

ICP MCO Performance Metrics SFY 2017 Q4

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

Program: ICP

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						
Aetna	190	99%	252	63%	285	103%	304	71%
BCBS	96	85%	108	93%	108	85%	102	116%
CCAI	53	138%	30	67%	24	163%	105	95%
CountyCare	72	79%	44	109%	52	100%	49	92%
HAC	73	92%	41	98%	N/A	N/A	N/A	N/A
HealthSpring	49	80%	54	83%	48	100%	63	97%
Humana	23	52%	24	100%	19	158%	33	121%
IlliniCare	103	83%	106	93%	59	93%	106	92%
Meridian	24	121%	35	77%	52	77%	95	88%
Molina	65	140%	134	136%	8	75%	147	83%
NextLevel	11	73%	4	50%	8	75%	5	160%
Average	69	95%	76	88%	66	103%	101	102%

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 ICP Population.

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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	154	92	60%	133	111	83%	11	11	100%	6	3	50%	0	0	N/A
BCBS	62	79	127%	23	26	113%	17	13	76%	0	0	N/A	0	0	N/A
CCAI	64	61	95%	31	31	100%	5	5	100%	5	3	60%	0	0	N/A
CountyCare	36	35	97%	10	8	80%	3	2	67%	0	0	N/A	0	0	N/A
HealthSpring	55	54	98%	5	4	80%	3	3	100%	0	0	N/A	0	0	N/A
Humana	13	20	154%	13	13	100%	7	7	100%	0	0	N/A	0	0	N/A
IlliniCare	49	40	82%	32	32	100%	9	9	100%	16	16	100%	0	0	N/A
Meridian	90	79	88%	3	3	100%	1	1	100%	1	1	100%	0	0	N/A
Molina	117	104	89%	27	16	59%	N/A	N/A	N/A	2	2	100%	1	N/A	N/A
NextLevel	5	8	160%	0	0	N/A	0	0	N/A	0	0	N/A	0	0	N/A
Average	65	57	89%	28	24	91%	6	6	93%	3	3	82%	0	0	N/A

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.

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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	Overtured	# Resolved within 15 Days	% Resolved within 15 Days	Upheld	Overtured	# Resolved within 24 Hours	% Resolved within 24 Hours
Aetna	92	64	70%	90	21	86	77%	6	5	10	91%
BCBS	79	76	96%	16	10	15	58%	12	1	4	31%
CCAI	61	61	100%	12	19	29	94%	3	2	3	60%
CountyCare	35	35	100%	1	7	8	100%	0	2	2	100%
HealthSpring	54	54	100%	2	2	4	100%	0	3	3	100%
Humana	20	20	100%	5	8	12	92%	3	4	7	100%
IlliniCare	40	40	100%	12	20	32	100%	2	7	9	100%
Meridian	79	40	51%	3	0	3	100%	0	1	1	100%
Molina	104	104	100%	13	3	16	100%	0	0	0	N/A
NextLevel	8	6	75%	0	0	0	N/A	0	0	0	N/A
Average	57	50	89%	15	9	21	91%	3	3	4	85%

Table 3. Percentage includes the number of grievances resolved within 90 days, the number of appeals resolved within 15 business days and the number of expedited appeals resolved within 24 hours.

Prior Authorization

MCO Comparison % Approved

Table 4. Percentage of Inpatient Routine Prior Authorizations Approved			
MCO	APR	MAY	JUN
Aetna	61.0%	94.2%	93.4%
BCBS	96.0%	96.7%	95.8%
CCAI	80.3%	82.6%	81.1%
CountyCare	87.6%	86.6%	85.4%
HealthSpring	93.1%	90.6%	90.8%
Humana	87.8%	89.2%	92.1%
IlliniCare	100.0%	100.0%	100.0%
Meridian	99.3%	100.0%	100.0%
Molina	88.7%	85.6%	87.9%
NextLevel	100.0%	100.0%	100.0%
Average	89.4%	92.5%	92.7%

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	94.1%	95.5%	95.9%
BCBS	99.7%	98.4%	89.7%
CCAI	98.6%	96.3%	97.2%
CountyCare	92.0%	92.2%	89.4%
HealthSpring	97.4%	97.2%	97.3%
Humana	98.4%	97.8%	98.0%
IlliniCare	92.1%	95.2%	95.9%
Meridian	98.1%	98.9%	98.5%
Molina	90.5%	93.0%	88.5%
NextLevel	99.4%	100.0%	100.0%
Average	96.0%	96.4%	95.0%

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	61.1%	89.5%	93.3%
BCBS	88.0%	89.8%	87.5%
CCAI	50.0%	33.3%	66.7%
CountyCare	90.8%	93.1%	100.0%
HealthSpring	100.0%	100.0%	100.0%
Humana*	N/A	87.0%	95.5%
IlliniCare	100.0%	100.0%	100.0%
Meridian	84.0%	85.2%	86.8%
Molina	100.0%	100.0%	100.0%
NextLevel*	N/A	N/A	100.0%
Average	84.2%	86.4%	93.0%

Table 6. N/A signifies that 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.

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Table 7. Percentage of Outpatient Expedited Prior Authorizations Approved			
MCO	APR	MAY	JUN
Aetna	93.3%	97.0%	92.3%
BCBS	100.0%	100.0%	100.0%
CCAI	95.6%	98.4%	96.3%
CountyCare	92.0%	91.7%	98.9%
HealthSpring	98.0%	95.2%	90.0%
Humana	100.0%	100.0%	100.0%
IlliniCare	100.0%	97.3%	89.7%
Meridian	96.0%	96.3%	96.0%
Molina	92.7%	88.4%	91.6%
NextLevel	100.0%	100.0%	100.0%
Average	96.8%	96.4%	95.5%

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

Table 8. Percentage of Inpatient Routine Prior Authorizations Exceeding Required Turnaround (10 Days)			
MCO	APR	May	JUN
Aetna	1.4%	4.2%	0.8%
BCBS	23.2%	20.7%	14.0%
CCAI	2.2%	0.8%	0.3%
CountyCare	0.0%	0.0%	0.0%
HealthSpring	0.0%	0.0%	0.0%
Humana	0.4%	0.0%	0.0%
IlliniCare	1.6%	0.0%	0.0%
Meridian	0.7%	0.0%	0.0%
Molina	0.0%	0.0%	0.0%
NextLevel	0.0%	0.0%	0.0%
Average	3.0%	2.6%	1.5%

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%	0.5%	0.9%
BCBS	19.7%	17.1%	26.0%
CCAI	2.3%	9.6%	12.7%
CountyCare	0.0%	0.0%	3.9%
HealthSpring	0.8%	1.2%	0.4%
Humana	0.7%	0.8%	0.3%
IlliniCare	0.0%	0.9%	0.0%
Meridian	0.3%	0.0%	0.0%
Molina	0.0%	0.0%	0.0%
NextLevel	0.0%	0.0%	0.0%
Average	2.4%	3.0%	4.4%

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	0.0%	0.0%	0.0%
BCBS	5.9%	10.0%	7.7%
CCAI	0.0%	0.0%	0.0%
CountyCare	1.0%	3.4%	0.0%
HealthSpring	0.0%	0.0%	0.0%
Humana	N/A	4.3%	0.0%
IlliniCare	0.0%	3.4%	18.8%
Meridian	0.2%	0.0%	0.4%
Molina	0.0%	0.0%	0.0%
NextLevel	N/A	N/A	0.0%
Average	0.9%	2.4%	2.7%

Table 10. N/A signifies that 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%	0.0%	0.0%
BCBS	0.0%	33.3%	0.0%
CCAI	2.2%	3.3%	3.7%
CountyCare	2.7%	10.7%	0.0%
HealthSpring	2.0%	6.0%	0.0%
Humana	0.0%	0.0%	0.0%
IlliniCare	0.0%	0.0%	0.0%
Meridian	1.0%	0.0%	0.0%
Molina	0.0%	0.0%	0.0%
NextLevel	0.0%	0.0%	0.0%
Average	0.8%	5.3%	0.4%

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	76.91	69.92	45.27	49.37
BCBS	45.93	37.71	13.94	41.47
CCAI	42.92	39.09	35.80	43.85
CountyCare	40.12	21.41	0.00	37.06
HealthSpring	35.81	42.37	25.51	39.96
Humana	29.10	25.25	24.45	28.90
IlliniCare	33.00	33.06	29.66	33.32
Meridian	13.39	11.93	8.34	21.45
Molina	28.46	29.69	24.36	28.23
NextLevel	39.44	49.47	37.81	43.09

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Table 13. Total Readmission Rate				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	13.4%	8.8%	5.6%	11.0%
BCBS	8.6%	22.1%	6.1%	14.2%
CCAI	9.3%	8.6%	8.5%	8.1%
CountyCare	19.7%	12.7%	-	22.9%
HealthSpring	14.7%	8.2%	0.0%	13.1%
Humana	11.6%	8.6%	5.6%	9.8%
IlliniCare	6.3%	6.5%	7.2%	7.5%
Meridian	8.2%	11.4%	9.2%	10.0%
Molina	6.0%	8.4%	4.9%	7.9%
NextLevel*	0.0%	0.0%	0.0%	7.3%

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

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Table 14. Total ED Visits/1000 Member Months				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	129.87	134.78	121.39	124.26
BCBS	81.74	77.45	65.67	82.27
CCAI	166.13	168.90	167.56	173.04
CountyCare	104.84	72.71	0.55	81.77
HealthSpring	111.47	116.25	66.98	104.68
Humana	64.54	53.66	47.13	61.31
IlliniCare	134.51	136.41	128.94	135.14
Meridian	60.39	66.05	49.83	129.88
Molina	158.02	160.53	149.68	157.20
NextLevel	162.97	173.40	136.16	154.48

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Table 15. Total OP Visits/1000 Member Months				
	Apr-17	May-17	Jun-17	12-Month Weighted Average
Aetna	832.93	862.10	765.97	808.38
BCBS	421.90	436.85	399.16	461.24
CCAI	498.16	550.93	495.56	530.13
CountyCare	322.67	209.26	0.55	265.01
HealthSpring	377.71	366.76	308.79	361.00
Humana	197.78	209.51	170.35	207.75
IlliniCare	314.21	341.10	326.15	318.29
Meridian	57.84	45.51	27.59	294.70
Molina	442.99	516.43	482.56	481.57
NextLevel	231.93	219.60	180.00	197.05

Provider Credentialing and Load

Table 16. Number of Total Provider Credentialing Applications Received, Processed from all Providers Types By MCO (Cumulative).								
MCO	FY 2017 Q4							
	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	150	276	247	1	178	58%	0%	42%
CCAI	567	119	686	0	221	100%	0%	32%
CountyCare	96	931	418	0	609	41%	0%	59%
HealthSpring	11	119	126	4	0	97%	3%	0%
Humana	0	168	135	30	3	80%	18%	2%
IlliniCare	47	304	285	1	65	81%	0%	19%
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	189	813	595	12	417	6%	0%	4%
Total	1,889	8,128	5,953	124	4,171	59%	1%	42%

Table 16. Number of Credentialing Applications Received and Processed.

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<i>Table 17. Number of Days for Provider Credentialing Applications to be Processed by MCO (Current Quarter Cumulative)</i>								
MCO	FY 2017 Q4							
	30 Days		60 Days		90 Days		>90 Days	
	Total Approved #	Total Denied #						
Aetna	1866	N/A	361	N/A	97	N/A	9	N/A
BCBS	182	N/A	29	N/A	14	N/A	22	1
CCAI	111	N/A	214	N/A	303	N/A	58	N/A
CountyCare	255	N/A	116	N/A	38	N/A	9	N/A
HealthSpring	113	2	13	1	N/A	1	N/A	N/A
Humana	134	30	1	N/A	N/A	N/A	N/A	N/A
IlliniCare	269	N/A	16	1	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	434	6	95	5	52	2	15	0
Total	4,343	57	945	48	515	18	150	1

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

<i>Table 18. Average Provider Load Turnaround Time by Days/Count by MCO</i>	
	Average Provider Load Turnaround to finish Provider Load (Days/ Provider Load Count)
MCO	FY 2017 Q4
Aetna	4
BCBS	26
CCAI	14
CountyCare	15
HealthSpring	125
Humana	21
IlliniCare	11
Meridian	6
Molina	64
NextLevel	7
Average	29

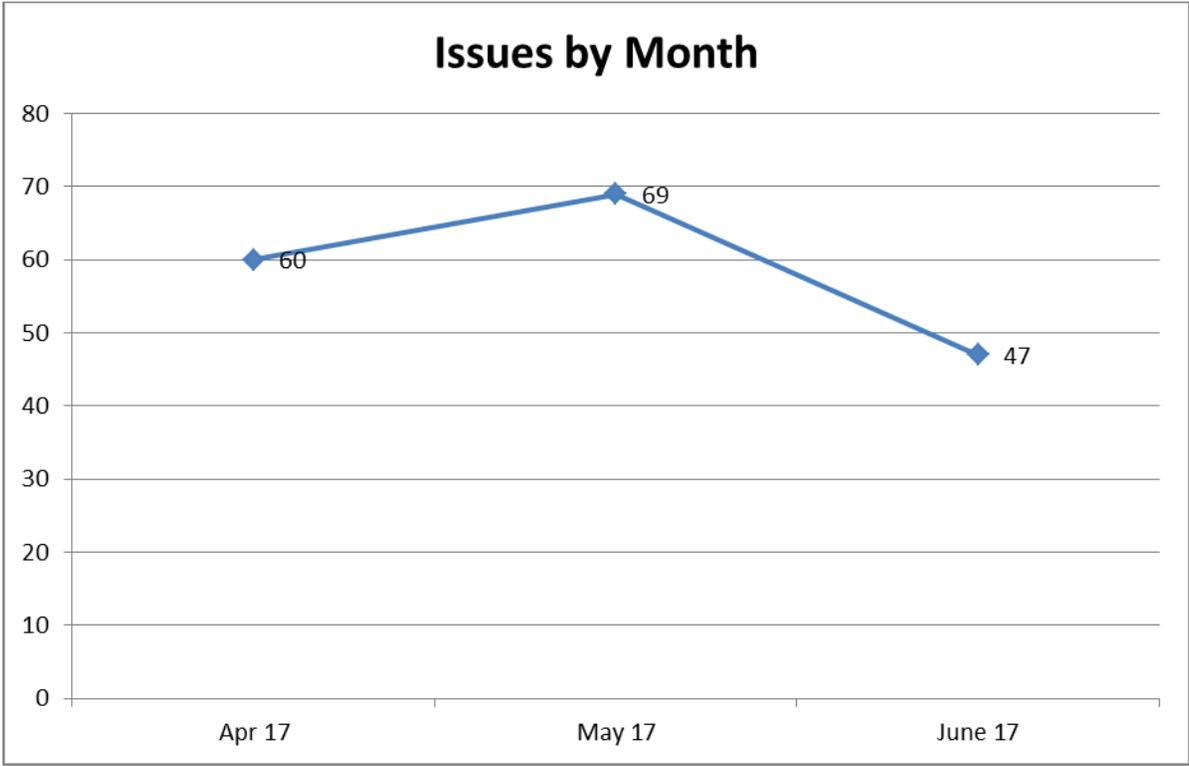
Table 18. Average Provider Load turnaround time by Days/Count.

Member and Provider Customer Service Call Center Statistics

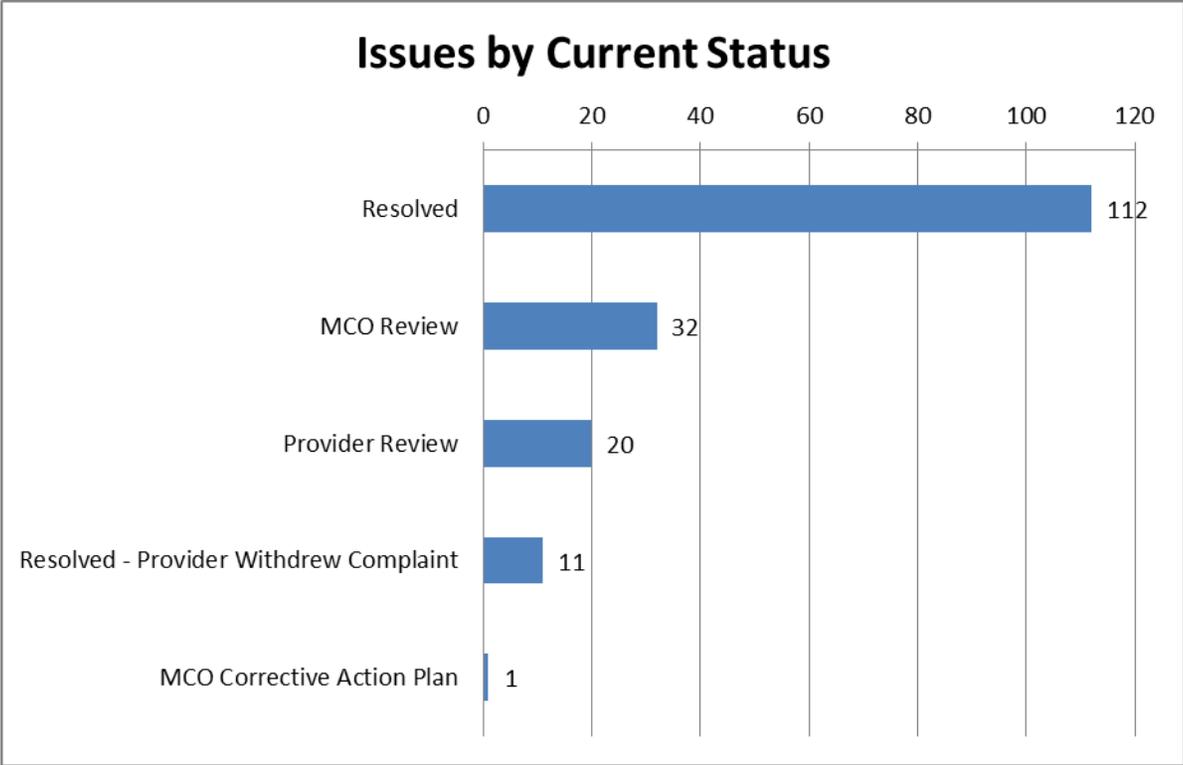
Table 19. Number and % Percentage of Member and Provider Customer Services Processed by MCO (Current Quarter)				
MCO	SFY 2017 Q4			
	Member and Provider			
	Total Calls Received	% Answered Calls within 30 seconds	% Abandoned Calls	Average Speed of Phone Calls Answered (sec)
Aetna	119,239	91%	1%	12
BCBS	241,860	44%	13%	145
CCAI	33,916	86%	4%	19
CountyCare	68,444	91%	1%	19
HealthSpring	19,781	91%	1%	13
Humana	11,690	97%	1%	6
IlliniCare	113,254	85%	1%	16
Meridian	164,360	97%	0%	5
Molina	64,987	98%	0%	5
NextLevel	27,709	71%	4%	59

Table 19. Number and Percentage of Call Center Statistics.

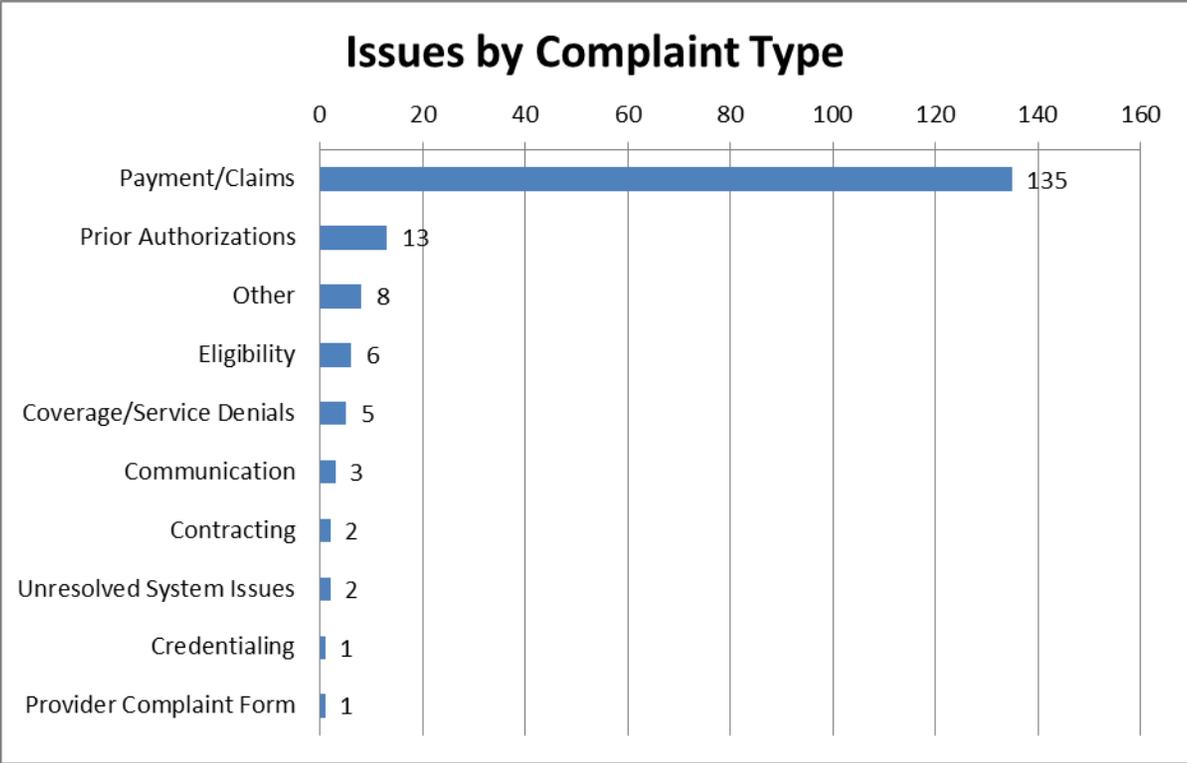
Provider Disputes



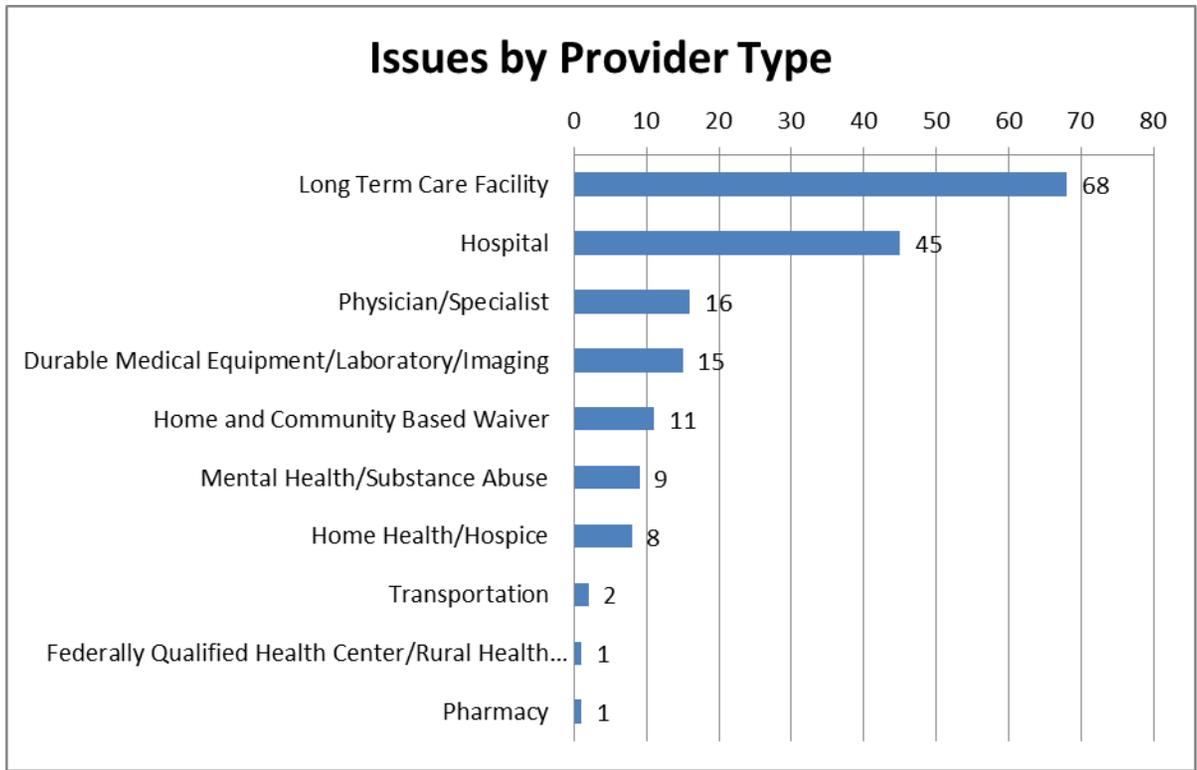
Graph 1. Number of disputes received as a breakout each month of the quarter.
Note: Figures are based on 176 issues submitted in SFY Q4 2017.



Graph 2. Current status of disputes received in SFY Q3 at the end of quarter.



Graph 3. Number of dispute/ complaint types received in SFY Q4 2017.



Graph 4. Number of disputes received by provider type in SFY Q4 2017.

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**