939789 | 0.41% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 681,308 | 24 | 681308 | 0.04% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 241,295 | 135 | 241295 | 0.67% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 1,034,147 | 519 | 1034147 | 0.60% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 60,567 | 26 | 60567 | 0.52% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 2,017,317 | 704 | 2017317 | 0.42% |
| QI | HMSA | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 328,878 | 706 | 328878 | 2.58% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 115,747 | 830 | 115747 | 8.60% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 597,396 | 6,081 | 597396 | 12.22% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 35,507 | 105 | 35507 | 3.55% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 1,077,528 | 7,722 | 1077528 | 8.60% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 352,430 | 925 | 352430 | 3.15% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 125,548 | 591 | 125548 | 5.65% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 436,751 | 2,753 | 436751 | 7.56% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 25,060 | 50 | 25060 | 2.39% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 939,789 | 4,319 | 939789 | 5.51% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 681,308 | 1,631 | 681308 | 2.87% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 241,295 | 1,421 | 241295 | 7.07% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 1,034,147 | 8,834 | 1034147 | 10.25% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 60,567 | 155 | 60567 | 3.07% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 2,017,317 | 12,041 | 2017317 | 7.16% |
| QI | HMSA | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 66,237 | 153 | 66237 | 2.77% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 22,804 | 143 | 22804 | 7.52% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 113,036 | 644 | 113036 | 6.84% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 8,625 | 22 | 8625 | 3.06% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 210,702 | 962 | 210702 | 5.48% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 71,071 | 261 | 71071 | 4.41% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 25,120 | 119 | 25120 | 5.68% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 80,038 | 303 | 80038 | 4.54% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 5,564 | 14 | 5564 | 3.02% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 181,793 | 697 | 181793 | 4.60% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 137,308 | 414 | 137308 | 3.62% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 47,924 | 262 | 47924 | 6.56% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 193,074 | 947 | 193074 | 5.89% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 14,189 | 36 | 14189 | 3.04% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 392,495 | 1,659 | 392495 | 5.07% |
| QI | KFHP | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 66,237 | 259 | 66237 | 4.69% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 22,804 | 235 | 22804 | 12.37% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 113,036 | 1,497 | 113036 | 15.89% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 8,625 | 108 | 8625 | 15.03% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 210,702 | 2,099 | 210702 | 11.95% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 71,071 | 450 | 71071 | 7.60% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 25,120 | 177 | 25120 | 8.46% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 80,038 | 716 | 80038 | 10.73% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 5,564 | 57 | 5564 | 12.29% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 181,793 | 1,400 | 181793 | 9.24% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 137,308 | 709 | 137308 | 6.20% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 47,924 | 412 | 47924 | 10.32% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 193,074 | 2,213 | 193074 | 13.75% |
| QI | KFHP | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 14,189 | 165 | 14189 | 13.95% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 392,495 | 3,499 | 392495 | 10.70% |
| QI | KFHP | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 66,237 | 0 | 66237 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 22,804 | 3 | 22804 | 0.16% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 113,036 | 9 | 113036 | 0.10% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 8,625 | 0 | 8625 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 210,702 | 12 | 210702 | 0.07% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 71,071 | 0 | 71071 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 25,120 | 0 | 25120 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 80,038 | 4 | 80038 | 0.06% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 5,564 | 0 | 5564 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 181,793 | 4 | 181793 | 0.03% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 137,308 | 0 | 137308 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 47,924 | 3 | 47924 | 0.08% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 193,074 | 13 | 193074 | 0.08% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 14,189 | 0 | 14189 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 392,495 | 16 | 392495 | 0.05% |
| QI | KFHP | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 66,237 | 0 | 66237 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 22,804 | 2 | 22804 | 0.11% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 113,036 | 1 | 113036 | 0.01% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 8,625 | 0 | 8625 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 210,702 | 3 | 210702 | 0.02% |
| QI | KFHP | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 71,071 | 0 | 71071 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 25,120 | 4 | 25120 | 0.19% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 80,038 | 3 | 80038 | 0.04% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 5,564 | 0 | 5564 | 0.00% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 181,793 | 7 | 181793 | 0.05% |
| QI | KFHP | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 137,308 | 0 | 137308 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 47,924 | 6 | 47924 | 0.15% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 193,074 | 4 | 193074 | 0.02% |
| QI | KFHP | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 14,189 | 0 | 14189 | 0.00% |
| QI | KFHP | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 392,495 | 10 | 392495 | 0.03% |
| QI | KFHP | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 66,237 | 4 | 66237 | 0.07% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 22,804 | 13 | 22804 | 0.68% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 113,036 | 57 | 113036 | 0.61% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 8,625 | 4 | 8625 | 0.56% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 210,702 | 78 | 210702 | 0.44% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 71,071 | 1 | 71071 | 0.02% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 25,120 | 11 | 25120 | 0.53% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 80,038 | 39 | 80038 | 0.58% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 5,564 | 2 | 5564 | 0.43% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 181,793 | 53 | 181793 | 0.35% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 137,308 | 5 | 137308 | 0.04% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 47,924 | 24 | 47924 | 0.60% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 193,074 | 96 | 193074 | 0.60% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 14,189 | 6 | 14189 | 0.51% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 392,495 | 131 | 392495 | 0.40% |
| QI | KFHP | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 66,237 | 212 | 66237 | 3.84% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 22,804 | 202 | 22804 | 10.63% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 113,036 | 1,312 | 113036 | 13.93% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 8,625 | 101 | 8625 | 14.05% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 210,702 | 1,827 | 210702 | 10.41% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 71,071 | 376 | 71071 | 6.35% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 25,120 | 140 | 25120 | 6.69% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 80,038 | 602 | 80038 | 9.03% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 5,564 | 54 | 5564 | 11.65% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 181,793 | 1,172 | 181793 | 7.74% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 137,308 | 588 | 137308 | 5.14% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 47,924 | 342 | 47924 | 8.56% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 193,074 | 1,914 | 193074 | 11.90% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 14,189 | 155 | 14189 | 13.11% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 392,495 | 2,999 | 392495 | 9.17% |
| QI | KFHP | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 32,971 | 41 | 32971 | 1.49% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 9,898 | 65 | 9898 | 7.88% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 92,030 | 1,084 | 92030 | 14.13% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 27,089 | 107 | 27089 | 4.74% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 161,988 | 1,297 | 161988 | 9.61% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 35,057 | 56 | 35057 | 1.92% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 10,512 | 36 | 10512 | 4.11% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 107,081 | 1,094 | 107081 | 12.26% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 15,598 | 90 | 15598 | 6.92% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 168,248 | 1,276 | 168248 | 9.10% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 68,028 | 97 | 68028 | 1.71% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 20,410 | 101 | 20410 | 5.94% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 199,111 | 2,178 | 199111 | 13.13% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 42,687 | 197 | 42687 | 5.54% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 330,236 | 2,573 | 330236 | 9.35% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 32,971 | 48 | 32971 | 1.75% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 9,898 | 87 | 9898 | 10.55% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 92,030 | 1,426 | 92030 | 18.59% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 27,089 | 175 | 27089 | 7.75% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 161,988 | 1,736 | 161988 | 12.86% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 35,057 | 78 | 35057 | 2.67% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 10,512 | 51 | 10512 | 5.82% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 107,081 | 1,365 | 107081 | 15.30% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 15,598 | 125 | 15598 | 9.62% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 168,248 | 1,619 | 168248 | 11.55% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 68,028 | 126 | 68028 | 2.22% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 20,410 | 138 | 20410 | 8.11% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 199,111 | 2,791 | 199111 | 16.82% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 42,687 | 300 | 42687 | 8.43% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 330,236 | 3,355 | 330236 | 12.19% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 32,971 | 0 | 32971 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 9,898 | 3 | 9898 | 0.36% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 92,030 | 10 | 92030 | 0.13% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 27,089 | 1 | 27089 | 0.04% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 161,988 | 14 | 161988 | 0.10% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 35,057 | 0 | 35057 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 10,512 | 0 | 10512 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 107,081 | 13 | 107081 | 0.15% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 15,598 | 0 | 15598 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 168,248 | 13 | 168248 | 0.09% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 68,028 | 0 | 68028 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 20,410 | 3 | 20410 | 0.18% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 199,111 | 23 | 199111 | 0.14% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 42,687 | 1 | 42687 | 0.03% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 330,236 | 27 | 330236 | 0.10% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 32,971 | 0 | 32971 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 9,898 | 2 | 9898 | 0.24% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 92,030 | 8 | 92030 | 0.10% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 27,089 | 0 | 27089 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 161,988 | 10 | 161988 | 0.07% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 35,057 | 0 | 35057 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 10,512 | 1 | 10512 | 0.11% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 107,081 | 12 | 107081 | 0.13% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 15,598 | 2 | 15598 | 0.15% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 168,248 | 15 | 168248 | 0.11% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 68,028 | 0 | 68028 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 20,410 | 3 | 20410 | 0.18% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 199,111 | 20 | 199111 | 0.12% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 42,687 | 2 | 42687 | 0.06% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 330,236 | 25 | 330236 | 0.09% |
| QI | 'Ohana | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 32,971 | 0 | 32971 | 0.00% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 9,898 | 12 | 9898 | 1.45% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 92,030 | 71 | 92030 | 0.93% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 27,089 | 18 | 27089 | 0.80% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 161,988 | 101 | 161988 | 0.75% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 35,057 | 3 | 35057 | 0.10% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 10,512 | 4 | 10512 | 0.46% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 107,081 | 90 | 107081 | 1.01% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 15,598 | 14 | 15598 | 1.08% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 168,248 | 111 | 168248 | 0.79% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 68,028 | 3 | 68028 | 0.05% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 20,410 | 16 | 20410 | 0.94% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 199,111 | 161 | 199111 | 0.97% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 42,687 | 32 | 42687 | 0.90% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 330,236 | 212 | 330236 | 0.77% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 32,971 | 23 | 32971 | 0.84% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 9,898 | 53 | 9898 | 6.43% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 92,030 | 944 | 92030 | 12.31% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 27,089 | 121 | 27089 | 5.36% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 161,988 | 1,141 | 161988 | 8.45% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 35,057 | 45 | 35057 | 1.54% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 10,512 | 38 | 10512 | 4.34% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 107,081 | 760 | 107081 | 8.52% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 15,598 | 59 | 15598 | 4.54% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 168,248 | 902 | 168248 | 6.43% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 68,028 | 68 | 68028 | 1.20% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 20,410 | 91 | 20410 | 5.35% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 199,111 | 1,704 | 199111 | 10.27% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 42,687 | 180 | 42687 | 5.06% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 330,236 | 2,043 | 330236 | 7.42% |
| QI | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 21,284 | 1,382 | 21284 | 77.92% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 4,791 | 183 | 4791 | 45.84% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 26,075 | 1,565 | 26075 | 72.02% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 24,032 | 1,500 | 24032 | 74.90% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 3,457 | 138 | 3457 | 47.90% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 27,489 | 1,638 | 27489 | 71.50% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 45,316 | 2,882 | 45316 | 76.32% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 8,248 | 321 | 8248 | 46.70% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 53,564 | 3,203 | 53564 | 71.76% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 21,284 | 1,605 | 21284 | 90.49% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 4,791 | 219 | 4791 | 54.85% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 26,075 | 1,824 | 26075 | 83.94% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 24,032 | 1,758 | 24032 | 87.78% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 3,457 | 164 | 3457 | 56.93% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 27,489 | 1,922 | 27489 | 83.90% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 45,316 | 3,363 | 45316 | 89.05% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 8,248 | 383 | 8248 | 55.72% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 53,564 | 3,746 | 53564 | 83.92% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 21,284 | 89 | 21284 | 5.02% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 4,791 | 5 | 4791 | 1.25% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 26,075 | 94 | 26075 | 4.33% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 24,032 | 126 | 24032 | 6.29% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 3,457 | 5 | 3457 | 1.74% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 27,489 | 131 | 27489 | 5.72% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 45,316 | 215 | 45316 | 5.69% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 8,248 | 10 | 8248 | 1.45% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 53,564 | 225 | 53564 | 5.04% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 21,284 | 20 | 21284 | 1.13% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 4,791 | 3 | 4791 | 0.75% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 26,075 | 23 | 26075 | 1.06% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 24,032 | 28 | 24032 | 1.40% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 3,457 | 1 | 3457 | 0.35% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 27,489 | 29 | 27489 | 1.27% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 45,316 | 48 | 45316 | 1.27% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 8,248 | 4 | 8248 | 0.58% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 53,564 | 52 | 53564 | 1.16% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 21,284 | 173 | 21284 | 9.75% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 4,791 | 12 | 4791 | 3.01% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 26,075 | 185 | 26075 | 8.51% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 24,032 | 199 | 24032 | 9.94% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 3,457 | 5 | 3457 | 1.74% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 27,489 | 204 | 27489 | 8.91% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 45,316 | 372 | 45316 | 9.85% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 8,248 | 17 | 8248 | 2.47% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 53,564 | 389 | 53564 | 8.71% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 21,284 | 1,141 | 21284 | 64.33% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 4,791 | 158 | 4791 | 39.57% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 26,075 | 1,299 | 26075 | 59.78% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 24,032 | 1,130 | 24032 | 56.42% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 3,457 | 89 | 3457 | 30.89% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 27,489 | 1,219 | 27489 | 53.21% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 0 | 0 | 0 | NA |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 45,316 | 2,271 | 45316 | 60.14% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 8,248 | 247 | 8248 | 35.94% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 53,564 | 2,518 | 53564 | 56.41% |
| CCS | 'Ohana | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 600,839 | 1,457 | 600839 | 2.91% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 206,206 | 1,564 | 206206 | 9.10% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 1,174,502 | 11,650 | 1174502 | 11.90% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 178,632 | 736 | 178632 | 4.94% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 2,160,179 | 15,407 | 2160179 | 8.56% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 643,732 | 1,832 | 643732 | 3.42% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 224,254 | 1,233 | 224254 | 6.60% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 999,214 | 8,107 | 999214 | 9.74% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 112,544 | 490 | 112544 | 5.22% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 1,979,744 | 11,662 | 1979744 | 7.07% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 1,244,571 | 3,289 | 1244571 | 3.17% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 430,460 | 2,797 | 430460 | 7.80% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 2,173,716 | 19,757 | 2173716 | 10.91% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 291,176 | 1,226 | 291176 | 5.05% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 4,139,923 | 27,069 | 4139923 | 7.85% |
| QI | Statewide | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 600,839 | 1,843 | 600839 | 3.68% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 206,206 | 2,021 | 206206 | 11.76% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 1,174,502 | 16,204 | 1174502 | 16.56% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 178,632 | 1,141 | 178632 | 7.66% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 2,160,179 | 21,209 | 2160179 | 11.78% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 643,732 | 2,542 | 643732 | 4.74% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 224,254 | 1,521 | 224254 | 8.14% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 999,214 | 10,644 | 999214 | 12.78% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 112,544 | 711 | 112544 | 7.58% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 1,979,744 | 15,418 | 1979744 | 9.35% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 1,244,571 | 4,385 | 1244571 | 4.23% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 430,460 | 3,542 | 430460 | 9.87% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 2,173,716 | 26,848 | 2173716 | 14.82% |
| QI | Statewide | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 291,176 | 1,852 | 291176 | 7.63% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 4,139,923 | 36,627 | 4139923 | 10.62% |
| QI | Statewide | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 600,839 | 0 | 600839 | 0.00% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 206,206 | 21 | 206206 | 0.12% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 1,174,502 | 76 | 1174502 | 0.08% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 178,632 | 4 | 178632 | 0.03% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 2,160,179 | 101 | 2160179 | 0.06% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 643,732 | 0 | 643732 | 0.00% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 224,254 | 4 | 224254 | 0.02% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 999,214 | 74 | 999214 | 0.09% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 112,544 | 1 | 112544 | 0.01% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 1,979,744 | 79 | 1979744 | 0.05% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 1,244,571 | 0 | 1244571 | 0.00% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 430,460 | 25 | 430460 | 0.07% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 2,173,716 | 150 | 2173716 | 0.08% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 291,176 | 5 | 291176 | 0.02% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 4,139,923 | 180 | 4139923 | 0.05% |
| QI | Statewide | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 600,839 | 9 | 600839 | 0.02% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 206,206 | 36 | 206206 | 0.21% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 1,174,502 | 154 | 1174502 | 0.16% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 178,632 | 3 | 178632 | 0.02% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 2,160,179 | 202 | 2160179 | 0.11% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 643,732 | 15 | 643732 | 0.03% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 224,254 | 23 | 224254 | 0.12% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 999,214 | 168 | 999214 | 0.20% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 112,544 | 6 | 112544 | 0.06% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 1,979,744 | 213 | 1979744 | 0.13% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 1 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 1,244,571 | 24 | 1244571 | 0.02% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 430,460 | 59 | 430460 | 0.16% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 2,173,716 | 322 | 2173716 | 0.18% |
| QI | Statewide | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 291,176 | 9 | 291176 | 0.04% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 4,139,923 | 415 | 4139923 | 0.12% |
| QI | Statewide | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 1 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 600,839 | 19 | 600839 | 0.04% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 206,206 | 142 | 206206 | 0.83% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 1,174,502 | 631 | 1174502 | 0.64% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 178,632 | 132 | 178632 | 0.89% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 2,160,179 | 924 | 2160179 | 0.51% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 643,732 | 23 | 643732 | 0.04% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 224,254 | 81 | 224254 | 0.43% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 999,214 | 680 | 999214 | 0.82% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 112,544 | 91 | 112544 | 0.97% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 1,979,744 | 875 | 1979744 | 0.53% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 1,244,571 | 42 | 1244571 | 0.04% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 430,460 | 223 | 430460 | 0.62% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 2,173,716 | 1,311 | 2173716 | 0.72% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 291,176 | 223 | 291176 | 0.92% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 4,139,923 | 1,799 | 4139923 | 0.52% |
| QI | Statewide | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 600,839 | 1,085 | 600839 | 2.17% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 206,206 | 1,397 | 206206 | 8.13% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 1,174,502 | 11,303 | 1174502 | 11.55% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 178,632 | 716 | 178632 | 4.81% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 2,160,179 | 14,501 | 2160179 | 8.06% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 643,732 | 1,554 | 643732 | 2.90% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 224,254 | 917 | 224254 | 4.91% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 999,214 | 6,322 | 999214 | 7.59% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 112,544 | 384 | 112544 | 4.09% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 1,979,744 | 9,177 | 1979744 | 5.56% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 1,244,571 | 2,639 | 1244571 | 2.54% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 430,460 | 2,314 | 430460 | 6.45% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 2,173,716 | 17,625 | 2173716 | 9.73% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 291,176 | 1,100 | 291176 | 4.53% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 4,139,923 | 23,678 | 4139923 | 6.86% |
| QI | Statewide | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 0-12 F Pct | Admin | 49,113 | 54 | 49113 | 1.32% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 13-17 F Pct | Admin | 13,972 | 61 | 13972 | 5.24% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 18-64 F Pct | Admin | 157,737 | 1,592 | 157737 | 12.11% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 65+ F Pct | Admin | 81,484 | 399 | 81484 | 5.88% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Tot F Pct | Admin | 302,306 | 2,106 | 302306 | 8.36% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 0-12 M Pct | Admin | 53,735 | 67 | 53735 | 1.50% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 13-17 M Pct | Admin | 15,748 | 53 | 15748 | 4.04% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 18-64 M Pct | Admin | 175,625 | 1,614 | 175625 | 11.03% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 65+ M Pct | Admin | 47,540 | 247 | 47540 | 6.23% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Tot M Pct | Admin | 292,648 | 1,981 | 292648 | 8.12% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 0-12 Tot Pct | Admin | 102,848 | 121 | 102848 | 1.41% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 13-17 Tot Pct | Admin | 29,720 | 114 | 29720 | 4.60% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 18-64 Tot Pct | Admin | 333,362 | 3,206 | 333362 | 11.54% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat 65+ Tot Pct | Admin | 129,024 | 646 | 129024 | 6.01% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Tot Tot Pct | Admin | 594,954 | 4,087 | 594954 | 8.24% |
| QI | UHCCP | MPTA | Mental Health Utilization | Outpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 0-12 F Pct | Admin | 49,113 | 66 | 49113 | 1.61% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 13-17 F Pct | Admin | 13,972 | 80 | 13972 | 6.87% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 18-64 F Pct | Admin | 157,737 | 2,141 | 157737 | 16.29% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 65+ F Pct | Admin | 81,484 | 544 | 81484 | 8.01% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Tot F Pct | Admin | 302,306 | 2,831 | 302306 | 11.24% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Unk F Pct | Admin | 0 | 0 | 0 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | MPTA | Mental Health Utilization | Any 0-12 M Pct | Admin | 53,735 | 94 | 53735 | 2.10% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 13-17 M Pct | Admin | 15,748 | 70 | 15748 | 5.33% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 18-64 M Pct | Admin | 175,625 | 2,086 | 175625 | 14.25% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 65+ M Pct | Admin | 47,540 | 310 | 47540 | 7.82% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Tot M Pct | Admin | 292,648 | 2,560 | 292648 | 10.50% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 0-12 Tot Pct | Admin | 102,848 | 160 | 102848 | 1.87% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 13-17 Tot Pct | Admin | 29,720 | 150 | 29720 | 6.06% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 18-64 Tot Pct | Admin | 333,362 | 4,227 | 333362 | 15.22% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any 65+ Tot Pct | Admin | 129,024 | 854 | 129024 | 7.94% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Tot Tot Pct | Admin | 594,954 | 5,391 | 594954 | 10.87% |
| QI | UHCCP | MPTA | Mental Health Utilization | Any Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 0-12 F Pct | Admin | 49,113 | 0 | 49113 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 13-17 F Pct | Admin | 13,972 | 0 | 13972 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 18-64 F Pct | Admin | 157,737 | 12 | 157737 | 0.09% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 65+ F Pct | Admin | 81,484 | 3 | 81484 | 0.04% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Tot F Pct | Admin | 302,306 | 15 | 302306 | 0.06% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 0-12 M Pct | Admin | 53,735 | 0 | 53735 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 13-17 M Pct | Admin | 15,748 | 0 | 15748 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 18-64 M Pct | Admin | 175,625 | 22 | 175625 | 0.15% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 65+ M Pct | Admin | 47,540 | 1 | 47540 | 0.03% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Tot M Pct | Admin | 292,648 | 23 | 292648 | 0.09% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 0-12 Tot Pct | Admin | 102,848 | 0 | 102848 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 13-17 Tot Pct | Admin | 29,720 | 0 | 29720 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 18-64 Tot Pct | Admin | 333,362 | 34 | 333362 | 0.12% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive 65+ Tot Pct | Admin | 129,024 | 4 | 129024 | 0.04% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Tot Tot Pct | Admin | 594,954 | 38 | 594954 | 0.08% |
| QI | UHCCP | MPTA | Mental Health Utilization | Intensive Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 0-12 F Pct | Admin | 49,113 | 0 | 49113 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 13-17 F Pct | Admin | 13,972 | 3 | 13972 | 0.26% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 18-64 F Pct | Admin | 157,737 | 16 | 157737 | 0.12% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 65+ F Pct | Admin | 81,484 | 2 | 81484 | 0.03% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Tot F Pct | Admin | 302,306 | 21 | 302306 | 0.08% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 0-12 M Pct | Admin | 53,735 | 1 | 53735 | 0.02% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 13-17 M Pct | Admin | 15,748 | 0 | 15748 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 18-64 M Pct | Admin | 175,625 | 29 | 175625 | 0.20% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 65+ M Pct | Admin | 47,540 | 3 | 47540 | 0.08% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Tot M Pct | Admin | 292,648 | 33 | 292648 | 0.14% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 0-12 Tot Pct | Admin | 102,848 | 1 | 102848 | 0.01% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 13-17 Tot Pct | Admin | 29,720 | 3 | 29720 | 0.12% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 18-64 Tot Pct | Admin | 333,362 | 45 | 333362 | 0.16% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED 65+ Tot Pct | Admin | 129,024 | 5 | 129024 | 0.05% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Tot Tot Pct | Admin | 594,954 | 54 | 594954 | 0.11% |
| QI | UHCCP | MPTA | Mental Health Utilization | ED Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 0-12 F Pct | Admin | 49,113 | 0 | 49113 | 0.00% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 13-17 F Pct | Admin | 13,972 | 5 | 13972 | 0.43% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 18-64 F Pct | Admin | 157,737 | 127 | 157737 | 0.97% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 65+ F Pct | Admin | 81,484 | 54 | 81484 | 0.80% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Tot F Pct | Admin | 302,306 | 186 | 302306 | 0.74% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 0-12 M Pct | Admin | 53,735 | 1 | 53735 | 0.02% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 13-17 M Pct | Admin | 15,748 | 5 | 15748 | 0.38% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 18-64 M Pct | Admin | 175,625 | 169 | 175625 | 1.15% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 65+ M Pct | Admin | 47,540 | 33 | 47540 | 0.83% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Tot M Pct | Admin | 292,648 | 208 | 292648 | 0.85% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 0-12 Tot Pct | Admin | 102,848 | 1 | 102848 | 0.01% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 13-17 Tot Pct | Admin | 29,720 | 10 | 29720 | 0.40% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 18-64 Tot Pct | Admin | 333,362 | 296 | 333362 | 1.07% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat 65+ Tot Pct | Admin | 129,024 | 87 | 129024 | 0.81% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Tot Tot Pct | Admin | 594,954 | 394 | 594954 | 0.79% |
| QI | UHCCP | MPTA | Mental Health Utilization | Inpat Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 0-12 F Pct | Admin | 49,113 | 30 | 49113 | 0.73% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 13-17 F Pct | Admin | 13,972 | 45 | 13972 | 3.86% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 18-64 F Pct | Admin | 157,737 | 1,415 | 157737 | 10.76% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 65+ F Pct | Admin | 81,484 | 327 | 81484 | 4.82% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Tot F Pct | Admin | 302,306 | 1,817 | 302306 | 7.21% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Unk F Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 0-12 M Pct | Admin | 53,735 | 53 | 53735 | 1.18% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 13-17 M Pct | Admin | 15,748 | 34 | 15748 | 2.59% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 18-64 M Pct | Admin | 175,625 | 1,213 | 175625 | 8.29% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 65+ M Pct | Admin | 47,540 | 170 | 47540 | 4.29% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Tot M Pct | Admin | 292,648 | 1,470 | 292648 | 6.03% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Unk M Pct | Admin | 0 | 0 | 0 | NA |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 0-12 Tot Pct | Admin | 102,848 | 83 | 102848 | 0.97% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 13-17 Tot Pct | Admin | 29,720 | 79 | 29720 | 3.19% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 18-64 Tot Pct | Admin | 333,362 | 2,628 | 333362 | 9.46% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth 65+ Tot Pct | Admin | 129,024 | 497 | 129024 | 4.62% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Tot Tot Pct | Admin | 594,954 | 3,287 | 594954 | 6.63% |
| QI | UHCCP | MPTA | Mental Health Utilization | Telehealth Unk Tot Pct | Admin | 0 | 0 | 0 | NA |
| QI | AlohaCare | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 957 | 67 | 957 | 7.00% |
| QI | AlohaCare | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 110 | 4 | 110 | 3.64% |
| QI | HMSA | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 2,667 | 251 | 2,667 | 9.41% |
| QI | HMSA | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 126 | 19 | 126 | 15.08% |
| QI | KFHP | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 319 | 14 | 319 | 4.39% |
| QI | KFHP | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 52 | 3 | 52 | 5.77% |
| QI | 'Ohana | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 845 | 129 | 845 | 15.27% |
| QI | 'Ohana | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 231 | 33 | 231 | 14.29% |
| QI | Statewide | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 5,762 | 567 | 5,762 | 9.84% |
| QI | Statewide | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 1,148 | 119 | 1,148 | 10.37% |
| QI | UHCCP | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 18–64 Years | Admin | 974 | 106 | 974 | 10.88% |
| QI | UHCCP | OHD | Use of Opioids at High Dosage in Persons Without Cancer | 65+ Years | Admin | 629 | 60 | 629 | 9.54% |
| QI | AlohaCare | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 418 | 201 | 418 | 48.09% |
| QI | AlohaCare | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 418 | 121 | 418 | 28.95% |
| QI | AlohaCare | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 418 | 5 | 418 | 1.20% |
| QI | AlohaCare | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 418 | 0 | 418 | 0.00% |
| QI | AlohaCare | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 418 | 85 | 418 | 20.33% |
| QI | HMSA | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 1,472 | 746 | 1,472 | 50.68% |
| QI | HMSA | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 1,472 | 482 | 1,472 | 32.74% |
| QI | HMSA | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 1,472 | 24 | 1,472 | 1.63% |
| QI | HMSA | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 1,472 | 3 | 1,472 | 0.20% |
| QI | HMSA | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 1,472 | 265 | 1,472 | 18.00% |
| QI | KFHP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 95 | 42 | 95 | 44.21% |
| QI | KFHP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 95 | 32 | 95 | 33.68% |
| QI | KFHP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 95 | 1 | 95 | 1.05% |
| QI | KFHP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 95 | 0 | 95 | 0.00% |
| QI | KFHP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 95 | 13 | 95 | 13.68% |
| QI | 'Ohana | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 313 | 145 | 313 | 46.33% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 313 | 52 | 313 | 16.61% |
| QI | 'Ohana | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 313 | 5 | 313 | 1.60% |
| QI | 'Ohana | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 313 | 0 | 313 | 0.00% |
| QI | 'Ohana | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 313 | 95 | 313 | 30.35% |
| QI | Statewide | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 2,683 | 1,296 | 2,683 | 48.30% |
| QI | Statewide | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 2,683 | 779 | 2,683 | 29.03% |
| QI | Statewide | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 2,683 | 38 | 2,683 | 1.42% |
| QI | Statewide | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 2,683 | 3 | 2,683 | 0.11% |
| QI | Statewide | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 2,683 | 533 | 2,683 | 19.87% |
| QI | UHCCP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Total | Admin | 385 | 162 | 385 | 42.08% |
| QI | UHCCP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine | Admin | 385 | 92 | 385 | 23.90% |
| QI | UHCCP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Oral Naltrexone | Admin | 385 | 3 | 385 | 0.78% |
| QI | UHCCP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone | Admin | 385 | 0 | 385 | 0.00% |
| QI | UHCCP | OUD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone | Admin | 385 | 75 | 385 | 19.48% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 754 | 69 | 754 | 9.15% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 411 | 23 | 411 | 5.60% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 513 | 50 | 513 | 9.75% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 1,678 | 142 | 1,678 | 8.46% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 754 | 68 | 754 | 8.98% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 411 | 43 | 411 | 10.42% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 513 | 60 | 513 | 11.60% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 1,678 | 170 | 1,678 | 10.14% |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 754 | 69 | 68 | 1.02 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 411 | 23 | 43 | 0.54 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 513 | 50 | 60 | 0.84 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 1,678 | 142 | 170 | 0.83 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 1,011 | 23 | 1,011 | 22.75 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 532 | 11 | 532 | 20.68 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 665 | 17 | 665 | 25.56 |
| QI | AlohaCare | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 2,208 | 51 | 2,208 | 23.10 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 1,535 | 121 | 1,535 | 7.88% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 817 | 58 | 817 | 7.10% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 1,064 | 94 | 1,064 | 8.83% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 3,416 | 273 | 3,416 | 7.99% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 1,535 | 126 | 1,535 | 8.24% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 817 | 83 | 817 | 10.13% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 1,064 | 118 | 1,064 | 11.08% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 3,416 | 327 | 3,416 | 9.57% |
| QI | HMSA | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 1,535 | 121 | 126 | 0.96 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 817 | 58 | 83 | 0.70 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 1,064 | 94 | 118 | 0.80 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 3,416 | 273 | 327 | 0.83 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 1,280 | 48 | 1,280 | 37.50 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 679 | 30 | 679 | 44.18 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 838 | 38 | 838 | 45.35 |
| QI | HMSA | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 2,797 | 116 | 2,797 | 41.47 |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 230 | 15 | 230 | 6.52% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 105 | 10 | 105 | NA |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 168 | 16 | 168 | 9.52% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 503 | 41 | 503 | 8.15% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 230 | 21 | 230 | 8.95% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 105 | 11 | 105 | NA |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 168 | 19 | 168 | 11.23% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 503 | 50 | 503 | 9.98% |
| QI | KFHP | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 230 | 15 | 21 | 0.73 |
| QI | KFHP | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 105 | 10 | 11 | NA |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 168 | 16 | 19 | 0.85 |
| QI | KFHP | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 503 | 41 | 50 | 0.82 |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 188 | 7 | 188 | 37.23 |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 91 | 3 | 91 | NA |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 137 | 6 | 137 | NA |
| QI | KFHP | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 416 | 16 | 416 | 38.46 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 425 | 41 | 425 | 9.65% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 308 | 36 | 308 | 11.69% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 548 | 58 | 548 | 10.58% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 1,281 | 135 | 1,281 | 10.54% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 425 | 40 | 425 | 9.31% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 308 | 37 | 308 | 11.97% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 548 | 72 | 548 | 13.22% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 1,281 | 149 | 1,281 | 11.62% |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 425 | 41 | 40 | 1.04 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 308 | 36 | 37 | 0.98 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 548 | 58 | 72 | 0.80 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 1,281 | 135 | 149 | 0.91 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 607 | 22 | 607 | 36.24 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 377 | 15 | 377 | 39.79 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 595 | 22 | 595 | 36.97 |
| QI | 'Ohana | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 1,579 | 59 | 1,579 | 37.37 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 3,305 | 276 | 3,305 | 8.35% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 1,921 | 162 | 1,921 | 8.43% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 2,691 | 259 | 2,691 | 9.62% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 7,917 | 697 | 7,917 | 8.80% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 3,305 | 287 | 3,305 | 8.67% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 1,921 | 206 | 1,921 | 10.75% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 2,691 | 318 | 2,691 | 11.82% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 7,917 | 811 | 7,917 | 10.25% |
| QI | Statewide | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 3,305 | 276 | 287 | 0.96 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 1,921 | 162 | 206 | 0.78 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 2,691 | 259 | 318 | 0.81 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 7,917 | 697 | 811 | 0.86 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 3,696 | 111 | 3,696 | 30.03 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 2,075 | 74 | 2,075 | 35.66 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 2,791 | 107 | 2,791 | 38.34 |
| QI | Statewide | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 8,562 | 292 | 8,562 | 34.10 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Observed Readmissions—18–44 Years* | Admin | 361 | 30 | 361 | 8.31% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Observed Readmissions—45–54 Years* | Admin | 280 | 35 | 280 | 12.50% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Observed Readmissions—55–64 Years* | Admin | 398 | 41 | 398 | 10.30% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Observed Readmissions—Total* | Admin | 1,039 | 106 | 1,039 | 10.20% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Expected Readmissions—18–44 Years* | Admin | 361 | 32 | 361 | 8.96% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Expected Readmissions—45–54 Years* | Admin | 280 | 33 | 280 | 11.89% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Expected Readmissions—55–64 Years* | Admin | 398 | 49 | 398 | 12.41% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Expected Readmissions—Total* | Admin | 1,039 | 115 | 1,039 | 11.07% |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | O/E Ratio—18–44 Years* | Admin | 361 | 30 | 32 | 0.93 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | O/E Ratio—45–54 Years* | Admin | 280 | 35 | 33 | 1.05 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | O/E Ratio—55–64 Years* | Admin | 398 | 41 | 49 | 0.83 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | O/E Ratio—Total* | Admin | 1,039 | 106 | 115 | 0.92 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Outliers—18–44 Years* | Admin | 610 | 11 | 610 | 18.03 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Outliers—45–54 Years* | Admin | 396 | 15 | 396 | 37.88 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Outliers—55–64 Years* | Admin | 556 | 24 | 556 | 43.17 |
| QI | UHCCP | PCR | Plan All-Cause Readmissions | Outliers—Total* | Admin | 1,562 | 50 | 1,562 | 32.01 |
| QI | AlohaCare | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 1,225 | 315 | 411 | 76.64% |
| QI | AlohaCare | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 1,225 | 334 | 411 | 81.27% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 3,071 | 296 | 411 | 72.02% |
| QI | HMSA | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 3,071 | 343 | 411 | 83.45% |
| QI | KFHP | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 485 | 209 | 250 | 83.60% |
| QI | KFHP | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 485 | 234 | 250 | 93.60% |
| QI | 'Ohana | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 352 | 252 | 346 | 72.83% |
| QI | 'Ohana | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 352 | 299 | 346 | 86.42% |
| QI | Statewide | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 5,807 | — | — | 75.20% |
| QI | Statewide | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 5,807 | — | — | 84.58% |
| QI | UHCCP | PPC | Prenatal and Postpartum Care | Postpartum Care | Hybrid | 674 | 338 | 411 | 82.24% |
| QI | UHCCP | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | Hybrid | 674 | 363 | 411 | 88.32% |
| QI | AlohaCare | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 414,451 | 36 | 414,451 | 8.69 |
| QI | AlohaCare | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 45,565 | 2 | 45,565 | 4.39 |
| QI | AlohaCare | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 460,016 | 38 | 460,016 | 8.26 |
| QI | HMSA | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 1,045,656 | 129 | 1,045,656 | 12.34 |
| QI | HMSA | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 61,873 | 4 | 61,873 | 6.46 |
| QI | HMSA | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 1,107,529 | 133 | 1,107,529 | 12.01 |
| QI | KFHP | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 193,468 | 44 | 193,468 | 22.74 |
| QI | KFHP | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 14,848 | 1 | 14,848 | 6.73 |
| QI | KFHP | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 208,316 | 45 | 208,316 | 21.60 |
| QI | 'Ohana | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 209,356 | 33 | 209,356 | 15.76 |
| QI | 'Ohana | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 44,472 | 4 | 44,472 | 8.99 |
| QI | 'Ohana | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 253,828 | 37 | 253,828 | 14.58 |
| QI | Statewide | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 2,197,000 | 298 | 2,197,000 | 13.56 |
| QI | Statewide | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 297,999 | 23 | 297,999 | 7.72 |
| QI | Statewide | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 2,494,999 | 321 | 2,494,999 | 12.87 |
| QI | UHCCP | PQI01 | Diabetes Short-Term Complications Admission Rate | 18–64 Years | Admin | 334,069 | 56 | 334,069 | 16.76 |
| QI | UHCCP | PQI01 | Diabetes Short-Term Complications Admission Rate | 65+ Years | Admin | 131,241 | 12 | 131,241 | 9.14 |
| QI | UHCCP | PQI01 | Diabetes Short-Term Complications Admission Rate | Total | Admin | 465,310 | 68 | 465,310 | 14.61 |
| QI | AlohaCare | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 173,456 | 40 | 173,456 | 23.06 |
| QI | AlohaCare | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 45,565 | 16 | 45,565 | 35.11 |
| QI | AlohaCare | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 219,021 | 56 | 219,021 | 25.57 |
| QI | HMSA | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 442,933 | 48 | 442,933 | 10.84 |
| QI | HMSA | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 61,873 | 13 | 61,873 | 21.01 |
| QI | HMSA | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 504,806 | 61 | 504,806 | 12.08 |
| QI | KFHP | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 82,794 | 10 | 82,794 | 12.08 |
| QI | KFHP | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 14,848 | 3 | 14,848 | 20.20 |
| QI | KFHP | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 97,642 | 13 | 97,642 | 13.31 |
| QI | 'Ohana | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 110,024 | 34 | 110,024 | 30.90 |
| QI | 'Ohana | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 44,472 | 31 | 44,472 | 69.71 |
| QI | 'Ohana | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 154,496 | 65 | 154,496 | 42.07 |
| QI | Statewide | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 974,012 | 161 | 974,012 | 16.53 |
| QI | Statewide | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 297,999 | 123 | 297,999 | 41.28 |
| QI | Statewide | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 1,272,011 | 284 | 1,272,011 | 22.33 |
| QI | UHCCP | PQI05 | COPD or Asthma in Older Adults Admission Rate | 40-64 Years | Admin | 164,805 | 29 | 164,805 | 17.60 |
| QI | UHCCP | PQI05 | COPD or Asthma in Older Adults Admission Rate | 65+ Years | Admin | 131,241 | 60 | 131,241 | 45.72 |
| QI | UHCCP | PQI05 | COPD or Asthma in Older Adults Admission Rate | Total | Admin | 296,046 | 89 | 296,046 | 30.06 |
| QI | AlohaCare | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 414,451 | 178 | 414,451 | 42.95 |
| QI | AlohaCare | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 45,565 | 67 | 45,565 | 147.04 |
| QI | AlohaCare | PQI08 | Heart Failure Admission Rate | Total | Admin | 460,016 | 245 | 460,016 | 53.26 |
| QI | HMSA | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 1,045,656 | 225 | 1,045,656 | 21.52 |
| QI | HMSA | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 61,873 | 39 | 61,873 | 63.03 |
| QI | HMSA | PQI08 | Heart Failure Admission Rate | Total | Admin | 1,107,529 | 264 | 1,107,529 | 23.84 |
| QI | KFHP | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 193,468 | 73 | 193,468 | 37.73 |
| QI | KFHP | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 14,848 | 16 | 14,848 | 107.76 |
| QI | KFHP | PQI08 | Heart Failure Admission Rate | Total | Admin | 208,316 | 89 | 208,316 | 42.72 |
| QI | 'Ohana | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 209,356 | 168 | 209,356 | 80.25 |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | 'Ohana | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 44,472 | 79 | 44,472 | 177.64 |
| QI | 'Ohana | PQI08 | Heart Failure Admission Rate | Total | Admin | 253,828 | 247 | 253,828 | 97.31 |
| QI | Statewide | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 2,197,000 | 828 | 2,197,000 | 37.69 |
| QI | Statewide | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 297,999 | 340 | 297,999 | 114.09 |
| QI | Statewide | PQI08 | Heart Failure Admission Rate | Total | Admin | 2,494,999 | 1,168 | 2,494,999 | 46.81 |
| QI | UHCCP | PQI08 | Heart Failure Admission Rate | 18-64 Years | Admin | 334,069 | 184 | 334,069 | 55.08 |
| QI | UHCCP | PQI08 | Heart Failure Admission Rate | 65+ Years | Admin | 131,241 | 139 | 131,241 | 105.91 |
| QI | UHCCP | PQI08 | Heart Failure Admission Rate | Total | Admin | 465,310 | 323 | 465,310 | 69.42 |
| QI | AlohaCare | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 240,995 | 10 | 240,995 | 4.15 |
| QI | HMSA | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 602,723 | 14 | 602,723 | 2.32 |
| QI | KFHP | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 110,674 | 1 | 110,674 | 0.90 |
| QI | 'Ohana | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 99,332 | 8 | 99,332 | 8.05 |
| QI | Statewide | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 1,222,988 | 36 | 1,222,988 | 2.94 |
| QI | UHCCP | PQI15 | Asthma in Younger Adults Admission Rate | Asthma in Younger Adults Admission Rate | Admin | 169,264 | 3 | 169,264 | 1.77 |
| QI | AlohaCare | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 466,998 | 521 | 466,998 | 111.56 |
| QI | HMSA | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 109,838 | 0 | 109,838 | 0.00 |
| QI | KFHP | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 24,675 | 206 | 24,675 | 834.85 |
| QI | 'Ohana | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 253,828 | 430 | 253,828 | 169.41 |
| QI | Statewide | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 1,320,649 | 1,820 | 1,320,649 | 137.81 |
| QI | UHCCP | PQI92 | Chronic Conditions Composite | Chronic Conditions Composite | Admin | 465,310 | 663 | 465,310 | 142.49 |
| QI | AlohaCare | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 322 | 143 | 322 | 44.41% |
| QI | HMSA | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 495 | 271 | 495 | 54.75% |
| QI | KFHP | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 78 | 46 | 78 | 58.97% |
| QI | 'Ohana | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 882 | 661 | 882 | 74.94% |
| CCS | 'Ohana | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 1,035 | 713 | 1,035 | 68.89% |
| QI | Statewide | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 2,726 | 1,716 | 2,726 | 62.95% |
| QI | UHCCP | SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | Admin | 949 | 595 | 949 | 62.70% |
| QI | AlohaCare | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 428 | 299 | 428 | 69.86% |
| QI | HMSA | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 1,026 | 687 | 1,026 | 66.96% |
| QI | KFHP | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 149 | 126 | 149 | 84.56% |
| QI | 'Ohana | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 823 | 566 | 823 | 68.77% |
| QI | Statewide | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 3,312 | 2,305 | 3,312 | 69.60% |
| QI | UHCCP | SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Admin | 886 | 627 | 886 | 70.77% |
| QI | AlohaCare | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 1,199 | 724 | 1,199 | 60.38% |
| QI | AlohaCare | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 1,106 | 755 | 1,106 | 68.26% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | HMSA | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 3,539 | 2,377 | 3,539 | 67.17% |
| QI | HMSA | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 3,475 | 2,741 | 3,475 | 78.88% |
| QI | KFHP | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 759 | 523 | 759 | 68.91% |
| QI | KFHP | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 715 | 605 | 715 | 84.62% |
| QI | 'Ohana | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 408 | 239 | 408 | 58.58% |
| QI | 'Ohana | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 345 | 229 | 345 | 66.38% |
| QI | Statewide | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 6,540 | 4,171 | 6,540 | 63.78% |
| QI | Statewide | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 6,134 | 4,661 | 6,134 | 75.99% |
| QI | UHCCP | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits | Admin | 635 | 308 | 635 | 48.50% |
| QI | UHCCP | W30 | Well-Child Visits in the First 30 Months of Life | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits | Admin | 493 | 331 | 493 | 67.14% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 9,187 | 202 | 260 | 77.69% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 5,623 | 127 | 151 | 84.11% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 14,810 | 329 | 411 | 80.05% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 9,187 | 186 | 260 | 71.54% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 5,623 | 113 | 151 | 74.83% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 14,810 | 299 | 411 | 72.75% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 9,187 | 178 | 260 | 68.46% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 5,623 | 111 | 151 | 73.51% |
| QI | AlohaCare | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 14,810 | 289 | 411 | 70.32% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 28,531 | 116 | 147 | 78.91% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 16,905 | 57 | 72 | 79.17% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 45,436 | 173 | 219 | 79.00% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 28,531 | 114 | 147 | 77.55% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 16,905 | 57 | 72 | 79.17% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 45,436 | 171 | 219 | 78.08% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 28,531 | 111 | 147 | 75.51% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 16,905 | 54 | 72 | 75.00% |
| QI | HMSA | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 45,436 | 165 | 219 | 75.34% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 4,866 | 54 | 66 | 81.82% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 2,695 | 28 | 34 | 82.35% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 7,561 | 82 | 100 | 82.00% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 4,866 | 64 | 66 | 96.97% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 2,695 | 32 | 34 | 94.12% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 7,561 | 96 | 100 | 96.00% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 4,866 | 63 | 66 | 95.45% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 2,695 | 32 | 34 | 94.12% |
| QI | KFHP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 7,561 | 95 | 100 | 95.00% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 2,066 | 184 | 223 | 82.51% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 1,101 | 85 | 112 | 75.89% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 3,167 | 269 | 335 | 80.30% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 2,066 | 176 | 223 | 78.92% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 1,101 | 80 | 112 | 71.43% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 3,167 | 256 | 335 | 76.42% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 2,066 | 161 | 223 | 72.20% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 1,101 | 78 | 112 | 69.64% |
| QI | 'Ohana | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 3,167 | 239 | 335 | 71.34% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 47,537 | — | — | 79.53% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 27,797 | — | — | 80.47% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 75,334 | — | — | 79.86% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 47,537 | — | — | 78.21% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 27,797 | — | — | 79.13% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 75,334 | — | — | 78.51% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 47,537 | — | — | 75.88% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 27,797 | — | — | 76.22% |
| QI | Statewide | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 75,334 | — | — | 76.01% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—3–11 Years | Hybrid | 2,887 | 235 | 275 | 85.45% |

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—12–17 Years | Hybrid | 1,473 | 111 | 136 | 81.62% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | BMI Percentile Documentation—Total | Hybrid | 4,360 | 346 | 411 | 84.18% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—3–11 Years | Hybrid | 2,887 | 203 | 275 | 73.82% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—12–17 Years | Hybrid | 1,473 | 100 | 136 | 73.53% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Nutrition—Total | Hybrid | 4,360 | 303 | 411 | 73.72% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—3–11 Years | Hybrid | 2,887 | 200 | 275 | 72.73% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—12–17 Years | Hybrid | 1,473 | 99 | 136 | 72.79% |
| QI | UHCCP | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | Counseling for Physical Activity—Total | Hybrid | 4,360 | 299 | 411 | 72.75% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 5,997 | 3,440 | 5,997 | 57.36% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 14,069 | 6,436 | 14,069 | 45.75% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 9,060 | 3,763 | 9,060 | 41.53% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 4,295 | 716 | 4,295 | 16.67% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 13,555 | 4,479 | 13,555 | 33.04% |
| QI | AlohaCare | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 27,424 | 10,915 | 27,424 | 39.80% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 17,023 | 11,744 | 17,023 | 68.99% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 38,973 | 21,738 | 38,973 | 55.78% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 24,375 | 12,842 | 24,375 | 52.69% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 11,902 | 3,240 | 11,902 | 27.22% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 36,277 | 16,073 | 36,277 | 44.31% |
| QI | HMSA | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 75,250 | 37,820 | 75,250 | 50.26% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 3,420 | 2,261 | 3,420 | 66.11% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 7,669 | 3,331 | 7,669 | 43.43% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 4,819 | 1,656 | 4,819 | 34.36% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 2,260 | 255 | 2,260 | 11.28% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 7,079 | 1,911 | 7,079 | 27.00% |
| QI | KFHP | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 14,748 | 5,242 | 14,748 | 35.54% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 1,768 | 872 | 1,768 | 49.32% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 3,483 | 1,444 | 3,483 | 41.46% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 1,884 | 718 | 1,884 | 38.11% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 956 | 158 | 956 | 16.53% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 2,840 | 876 | 2,840 | 30.85% |
| QI | 'Ohana | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 6,323 | 2,320 | 6,323 | 36.69% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 30,777 | 19,602 | 30,777 | 63.69% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 69,178 | 34,989 | 69,178 | 50.58% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 42,868 | 19,958 | 42,868 | 46.56% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 21,004 | 4,604 | 21,004 | 21.92% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 64,072 | 24,553 | 64,072 | 38.32% |
| QI | Statewide | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 133,050 | 59,551 | 133,050 | 44.76% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | 3–6 Years | Admin | 2,569 | 1,285 | 2,569 | 50.02% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | 3–11 Years | Admin | 4,984 | 2,040 | 4,984 | 40.93% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | 12–17 Years | Admin | 2,730 | 979 | 2,730 | 35.86% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | 18–21 Years | Admin | 1,591 | 235 | 1,591 | 14.77% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | 12–21 Years | Admin | 4,321 | 1,214 | 4,321 | 28.10% |
| QI | UHCCP | WCV | Child and Adolescent Well-Care Visits | Total | Admin | 9,305 | 3,254 | 9,305 | 34.97% |

*A lower rate indicates better performance.
— Indicates the rate cannot be displayed.
NA = The QI health plan followed the specifications, but the denominator was too small (e.g., < 30) to report a valid rate.

| Reporting Unit | Plan | Acronym | Performance Measure (PM) | PM Indicator | Methodology | MY 2020 Elig Pop | MY 2020 Num | MY 2020 Den | MY 2020 Rate |
|---|---|---|---|---|---|---|---|---|---|

Met = The QI health plan met the data element criteria.

# Hawaii QUEST Integration
# Quarterly Monitoring Report to CMS

## Federal Fiscal Year 2021 4th Quarter
## (DY27 Q4)

**Hawaii QUEST Integration**
Section 1115 Quarterly Report
**Submitted:** December 28, 2021

**Reporting Period: July 2021 – September 2021**

| | |
|---|---|
| Federal Fiscal Quarter: | 4th Quarter 2021 |
| State Fiscal Quarter: | 1st Quarter 2022 |
| Calendar Year: | 3rd Quarter 2021 |
| Demonstration Year: | 27th Year (10/1/20-9/30/21) |

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# I. Introduction

Hawaii's QUEST Integration (QI) is a Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115 (a) Demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI 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 reporting period, MQD continued to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion, and the goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community. Within five years, MQD anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings.

MQD awarded the new QI contract to five health plans. During this reporting period, MQD completed the Readiness Review.

MQD leadership continued targeted communications with QI health plans (Health Plans) during the Public Health Emergency (PHE). The Task Force began meeting three times a week in the spring of 2020. These have now been reduced to meeting once a week in the current quarter.

Although MQD resources and activities during this reporting period continued to be focused on issues and interventions related to COVID-19, and MQD continued to follow flexibilities afforded by CMS through the approved 1135, 1115, and 1915(c) waivers during the PHE, our focus shifted away from COVID prevention and PPE issues, and toward COVID vaccinations for the HCBS home-bound population. This was a continuation of the focus last quarter on populations specific to Medicaid that were high on the State vaccine priority list. Similar to our concerns that the HCBS population would have a hard time getting access to PPE, the HCBS population was again identified as a cohort that would require additional planning for a successful COVID-19 vaccine implementation.
MQD lead efforts to deliver in-home vaccinations for the fragile HCBS home-bound population.

MQD continued to project membership and budget items for 2021 and 2022 during this quarter. Although Medicaid membership is projected to increase through the end of 2021, and the 6.2% Federal Medical Assistance Percentage (FMAP) increase during the PHE helped with the budgetary pressures, the outlook for the programmatic budget appeared challenging over the next few years.

Hawaii was hit hard with the Delta variant of COVID-19. During the month of August 2021, the average seven-day infection count reached a high of 900 or 3.6x the previous high that occurred in August 2020. The COVID-19 daily hospitalization count of 450 was 1.5x the prior peak that also occurred in August 2020. Hospitalizations were of grave concern as ICUs hit capacity, while there was a nurse and physician workforce shortage. A COVID-19 vaccination rate of 60+% in Hawaii helped reduce the acuity of hospitalizations which lead to a seven-day death count high of 63 or 1.7x above the previous high. As a response to the Delta variant, MQD renewed the focus on reducing wait-listed hospital days and insured alternative residential settings continued to have appropriate PPE. MQD also conducted outreach events to provider HCBS associations to increase awareness and preparation.

In alignment with Hawaii statewide efforts to reduce the spread of COVID-19, MQD continued to enable its staff to work from home wherever feasible and practical.

During this quarter, Hawaii intra-state and mainland travel was allowed to be exempted from quarantine upon arrival with proof of vaccination. State employees, however, were required to undergo additional testing upon return from travel to the mainland, regardless of their vaccination status. This was done to help mitigate the effects of breakthrough cases.

# II. Operational Updates

## A. Administration

During this quarter, Hawaii's COVID cases had increased, and the hospitals were under pressure to provide needed services while handling the COVID patients. MCOs also encountered challenges on hospital waitlisted patients to be placed and met the transportation needs. The Office of the Public Guardianship (OPG) worked with MCOs to provide guardianship so some of the hospital waitlisted patients can be placed. Also, the MCOs explored different vehicles including EMS for non-emergency transportation of COVID patient. Some of the MCOs paid as high as $500 one way to specific taxi company for COVID patients' NEMT needs.

*Contracts*

MQD issued the External Quality Reviews and Peer Review Organization Services Request for Proposal on August 19, 2021 with proposal due date on October 4, 2021.

MQD continue to communicate and work with CMS on the following contracts:

- Previous QI contract Supplemental Changes 15 & 16, including revising the CAP rates for 2020 to include payment of the vaccination fee;
- New QI contract; and
- New CCS contract.

## B. Policy and Program Development & Benefits

*Transition of Cases*

During the reporting period, an action plan for transition of cases post PHE, better known as "unwinding", continues to be worked on in preparation for the termination of the health pandemic emergency (HPE) period, which has been extended to January 2022. We also continue to work with our eligibility branch and KOLEA team to process ex-parte cases while ensuring Medicaid enrollment continues for all beneficiaries during the PHE. MQD continues work on implementation of the CMS approved multiple submissions by the State of Hawaii for all Appendix K and other waiver provisions both internally and with the MCO's.

*HOPE Initiative*

MQD staff continues to work on the implementation of the HOPE initiative. One area of focus is on the high-needs/high-cost population. MQD staff worked on developing a draft community-based palliative care benefit and held a summit with over one hundred stakeholders to solicit feedback on the proposal. Based on the feedback, MQD is allowing for an extended period of time for community feedback on not only the benefit, but also implementation plans. Thus, seeking permission for the expanded palliative care benefit will occur in late CY 2022. Another area of focus is on improving children's health, and MQD submitted and was approved for a CHIP Health Services Initiative State Plan Amendment that focus on providing vision exams and glasses to low-income children.

## C. Availability and Access of Covered Services & Network Adequacy

During this reporting period, MQD instructed MCOs to continue to delay the in-person health assessments. Some in-person assessments are encouraged for Medicaid beneficiaries residing in their own home in the community, not at a Nursing Facility, Community Care Foster Family Home or Expanded-Adult Residential Care Home.

Also, MQD continues regular meetings with sister divisions that are a part of the Hawaii Department of Health (DOH), including Child and Adolescent Mental Health Division (CAMHD), Alcohol and Drug Abuse Division (ADAD), Adult Mental Health Division (AMHD), and Developmental Disabilities Division (DDD). The goal of these meetings is to align and coordinate the behavioral health services that QI members receive with existing services that are available through DOH. These productive meetings have continued to inform QI RFP language changes.

## D. Pertinent Legislative or Litigation Activity

MQD was notified during the 3rd quarter of FFY 2019 of being party to a lawsuit along with the Children and Adolescent Mental Health Division, Dept. of Health for the provision of mental health services for a child/young adult. In this quarter, MQD filed a Motion for Summary Judgement on February 3, 2021 to dismiss this case. As part of this motion, depositions of MQD staff were planned for the future.

The Liberty Dialysis trial, which is related to inappropriate billing of dialysis services, has been continued to August or September 2022.

## E. Public Forums

No post-award public forums specifically related to the QUEST Integration Medicaid Section 1115 Demonstration were held during this time period.

MQD did hold a HealthCare Advisory Committee meeting on September 15, 2021. Key MQD staff including Medicaid Director, Dr. Judy Mohr Peterson, and Medical Director, Dr. Cutis Toma attended with community stakeholders from different entities. The meeting discussed the following State Plan Amendments:

SPA 21-011 (update) APR DRG Implementation Date Change – APR DRG implementation date change from 1/1/2022 to 7/1/2022.

SPA 21-0012 Pharmacy and Preventative Services – This amendment defines and clarifies Pharmacy Services, what it covers, by whom and how services are to be provided.

SPA 21-0014 Disproportionate Share Payments for Disproportionate Share Hospitals – This amendment proposes changes to the payment methodology for distribution of Medicaid Disproportionate Share Hospital funds to reflect a more equitable distribution.

SPA 21-0015 Hospice Methodology Clarification - Creates a new page for the Hospice Payment section in the state plan to clarify the payment methodology and to minimize administrative burden

Also, on September 29, 2021, MQD posted a public notice for 1915 ( c) HCBS Waiver Application in MQD website to seek public input regarding the proposed amendments to its current 1915 ( c) HCBS I/DD Waiver that services individuals with developmental disabilities or intellectual disabilities to meet institutional level of care and choose to live in their own home or in the community with appropriate and quality supports designed to promote health, safety and independence.

# III. Grievances, Appeals & State Fair Hearings

The following tables provide information on grievance and appeal events reported during the quarter.

To alleviate administrative burden, beginning with the current report, MQD is transitioning from reporting member grievances and appeals data reported for a given quarter to data reported during the quarter.

## A. Member Grievances

### 1. Grievances to MQD Health Care Services Branch (HCSB)

| **July 2021 – September 2021**<br>**Types of Member Grievances to HCSB** | |
|---|---|
| This table does *not* include the grievances received by the Health Plans. That information is provided in a separate table below. | |
| Health Plan Policy | 0 |
| Provider/Provider Staff Behavior/Services | 15 |
| Transportation Customer Service | 5 |
| Treatment Plan/Diagnosis | 1 |
| Fraud and Abuse of Services | 0 |
| Billing/Payments | 4 |
| Member Rights | 6 |
| Medication | 3 |
| General Information | 12 |
| Forward to Other Departments | 4 |
| **Total** | **50** |

Some grievances fit into multiple categories.

| Month | # of Member Grievances to HCSB by Month |
|---|---|
| July 2021 | 19 |
| August 2021 | 22 |
| September 2021 | 9 |
| **Total** | **50** |

| **Status of Member Grievances Addressed by HCSB** | | |
|---|---|---|
| | | **July 2021 – September 2021**<br><br>**TOTAL** |
| Received | | **51** |
| **Status** | | |
| Referred to Subject Matter Expert | | 21 |
| Health Plan resolved with Members | | 6 |
| Member withdrew grievance | | 2 |
| Resolution in Health Plan favor | | 3 |
| Resolution in Member's favor | | 20 |
| Still awaiting resolution | | 1 |
| Return to Health Plan awaiting Resolution Letter | | 0 |
| Carry-over from previous Quarter | | 0 |

## 2. Grievances to Health Plans

| **Types of Member Grievances Reported to Health Plans** | |
|---|---|
| | **July 2021 – September 2021** |
| | **Total = 566** |
| Provider Policy | 9 |
| Health Plan Policy | 21 |
| Provider/Provider Staff Behavior | 125 |
| Health Plan Staff Behavior | 42 |
| Appointment Availability | 14 |
| Network Adequacy/ Availability | 2 |
| Waiting Times (office, transportation) | 156 |
| Condition of Office/ Transportation | 8 |
| Transportation Customer Service | 56 |
| Treatment Plan/Diagnosis | 22 |
| Provider Competency | 35 |
| Interpreter | 0 |
| Fraud and Abuse of Services | 3 |
| Billing/Payments | 35 |
| Health Plan Information | 7 |
| Provider Communication | 23 |
| Member Rights | 8 |

| **Status of Member Grievances Reported to Health Plans** | |
|---|---|
| | **July 2021 – September 2021** |
| | **Total** |
| Total number filed during the reporting period | **448** |
| **Status received from Health Plans** | |
| Total number that received timely acknowledgement from health plan | 428 |
| Total number not receiving timely acknowledgement from health plan | 20 |

| | |
|---|---|
| Total number expected to receive timely acknowledgement during next reporting period | 11 |
| Total number that received timely decision from health plan | 414 |
| Total number not receiving timely decision from health plan | 12 |
| Total number expected to receive timely decision during next reporting period | 13 |
| Total number currently unresolved during the reporting period | 30 |

## B. Member Appeals and State Fair Hearings

### 1. Appeals to Health Plans

During July – September 2021, there were a total of 300 Appeals submitted with the Health Plans.

| **Types of Member Appeals to Health Plans** | | |
|---|---|---|
| | | **July 2021 – September 2021** |
| Service denial | | 43 |
| Service denial due to not a covered benefit | | 9 |
| Service denial due to not medically necessary | | 241 |
| Service reduction, suspension or termination | | 0 |
| Payment denial | | 8 |
| Timeliness of service | | 0 |
| Prior authorization timeliness | | 0 |
| Other | | 4 |

| Status of Member Appeals to Health Plans | | |
|---|---|---|
| | | **July 2021 – September 2021** |
| Total number filed during the reporting period | | 300 |
| **Status received from Health Plans** | | |
| Total number that received timely acknowledgement from health plan | | 269 |
| Total number not receiving timely acknowledgement from health plan | | 9 |
| Total number expected to receive timely acknowledgement during next reporting period | | 22 |
| Total number that received timely decision from health plan | | 265 |
| Total number not receiving timely decision from health plan | | 2 |
| Total number expected to receive timely decision during next reporting period | | 33 |
| Total number currently unresolved during the reporting period | | 33 |
| Total number overturned | | 168 |

## 2. Appeals to the State (State Fair Hearings)

For July - September 2021, there was a total of seven (7) Appeals submitted to AAO. Five (5) were resolved, and we are awaiting two (2) resolutions.

| Types of Member Appeals to State Administrative Appeals Office (AAO) | | | | | |
|---|---|---|---|---|---|
| | | Jul 2021 | Aug 2021 | Sep 2021 | **TOTAL** |
| Medical | | 2 | 2 | 0 | 4 |
| Home and Community Based Services (HCBS) | | 1 | 0 | 0 | 1 |
| Van Modification | | 0 | 0 | 0 | 0 |
| Applied Behavioral Analysis (ABA) | | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | | 0 | 0 | 0 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Reimbursement | | 1 | 0 | 0 | 1 |
| Medication | | 1 | 0 | 0 | 1 |
| Miscellaneous | | 0 | 0 | 0 | 0 |

| **<u>Status</u> of Member Appeals to State Administrative Appeals Office (AAO)** | | | | | |
|---|---|---|---|---|---|
| | | Jul 2021 | Aug 2021 | Sep 2021 | **TOTAL** |
| Submitted | | 5 | 2 | 0 | 7 |
| **Status received from AAO** | | | | | |
| Department of Human Services (DHS) resolved with health plan or Department of Health Developmental Disabilities Division (DOH-DDD) in Member's favor prior to going to hearing | | 3 | 2 | 0 | 5 |
| Dismiss as untimely filing | | 0 | 0 | 0 | 0 |
| Member withdrew hearing request | | 0 | 0 | 0 | 0 |
| Resolution in DHS' favor | | 0 | 0 | 0 | 0 |
| Resolution in Member's favor | | 0 | 0 | 0 | 0 |
| Still awaiting resolution | | 2 | 0 | 0 | 2 |

## IV. Health Plan Enrollment and Disenrollment

The Customer Service Branch (CSB), Eligibility Branch (EB), and Health Care Outreach Branch (HCOB) remain committed to assist community members complete their Medicaid application and pre-enroll in a QI health plan. Med-QUEST completed technology enhancement of Voice over Internet Protocol (VoIP). VoIP has increased the amount of staff available to answer calls from the public, whether working in-office or remotely, to complete the application intake process by phone. A pre-selection of QI plan completes the application and ensures immediate enrollment when applicant is deemed eligible for Medicaid. HCOB manages community activity and ensures navigators follow the same process as Med-QUEST staff with assisting the public.

# V. Number of Members who Chose a Health Plan and Number of Members who Changed Health Plans After Auto-Assignment

## A. Member Choice of Health Plan Exercised

| July 2021 – September 2021 | Number of Members |
|---|---|
| Chose a health plan when they became eligible | **4233** |
| Automatically assigned when they became eligible | **5223** |
| Changed their health plan after being automatically assigned | **1630** |
| Beneficiaries in the ABD program who changed their health plan within days 61 to 90 after confirmation notice was issued | **7** |

During this reporting period, **4,233** individuals chose their health plan since they became eligible in the previous quarter, **1,630** changed their health plan after being automatically assigned. In addition, **7** individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

# VI. Demonstration Enrollment

## A. Enrollment Counts

| | | Member Months | Unduplicated Members |
|---|---|---|---|
| **Medicaid Eligibility Groups** | **FPL Level and/or other qualifying Criteria** | **July – September 2021** | **July – September 2021** |
| **Mandatory State Plan Groups** | | | |
| State Plan Children | State Plan Children | 398,581 | 132,486 |
| State Plan Adults | State Plan Adults<br>State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA) | 131,184 | 43,193 |
| Aged | Aged w/Medicare<br>Aged w/o Medicare | 103,005 | 34,290 |

| | | | |
|---|---|---|---|
| Blind or Disabled (B/D) | B/D w/Medicare<br>B/D w/o Medicare<br>Breast and Cervical Cancer Treatment Program (BCCTP) | 79,099 | 26,381 |
| Expansion State Adults | Expansion State Adults | 410,512 | 135,149 |
| Newly Eligible Adults | Newly Eligible Adults | 87,918 | 29,026 |
| Optional State Plan Children | Optional State Plan Children | 0 | 0 |
| Foster Care Children, 19-20 years old | Foster Care Children, 19-20 years old | 1,883 | 636 |
| Medically Needy Adults | Medically Needy Adults | 0 | 0 |
| Demonstration Eligible Adults | Demonstration Eligible Adults | 0 | 0 |
| Demonstration Eligible Children | Demonstration Eligible Children | 0 | 0 |
| VIII-Like Group | VIII-Like Group | 0 | 0 |
| UCC-Governmental | UCC-Governmental | 0 | 0 |
| UCC-Governmental LTC | UCC-Governmental LTC | 0 | 0 |
| UCC-Private | UCC-Private | 0 | 0 |
| CHIP | CHIP (HI01), CHIPRA (HI02) | 84,689 | 28,214 |
| **Total** | | **1,296,871** | **429,375** |

| **State Reported Enrollment in the Demonstration (as requested)** | **Current Enrollees** |
|---|---|
| Title XIX funded State Plan | 236,986 |
| Title XXI funded State Plan | 28,214 |
| Title XIX funded Expansion | 164,175 |
| Enrollment current as of | 09/30/2021 |

## B. Member Month Reporting

For Use in Budget Neutrality Calculations

| Without Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending 09/30/21 |
|---|---|---|---|---|
| EG 1 – Children | 132,471 | 133,459 | 134,534 | 400,464 |
| EG 2 – Adults | 43,179 | 43,771 | 44,234 | 131,184 |
| EG 3 – Aged | 34,070 | 34,084 | 34,851 | 103,005 |
| EG 4 – Blind/Disabled | 26,082 | 26,320 | 26,697 | 79,099 |
| EG 5 – VIII-Like Adults | 0 | 0 | 0 | 0 |
| EG 6 – VIII Group Combined | 164,290 | 165,584 | 168,556 | 498,430 |

For Informational Purposes Only

| With Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending 09/30/21 |
|---|---|---|---|---|
| State Plan Children | 131,848 | 132,831 | 133,902 | 398,581 |
| State Plan Adults | 43,179 | 43,771 | 44,234 | 131,184 |
| Aged | 34,070 | 34,084 | 34,851 | 103,005 |
| Blind or Disabled | 26,082 | 26,320 | 26,697 | 79,099 |
| Expansion State Adults | 135,301 | 136,397 | 138,814 | 410,512 |
| Newly Eligible Adults | 28,989 | 29,187 | 29,742 | 87,918 |
| Optional State Plan Children | 0 | 0 | 0 | 0 |
| Foster Care Children, 19-20 years old | 623 | 628 | 632 | 1,883 |

| | | | | |
|---|---|---|---|---|
| **Medically Needy Adults** | **0** | **0** | **0** | **0** |
| **Demonstration Eligible Adults** | **0** | **0** | **0** | **0** |
| **Demonstration Eligible Children** | **0** | **0** | **0** | **0** |
| **VIII-Like Group** | **0** | **0** | **0** | **0** |
| **UCC-Governmental** | **0** | **0** | **0** | **0** |
| **UCC-Governmental LTC** | **0** | **0** | **0** | **0** |
| **UCC-Private** | **0** | **0** | **0** | **0** |

### C. Enrollment in Behavioral Health Programs

Point-in-Time (1st day of last month in reporting quarter)

| Program | # of Individuals |
|---|---|
| **Community Care Services (CCS)**<br><br>Adult (at least 18 years old) QI beneficiaries with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) who meet the program criteria, receive all behavioral health services through the CCS program. | **5,035** |
| **Early Intervention Program (EIP/DOH)**<br><br>Infant and toddlers from birth to 3 years old receive services to assist in the following developmental areas: physical (sits, walks); cognitive (pays attention, solves problems); communication (talks, understands); social or emotional (plays with others, has confidence); and adaptive (eats, dresses self). | **741** |
| **Child and Adolescent Mental Health Division (CAMHD/DOH)**<br><br>Children and adolescents age 3 years old to 18 or 20 years old (depending on an educational assessment), receive behavioral health services utilizing Evidence-Based Practices and an Evidence-Based Services Committee, from the state Department of Health. | **811** |

## VII. Outreach, Innovative Activities, and Beneficiary Support System

The COVID-19 pandemic continues to be challenging for Hawaii residents especially those who are most vulnerable in the state, such as the homeless, Micronesians, immigrants and justice involved populations. The Health Care Outreach Branch (HCOB) continues to work with our community partners to provide education, support and guidance in assisting residents to apply for Medicaid for those who currently do not have any health coverage. During this time we continue to target our outreach within the Micronesian communities as they have been greatly impacted by the COVID-19 pandemic. Our goal is to educate them about the restoration of Medicaid benefits to their community and apply them to Medicaid if they are eligible.

There are still many Micronesian individuals and families in Hawaii County and some on Kauai who have not applied to Med-QUEST because they want to keep their Kaiser coverage with the Marketplace and Kaiser QUEST plans are not offered in Kauai and Hawaii Counties. To help with this effort, Med-QUEST has collaborated with Hawaii Community Foundation to identify grassroot organizations currently doing outreach to Micronesian residents. Hawaii Community Foundation has obtained philanthropic funds to target Hawaii's Micronesian residents who do not have health coverage, provide education opportunities to let the communities know that they may now apply to Med-QUEST (Medicaid), why they should apply and inform them of the benefits that are provided. Med-QUEST will work with all awardees who wish to execute a Business Associate Agreement with the Med-QUEST Division to provide access to the KOLEA Navigator Portal, training on how to submit Medicaid applications along with how to submit Federally Facilitated Marketplace applications, should the individuals and families not be eligible for Medicaid due to the household income exceeds the eligibility threshold. Funding awards are expected by October 2021.

We continue to work with social workers within justice involved and other public institutionalized populations to ensure their transition on and off Medicaid benefits is a smoother process.

## VIII. Delivery of Long Term Services and Supports (LTSS)

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), ICF DD/ID facilities and nursing facilities.
For July - September 2021, there were 367 adverse events from the Health Plan, 8 adverse events from Nursing Facilities, and 8 adverse events from ICF DD/ID for a total of 383 adverse events.

| **July 2021 – September 2021** | **Health Plan** | **Nursing Facility** | **ICF DD/ID** | **TOTAL** |
|---|---|---|---|---|
| Fall | 132 | 4 | 0 | **136** |
| Hospital | 104 | 0 | 0 | **104** |
| Death | 32 | 0 | 0 | **32** |
| Emergency Room Visit | 55 | 0 | 5 | **60** |

| | | | | |
|---|---|---|---|---|
| Injury | 44 | 4 | 1 | **49** |
| Med Error | 0 | 0 | 2 | **2** |
| Aspiration | 0 | 0 | 0 | **0** |
| **TOTAL** | **367** | 8 | 8 | **383** |

# IX. State Efforts Related to the Collection and Verification of Encounter Data and Utilization Data

In FFY 2021 4th Quarter MQD continued working with a consultant to assess alignment between MQD policy and data validation edits to ensure our MMIS accurately validates incoming encounters from our MCOs. During this quarter the consultant established weekly meetings with each MCO to understand each organization's encounter data submission process and document areas for improved guidance and streamlining. As an example, MQD currently does not have a policy requiring FQHCs and RHCs to use a specific form for billing services—FQHCs and RHCs can either use a professional CMS 1500 or an institutional UB-04. In talks with our MCOs, the consultant and MQD are gauging the possibility of specifying these clinics use just one of these forms for billing.

MQD continues to conduct a monthly encounter validation meeting with all participating MCOs to address major issues in encounter data submission or validation. During FFY 2021 4th Quarter this meeting focused on upcoming changes to encounter data submission related to the implementation of APR DRG, which will go live for MQD on 7/1/2022. With the implementation of this new payment methodology MQD is activating new encounter data validation edits to ensure all fields are present for the DRG grouper and pricing mechanisms. This quarter we also began planning for a new workgroup to begin in early 2022 where MQD can work closely with encounter data staff and financial staff from each of our MCOs to plan for the future submission of data on specialty services, including value-added services and services provided to members directly by health plan staff.

# X. Impact of Demonstration in Providing Insurance Coverage

This section is new and will be populated in future reports. Data is not currently available for this section.

# XI. Performance Metrics & Quality Assurance and Monitoring

## A. Quality Activities (July - September 2021)

The MQD's External Quality Review Organization (EQRO) oversees the health plans for the Quest Integration (QI) and Community Care Services (CCS) programs. Health Services Advisory Group (HSAG), the EQRO, performed the following activities this quarter:

### 1. Validation of Performance Improvement Projects (PIPs)

MQD's EQRO validates PIPs to ensure the health plans designed, conducted, and reported the projects in a methodologically sound manner consistent with the CMS protocols for PIPs.

**July**

- Participated in PIP topic work group meeting with the MQD/HAO on 07/02/21. Discussed PIPs topics as well as designing and implementation process.
- Sent draft specifications for the BH Care Coordination PIP to the MQD for review on 07/09/21.

**August**

- Submitted draft plan-specific annual PIP reports to the MQD for review on 08/09/21.

**September**

- Conducted the PIP kick-off call on 09/02/21.
- Received approval of the draft PIP reports from MQD on 09/08/21.
- Provided the MQD and health plans with the final PIP reports on 09/13/21.
- Received health plan questions on the BH Coordination PIP from Kaiser, HMSA, and UHC and requested MQD responses on the questions on 09/17/21.
- Reviewed the MQD responses on 09/22/21 and scheduled the first BH Coordination PIP workgroup meeting for 10/15/21.
- Followed-up on 09/22/21 regarding the request for questions and feedback on the BH Coordination PIP from AlohaCare and Ohana.

### 2. Healthcare Effectiveness Data and Information Set (HEDIS)

MQD's EQRO validates the HEDIS and non-HEDIS state-defined measure rates required by the MQD to evaluate the accuracy of the results. The EQRO continues to assess the PM results and their impact on improving the health outcomes of members. The EQRO conducts validation of the PM rates following the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)1-3 Compliance Audit™,1-4 timeline.

**July**

- Resolved outstanding issues associated with AlohaCare PLD file on 07/01/21.
- Submitted Final Audit Reports (FARs) to MCOs, MQD, and NCQA on 07/15/21.
- Received final non-audited performance measure rates from MCOs by 07/21/21.
- Prepared combined PLD SAS file; submitted to the MQD on 07/28/21.

**August**

- Prepared analytic data for the rate spreadsheet on 08/20/21.
- Provided preliminary rates and measure review for auto-assignment process on 08/10/21.
- Provided additional rates and measure review for auto-assignment process on 08/20/21. Anomalies with Ohana and AlohaCare non-audited rates were identified.
- Addressed concerns regarding NCQA break-in-trending alerts impacting HEDIS measures used for P4P on 08/25/21.
- Received corrected non-audited rates from Ohana on 08/31/21.

**September**

- Received corrected non-audited rates from AlohaCare on 09/07/21.
- Provided support for performance measure list changes and adjustments for MY2021 on 09/24/21.
- Received additional corrections to the non-audited rates from AlohaCare on 09/28/21.
- Received corrected non-audited rates from HMSA on 09/28/21.
- Received corrected non-audited rates from United on 09/28/21.
- Submitted F1 MY 2020 Weighted Averages Spreadsheet on 10/01/21.

**3. Compliance Monitoring**

MQD's EQRO evaluates the health plans' compliance with federal Medicaid managed care regulations and State contract provisions for organizational and structural performance.

**July**

- None at this time. All health plans successfully completed their CAPs for all deficiencies identified during the 2020 Compliance Review.

**August**

- None at this time

**September**

- None at this time

**4. Consumer Assessment of Healthcare Providers and Systems (CAHPS)**

The EQRO conducts CAHPS surveys of the Child QI health plans and Children's Health Insurance Program (CHIP) populations to learn more about members' experiences with care.

**July**

- Notified the MQD that the survey questionnaire and data files for the five QUEST Integration (QI) health plans and Hawaii CHIP were successfully submitted to the CAHPS Health Plan Survey Database on 07/08/21.
- Submitted Star Reports to the MQD on 07/08/21.

Table 2—Overall Member Experience Ratings

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | ★★★ | ★★★★ | ★+ | ★+ | ★+ |
| Hawaii Medical Service Association QI | ★★★★ | ★★★★ | ★★+ | ★★ | ★ |
| Kaiser Foundation Health Plan QI | ★★★★★ | ★★★★★ | ★★★★+ | ★★★ | ★★ |
| ‘Ohana Health Plan QI | ★★ | ★ | ★★★★+ | ★★+ | ★+ |
| UnitedHealthcare Community Plan QI | ★★ | ★★★ | ★★+ | ★+ | ★+ |

*What do the stars represent?*

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| ★★★★★ | ★★★★ | ★★★ | ★★ | ★ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. The QI health plans' results were compared to NCQA's 2020 Quality Compass®: Benchmark and Compare Quality Data. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

Table 3—Top-Box Scores

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | 75.3% | 82.2% | 83.9%+ | 80.1%+ | 79.2%+ |
| Hawaii Medical Service Association QI | 76.1% | 82.9% | 87.2%+ | 84.2% | 82.9% |
| Kaiser Foundation Health Plan QI | 78.4% | 86.4% | 92.4%+ | 86.6% | 88.8% |
| ‘Ohana Health Plan QI | 70.3% | 73.3% | 91.3%+ | 84.9%+ | 80.3%+ |
| UnitedHealthcare Community Plan QI | 73.3% | 80.3% | 87.7%+ | 80.7%+ | 76.0%+ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. Scores were calculated using the methodology recommended by NCQA. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

- Submitted the respondent-level data files and data dictionary for each QI health plan and CHIP to the MQD on 07/08/21.
- Performed comprehensive survey data analysis on 07/21/21.

**August**

- Compiled draft CAHPS reports on 08/18/21.
- Submitted draft CAHPS reports and crosstabulations to the MQD on 08/25/21.

**September**

- Received approval on draft reports from the MQD, including confirmation of two printed copies of each report, on 09/16/21.

- Received confirmation to prepare a presentation of the 2021 CAHPS results on 09/16/21.
- Submitted final reports to the MQD and individual health plans on 09/23/21.

## 5. Provider Survey

**July**

- Printed and produced survey packets and prepared web-based version of survey packets on 07/14/21.
- Mailed first provider surveys and cover letters on 07/14/21.
- Website was made available to providers to complete the survey via internet on 07/14/21.
- Received confirmation that MQD does not have individual email addresses for each Kaiser provider on 07/15/21.
- Notified the MQD due to the lack of unique email addresses for Kaiser providers, the email reminder notifications could not be used on 07/15/21.
- Submitted updated timeline with the removal of provider reminder notifications to the MQD on 07/15/21.

**August**

- Mailed second provider surveys and cover letters to all non-respondents on 08/18/21.

**September**

- Requested the MQD reach out to Kaiser providers and encourage the completion of the provider surveys to assist with increasing their response rates on 09/03/21.
- The MQD followed up with Kaiser providers and informed HSAG that more than half of the survey sample were retired or no longer working at Kaiser on 09/03/21.
- Submitted last in field disposition report to the MQD on 09/17/21.

**Weekly Disposition Report**
**Hawaii Provider's Survey**
**Hawaii Med-QUEST Division**
**September 17, 2021**

| | | | | Completes | | | Returns | | Ineligible | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Sample Size | 2018 Response Rate | 2021 Preliminary Response Rate | Total | Mail | Web | Mail 1 | Mail 2 | Total | Undeliverable | Not Contracted |
| Hawaii Provider Total | 1,500 | 17.40% | 15.50% | 188 | 172 | 16 | 130 | 42 | 287 | 286 | 1 |
| Kaiser | 200 | 41.13% | 14.07% | 28 | 26 | 2 | 17 | 9 | 1 | 1 | 0 |
| Non-Kaiser | 1,300 | 14.49% | 15.78% | 160 | 146 | 14 | 113 | 33 | 286 | 285 | 1 |

*Note: Preliminary response rates do not reflect the final reconciliation process. All reported response rates are preliminary until the final reconciliation is completed after the close of the survey field.*

- Notified the MQD the survey field is closed on 09/22/21.
- Received data files from Subcontractor on 09/29/21.

## 6. Annual Technical Report

MQD's EQRO aggregates and analyzes the health plans' performance data across mandatory and optional activities and prepare an annual technical report. The EQRO uses the Centers for Medicare & Medicaid Services' (CMS') external quality review (EQR) protocols update when preparing this report.

**July**

- Received feedback from the MQD on 07/15/21, incorporated changes, and finalized report template.

**August**

- Disseminated report templates and instructions to each EQR activity lead on 08/10/21.
- Begin compiling and analyzing data and incorporating HSAG's findings, conclusions, and recommendations into the draft EQR technical report.
- Participated in meeting with MQD regarding CAHPS and Provider Survey quality strategy targets on 08/27/21.

**September**

- Received documentation of follow-up on 2020 EQR recommendations from all health plans by 09/30/21.
- Continue compiling and analyzing data and incorporating HSAG's findings, conclusions, and recommendations

## 7. Technical Assistance

At the state's direction, the EQRO may provide technical guidance to groups of MCOs, PIHPs, PAHPs, or PCCM entities as described at 42 CFR §438.310(c)(2).

**July**

- Participated in meeting with HAO regarding MCO P4P and well-child measures on 07/02/21.
- Conducted Hospital P4P update meetings with the HAO on 07/06/21 and 07/13/21.
- Submitted cost proposal for MCO P4P methodology development on 07/19/21.

**August**

- Conducted Hospital P4P update meeting with the HAO 08/17/21. HAO requested all Hospital P4P work stop as of 08/17/21. HAO will reevaluate in 2022 if work on Hospital P4P program can resume.
- Participated in a meeting with HAO regarding auto-assignment algorithms and LTSS measures on 08/06/21.
- Participated in meeting with HAO and the University of Hawaii regarding transmission of HILOC database tables to HAO analytic dashboard on 08/23/21.
- Participated in meeting with the University of Hawaii to continue discussions on transmission of HILOC data to an HAO analytic dashboard on 08/27/21.

**September**

- Participated in a meeting with HAO regarding auto-assignment algorithms and LTSS measures on 08/06/21.Participated in meeting with the University of Hawaii to continue discussions on transmission of HILOC data to an HAO analytic dashboard on 09/08/21.
- Participated in a meeting with HAO regarding performance measures on 09/24/21.

## XII. Budget Neutrality and Financial Reporting Requirements

The Budget Neutrality Workbook for the quarter ending June 30, 2021 was submitted to CMS by the August 31, 2021 deadline. The Budget Neutrality Workbook for the quarter ending September 30, 2021 will be submitted separately by the November 30, 2021 deadline.

## XIII. Evaluation Activities and Interim Findings

During FFY 2021 4th quarter, MQD's Health Analytics Office (HAO) worked closely with the University of Hawaii Evaluation team (MQD's external evaluators) to continue to provide training and technical assistance to MQD and Health Plan staff on new reporting templates, clinical data collection tools, and other assessments created in FFY 2021 2nd quarter. These reports have now been implemented and will be collecting data to support evaluation.

Additionally, the University of Hawaii Evaluation Team had their first rapid cycle assessment meeting in July 2021. Upon completion the team is in the process of synthesizing and compiling the results from the assessments into feedback and recommendations to all stakeholders. Additional meetings, including with housing service providers, are planned for December 2021.

## XIV. Other

*Provider Management System Upgrade (PMSU) - HOKU (Hawaii Online Kahu Utility)*

In partnership with Arizona Health Care Cost Containment System (AHCCCS), MQD has moved forward with upgrading existing provider management software. A PMSU vendor, CNSI, was selected in FFY 2018 quarter three, and we received approval of this vendor contract in FFY 2019 quarter one. The Internal Verification & Validation (IVV) vendor was selected in FFY 2018 quarter four, to monitor the PMSU project. The initial go-live date of August 26, 2019 was postponed until March 2, 2020, to account for unforeseen complexities in business rules development and software coding and implementation. The go-live date was then postponed to April 13, 2020 to ensure thorough testing of the system. As we approached April 13, MQD and AHCCCS decided to postpone the go-live date due to the COVID-19 public health emergency (PHE). The final go-live date was August 3.

MQD issued a request for proposal in 2019 to secure a vendor for our Provider Enrollment and Revalidation contract. MQD awarded the contract to Koan, with an effective contract date of January 1, 2020. With the Provider Enrollment and Revalidation contract, Koan is responsible with managing MQD's provider hotline, imaging (scanning) provider applications and assisting with screening and inputting provider enrollment and revalidation applications.

MQD named the PMSU project, Hawaii's Online Kahu Utility (HOKU). Hoku, in Hawaiian means guiding star. Kahu, in Hawaiian means caretaker or pastor, one who looks after their flock. Med-QUEST providers are caretakers looking after and taking care of members. HOKU's go-live date was August 3, 2020. In preparation of the go-live date, MQD worked in partnership with AHCCCS and CNSI to perform test cases and discuss system defects. Once HOKU went live, MQD conducted various training sessions and provided training materials (YouTube videos and PPT slide decks). During the first few months of HOKU's go-live period, MQD and Koan staff began to learn how to navigate HOKU, review applications and approve/deny applications in the live environment. MQD and Koan began meeting daily to discuss issues and ask questions, and also meet with CNSI a few times each week to discuss identified issues and request assistance for specific application review steps. As issues are identified and confirmed, MQD creates an incident ticket in CNSI's JIRA website. Once a ticket is created, CNSI triages the issue and responds/updates MQD.

MQD launched HOKU in phases (Waves) to prevent an overflow of applications entering the system at once. Before each Wave, MQD worked with our vendor, Cardinal, to mail the Application ID correspondences to each provider prior to each Wave start date. The Application ID letter informs the provider of their Application ID number and about registering in HOKU. The PMSUP vendor, CNSI, emailed Application ID letters to providers that MQD had an email address for.

Our goal is to get majority of our providers in HOKU and tremendously decrease paper applications. MQD & Koan staff continued to become familiar with the HOKU system on how to review and process applications. As staff reviewed different provider types, some situations and/or issues were identified. These were brought up with CNSI during our meetings each week and triaged for a solution or added to a future HOKU release. After finalized testing of defects and enhancements, CNSI continues to incorporate the fixes in HOKU releases (updates). Once the system is updated; the information is passed on to MQD and Koan staff.

MQD has been collaborating with the MCOs and will be using their assistance to reach out to providers that have not yet registered in HOKU. This will help to increase the number of providers that register in HOKU.

MQD's goal is to increase the throughput of applications in HOKU. To achieve that, MQD has been working with a heavy focus on a few key areas.

- **HI's Priorities**
  - MQD prioritized our needs and ensured CNSI is aware of the changes that are needed for HI business going forward.

- **Group Billers**
  - MQD is continuing to focus on approving Group Biller applications to ensure the process of approving the Rendering/Servicing providers associated with a Group Biller is streamlined.

- **Training**
    - Koan hired an additional seven (7) individuals mid-June and they are still currently in the training phase. A few of the new Koan hires are transitioning into a more independent phase where they can review applications on their own and move towards the goal of approving them on their own.

- **Business Processes**
    - With an online enrollment system and additional staffing, MQD has been reviewing business processes and revising them to meet business needs, while ensuring that State and Federal guidelines are followed.

- **HOKU System Improvements**
    - Continuously focusing on HOKU system issues/enhancements that will improve and increase the productivity of reviewers.

Below is a snapshot of the provider application statistics at the end of September.

| Application Status | Number of Applications | Description |
|---|---|---|
| In Process | 1,886 | Number of applications providers are currently working on in HOKU but have not yet submitted. |
| In Review | 1,938 | Number of applications providers submitted in HOKU and are awaiting State Review. |
| Approved | 2,492 | Number of applications State reviewed and approved. |

*Electronic Visit Verification (EVV)*

In accordance with the 21st Century Cures Act, Med-QUEST Division (MQD) is working towards the implementation of Electronic Visit Verification (EVV). In the federal fiscal year (FFY) 2021 Quarter 4 (Q4), MQD continued to collaborate with Arizona Health Care Cost Containment System (AHCCCS) towards implementation.

During this quarter, MQD continued the soft launch of EVV with the MCOs and provider agencies. Stakeholder communications and training continued through multiple methods.

MQD's future EVV work plans include: Turning on the Hard Edit/Claim Denial for EVV related claims and encounters beginning October 1st, 2021. Continual outreach activities are scheduled multiple times a month with MCOs and provider agencies to ensure full EVV utilization. The team will continue working with the IV&V provider to ensure the Medicaid Enterprise Certification Lifecycle requirements are met as well as ensuring a successful implementation and certification of the EVV solution.

JULY

During the month of July 2021, achieved 100% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for provider agencies that did not utilize an EVV solution. Identified and resolved one MCO that was not generating EVV authorizations correctly.

Continued to meet with the state's EVV vendor to address CAP items. EVV vendor resolved a visit status reporting inconsistency. While not completely resolved the EVV vendor made dramatic improvements getting EVV authorizations into their production environment.

Determined the Hard Edit date needed to move from 9/1/21 to 10/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with provider agencies to review initial EVV claims validation results. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

AUGUST
During the month of August 2021, created, distributed, and posted a revised EVV Provider Type memo clarifying agency requirements. The state's EVV vendor updated the system for provider agencies to make additional corrections to recorded visits.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

SEPTEMBER
During the month of September2021, created and released a memo defining the 5 new service code/modifier combinations that will be supported in EVV. The MCOs began testing authorization sub-limits and Plan of Care support with the state's EVV vendor. Extracted and distributed the EVV Fraud Waste and Abuse visit data to the MCOs for review and investigations.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

### *Clinical Care Guidelines*

In the fourth quarter, COVID-19 public health emergency (PHE) prevention and supportive efforts were renewed as state infections increased due to the delta variant.

Infection prevention actions included a return to early PHE flexibilities, personal protective equipment (PPE) distribution, and outreach. MQD suspended last quarter's guidance to unwind certain PHE flexibilities such as resuming in-person services. Another mass shipment of free PPE this quarter marked completion of statewide distribution to community care foster family homes (CCFFHs). This quarter, delivery was made to Hawai'i, Maui and Kaua'i counties. Procurement and shipment were accomplished in collaboration with multiple partners including Hawai'i Emergency Management Agency, Department of Health, our contracted Managed Care Organizations (MCOs), community care management agencies (CCMAs), and CCFFH caregiver associations. Outreach and support continued for CCMAs and CCFFH operators focusing on COVID-19 vaccination uptake (first-time and booster planning), PPE needs assessment, and awareness of the state's isolation-quarantine facilities.

Support and recovery actions included treatment capacity and access issues. Increased scrutiny of hospital discharge waitlist and beneficiary placement issues and collaborating with our contracted MCOs addressed hospital decompression. Supporting convenient treatment options for beneficiaries, reimbursement guidance for monoclonal antibody treatment for federally qualified health centers and rural health centers was issued. Also, access to care was maintained by continuing the PHE policy of reimbursement of audio-only services throughout the federal PHE as the state's twenty-first emergency proclamation related to the COVID-19 emergency expired this quarter.

*MQD Workshops and Other Events*

| **Focus:** | **Community Integration Services (CIS) for the QI Health Plans** | | |
|---|---|---|---|
| **For:** | **QI Health Plan Health Coordinators** | | |
| **Speaker** | Madi Silverman | **Location** | Teams |
| **Length** | 1.5 hours | **Date** | July 8, 2021 |
| **Attendees** | Approximately 200 | | |
| **Description** | • Review of d Supportive Housing Program<br>• Use of Housing Coordinator/Development of Housing Teams<br>• CIS Services, Eligibility, Referral and Authorizations<br>• Coordination with Housing Agencies<br>• Conflict of Case Management | | |

| **Focus:** | **CIS Provider Meet and Greet with QI Health Plans** | | |
|---|---|---|---|
| **For:** | **QI Health Plan Coordinators and Housing Agencies** | | |
| **Speaker** | Madi Silverman | **Location** | Teams |
| **Length** | 1.5 hours | **Date** | July 8, 2021 |
| **Attendees** | Approximately 200 | | |
| **Description** | • Overview of Medicaid Supportive Housing Program (CIS)<br>• CIS services, eligibility, referral and provider qualifications<br>• QI health coordination continuum and coordination of care<br>• Medicaid provider enrollment<br>• Individuals QI health plan presentations | | |

| Focus: | Eviction Prevention: What You Can Do to Help Keep People Housed | | |
|---|---|---|---|
| **For:** | **Health Plan Service Coordinators** | | |
| **Speaker** | Legal Aid Society of Hawaii | **Location** | Teams |
| **Length** | 1.5 hours | **Date** | July 14,2021 |
| **Attendees** | Approximately 300 | | |
| **Description** | • Changing Eviction laws<br>• Identification of members at risk of eviction.<br>• Legal aid assistance<br>• Assistance that QI health plans can provide to prevent eviction. | | |

| Focus: | Medicaid 101 | | |
|---|---|---|---|
| **For:** | **Supportive Housing Agencies** | | |
| **Speaker** | MQD Staff | **Location** | Teams |
| **Length** | 1.5 hours | **Date** | August 6, 2021 |
| **Attendees** | Approximately 250 | | |
| **Description** | • Overview of Medicaid Supportive Housing Program<br>• Medicaid Eligibility for MAGI and non MAGI members<br>• Medicaid application process and community assistance program<br>• Provider Enrollment in new HOKU System | | |

| Focus: | Training and Consultation Services Workshop Part I | | |
|---|---|---|---|
| **For:** | **1915c I/DD Waiver Case Managers and Providers** | | |
| **Speaker** | DOH/DDD Training Unit | **Location** | Zoom |
| **Length** | 1.0 hours | **Date** | August 11, 2021 |
| **Attendees** | Approximately 15+ | | |
| **Description** | • Review of Training and Consultation Services | | |

| Focus: | HBCS Residential Services | | |
|---|---|---|---|
| For: | Contracted case managers and staff for foster homes, care homes and assisted living | | |
| Speaker | MQD Staff | Location | Teams |
| Length | 1.5 hours | Date | August 23,2021<br>September 22, 2021 |
| Attendees | Approximately 25-40 | | |
| Description | 1. COVID Updates: PPE, Vaccines, Positive Cases, Iso/Quarantine, Booster plans, F2F Visit, Visitors to Home and Facilities,;<br>2. Level of Care Tool 1147: scoring and IRR<br>3. Payment levels ( level 3 and rates)<br>4. HCBS Reporting and Health Plan coordination<br>5. Medicaid Provider HOKU online re-enrollment issues and training<br>6. Streamline processes<br>a. Schedules and Tools for: Assessment, Plan and Monitoring<br>b. Delegation/ Issues<br>c. Role of Independent contractors<br>d. Health plan quality reviews<br>7. Coordination for residents with :<br>a. CCS (SMI Behavior Health Organization ( BHO))<br>a. Hospice<br>8. Transtion from Facility to Foster home ( Going Home Plus/( Money Follow the Person) | | |

| Focus: | Training and Consultation Services Workshop Part II | | |
|---|---|---|---|
| For: | 1915c I/DD Waiver Case Managers and Providers | | |
| Speaker | DOH/DDD Training Unit | Location | Zoom |
| Length | 1.0 hours | Date | August 30, 2021 |
| Attendees | Approximately 15+ | | |
| Description | • Review Assessment of Need and Authorization Process<br>• Case reviews | | |

| Focus: | COVID-19 Updates | | |
|---|---|---|---|
| **For:** | **Community Care Foster Family Home (CCFFH) Caregivers and Community Case Management Agencies (CCMA)** | | |
| **Speaker** | Dr Curtis Toma, DHS/MQD Medical Director | **Location** | Zoom |
| **Length** | 1.0 hours | **Date** | September 13, 2021<br>September 16, 2021 |
| **Attendees** | Approximately 400+ | | |
| **Description** | • Review of State COVID Statistics<br>• Introduction of COVID variant<br>• Review of PPE and prevention protocols<br>• Share Isolation and Quarantine Access and Supports<br>• Discuss COVID Booster and Flu shot Plan | | |

| Focus: | GHP Money Follows the Person Reboot | | |
|---|---|---|---|
| **For:** | **Health Plan Service Coordinators/Case Managers** | | |
| **Speaker** | MFP Director | **Location** | Teams |
| **Length** | 1.5 hours | **Date** | September 17, 2021 |
| **Attendees** | Approximately 300 | | |
| **Description** | • Money Follows the Person Overview for Health Coordinators/ Case Managers and Discharge Planners<br>• Review of MFP criteria, eligibility services, referral process an GHP enrollment.<br>• Transition of Care/Discharge Coordination with hospitals and nursing homes<br>• GHP members-Move to Independent Housing<br>• Reporting, Adverse Event Reports, Backup Plans | | |

## A. Attachments

**Attachment J1**: Up-To-Date Budget Neutrality Summary
The Budget Neutrality Summary (worksheet) for the quarter ending 06/30/2021 is attached. The Budget Neutrality Summary for the quarter ending 09/30/2021 will be submitted by the 11/30/2021 deadline.

**Attachment J2**: Budget Neutrality Workbook
The Budget Neutrality Workbook for the quarter ending 06/30/2021 is attached. The Budget Neutrality Workbook for the quarter ending 09/30/2021 will be submitted by the 11/30/2021 deadline.

## B. MQD Contact

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## Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

| | |
|---|---|
| **Budget Neutrality Reporting Start DY** | **26** |
| **Budget Neutrality Reporting End DY** | **30** |

**Actuals + Projected**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | Total |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | **Total** | $ 629,048,812 | $ 717,839,231 | $ 743,144,011 | $ 769,348,398 | $ 796,466,688 | |
| | | **PMPM** | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 | |
| | | **Mem-Mon** | 1,402,624 | 1,584,774 | 1,624,394 | 1,665,004 | 1,706,629 | |
| EG 2 - Adults | 2 | **Total** | $ 389,003,731 | $ 493,673,250 | $ 524,738,003 | $ 557,755,942 | $ 592,854,097 | |
| | | **PMPM** | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 | |
| | | **Mem-Mon** | 420,331 | 514,393 | 527,253 | 540,435 | 553,945 | |
| EG 3 - Aged | 3 | **Total** | $ 658,268,709 | $ 762,007,969 | $ 696,978,684 | $ 727,880,659 | $ 760,156,997 | |
| | | **PMPM** | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 | |
| | | **Mem-Mon** | 339,459 | 380,033 | 336,172 | 339,533 | 342,929 | |
| EG 4 – Blind/Disabled | 4 | **Total** | $ 755,414,418 | $ 882,279,567 | $ 930,310,498 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **PMPM** | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 | |
| | | **Mem-Mon** | 285,411 | 319,294 | 322,487 | 325,712 | 328,969 | |
| **TOTAL** | | | **$ 2,431,735,669** | **$ 2,855,800,016** | **$ 2,895,171,196** | **$ 3,035,941,601** | **$ 3,183,838,560** | **$ 14,402,487,043** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | | $ 397,457,875 | $ 403,151,145 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | $5,559,287,421 |
| EG 2 - Adults | 2 | | $ 168,483,680 | $ 218,403,767 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | $3,182,055,801 |
| EG 3 - Aged | 3 | | $ 398,855,576 | $ 432,330,011 | $ 460,966,093 | $ 481,405,329 | $ 502,750,842 | $6,184,730,468 |
| EG 4 – Blind/Disabled | 4 | | $ 478,446,412 | $ 583,746,316 | $ 616,353,767 | $ 649,908,066 | $ 685,289,061 | $7,169,936,632 |
| **TOTAL** | | | **$ 1,443,243,542** | **$ 1,637,631,239** | **$ 1,726,831,141** | **$ 1,810,144,611** | **$ 1,897,628,856** | **$ 8,515,479,389** |

**Savings Phase-Down**

| **Medicaid Per Capita** | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | *Savings Phase-Down* | | | | | | |
| EG 1 - Children | 1 | **Without Waiver** | $ 629,048,812 | $ 717,839,231 | $ 743,144,011 | $ 769,348,398 | $ 796,466,688 | |
| | | **With Waiver** | $ 397,457,875 | $ 403,151,145 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | |
| Difference | | | $ 231,590,937 | $ 314,688,086 | $ 325,779,554 | $ 337,271,844 | $ 349,159,435 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 173,693,202 | $ 236,016,064 | $ 244,334,666 | $ 252,953,883 | $ 261,869,576 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 2 - Adults | 2 | **Without Waiver** | $ 389,003,731 | $ 493,673,250 | $ 524,738,003 | $ 557,755,942 | $ 592,854,097 | |
| | | **With Waiver** | $ 168,483,680 | $ 218,403,767 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | |
| Difference | | | $ 220,520,051 | $ 275,269,483 | $ 292,591,179 | $ 311,001,280 | $ 330,572,397 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 165,390,038 | $ 206,452,113 | $ 219,443,384 | $ 233,250,960 | $ 247,929,298 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 3 - Aged | 3 | **Without Waiver** | $ 658,268,709 | $ 762,007,969 | $ 696,978,684 | $ 727,880,659 | $ 760,156,997 | |
| | | **With Waiver** | $ 398,855,576 | $ 432,330,011 | $ 460,966,093 | $ 481,405,329 | $ 502,750,842 | |
| Difference | | | $ 259,413,133 | $ 329,677,958 | $ 236,012,591 | $ 246,475,330 | $ 257,406,155 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 194,559,850 | $ 247,258,468 | $ 177,009,443 | $ 184,856,498 | $ 193,054,616 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 4 – Blind/Disabled | 4 | **Without Waiver** | $ 755,414,418 | $ 882,279,567 | $ 930,310,498 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **With Waiver** | $ 478,446,412 | $ 583,746,316 | $ 616,353,767 | $ 649,908,066 | $ 685,289,061 | |
| Difference | | | $ 276,968,007 | $ 298,533,251 | $ 313,956,731 | $ 331,048,536 | $ 349,071,717 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 207,726,005 | $ 223,899,938 | $ 235,467,548 | $ 248,286,402 | $ 261,803,788 | |
| **Total Reduction** | | | **$ 741,369,095** | **$ 913,626,583** | **$ 876,255,041** | **$ 919,347,743** | **$ 964,657,278** | **$ 4,415,255,741** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **BASE VARIANCE** | | | **$ 247,123,032** | **$ 304,542,194** | **$ 292,085,014** | **$ 306,449,248** | **$ 321,552,426** | **$ 1,471,751,914** |
| **Excess Spending from Hypotheticals** | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (state preliminary estimate) | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (OACT certified) | | | | | | | | $ - |
| **Carry-Forward Savings From Prior Period** | | | | | | | | |
| **NET VARIANCE** | | | | | | | | **$ 1,471,751,914** |

**Cumulative Target Limit**

| | | | 26 | 27 | 28 | 29 | 30 | |
|---|---|---|---|---|---|---|---|---|
| Cumulative Target Percentage (CTP) | | | 2.0% | 1.5% | 1.0% | 0.5% | | |
| Cumulative Budget Neutrality Limit (CBNL) | | | $ 1,690,366,574 | $ 3,632,540,007 | $ 5,651,456,162 | $ 7,768,050,021 | $ 9,987,231,303 | |
| Allowed Cumulative Variance (= CTP X CBNL) | | | $ 33,807,331 | $ 54,488,100 | $ 56,514,562 | $ 38,840,250 | $ - | |
| Actual Cumulative Variance (Positive = Overspending) | | | $ (247,123,032) | $ (551,665,226) | $ (843,750,240) | $ (1,150,199,487) | $ (1,471,751,914) | |
| Is a Corrective Action Plan needed? | | | | | | | | |

**HYPOTHETICALS TEST 1**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | **Total** | $ 1,269,833,094 | $ 1,703,497,784 | $ 1,582,760,393 | $ 1,700,212,480 | $ 1,826,368,919 | |
| | | **PMPM** | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 | |
| | | **Mem-Mon** | 1,411,914 | 1,807,348 | 1,602,341 | 1,642,400 | 1,683,460 | |
| **TOTAL** | | | **$1,269,833,094** | **$1,703,497,784** | **$1,582,760,393** | **$1,700,212,480** | **$1,826,368,919** | **$8,082,672,670** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | | $646,530,950 | $825,971,113 | $887,278,778 | $953,114,864 | $1,023,835,987 | |
| **TOTAL** | | | **$ 646,530,950** | **$ 825,971,113** | **$ 887,278,778** | **$ 953,114,864** | **$ 1,023,835,987** | **$ 4,336,731,692** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 1** | | | **$ 623,302,144** | **$ 877,526,671** | **$ 695,481,615** | **$ 747,097,616** | **$ 802,532,932** | **$ 3,745,940,978** |

**HYPOTHETICALS TEST 2**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | **Total** | $ - | $ 391,113 | $ 5,044,869 | $ 5,419,304 | $ 5,820,928 | |
| | | **PMPM** | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 | |
| | | **Mem-Mon** | | 315 | 3,877 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ 391,113** | **$ 5,044,869** | **$ 5,419,304** | **$ 5,820,928** | **$ 16,676,214** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | | $ - | $ 380,789 | $ 4,908,521 | $ 5,272,733 | $ 5,663,970 | |
| **TOTAL** | | | **$ -** | **$ 380,789** | **$ 4,908,521** | **$ 5,272,733** | **$ 5,663,970** | **$ 16,226,013** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 2** | | | **$ -** | **$ 10,325** | **$ 136,348** | **$ 146,571** | **$ 156,958** | **$ 450,201** |

**HYPOTHETICALS TEST 3**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | **Total** | $ - | $ 1,066,675 | $ 13,758,736 | $ 14,779,902 | $ 15,875,210 | |
| | | **PMPM** | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 | |
| | | **Mem-Mon** | | 315 | 3,877 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ 1,066,675** | **$ 13,758,736** | **$ 14,779,902** | **$ 15,875,210** | **$ 45,480,523** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | $ - | $ 1,038,515 | $ 13,386,875 | $ 14,380,181 | $ 15,447,190 | |
| **TOTAL** | | | **$ -** | **$ 1,038,515** | **$ 13,386,875** | **$ 14,380,181** | **$ 15,447,190** | **$ 44,252,761** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 3** | | | **$ -** | **$ 28,160** | **$ 371,861** | **$ 399,721** | **$ 428,020** | **$ 1,227,762** |

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1148 (CMS-10398 #56)**. The time required to complete this information collection is estimated to average **7.5 hours** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Budget neutrality is a Federal policy that governs the Federal expenditures for1115 demonstrations. It is assured by placing an upper limit on the amount of Federal Financial Participation (FFP) the state can receive during the demonstration. The upper limit represents what the state could have received in the absence of the 1115 demonstration.

The Budget Neutrality workbook will assist in collecting standardized data in order to determine financial performance for the demonstration in terms of budget neutrality.

The workbook has two major groups of tabs: the first group collects and calculates Without Waiver (WOW) numbers, and the second group calculates With Waiver (WW) numbers. Data is collected per each demonstration Medicaid Eligibility Group (MEG), by demonstration year (DY). A Medicaid section 1115 demonstration is considered budget neutral if the Federal title XIX match, or funding received by the state (i.e., "with waiver" expenditures) do not exceed what the state would have (or could have) received without the demonstration (i.e., "without waiver" expenditures). The workbook provides the ability to evaluate any variance between WW and WOW calculations.

The workbook consists of 15 tabs which contain different types of data and calculations. The following color schema is applied to the tabs:

| | |
|---|---|
| Blue | Information populated in the Budget Neutrality workbook template based on the demonstration's approved STC |
| Red | Information populated by states on a quarterly basis or per the reporting requirements defined in the STC |
| Green | Information automatically populated based on the input from other worksheets |

Note: Overview and Dropdowns tabs are read-only, no data entry is required. The Dropdowns tab displays the values used to build the dropdowns menus thoroughout the workbook, including the list of active waivers for the demonstration.

| | |
|---|---|
| Data Entry | Within the tabs where a State User populates information (C Report, Total Adjustments, WW Spending Projected, MemMon Actual, MemMon Projected, and Summary TC tabs), yellow highlighted cells denote where data entry may be needed (depending on DY being updated). |

**Pre-populated values in the downloaded Budget Neutrality workbook template**

The original workbook entries are based on the STCs and other demonstration approval documentation. These entries are made on the DY Def, MEG Def, WOW PMPM & Agg, Program Spending Limits, and Summary TC tab (Phase-Down Percentage and Cumulative Target Percentage fields).

The MEG Def tab defines MEGs as Medicaid populations (core demonstration populations), Hypothetical populations (when a demonstration has separate budget neutrality agreements) and Tracking Only populations (for example, "pass-through" populations). The MEG Def tab also defines how expenditure numbers are calculated for a MEG (Per Capita vs. Aggregate) and the applicable scenarios (WOW, WW, or both). Also, the tab contains indicators defining MEG characteristics such as expenditure caps or applicability of savings phase-down calculations.

**Calculating With Waiver (WW) numbers**

WW numbers for each active DY of a demonstration are calculated based on a combination of actual WW expenditures, projected future expenditures, and any adjustments entered by a State User. The actual WW expenditures are copied from the Schedule C of the MBES CMS-64 report to the workbook (C Report tab). These numbers are automatically transferred to the C Report Grouper tab, where waiver expenditures are grouped by MEGs. The numbers are also transferred to the WW Spending Actual tab, which factors in adjustments entered on the Total Adjustments tab to calculate total actual WW expenditures. The WW Spending Total tab displays the actual WW expenditures plus future projected expenditures (transferred from the WW Spending Projected tab). Finally, the total WW actual and projected numbers are transferred to the Summary TC (Total Computable) tab (into the With-Waiver Total Expenditures section).

**Calculating Without Waiver (WOW) numbers**

WOW numbers can be obtained either one of two ways: using Aggregate or Per Capita calculations. If total projected expenditures for a MEG is known and the expenditure calculation type is defined as 'Aggregate' on the MEG Def tab, the total projected expenditure amount is entered for each active DY. However, if the expenditure calculation type is defined as 'Per Capita', total projected expenditures are derived by multiplying per member per month (PMPM) costs by the actual number of member months.

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the the Without-Waiver Total Expenditures section of the Summary TC tab, where final calculations are performed.

Based on information from all tabs, the WW and WOW numbers are compared to determine the budget neutrality status of the demonstration.

**Below are the definitions for the tabs of the workbook which require data entries from State User.**

**On top of the C Report tab, enter data in the following highlighted cells:**

'Data Pulled On:' - enter the date the source file used to enter data on this tab was pulled
'For the Time Period Through :' - enter the date through which the source file data was pulled
Reporting DY' - enter the Demonstration Year (DY) for which data is being reported. Entered DY value must align with DYs from the DY Def tab.
Reporting Quarter' - enter a number of the quarter (values 1 through 4) for which data is being reported.

**Notes:**
- Dates must be entered in the following format: mm/dd/yyyy
- Reporting DY and Reporting Quarter entries affect which portion of the 'Medicaid Aggregate' and 'Medicaid Aggregate - WOW only' amounts for a DY will be calculated as Actuals, and which will be calculated as Projected
- Entry for each of these four fields is required for the workbook submission. If any field is not populated, you will receive an error and the document will not be uploaded to the system.

**State User enters information on the following tabs:**

**C Report Tab**

Open Schedule C of the CMS 64 Expenditure Report. Under your state, locate expenditure data for the specific demonstration.
From this location on the CMS 64 Expenditure Report, copy expenditure data cells for all DYs (active and non-active). On the C Report tab, paste the data into the correct cell/row. Repeat the copy and paste process for MAP Waivers section (Total Computable and Federal Share) and ADM Waivers section (if applicable). Verify that the pasted numbers are correctly aligned with the Waiver Name values.

**Total Adjustments tab**

When adjustments are relevant for a demonstration, enter the actual numbers of total contributions to the reported expenditures, per each MEG, for the reporting quarter. Add new reported adjustments to any existing numbers for previous quarters for the reported DY.
**Note**: Any adjustments that reduce expenditures must be entered as negative numbers (for example, -$10,000).

**WW Spending Projected tab**

Enter projected annual expenditures for each MEG for the active DYs of a demonstration.
For each reporting quarter, update the projected numbers so they reflect only future quarter projections. Please see the example for the MemMon Projected tab.

**MemMonth Actual tab**

For each MEG, calculate the actual number of member months for the reported quarter and add this number to the previously entered number for the same DY. For example, for Q3 reporting period, add Q3 member months to the existing number for the same MEG and DY and enter the result into the same cell.

**MemMonth Projected tab**

For each MEG, enter projected (future) annual member months for all active DYs of the demonstration. Adjust future DY numbers as needed.
For the current DY, enter only the number that reflects future quarters. For example, for Q3 reporting, only enter the projected number for Q4. There should be no projected numbers for completed (actual) DYs.

**Summary TC tab**

In the Net Variance section, for each DY, enter estimated numbers in row '1115A Dual Demonstration Savings (state preliminary estimate)'.
In the next row, '1115A Dual Demonstration Savings (OACT certified)' enter certified numbers.
Both estimated and certified numbers must be negative, as dual demonstration savings numbers reduce the Net Variance amount.

**Demonstration Years Definitions**

| DY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Start Date | 8/1/1994 | 8/1/1995 | 8/1/1996 | 8/1/1997 | 9/1/1998 | 9/1/1999 | 9/1/2000 | 9/1/2001 | 9/1/2002 | 9/1/2003 | 9/1/2004 | 9/1/2005 | 9/1/2006 | 9/1/2007 | 9/1/2008 |
| End Date | 7/31/1995 | 7/31/1996 | 7/31/1997 | 7/31/1998 | 8/31/1999 | 8/31/2000 | 8/31/2001 | 8/31/2002 | 8/31/2003 | 8/31/2004 | 8/31/2005 | 8/31/2006 | 8/31/2007 | 8/31/2008 | 8/31/2009 |

| DY | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Start Date | 9/1/2009 | 9/1/2010 | 9/1/2011 | 9/1/2012 | 10/1/2013 | 1/1/2014 | 1/1/2015 | 1/1/2016 | 1/1/2017 | 1/1/2018 | 8/1/2019 | 8/1/2020 | 8/1/2021 | 8/1/2022 | 8/1/2023 |
| End Date | 8/31/2010 | 8/31/2011 | 8/31/2012 | 8/31/2013 | 12/31/2013 | 12/31/2014 | 12/31/2015 | 12/31/2016 | 12/31/2017 | 7/31/2019 | 7/31/2020 | 7/31/2021 | 7/31/2022 | 7/31/2023 | 7/31/2024 |

**Enter any general comments / notes:**

**MEG Definitions**

| | MEG Name | MEG Description | Savings Phase-Down | Expenditures Subject to Cap? | Hypothetical Populations Included in Calculations? | Start DY | Start Date | End DY | End Date |
|---|---|---|---|---|---|---|---|---|---|
| | **Medicaid Per Capita** | | | | | | | | |
| 1 | EG 1 - Children | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 2 | EG 2 - Adults | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 3 | EG 3 - Aged | | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| 4 | EG 4 – Blind/Disabled | Income up to and including 100% FPL using the institutional income rules, including the application of regular post-eligibility rules and spousal impoverishment eligibility rules. | Savings Phase-Down | No | N/A | *1* | *8/1/1994* | *25* | *7/31/2019* |
| | | | | | N/A | | | | |
| | **Medicaid Per Capita - WOW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate - WOW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Medicaid Aggregate - WW only** | | | | | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | | | N/A | | N/A | | | | |
| | **Hypothetical 1 Per Capita** | | | | Hypothetical Test 1 | | | | |
| 1 | EG 5 – Group VIII | Adults eligible for Medicaid as the group defined in section 1902(a)(10)(A)(i)(VIII) of the Act | N/A | No | Yes | *20* | *10/1/2013* | *20* | *12/31/2013* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 1 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 2 Per Capita** | | | | Hypothetical Test 2 | | | | |
| 1 | EG 6 - CIS | Expenditures related to the CIS benefits of pre-tenancy supports and tenancy supports; excludes expenditures related to the Community Transition Services Pilot Program. | N/A | No | Yes | *26* | *8/1/2019* | *30* | *7/31/2024* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 2 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 3 Per Capita** | | | | Hypothetical Test 3 | | | | |
| 1 | EG 7 – CIS Community Transition Pilot | Expenditures related to the Community Transition Services Pilot Program. | N/A | No | Yes | *26* | *8/1/2019* | *30* | *7/31/2024* |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Hypothetical 3 Aggregate** | | | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | | | N/A | | | | | | |
| | **Tracking Only** | | | | | | | | |

**WOW PMPMs and Aggregates**

| Medicaid Per Capita | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| *EG 1 - Children* | 1 | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 |
| *EG 2 - Adults* | 2 | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 |
| *EG 3 - Aged* | 3 | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 |
| *EG 4 – Blind/Disabled* | 4 | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 |

| Hypothetical 1 Per Capita | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| *EG 5 – Group VIII* | 1 | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 |

| Hypothetical 2 Per Capita | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| *EG 6 - CIS* | 1 | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 |

| Hypothetical 3 Per Capita | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| *EG 7 – CIS Community Transition Pilot* | 1 | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 |

**Program Spending Limits**

| | | | | | | TOTAL |
|---|---|---|---|---|---|---|
| **Program Name and Associated MEGs** | **26** | **27** | **28** | **29** | **30** | |
| **Spending Cap** | | | | | | |
| | | | | | | |
| | | | | | | $ - |
| **Expenditures Subject to Cap** | | | | | | |
| | | | | | | |
| | | | | | | |
| **Variance** | | | | | | $ - |
| Over or Under | . | . | . | . | . | . |

Paste all information related to the demonstration from Schedule C of the CMS 64 Waiver Expenditure Report.
1. On the Schedule C Report, locate rows relevant to all expenditures for a specific demonstration.
2. Complete two rounds of copy/paste starting from the cell in column A (Waiver Name).
· MAP Waivers/ Total Computable section – into cell A100
· MAP Waivers/ Federal Share section – into cell A200
3. If ADM waivers are applicable to the demonstration, complete two more rounds of copy/paste starting from the cell in column A (Waiver Name).
· ADM Waivers/ Total Computable section – cell A300
· ADM Waivers/ Federal Share section – cell A400

## MAP Waivers

### Total Computable

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,115 | 0 | [illegible] | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70,981,761 | 70,981,761 |
| 1902 R2 | 0 | [illegible] | 0 | 0 | 0 | 0 | [illegible] | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 173,178,481 | 173,178,481 |
| 1902 R2X | 0 | [illegible] | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (8,243,749) | (8,243,749) |
| 1902R2 | 0 | [illegible] | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 121,392 | 121,392 |
| AFDC | 0 | [illegible] | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 148,069,654 | 148,069,654 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (295) | 121,279,464 | 314,952,648 | 350,714,627 | 326,518,117 | 349,156,948 | 184,750,729 | 364,919,440 | 307,865,937 | 320,856,325 | 330,120,146 | 561,548,421 | 370,600,101 | 361,238,127 | 0 | 0 | 0 | 4,264,520,735 | 4,264,520,735 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,424,989 | 17,555,107 | 24,914,002 | 19,728,957 | 24,483,589 | 14,925,306 | 37,994,810 | 48,712,106 | 46,535,285 | 55,494,164 | 85,112,820 | 64,592,916 | 89,110,815 | 0 | 0 | 0 | 531,584,866 | 531,584,866 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (473,188) | (505,165) | (397,775) | (598,936) | (490,186) | (31,916) | 0 | 0 | 0 | (2,497,166) | (2,497,166) |
| Aged without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (14,668) | (44,822) | (62,495) | (43,976) | (17,253) | 0 | 0 | 0 | 0 | (183,214) | (183,214) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (13,736) | 31,794,652 | 74,760,519 | 81,089,359 | 77,504,607 | 88,201,319 | 49,105,356 | 98,847,286 | 163,362,887 | 158,584,686 | 154,651,730 | 248,125,392 | 151,268,882 | 148,512,191 | 0 | 0 | 0 | 1,525,795,130 | 1,525,795,130 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (28,991) | 81,514,842 | 211,664,665 | 248,689,322 | 257,028,809 | 282,670,355 | 148,440,400 | 290,201,052 | 285,336,958 | 310,399,367 | 340,654,230 | 475,556,493 | 331,111,928 | 346,603,019 | 0 | 0 | 0 | 3,609,842,449 | 3,609,842,449 |
| Blind/Disable without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (324,738) | (333,645) | (370,635) | (399,762) | (294,330) | (17,997) | 0 | 0 | 0 | (1,741,107) | (1,741,107) |
| Blind/Disabled with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (61,110) | (74,223) | (153,925) | (230,511) | (81,788) | (2,258) | 0 | 0 | 0 | (603,815) | (603,815) |
| Breast Cervical Cancer Treatment (BCCT) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2) | 4,053 | 545,332 | 904,018 | 750,145 | 365,104 | 585,588 | 277,616 | 222,869 | 103,847 | 107,702 | 8,311 | 53,419 | 0 | 0 | 0 | 3,928,002 | 3,928,002 |
| CURRENT | 0 | 493,934,086 | 0 | 0 | 0 | 0 | 1,661,326 | 159,616,917 | 75,521,154 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 730,733,483 | 730,733,483 |
| CURRENT POP | 0 | 272,778,438 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 272,778,438 | 272,778,438 |
| Current-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40,064,795 | 40,064,795 |
| Demo Elig Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 134,638 | 1,995 | 51,709 | 318,560 | 127,982,800 | 129,456,848 | 154,209,257 | 177,392,619 | 201,628,981 | 238,945,778 | 244,752,485 | 227,394,155 | 43,950,943 | 52,948 | (5,724) | 735 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,546,268,727 | 1,546,268,727 |
| Expansion State Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 191,848,117 | 343,651,347 | 477,526,936 | 537,025,591 | 790,663,556 | 529,649,932 | 636,462,048 | 0 | 0 | 0 | 3,506,827,527 | 3,506,827,527 |
| FosterCare(19-20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,499 | 83,366 | 94,158 | 137,403 | 73,022 | 176,324 | 173,482 | 703,614 | 618,274 | 885,664 | 1,318,600 | 2,348,338 | 1,738,724 | 1,819,542 | 0 | 0 | 0 | 10,262,010 | 10,262,010 |
| HawaiiQuest-1902(R)(2) | 0 | 700,529 | 107,270 | 2,484,576 | 1,636,854 | 860,335 | 1,594,466 | 0 | 0 | 284 | 34,836 | 438,582 | 0 | 0 | 33,061 | 26,332 | 8,001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,925,126 | 7,925,126 |
| HCCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 135,520 | 683,159 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 818,679 | 818,679 |
| HealthQuest-Current | 0 | 3,884,748 | 350,430 | 12,121,771 | 10,002,019 | 7,377,643 | 10,651,130 | 9,373,702 | 64,428,704 | 230,593,470 | 268,955,153 | 392,471,288 | (2,325,152) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,007,884,906 | 1,007,884,906 |
| HealthQuest-Others | 0 | 1,783,163 | 215,685 | 5,322,833 | 3,698,445 | 2,678,918 | 3,915,013 | 3,306,673 | 21,010,550 | 63,645,959 | 99,234,046 | 93,729,117 | (621,643) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 297,918,759 | 297,918,759 |
| Med Needy Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 56,504 | 120,767 | 115,693 | 58,345 | 117,005 | 109,837 | 8,305 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 586,456 | 586,456 |
| Med Needy Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,715 | 3,960 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11,675 | 11,675 |
| MFCP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 122,839 | 581,513 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 704,352 | 704,352 |
| Newly Eligible Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,331 | 216,961,105 | 165,225,916 | 110,172,746 | 126,903,675 | 190,929,528 | 116,881,018 | 139,487,846 | 0 | 0 | 0 | 1,066,563,165 | 1,066,563,165 |
| NH w/o W | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,100,418 | 16,199,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21,300,155 | 21,300,155 |
| Opt St Pl Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76,678 | 103,084 | 80,075 | 257,166 | 253,182 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 770,216 | 770,216 |
| Others | 0 | 288,512,308 | 0 | 0 | 0 | 0 | 786,332 | 56,430,712 | 30,507,680 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 376,237,032 | 376,237,032 |
| Others-Hawaii Quest | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,142,103 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,142,103 | 13,142,103 |
| OthersX | 0 | (15,309,727) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (15,309,727) | (15,309,727) |
| QUEST ACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (2,751) | 798,681 | 5,696,094 | 14,348,747 | 23,867,636 | 30,465,656 | 27,968,205 | 76,432,838 | 26,173,447 | 99,296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 205,847,849 | 205,847,849 |
| RAACP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,862,479 | 17,432,949 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,295,428 | 25,295,428 |
| St Pl Adults-Preg Immig/COFAs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,990 | 2,628,840 | 2,628,927 | 2,873,646 | 987,921 | 1,532,245 | 1,448,764 | 2,048,646 | 2,315,023 | 4,043,498 | 3,127,056 | 1,986,386 | 0 | 0 | 0 | 25,645,942 | 25,645,942 |
| State Plan Adults | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (10) | 218 | 99 | 39,158 | 111,982,730 | 118,021,622 | 109,034,691 | 128,225,118 | 131,863,143 | 123,596,289 | 112,790,909 | 130,112,852 | 80,834,554 | 202,315,960 | 172,913,238 | 169,042,108 | 182,723,816 | 256,089,901 | 165,348,313 | 187,966,088 | 0 | 0 | 0 | 2,382,900,797 | 2,382,900,797 |
| State Plan Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (41) | (9,403) | 2,008 | 878 | 2,541,467 | 181,803,051 | 179,672,723 | 155,392,585 | 168,853,209 | 202,959,370 | 213,968,923 | 187,874,968 | 215,942,758 | 106,595,493 | 248,491,952 | 306,184,281 | 316,589,798 | 372,171,569 | 596,190,804 | 395,719,151 | 383,918,190 | 0 | 0 | 0 | 4,234,863,734 | 4,234,863,734 |
| Supp. - Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,500,002 | 7,500,002 |
| Supp. - State Gov. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17,822,210 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17,822,210 | 17,822,210 |
| UCC-Governmental | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,688,221 | 22,546,108 | 18,919,184 | 16,356,580 | 24,507,605 | 34,064,491 | 48,859,842 | 12,164,879 | 5,856,911 | 10,090,466 | 6,184,588 | 981,179 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 216,220,054 | 216,220,054 |
| UCC-GOVT LTC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 609,561 | 609,561 |
| UCC-Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10,056,500 | 3,403,710 | 7,500,000 | 7,500,000 | 7,500,000 | 7,500,000 | 0 | 38,818,619 | 39,694,442 | 82,153,936 | 85,515,739 | 66,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 355,642,946 | 355,642,946 |
| VIII-Like Group | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,468,225 | (8,863) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 71,459,362 | 71,459,362 |
| Total | 0 | 1,430,419,192 | 673,385 | 19,929,180 | 15,337,318 | 10,916,896 | 18,580,159 | 228,727,963 | 244,800,211 | 294,243,934 | 368,276,721 | 514,860,384 | 444,696,938 | 454,123,543 | 464,250,373 | 785,020,500 | 1,211,765,023 | 1,357,369,890 | 1,307,250,732 | 1,449,178,427 | 773,323,644 | 1,746,788,952 | 1,886,418,223 | 1,978,888,489 | 2,102,497,561 | 3,209,443,268 | 2,129,162,775 | 2,297,105,500 | 0 | 0 | 0 | 26,744,049,181 | 26,744,049,181 |

### Federal Share

| Waiver Name | A | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Total | Total Less Non-Adds |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1,115 | 0 | 35,490,882 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35,490,882 | 35,490,882 |
| 1902 R2 | 0 | 86,769,823 | 0 | 0 | 0 | 0 | (14,054) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 86,755,769 | 86,755,769 |
| 1902 R2X | 0 | (4,205,136) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (4,205,136) | (4,205,136) |
| 1902R2 | 0 | 60,696 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 60,696 | 60,696 |
| AFDC | 0 | 74,034,827 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 74,034,827 | 74,034,827 |
| Aged w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (199) | 81,134,508 | 211,362,743 | 229,319,379 | 165,433,841 | 179,767,116 | 95,671,244 | 189,594,079 | 162,182,080 | 173,947,428 | 181,187,273 | 304,997,343 | 211,988,354 | 214,174,802 | 0 | 0 | 0 | 2,400,759,991 | 2,400,759,991 |
| Aged w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,622,988 | 11,822,762 | 16,022,396 | 9,984,628 | 12,621,590 | 7,728,650 | 19,714,968 | 25,630,796 | 25,194,791 | 30,421,066 | 46,083,675 | 37,029,305 | 52,791,856 | 0 | 0 | 0 | 296,669,471 | 296,669,471 |
| Aged with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (249,679) | (273,613) | (218,333) | (324,766) | (277,623) | (19,044) | 0 | 0 | 0 | (1,363,058) | (1,363,058) |
| Aged without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (7,720) | (24,377) | (34,310) | (23,817) | (9,392) | 0 | 0 | 0 | 0 | (99,616) | (99,616) |
| B/D w/Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (9,251) | 21,277,328 | 49,857,636 | 52,547,252 | 39,129,038 | 45,400,574 | 25,392,157 | 51,341,230 | 86,036,126 | 85,942,520 | 84,861,936 | 134,764,611 | 86,452,418 | 88,052,153 | 0 | 0 | 0 | 851,045,728 | 851,045,728 |
| B/D w/o Mcare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (19,525) | 54,511,233 | 141,799,152 | 161,274,589 | 130,207,936 | 145,622,789 | 76,872,883 | 150,336,274 | 149,646,906 | 167,640,879 | 186,541,259 | 256,709,607 | 188,927,221 | 205,284,410 | 0 | 0 | 0 | 2,015,355,613 | 2,015,355,613 |
| Blind/Disable without Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (171,495) | (180,813) | (203,447) | (216,481) | (166,339) | (10,739) | 0 | 0 | 0 | (949,314) | (949,314) |
| Blind/Disabled with Medicare - MFP | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (32,236) | (40,358) | (84,504) | (125,175) | (45,986) | (1,347) | 0 | 0 | 0 | (329,606) | (329,606) |
| Breast Cervical Cancer Treatment (BCCT) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | 495,478 | 241,945 | 376,274 | 201,477 | 152,695 | 77,771 | 62,536 | 3,175 | 36,593 | 0 | 0 | 0 | 2,604,230 | 2,604,230 |

## ADM Waivers

### Total Computable

### Federal Share

**C Report Grouper**

**MAP Waivers Only**

**Total Computable**

| **MEG Names** | | **C Report Waiver Names** | **26** | **27** | **28** | **29** | **30** |
|---|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | | |
| *EG 1 - Children* | 1 | FosterCare(19-20) | $1,738,724 | $1,819,542 | | | |
| *EG 1 - Children* | 1 | State Plan Children | $395,719,151 | $383,918,190 | | | |
| *EG 2 - Adults* | 2 | State Plan Adults | $165,348,313 | $187,966,088 | | | |
| | | | | | | | |
| *EG 2 - Adults* | 2 | Breast Cervical Cancer Treatment (BCCT) | $8,311 | $53,419 | | | |
| *EG 2 - Adults* | 2 | St Pl Adults-Preg Immig/COFAs | $3,127,056 | $1,986,386 | | | |
| *EG 3 - Aged* | 3 | Aged w/Mcare | $370,600,101 | $361,238,127 | | | |
| *EG 3 - Aged* | 3 | Aged w/o Mcare | $64,592,916 | $89,110,815 | | | |
| *EG 3 - Aged* | 3 | Aged with Medicare - MFP | ($490,186) | ($31,916) | | | |
| *EG 3 - Aged* | 3 | Aged without Medicare - MFP | ($17,253) | | | | |
| *EG 4 – Blind/Disabled* | 4 | B/D w/Mcare | $151,268,882 | $148,512,191 | | | |
| *EG 4 – Blind/Disabled* | 4 | B/D w/o Mcare | $331,111,928 | $346,603,019 | | | |
| *EG 4 – Blind/Disabled* | 4 | Blind/Disable without Medicare - MFP | ($294,330) | ($17,997) | | | |
| *EG 4 – Blind/Disabled* | 4 | Blind/Disabled with Medicare - MFP | ($81,788) | ($2,258) | | | |
| | | | | | | | |
| **Hypothetical 1 Per Capita** | | | | | | | |
| *EG 5 – Group VIII* | 1 | VIII-Like Group | | | | | |
| *EG 5 – Group VIII* | 1 | Expansion State Adults | $529,649,932 | $636,462,048 | | | |
| *EG 5 – Group VIII* | 1 | Newly Eligible Adults | $116,881,018 | $139,487,846 | | | |
| | | | | | | | |
| **Hypothetical 2 Per Capita** | | | | | | | |
| *EG 6 - CIS* | 1 | EG 6 - CIS | | | | | |
| | | | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | EG 7 – CIS Community Transition Pilot | | | | | |
| **TOTAL** | | | $2,129,162,775 | $2,297,105,500 | | | |

**Adjustments made to the reported expenditures**

Enter total adjustments made to the expenditure numbers, including adjustments to the previous reporting periods.
Positive adjustments increase expenditures, and negative adjustments decrease expenditures.
Enter adjustments for every MEG for which adjustments were made or are planned.
**Helpful Hint:** Remember to enter total adjustments as positive or negative (for example, -$10,000 reflects a decrease in expenditures).

| | | 26 | 27 | 28 | 29 | 30 | Description (type of collection, time period, CMS-64 reporting line, etc.) |
|---|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | | |
| *EG 1 - Children* | 1 | | -$2,158 | | | | Cost share |
| *EG 2 - Adults* | 2 | | | | | | |
| *EG 3 - Aged* | 3 | -$35,830,002 | -$32,776,654 | | | | Cost share |
| *EG 4 – Blind/Disabled* | 4 | -$3,558,280 | -$2,923,088 | | | | Cost share |
| **Hypothetical 1 Per Capita** | | | | | | | |
| *EG 5 – Group VIII* | 1 | | -$28,315 | | | | Cost share |
| **Hypothetical 2 Per Capita** | | | | | | | |
| *EG 6 - CIS* | 1 | | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | | |

**WW Spending - Actual**

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | $397,457,875 | $385,735,574 | | | |
| *EG 2 - Adults* | 2 | $168,483,680 | $190,005,893 | | | |
| *EG 3 - Aged* | 3 | $398,855,576 | $417,540,372 | | | |
| *EG 4 – Blind/Disabled* | 4 | $478,446,412 | $492,171,867 | | | |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | $646,530,950 | $775,921,579 | | | |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | |
| **TOTAL** | | **$ 2,089,774,492** | **$ 2,261,375,285** | **$ -** | **$ -** | **$ -** |

**WW Spending - Projected**

Enter projected spending for the demonstration which includes the remaining quarters of the current DY and all future DYs.
Enter the projected annual expenditures for each DY per MEG for the active DYs.
For the current DY, only future quarters should have projected spending information. Do not include expenditures that were reported as actuals.

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | | $17,415,571 | $417,364,457 | $432,076,554 | $447,307,253 |
| *EG 2 - Adults* | 2 | | $28,397,874 | $232,146,824 | $246,754,662 | $262,281,700 |
| *EG 3 - Aged* | 3 | | $14,789,639 | $460,966,093 | $481,405,329 | $502,750,842 |
| *EG 4 – Blind/Disabled* | 4 | | $91,574,449 | $616,353,767 | $649,908,066 | $685,289,061 |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | | $50,049,534 | $887,278,778 | $953,114,864 | $1,023,835,987 |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | $380,789 | $4,908,521 | $5,272,733 | $5,663,970 |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | $1,038,515 | $13,386,875 | $14,380,181 | $15,447,190 |

**WW Spending - Total**

**Total Computable**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| ***Medicaid Per Capita*** | | | | | | |
| *EG 1 - Children* | 1 | $397,457,875 | $403,151,145 | $417,364,457 | $432,076,554 | $447,307,253 |
| *EG 2 - Adults* | 2 | $168,483,680 | $218,403,767 | $232,146,824 | $246,754,662 | $262,281,700 |
| *EG 3 - Aged* | 3 | $398,855,576 | $432,330,011 | $460,966,093 | $481,405,329 | $502,750,842 |
| *EG 4 – Blind/Disabled* | 4 | $478,446,412 | $583,746,316 | $616,353,767 | $649,908,066 | $685,289,061 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | $646,530,950 | $825,971,113 | $887,278,778 | $953,114,864 | $1,023,835,987 |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | $380,789 | $4,908,521 | $5,272,733 | $5,663,970 |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | $1,038,515 | $13,386,875 | $14,380,181 | $15,447,190 |
| **TOTAL** | | **$ 2,089,774,492** | **$ 2,465,021,656** | **$ 2,632,405,315** | **$ 2,782,912,389** | **$ 2,942,576,003** |

**Member Months - Actual**

Enter actual member months (number of beneficiaries times the number of enrolled months) for quarters to date for each active DY.
For the reported quarter, add the actual number of member months per each MEG to the previous actual number. The number should equal the total of ALL actual member months.
**Note**: Depending of the specifics of the state, you can use Total member months or Average monthly unduplicated counts. Whichever definition is used, it must be applied consistently.
**Helpful Hint:** When updating a DY, remember to enter actual member months for the reported quarter along with actuals for prior quarter(s). Retroactive adjustments may affect the entries.

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | 1402624 | 1403660 | | | |
| EG 2 - Adults | 2 | 420331 | 447852 | | | |
| EG 3 - Aged | 3 | 339459 | 346701 | | | |
| EG 4 – Blind/Disabled | 4 | 285411 | 279815 | | | |
| **Hypothetical 1 Per Capita** | | | | | | |
| *EG 5 – Group VIII* | 1 | 1411914 | 1646554 | | | |
| **Hypothetical 2 Per Capita** | | | | | | |
| *EG 6 - CIS* | 1 | | | | | |
| **Hypothetical 3 Per Capita** | | | | | | |
| *EG 7 – CIS Community Transition Pilot* | 1 | | | | | |

**Member Months - Projected**

Enter/adjust projected member months based on reported actuals.
Enter projected number of member months for each active DY per MEG for the demonstration.
For the current DY, enter only the number that reflects projections for future quarters of the DY.
Do not include member months for either the current reporting quarter or past quarters.

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | | 181114 | 1624394 | 1665004 | 1706629 |
| EG 2 - Adults | 2 | | 66541 | 527253 | 540435 | 553945 |
| EG 3 - Aged | 3 | | 33332 | 336172 | 339533 | 342929 |
| EG 4 – Blind/Disabled | 4 | | 39479 | 322487 | 325712 | 328969 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | | 160794 | 1602341 | 1642400 | 1683460 |
| **Hypothetical 2 Per Capita** | | | | | | |
| EG 6 - CIS | 1 | | 315 | 3877 | 3974 | 4073 |
| **Hypothetical 3 Per Capita** | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | 315 | 3877 | 3974 | 4073 |

**Member Months - Total**

| | | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | |
| EG 1 - Children | 1 | 1,402,624 | 1,584,774 | 1,624,394 | 1,665,004 | 1,706,629 |
| EG 2 - Adults | 2 | 420,331 | 514,393 | 527,253 | 540,435 | 553,945 |
| EG 3 - Aged | 3 | 339,459 | 380,033 | 336,172 | 339,533 | 342,929 |
| EG 4 – Blind/Disabled | 4 | 285,411 | 319,294 | 322,487 | 325,712 | 328,969 |
| **Hypothetical 1 Per Capita** | | | | | | |
| EG 5 – Group VIII | 1 | 1,411,914 | 1,807,348 | 1,602,341 | 1,642,400 | 1,683,460 |
| **Hypothetical 2 Per Capita** | | | | | | |
| EG 6 - CIS | 1 | | 315 | 3,877 | 3,974 | 4,073 |
| **Hypothetical 3 Per Capita** | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | 315 | 3,877 | 3,974 | 4,073 |

## Budget Neutrality Summary

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year.
By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality.
Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

| | |
|---|---|
| **Budget Neutrality Reporting Start DY** | 26 |
| **Budget Neutrality Reporting End DY** | 30 |

**Actuals + Projected**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | Total |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | **Total** | $ 629,048,812 | $ 717,839,231 | $ 743,144,011 | $ 769,348,398 | $ 796,466,688 | |
| | | **PMPM** | $448.48 | $452.96 | $457.49 | $462.07 | $466.69 | |
| | | **Mem-Mon** | 1,402,624 | 1,584,774 | 1,624,394 | 1,665,004 | 1,706,629 | |
| EG 2 - Adults | 2 | **Total** | $ 389,003,731 | $ 493,673,250 | $ 524,738,003 | $ 557,755,942 | $ 592,854,097 | |
| | | **PMPM** | $925.47 | $959.72 | $995.23 | $1,032.05 | $1,070.24 | |
| | | **Mem-Mon** | 420,331 | 514,393 | 527,253 | 540,435 | 553,945 | |
| EG 3 - Aged | 3 | **Total** | $ 658,268,709 | $ 762,007,969 | $ 696,978,684 | $ 727,880,659 | $ 760,156,997 | |
| | | **PMPM** | $1,939.17 | $2,005.11 | $2,073.28 | $2,143.77 | $2,216.66 | |
| | | **Mem-Mon** | 339,459 | 380,033 | 336,172 | 339,533 | 342,929 | |
| EG 4 – Blind/Disabled | 4 | **Total** | $ 755,414,418 | $ 882,279,567 | $ 930,310,498 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **PMPM** | $2,646.76 | $2,763.22 | $2,884.80 | $3,011.73 | $3,144.25 | |
| | | **Mem-Mon** | 285,411 | 319,294 | 322,487 | 325,712 | 328,969 | |
| **TOTAL** | | | **$ 2,431,735,669** | **$ 2,855,800,016** | **$ 2,895,171,196** | **$ 3,035,941,601** | **$ 3,183,838,560** | **$ 14,402,487,043** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Medicaid Per Capita** | | | | | | | | |
| EG 1 - Children | 1 | | $ 397,457,875 | $ 403,151,145 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | $5,559,287,421 |
| EG 2 - Adults | 2 | | $ 168,483,680 | $ 218,403,767 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | $3,182,055,801 |
| EG 3 - Aged | 3 | | $ 398,855,576 | $ 432,330,011 | $ 460,966,093 | $ 481,405,329 | $ 502,750,842 | $6,184,730,468 |
| EG 4 – Blind/Disabled | 4 | | $ 478,446,412 | $ 583,746,316 | $ 616,353,767 | $ 649,908,066 | $ 685,289,061 | $7,169,936,632 |
| **TOTAL** | | | **$ 1,443,243,542** | **$ 1,637,631,239** | **$ 1,726,831,141** | **$ 1,810,144,611** | **$ 1,897,628,856** | **$ 8,515,479,389** |

**Savings Phase-Down**

| **Medicaid Per Capita** | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| | | *Savings Phase-Down* | | | | | | |
| EG 1 - Children | 1 | **Without Waiver** | $ 629,048,812 | $ 717,839,231 | $ 743,144,011 | $ 769,348,398 | $ 796,466,688 | |
| | | **With Waiver** | $ 397,457,875 | $ 403,151,145 | $ 417,364,457 | $ 432,076,554 | $ 447,307,253 | |
| Difference | | | $ 231,590,937 | $ 314,688,086 | $ 325,779,554 | $ 337,271,844 | $ 349,159,435 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 173,693,202 | $ 236,016,064 | $ 244,334,666 | $ 252,953,883 | $ 261,869,576 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 2 - Adults | 2 | **Without Waiver** | $ 389,003,731 | $ 493,673,250 | $ 524,738,003 | $ 557,755,942 | $ 592,854,097 | |
| | | **With Waiver** | $ 168,483,680 | $ 218,403,767 | $ 232,146,824 | $ 246,754,662 | $ 262,281,700 | |
| Difference | | | $ 220,520,051 | $ 275,269,483 | $ 292,591,179 | $ 311,001,280 | $ 330,572,397 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 165,390,038 | $ 206,452,113 | $ 219,443,384 | $ 233,250,960 | $ 247,929,298 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 3 - Aged | 3 | **Without Waiver** | $ 658,268,709 | $ 762,007,969 | $ 696,978,684 | $ 727,880,659 | $ 760,156,997 | |
| | | **With Waiver** | $ 398,855,576 | $ 432,330,011 | $ 460,966,093 | $ 481,405,329 | $ 502,750,842 | |
| Difference | | | $ 259,413,133 | $ 329,677,958 | $ 236,012,591 | $ 246,475,330 | $ 257,406,155 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 194,559,850 | $ 247,258,468 | $ 177,009,443 | $ 184,856,498 | $ 193,054,616 | |
| | | *Savings Phase-Down* | | | | | | |
| EG 4 – Blind/Disabled | 4 | **Without Waiver** | $ 755,414,418 | $ 882,279,567 | $ 930,310,498 | $ 980,956,602 | $ 1,034,360,778 | |
| | | **With Waiver** | $ 478,446,412 | $ 583,746,316 | $ 616,353,767 | $ 649,908,066 | $ 685,289,061 | |
| Difference | | | $ 276,968,007 | $ 298,533,251 | $ 313,956,731 | $ 331,048,536 | $ 349,071,717 | |
| Phase-Down Percentage | | | 25% | 25% | 25% | 25% | 25% | |
| **Savings Reduction** | | | $ 207,726,005 | $ 223,899,938 | $ 235,467,548 | $ 248,286,402 | $ 261,803,788 | |
| **Total Reduction** | | | **$ 741,369,095** | **$ 913,626,583** | **$ 876,255,041** | **$ 919,347,743** | **$ 964,657,278** | **$ 4,415,255,741** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **BASE VARIANCE** | | | **$ 247,123,032** | **$ 304,542,194** | **$ 292,085,014** | **$ 306,449,248** | **$ 321,552,426** | **$ 1,471,751,914** |
| **Excess Spending from Hypotheticals** | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (state preliminary estimate) | | | | | | | | $ - |
| 1115A Dual Demonstration Savings (OACT certified) | | | | | | | | $ - |
| **Carry-Forward Savings From Prior Period** | | | | | | | | |
| **NET VARIANCE** | | | | | | | | **$ 1,471,751,914** |

**Cumulative Target Limit**

| | | | 26 | 27 | 28 | 29 | 30 | |
|---|---|---|---|---|---|---|---|---|
| Cumulative Target Percentage (CTP) | | | 2.0% | 1.5% | 1.0% | 0.5% | | |
| Cumulative Budget Neutrality Limit (CBNL) | | | $ 1,690,366,574 | $ 3,632,540,007 | $ 5,651,456,162 | $ 7,768,050,021 | $ 9,987,231,303 | |
| Allowed Cumulative Variance (= CTP X CBNL) | | | $ 33,807,331 | $ 54,488,100 | $ 56,514,562 | $ 38,840,250 | $ - | |
| Actual Cumulative Variance (Positive = Overspending) | | | $ (247,123,032) | $ (551,665,226) | $ (843,750,240) | $ (1,150,199,487) | $ (1,471,751,914) | |
| Is a Corrective Action Plan needed? | | | | | | | | |

**HYPOTHETICALS TEST 1**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | **Total** | $ 1,269,833,094 | $ 1,703,497,784 | $ 1,582,760,393 | $ 1,700,212,480 | $ 1,826,368,919 | |
| | | **PMPM** | $899.37 | $942.54 | $987.78 | $1,035.20 | $1,084.89 | |
| | | **Mem-Mon** | 1,411,914 | 1,807,348 | 1,602,341 | 1,642,400 | 1,683,460 | |
| **TOTAL** | | | **$1,269,833,094** | **$1,703,497,784** | **$1,582,760,393** | **$1,700,212,480** | **$1,826,368,919** | **$8,082,672,670** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 1 Per Capita** | | | | | | | | |
| EG 5 – Group VIII | 1 | | $646,530,950 | $825,971,113 | $887,278,778 | $953,114,864 | $1,023,835,987 | |
| **TOTAL** | | | **$ 646,530,950** | **$ 825,971,113** | **$ 887,278,778** | **$ 953,114,864** | **$ 1,023,835,987** | **$ 4,336,731,692** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 1** | | | **$ 623,302,144** | **$ 877,526,671** | **$ 695,481,615** | **$ 747,097,616** | **$ 802,532,932** | **$ 3,745,940,978** |

**HYPOTHETICALS TEST 2**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | **Total** | $ - | $ 391,113 | $ 5,044,869 | $ 5,419,304 | $ 5,820,928 | |
| | | **PMPM** | $1,184.76 | $1,241.63 | $1,301.23 | $1,363.69 | $1,429.15 | |
| | | **Mem-Mon** | | 315 | 3,877 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ 391,113** | **$ 5,044,869** | **$ 5,419,304** | **$ 5,820,928** | **$ 16,676,214** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 2 Per Capita** | | | | | | | | |
| EG 6 - CIS | 1 | | $ - | $ 380,789 | $ 4,908,521 | $ 5,272,733 | $ 5,663,970 | |
| **TOTAL** | | | **$ -** | **$ 380,789** | **$ 4,908,521** | **$ 5,272,733** | **$ 5,663,970** | **$ 16,226,013** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 2** | | | **$ -** | **$ 10,325** | **$ 136,348** | **$ 146,571** | **$ 156,958** | **$ 450,201** |

**HYPOTHETICALS TEST 3**

**Without-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | **Total** | $ - | $ 1,066,675 | $ 13,758,736 | $ 14,779,902 | $ 15,875,210 | |
| | | **PMPM** | $3,231.17 | $3,386.27 | $3,548.81 | $3,719.15 | $3,897.67 | |
| | | **Mem-Mon** | | 315 | 3,877 | 3,974 | 4,073 | |
| **TOTAL** | | | **$ -** | **$ 1,066,675** | **$ 13,758,736** | **$ 14,779,902** | **$ 15,875,210** | **$ 45,480,523** |

**With-Waiver Total Expenditures**

| | | | 26 | 27 | 28 | 29 | 30 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **Hypothetical 3 Per Capita** | | | | | | | | |
| EG 7 – CIS Community Transition Pilot | 1 | | $ - | $ 1,038,515 | $ 13,386,875 | $ 14,380,181 | $ 15,447,190 | |
| **TOTAL** | | | **$ -** | **$ 1,038,515** | **$ 13,386,875** | **$ 14,380,181** | **$ 15,447,190** | **$ 44,252,761** |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **HYPOTHETICALS VARIANCE 3** | | | **$ -** | **$ 28,160** | **$ 371,861** | **$ 399,721** | **$ 428,020** | **$ 1,227,762** |

**Yes No**
Yes
No

**Per Capita or Aggregate**
Per Capita
Aggregate

**Phase-Down**
No Phase-Down
Savings Phase-Down

**Actuals and Projected**
Actuals Only
Actuals + Projected

**MAP_ADM**
MAP+ADM Waivers
MAP Waivers Only

**Waiver List**

**MAP WAIVERS**

Not Applicable
1,115
1902 R 2
1902 R 2X
1902R2
AFDC
Aged w/Mcare
Aged w/o Mcare
Aged with Medicare - MFP
Aged without Medicare - MFP
B/D w/Mcare
B/D w/o Mcare
Blind/Disable without Medicare - MFP
Blind/Disabled with Medicare - MFP
Breast Cervical Cancer Treatment (BCCT)
CURRENT
CURRENT POP
Current-Hawaii Quest
Demo Elig Adults
EG 6 - CIS
EG 7 – CIS Community Transition Pilot
Expansion State Adults
FosterCare(19-20)
HawaiiQuest-1902(R)(2)
HCCP
HealthQuest-Current
HealthQuest-Others
Med Needy Adults
Med Needy Children
MFCP
Newly Eligible Adults
NH w/o W
Opt St Pl Children
Others
Others-Hawaii Quest
OthersX
QUEST ACE
RAACP
St PI Adults-Preg Immig/COFAs
State Plan Adults
State Plan Children
Supp. - Private
Supp. - State Gov.
UCC-Governmental
UCC-GOVT LTC
UCC-Private
VIII-Like Group

**ADM WAIVERS**

| | |
|---|---|
| **Demonstration Reporting Start DY** | 26 |
| **Demonstration Reporting End DY** | 30 |

**Reporting Net Variance**
$ 1,471,751,914