

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 103F-107,  
HAWAII REVISED STATUTES, REGARDING MEDICAID CONTRACTS

2022 ( SY 2021)

**DEPARTMENT OF HUMAN SERVICES**

**Med-QUEST Division**

This report is submitted in accordance with section 103F-107, Hawaii Revised Statutes (HRS), regarding Medicaid contracts. Section 103F-107, HRS, requires,

(a) All nonprofit or for-profit Medicaid healthcare insurance contractors, within one hundred and eighty days following the close of each fiscal year, shall submit an annual report to the department of human services, the insurance division of the department of commerce and consumer affairs, and the legislature. The report shall be attested to by a plan executive located within the State and shall be made accessible to the public. The report shall be based on contracts administered in the State and shall include:

- (1) An accounting of expenditures of Med-QUEST contract payments for the contracted services, including the percentage of payments:
  - (A) For medical services;
  - (B) For administrative costs;
  - (C) Held in reserve; and
  - (D) Paid to shareholders;
- (2) Employment information including:
  - (A) Total number of full-time employees hired for the contracted services;
  - (B) Total number of employees located in the State and the category of work performed; and
  - (C) The compensation provided to each of the five highest paid Hawaii employees and to each of the five highest paid employees nationwide, and a description of each position;
- (3) Descriptions of any ongoing state or federal sanction proceedings, prohibitions, restrictions, ongoing civil or criminal investigations, and descriptions of past sanctions or resolved civil or criminal cases, within the past five years and related to the provision of Medicare or Medicaid services by the contracting entity, to the extent allowed by law;
- (4) Descriptions of contributions to the community, including the percentage of revenue devoted to Hawaii community development projects and health enhancements; provided that contracted services shall not be included in the percentage calculation; and

- (5) A list of any management and administrative service contracts for Med-Quest services made in Hawaii and outside of the State, including a description of the purpose and cost of those contracts.
- (b) The department of human services shall include in all Medicaid healthcare insurance plan contracts, the annual reporting requirements of subsection (a).
- (c) Any contract under this section shall be governed by the laws of the State of Hawaii.
- (d) Within ninety days of receipt of the reports required by this section, the department of human services shall provide a written analysis and comparative report to the legislature.

Please see the attached document.

## **2022 Medicaid Contract Report summary**

### **Financial reports (Unaudited financials):**

Administrative Ratios were consistently at or below 10% which is within an acceptable range.  
(Note: This point in time financials do not reflect the outcomes of any capitation rate risk corridors (+/- on Gain/Loss).

### **Employment Information:**

Health plans employed on average about 273 employees for Medicaid QUEST program.

The highest compensated Hawaii employee salary ranged for from \$250,000 to \$504,509.

**State & Federal Sanctions/Litigation:** See detailed report.

**Contributions:** See detailed report.

**Management contracts:** See detailed report.

2022 Medicaid Contract Report - HRS 103F-107

Attachment 1 - Financial Expenditures

Health Plan	Aloha Care	HMSA	Kaiser	Ohana	United Healthcare
Include as of date (i.e., SFYxx or CYxx)	SFY 2021	SFY 2021	SFY 2021	SFY 2021	SFY 2021
1) An accounting of expenditures of Med-QUEST contract payments for the contracted services, including the percentage of payments:					
Dollars Received- in dollars	442,532,860	957,453,246	171,746,731	380,179,002	532,580,684
Note: this information is not a required field in the legislation					
(A) For medical services- in dollars	410,085,192	845,088,996	199,065,282	295,150,762	455,131,734
	92.67%	88.26%	115.91%	77.63%	85.46%
(B) For administrative costs- in dollars	29,893,012	73,041,210	13,443,652	40,611,989	27,676,056
	6.75%	7.63%	7.83%	10.68%	5.20%
Insurance Premium Tax- in dollars		0		18,227,993	22,999,815
	0.00%	0.00%	0.00%	4.79%	4.32%
(C ) Held in reserve- in dollars	15,200,690	0		reserve amount within limit	
	3.43%	0.00%	0.00%		0.00%
(D) Paid to shareholder- in dollars		0		0	
	0.00%	0.00%	0.00%	0.00%	0.00%
For Other Expenses		0	(32,186,186)	0	
% Other Expenses of Total Award	0.00%	0.00%	-18.74%	0.00%	0.00%
<b>Total of Expenditures</b>	<b>439,978,204</b>	<b>918,130,206</b>	<b>180,319,748</b>	<b>353,990,743</b>	<b>505,807,606</b>
	99.42%	95.89%	104.89%	93.11%	94.97%
<b>Total Gain/Loss</b>	<b>2,554,656</b>	<b>39,323,039</b>	<b>(8,573,017)</b>	<b>26,188,259</b>	<b>26,773,079</b>
Note: this information is not a required field in the legislation					

Health Plan Notes

**Kaiser**  
Other Expenses include adjustments for the Premium Deficiency Reserve.

**Ohana**  
(1) Financial Expenditures listed are not intended to match audited financials or statutory filings. These numbers have been solely produced for the purpose of complying with the requirements of this report.  
(2) Dollars received are revenue amounts received from the state to administer services for SFY 2021. The amount represents capitation received and includes retroactivity through the November 2021 payment. The amount excludes the health insurer fee, member cost share, and spend-down. Revenue also excludes the supplemental payments made to facilities (HHSC payments & private acute hospital access fee payments). The amount includes an estimate for expected payments to and from the state for risk share/corridor arrangements for ABD, Non-ABD/Non-Expansion, and Expansion. The estimated risk sharing amounts are estimated as of November 2021 and pro-rated to apply to the applicable period: July2020-June 2021. These risk sharing estimates include Calendar Year Retroactive Settlement Corridor, High Cost Drug Corridor, High Risk Newborn Pool and Program aggregate gain/loss shares.  
(3) The amount listed for medical services represents costs associated with medical service claims paid for service dates in SFY 2019 and paid through 11/30/21. They include: Health Services cost of \$XX.XM (Service coordination, case management, care management, Rx management and disease management costs). They exclude: IBNP of \$11.4M, member cost share and spend-down. To get a true picture of medical cost, the  
(4) Administration expenses represent direct expenses related to Hawaii's Medicaid line of business plus a 5% management fee for 2016, increased to 6.1% on 1/1/2017, based on a percentage of premiums. Premium Tax was removed from admin and shown separately, Health Services expenses as defined above (Section A, see note 3) were excluded from this line and included in medical services costs.

**United**  
This unaudited financial information was compiled from the books and records of UnitedHealthcare Insurance Company ("UHIC"). Financial information presented is subject to audit. UHIC's fiscal year is on a calendar basis, information presented herein is for July 2020 to June 2021 and is specific to UnitedHealthcare Insurance Company d/b/a UnitedHealthcare Community Plan Hawaii (the "Plan").  
No funds from the Plan were held in reserve. However, UHIC, the Plan's parent company, maintains sufficient reserves to meet/exceed State of Hawaii regulatory requirements, including obligations for State Medicaid programs.  
Obligations for these programs include, but are not limited to, estimated claims for services outstanding (incurred but not reported "IBNR"). UHIC has, and continues to meet, reserve & solvency requirements of the DCCA/Insurance Division for all of its health plan programs in Hawaii. SFY 2021 reported results include \$8.0M of capitation adjustments (and associated premium taxes) for prior state fiscal years. This includes capitation adjustments related to retroactive member adjustments, variance between accrued and actual amounts, gain share and quality bonus payments and accruals. SFY 2021 reported results also include \$0.1M of medical expense adjustments for prior state fiscal years related to claims reprocessing, settlement adjustments, IBNR adjustments and variance between accrued and actual paid amounts.

2022 Medicaid Contract Report - HRS 103F-107

Attachment 2 - Employment Information

Health Plan	Aloha Care SFY 2021	HMSA SFY 2021	Kaiser SFY 2021	Ohana SFY 2021	United Healthcare SFY 2021
7) Employment information					
(A) Total number of full-time employees hired for the contracted period:	229	442.8	72		228
(B) Total number of employees hired in the State and the category of work performed. List categories and identify the number of employees per category during the reporting period.	Clinical Services 113 Operational Services 77 Executive Services 9 Human Resource Services 5 Finance Services 9 Administrative Services 7 Information Technology Services 10 Marketing 15.5 Medical Management 113.9 Member Services 0 Pharmacy Management 0 Provider Services 0 Quality Improvement 24.4	Administration - General 52.4 Administration - QUEST 15.6 Audit and Compliance 4.3 Claims Processing 77.8 Finance 28.6 Information Systems 60.1 Legal Services 2.4 Marketing 15.5 Medical Management 113.9 Member Services 0 Pharmacy 1 Provider Services 0 Quality Management 1 Utilization Management 1 Financial Officer 8.5	Administrative 8 Claims 3 Compliance 1 Data Analytics 6.3 Finance and Appeals 1 IT 4 Medical Director 1 Member Services 30 Pharmacy 1 Quality Management 1 Network Management 1 Financial Officer 8.5	Behavioral Health 21 Case Management 94 Claims Operations 6 Community Relations 1 Compliance 1 Customer Service 27 Executive 4 Finance & Analytics 8 Government & Regulatory Affairs 2 Medical Affairs 2 Medical Claims 2 Medical Operations 2 Pharmacy 2 Provider Relations 11 Quality Improvement 18 Utilization Management 18	Member Services 30 Provider Services 42 Administration 4 Operations 21 Clinical Management 73 Field Based Service Coordination 112
<b>Total</b>	<b>229</b>	<b>442.8</b>	<b>72</b>		<b>228</b>

Health Plan Notes

**United Healthcare**  
UnitedHealth Group and all subsidiaries employ approximately 440,000 individuals worldwide.

(C) Compensation provided to each of the five highest paid Hawaii employees during the reporting period.

	Aloha Care SFY 2021	HMSA SFY 2021	Kaiser SFY 2021	Ohana SFY 2021	United Healthcare SFY 2021
<b>81</b>					
Name and Title	Chief Executive Officer	Former Executive Vice President, Market and Product	SVP, Hawaii Market Leader	State President and CEO	Health Plan CEO
Description of position	Responsible for the overall operations of the healthplan.			Plans and directs all aspects of Ohana Health Plan's operational policies, objectives and initiatives.	Overall management responsibility for Hawaii Medicaid programs.
Total Compensation	503,483	3,513,984	973,482	673,126	543,492
Annual Salary	369,811	488,077	654,509	300,294	290,000
Additional Compensation	134,663	3,025,907	488,983	272,832	293,492
<b>82</b>					
Name and Title	Chief Medical Officer	President and Chief Executive Officer	VP, MBSO, Hawaii	VP of Population Health	Medical Director
Description of position	Provides strategic direction and leadership for all aspects of AlohaCare's clinical operations, including clinical quality improvement, utilization management, disease management, care coordination, behavioral health, pharmacy, patient safety, medical policy development, technology assessment, and clinical cost containment initiatives.			Oversees and directs all population health functions including CM, UH, DM, for Ohana Health Plan based on, and in support of the company's strategic plan.	Medical Director for clinical programs including medical management and quality oversight.
Total Compensation	445,825		657,191	259,722	489,041
Annual Salary	347,519		338,696	228,430	289,031
Additional Compensation	98,299		318,494	331,287	200,012
<b>83</b>					
Name and Title	Chief Information Officer	Executive Vice President and Chief Financial Officer	VP Human Resources - Hawaii	Chief Medical Officer	Vice President of Network Programs
Description of position	Provides technology vision and leadership in the development and implementation of AlohaCare's management information systems and operations of AlohaCare's Information Systems Department.			Provide medical oversight, expertise and leadership to ensure the delivery of cost effective, quality healthcare services to Ohana Health Plan members.	Overall responsibility for Hawaii Medicaid provider network management.
Total Compensation	350,263		487,093	365,164	302,589
Annual Salary	307,184		337,302	311,544	290,473
Additional Compensation	43,079		249,793	43,614	142,086
<b>84</b>					
Name and Title	Vice President of Operations	Executive Vice President and Chief Administrative & Strategy Officer	VP, Quality, Patient Exp & Safety	VP of Compliance and Gov't Affairs	Chief Operations Officer
Description of position	Provides overall leadership of AlohaCare's Plan Operations team in achieving corporate strategic goals and objectives.			Ensure regulatory compliance with state and other government agencies related to the health insurance industry, Center for Operations, and Ohana Health Plan operating within Medicaid contracts as directed by HHS-GUEST.	Overall operations responsibility for Hawaii Medicaid programs.
Total Compensation	274,478		451,585	283,773	203,783
Annual Salary	230,440		356,639	201,287	179,681
Additional Compensation	44,037		211,108	142,486	49,063
<b>85</b>					
Name and Title	Chief Financial Officer	Executive Vice President, Chief Business Operations Officer	VP, Hospital Administrator	Sr. Director of Behavioral Health	Chief Financial Officer
Description of position	Responsible for the financial operations of the plan.			Oversee the integration and delivery of behavioral health (BH) services across all MCO operations and functional areas, particular focus on the CCS program and improving outcomes utilizing an integrated whole person approach, optimizing the operational elements of the program.	Management of financial reporting and analysis.
Total Compensation	266,626		448,864	315,939	229,623
Annual Salary	252,315		371,538	158,548	187,122
Additional Compensation	14,000		77,326	157,391	49,460

Health Plan Notes

HMSA: HMSA pays its bonuses within a calendar year and this does not always line up with the state's fiscal year. In 2021, due to the impacts of COVID, the payment of the 2019-2020 cycle long term incentive payment was delayed and both that payment and the 2019-2021 cycle payment were made in state fiscal year 2022.

(D) Compensation provided to each of the five highest paid nationwide employees during the reporting period.

	Aloha Care SFY 2021	HMSA SFY 2021	Kaiser SFY 2021	Ohana SFY 2021	United Healthcare SFY 2021
<b>86</b>					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	Chairman & CEO	Chief Executive Officer	Former Chief Executive Officer
Description of position				Plans, directs and coordinates the development of short and long range objectives; is responsible for achieving the organization's goals, as well as its profitability.	Chief executive for UnitedHealth Group and affiliates.
Total Compensation			19,270,531	65,184,953	17,872,713
Annual Salary			1,826,246	1,800,000	1,492,000
Additional Compensation			19,444,185	63,384,953	16,472,713
<b>87</b>					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP, Chief Information Officer	President, Health Plans	Chief Executive Officer
Description of position				Directs and coordinates the activities of the Insurance Group in accordance with policies, goals and objectives established by the Chairman and Chief Executive Officer and the Board of Directors.	Chief executive for UnitedHealth Group and affiliates.
Total Compensation			6,523,642	13,114,141	12,887,176
Annual Salary			489,136	934,615	218,840
Additional Compensation			6,034,506	12,279,526	12,668,336
<b>88</b>					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP and CFO	SVP, Health Policy	President and Chief Operating Officer
Description of position				Understand and advise Centers on state and federal policies, develop new market initiatives and business opportunities.	Senior executive responsible for UnitedHealth Group's health care benefits business.
Total Compensation			4,541,381	9,974,985	12,656,484
Annual Salary			1,230,000	853,654	1,000,000
Additional Compensation			3,311,381	9,121,331	11,656,484
<b>89</b>					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP, Health Plan Operations & COO	President and Chief Operating Officer	Executive Vice President and Chief Financial Officer
Description of position				Oversees Health Plans, Products, Business Operations, Population Health and Clinical Operations, Marketing, Health Plan Medical, Specialty, International, and Business Development.	Senior executive responsible for UnitedHealth Group financial matters.
Total Compensation			4,374,199	8,583,689	12,897,862
Annual Salary			1,210,892	884,139	1,000,000
Additional Compensation			3,142,307	7,699,545	11,897,862
<b>90</b>					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	Regional President - SCAL & HI Officer	Chief Financial Officer	Executive Vice President and Chief Human Resources Officer
Description of position				Directs the company's financial affairs according to financial principles and government regulations. Oversees Finance Investor Relations, Operational Services and Regulatory Affairs.	Senior executive responsible for UnitedHealth Group personnel matters.
Total Compensation			3,832,440	7,886,876	7,180,693
Annual Salary			891,000	836,620	800,000
Additional Compensation			2,941,440	7,050,256	6,380,693

Additional Compensation includes bonus, stock awards, option/SAR awards, and any other additional compensation to include additional benefits beyond that provided to all FT employees (i.e., additional health benefits, automobiles, etc.)

Health Plan Notes

**Kaiser**  
For sections C and D, the information provided is based on the most current Form 990 filings (calendar year 2020).

**2022 Medicaid Contract Report - HRS 103F-107**

**Attachment 3 - State and Federal Sanctions**

(3) Descriptions of any on-going State or Federal sanction proceedings, prohibitions, restrictions, on-going civil or criminal investigations, and descriptions of past sanctions or resolved civil or criminal cases, within the past five years and related to the provision of Medicare or Medicaid services by the contracting entity, to the extent allowed by law.

Instructions: Include a write-up to include this information. Include as of date (i.e., SFYxx or CYxx)

<b>Aloha Care</b>	<b>As of SFY 2021</b>
NONE	

<b>HMSA</b>	<b>As of SFY 2021</b>
NONE	

<b>Kaiser</b>	<b>SFY21 and past 4 SFYs</b>
Kaiser Foundation Health Plan, Inc. had no state or federal sanctions during SFY21 or the past 4 SFYs.	

#	Case Name	File Number	Is this a state or a federal case/sanction? Or both?	Court	Description of the Case	Adverse Action	Status
1	United States ex. rel. Jeffery Mazik v. Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Inc., and The Permanente Medical Groups	19-cv-00559	State	Eastern District of California	On April 1, 2019, a former employee filed a False Claims Act case as a relator against KFHP, KFH and Permanente Medical Groups. The United States has declined to intervene in the case, and no state has intervened. The amended complaint was unsealed in late 2021, and alleges that Kaiser submitted false claims for payment in connection with Medicare Advantage and Medicaid programs.	N/A	The case was filed in the Eastern District of California (19-cv-00559) and is proceeding. The defendant entities intend to defend the case.
2	Insulin CID	CID No.: CID-21-2-0003 and USAO No.: 2019V00859	Federal	U.S. Department of Justice, Washington	On April 13, 2021, KFHP received a Civil Investigative Demand (CID No.: CID-21-2-0003 and USAO No.: 2019V00859) from the U.S. Department of Justice, Washington regarding claims submitted to federal programs in connection with insulin prescriptions.	N/A	The investigation is ongoing, and KFHP is providing responsive information.

<b>Ohana</b>	<b>SFY21 and past 4 SFYs</b>
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#	Case Name	File Number	Is this a state or a federal case/sanction? Or both?	Court	Description of the Case	Adverse Action	Status
1	Maka, Mary B. v. Wellcare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan, etc.	Civil No. 19-0139-01	State Case	State of Hawaii, Third Circuit Court	On July 11, 2019, the Company was served with litigation from former Ohana member, Mary Maka which was filed in HI state court. The complaint alleges that WellCare breached the covenant of good faith and fair dealing owed to Plaintiff by failing to arrange, coordinate, and provide care that Plaintiff's treating physician ordered, which was not excluded under the Plaintiff's plan with Ohana. The Complaint states that amputation of Plaintiff's leg is a result of the above allegations. No monetary demand specified in the Complaint. Trial set for February 2023.	N/A	Pending

2	Feinberg, Soleil v. State of Hawaii DHS Directors	Civil No. CV 19-00289 JMS-WRP	Federal Case	United States District Court for the District of Hawaii	Former 'Ohana member has filed suit against the State of Hawaii for failure to administer mental health services, programs, and activities in the most integrated setting appropriate under the Americans with Disabilities Act and the Rehabilitation Act. State of Hawaii initially tendered defense to WellCare, but WellCare declined the tender, as the allegations involved the scope of the Medicaid program rather than 'Ohana's conduct. Trial set for April 2022.	N/A	Pending
3	Josserme, George v. 'Ohana Health Plan	1SC19-1-1797	State Case	Honolulu Division, State of Hawaii, Small Claims Division of the District Court of the First Circuit	Small claims suit brought by a member alleging improper discharge and refusal to provide continuous treatment by doctor. Plaintiff suffered from chest pains and uncontrollable diarrhea, and claimed that improper treatment resulted in destruction of Plaintiff's personal property. Plaintiff sought \$954.24 in damages and the matter settled at a mandatory mediation with the small claims court.	N/A	Case Closed
4	Okawaki v. First Hawaiian Bank, et. Al	16-9108	Federal Case	Supreme Court of the United States.	Mentally disturbed member filed litigation against 'Ohana Health Plan and many other parties, which was promptly dismissed by the federal court. Her appeals have been unsuccessful. Her petition for writ of certiorari was denied by the U.S. Supreme Court on October 2, 2017.	N/A	Case Closed

<b>United Healthcare</b>		As of SFY 2021 and past 4 SFYs					
<p>To the best of our knowledge and belief, UnitedHealthcare Insurance Company ("UHIC") is not a party to any ongoing state or federal sanction proceedings, prohibitions, restrictions, or ongoing criminal investigations related to the provision of Medicare or Medicaid services. In addition, as a health insurance company operating in 49 states, 5 territories and the District of Columbia, UHIC is subject to various market conduct and financial audits in the normal course of business, which may or may not result in the implementation of corrective action plans. We do not consider these to be civil or criminal investigations within the scope of the request.</p> <p>UHIC is subject to various civil actions in the form of litigation or agency proceedings, mostly involving benefit disputes with members and/or providers. UHIC is currently involved in several matters in Hawaii and other jurisdictions, as described in the above table. UHIC is involved in litigation outside of Hawaii, none of which involve residents of Hawaii or impact QUEST Integration.</p> <p>Finally, UHIC has not had any penalties imposed related to the provision of Medicare or Medicaid services involving residents of Hawaii or the Hawaii QUEST Integration Program during the reporting period.</p>							
#	Case Name	File Number	Is this a state or a federal case/sanction? Or both?	Court	Description of the Case	Adverse Action	Status
1	JASON SCUTT, an individual, on behalf of himself vs. UNITEDHEALTH INSURANCE CO AND SUBSIDIARIES; MAUI COMMUNITY CLINIC AKA "MALAMA I KE OLA"	CV-21-00323-JAO-RT	Federal case	United States District Court	Member dispute asserting claims for medical malpractice, defamation, and violation of Title II of the Americans with Disabilities Act	N/A	Plaintiff's Second Amended Complaint (SAC) was filed on 10-31-2021 and served on UHIC on 11-1-2021. UHIC's response to the SAC is due 12-31-2021.



2	H. H. v. Evercare	HER-11-156920; Civil No. 11-1-2903-11; ICA CAAP-12-0000645; Civil No. 19-1-1415-09 JHA.	State case	First Circuit Court (1CC), State of Hawaii	Member dispute regarding benefit determination and attorneys' fees.	N/A	Benefit dispute was dismissed by Commissioner on the merits and appealed to the 1st Circuit Court (1CC), which was dismissed for lack of jurisdiction. Member's appeal of the dismissal for lack of jurisdiction was granted by the Intermediate Court of Appeals (ICA), which reversed the circuit court. UHIC's petition for certiorari to Hawaii Supreme Court was then granted and the case was argued on 1-21-2016. The Hawaii Supreme Court affirmed the ICA and remanded the case to the 1CC for consideration of the appeal on the merits. The appeal regarding the dismissal of the benefit request was dismissed by stipulation of the parties on 4-26-2017 because the member is no longer enrolled in Hawaii Medicaid. Separate appeals to 1CC re Ins. Div denials of motion for attorneys' fees and hearing relief based on lack of jurisdiction due to repeal of the external review statute were stayed pending related appeals regarding circuit court jurisdiction. Upon the stay being lifted, that appeal was briefed and argued before the 1CC, which reversed and remanded to the Commissioner to consider the motion for award of attorneys' fees. The Commissioner issued an award on 12-3-2018. A motion for award of prejudgment interest on the attorneys' fee awards was denied by the Commissioner on 8-8-2019. That order was appealed to the 1CC, and the appeal has been fully briefed since 10-6-2020
3	A. D. S. v. Evercare	HER-10-154685; Civil No. 11-1-2542-10; ICA CAAP-12-0000647	State case	Intermediate Court of Appeals (ICA), State of Hawaii	Initial dispute regarding benefit determination resolved, pending issue of attorney fees.	N/A	Appeal of attorneys' fees order dismissed by the 1CC for lack of jurisdiction. Member's appeal of the dismissal was granted by the ICA, which reversed the circuit court. UHIC's petition for certiorari to Hawaii Supreme Court was then granted and the case was argued on 1-21-2016. The Hawaii Supreme Court affirmed the ICA and remanded the case to the 1CC for consideration of the appeal on the merits. Member passed away on 10-13-2016, and Member's father was appointed as representative and substituted as Appellant. On 4-4-2017, the appeal was argued before the 1CC, which upheld the Commissioner's order. The circuit court's order was appealed to the ICA on 6-19-2017. The appeal is fully briefed and awaiting a schedule for oral argument.

4	<p>J.D.R., et al. v. Evercare (NOTE: one of five benefit disputes that were all resolved at the same time, in the same way, and then consolidated for the initial attorneys' fee order. The cases remained consolidated throughout the appeals process until the remand in April 2017. The other cases are: F.B. v. Evercare (HER-11-156241), F.H. v. Evercare (HER-11-156361), J.V. v. Evercare (HER-11-156251), and T.A. v. Evercare (HER-11-155842). Separate appeals were taken of the orders issued by the Commissioner on remand by J.D.R., F.B., J.V. and T.A. Only F.B., J.V., and T.A. have appeals pending at the ICA.)</p>	<p>HER-11-156251; Civil No. 11-1-2533-10; ICA CAAP-12-0000646.</p>	<p>State case</p>	<p>Intermediate Court of Appeals (ICA), State of Hawaii</p>	<p>Initial disputes regarding benefit determinations resolved, pending issue of attorney fees.</p>	<p>N/A</p>	<p>Benefit disputes dismissed by Commissioner on merits. Appeal of attorneys' fee order dismissed by the 1CC for lack of jurisdiction. Members' appeal of the dismissal was granted by the ICA, which reversed the circuit court. UHIC's petition for certiorari to Hawaii Supreme Court was then granted and the case was argued on 1-21-2016. The Hawaii Supreme Court affirmed the ICA and remanded the case to the 1CC for consideration of the appeal on the merits. 1CC reversed and remanded the consolidated attorneys' fee order to the Commissioner in April 2017 with directions to issue separate orders for each member. The Commissioner issued separate orders on remand, which the members appealed to the 1CC. The 1CC affirmed the orders on 9-13-2018 and the members took a further appeal to the ICA. That appeal has been fully briefed and is awaiting a schedule for oral argument.</p>
5	<p>H.M. v. Evercare</p>	<p>HER-09-152033; Civil No. 10-1-2328-10 KKS; Civil No. 11-1-2695-11 RAN; Civil No. 19-1-1415-09 JHA</p>	<p>State case</p>	<p>First Circuit Court (1CC), State of Hawaii</p>	<p>Initial dispute regarding benefit determination resolved, pending issue of attorney fees.</p>	<p>N/A</p>	<p>Commissioner held in favor of Evercare on benefit dispute; 1CC affirmed and dismissed member's appeal. Motions for attorneys' fees and for hearing relief were denied by Ins. Div. based on lack of jurisdiction due to repeal of the external review statute and appealed to the 1CC. Those appeals were stayed pending related appeal regarding circuit court jurisdiction. Upon the stay being lifted, that appeal was briefed and argued before the 1CC, which reversed and remanded to the Commissioner to consider two motions for award of attorneys' fees. The Commissioner issued awards on 10-24-2018; no ICA appeal was timely filed. A motion for award of prejudgment interest on the attorneys' fee award was denied by the Commissioner on 8-8-2019. That order was appealed to the 1CC and the appeal has been fully briefed since 10-6-2020. The member also filed a "petition for order to show cause" alleging untimely payment of the 10-24-2018 awards, which were paid slightly beyond 30 days due to delays in receiving information from the member. The Commissioner has not yet set a briefing schedule on that petition.</p>

6	JRQ v. UnitedHealthcare Insurance Company	1:14-cv-00497-LEK-RLP	Federal case	Ninth Circuit Court of Appeals	Member sued alleging various federal and state law claims relating to benefit dispute re wheelchair.	N/A	The Order granting UHIC's motion for summary judgment and denying the plaintiff's motion for partial summary judgment was entered on 3-29-2017 and corrected on 4-18-2017. Plaintiff's motion for reconsideration was denied on 6-28-2017 and judgment in favor of UHIC was entered that same day. Plaintiff filed his notice of appeal to the 9th Circuit Court on 7-27-2017. The appeal was decided in favor of UHIC without oral argument and Judgment was entered on 10-30-2019.
7	Hawaii Coalition for Health v. UnitedHealthcare Insurance Company et. al.	INS-DR-2015-002	State hearing	Hawaii Dept. of Commerce and Consumer Affairs, Ins. Div.	Petitions seeks declaration that UHIC and other PBMs are in violation of HRS ch. 431R regarding specialty pharmacy networks and dispensing.	N/A	UHIC opposed the Petition as part of a joint defense group. The Hearings Officer granted most of the relief requested by the joint defense group, including that the Petition be dismissed, but without prejudice. The joint defense group took exception to the dismissal being without prejudice, and that exception was argued before the Commissioner on 11-22-2016. We are still awaiting the final order from the Commissioner.
8	MetroPacific Group, Corp. v. UnitedHealthcare, et al.	Civil No. 15-1-0399; 3rd Circuit Court	State case	3rd Circuit Court; Dispute Prevention & Resolution (DPR)	Provider dispute alleging underpayment for LTC services provided to QExA members on the Big Island by UHIC and Ohana Health Plan	N/A	UHIC and Ohana jointly asserted the mandatory arbitration clauses in their provider agreements. Stipulation to stay the litigation pending arbitration was filed on 5-19-2016. Provider settled with Ohana Health Plan and dismissed them from the litigation 5-23-2018. UHIC demanded arbitration on 10-3-2018, and on 12-5-2018 filed a motion seeking dismissal of the provider's claims as time-barred under the UHIC contract. That motion was denied, leading to active discovery which convinced the provider to settle for a fraction of its initial claim. The litigation was dismissed on 10-22-2019.
9	EAL Leasing, Inc. dba Emergency Airlift v. United Healthcare Services, Inc.	1:18-cv-02008	Federal case	USDC, D. Or.	Air ambulance provider filed a lawsuit in Oregon state court alleging non-payment of air ambulance transportation provided to a member from Hawaii to San Diego.	N/A	This is one of two substantially identical lawsuits arising from air transport services provided to the first of two twin babies. Following the initial filing of this lawsuit in Oregon state court, United removed to federal court and filed its answer on 11-27-2018. The parties agreed to a settlement, which was completed on 1-6-2020.
10	EAL Leasing, Inc. dba Emergency Airlift v. United Healthcare Services, Inc.	1:18-cv-02011	Federal case	USDC, D. Or.	Air ambulance provider filed a lawsuit in Oregon state court alleging non-payment of air ambulance transportation provided to a member from Hawaii to San Diego.	N/A	This is one of two substantially identical lawsuits arising from air transport services provided to the second of two twin babies. Following the initial filing of this lawsuit in Oregon state court, United removed to federal court and filed its answer on 11-27-2018. The parties agreed to a settlement, which was completed on 1-6-2020.

**2022 Medicaid Contract Report - HRS 103F-107**

**Attachment 4 - Contributions to the Community**

(4) Descriptions of contributions to the community, including the percentage of revenue devoted to Hawaii community development projects and health enhancements (provided that contracted services shall not be included in the percentage calculations). List community activities provided during the reporting period. For each activity provide a description with total dollars and a percentage of revenue.

Instructions: 1. Please include the four pieces of information for each community event provided; 2. Please do not include any community event for less than \$1,000. The health plan can combine all of the community events for less than \$1,000 into one event; 3. Please indicate if the community events listed are for only the QUEST Integration program or for all health plan related lines of business. Include as of date (i.e., SFYxx or CYxx)

Aloha Care SFY 2021		HMSA SFY 2021		Kaiser SFY 2021		Ohana SFY 2021	United Healthcare SFY 2021		
Community Event	Amount	Community Event	Amount	Community Event	Amount	Recipient or Community Event, Amount, % of Revenue	Recipient or Community Event	Amount	
<b>Quality Program Payments</b>	1,157,001	<b>Advertising</b>	67,184	<b>Charity Care</b>	13,601,989	<b><u>DONATIONS</u></b>  FOOD BASKET \$9,644 0.0025%  NATIONAL ALLIANCE OF MENTAL ILLNESS HAWAII \$3,750 0.0010%  <b><u>SPONSORSHIPS</u></b>  AUNT BERTHA \$27,000 0.0071%  HAMAKUA HEALTH CENTER \$5,000 0.0013%  THE CAREGIVER FOUNDATION \$5,500 0.0014%  PARTNERS IN CARE \$10,000 0.0026%  <b><u>COMMUNITY GRANT</u></b>  WAHIAWA CENTER FOR COMMUNITY HEALTH \$100,000 0.0263%	<b>Malama I Ke Ola</b>	250,000	
AlohaCare's goal for the Quality Improvement Funding Program for Community Health Centers (CHCs) is to improve collaboration with the CHCs to demonstrably improve measures of clinical care and service that are important to external evaluation of AlohaCare's performance, specifically HEDIS® and CAHPS measures. There were 14 CHCs among other providers who were included in this program for this fiscal year.	0.26%	Support via TV, radio, print, and digital advertising for community health issues such as healthy eating, well-being, and disease prevention. Also supports nonprofit community organizations such as Aloha United Way, Hawaii Food Bank, American Heart Association, and various others.	0.01%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.96%		Community Catalyst investment	0.05%	
<b>Community Partnerships</b>	264,128	<b>Community Events</b>	21,254	<b>Government Sponsered Programs</b>	38,951,439		AUNT BERTHA \$27,000 0.0071%  HAMAKUA HEALTH CENTER \$5,000 0.0013%  THE CAREGIVER FOUNDATION \$5,500 0.0014%  PARTNERS IN CARE \$10,000 0.0026%	<b>University Health Partners of Hawaii</b>	40,000
As part of AlohaCare commitment to the community, we partner with other community organizations to help with donations, sponsorships, funding etc...Some organizations that we partnered with include: March of Dimes, Healthy Mothers Healthy Babies Coalition of Hawaii, Sustainable Molokai, The Food Basket, Hawaii Island HIV/AIDS Foundation, Faith Action for Community Equity, Hawaii Public Health Institute, Hina Makua, among others.	0.06%	Community events in support of various community health issues and nonprofit community organizations	0.00%	Un-reimbursed expenses for persons with Medicaid coverage - Med-Quest, non-member Medicaid, and SCHIP	2.80%		Project ECHO Fundraising Contribution	0.01%	
<b>Charitable Contributions</b>	17,415	<b>Corporate Giving</b>	1,647,154	<b>CHI Programs and Services</b>	13,889		<b>AHARO Hawaii</b>	25,000	

AlohaCare continues our commitment to the community by providing charitable contributions to other organizations who share our mission. Some organizations that have received our contributions include: Aloha United Way	0.00%	Financial support for nonprofit organizations focused on improving the health of our community	0.17%	Kaiser Permanente Hawaii promotes healthy eating active living (HEAL) for the community in part by sponsoring fresh day farmers markets at four clinic locations. Market days also provide an opportunity for community outreach for programs like tobacco cessation. Health and wellness classes are available to the community through our education and lifestyles program.	0.00%		Infrastructure Funding Contribution	0%
<b>Access and Availability Grants</b>	33,000	<b>CHI Initiatives</b>	563,435	<b>ETP (Educational Theater Program)</b>	0		<b>Various Organizations</b>	18,837
As part of AlohaCare's commitment to ensure that the people of Hawaii continue to have access to high quality healthcare, we provide funding to key providers in medically underserved areas to enhance their capabilities to recruit physicians in urgently needed specialties within those rural communities. This included Kokua Kalihi Valley and Residential Young Services & Empowerment	0.01%	Supports innovative community organizations and programs.	0.06%	Lessons on healthy lifestyles provided to public elementary schools as plays presented at the schools with follow-up lesson plans to reinforce the learnings.	0.00%		Medical Supply Donation	0%
		<b>HMSA Foundation</b>	2,480,500	<b>Medical Education and Training</b>	231,352		<b>Event Sponsorships</b>	
		HMSA Foundation provides grants to nonprofit organizations that build health and connection among people and place.	0.26%	Educating interns, residents and fellows and providing continuing medical education and training for health professionals throughout the community.	0.00%		Alzheimer's Association \$7,500 American Diabetes Association \$5,000 March of Dimes \$5,000	
		<b>Government Reimbursement Shortfall Covered by Commercial Plans (all health plan related lines of business)</b>	223,000,000-305,000,000	<b>Total Grants and Donations</b>	1,386,528		<b>Fundraising Contribution</b>	
		The estimated costs that providers did not recover through reimbursement by the Medicare and Medicaid plans administered by HMSA was between \$223 million and \$304 million. These costs were recovered through HMSA's commercial plan reimbursements.	23.29%-31.44%	Grants and donations given to organizations for work that improves the health and well-being of people throughout the state.	0.10%		Hospice Maui \$5,000 Kokua Mau \$5,000	
							<b>Community contributions less than \$1,000</b>	865

								Contributions by UnitedHealthcare Community Plan - Hawaii to multiple organizations	0%
								<b>Wilson Strategic Inc</b>	7,500
								Sponsorship of 2021 Hawaii State of Regorm Virtual Health Policy Conference	0%

**Health Plan Notes**

**Kaiser**  
 Education Theater Program (ETP) - No activity in 2021 as live performances in schools are on hold through 12/31/21.

2022 Medicaid Contract Report - HRS 103F-107

Attachment 5 - Management and Administrative Contracts

(5) A list of any management and administrative service contracts for Med-QUEST services made in Hawaii and outside of the state, including a description of the purpose and cost of those contracts.

Instructions: Include any management or administrative contract to include, but not be limited to, pharmacy benefit management, transportation, case management, behavioral health, auditing, mailing of benefit packets, after-hour call numbers, hearing and vision. Include as of date (i.e., SFYxx or CYxx)

Aloha Care SFY 2021		HMSA SFY 2021		Kaiser SFY 2021		Ohana SFY 2021		United Healthcare SFY 2021	
Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost
Accuity LLP	132,277	American Well	4,115,694	ONeill Digital Solutions	333,160	Centene Corporation	Covered under Corporate allocation	Ceridian	15,078
401K audit; Financial audit; 990		Platform for HMSA Online Care		Member materials printing and mailing		Claims administration		(in Hawaii) Administration of payroll processing for caregivers (personal assistance and CHORE services)	
Administep/Legacy	34,651	Beacon Health Options, Inc.	6,078,241	MedImpact		Centene Corporation	Function performed at	Medline	135,639
Operates clearing house		Behavioral Health, Service Coordination and Utilization Management		Pharmacy benefits management system		Enrollment and member administration		(Mainland based with Hawaii operations) Incontinence management supply benefit administration (estimated administration costs)	
Advent Advisory Group, LLC	43,495	Carenet Health (Carenet)	792,835	Cotiviti	45,575	Centene Corporation	Function performed at	Modivcare, fka Logisticare	1,341,077
HEDIS / Data Validation		24-hour nurse call line		HEDIS and non-HEDIS performance metrics data analysis and reporting		Marketing & materials fulfillment (i.e., sending member ID cards or handbooks)		(mainland based with Hawaii operations) Non-emergent ground and air transportation benefit administration (estimated administration costs)	
AGK Consulting LLC	158,000	CVS Caremark	260,133	RMB Handl Trans Services, LLC	32,290	Audiology Distribution, Inc. db/a Hear USA	142,785		
Provider Contracting consulting services		Pharmacy Benefits Manager (PBM), Specialty Drug Services, Rare Disease Management		Transportation services		Hearing services			
Allmed Healthcare Management, Inc.	20,211	eviCore Healthcare (eviCore)	527,613	Ride Assist of Maui, LLC	22,504	Carenet	32,233		
Physician review services for quality & utilization mgmt		Physical and Occupational therapy utilization management		Transportation services		Outreach services to include supporting EPSDT or Nurse Lines			
Aloha Copy and Scanning	24,683	NIA Magellan Health, Inc. (NIA)	449,803	Above and Beyond Case Management, LLC	41,376	Ceridian	63,541		
HEDIS / Data Validation		Radiology services, pain management, utilization management		Case management in foster homes		Payroll processing for self-direction			
Altruista Health, Inc.	287,791			Absolute Care Management Services	44,901	Pharmacy Benefits Manager (WHI & CVS)	315,543		
Consulting support/Software Subscription				Case management in foster homes		Pharmacy administration			
American Well	46,073			All Island Case Management Corp.	65,104	Transportation (Intelliride)	7,205,548		
Telehealth				Case management in foster homes		Member transportation services			
AON Consulting	26,597			Blue Water Resources, LLC	9,430	Premier Eye Care	3,191,132		
Consulting for pharmacy benefit management				Case management in foster homes		Eye care administrative services			
Carenet Healthcare Services	65,807			Case Management Professionals, Inc	35,922	Translations (Interpretek, Trans)	54,864		
Nurse Advice Line				Case management in foster homes		Translation services			
Change Healthcare	336,247			Case Management Solutions, LLC	23,448	Healthhelp, LLC	85,146		

Encounter reporting and analytics			Case management in foster homes		Educative and collaborative model to improve member care		
<b>Clay, Stacy</b>	49,697		<b>Kina'ole Case Management Agency, L</b>	14,856	<b>Liberty Dental Plan</b>	388,780	
Utilization Management			Case management in foster homes		Dental Services		
<b>Edward Enterprises, Inc.</b>	210,372		<b>Lokahi Case Management Agency, LL</b>	30,763	<b>Medline Industries</b>	1,648,658	
Printing services for marketing material			Case management in foster homes		Medical Supplies		
<b>Express Scripts</b>	1,012,461		<b>Nightingale Case Management</b>	41,327			
Pharmacy benefit and management			Case management in foster homes				
<b>Garton Consulting Group</b>	607,405		<b>Ohana Case Management</b>	74,533			
Consulting Services for RFP			Case management in foster homes				
<b>Hawaii Dental Services</b>	912,999		<b>Quality Case Management, Inc.</b>	3,631			
Dental Provider for Members			Case management in foster homes				
<b>Health Catalyst</b>	1,199,357		<b>Residential Choices, Inc.</b>	66,966			
Consulting Services for improvement of care data			Case management in foster homes				
<b>Health Logix</b>	191,373						
Mailings to disease management program							
<b>Inovalon</b>	320,491						
HEDIS review services							
<b>IntelliRide</b>	256,300						
Member Transportation Services							
<b>Language Services Associates</b>	21,731						
Interpretations							
<b>Market Trends Pacific</b>	35,930						
Timely access surveys and CM survey							
<b>Mihalik Group</b>	117,701						
Quality Improvement Consulting Services and							
<b>Miliman</b>	183,622						
Actuarial services							
<b>Optum 360</b>	20,894						
Encoder pro							
<b>Orr Consulting</b>	25,728						
Quality Improvement & Medical Director Consulting Services							
<b>Payspan</b>	94,412						
Provider payments system							
<b>Physicians Exchange</b>	12,356						
After hours & weekend telephone & assistance							
<b>Sellers Dorsey</b>	52,600						
Consulting Services for RFP							
<b>Transperfect</b>	4,187						
Translation services							



Zelis Healthcare	639,919								
Cost Containment/Claims Editing/Bill Review and Audit									

**Kaiser**  
 \* Kaiser Foundation Health Plan, Inc. contracts with MedImpact for all lines of business and does not have a Medicaid specific contract.

**United Healthcare**  
 For State Fiscal Year 2021 UnitedHealthcare Insurance Company dba UnitedHealthcare Community Plan - Hawaii did not have third-party management and administrative service contracts for the following categories of service:  
 Behavioral Health Management, Claims Administration, Enrollment and Member Administration, Hearing Services, Outreach Services to include EPSDT or NurseLines, Pharmacy Benefits Management, Third party auditing of health plan functions, Vision Services