

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

2019 (CY 2017/ SY 2018)

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.

2019 Medicaid Contract Report summary

Financial reports (Unaudited reports):

Administrative Ratios were consistently below 10%, with most around 8%. This is within the acceptable range for administrative expenses.

Employment Information:

Health plans employed on average 307 employees for Medicaid QUEST.

The highest compensated Hawaii employee ranged for three of the health plans from \$414,855 to 481,938 and two health plans \$1,603,589 - \$1,525,832

State & Federal Sanctions/Litigation: See detailed report.

Contributions:

Health plans invested in various community events and programs.

Management contracts:

Each health plan with the exception of one listed various contracts they have with entities to provide such services as non-emergency transportation.

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Attachment 1 - Financial Expenditures

Health Plan	Aloha Care	HMSA	Kaiser	Ohana	United Healthcare
Include as of date (i.e., SFYxx or CYxx)	SFY 2018	SFY 2018	CY 2017	SFY 2018	SFY 2018
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	355,427,667	721,973,577	113,760,399	405,174,209	511,930,934
(A) For medical services- in dollars	315,947,340	676,751,886	130,543,913	347,522,358	447,814,555
	92.03%	91.65%	95.54%	85.77%	88.22%
(B) For administrative costs- in dollars	27,375,632	61,652,468	6,088,544	33,553,514	35,441,864
	7.97%	8.35%	4.46%	8.28%	6.98%
Insurance Premium Tax- in dollars				19,296,127	24,328,554
Insurance Premium Tax-percent	0.00%	0.00%	0.00%	[no entry]	4.79%
(C) Held in reserve- in dollars	0.00%	0.00%	0.00%	reserve amount within limit	0.00%
(D) Paid to shareholder- in dollars	0.00%	0.00%	0.00%	0.00%	0.00%
Total of expenditures	343,322,972	738,404,354	136,632,457	400,371,999	507,584,973
	100.00%	100.00%	100%	99.00%	100.00%
Total Gain/Loss Note: this information is not a required field in the legislation	12,104,695	(16,430,777)	(22,872,058)	4,802,210	4,345,961

Health Plan Notes

Ohana

Note: Gain/(Loss) Including \$9.16M IBNP Expense (4,360,025) 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 2018. The amount represents capitation received and includes retroactivity through the November 2018 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 2018 and pro-rated to apply to the applicable period: July 2017-June 2018. 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 2018 and paid through 11/30/18. They include: Health Services cost of \$13.0M (Service coordination, case management, care management, Rx management and disease management costs). They exclude: IBNP of \$9.16M, member cost share and spend-down. To get a true picture of medical cost, the IBNP amount of \$9.16M 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 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 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 2017 to June 2018 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 2018 reported results include \$6.5M 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 2018 reported results also include \$12.3M 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 2018	CY 2018	CY 2017	SFY 2018	CY 2017
2) Employment information					
(A) Total number of full-time employees hired for the contracted services	253	349.1	Quest Integration 31	312	315
(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 41.7	Kaiser Foundation Health Plan, Inc. 2,383	Finance 4	Member of employees per category (as of 12/31/17)
	Operational Services 75	Administration - QUEST 14.0	Kaiser Foundation Hospital 1,973	Compliance 1	Member Services 33
	Executive Staff 7	Audit and Compliance 5.0	Hawaii Permanente Medical Group 533	HR 2	Provider Services 42
	Financial Services 9	Claims Processing 58.6		IT 7	Administration 4
	Administrative Services 9	Finance 24.6		Pharmacy 1	Operations 22
	Information Tech Services 17	Information Systems 45.1		Executive 11	Quality 14
		Legal Services 2.0		Health Service 113	Clinical Management 77
		Marketing 13.5		Customer Service 46	Field-Based Service Coordination 123
		Medical Management 107.6		Case Management 72	
		Member Servicing 3.0		Sales - Medicaid 1	
		Provider Servicing 21.5		Network Management 0	
		Quality Improvement 12.5		Quality Improvement 25	
				Provider Relations 29	
Total	253	349.1	4,889	312	315

Health Plan Notes

United Healthcare
Note: includes all Hawaii-based UnitedHealth Group employees supporting Hawaii Medicaid programs.
In CY 2017, UnitedHealth Group and all subsidiaries employed 260,000 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 2018	CY 2018	CY 2017	SFY 2018	CY 2017
#1					
Name and Title	Chief Executive Officer	Retired FKA Chief Executive	SVP Operations		Medical Director
Description of position	Responsible for the overall operations of the healthplan.		INTERIM Region President - HI	VP, Field Health Services	Medical Director for clinical programs including medical management and quality oversight
Total Compensation	449,805	1,603,589	1,525,832	481,938	414,855
Annual Salary	441,638	-----	466,509	220,464	292,500
Additional Compensation	8,167	1,603,589	1,059,323	77,333	122,355
#2					
Name and Title	Chief Medical Officer	President, Chief Executive Officer and Asst Treasurer			Health Plan CEO

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		Regional President - HI (Retired in 2017)	Medical Director, Sr	Overall management responsibility for Hawaii Medicaid programs
Total Compensation	388,729	1,114,584	1,074,510	414,278	380,780
Annual Salary	304,338	700,000	310,832	308,621	250,000
Additional Compensation	84,391	414,583	763,678	90,262	130,780
#3					
Name and Title	Sr Director of Plan Operations	Executive Vice President and Asst Secretary	VP, CFO - HI		Chief Operations Officer
Description of position	Supports the Director of Plan Operations and Plan Operations team in achieving corporate strategic goals and objectives		Started position in July 2017	State President	Overall operations responsibility for Hawaii Medicaid programs
Total Compensation	320,960	850,905	747,878	379,919	266,900
Annual Salary	200,711	458,000	273,343	270,000	193,000
Additional Compensation	120,250	392,905	474,535	76,054	73,900
#4					
Name and Title	Chief Compliance Officer	Executive Vice President and Chief Health Officer	VP, MSBD - HI		Health Plan Chief Financial 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			Dir, Mkt Compliance Officer	Management of financial reporting and analysis
Total Compensation	316,742	731,345	655,694	248,332	248,602
Annual Salary	265,247	428,000	276,849	161,258	179,345
Additional Compensation	51,495	303,345	378,846	61,541	69,257
#5					
Name and Title	Chief Information Officer	Senior Vice President, Chief Financial Officer and Treasurer	SVP, Area Manager & COO - HI		Vice President of Quality Management
Description of position	and leadership in the development and implementation of AlohaCare's management information systems and operations of AlohaCare's		Started position in June 2017	Dir, State Pharmacy	Overall responsibility for Hawaii Medicaid quality programs and performance
Total Compensation	287,515	611,953	615,716	228,160	224,020
Annual Salary	197,455	370,000	334,883	164,281	161,000
Additional Compensation	90,060	241,952	280,833	55,978	63,020

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

	Aloha Care	HMSA	Kaiser	Ohana	United Healthcare
	SFY 2018	CY 2018	CY 2017	SFY 2018	CY 2017
#1					
Name and Title	SAME AS ABOVE	Retired FKA Chief Executive Officer	Chairman & CEO		Executive Chairman

Description of position				Chief Executive Officer	Chairman of the Board of Directors of UnitedHealth Group and affiliates
Total Compensation		1,603,589	10,738,620	21,168,017	18,454,153
Annual Salary		-----	1,417,000	1,300,000	1,206,538
Additional Compensation		1,603,589	9,321,620	19,933,402	17,247,615
#2					
Name and Title	SAME AS ABOVE	President, Chief Executive Officer and Asst Treasurer	Regional President - NW		Chief Executive Officer
Description of position				EVP & Chief Financial Officer	Chief executive for UnitedHealth Group and affiliates
Total Compensation		1,114,584	4,169,582	6,110,723	17,389,976
Annual Salary		700,000	267,094	665,000	1,162,308
Additional Compensation		414,583	3,902,489	5,462,069	16,227,668
#3					
Name and Title	SAME AS ABOVE	Executive Vice President and Asst Secretary	EVP, Health Plan Operations		Vice Chairman & CEO, Optum
Description of position				EVP, Clinical Ops & Business Development	Senior executive responsible for UnitedHealth Group's external relationships, growth efforts, and Optum business platform
Total Compensation		850,905	3,251,514	3,369,174	14,236,877
Annual Salary		458,000	927,539	475,000	1,100,000
Additional Compensation		392,905	2,323,976	2,894,174	13,136,877
#4					
Name and Title	SAME AS ABOVE	Executive Vice President and Chief Health Officer	EVP Group President		Executive Vice President and Chief Financial Officer
Description of position				EVP, Medicaid	Senior executive responsible for UnitedHealth Group financial matters
Total Compensation		731,345	3,057,244	3,329,989	7,930,845
Annual Salary		428,000	1,052,308	550,000	842,308
Additional Compensation		303,345	2,004,936	2,829,027	7,088,537
#5					
Name and Title	SAME AS ABOVE	Senior Vice President, Chief Financial Officer and Treasurer	EVP and CFO		Executive VP & CEO, UnitedHealthcare
Description of position				EVP, Medicare and Operations	Senior executive responsible for UnitedHealth Group's health benefits business
Total Compensation		611,953	2,840,603	3,134,335	7,580,444
Annual Salary		370,000	894,462	550,000	857,692
Additional Compensation		241,952	1,946,141	2,633,373	6,722,752

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 2018

NONE

HMSA As of CY 2018

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

The Medicaid Fraud Control Unit (MFCU) within the Department of the Attorney General made inquiries and opened a dialogue with HMSA earlier this year concerning coding for the Supportive Care benefit and the potential for possible issues under the State's False Claim Act (FCA). HMSA and MFCU are engaged in discussions to resolve this matter amicably, and HMSA hopes to resolve all issues related to this matter by the end of the year.

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

None.

Kaiser As of CY 2017

Med-Quest

On June 15, 2012 Med-Quest Division found Kaiser-Hawaii non-compliant with six of the critical readiness review areas. Med-Quest issued a letter granting a two-week extension, requiring full compliance on June 29, 2012, and providing notification of sanctions for non-compliance. On June 29, 2012, Kaiser-Hawaii complied in most areas, except one related to the Provider Manual. Kaiser-Hawaii was assessed a civil monetary penalty for failure to implement requirements stated in its proposal, the RFP or the contract. As of the date of this report, Kaiser-Hawaii has fully complied with the critical areas of readiness review.

Hawaii Department of Health (DOH) and Center for Medicare and Medicaid Services (CMS)

In a 2012 audit, the Department of Health (DOH) identified findings on behalf of the State of Hawaii and CMS related to Kaiser-Hawaii's skilled nursing facility. CMS assessed a fine against Kaiser-Hawaii and withheld additional admissions in March. CMS accepted Kaiser-Hawaii's corrective action plan (CAP) that was submitted on April 2, 2012. DOH returned to review Kaiser-Hawaii's CAP on April 27, 2012 and found Kaiser-Hawaii to be in substantive compliance.

See Tab "OH_MCR_18_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.

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 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.

2014 Qui Tam

In January 2014, a former employee of WellCare's third-party vendor, Censeo Health LLC, filed a *qui tam* under seal in the United States District Court for the Northern District of Texas. WellCare was one of over twenty named

United Healthcare As of SFY 2018

Response

To the best of our knowledge and belief, the contracting entity, 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. UHIC received several requests from the U.S. Attorney's office in 2011 and 2012 to provide information relating to the State's 820 and 834 forms as well as claims data. Data was provided per their requests and the matter was closed without further action in 2014. 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 Table 1 below (Table 1, UHIC Pending Civil Litigation related to the Provision of Medicare or Medicaid Services in Hawaii). UHIC is involved in litigation outside of Hawaii, none of which involve residents of Hawaii or impact QUEST Integration or other state Medicaid Programs.

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.

Table 1, UHIC Pending Civil Litigation related to the Provision of Medicare or Medicaid Services in Hawaii

Case Name

H. H. v. Evercare

File Number

HER-11-156920; Civil No. 11-1-2903-11; ICA CAAP-12-0000645.

Court

Insurance Commissioner, State of Hawaii

Description

Member dispute regarding benefit determination and attorneys' fees.

Status

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 1-21-16. The Hawaii Supreme Ct. 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 4-26-17 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 has been briefed and is pending decision by the Commissioner.

Case Name

A. D. S. v. Evercare

File Number

HER-10-154685; Civil No. 11-1-2542-10; ICA CAAP-12-0000647

Court

Intermediate Court of Appeals (ICA), State of Hawaii

Description

Initial dispute regarding benefit determination resolved, pending issue of attorney fees.

Status

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 1-21-16. 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 10-13-16, and Member's father was appointed as representative and substituted as Appellant. On 4-4-17, the appeal was argued before the 1CC, which upheld the Commissioner's order. The circuit court's order was appealed to the ICA on 6-19-17. The appeal is fully briefed and awaiting a schedule for oral argument.

Case Name

J.D.R., et al. v. Evercare (see note 1 below)

File Number

HER-11-156251; Civil No. 11-1-2533-10; ICA CAAP-12-0000646.

Court

Intermediate Court of Appeals (ICA), State of Hawaii

Description

Initial disputes regarding benefit determinations resolved, pending issue of attorney fees.

Status

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 1-21-16. 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 have taken a further appeal to the ICA.

Case Name

H.M. v. Evercare

File Number

HER-09-152033; Civil No. 10-1-2328-10 KKS;
Civil No. 11-1-2695-11 RAN

Court

1st Circuit Court, State of Hawai'i and Insurance Commissioner

Description

Initial dispute regarding benefit determination resolved, pending issue of attorney fees.

Status

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

external review statute and appealed to the ICC. Those appeals were stayed pending related appeal regarding circuit court jurisdiction. Upon the stay being lifted, that appeal was briefed and argued before the ICC, 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 is being briefed at the Ins. Div. 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.

Case Name

JRQ v. UnitedHealthcare Insurance Company

File Number

1:14-cv-00497-LEK-RLP

Court

Ninth Circuit Court of Appeals

Description

Member sued alleging various federal and state law claims relating to benefit dispute re wheelchair.

Status

The Order granting UHIC's motion for summary judgment and denying the plaintiff's motion for partial summary judgment was entered on 3-29-17 and corrected on 4-18-17. Plaintiff's motion for reconsideration was denied on 6-28-17 and judgment in favor of UHIC was entered that same day. Plaintiff filed his notice of appeal to the 9th Circuit Court on 7-27-17. The appeal has been fully briefed and will be set for oral argument in 2019.

Case Name

RDC v. UnitedHealthcare Insurance Company

File Number

1:15-cv-00021-
DKW-RLP

Court

USDC, District of HI

Description

Member sued alleging various federal and state law claims relating to benefit dispute re; personal assistance services.

Status

Most of member's federal law claims were dismissed on summary judgment; section 1983 claim was initially dismissed without prejudice but was dismissed with prejudice on further motion. Settlement reached with member and agreement executed on 4-14-16.

Case Name

Hawaii Coalition for Health v. UnitedHealthcare Insurance Company et. al.

File Number

INS-DR-2015-002

Court

Hawaii Dept. of Commerce and Consumer Affairs, Ins. Div.

Description

Petitions seeks declaration that UHIC and other PBMs are in violation of HRS ch. 431R regarding specialty pharmacy networks and dispensing.

Status

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 11-22-16. We are still awaiting the final order from the Commissioner.

Case Name

MetroPacific Group, Corp. v. UnitedHealthcare, et al.

File Number

Civil No. 15-1-0399; 3rd Circuit Court

Court

3rd Circuit Court; Dispute Prevention & Resolution (DPR)

Description

Provider dispute alleging underpayment for LTC services provided to QExA members on the Big Island by UHIC and Ohana Health Plan

Status

UHIC and Ohana jointly asserted the mandatory arbitration clauses in their provider agreements. Stipulation to stay the litigation pending arbitration was filed on 5-19-16. 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. The motion will be heard 2-19-2019.

Case Name

EAL Leasing, Inc. dba Emergency Airlift v. United Healthcare Services, Inc.

File Number

1:18-cv-02008

Court

USDC, D. Or.

Description

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.

Status

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 November 27, 2018.

Case Name

EAL Leasing, Inc. dba Emergency Airlift v. United Healthcare Services, Inc.

File Number

1:18-cv-02011

Court

USDC, D. Or.

Description

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.

Status

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 November 27, 2018.

1. *J.D.R. v. Evercare* was one of five benefit disputes which 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

Sanctions and Litigation List
12/09/2016

Opened	Closed	Parties Name	Court	Case No.	Subject Matter	Nature of Case	Final Disposition or Status
2009	2015	United States of America, ex rel. (Confidential Relator) v. WellCare Health Insurance of Arizona, Inc., d/b/a 'Ohana Health Plan, Inc.	United States District Court, District of Hawaii	CV-09-00342	Qui Tam	The complaint was never served on the Company. Government declined intervention. Relator alleged that 'Ohana retained capitation payments from Hawaii Medicaid on behalf of aged, blind, and disabled ("ABD") individuals enrolled in the Quest Expanded Access ("QExA") program who were either in arrears on their required cost-sharing obligations, or who had died. After government declined intervention, relator dismissed the case	Case Dismissed
2013	2013	DLP - Marquette General Hospital v. WellCare Insurance of Arizona, Inc.	State of Michigan 96th District Court County of Marquette, MI	M-130329-GC	Claims Dispute	Plaintiff filed suit alleging non-payment of hospital's claims.	Case settled for \$500.00.
2013	2013	Medical & Chiropractic Clinic, Inc. v. WellCare Health Plans, Inc., WellCare Health Insurance of Arizona, Inc., WCG Health Management, et. al.	United States District Court Middle District of Florida Tampa Division	13-CV-2427-T357-BM	Class Action	Medical & Chiropractic Clinic, Inc. alleged WellCare violated the federal Telephone Consumer Protection Act, 47 USC § 227, ("TCPA") which prohibits a person or entity from sending fax advertisements without a proper opt-out notice, even for faxes sent pursuant to an established business relationship. The TCPA provides a private right of action and provides statutory damages of \$500 per violation. The Plaintiff sought monetary damages, injunctive relief, costs and interest.	Case settled for \$10,800.00.
2014	2015	Smythe v. Ohana Health Plan, Inc., et. al.	District Court of the First Circuit Honolulu Division State of Hawaii	1-RC14-1-9949	Breach of Contract	Plaintiff filed suit for compensation for work performed under contract for advertising campaign for health plan.	Case settled for \$1,000.00.
2015	2016	U.S.A. ex rel. Perkins v. WellCare Health Plans, Inc., et al.	United States District Court Middle District of Florida Tampa Division	8:12-CV-2032-T-30EAJ	False Claims Dispute	Plaintiff-Relator filed a qui tam complaint alleging violations of the False Claims Act. Government declined to intervene. Plaintiff-Relator, in her individual capacity, served the Company on October 28, 2015. The case was dismissed on November 29, 2016.	Case Dismissed
2015	Open	Hawaii Coalition for Health v. Ohana Health Plan, Inc.	Before The Insurance Commissioner Department o Commerce and Consumer Affairs State of Hawaii	INS-DR-2015-002	Claims Dispute	Allegations that certain health plans and PBMs in Hawaii are unlawfully requiring members to use certain pharmacies instead of allowing beneficiaries to use their individually preferred pharmacies when filing specialty drug prescriptions.	Awaiting Insurance Commissioner's Final Order.
2016	Open	Metropacific Group, Corp v. WellCare Health Insurance of Arizona d/b/a Ohana Health Plan, Inc., et. al.	Circuit Court of the Third Circuit State of Hawaii	15-1-0399	Claims Dispute	Plaintiff filed suit alleging incorrectly paid claims.	Case settled for \$785,345.69.
2016	2016	Okawaki v. Ohana Health Plan	United States District Court District Court of Hawaii	CV-16-00232-DKW-KSC	Claims Dispute	Plaintiff filed suit alleging incorrectly paid claims.	Final Judgment for Ohana.
2017	2017	Okawaki v. First Hawaiian Bank, et. al.	Supreme Court of the United States	16-9108	Other	Member filed litigation against Ohana Health Plan and many other parties, which was promptly dismissed by the federal court. Her appeals have been unsuccessful. She currently has a petition for writ of certiorari pending at the U.S. Supreme Court.	Case Dismissed
2016	2017	PediaHealth Corp. d/b/a Kulana Malama v. WellCare Health Insurance of Arizona, Inc. d/b/a Ohana Health Plan	Dispute Prevention & Resolution, Inc. State of Hawaii	Pending Receipt of Case Number	Claims Dispute	On November 11, 2016, WellCare received an arbitration demand from PediaHealth Corp. d/b/a Kulana Malama alleging that Ohana underpaid claims for services provided to various members in 2009 and 2010. The provider sought to recover \$197,175.68.	Plaintiff voluntarily dismissed its claims.
2016	2017	Shaughnessy v. WellCare Health Insurance, Inc. (Ohana Health Plan, Inc.)	U.S. District Court - Hawaii District - Honolulu	CV-16-00635-DKW-KSC	Breach of Contract	Plaintiff alleged Ohana breached its agreement to provide health care benefits to the Plaintiff.	Case Dismissed
2017	2018	Barto, ex. Rel. v. WellCare Health Plans, Inc., et. al.	United States District Court for the Middle District of Florida	8:16-CV-1948	Qui Tam	Former employee filed a qui tam False Claims Act lawsuit against WellCare and certain of its subsidiaries, including WHIAZ. The Complaint alleged the Company improperly implemented policies seeking to increase denial rates.	Case settled for \$85,000.00.
2015	2018	Martenson, Terri / Self-Directed Case Worker's Comp Appeal	Hawaii Worker's Compensation Commission	N/A	Worker's Comp Claim	Former caretaker participating in Ohana Health Plan, Inc.'s Self-Directed Care program filed a Workers Compensation claim. Hawaii Worker's Compensation Commission made a finding on the claim that the caretaker is an employee of Ohana and therefore liable for the medical care due to alleged injuries.	Closed in October, 2018
2017	2018	Arizona Workplace Harrassment Investigation	N/A	N/A	Investigation	Complaint of harassment made by an Arizona associate alleging fellow sales associates were selling plans for competitor health plans.	Investigation culminated in termination of two WellCare associates. Matter has resolved.

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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 2018		HMSA SFY 2018		Kaiser				Ohana SFY 2018		United Healthcare SFY 2018			
Community Event	Amount	Community Event	Amount	Community Event	Amount	Community Event	Amount	Community Event and Amount		Community Event and Amount			
Quality Program Payments	625,165	Advertising	369,057	Charity Care	7,320,411	Charity Care	8,518,001						
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 17 CHCs and other providers who were included in this program for this fiscal year.	0.18%	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.	0.05%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.50%	Medical financial assistance and charitable coverage to persons who are unable to afford care or coverage.	0.50%	DONATIONS:					
								Alcoholic Rehabilitation Services of Hawaii	1,500	.0004%	myConnections	317,773	.062%
								American Cancer Society Inc.	800	.0002%	(UnitedHealth Group contribution to account-able health communities program to better integrate health and social services)		
								Arc of Maui	1,500	.0004%	ESPN Sports Festival	20,607	.004%
								Communities in Schools Hawaii Inc.	2,000	.0005%	(Event Sponsorship)		
								Friends of Ko'olau Clubhouse	1,500	.0004%	Waianae Coast Comprehensive Health Center	15,000	.003%
								Full Life Hawaii	2,000	.0005%	(Fundraising and Sponsorship Contributions)		
								Waikiki Health Center	750	.0002%	Aloun Farms	10,000	.002%
								Miscellaneous Donations	6,500	.0016%	(Event Sponsorship)		
											Faith Action for Community Equity	10,000	.002%
											(Fundraising Contribution)		
											March of Dimes	10,000	.002%
											(Event Sponsorship)		
											American Heart Association	8,000	.002%
											(Event Sponsorship)		
											East Hawaii Independent Physician Assoc.	6,500	.001%
											(Event Sponsorship)		
											Kokua Mau	5,000	.001%
											(Fundraising Contribution)		
											Hale Makua Health Services	3,000	.001%
											(Fundraising Contribution)		
											Hawaii Primary Care Association	3,000	.001%
											(Event Sponsorship)		
											Kapiolani Health Foundation	2,500	.000%
											(Fundraising Contribution)		
											ACOG	2,000	.000%
											(Event Sponsorship)		
											Philippine Medical Assoc. of Hawaii	1,750	.000%
											(Event Sponsorship)		
											Hawaii Academy of Family Practice Assoc.	1,550	.000%
											(Fundraising Contribution)		
											Waikiki Health Center	1,000	.000%
											(Activity Sponsorship)		
											Community Events less than 1,000	4,975	.001%
											(Contributions by United Healthcare)		

			HMSA Foundation	1,166,137	ETP (Educational Theater Program)	78,500	ETP (Educational Theater Program)	\$80,000 Picked up Consumer Health Education line, as that is where ETP is		(Contributions by United Healthcare Community Plan - Hawaii to multiple organizations)
			The HMSA Foundation aims to foster greater empowerment for communities by making strategic grants to Hawaii-based organizations. The Foundation committed \$1,166,137 between July 1, 2017 to June 30, 2018 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.	0.16%	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%		
			Government Reimbursement Shortfall Covered by Commercial Plans (all health plan related lines of business)	195,000,000 271,000,000	Medical Education and Training	432,880	Medical Education and Training	331,857		
			The estimated costs that providers did not recover through reimbursement by the Medicare and Medicaid plans administered by HMSA was between \$195 million and \$271 million. These costs were recovered through HMSA's commercial plan reimbursements.	5.70% to 7.92%	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.	0.00%		
					Total Grants and Donations	945,700	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
 % of revenue related to amount reported on financial expenditure sheet (cell B18)

Kaiser
 *Actual YTD as of September 31, 2018 and forecast for Q4 of 2018
 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 2018		HMSA SFY 2018		Kaiser CY 2017		Ohana SFY 2018		United Healthcare SFY 2018	
Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost	Contract	Cost
Accuity LLP	115,183	CVS Caremark	101,486,113	N/A		Claims Administration	Covered under Corporate allocation	Ceridian	94,748
401K audit; Financial audit; 990		HMSA contracts with CVS Caremark to process pharmacy claims electronically at point of service.						(In Hawaii) Administration of payroll processing for caregivers (personal assistance and CHORE	
Administep/Legacy	20,028	Sharecare	6,226,324			Enrollment & Member Administration	Function performed at Corporate	Medline	133,721
Operates clearing house		HMSA contracts with Sharecare to provide health and wellness programs.						(Mainland based with Hawaii operations) Incontinence management supply benefit	
Advent Advisory Group, LLC	55,145	Beacon	4,859,208			Audiology Distribution, Inc. d/b/a Hear USA	166,413	Logisticare	634,594
HEDIS / Data Validation		HMSA contracts with Beacon to provide Population Health Management services.						(Mainland based with Hawaii operations) Non-emergent ground and air transportation	
AGK Consulting LLC	48,578	National Imaging Associates,	5,723,024			Marketing & Materials Fulfillme	Function performed at Corporate		
Provider Contracting consulting services		HMSA contracts with National Imaging Associates to provide precertification services for outpatient diagnostic advanced imaging.				i.e. sending members' ID cards or handbooks			
Alicare Medical Management	1,651	NAAVIS & Company LLC	4,163,477			Carenet	35,489		
Physician review services for quality & utilization mgmt		HMSA partners with NAAVIS to better support the relationship between providers and their patients.				Outreach services to include supporting EPSDT or Nurse Lines			
Altruista Health, Inc.	196,092	Landmark Healthcare, Inc.	368,087			Ceridian	91,790		
Consulting support/Software Subscription		HMSA contracts with Landmark Healthcare to perform utilization management review for physical and occupational				Payroll processing for self-direction			
Carenet Healthcare Services	62,117	East Hawaii IPA	271,590			WHI & CVS	438,851		
Nurse advice line		Management fee paid for HMSA QUEST members assigned to this Health				Pharmacy Benefits Manager			

Change Healthcare	283,720					Interlliride	6,763,325		
Encounter reporting and analytics						Transportation			
Edward Enterprises, Inc.	175,117					Premier Eye Care	2,612,702		
Printing services for marketing material									
Express Scripts	569,839					Interpretek, Translation Station	177,946		
Pharmacy benefit & management						Translations			
Hagadone	81,547								
Quest member documents/postage									
Health Catalyst	540,788								
Consulting Services for improvement of care data warehouse									
Health Logix	391,463								
mailings to disease management program participants									
Language Services Associates	6,792								
Interpretations									
Market Trends Pacific	66,627								
Timely access surveys & CM Survey									
Optum 360	24,565								
Encoder pro									
Optum Insight - Geo Access	4,827								
Annual license									
Physicians Exchange Honolulu	8,005								
After hours & weekend telephone & assistance coverage									
Pricewaterhouse Coopers	145,407								
Consulting Actuary									
Sellers Dorsey & Associates	100,000								
Consulting Services for RFP									
The Mihalik Group LLC	52,995								
Quality Improvement Consulting Services and Preventive Health Program									
Transperfect	12,198								
Translation Services									
William F Orr	208,233								
Quality Improvement Consulting Services									

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 2018 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