

QExA Health Plan Demographic Information by Island

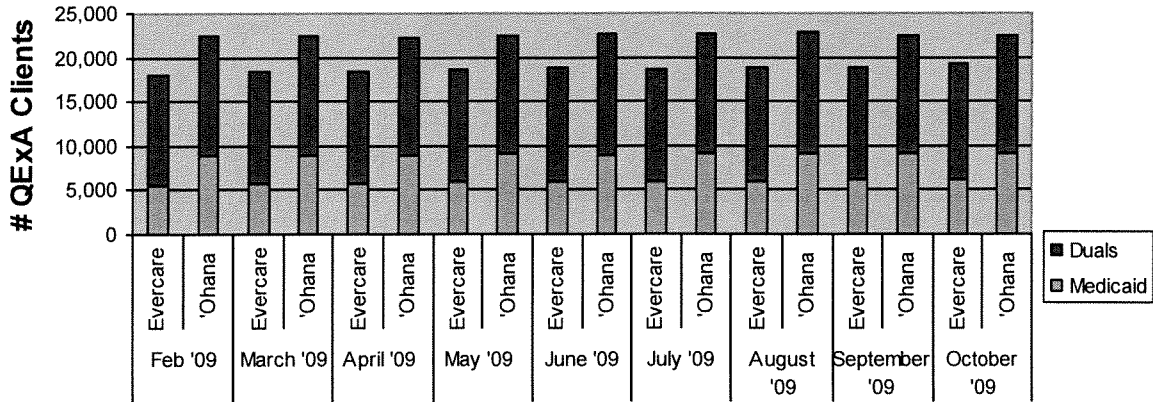
as of: October-09

Evercare							
# Network Providers by Island	Oahu	Maui	Kauai	East Hawaii	West Hawaii	Totals	
PCPs (incl FQHC less est 100 FQHC PCPs)	429	71	50	64	23	637	
Specialists	1311	101	145	89	66	1,712	
Facilities (Hosp./NF)	37	4	6	5	4	56	
Foster Homes (FH) (CCFFH only; no ARCH)	788	26	11	79	18	922	
HCBS Providers (All LTC, except CCFFH and NF)	73	18	6	15	3	115	
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	624	98	60	86	79	947	
Totals	3,262	318	278	338	193	4,389	
# Members by Island	Oahu	Maui	Kauai	East Hawaii	West Hawaii	Totals	
Members	12,790	1,200	1,274	2,977	976	19,217	
# Members per PCP by Island	Oahu	Maui	Kauai	East Hawaii	West Hawaii	Totals	
Members per PCP	30	17	25	47	42	30	
Note: RFP requirement is 600 members for every PCP							

'Ohana Health Plan								
# Network Providers by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
PCPs (incl FQHC less est 100 FQHC PCPs)	278	42	5	4	35	52	34	450
Specialists	886	98	7	2	97	94	47	1,231
Facilities (Hosp./NF)	37	4	2	1	6	7	4	61
Foster Homes (FH) (CCFFH only; no ARCH)	716	29	0	0	8	51	12	816
HCBS Providers (All LTC, except CCFFH and NF)	106	15	0	0	7	18	13	159
Ancillary & Other (All provider types not listed above; incl Phcy, Lab, BH, Allied, Hospice, HHA)	470	114	9	8	45	94	79	819
Totals	2,493	302	23	15	198	316	189	3,536
# Members by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members	15,778	1,935	328	68	700	2,659	1,054	22,523
# Members per PCP by Island	Oahu	Maui	Molokai	Lanai	Kauai	East Hawaii	West Hawaii	Totals
Members per PCP	57	46	66	17	20	51	31	50
Note: RFP requirement is 600 members for every PCP								

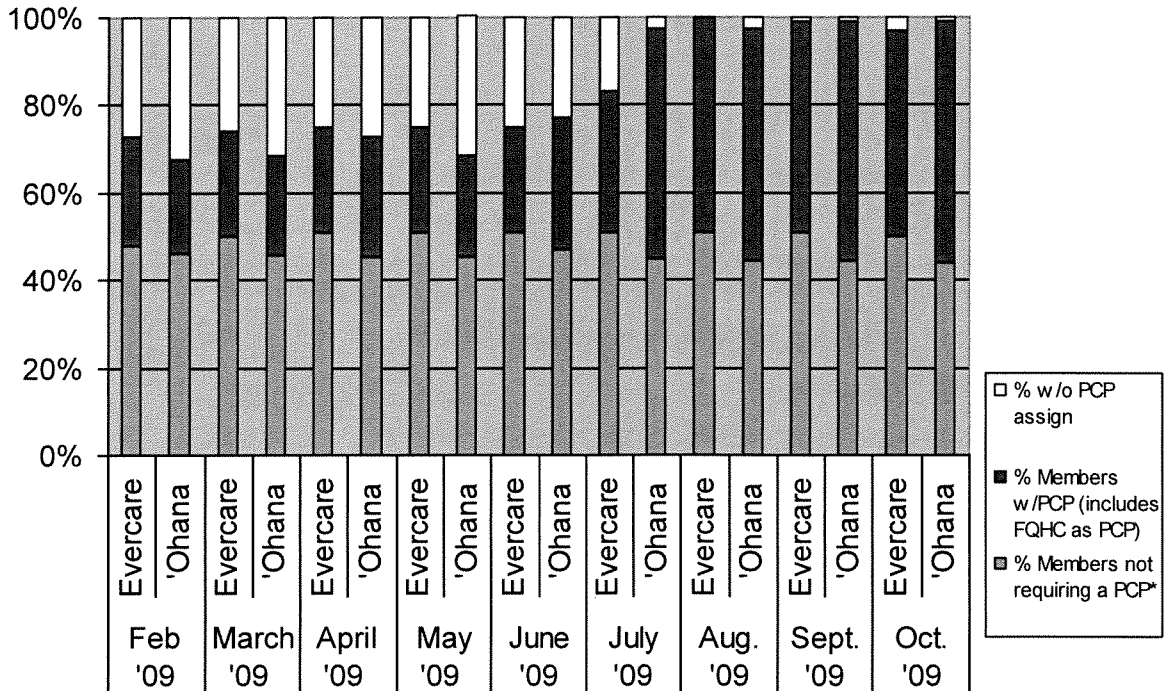
Evercare and 'Ohana Health Plan Key Measures October 2009

QUEST Expanded Access (QExA) Members by Health Plan



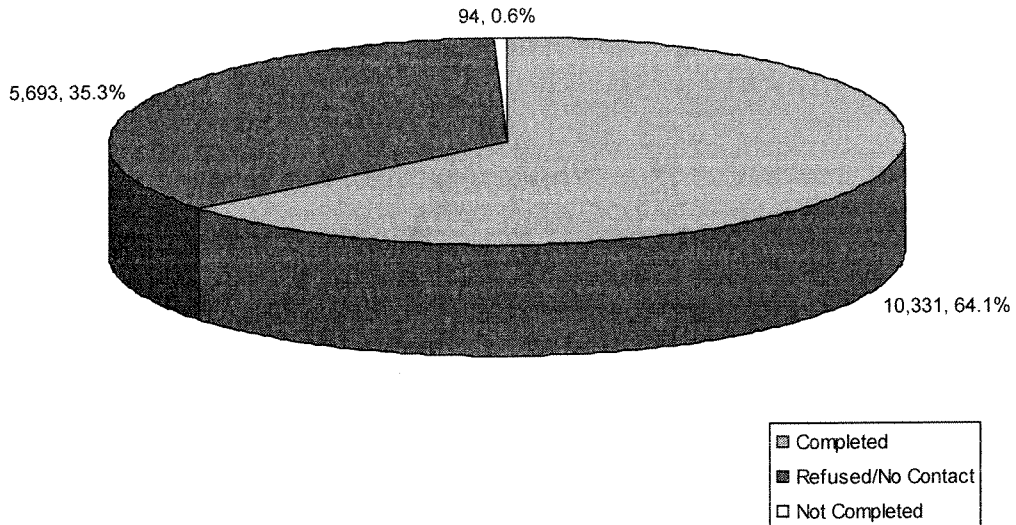
Membership in Evercare has increased by approximately 1,200 members since the start of the program, while membership in 'Ohana has increased by only 100 members. The overall population in the QExA program has increased by approximately 1,300 members or 3.2% over the first nine months. Membership in the QExA program was 41,740 in October 2009.

PCP Assignment



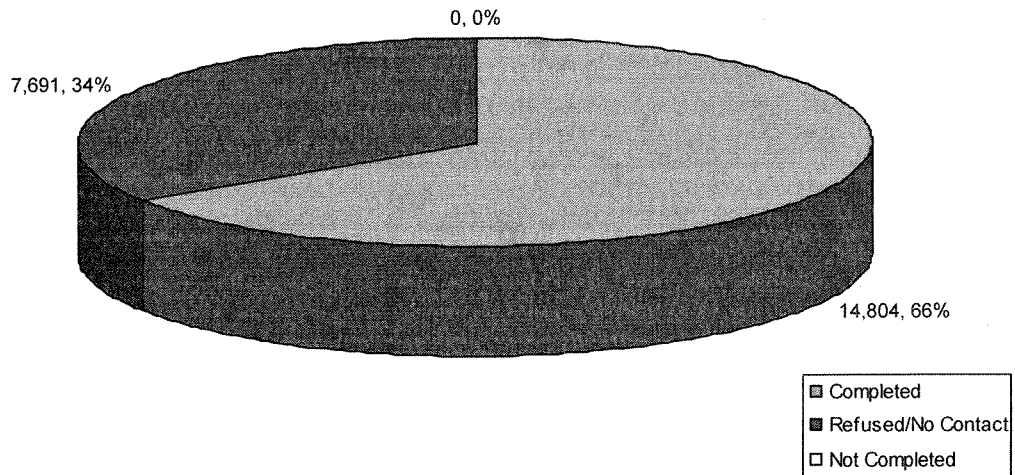
Members with Medicare primary are not required to have an assigned PCP. All of the members that require a PCP have a PCP assigned. Both Evercare (3%) and 'Ohana (1%) have members without a PCP. These new members are in the process of choosing their own PCP.

Evercare Face-to-Face Assessments



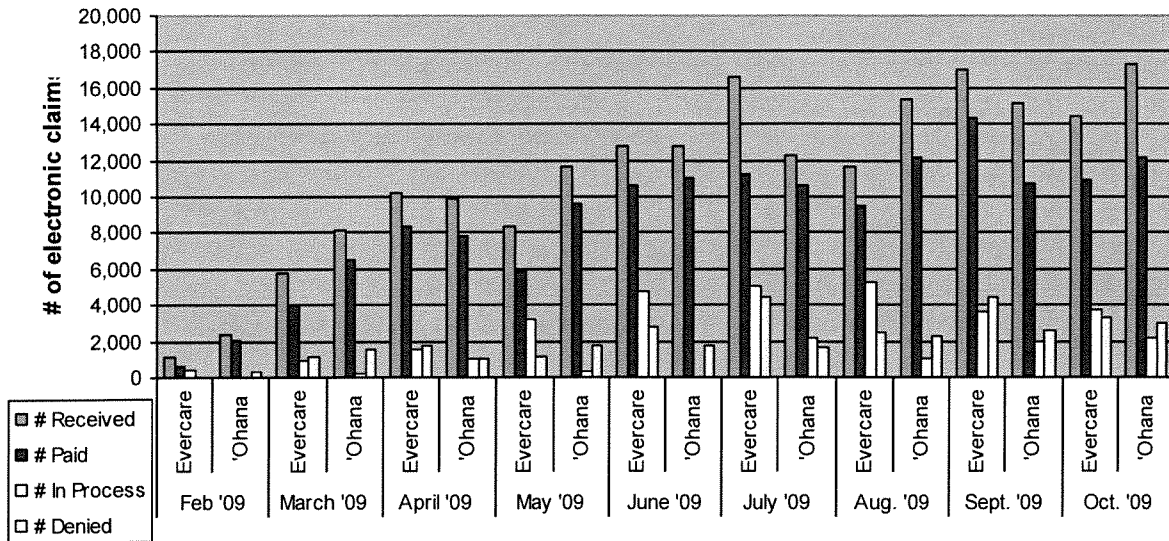
Evercare has only 94 outstanding assessments. Evercare will meet their contractual objective of completing their State mandated priority Health and Functional Assessments (HFA) that include Home and Community Based Services members (the former waiver clients) and disabled children after completion of these 94 assessments. Evercare has approximately 35% of their clients either who have refused to have an assessment or who are unable to locate. Evercare will complete a HFA on any of these clients upon request or discovery of location. At this time, the health plans will complete HFAs on all new members within 15 business days.

'Ohana Health Plan Face-to-Face Assessments



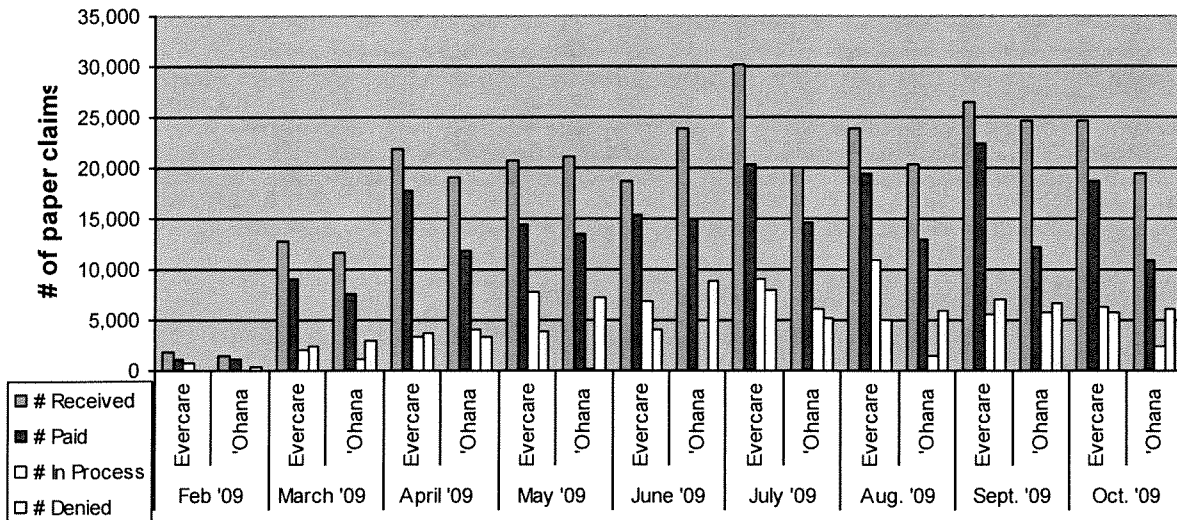
'Ohana Health Plan has met their contractual objective of completing their State mandated priority Health and Functional Assessments (HFA) that include Home and Community Based Services members (the former waiver clients) and disabled children. 'Ohana has approximately 34% of their clients who have either refused to have an assessment or who are unable to locate. 'Ohana will complete a HFA on any of these clients upon request or discovery of location. At this time, the health plans will complete HFAs on all new members within 15 business days.

QExA Claims Processing- Electronic Claims



The QExA health plans are paying electronic claims that are billed to them from providers. The health plans are receiving and paying more claims each month. 'Ohana is receiving more electronic claims than Evercare. Evercare and 'Ohana Health Plan is paying electronic claims in approximately 17 and 11 days after receipt, respectively. The health plans are also reporting on the number of electronic claims submitted that did not get into their system. Evercare has 309 and 'Ohana has 294. Both of these statistics are less than 2% of claims received. These timeframes are consistent with the contractual requirements of 90% of clean claims in 30 days and 99% of clean claims in 90 days.

QExA Claims Processing- Paper Claims



This chart describes the number of paper claims received and paid by both Evercare and 'Ohana Health Plan. Evercare is receiving more paper claims than 'Ohana. Evercare and 'Ohana are paying paper claims in approximately 17 and 11.4 days after receipt, respectively. The health plans are also reporting on the number of paper claims submitted that did not get into their system. Evercare has 502 (2% of claims received) and 'Ohana has 1,134 (6% of claims received). These timeframes are consistent with the contractual requirements of 90% of clean claims in 30 days and 99% of clean claims in 90 days.

QExA Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Feb '09		March '09		April '09		May '09		June '09		July '09		August '09		September '09		October '09	
	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana	Evercare	'Ohana
# Members																		
Medicaid	5,547	8,859	5,798	8,836	5,784	8,890	5,869	9,005	5,982	8,989	5,990	9,037	5,987	9,080	6,100	9,028	6,232	9,119
Duals	12,468	13,568	12,597	13,599	12,729	13,431	12,851	13,490	12,910	13,593	12,587	13,707	12,779	13,747	12,857	13,425	12,985	13,404
Total Members	18,015	22,427	18,395	22,435	18,513	22,321	18,720	22,495	18,892	22,581	18,577	22,744	18,766	22,827	18,957	22,453	19,217	22,523
# Network Providers																		
PCPs (incl FQHC less est 100 FQHC PCPs)	348	414	357	438	390	440	396	446	426	452	431	440	572	446	578	448	637	450
Specialists	1,093	909	1,117	990	1,142	1,027	1,169	1,097	1,216	1,119	1,246	1,155	1,459	1,184	1,591	1,213	1,712	1,231
Facilities (Hosp/NF)	50	54	52	56	52	56	54	56	54	58	54	58	54	61	55	61	56	61
Foster Homes (FH) (CCFHH only, no E-ARCH)	601	604	811	670	818	705	834	728	845	749	847	769	861	786	880	805	922	816
HCBS Providers (All LTC, except CCFHH and NF)	34	106	81	127	88	134	91	137	100	141	101	146	128	156	109	158	115	159
Ancillary & Other (All provider types not listed above, incl Phy, Lab, BH, Allied, Hospice, HHA)	569	476	655	559	670	597	680	693	721	730	739	755	858	792	891	803	947	819
Total # of providers	2,695	2,563	3,073	2,840	3,160	2,959	3,224	3,157	3,362	3,249	3,418	3,323	3,932	3,425	4,104	3,488	4,389	3,536
Call Center																		
# Member Calls	6,475	8,977	4,855	6,854	4,584	5,152	3,103	4,749	2,854	5,022	2,956	5,091	3,258	4,936	4,433	4,836	3,376	4,360
Avg. time until phone answered	0:00:56	0:00:23	0:00:50	0:00:34	0:00:39	0:00:26	0:00:30	0:00:17	0:00:20	0:00:20	0:00:22	0:00:26	0:00:14	0:00:21	0:00:18	0:00:15	0:00:17	0:00:25
Avg. time on phone with member	4:56	7:40	4:47	6:10	5:14	8:37	5:33	7:58	5:24	7:13	5:35	7:08	4:31	6:48	4:11	5:50	4:59	5:50
% of member calls abandoned	7.3%	2.5%	7.7%	4.0%	4.90%	4.0%	3.9%	2.0%	1.9%	2.0%	3.3%	4.0%	1.3%	2.0%	1.9%	2.0%	1.6%	3.0%
# Provider Calls	7,152	4,250	6,179	3,711	5,631	3,467	4,878	3,145	4,567	3,520	5,223	3,693	5,510	3,949	6,709	3,696	5,162	3,679
Avg. time until phone answered	0:00:49	0:00:20	0:00:45	0:00:08	0:00:35	0:00:13	0:00:35	0:00:15	0:00:22	0:00:23	0:00:18	0:00:30	0:00:15	0:00:20	0:00:18	0:00:15	0:00:17	0:00:28
Avg. time on phone with provider	3:36	4:43	4:32	7:37	4:29	9:48	5:18	9:28	4:52	9:20	4:46	8:55	4:06	7:31	3:49	6:34	4:21	7:12
% of provider calls abandoned	8.6%	2.3%	6.9%	1.0%	6.10%	2.0%	4.7%	1.0%	2.7%	1.0%	3.7%	3.0%	2.3%	2.0%	2.7%	1.0%	2.9%	3.0%
PCP Assignment																		
% Members w/PCP (includes FQHC as PCP)	25%	21%	24%	23%	24%	27%	24%	23%	24%	30%	32%	52%	49%	53%	48%	55%	47%	55%
% w/o PCP assign	27%	32%	26%	32%	25%	27%	25%	32%	25%	23%	17%	3%	0%	3%	1%	1%	3%	1%
% Members not requiring a PCP* (*w/Medicare)	48%	46%	50%	46%	51%	45%	51%	45%	51%	47%	51%	45%	51%	45%	51%	44%	50%	44%
Face to Face Assessments (cumulative)																		
Total Initial Members (Open enrollment)	18,015	22,427	18,395	22,435	18,513	22,321	18,720	22,495	n/a	n/a	n/a	n/a	16,881	20,697	16,124	22,495	16,118	22,495
Refused/No Contact		46		252		909							5,227	5,433	5,346	6,799	5,693	7,691
Completed Face to Face Assessments	770	412	2,125	2,266	4,066	4,770	5,803	6,001	n/a	n/a	n/a	n/a	9,627	10,602	9,601	13,277	10,331	14,804
Total Resolved Assessments	770	458	2,125	2,518	4,066	5,679	5,803	6,001	8,518	12,467	14,361	13,292	14,854	16,035	14,947	20,076	16,024	22,495
Outstanding Assessments	17,245	21,969	16,270	19,917	14,447	16,642	12,917	16,494	10,374	10,028	4,216	9,203	2,027	4,662	1,177	2,419	94	0
Medical Claims- Electronic																		
# Submitted, not able to get into system													638	323	447	209	294	309
# Received	1,136	2,392	5,769	8,107	10,248	9,868	8,378	11,685	12,799	12,813	16,645	12,236	11,692	15,400	16,959	15,203	14,422	17,287
# Paid	658	2,084	4,068	6,445	8,322	7,805	5,868	9,564	10,579	11,066	11,287	10,615	9,525	12,121	14,312	10,727	10,932	12,193
# In Process	446	2	951	158	1,556	985	3,162	329	4,695	27	5,063	2,191	5,302	999	3,584	1,939	3,703	2,128
# Denied	32	306	1,107	1,504	1,769	1,078	1,139	1,792	2,765	1,720	4,408	1,621	2,461	2,280	4,460	2,537	3,341	2,966
Avg time for processing claim in days * unable to break out (month to date)		11.2	*	11.46	*	12.20	*	11.97	*	11.00		17	17	11.18	21	11.33	22	11.25
Medical Claims- Paper																		
# Submitted, not able to get into system													1,307	990	701	1,335	502	1,134
# Received	1,802	1,441	12,854	11,644	21,837	19,149	20,656	21,027	18,689	23,849	30,112	19,970	23,954	20,324	26,525	24,609	24,661	19,478
# Paid	1,043	1,143	9,063	7,541	17,732	11,896	14,466	13,559	15,447	15,007	20,419	14,717	19,515	12,950	22,385	12,295	18,695	10,837
# In Process	708	2	2,119	1,056	3,317	3,983	7,797	258	6,865	10	9,158	6,044	10,864	1,403	5,607	5,667	6,333	2,492
# Denied	50	296	2,468	3,047	3,771	3,270	3,946	7,210	3,994	8,832	7,973	5,253	5,044	5,971	6,975	6,647	5,714	6,149
Avg time for processing claim in days (month-to-date)	4 and 9	10.9	7 and 14	11.47	7 and 17	12.50	9 and 25	12.50	11 and 24	10.00		17	17	9.82	21	11.62	22	10.28
# Non-Emergency Transports																		
Ground	5183*	9,593	16,492	18,700	16,511	18,151	16,464	19,082	17,781	21,132	19,238	25,252	18,199	24,119	17,955	23,382	17,696	23,148
Air	78	174	186	201	275	253	197	315	252	476	309	471	291	453	318	477	329	510
* round trip																		
# Member Complaints																		
# Received	2	24	2	17	2	26	1	19	2	24	8	20	3	15	35	30	36	26
# Resolved	0	20	4	6	1	8	2	18	6	5	8	16	3	25	12	21	33	13
# Outstanding	2	4	0	11	1	18	0	1	0	35	0	37	0	27	23	25	26	13

QEXA Dashboard Report Health Plan Comparison Monthly Trend Analysis

	Feb '09	March '09	April '09	May '09	June '09	July '09	August '09	September '09	October '09
	Evercare	Evercare	Evercare	Evercare	Evercare	Evercare	Evercare	Evercare	Evercare
# Provider Complaints									
# Received	0	2	0	64	58	12	10	5	15
# Resolved	0	0	0	64	80	9	7	3	2
# Outstanding	0	2	0	0	0	3	6	5	13
# Member Appeals									
# Received						0	2	6	2
# Resolved						5	2	5	3
# Outstanding						4	0	1	2
# Provider Appeals									
# Received						1	0	1	0
# Resolved						1	0	1	0
# Outstanding						0	0	0	0
Utilization-based on claims paid									
Acute Admits *	172	201	206	211	227	211	219	191	176
Acute Days *	1730	1676	1768	2,126	2,100	2,194	1,955	1,586	1,333
ER Visits *				589	504	396	567	447	270
Waitlisted Days *				*	*	93	431	361	62
NF Admits *				21	24	18	14	27	26
NF Days (non-Medicare covered days)				18,967	18,546	15,667	15,464	20,569	22,284
# Prescriptions	25,893	31,297	32,052	31,973	34,141	34,908	32,241	31,954	41,700
# Members in FH	792	753	777	773	777	786	766	744	33,206
# Members in Self-Direction			900 (est.)	224	396	946	1,025	802	974
# Members receiving other HCBS	534	545	545	594	635	651	677	589	594

(non-Medicare)

Legend:

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