

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

2023 (SY 2022)

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.

2023 Medicaid Contract Report summary

Financial reports (Unaudited financials):

Administrative Ratios were consistently at below 10%, except for one health plan. All are within an acceptable range.

(Note: This point in time financials may not reflect final adjustments for items such as 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 \$235,577 to \$948,943.

State & Federal Sanctions/Litigation: See detailed report.

Contributions: See detailed report.

Management contracts: See detailed report.

2023 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 2022	SFY 2022	SFY 2022	SFY 2022	SFY 2022
QUEST contract payments for the contracted services, including the percentage of payments:					
Dollars Received- in dollars	488,955,118	1,061,804,804	208,591,295	377,525,690	530,199,006
Note: this information is not a required field in the legislation					
(A) For medical services- in dollars	420,308,117	974,696,922.45	216,823,715	294,755,343	445,708,005
	85.96%	91.80%	103.95%	78.08%	84.06%
(B) For administrative costs- in dollars	29,818,960	87,107,881.25	12,690,911	47,481,995	29,606,759
	6.10%	8.20%	6.08%	12.58%	5.58%
Insurance Premium Tax- in dollars	0	0	0	17,859,704	23,947,734
	0.00%	0.00%	0.00%	4.73%	4.52%
(C) Held in reserve- in dollars	9,973,220	0	reserve amount within limit		
	2.04%	0.00%	0.00%		0.00%
(D) Paid to shareholder- in dollars		\$0		0	
	0.00%	0.00%	0.00%	0.00%	0.00%
Total of expenditures	450,127,077	1,061,804,804	229,514,626	360,097,042	499,262,499
	92.06%	100.00%	110.03%	95.38%	94.17%
Total Gain/Loss	38,828,041	0	(20,923,331)	17,428,648	30,936,507
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 2022. The amount represents capitation received and includes retroactivity through the November 2022 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 2022 and pro-rated to apply to the applicable period: July 2021-June 2022. 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 2022 and paid through 11/30/22. They exclude: IBNP of \$14.2M, member cost share and spend-down. To get a true picture of medical cost, the IBNP amount of \$14.2M should be added to the reported amount.
(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 UHIC's fiscal year is on a calendar basis, information presented herein is for July 2021 to June 2022 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 \$14.4M 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 SFY 2021 reported results also include \$7.6M 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.

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Attachment 2 - Employment Information

Health Plan	Aloha Care	HMSA	Kaiser	Ohana	United Healthcare
Include as of date (i.e., SFYxx or CYxx)	SFY 2022	SFY 2022	SFY 2022	SFY 2022	SFY22
2) Employment information					
(A) Total number of full-time employees hired for the contracted services	253	319.0	50	218	349
(B) Total number of employees located 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 119	Administration - General 33.6	Administrative 9	Behavioral Health 23	Member Services 34
	Operational Services 83	Administration - QUEST 11.5	Claims 1	Case Management 84	Provider Services 45
	Executive Services 9	Audit and Compliance 3.8	Compliance 1	Claims Operations 5	Administration 4
	Human Resource Services 5	Claims Processing 41.8	Data Analytics 1	Community Relations 1	Operations 20
	Financial Services 10	Finance 25.1	Grievance and Appeals 1	Compliance 3	Quality 15
	Administrative Services 8	Information Systems 29.3	Health Coordination - Licensed 30	Customer Service 27	Clinical Management 84
	Information Technology Services 19	Legal Services 3.5	Health Coordination - Non-Licensed 9	Executive 5	Field-Based Service Coordination 112
		Marketing 15.2	IT 4	Finance & Analytics 8	
		Medical Management 122.7	Medical Director 3	Government and Regulatory Affairs 2	
		Member Servicing 0	Member Services 10	Medical Affairs 3	
		Pharmacy Management 0	Pharmacy 5	IT 2	
		Provider Servicing 12.7	Provider Services/Contract and Credentialing 7	Medicare Sales 3	
		Quality Improvement 19.9	Quality Management 1	Network Management 2	
			PA/Utilization Management/Concurrent Review/DME	Pharmacy 2	
			Financial Officer 1	Provider Relations 12	
				Quality Improvement 18	
				Utilization Management 18	
	Total	253	319.0	124	218

Health Plan Notes

Kaiser
 Classified full-time as 100% time commitment to QI services;
 Classified part-time as time commitment less than 100% to QI services;
 Updated categories to align with the categories for contract required positions.

United Healthcare
 UnitedHealth Group and all subsidiaries employ approximately 380,000 individuals worldwide.

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

	Aloha Care	HMSA	Kaiser	Ohana	United Healthcare
	SFY 2022	SFY 2022	CY 2021	SFY 2022	SFY22
#1					
Name and Title	Chief Executive Officer	President and Chief Executive Officer	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	522,232		983,034	1,227,496	586,145
Annual Salary	379,847	948,943	540,742	302,398	235,577
Additional Compensation	142,385	2,659,367	442,292	925,098	350,568
#2					

Name and Title	Chief Medical Officer	Executive Vice President and Chief Financial Officer	VP, MSBD, 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, UM, 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	466,985		705,885	466,526	408,560
Annual Salary	364,582	468,774	331,790	228,846	263,619
Additional Compensation	102,403	692,042	374,094	237,680	144,942
#3					
Name and Title	Chief Financial Officer	Executive Vice President and Chief Administrative & Strategy Officer	VP, Hospital Administrator-HI	Chief Financial Officer	Vice President of Network Programs
Description of position	Responsible for the financial operations of the plan.			Responsible for financial management of the health plan. Includes monthly close activities, financial reporting and analytics, budgeting and forecasting, regulatory reporting, oversight of self direct program.	Overall responsibility for Hawaii Medicaid provider network management
Total Compensation	437,630		625,379	398,579	286,341
Annual Salary	415,259	412,333	367,769	224,562	207,964
Additional Compensation	22,371	606,111	257,609	174,017	78,377
#4					
Name and Title	Chief Information Officer	Executive Vice President, Chief Business Operations Officer	Chief Nursing Exec - Moanalua	VP of Compliance and Gov't Affairs	Chief Operations Officer
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.			Ensure regulatory compliance with state and other government agencies related to the health insurance industry, Centene Corporation, and Ohana Health Plan operating within Medicaid contracts as directed by HI Med-QUEST.	Overall operations responsibility for Hawaii Medicaid programs
Total Compensation	416,089		445,493	389,204	240,288
Annual Salary	276,111	368,479	306,058	191,250	199,837
Additional Compensation	139,978	605,988	139,436	197,954	40,451
#5					
Name and Title	Senior Medical Director	Senior Vice President and Chief Information Officer	Exec Dir, Finance Leader - Hawaii	Sr. Director of Behavioral Health	Chief Financial Officer
Description of position	Provides 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.			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	305,109		316,549	352,542	224,072
Annual Salary	270,719	394,235	254,038	170,894	182,981
Additional Compensation	34,390	387,117	62,510	181,648	41,091

HMSA: For fiscal year 2022, the "other compensation" category of executive salaries is artificially overstated due to two years of long term incentive bonus payments being made in one state's fiscal year. 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 2018-2020 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 2022	HMSA SFY 2022	Kaiser CY 2021	Ohana SFY 2022	United Healthcare SFY 2022
#1					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	Chairman & CEO	Chief Executive Officer	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			13,263,873	22,914,313	18,433,143
Annual Salary			1,980,769	450,000	1,450,769
Additional Compensation			11,283,104	22,464,313	16,982,374
#2					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP, Health Plan Operations & CGO	EVP of M&A, Chief Strategy Officer	President and Chief Operating Officer
Description of position				Leadership for mergers and acquisitions strategy, corporate development. Led diversification strategy resulting in expansion of the company's offerings across multiple government-focused healthcare programs and populations.	Chief executive for UnitedHealth Group and affiliates
Total Compensation			4,761,348	6,440,461	14,643,488
Annual Salary			1,219,385	0	1,161,539
Additional Compensation			3,541,963	6,440,461	13,481,949
#3					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP and CFO	Chief Innovation Officer	Executive Vice President and Chief Financial Officer
Description of position				Role focused on accelerating innovation, modernization and digitization across the enterprise and solidifying Centene's position as a technology company focused on healthcare.	Senior executive responsible for UnitedHealth Group financial matters
Total Compensation			4,576,730	5,574,906	14,637,967
Annual Salary			1,219,385	385,000	1,161,539
Additional Compensation			3,357,345	5,189,906	13,476,428
#4					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	EVP, Group President & COO, Care Delivery	President and Chief Operating Officer	Executive Vice President and Chief Executive Officer, United Healthcare
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's health care benefits business
Total Compensation			4,014,655	5,504,114	9,671,006
Annual Salary			1,219,385	1,057,692	951,154
Additional Compensation			2,795,271	4,446,422	8,719,852
#5					
Name and Title	SAME AS ABOVE	SAME AS ABOVE	Regional President - SCAL & HI Officer	Chief Financial Officer	Executive Vice President and Chief Legal 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 legal matters
Total Compensation			3,235,643	4,898,090	6,437,093
Annual Salary			998,769	965,385	844,231
Additional Compensation			2,236,874	3,932,706	5,592,862

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 2021).

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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)

Aloha Care		As of SFY 2022					
NONE							

HMSA		As of SFY 2022					
In the 2018 report, HMSA indicated that we had a dialogue with the Medicaid Fraud Control Unit (MFCU) within the Department of the Attorney General regarding the coding of the supportive care benefit. The matter has since been resolved with MFCU.							

#	Case Name	File Number	Is this a state or a federal case/sanction? Or both?	Court	Description of the Case	Adverse Action	Status
1	Park, Sook Ja et al. v. Hawaii Medical Service Association	Civil No. 1:21-cv-00039 JMS-WRP	Federal case	United States District Court for the District of Hawaii	The lawsuit was brought against HMSA by certain elderly Korean-speaking QUEST members relating to the alleged denial of coverage for long-term services and supports.	None	The dispute has been resolved.

Kaiser		SFY22 and past 4 SFYs					
Kaiser Foundation Health Plan, Inc. had no state or federal sanctions during SFY22 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.
3	United States ex. rel. Ronda Osinek, et al. v. Kaiser Permanente, et al.	13-cv-03891	Federal	U.S. Department of Justice (DOJ) and Department of Health and Human Services – Office of Inspector General	Pursuant to civil subpoenas, KFHP and KFH have provided documents and information to the U.S. Department of Justice (DOJ) and Department of Health and Human Services – Office of Inspector General relating to Medicare Part C risk adjustment practices, policies, and programs. On July 27, 2021, the Civil Division of the DOJ filed a notice indicating its intervention in certain aspects of lawsuits previously filed under seal against several Kaiser Permanente Medical Care Program entities. On October 25, 2021, the DOJ filed its complaint in intervention against those entities.	N/A	The case was filed in the Northern District of California (13-cv-03891) and is proceeding. The defendant entities intend to defend the case.

Ohana SFY22 and past 4 SFYs							
#	Case Name	File Number	Is this a state or a federal case/sanction?	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 2023.	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

United Healthcare

As of SFY 2022

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.

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.

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.

#	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 was due 12-31-2021. Matter closed via confidential settlement agreement 10-4-2022.

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 affirmed in March 2020. The member appealed to the ICA, and that appeal has
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 decision. No oral argument will be heard.

4	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.)	HER-11-156251; Civil No. 11-1-2533-10; ICA CAAP-12-0000646.	State case	Intermediate Court of Appeals (ICA), State of Hawaii	Initial disputes regarding benefit determinations resolved, pending issue of attorney fees.	N/A	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.
5	H.M. v. Evercare	HER-09-152033; Civil No. 10-1-2328-10 KKS; Civil No. 11-1-2695-11 RAN; Civil No. 19-1-1415-09 JHA	State case	First Circuit Court (1CC), State of Hawaii	Initial dispute regarding benefit determination resolved, pending issue of attorney fees.	N/A	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 Commissioner's order was affirmed in March 2020. The member appealed to the ICA, and that 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

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-
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
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
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.

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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 2022		HMSA SFY 2022		Kaiser SFY 2022		Ohana SFY 2022	United Healthcare SFY 2022	
Community Event	Amount	Community Event	Amount	Community Event	Amount	Recipient or Community Event, Amount, % of Revenue	Recipient or Community Event	Amount
Quality Program Payments	1,246,176	Advertising	41,580	Charity Care	10,744,571	DONATIONS FOOD BASKET \$2,500 0.0007% PROJECT VISION \$10,000 0.0026% NATIONAL ALLIANCE OF MENTAL ILLNESS HAWAII \$10,000 0.0026% WAIANAE COAST COMPREHENSIVE HEALTH \$6,500 0.0017% SPONSORSHIPS AUNT BERTHA \$24,000 0.0064% DUN PRODUCTION HAWAII (Sr. Expo) \$8,207 0.0022% FUSION MARKETING \$1,152 0.0003% HAWAII MOTHERS MILK \$2,000 0.0005% HEALTH MANAGEMENT ASSOCIATES \$13,500 0.0036% KAHO OMIKI \$5,000 0.0013% KAU WELLNESS CLINIC \$4,649 0.0012% KOKUA MAU \$5,000 0.0013% LEGAL AID SOCIETY \$13,000 0.0034%	Malama I Ke Ola	100,000
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.	0.25%	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.	0.00%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.70%		Community Catalyst investment	0.02%
Community Partnerships	372,360	Community Events	18,282	Government Sponsored Programs	42,395,231		Waikiki Health	100,000
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, Residential Youth Services & Empowerment, Council for Native Hawaiian Advancement, Boys and Girls Club of Hawaii, Hawaii Appleseed.	0.08%	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%		Waiwai Ola Program Contribution	0.02%
Charitable Contributions	24,851	Corporate Giving	1,318,650	ETP (Educational Theater Program)	55,000	Waimanalo Health Center	20,000	

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 and Hugs for Hawaii.	0.01%	Financial support for nonprofit organizations focused on improving the health of our community	0.12%	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%	MARCH OF DIMES FOUNDATION \$10,000 0.0026% OAHU PUBLICATIONS \$20,000 0.0053% PARTNERS IN CARE \$2,000 0.0005% PACIFIC BASIN COMMUNICATION \$2,000 0.0005% SPECIAL OLYMPICS HAWAII \$1,000 0.0003% THE CAREGIVER FOUNDATION \$20,500 0.0054%	Contribution to Ho'olu'olu Pain Clinic	0%
Access and Availability Grants	553,271	CHI Initiatives	957,000	Medical Education and Training	224,024		Event Sponsorships	
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 includes 13 CHC's and other organizations	0.11%	Supports innovative community organizations and programs.	0.09%	Educating interns, residents and fellows and providing continuing medical education and training for health professionals throughout the community.	0.00%		March of Dimes \$8,500 Salvation Army \$5,000 Adult Foster Homecare Association of Hawaii \$2,000 Alzheimer's Association \$1,500	
		HMSA Foundation	2,310,725	Total Grants and Donations	1,455,230		Fundraising Contribution	
		HMSA Foundation provides grants to nonprofit organizations that build health and connection among people and place.	0.22%	Grants and donations given to organizations for work that improves the health and well-being of people throughout the state.	0.10%		Kokua Mau \$5,000 Lanakila Pacific Meals on Wheels \$4,100 Hale Makua Services \$2,500	
		Government Reimbursement Shortfall Covered by Commercial Plans (all health plan related lines of business)	305,000,00-410,000,00				Partners in Care	1,000
		The estimated costs that providers did not recover through reimbursement by the Medicare and Medicaid plans administered by HMSA was between \$305 million and \$410 million. These costs were recovered through HMSA's commercial plan reimbursements.	23.29%-31.44%				Sponsorship of 2021 Statewide Homeless Awareness Conference	0%

Health Plan Notes

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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 2022		HMSA SFY 2022		Kaiser SFY 2022		Ohana SFY 2022		United Healthcare SFY 2022	
Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost
Accuity LLP	136,708	American Well	#####	ONeill Digital Solutions	70,023	Centene Corporation	Covered under Corporate allocation	Ceridian	161,404
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	45,381	Beacon Health Options, Inc.	#####	MedImpact	*	Centene Corporation	Function performed at	Medline	138,055
Operates clearing house		Behavioral Health, Service Coordination and Utilization Mangement		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	60,190	Carenet Health (Carenet)	900,512	Cotiviti	45,575	Centene Corporation	Function performed at	Modivcare, fka Logisticare	1,340,898
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)	
AGK Consulting LLC	120,063	CVS Caremark	426,054	Cotiviti	45,575	Audiology Distribution, Inc. d/b/a Hear USA	146,065		
Provider Contracting consulting services		Pharmacy Benefits Manager (PBM), Specialty Drug Services, Rare Disease Management		HEDIS and non-HEDIS performance metrics data analysis and reporting		Hearing services			
Allmed Healthcare Management, Inc.	11,760	eviCore Healthcare (eviCore)	569,267	RMB Handi Trans Services, LLC	22,793	Carenet	30,237		
Physician review services for quality & utilization mgmt		Physical and Occupational therapy utilizationmanagement		Transportation services		Outreach services to include supporting EPSDT or Nurse Lines			
Aloha Copy and Scanning	17,859	EyeMed	268,927	Ride Assist of Maui, LLC	61,942	Ceridian	69,178		
HEDIS / Data Validation		Claim processing, member servicing and provider inquiries for all routine vision services		Transportation services		Payroll processing for self-direction			
Altruista Health, Inc.	323,590	NIA Magellan Health, Inc. (NIA)	481,180	All Island Handivan Transport, LLC	2,971	Pharmacy Benefits Manager (WHI & CVS)	281,234		
Consulting support/Software Subscription		Radiology services, pain management, utilization management		Transportation services		Pharmacy administration			
American Well	128,441			Anela Handivan, LLC	28,270	Transportation (Intelliride)	7,088,947		

Telehealth			Transportation services		Member transportation services		
AON Consulting	29,319		Above and Beyond Case Management, LLC	67,431	Premier Eye Care	2,888,332	
Consulting for pharmacy benefit management			Case management in foster homes		Eye care administrative services		
Carenet Healthcare Services	73,323		Absolute Care Management Services	40,791	Translations (Interpretek, Translation Station)	115,523	
Nurse Advice Line			Case management in foster homes		Translation services		
Change Healthcare	391,327		Advanced Case Management	372	Healthhelp, LLC	81,331	
Encounter reporting and analytics			Case management in foster homes		Educative and collaborative model to improve member care		
Clay, Stacy	20,653		All Island Case Management Corp.	83,285	Liberty Dental Plan	169,572	
Utilization Management			Case management in foster homes		Dental Services		
Edward Enterprises, Inc.	341,420		Blue Water Resources, LLC	6,810	Medline Industries	2,579,689	
Printing services for marketing material			Case management in foster homes		Medical Supplies		
Express Scripts	194,035		Case Management Professionals, Inc.	24,459			
Pharmacy benefit and management			Case management in foster homes				
Hawaii Dental Services	557,842		Case Management Solutions, LLC	24,578			
Dental Provider for Members			Case management in foster homes				
Health Catalyst	1,519,800		Kina'ole Case Management Agency, L	10,919			
Consulting Services for improvement of care data			Case management in foster homes				
Health Logix	239,381		Nightingale Case Management	40,605			
Mailings to disease management program			Case management in foster homes				
Ingenio Rx	#####		Ohana Case Management	64,931			
Pharmacy benefit & management			Case management in foster homes				
Inovalon	418,706		Quality Case Management, Inc.	6,038			
HEDIS review services			Case management in foster homes				
IntelliRide	348,751		Residential Choices, Inc.	56,139			
Member Transportation Services			Case management in foster homes				
Language Services Associates	13,463						
Interpretations							
Market Trends Pacific	25,732						
Timely access surveys and CM survey							
Mihalik Group	11,289						
Quality Improvement Consulting Services and Preventive Health							
Miliman	239,624						
Actuarial services							

Optum 360	3,716								
Encoder pro									
Orr Consulting	19,364								
Quality Improvement & Medical Director Consulting Services									
Payspan	105,519								
Provider payments system									
Physicians Exchange	9,609								
After hours and weekend telephone and assistance									
Zelis Healthcare	1,217,129								
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 2022 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 fur