

**NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.**

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

**Program:** ICP

**Reporting Period:**

**Reporting SFY:**

*Illinois State Fiscal Year (SFY) runs July 1 of a calendar year through June 30 of the next calendar year (e.g., SFY 2016 is July 1, 2015 through June 30, 2016).*

**Table 1. Number of Total Provider Credentialing Applications Received and Processed from all Providers Types By MCO (for Current Quarter Cumulative)**

FY 2017 Q1							
MCO	Total Received #	Total Approved #	Total Denied #	Total Pending #	% Approved	% Denied	% Pending
Aetna	500	300	50	150	60.00%	10.00%	30.00%
BCBS	500	300	50	150	60.00%	10.00%	30.00%
CCAI	500	300	50	150	60.00%	10.00%	30.00%
CountyCare	500	300	50	150	60.00%	10.00%	30.00%
FHN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAC	500	300	50	150	60.00%	10.00%	30.00%
HealthSpring	500	300	50	150	60.00%	10.00%	30.00%
Humana	500	300	50	150	60.00%	10.00%	30.00%
IlliniCare	500	300	50	150	60.00%	10.00%	30.00%
Meridian	500	300	50	150	60.00%	10.00%	30.00%
Molina	500	300	50	150	60.00%	10.00%	30.00%
NextLevel	500	300	50	150	60.00%	10.00%	30.00%
<b>Average</b>	500	300	50	150	60.00%	10.00%	30.00%
<b>Total</b>	5,500	3,300	550	1,650	60.00%	10.00%	30.00%

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Table 2. Number of Days for Provider Credentialing Applications to be Processed by MCO (Current Quarter Cumulative).

MCO	FY 2017 Q1							
	0-30 Days		31-60 Days		61-90 Days		>90 Days	
	Total Approved #	Total Denied #	Total Approved #	Total Denied #	Total Approved #	Total Denied #	Total Approved #	Total Denied #
Aetna	200	20	50	10	20	10	30	10
BCBS	200	20	50	10	20	10	30	10
CCAI	200	20	50	10	20	10	30	10
CountyCare	200	20	50	10	20	10	30	10
FHN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAC	200	20	50	10	20	10	30	10
HealthSpring	200	20	50	10	20	10	30	10
Humana	200	20	50	10	20	10	30	10
IlliniCare	200	20	50	10	20	10	30	10
Meridian	200	20	50	10	20	10	30	10
Molina	200	20	50	10	20	10	30	10
NextLevel	200	20	50	10	20	10	30	10
<b>Average</b>	200	20	50	10	20	10	30	10
<b>Total</b>	2,200	220	550	110	220	110	330	110

Number of days taken to take action on applications regardless of when the application was received.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

*Table 3. Number and % Percentage of Member and Provider Customer Services Call Center Statistics by MCO (Current Quarter)*

FY 2017 Q1				
Member and Provider				
MCO	Total Calls Received	% Answered Calls within 30 seconds	% Abandoned Calls	Average Speed of Phone Calls Answered
Aetna	2000	95.00%	5.00%	30
BCBS	2500	95.00%	5.00%	25
CCAI	3000	95.00%	5.00%	29
CountyCare	1000	95.00%	5.00%	40
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	1500	95.00%	5.00%	20
HealthSpring	500	95.00%	5.00%	30
Humana	600	95.00%	5.00%	28
IlliniCare	5000	95.00%	5.00%	25
Meridian	2000	95.00%	5.00%	29
Molina	3500	95.00%	5.00%	30
NextLevel	1500	95.00%	5.00%	30

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

**Pending Provider Portal**

	Disputes/1000 Members			%Disputes Resolved and Pending/1000 Member	
	Received	Resolved	Pending	% Resolved	% Pending
MCO					
Aetna					
BCBS					
CCAI					
CountyCare					
FHN	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A
HAC					
HealthSpring					
Humana					
IlliniCare					
Meridian					
Molina					
Nextlevel					
Average					
Total					

Table 4. Total Number of Provider Disputes Received, Resolved and Pending/ 1000 members and % Disputes Resolved by MCO within that Quarter

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Grievances and Appeals

Data from 2016 Q1

Table 5. Total Appeals and Grievances Received and Resolved By MCO (Data from 2016 Q1)

MCO	FY 2016 Q1		FY 2016 Q2		FY 2016 Q3		FY 2016 Q4	
	# Received	% Resolved	# Received	% Resolved	# Received	% Resolved	# Received	% Resolved
Aetna	431	77%	N/A	N/A	N/A	N/A	N/A	N/A
BCBS	53	92%	N/A	N/A	N/A	N/A	N/A	N/A
CCAI	106	80%	N/A	N/A	N/A	N/A	N/A	N/A
CountyCare	19	47%	N/A	N/A	N/A	N/A	N/A	N/A
FHN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAC	62	95%	N/A	N/A	N/A	N/A	N/A	N/A
HealthSpring	49	86%	N/A	N/A	N/A	N/A	N/A	N/A
Humana	10	100%	N/A	N/A	N/A	N/A	N/A	N/A
IlliniCare	136	86%	N/A	N/A	N/A	N/A	N/A	N/A
Meridian	12	75%	N/A	N/A	N/A	N/A	N/A	N/A
Molina	590	95%	N/A	N/A	N/A	N/A	N/A	N/A
NextLevel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Average</b>	147	83%	N/A	N/A	N/A	N/A	N/A	N/A

Table 5. 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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

*Table 6. Total Appeals and Grievances Received, Resolved and % Percent Resolved By MCO regardless of timeframe (Data from 2016 Q1)*

MCO	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	215	188	87%	169	103	61%	40	38	95%	2	3	150%	5	1	20.00%
BCBS	43	41	95%	6	4	67%	4	4	100%	0	0	N/A	0	0	N/A
CCAI	89	75	84%	7	7	100%	10	3	30%	0	0	N/A	0	0	N/A
CountyCare	10	1	10%	4	3	75%	3	3	100%	1	1	100%	1	1	100.00%
FHN	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	N/A	N/A
Harmony	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	N/A	N/A
HAC	51	48	94%	9	9	100%	2	2	100%	0	0	N/A	0	0	N/A
HealthSpring	44	37	84%	2	2	100%	3	3	100%	0	0	N/A	0	0	N/A
Humana	1	1	100%	7	7	100%	2	2	100%	0	0	N/A	0	0	N/A
IlliniCare	87	72	83%	34	32	94%	11	11	100%	3	2	67%	1	0	0.00%
Meridian	11	8	73%	1	1	100%	0	0	N/A	0	0	N/A	0	0	N/A
Molina	549	526	96%	38	3	8%	3	0	0%	0	0	N/A	0	0	N/A
NextLevel	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	N/A	N/A
<b>Average</b>	110	100	80.66%	28	17	80.46%	8	7	N/A	1	1	N/A	1	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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Table 7. Percentages of Appeals and Grievances Resolved for Total ICP Population within Required Timeframe (Data from 2016 Q1)

MCO	FY 2016 Q1										
	Grievances Outcomes			Appeals Outcomes				Expedited Appeals Outcomes			
	Total # of Grievances Resolved	# Resolved within 90 Days	% Resolved within 90 Days	Upheld	Overtuned	# Resolved within 15 Days	% Resolved within 15 Days	Upheld	Overtuned	# Resolved within 24 Hours	% Resolved within 24 Hours
Aetna	188	188	100.00%	74	29	92	89.32%	30	8	28	73.68%
BCBS	41	41	100.00%	1	4	5	100.00%	1	3	4	100.00%
CCAI	75	74	98.67%	2	3	5	100.00%	2	5	7	100.00%
CountyCare	1	1	100.00%	1	2	3	100.00%	1	2	3	100.00%
FHN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAC	48	48	100.00%	7	2	9	100.00%	-	2	2	100.00%
HealthSpring	37	37	100.00%	1	2	3	100.00%	-	3	2	66.67%
Humana	1	1	100.00%	3	4	-	0.00%	-	2	-	0.00%
IlliniCare	72	72	100.00%	10	22	32	100.00%	3	8	11	100.00%
Meridian	11	8	72.73%	1	-	1	100.00%	-	-	-	N/A
Molina	526	526	100.00%	26	10	36	100.00%	2	1	3	100.00%
NextLevel	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Average	100.00	99.60	97.14%	6.38	5.63	11.13	88.93%	4.33	3.40	6.00	82.26%

Table 6. 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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

**Prior Authorization**

Previously reported data below taken from Feb 2016

**MCO Comparison % Approved**

<b>Table 8. Percentage of Inpatient Routine Prior Authorizations Approved</b>			
<b>MCO</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>
Aetna	83.0%	85.9%	83.4%
BCBS	99.2%	99.2%	97.3%
CCAI	98.5%	97.6%	98.3%
CountyCare	100.0%	94.7%	100.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	98.0%	97.4%	96.5%
HealthSpring	98.1%	96.6%	96.9%
Humana	87.3%	88.4%	90.1%
IlliniCare	98.4%	95.8%	100.0%
Meridian	97.5%	99.1%	100.0%
Molina	92.9%	95.9%	96.2%
NextLevel	N/A	N/A	N/A
Average	95.3%	95.1%	95.9%

**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.



NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

<b>Table 9. Percentage of Outpatient Routine Prior Authorizations Approved</b>			
<b>MCO</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>
Aetna	99.4%	99.0%	98.8%
BCBS	99.9%	99.4%	98.7%
CCAI	92.6%	99.6%	97.8%
CountyCare	100.0%	100.0%	94.2%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	97.2%	97.9%	97.8%
HealthSpring	98.3%	99.1%	98.1%
Humana	99.0%	99.5%	99.4%
IlliniCare	98.3%	98.3%	97.4%
Meridian	96.1%	98.6%	98.0%
Molina	91.1%	89.1%	88.5%
NextLevel	N/A	N/A	N/A
Average	97.2%	98.1%	96.9%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

MCO	Dec	Jan	Feb
Aetna	86.5%	75.6%	82.7%
BCBS	98.5%	95.2%	97.4%
CCAI	100.0%	100.0%	100.0%
CountyCare	100.0%	100.0%	100.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	0.0%	100.0%	100.0%
HealthSpring	N/A	N/A	N/A
Humana	90.9%	87.9%	96.4%
IlliniCare	97.2%	100.0%	100.0%
Meridian	80.1%	81.0%	75.9%
Molina	90.0%	100.0%	100.0%
NextLevel	N/A	N/A	N/A
Average	82.6%	93.3%	94.7%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Table 11. Percentage of Outpatient Expedited Prior Authorizations Approved			
MCO	Dec	Jan	Feb
Aetna	100.0%	100.0%	100.0%
BCBS	N/A	N/A	N/A
CCAI	100.0%	N/A	100.0%
CountyCare	100.0%	100.0%	100.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	92.2%	95.4%	82.9%
HealthSpring	100.0%	100.0%	100.0%
Humana	100.0%	100.0%	100.0%
IlliniCare	97.7%	97.6%	100.0%
Meridian	98.5%	95.8%	95.7%
Molina	91.0%	92.5%	90.3%
NextLevel	N/A	N/A	N/A
Average	97.7%	97.7%	96.5%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

MCO Comparison % Exceeding

<b>Table 12. Percentage of Inpatient Routine Prior Authorizations Exceeding Required Turnaround (10 Days)</b>			
<b>MCO</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>
Aetna	0.6%	1.2%	0.2%
BCBS	8.3%	0.3%	1.2%
CCAI	3.4%	1.0%	1.7%
CountyCare	0.0%	0.0%	0.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	1.2%	4.4%	0.4%
HealthSpring	1.9%	8.6%	3.1%
Humana	0.6%	0.7%	0.7%
IlliniCare	1.6%	6.3%	1.8%
Meridian	7.5%	2.8%	16.0%
Molina	0.0%	0.0%	0.0%
NextLevel	N/A	N/A	N/A
Average	2.5%	2.5%	2.5%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

**Table 13. Percentage of Outpatient Routine Prior Authorizations Exceeding Required Turnaround (10 Days)**

MCO	DEC	JAN	FEB
Aetna	27.0%	28.0%	2.8%
BCBS	2.6%	1.5%	12.0%
CCAI	27.5%	3.9%	13.3%
CountyCare	0.0%	0.0%	1.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	10.2%	5.5%	8.3%
HealthSpring	17.0%	8.5%	11.4%
Humana	1.6%	0.3%	0.0%
IlliniCare	0.6%	0.1%	0.2%
Meridian	6.8%	7.9%	2.6%
Molina	0.0%	0.5%	0.5%
NextLevel	N/A	N/A	N/A
Average	9.3%	5.6%	5.2%

**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.

**NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.**

<b>Table 14. Percentage of Inpatient Expedited Prior Authorizations Exceeding Required Turnaround (3 Days)</b>			
<b>MCO</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>
Aetna	10.8%	0.0%	1.0%
BCBS	2.3%	8.1%	0.6%
CCAI	2.5%	0.0%	0.0%
CountyCare	0.0%	0.0%	0.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	0.0%	0.0%	0.0%
HealthSpring	N/A	N/A	N/A
Humana	0.0%	0.0%	0.0%
IlliniCare	16.7%	9.1%	13.6%
Meridian	3.4%	0.8%	1.2%
Molina	10.0%	0.0%	0.0%
NextLevel	N/A	N/A	N/A
Average	5.1%	2.0%	1.8%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

MCO	DEC	JAN	FEB
	% Turnaround Exceeds 3 Days	% Turnaround Exceeds 3 Days	% Turnaround Exceeds 3 Days
Aetna	25.0%	37.5%	33.3%
BCBS	N/A	N/A	N/A
CCAI	0.0%	N/A	0.0%
CountyCare	0.0%	0.0%	0.0%
FHN	N/A	N/A	N/A
Harmony	N/A	N/A	N/A
HAC	27.5%	7.7%	1.4%
HealthSpring	2.9%	6.3%	0.0%
Humana	0.0%	0.0%	0.0%
IlliniCare	0.0%	0.0%	3.7%
Meridian	1.5%	7.4%	1.7%
Molina	0.0%	1.9%	0.0%
NextLevel	N/A	N/A	N/A
Average	6.3%	7.6%	4.5%

**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.

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Utilization Statistics

Previously reported data below taken from September 2016

**Table 16. Total IP Admits/1000 Member Months**

	Aug-15	Jul-15	Jun-15	12-Month Weighted Average
Aetna	23.88	51.04	56.49	50.49
BCBS	37.35	46.96	42.17	37.74
CCAI	4.20	4.09	4.00	4.86
CountyCare	28.67	27.00	29.31	28.94
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	38.56	35.15	34.77	34.97
HealthSpring	25.92	30.42	34.04	34.58
Humana	54.29	93.04	86.85	86.41
IlliniCare	33.44	36.97	36.40	34.90
Meridian	17.13	30.80	31.06	27.42
Molina	29.82	34.48	33.35	36.05



NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

**Table 17. Total Readmission Rate**

	<b>Aug-15</b>	<b>Jul-15</b>	<b>Jun-15</b>	<b>12-Month Weighted Average</b>
Aetna	0.9%	1.8%	2.2%	1.9%
BCBS	7.4%	9.4%	11.0%	9.8%
CCAI	11.6%	11.0%	11.9%	11.3%
CountyCare	4.9%	3.8%	11.0%	7.2%
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	7.9%	8.1%	8.2%	8.3%
HealthSpring	32.2%	35.3%	32.5%	37.8%
Humana	26.2%	23.4%	27.8%	24.0%
IlliniCare	9.9%	10.0%	10.0%	10.2%
Meridian	5.8%	13.5%	9.3%	10.5%
Molina	6.8%	10.5%	18.5%	12.6%

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

**Table 18. Total ED Visits/1000 Member Months**

	Aug-15	Jul-15	Jun-15	12-Month Weighted Average
Aetna	153.82	167.39	159.04	147.14
BCBS	68.85	90.27	82.74	86.14
CCAI	13.82	13.69	13.18	16.15
CountyCare	119.93	112.90	105.79	107.69
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	187.76	193.88	184.88	184.05
HealthSpring	86.32	114.96	113.84	98.50
Humana	48.14	63.91	74.66	66.01
IlliniCare	120.69	129.16	119.43	119.13
Meridian	55.58	85.11	89.72	75.78
Molina	178.24	207.94	194.01	187.76

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

<b>Table 19.Total OP Visits/1000 Member Months</b>				
	<b>Aug-15</b>	<b>Jul-15</b>	<b>Jun-15</b>	<b>12-Month Weighted Average</b>
Aetna	61.05	63.11	70.74	58.75
BCBS	366.43	438.60	462.15	402.47
CCAI	30.76	37.23	39.04	46.04
CountyCare	264.25	277.70	280.56	253.27
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	63.66	60.30	78.55	70.07
HealthSpring	296.51	340.86	373.99	341.19
Humana	155.46	196.96	208.10	220.56
IlliniCare	298.65	319.86	309.67	292.23
Meridian	242.71	370.01	398.43	340.12
Molina	441.33	465.43	506.42	495.20

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

Payments/Claims

*Table 20. Summary of Claims activity by MCO (Current Quarter)*

MCO	FY 2017 Q1						
	Received	Paid \$	Paid %	Denied \$	Denied %	Rejected \$	Rejected %
Aetna	-	-	-	-	-	-	-
BCBS	-	-	-	-	-	-	-
CCAI	-	-	-	-	-	-	-
CountyCare	-	-	-	-	-	-	-
FHN	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAC	-	-	-	-	-	-	-
HealthSpring	-	-	-	-	-	-	-
Humana	-	-	-	-	-	-	-
IlliniCare	-	-	-	-	-	-	-
Meridian	-	-	-	-	-	-	-
Molina	-	-	-	-	-	-	-
NextLevel	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-

NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.

<i>Table 21. Number of Claims Pending 90+ Days Old by MCO (Current Quarter)</i>				
<b>FY 2017 Q1</b>				
<b>Total Claims Pending</b>				
<b>MCO</b>	<b>All Claims</b>		<b>Clean Claims Only</b>	
	<b>Count (#)</b>	<b>Amount (\$)</b>	<b>Count (#)</b>	<b>Amount (\$)</b>
Aetna	-	-	-	-
BCBS	-	-	-	-
CCAI	-	-	-	-
CountyCare	-	-	-	-
FHN	N/A	N/A	N/A	N/A
Harmony	N/A	N/A	N/A	N/A
HAC	-	-	-	-
HealthSpring	-	-	-	-
Humana	-	-	-	-
IlliniCare	-	-	-	-
Meridian	-	-	-	-
Molina	-	-	-	-
NextLevel	-	-	-	-
<b>Total</b>	-	-	-	-

**NOTE: Data presented in tables for provider credentialing, provider disputes and member and provider customer services contain dummy data. Data presented for grievances and appeals, prior authorization and utilization statistics consist actual data submitted by plans.**

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