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

2020 (CY 18/ SY 2019)

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.

2020 Medicaid Contract Report summary

Financial reports (Unaudited financials):

Administrative Ratios were consistently below 10%. This is within the acceptable range for administrative expenses.

Employment Information:

Health plans employed on average about 320 employees for Medicaid QUEST.

The highest compensated Hawaii employee ranged for from $631,112 to $1,694,054). **State &**

Federal Sanctions/Litigation: See detailed report.

Contributions: See detailed report.

Management contracts: See detailed report.

2020 Medicaid Contract Report - HRS 103F-107

Attachment 1 - Financial Expenditures

Health Plan Include as of date (i.e., SFYxx or CYxx)	Aloha Care SFY 2019	HMSA SFY 2019	Kaiser CY 2018	Ohana SFY 2019	United Healthcare SFY 2019
1) An accounting of expenditures of Med-QUEST contract payments for the contracted services, including the percentage of payments:					
Dollars Received- in dollars Note: this information is not a required field in the legislation	342,466,222	711,228,901	117,061,695	390,239,378	506,723,325
(A) For medical services- in dollars	307,459,653 89.88%	699,244,806 92.57%	154,273,491 94.97%	331,999,211 85.08%	446,887,852 89.79%
(B) For administrative costs- in dollars	33,532,551 9.80%	56,127,635 7.43%	8,169,594 5.03%	32,806,579 8.41%	29,945,707 6.02%
Insurance Premium Tax- in dollars	 0.00%	 0.00%	 0.00%	18,591,898 [no entry]	20,891,352 4.20%
(C) Held in reserve- in dollars	$1,069,179 31.00%	 0.00%	 0.00%	reserve amount within limit	 0.00%
(D) Paid to shareholder- in dollars	 0.00%	 0.00%	 0.00%	0 0.00%	 0.00%
Total of expenditures	342,061,383 100.00%	755,372,441 100.00%	162,443,085 100%	383,397,688 98.25%	497,724,911 100.00%
Total Gain/Loss Note: this information is not a required field in the legislation	404,839	(44,143,540)	(45,381,390)	6,841,690	8,998,414

Health Plan Notes

Ohana

Note: Gain/(Loss) Including $10.0M IBNP Expense (3,154,698) Gain/(Loss) Net of IBNP

Note for #1 above: 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.

Note for "Dollars Received- in dollars": Dollars received are revenue amounts received from the state to administer services for SFY 2019. The amount represents capitation received and includes retroactivity through the November 2019 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 2019 and pro-rated to apply to the applicable period: July2018-June 2019. These risk sharing estimates include Calendar Year Retroactive Settlement Corridor, HEP C Corridor, High Cost Drug Corridor, and Program aggregate gain/loss shares.

Note for "For medical services- in dollars": The amount listed for medical services represents costs associated with medical service claims paid for service dates in SFY 2019 and paid through 11/30/19. They include: Health Services cost of $7.2M (Service coordination, case management, care management, Rx management and disease management costs). They exclude: IBNP of $10.0M, member cost share and spend-down. To get a true picture of medical cost, the IBNP amount of $10.0M should be added to the reported amount.

Note for "For administrative costs- in dollars": Administration expenses represent direct expenses related to Hawaii's Medicaid line of business plus a 6.1% management fee for 2018, increased to 10.5% on 1/1/2019, 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 Healthcare

Note: 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 2018 to June 2019 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 the 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 2019 reported results include $5.1M 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, and retroactive rate adjustments. SFY 2019 reported results also include $0.6M 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 Include as of date (i.e., SFYxx or CYxx)	Aloha Care SFY 2019		HMSA CY 2019		Kaiser CY 2018		Ohana SFY 2019		United Healthcare CY 2018	
2) Employment information										
(A) Total number of full-time employees hired for the contracted services	**253**		**394.8**		**Quest Integration**	**38**	**320**		**323**	
(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	136	Administration - General	44.5	ser Foundation Health Plan, Inc.	2,076	Behavioral Health	27	*mber of employees per category (as of 12/31/18)*	
	Operational Services	72	Administration - QUEST	11.0	Kaiser Foundation Hospital	2,463	Case Management	110	Member Services	37
	Executive Staff	9	Audit and Compliance	4.5	waii Permanente Medical Group	563	Community Relations	1	Provider Services	44
	Financial Services	10	Claims Processing	83.3			Compliance	2	Administration	4
	Administrative Services	9	Finance	26.9			Customer Service	45	Operations	19
	Information Tech Services	17	Information Systems	43.2			Executive	6	Quality	13
			Legal Services	2.2			Finance	3	Clinical Management	80
			Marketing	14.7			Government & Regulatory Affairs	3	Field-Based Service Coordination	126
			Medical Management	114.6			Health Services	53		
			Member Servicing	3.0			HR	3		
			Provider Servicing	33.4			IT	7		
			Quality Improvement	13.5			Medicare Sales	3		
							Network Management	5		
							Pharmacy	2		
							Provider Relations	26		
							Quality Improvement	24		
Total	**253**		**394.8**		**5,102**		**320**		**323**	

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Health Plan Notes

United Healthcare

Note: includes all Hawaii-based UnitedHealth Group employees supporting Hawaii Medicaid programs.
In CY 2018, UnitedHealth Group and all subsidiaries employed 300,000 individuals worldwide.

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

	Aloha Care SFY 2019	HMSA CY 2019	Kaiser CY 2018	Ohana SFY 2019	United Healthcare CY 2018
#1					
Name and Title	**Chief Executive Officer**	**President, Chief Executive**	**Region President, Hawaii**		**Health Plan CEO**
Description of position	Responsible for the overall operations of the healthplan.			VP, Field Health Services	Overall management responsibility for Hawaii Medicaid programs
Total Compensation	659,952	1,694,054	631,112	666,595	716,938
Annual Salary	460,535	824,699	357,692	222,668	250,000
Additional Compensation	199,417	869,355	273,419	NonCashRes = 411,990.50) 33,369	466,938
#2					
Name and Title	**Chief Financial Officer**	**Interim President, Chief Executive Officer and Chief**	**VP, CFO, Hawaii**		**Medical Director**
Description of position	Responsible for the financial operations of the plan.			State President	Medical Director for clinical programs including medical management and quality oversight
Total Compensation	436,515	983,038	617,071	573,212	348,224
Annual Salary	352,709	446,500	297,692	289,040	291,962
Additional Compensation	83,806	536,538	319,378	onCashRes = 190,876.70) 105,264	56,262
#3					
Name and Title	**Chief Medical Officer**	**Chief Business Operations Officer**	**VP, MSBD, Hawaii**		**Vice President of Network Programs**

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			Chief Medical Officer - State	Overall responsibility for Hawaii Medicaid quality programs and performance
Total Compensation	405,885	724,592	532,243	534,472	324,816
Annual Salary	367,198	342,200	291,323	314,793	212,908
Additional Compensation	38,687	382,392	240,920	(NonCashRes = 166,432.00) 56,667	111,908
#4					
Name and Title	**Chief Compliance Officer**	**Senior Vice President, Chief Financial Officer**	**VP, HR, Hawaii**		**Chief Operations Officer**
Description of position	Provide overall leadership of Alohacare's compliance efforts. Position includes the roles of Privacy Officer, Medicare Compliance Officer, Fraud & Abuse Coordinator, and Director of the Compliance Department. Accountable for the development, implementation and maintenance of the Corporate Compliance Program and related components, including the annual Compliance Work Plan and Internal Audit			Dir, Mkt Compliance Officer	Overall operations responsibility for Hawaii Medicaid programs
Total Compensation	341,998	703,517	415,954	337,196	234,965
Annual Salary	290,503	389,993	277,154	163,677	192,465
Additional Compensation	51,495	313,525	138,801	(NonCashRes = 132,885.55) 41,927	42,500
#5					
Name and Title	**Chief Information Officer**	**Retired Executive Vice President and Assistant**	**SVP, Area Manager & COO, Hawaii**		**Chief Financial Officer**
Description of position	leadership in the development and implementation of AlohaCare's management information systems and operations of AlohaCare's Information Systems			Market VP	Management of financial reporting and analysis
Total Compensation	314,882	694,314	321,705	334,460	214,330
Annual Salary	246,479	125,069	125,792	237,537	178,777
Additional Compensation	68,403	569,245	195,913	(NonCashRes = 5,721.10) 92,861	35,553

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

	Aloha Care SFY 2019	**HMSA** **CY 2019**	**Kaiser** **CY 2018**	**Ohana** SFY 2019	**United Healthcare** **CY 2018**
#1					
Name and Title	**SAME AS ABOVE**	**SAME AS ABOVE**	**Chairman & CEO**		**Executive Chairman**
Description of position				Chief Executive Officer	Chairman of the Board of Directors of UnitedHealth Group and affiliates
Total Compensation			15,742,350	26,918,638	11,352,513
Annual Salary			1,667,308	1,400,000	1,000,000
Additional Compensation			14,075,042	25,583,822	10,352,513
#2					
Name and Title	**SAME AS ABOVE**	**SAME AS ABOVE**	**EVP, Group President**		**Chief Executive Officer**
Description of position				EVP & Chief Financial Officer	Chief executive for UnitedHealth Group and affiliates
Total Compensation			9,097,228	8,907,245	18,107,356
Annual Salary			1,253,846	725,000	1,300,000

Additional Compensation			7,843,382	8,221,476	16,807,356
#3					
Name and Title	**SAME AS ABOVE**	**SAME AS ABOVE**	**Health Plan Operations**		**Executive Vice President and Chief Executive Officer, Optum**
Description of position				EVP, Medicaid	Senior executive responsibility for UnitedHealth Group's health services business
Total Compensation			3,393,779	4,851,310	21,232,550
Annual Salary			1,070,000	600,000	613,462
Additional Compensation			2,323,779	4,284,002	20,619,088
#4					
Name and Title	**SAME AS ABOVE**	**SAME AS ABOVE**	**EVP, CIO**		**Executive Vice President and Chief Financial Officer**
Description of position				EVP, Medicare and Operations	Senior executive responsible for UnitedHealth Group financial matters
Total Compensation			3,361,639	4,818,909	8,587,912
Annual Salary			808,461	600,000	976,923
Additional Compensation			2,553,177	4,251,002	7,610,989
#5					
Name and Title	**SAME AS ABOVE**	**SAME AS ABOVE**	**EVP and CFO**		**Former Executive VP & CEO,**
Description of position				EVP, Quality and Pharmacy	Senior executive responsible for UnitedHealth Group's health care benefits business
Total Compensation			3,227,411	4,658,997	9,763,024
Annual Salary			1,061,923	500,000	984,615
Additional Compensation			2,165,488	4,175,283	8,778,409

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.).

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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 2019

NONE

HMSA

As of CY 2019

On-going state or federal sanction proceedings, prohibitions, restrictions, on-going civil or criminal investigations; past sanctions or resolved criminal cases within the past five years related to the provision of Medicare or Medicaid services

HMSA has filed an arbitration award in the First Circuit Court of Hawaii for confirmation to be entered as judgment, related to an action to recover overpayments to a physician related to urine drug tests.

Resolved civil cases within the past five years related to the provision of Medicare or Medicaid services

In last year's 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

Kaiser

As of CY 2018

N/A

Ohana

As of CY 2019

See Tab "OH_MCR_19_Litigation Schedule"

This response provides information regarding the contracting entity, WellCare Health Insurance of Arizona, Inc. ("***WHIAZ***").
Information regarding sanctions and litigation involving affiliates of WHIAZ is available upon request.

Information regarding sanctions and litigation involving affiliates of WHIAZ is available upon request.

2012 Qui Tam
In September 2012, a former employee filed a *qui tam* action in the United States District Court for the Middle District of Florida alleging violations of the False Claims Act against WHIAZ's parent company, WellCare Health Plans, Inc. ("***WellCare***"), WHIAZ and ten additional WellCare subsidiaries. The complaint generally alleges that WellCare's utilization management processes caused non-medically necessary claims to be submitted for payment. The Government undertook an investigation and ultimately declined intervention. On August 4, 2015, the Court entered an order granting plaintiff-relator's motion to dismiss eleven subsidiaries, leaving WellCare as the sole remaining defendant. On October 28, 2015 the plaintiff-relator served, in her individual capacity, WellCare with the First Amended Complaint and Demand for Jury Trial.
On January 29, 2016, the relator filed a second amended complaint, which alleged the same claims in the amended complaint but separated the retaliation claims under the False Claims Act and the Florida private-sector Whistleblower Act into two separate counts. In an order dated March 18, 2016, the court dismissed counts I-III of the second amended complaint with prejudice, leaving only the retaliation claims. On April 11, 2016, WellCare filed its answer and affirmative defenses with respect to the relator's retaliation claims. On November 9, 2016, the relator requested to voluntarily dismiss the action. On November 29, 2016, the Court granted the Oral Motion to Dismiss without Prejudice and ordered that the relator pay a specific monetary amount to the Company prior to any effort to re-file this action.

2015 Qui Tam
In May 2015, two employees filed a qui tam False Claims Act lawsuit against WellCare and certain of its subsidiaries, including WHIAZ, in the United States District Court for the Middle District of Florida. The Complaint generally alleges the Company improperly paid claims related to Part D drug benefits and durable medical equipment. On January 19, 2018 and January 25, 2018, the Government and the various state's attorney generals declined to intervene in the matter. On April 18, 2018, the Middle District ordered the Complaint unsealed and the Relator's subsequently filed a notice of dismissal. The Company was never served with an unsealed copy of the Complaint.

2016 Qui Tam
In July 2016, a former employee filed a qui tam False Claims Act lawsuit against WellCare and certain of its subsidiaries, including WHIAZ, in the United States District Court for the Middle District of Florida. The Complaint generally alleges the Company improperly implemented policies seeking to increase denial rates. On July 16, 2017, the United States Government declined to intervene. On September 27, 2017, the Middle District ordered the Complaint unsealed. To date, the Company has not been served with an unsealed copy of the complaint.

Other Litigation

Please find attached a table of other responsive litigation matters.

Sanctions

Individual/Organization	Adverse Action	Date	Taken by
-WHIAZ and other subsidiaries of WellCare	Civil monetary penalty in the amount of $1.2 million	Feb 2017	Centers for Medicare & Medicaid Services
-WHIAZ and other subsidiaries of WellCare	Civil monetary penalty in the amount of $290,050	Jun 2014	Centers for Medicare & Medicaid Services

In addition to the above and the litigation in the attached table, WHIAZ receives from time to time notices of non-compliance, notices of deficiency, liquidated damage assessments, corrective action plans and similar actions. We do not interpret "sanctions" to include such matters and so they are not included here. Additional information is available upon request.

Certain Matters Related to Parent Company
In the interest of full disclosure, WHIAZ wishes to disclose the following matters related to its parent company, WellCare, from the past five years that relate to *qui tams*.

Corporate Integrity Agreement
As has been previously disclosed, WellCare was investigated by federal and state authorities beginning in 2007. These investigations have been successfully resolved.
As part of the settlement of the civil inquiries by the government, in April 2011, WellCare entered into a Corporate Integrity Agreement (the "***Corporate Integrity Agreement***") with the Office of the Inspector General – U.S. Department of Health & Human Services. The Corporate Integrity Agreement had a set term of five years. WellCare was formally released from its obligations under the Corporate Integrity Agreement in January 2017.
Other settlements and litigation related to these investigations in which WellCare was a defendant were finalized more than five years ago. Details can be found in prior Medicaid Contracting Reports or upon request.

2011 Qui Tam
In October 2011, a former employee of United Healthcare, filed a *qui tam* False Claims Act lawsuit against various managed care organization, including WellCare Health Plans, Inc., offering Medicare Advantage plans as well as companies that assist those organizations in the calculation and submission of risk adjustment payment data in the United States District Court for the Western District of New York. Prior to the unsealing of the Complaint, an Order was entered transferring venue to the United States District Court for the Central District of California. In February 2017, the United States Government elected not to intervene in the matter as it relates to the Company and the Complaint was unsealed. The Government partially intervened as to Defendant, United Healthcare. In May 2017, a Second Amended Complaint was filed by the relator in which the

relates to the Company and the Complaint was unsealed. The Government partially intervened as to Defendant, United Healthcare. In May 2017, a Second Amended Complaint was filed by the relator in which the Company was not named a party.

2013 Qui Tams
In February 2013, a former employee of CareCore National, LLC filed a *qui tam* False Claims Act lawsuit against CareCore and numerous insurers, including WellCare Health Plans, Inc., in the United States District Court for the Southern District New York. The Complaint generally alleges CareCore instituted policies and processes to approve requests for authorization without evaluation in order to avoid penalties for failing to process the request in a timely fashion. The United States Government declined to intervene in the relator's amended complaint except for a single count against CareCore. The Government settled with CareCore in April 2017 and the settlements were made public on May 11, 2017. The Company was never served with a complaint
In May 2013, former employees filed a *qui tam* action alleging violations of the False Claims Act and various state statutes against WellCare in the United States District Court for the Middle District of Florida. In general, the complaint alleges that WellCare improperly denied admission for insureds to hospitals for in-patient care and retaliated against the former employees by terminating them summarily because they refused as instructed to increase the denial rate for hospital admissions and took other actions. In October 2014, the United States Government and the States of Florida, Georgia, Illinois and New York declined to intervene and the complaint was unsealed. On March 2, 2015, the court entered an order dismissing the case without prejudice.

United Healthcare As of SFY 2019

Microsoft Word Document

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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 2019		**HMSA** SFY 2019		**Kaiser** CY 2018		**Kaiser** SFY 2019*	
Community Event	**Amount**	**Community Event**	**Amount**	**Community Event**	**Amount**	**Community Event**	**Amount**
Quality Program Payments	968,193	**Advertising**	297,375	**Charity Care**	6,961,108	**Charity Care**	6,628,083
AlohaCare's goal for the Quality Improvement Funding Program for Community Health Canters (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 17 CHCs and other providers who were included in this program for this fiscal year.	0.28%	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.	0.04%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.40%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.40%
Community Partnerships	4,478,551	**Community Events**	180,246	**Government Sponsered Program**	28,134,620	**Government Sponsered Programs**	31,292,630
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: Dept of Health Flu Program, Waikiki Health Center, Kalihi Palama Health Center, WCCHC, Children's Miracle Network, Kokua Kalihi Valley, FACE, and YMCA of Hon.	1.31%	Community events in support of various community health issues and nonprofit community organizations	0.03%	Un-reimbursed expenses for persons with Medicaid coverage-- Med-Quest, non-member Medicaid, and SCHIP	1.70%	Un-reimbursed expenses for persons with Medicaid coverage-- Med-Quest, non-member Medicaid, and SCHIP	1.90%
					36,500		47,099**
Charitable Contributions	3,060	**Corporate Giving**	672,940	**CHI Programs and Services**		**CHI Programs and Services**	
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	0.09%	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 though our education and lifestyles program.	0.00%	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 though our education and lifestyles program.	0.00%
Access and Availability Grants	588,460	**CHI Initiatives**	1,231,064	**Medical Research**	All of research $ on KFH books	**Medical Research**	All of research $ on KFH books
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.	0.17%	Support for flu shots for students in school; for University Clinical Education & Research Associates for the Family Medicine Primary Care Consotrium; for Hawaii Residency Programs Inc for grants to support educational endeavors related to research, scholarly presentation, and simulation training; and for Biki	0.17%	Research done by Kaiser Permanente physicians and staff and funded by Kaiser Permanente Hawaii that include patient-centered, population and practice based research on disease, prevention, and improved methods of health care delivery.	0.00%	Research done by Kaiser Permanente physicians and staff and funded by Kaiser Permanente Hawaii that include patient-centered, population and practice based research on disease, prevention, and improved methods of health care delivery.	0.00%
		HMSA Foundation	1,561,399	**ETP (Educational Theater Progra**	75,100	**ETP (Educational Theater Program**	$80,000 Picked up Consumer Health Education line, as that is where ETP rolls up under new format. No other dollars in that line
		The HMSA Foundation aims to foster greater empowerment for communities by making strategic grants to Hawaii-based organizations. The Foundation committed $1,561,399 between July 1, 2018 to June 30, 2019 to support endeavors that strive to ensure everyone has the opportunity to live a healthy life; initiatives that seek to strengthen our culture, policies, and practices for a healthier Hawaii; and projects that contribute to building ecosystems of health within our communities.	0.22%	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%	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%

Ohana SFY 2019

Community Event and Amount		
DONATIONS:		
Adult Foster Home Association	950	.0002%
American Cancer Society Inc.	700	.0002%
Arc of Maui	500	.0001%
Food Basket Inc.	2,500	.0007%
Hawaii State Rural Health Association	20,000	.0052%
Hilo Medical Center Foundation	3,000	.0008%
Na Lei Wili Area Health Education	2,500	.0007%
Philippine Medical Association of Hawaii	2,500	.0007%
Miscellaneous Donations	25,500	.0067%
SPONSORSHIPS:		
Aloha United Way	500	.0001%
American Diabetes Association	9,000	.0023%
East Hawaii IPA	3,750	.0010%
Hawaii Medical Association	3,000	.0008%
Hawaii Waiver Provider Association	1,500	.0004%
Healthcare Association of Hawaii	5,000	.0013%
Hospice Hawaii Inc.	2,500	.0007%
Kaho Omiki	5,000	.0013%
Mental Health America of Hawaii	7,500	.0020%
Salvation Army a CA Corp	10,000	.0026%
YMCA of Honolulu	20,000	.0052%

United Healthcare SFY 2019

Community Event and Amount		
AHARO Hawaii (Infrastructure funding contribution)	75,000	.015%
Hawaii State Rural Health Association (Project ECHO funding contribution)	25,000	.005%
State of Hawaii (Stop Flu at School campaign)	20,000	.004%
ESPN Sports Festival (Event sponsorship)	20,000	.004%
Waianae Coast Comprehensive Health Center (Fundraising and sponsorship contributions)	15,000	.003%
Aloun Farms (Event sponsorship)	10,000	.002%
Faith Action for Community Equity (Fundraising contribution)	10,000	.002%
March of Dimes (Event sponsorship)	10,000	.002%
American Hearth Association (Event sponsorship)	8,000	.002%
Kokua Mau (Fundraising contribution)	5,000	.001%
Hale Makua Health Services (Fundraising contribution)	5,000	.001%
The Caregiver Foundation (Event sponsorship)	1,000	.000%
Community Events less than 1,000 (Contributions by UnitedHealthcare Community Plan - Hawaii to multiple organizations)	1,600	.000%

			Government Reimbursement Shorftall Covered by Commercial Plans (all health plan related lines of business)	223,000,000 - 306,000,000	**Medical Education and Training**	637,179	**Medical Education and Training**	4,126,527		
			The estimated costs that providers did not recover through reimbursement by the Medicare and Medicaid plans administered by HMSA was between $223 million and $306 million. These costs were recovered through HMSA's commercial plan reimbursements.	6.28% to 7.64%	Educating interns, residents and fellows and providing continuing medical education and training for health professionals throughout the community.	0.00%	Educating interns, residents and fellows and providing continuing medical education and training for health professionals throughout the community.	0.20%		
					Total Grants and Donations	960,563	**Total Grants and Donations**	925,000		
					Grants and donations given to organizations for work that improves the health and well-being of people throughout the state.	0.10%	Grants and donations given to organizations for work that improves the health and well-being of people throughout the state.	0.10%		

Health Plan Notes

Aloha Care

Percentages: % of revenue related to amount reported on Financial Expenditures sheet (cell C18).

Kaiser

*Actual YTD as of September 31, 2019 and forecast for Q4 of 2019

**Note for cell J16: Used 2018 Final Op Bud for Dept 9555 (Fresh Markets) & and 9556 (KPSP) as we are forecasting that they will come into Budget.

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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 2019		HMSA SFY 2019		Kaiser CY 2018		Ohana SFY 2019		United Healthcare SFY 2019	
Contract	**Cost**	**Contract**	**Cost**	**Contract**	**Cost**	**Contract**	**Cost**	**Contract**	**Cost**
Accuity LLP	131,204	**American Well**	484,305	**N/A**		**Claims Administration**	Covered under Corporate allocation	**Ceridian**	103,234
401K audit; Financial audit; 990		Platform for administrative contract						(In Hawaii) Administration of payroll processing for caregivers (personal assistance and CHORE services	
Administep/Legacy	32,904	**Beacon Health Options, Inc.**	5,071,521			**Enrollment & Member Administration**	Function performed at Corporate	**Medline**	131,437
Operates clearing house		Behavioral health, service coordination, and utilization management						(Mainland based with Hawaii operations) Incontinence management supply benefit administration (estimated administration costs)	
Advent Advisory Group, LLC	40,995	**eviCore Healthcare (eviCore)**	426,403			**Audiology Distribution, Inc. d/b/a Hear USA**	188,202	**Logisticare**	638,123
HEDIS / Data Validation		Occupational therapy and chiropractic						(Mainland based with Hawaii operations) Non-emergent ground and air transportation benefit administration (estimated administration costs)	
AGK Consulting LLC	151,338	**Carenet Heatlh (Carenet)**	677,655			**Marketing & Materials Fulfillment**	Function performed at Corporate		
Provider Contracting consulting services		24-hour nurse call line				i.e. sending members' ID cards or handbooks			
Allmed Healthcare Management, Inc.	1,886	**CVS Caremark**	231,486			**Carenet**	40,290		
Physician review services for quality & utilization mgmt		Pharmacy Benefits Management (PBM)				Outreach services to include supporting EPSDT or Nurse Lines			
Altruista Health, Inc.	278,991	**NIA Magellan Health, Inc. (NIA)**	321,735			**Ceridian**	96,384		
Consulting suppport/Sofrware Subscription		Utilization management services (prior authorizations) for pain management				Payroll processing for self-direction			
AON Consulting	25,400	**Navvis**	2,780,102			**WHI & CVS**	279,917		
Consulting for pharmacy benefit management		Coreo platform development and administration				Pharmacy benefits manager			
Carenet Healthcare Services	58,141					**Interlliride**	9,121,560		
Nurse Advice Line						Transportation			
Change Healthcare	460,525					**Premier Eye Care**	2,831,509		
Encounter reporting and analytics									
Edward Enterprises, Inc.	164,933					**Interpretek, Translation Station**	237,022		
Printing services for marketing material						Translations			
Express Scripts	989,405								
Pharmacy benefit and management									
Health Catalyst	1,067,842								

	Consulting Services for improvement of care data warehouse									
	Health Logix	278,734								
	mailings to diesase management program participants									
	Inovalon	219,560								
	HEDIS review services									
	Language Services Associates	17,439								
	Interpretations									
	Market Trends Pacific	36,971								
	Timely access surveys and CM survey									
	Miliman	49,920								
	Actuarial services									
	Optum 360	19,739								
	Encoder pro									
	Payspan	54,295								
	Provider payments system									
	Physicians Exchange of Honolulu	8,081								
	After hours and weekend telephone and assistance coverage									
	Pricewaterhouse Coopers	363,246								
	Consulting actuary									
	Sellers, Dorsey & Associates	11,310								
	Consulting services for RFP									
	The Mihalik Group LLC	85,492								
	Quality improvement consulting services and preventive health program									
	Total Management Care Services, Inc.	48,000								
	Quality improvement consulting services									
	Transperfect	4,233								
	Translation services									
	William F Orr	179,540								
	Quality improvement and Medical Director consulting services									
	Zelis Healthcare	165,812								
	Cost containment/claims editing/bill review and audit									

Ohana

Note: The amounts for Vision, Hearing, Nurse Line, Non-Emergent Transportation and Translations reflect total payments as the admin portion is not tracked separately.

United Healthcare

Note: For State Fiscal Year 2019 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