Illinois Department of Healthcare and Family Services (HFS)
Bureau of Managed Care (BMC): SB3080 *MCO Performance Dashboard*

Program: FHP/ACA
Reporting Period: Q4 **Reporting SFY: 2017**

Illinois State Fiscal Year (SFY) runs July 1 of a calendar year through June 30 of the next calendar year (e.g., SFY 2017 is July 1, 2016 through June 30, 2017)

Grievances and Appeals

Table 1. Total Appeals and Grievances Received and Resolved By MCO per 1000 members

MCO	FY 2017 Q1		FY 2017 Q2		FY 2017 Q3		FY 2017 Q4	
	# Received/1000	% Resolved	# Received/1000	% Resolved	# Received/1000	% Resolved	# Received/1000	% Resolved
Aetna	201	99%	295	64%	380	96%	451	79%
BCBS	302	110%	368	99%	405	80%	389	99%
CountyCare	617	88%	541	102%	465	101%	451	92%
FHN	988	82%	502	159%	505	157%	514	112%
Harmony	588	102%	500	104%	467	70%	482	89%
HAC	172	98%	105	99%	N/A	N/A	N/A	N/A
IlliniCare	164	90%	130	91%	105	93%	100	95%
Meridian	144	85%	172	78%	301	92%	276	122%
Molina	827	106%	1484	163%	1375	92%	1287	89%
NextLevel	47	87%	61	34%	27	33%	26	104%
Average	405	95%	416	99%	448	91%	442	98%

Table 1. Grievances and appeals received (grievances, appeals, expedited appeals, fair hearings and external independent reviews) and resolved (grievances, appeals, expedited appeal, fair hearings and external independent reviews) for the Total FHP/ACA Population.

Table 2. Total Appeals and Grievances Received, Resolved and % Resolved by MCO regardless of Timeframe (Current Quarter)per 1000 members

MCO	FY 2017 Q4														
	Grievances			Appeals			Expedited Appeals			External Independent Reviews			Fair Hearings		
	# Received	# Resolved	% Resolved	# Received	# Resolved	% Resolved	# Received	# Resolved	% Resolved	# Received	# Resolved	% Resolved	# Received	# Resolved	% Resolved
Aetna	163	96	59%	250	233	93%	29	27	93%	9	2	22%	0	0	N/A
BCBS	120	174	145%	200	150	75%	68	60	88%	1	3	300%	0	0	N/A
CountyCare	330	300	91%	97	92	95%	22	19	86%	1	1	100%	1	1	100%
FHN	439	503	115%	45	45	100%	23	23	100%	6	6	100%	1	1	100%
Harmony	275	206	75%	132	145	110%	68	70	103%	6	6	100%	1	0	0%
IlliniCare	50	45	90%	31	31	100%	8	8	100%	11	13	118%	0	1	N/A
Meridian	236	297	126%	28	28	100%	9	9	100%	0	0	N/A	4	1	25%
Molina	1160	1052	91%	123	88	72%	1	1	100%	4	3	75%	0	0	N/A
NextLevel	26	24	92%	0	3	N/A	0	0	N/A	0	0	N/A	0	0	N/A
Average	311	300	98%	101	91	93%	25	24	96%	4	4	116%	1	0	56%

Note: Appeals and Grievances resolved as a percentage can exceed 100% due to Appeals and Grievances received from previous quarter which is resolved in the current quarter.

Table 3. Percentages of Appeals and Grievances Resolved for Total ICP Population within Required Timeframe (Current Quarter) per 1000 members

MCO	FY 2017 Q4										
	Grievances Outcomes			Appeals Outcomes				Expedited Appeals Outcomes			
	Total # of Grievances Resolved	# Resolved within 90 Days	% Resolved within 90 Days	Upheld	Overturned	# Resolved within 15 Days	% Resolved within 15 Days	Upheld	Overturned	# Resolved within 24 Hours	% Resolved within 24 Hours
Aetna	96	72	75%	173	60	201	86%	12	15	26	96%
BCBS	174	160	92%	78	72	81	54%	32	28	24	40%
CountyCare	300	300	100%	61	31	87	95%	3	16	19	100%
FHN	503	503	100%	24	21	38	84%	6	17	20	87%
Harmony	96	72	75%	173	60	140	99%	11	55	63	96%
IlliniCare	45	45	100%	13	18	31	100%	3	5	8	100%
Meridian	297	297	100%	24	4	28	100%	2	7	8	89%
Molina	1052	1052	100%	52	36	84	95%	0	1	1	100%
NextLevel	24	6	25%	3	0	2	67%	0	0	0	N/A
Average	287	279	85%	67	34	77	87%	8	16	19	88%

Prior Authorization

MCO Comparison % Approved

Note: Data represents combined FHP/ACA population

Table 4. Percentage of Inpatient Routine Prior Authorizations Approved			
MCO	**Apr**	**May**	**Jun**
Aetna	68.9%	92.6%	95.9%
BCBS	97.3%	98.0%	96.6%
CountyCare	91.8%	89.2%	90.3%
FHN	96.6%	96.4%	98.6%
Harmony	90.2%	88.5%	91.7%
IlliniCare	100.0%	100.0%	100.0%
Meridian	97.2%	96.2%	95.8%
Molina	91.9%	89.4%	87.3%
NextLevel	99.8%	100.0%	100.0%
Average	92.6%	94.5%	95.1%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 5. Percentage of Outpatient Routine Prior Authorizations Approved			
MCO	**Apr**	**May**	**Jun**
Aetna	95.9%	95.5%	96.8%
BCBS	99.0%	99.1%	86.3%
CountyCare	88.3%	88.9%	89.6%
FHN	98.0%	96.4%	97.2%
Harmony	89.8%	90.1%	89.8%
IlliniCare	92.8%	95.3%	93.6%
Meridian	96.6%	97.2%	95.9%
Molina	85.6%	83.9%	84.4%
NextLevel	100.0%	99.2%	99.6%
Average	94.0%	93.9%	92.6%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 6. Percentage of Inpatient Expedited Prior Authorizations Approved			
MCO	**Apr**	**May**	**Jun**
Aetna	88.4%	92.6%	97.5%
BCBS	93.1%	93.5%	92.7%
CountyCare	90.5%	97.2%	95.0%
FHN	100.0%	100.0%	100.0%
Harmony	100.0%	100.0%	100.0%
IlliniCare	100.0%	100.0%	100.0%
Meridian	82.7%	83.0%	84.7%
Molina	100.0%	96.2%	100.0%
NextLevel	N/A	N/A	100.0%
Average	94.3%	95.3%	96.7%

Table 6. N/A signifies the plan not having any data to report.

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 7. Percentage of Outpatient Expedited Prior Authorizations Approved			
MCO	**Apr**	**May**	**Jun**
Aetna	92.1%	97.0%	90.8%
BCBS	100.0%	100.0%	100.0%
CountyCare	89.4%	90.0%	95.3%
FHN	98.5%	97.6%	98.0%
Harmony	90.1%	95.3%	92.9%
IlliniCare	100.0%	98.6%	94.8%
Meridian	97.6%	98.2%	97.6%
Molina	88.9%	84.2%	86.3%
NextLevel	100.0%	100.0%	100.0%
Average	95.2%	95.7%	95.1%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

MCO Comparison % Exceeding

Note: Data represents combined FHP/ACA population.

Table 8. Percentage of Inpatient Routine Prior Authorizations Exceeding Required Turnaround (10 Days)			
MCO	**Apr**	**May**	**Jun**
Aetna	0.5%	2.3%	0.0%
BCBS	17.6%	17.6%	15.2%
CountyCare	0.1%	0.1%	0.0%
FHN	1.7%	3.6%	1.4%
Harmony	0.0%	0.0%	0.0%
IlliniCare	0.0%	0.0%	0.0%
Meridian	0.4%	0.0%	0.0%
Molina	0.0%	0.0%	0.0%
NextLevel	0.0%	0.0%	0.0%
Average	2.3%	2.6%	1.9%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 9. Percentage of Outpatient Routine Prior Authorizations Exceeding Required Turnaround (10 Days)			
MCO	**Apr**	**May**	**Jun**
Aetna	0.5%	0.3%	0.4%
BCBS	16.7%	15.5%	22.1%
CountyCare	0.1%	0.1%	1.7%
FHN	5.9%	7.6%	9.4%
Harmony	3.1%	2.9%	3.1%
IlliniCare	0.0%	0.0%	0.9%
Meridian	0.1%	0.0%	0.1%
Molina	0.0%	0.0%	0.1%
NextLevel	0.0%	0.0%	0.0%
Average	2.9%	2.9%	4.2%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 10. Percentage of Inpatient Expedited Prior Authorizations Exceeding Required Turnaround (3 Days)			
MCO	**Apr**	**May**	**Jun**
Aetna	2.3%	0.0%	0.0%
BCBS	4.8%	4.6%	5.3%
CountyCare	0.7%	5.6%	1.2%
FHN	0.0%	8.3%	0.0%
Harmony	0.0%	0.0%	0.0%
IlliniCare	3.4%	9.1%	4.8%
Meridian	0.2%	0.3%	0.2%
Molina	0.0%	0.0%	0.0%
NextLevel	N/A	N/A	0.0%
Average	1.4%	3.5%	1.3%

Table 10. N/A signifies the plan not having any data to report.

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Table 11. Percentage of Outpatient Expedited Prior Authorizations Exceeding Required Turnaround (3 Days)			
MCO	**Apr**	**May**	**Jun**
	% Turnaround Exceeds 3 Days	**% Turnaround Exceeds 3 Days**	**% Turnaround Exceeds 3 Days**
Aetna	0.0%	1.5%	0.0%
BCBS	6.7%	0.0%	28.6%
CountyCare	1.2%	5.3%	0.9%
FHN	0.7%	4.5%	2.7%
Harmony	6.2%	3.5%	2.4%
IlliniCare	5.6%	2.7%	1.7%
Meridian	0.7%	0.8%	0.5%
Molina	1.6%	0.8%	0.4%
NextLevel	0.0%	0.0%	0.0%
Average	2.5%	2.1%	4.1%

Definition: Routine prior authorizations must be authorized or denied within 10 days. Expedited prior authorizations must be authorized or denied within 72 hours. The requesting provider or the MCO may indicate if an expedited request is warranted if following the ordinary routine prior authorization timeframe could seriously jeopardize the enrollee's life or health.

Utilization Statistics

Table 12. Total IP Admits/1000 Member Months				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	7.43	7.50	4.36	7.10
BCBS	8.91	4.88	1.81	7.99
CountyCare	10.04	6.24	0.01	10.16
FHN	5.29	5.59	4.82	5.92
Harmony	9.36	8.98	7.59	10.03
Illinicare	6.16	6.27	6.22	6.54
Meridian*	1.85	0.92	0.58	4.36
Molina	7.19	7.54	6.96	7.75
NextLevel	9.44	9.77	9.18	10.00

***** *Plan has no paid claims data to report.*

Table 13. Total Readmission Rate				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	3.8%	3.0%	2.3%	4.9%
BCBS	3.5%	3.0%	1.7%	3.8%
CountyCare	8.3%	3.6%	0.0%	10.1%
FHN	3.4%	3.5%	3.7%	3.6%
Harmony	3.1%	3.3%	2.1%	3.1%
Illinicare	4.2%	3.5%	3.0%	3.6%
Meridian	2.4%	2.8%	4.4%	2.7%
Molina	2.9%	3.7%	3.2%	3.4%
NextLevel*	0.2%	0.0%	0.0%	5.0%

***** *Plan has no paid claims data to report.*

Table 14. Total ED Visits/1000 Member Months				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	62.55	63.00	53.97	58.46
BCBS	40.42	39.12	27.34	37.63
CountyCare	63.37	51.92	0.38	53.72
FHN	56.05	55.52	49.42	55.64
Harmony	69.57	68.92	61.25	71.15
Illinicare	67.65	67.71	60.86	66.56
Meridian	14.57	11.93	5.90	45.85
Molina	70.08	68.41	61.78	70.59
NextLevel	75.53	73.36	66.94	73.02

Table 15. Total OP Visits/1000 Member Months				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	448.03	458.97	408.46	445.35
BCBS	231.37	236.73	194.74	241.97
CountyCare	105.76	82.39	0.69	91.67
FHN	234.17	240.77	210.14	255.12
Harmony	192.34	205.99	185.73	213.34
Illinicare	100.13	106.19	97.52	104.59
Meridian	88.54	59.74	9.02	196.93
Molina	217.35	233.81	212.62	228.04
NextLevel	85.17	89.10	84.09	83.95

Provider Credentialing and Load

Table 16. Number of Total Provider Credentialing Applications Received, Processed from all Providers Types By MCO (Cumulative).

	FY 2017 Q4							
MCO	**Total Received from Carry Over #**	**Total Received in Reporting Quarter#**	**Total Approved #**	**Total Denied #**	**Total Pending #**	**% Approved**	**% Denied**	**% Pending**
Aetna	838	4309	2333	0	2814	45%	0%	55%
BCBS	5	180	176	1	8	95%	1%	4%
CountyCare	96	931	418	0	609	41%	0%	59%
FHN	567	119	686	0	221	100%	0%	32%
Harmony	0	309	309	0	0	100%	0%	0%
IlliniCare	31	291	262	1	59	81%	0%	18%
Meridian	0	853	853	0	0	100%	0%	0%
Molina	180	514	335	88	271	48%	13%	39%
NextLevel	0	535	535	0	0	100%	0%	0%
Average	191	893	656	10	442	7%	0%	5%
Total	1717	8041	5907	90	3982	61%	1%	41%

Table 16. Number of Credentialing Applications Received and Processed**.**

Table 17. Number of Days for Provider Credentialing Applications to be Processed by MCO (Current Quarter Cumulative)								
	FY 2017 Q4							
MCO	30 Days		60 Days		90 Days		>90 Days	
	Total Approved #	Total Denied #	Total Approved #	Total Denied #	Total Approved #	Total Denied #	Total Approved #	Total Denied #
Aetna	1866	N/A	361	N/A	97	N/A	9	N/A
BCBS	174	N/A	2	N/A	N/A	N/A	N/A	1
CountyCare	255	N/A	116	N/A	38	N/A	9	N/A
FHN	111	N/A	214	N/A	303	N/A	58	N/A
Harmony	304	N/A	5	N/A	N/A	N/A	N/A	N/A
IlliniCare	247	1	15	N/A	N/A	N/A	N/A	N/A
Meridian	840	N/A	13	N/A	N/A	N/A	N/A	N/A
Molina	44	25	177	46	63	17	51	N/A
NextLevel	529	N/A	5	N/A	N/A	N/A	1	N/A
Average	486	3	101	5	56	2	14	0
Total	4,370	26	908	46	501	17	128	1

Table 17. Number of Days for Credentialing Applications to be Processed.

Table 18. Average Provider Load Turnaround Time by Days/Count by MCO	
	Average Provider Load Turnaround to finish Provider Load (Days/ Provider Load Count
MCO	**FY 2017 Q4**
Aetna	4
BCBS	5
CountyCare	15
FHN	14
Harmony	15
IlliniCare	11
Meridian	6
Molina	64
NextLevel	7
Average	16

Table 18. Average provider load turnaround by days/count

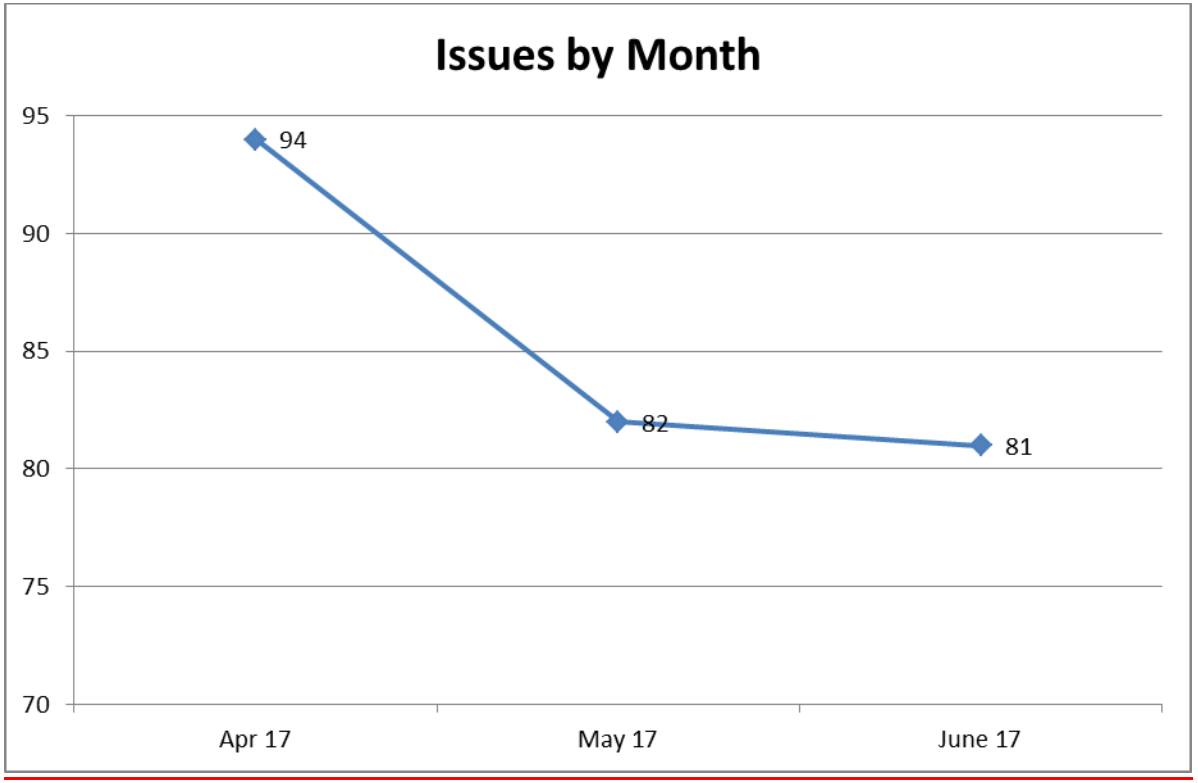
Member and Provider Customer Service Call Center Statistics

Table 19. Number and % Percentage of Member and Provider Customer Services Processed by MCO (Current Quarter)

MCO	SFY 2017 Q4 Member and Provider			
	Total Calls Received	% Answered Calls within 30 seconds	% Abandoned Calls	Average Speed of Phone Calls Answered (sec)
Aetna	119,239	91%	1%	12
BCBS	241,860	44%	13%	145
CountyCare	68,444	91%	1%	19
FHN	137,466	86%	3%	26
Harmony	74,005	90%	1%	14
IlliniCare	113,254	85%	1%	16
Meridian	164,360	97%	0%	0
Molina	64,987	98%	0%	5
NextLevel	27,709	71%	4%	59

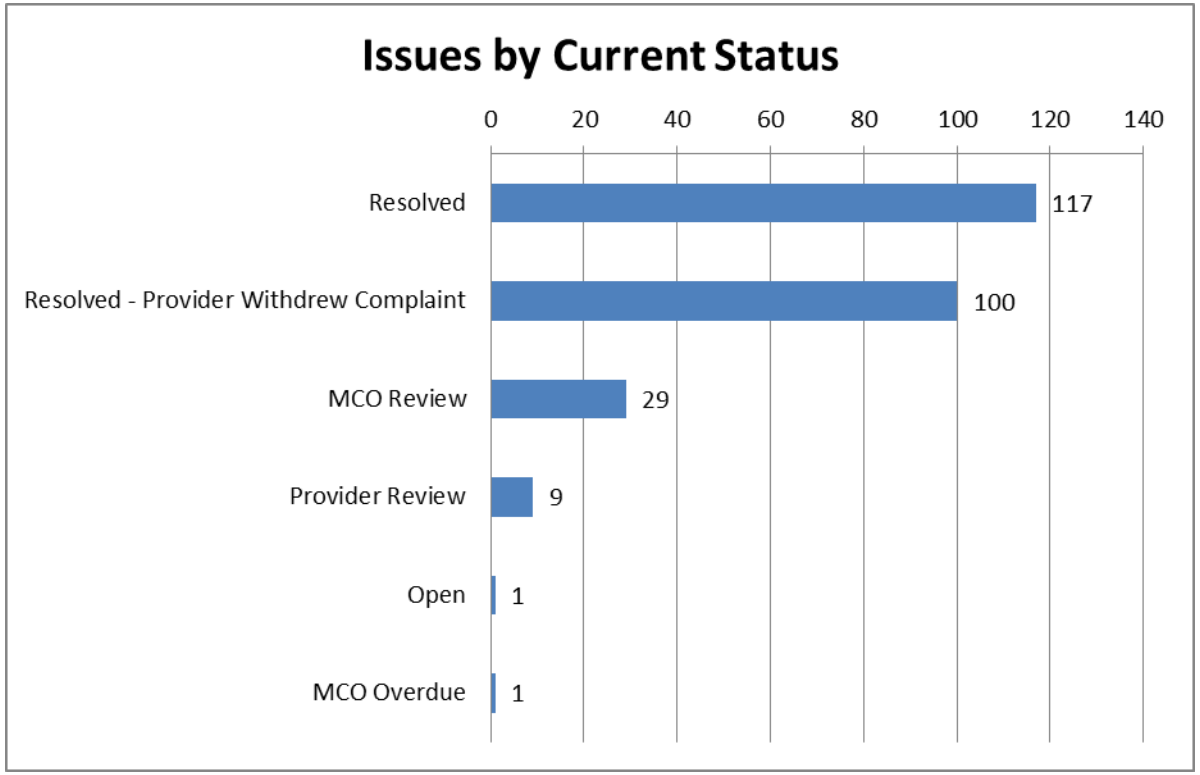
Table 19. Number and Percentage of Call Center Statistics.

Provider Disputes

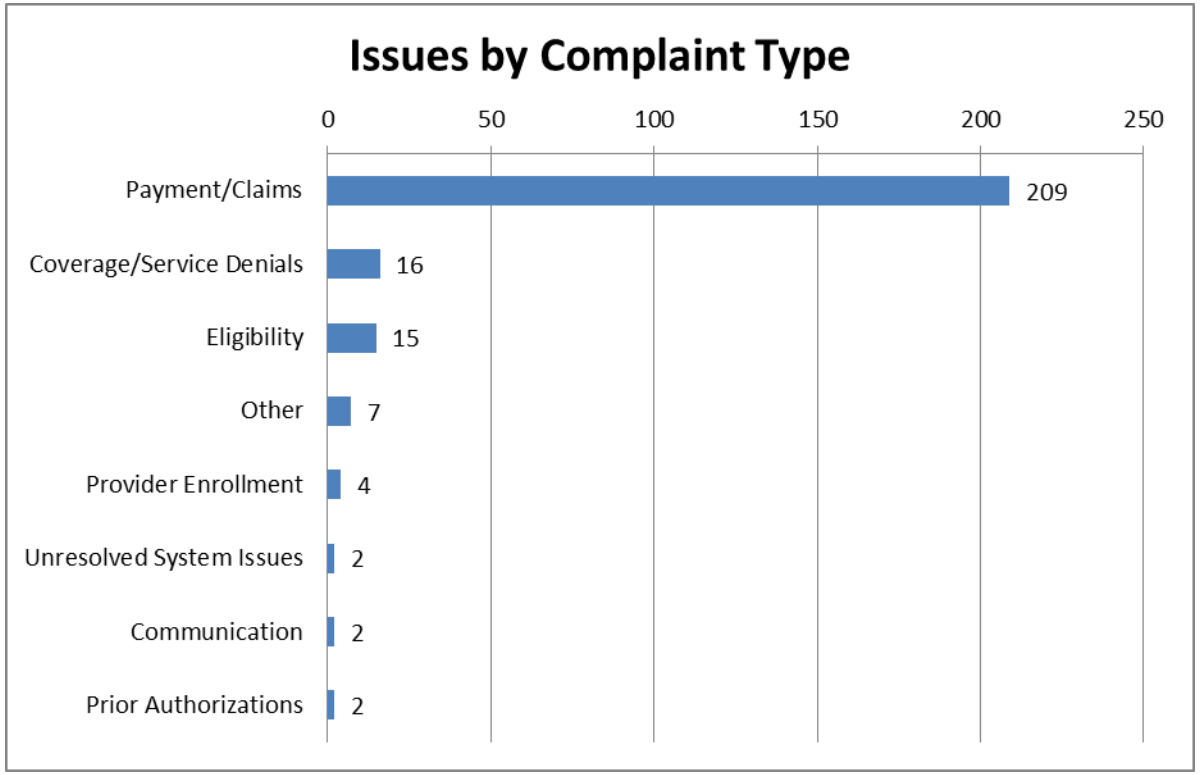


Graph 1. Number of disputes received as a breakout each month of the quarter.

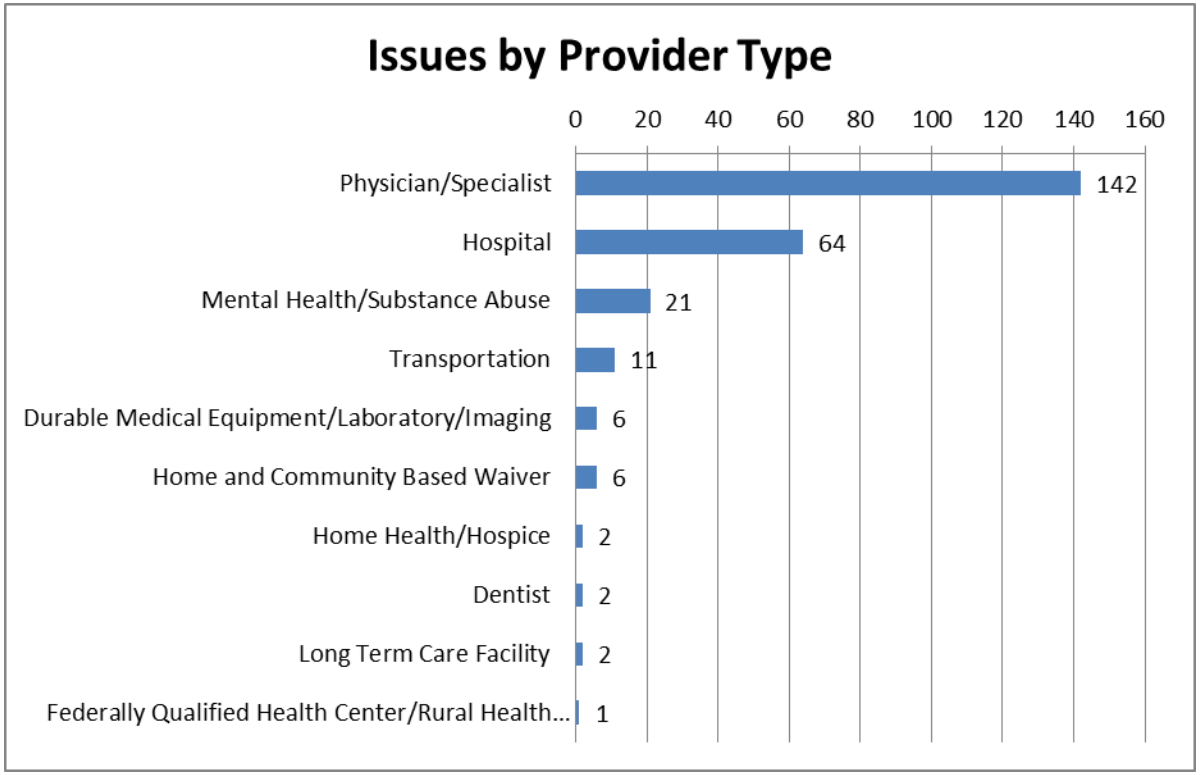
Note: Figures are based on 257 issues submitted in SFY Q4 2017



Graph 2. Current status of disputes received in SFY Q4 at of the end of the quarter.



Graph 3. Number of dispute/complaint types received in SFY Q4.



Graph 4. Number of disputes received by provider type in SFY Q4.

Payment/Claims

Table 20. Summary of Claims Activity **- Data Currently Under Review by the Department**

Table 21. Number of Claims Pending 90+ Days Old **- Data Currently Under Review by the Department**