



We welcome Summerlin members and employers to the HMAA 'Ohana!

We are delighted to work with you and would like to tell you a little more about HMAA and our services.

Company Overview

Hawaii Medical Assurance Association was founded in 1989 with a vision to provide the business community of Hawaii with quality health plans traditionally offered only to large employers. We have since earned the reputation for exceptional service by placing a strong emphasis on responsiveness and respect for our customers.

HMAA is committed to providing Hawaii's businesses, their employees and families quality, affordable health insurance benefits for traditional and alternative medical services.

Our goal is that the quality of our services continuously surpasses our Customers' expectations. We have a company culture of best practices and system resources to service both small and large employers.

Claims Services

We know that paying claims quickly and accurately is a priority for you and your providers, so we strive to be the best in the industry. Here's how:

Performance Standards

We establish and measure performance standards on a monthly basis through our Quality Management Committee and continually strive to improve. Some of our performance standards are:

Turnaround Time

Our average claim turnaround time in 2009 was 4.8 days from received until processed, with an average of 7.5 days from received until paid. We monitor our processing time closely, taking into consideration contractual terms, state and federal processing timeline requirements, and provider and member expectations.

Processing Accuracy

We evaluate each of our employee's performance as well as the Claims Department as a whole. Financial and procedural accuracy are both measured. Our internal audits are

pre-payment, which is an important distinction. This helps to ensure the actual claim payment is correct.

During 2009, we audited 14.5% of claims before they were paid, with error rates of 1.3% for financial errors, and 0.82% for procedural errors. The combined error rate is 2.1% compared to our goal of 3%, which means that we are doing better than our goal.

Customer Service

Our customer service team exemplifies best practices and continually measures performance against high standards, such as:

Time to Answer Standards

HMAA measures Time to Answer statistics monthly and on a year-over-year basis. Our goal is to answer at least 90% of incoming customer phone calls within 20 seconds. Our average time to answer calls is currently 6 seconds, and we are achieving a 91% score in answering all calls within 20 seconds.

Abandoned Calls

We also measure call abandonment rates. We track any call that is dropped by the caller after more than 3 seconds. Our standard is to ensure that no more than 2% to 4% of calls are dropped (the standard varies by department). Our current results range from 1.1% to 3.3%, which means our members and groups are able to reach the right contact person quickly.

Provider Networks

With more than 4,800 medical providers, and every medical facility and hospital in Hawaii including Kaiser Permanente's Cardiac and Neonatal Intensive Care Unit, our network gives members a broad selection of healthcare providers in Hawaii.

HMAA's Mainland preferred provider network includes approximately 700,000 providers and 3,500 facilities in the Private Healthcare Systems (PHCS) Healthy Directions Network, a division of MultiPlan.

Our network directories are available via hard copy or real-time online. Each member is able to print a custom directory in many different ways, including a customized directory of providers in specific states. We provide members with information on securing out-of-state and out-of-country services, and for requesting reimbursement.

We have been awarded Health Network and Credentialing Accreditation from URAC. URAC's Health Network accreditation is the premier accreditation program for PPOs and similar networks.

Prescription Drug Network

HMAA's pharmacy benefit manager (PBM) is Express Scripts. Express Scripts makes the use of prescription drugs safer and more affordable for tens of millions of consumers through thousands of employers, government, union and health plans.

Because prescription drug utilization is often a predictor of emerging health conditions as well as an indicator of uncontrolled chronic conditions, we have partnered with Express Scripts to enhance services available to members, and we evaluate utilization to help intervene on a go-forward basis. Some of these programs are referred to below. Please also see the Prescription Drug section of our Provider Directory.

Care Management Program: This program helps members in managing their health conditions through automatic education to the member and to their healthcare provider.

Free Blood Glucose Monitor: Whenever ESI and we determine that a member is taking prescription medication for diabetes but does not fill prescriptions for monitoring strips, ESI automatically sends that member a free blood glucose monitor to encourage adherence to his/her physician's recommendations for optimal health.

Zero Dollar Co-Pay Program: We encourage members to utilize generic substitutes when available. This program communicates the savings opportunity to members if they and their physician believe that switching to a generic drug is appropriate.

Mail Order: Mail order prescriptions offer convenience and savings. Members can receive up to a 90-day supply of medication delivered directly to their homes.

Vision Network

Vision Service Plan (VSP) is HMAA's vision services partner. With more than 50 years of experience, VSP offers high-quality eyecare programs and professionals.

Access to Care

HMAA measures and monitors access to care for its members in Hawaii and on the Mainland. Our measurements are approved by URAC for health network accreditation, and our network is comparable to HMSA's.

Primary Care Providers

We measure access based on primary care practitioners, on a participating and non-participating basis. Our benchmark is that members see participating providers at least 95% of the time. We are currently meeting these standards on all islands, except for Internal Medicine on the Big Island. We are very proactive in recruiting providers where needed, such as on the Big Island and in areas that are more rural. We also encourage members and employers to tell us about any providers they would like included in the

HMAA network, and we have a process for provider recruitment. The access to care results are reviewed monthly by our Quality Management Committee.

When members are not able to access a participating provider, such as in emergency or rural situations, we will offer you different options, including having us negotiate with the non-participating provider on your behalf, specialties where we are typically successful, or in paying at different benefit levels as determined by your plan design.

Other Providers

In addition to monitoring access to primary care providers, we also measure access to 12 more highly utilized provider specialties. Our benchmark for access to these providers is 85%. We currently achieve at least that benchmark for all measures except with psychiatric providers on the Big Island. When the psychiatric provider gap was identified, we began recruiting these specialists into our network, including advanced practice registered nurses (APRNs) since the Hawaii legislature determined during the 2009 legislative session that APRNs are recognized treating providers.

Participating Versus Non-Participating Provider Access

We monitor claims submitted by providers on a 12-month rolling basis to determine access to care through participating providers. This measure is both on a frequency and severity basis. Frequency is based on the number of claims submitted. Severity is based on dollars paid to providers.

During 2009, our members accessed participating providers 96.3% of the time based on claims count, and 98.5% of the time based on claims dollars.

Online Services

HMAA continually enhances its online services and recognizes that these services are essential. We provide on-line access by members, providers and group administrators.

Online Group Administration (Available to Large Employers)

HMAA developed a proprietary system that enables group administrators to enroll and disenroll members, transfer employees between divisions, manage multiple locations or divisions, print temporary ID cards, request replacement ID cards, view billing statements, and other administrative options via the internet.

Member Access

This web-based tool enables members to verify eligibility status, check on claims submitted and paid, review their explanation of benefits or summary plan description, and request replacement ID cards. We provide each subscriber with an introductory overview to ensure they are familiar with this service and its features.

Provider Access

Our web-based tool allows providers to verify in “real time” member eligibility on a 24/7 basis, check on the status of submitted claims, and access other information and services. We also have an integrated voice response system that gives non-web-based providers access to the same eligibility information over the telephone.

And, providers are able to submit claims electronically three ways – through their clearinghouse, directly to us, or through our clearinghouse.

HMAA Website, www.hmaa.com

Stay in touch with your health 24/7! Our website offers a variety of conveniences, including viewing plan benefits and health programs; viewing answers to frequently asked questions; searching for participating providers by name, specialty or location; and accessing commonly used forms and important information.

Utilization Review and Recommendations

HMAA has a unique report that is available to groups with 100 or more employees. This report provides specific benefit utilization and claims information so that you can better understand the cost of your plan operation. More importantly perhaps, it also provides clinical information regarding acute, chronic, and emerging health conditions where intervention may be appropriate (while protecting personal health information).

This data helps to inform the employer with respect to rate adjustments and how we may assist with wellness programs.

Customized Wellness Programs

Thinking about the health of your employees? Bring wellness to the workplace! HMAA offers customized wellness programs to meet employers’ specific needs and goals, and to encourage healthy living for the people who matter most to running your business: your employees.

Our Commitment to You

We will work with you with dedication and commitment, and will strive to make your transition to HMAA as smooth as possible. If you have any questions or concerns, please feel free to contact our Customer Service Center at **941-4622** or toll-free at **(888) 941-4622** weekdays from 8:00 a.m. to 4:00 p.m., or via e-mail at CustomerSvc@hmaa.com. You may also visit our website at www.hmaa.com.

We look forward to maintaining a long and healthy relationship with you. Welcome to the HMAA 'Ohana!

HWMG
Third-Party Administrator for HMAA