

CONTRACT NO. DHS 08-M&D-5001

**STATE OF HAWAII
CONTRACT FOR HEALTH AND HUMAN SERVICES
COMPETITIVE PURCHASE OF SERVICES**

This Contract, executed on the respective dates indicated below, is effective as of _____
upon execution _____, 20____, between the _____

Department of Human Services/Med-QUEST Division
(Name of state department, agency, board or commission)

State of Hawai'i ("STATE"), by its Director, Lillian B. Koller, Esq.
(Title of person signing for the STATE)

whose address is:
1390 Miller Street, Honolulu, Hawaii 96813

and Hawaii Medical Service Association
(Name of PROVIDER)

("PROVIDER"), a Non-Profit Mutual Benefit Society
(Legal form of PROVIDER i.e., Corporation, Limited Liability Company, etc.)

under the laws of the State of Hawaii whose business street address and taxpayer identification numbers are as follows:

Business street address:
818 Keeaumoku Street, Honolulu, Hawaii 96814

Mailing address if different than business street address:
P.O. Box 860, Honolulu, Hawaii 96808-0860

Federal employer identification number: 99-0040115

Hawai'i general excise tax number: 10013615

RECITALS

A. This Contract is for a competitive purchase of services (a "Competitive POS"), as defined in section 103F-402, Hawai'i Revised Statutes ("HRS"), and Hawai'i Administrative Rules ("HAR") chapter 3-143.

B. The STATE needs the health and human services described in this Contract and its attachments ("Required Services") and the PROVIDER agrees to provide the Required Services.

C. Money is available to fund this Contract pursuant to:

(1) Act 160 SLH 2006, in the amount of \$163,008,000.00, or
(Identify state sources) *(state funding)*

(2) Social Security Act 1903, in the amount of \$220,992,000.00, or both.
(Identify federal sources) *(federal funding)*

D. The STATE is authorized to enter into this Contract pursuant to:

103F-402 HRS

(Legal authority for Contract)

E. The undersigned representative of the PROVIDER represents, and the STATE relies upon such representation, that he or she has authority to sign this Contract by virtue of (check any or all that apply):

- corporate resolutions of the PROVIDER or other authorizing documents such as partnership resolutions;
- corporate by-laws of the PROVIDER, or other similar operating documents of the PROVIDER, such as a partnership contract or limited liability company operating contract;
- the PROVIDER is a sole proprietor and as such does not require any authorizing documents to sign this Contract;
- other evidence of authority to sign:
Provider's Acknowledgment

F. The PROVIDER has provided a "Certificate of Insurance" to the STATE that shows to the satisfaction of the STATE that the PROVIDER has obtained liability insurance which complies with paragraph 1.4 of the General Conditions of this Contract and with any Special Conditions of this Contract.

G. The PROVIDER produced, and the STATE inspected, a tax clearance certificate as required by section 103-53, HRS.

NOW, THEREFORE, in consideration of the promises contained in this Contract, the STATE and the PROVIDER agree as follows:

1. Scope of Services. The PROVIDER shall, in a proper and satisfactory manner as determined by the STATE, provide the Required Services set forth in Attachment "1" to this Contract, which is hereby made a part of this Contract, and the Request for Proposals ("RFP"), and the PROVIDER's Proposal, which are incorporated in this Contract by reference. In the event that there is a conflict among the terms of this Contract, and either the Proposal or the RFP, or both, then the terms of this Contract shall control.

CONTRACT NO. _____

2. Time of Performance. The PROVIDER shall provide the Required Services from _____ upon execution _____, 20____, to June 30, 2009, as set forth in Attachment "2" to this Contract, which is hereby made a part of this Contract.

3. Compensation. The PROVIDER shall be compensated in a total amount for all required services not to exceed:
Three Hundred Eighty Four Million Dollars and No/100

_____ DOLLARS (\$384,000,000.00), which amount includes all fees and costs incurred and any federal, state and local taxes, at the time and manner set forth in Attachment "3" to this Contract, which is hereby made a part of this Contract.

4. Certificate of Exemption from Civil Service. The Certificate of Exemption from Civil Service is attached and made a part of this Contract.

5. Standards of Conduct Declaration. The Standards of Conduct Declaration of the PROVIDER is attached and made a part of this Contract.

6. General and Special Conditions. The General Conditions for Health and Human Services Contracts ("General Conditions") and any Special Conditions are attached hereto and made a part of this Contract. In the event of a conflict between the General Conditions and the Special Conditions, the Special Conditions shall control.

7. Notices. Any written notice required to be given by any party under this Contract shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid. Notice required to be given to the STATE shall be sent to:

Department of Human Services/Med-QUEST Division
601 Kamokila Boulevard, Room 518, Kapolei, Hawaii 96707

Notice to the PROVIDER shall be sent to the mailing address as indicated on page 1. A notice shall be deemed to have been received three (3) days after mailing or at the time of actual receipt, whichever is earlier. The PROVIDER is responsible for notifying the STATE in writing of any change of address.

CONTRACT NO. _____

IN VIEW OF THE ABOVE, the parties execute this Contract by their signatures below.

STATE
By *Lillian B. Koller*
(Signature)

Print Name Lillian B. Koller, Esq.

Print Title Director

Date JAN 18 2007

FUNDING AGENCY (to be signed by head of funding agency if other than the Contracting Agency)

By _____
(Signature)

Print Name _____

Print Title _____

Date _____

PROVIDER
By *Cliff K. Cisco*
(Signature)

Print Name Cliff K. Cisco

Print Title Senior Vice President

Date 01/09/07

CONTRACTOR:
By *Edward S. Van Lier Ribbink*

Print Name Edward S. Van Lier Ribbink

Print Title Executive Vice President,
Chief Financial Officer
and Treasurer

Date 01/09/07

CORPORATE SEAL
(if available)

APPROVED AS TO FORM:

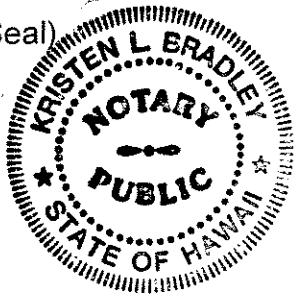
[Signature]
Deputy Attorney General

PROVIDER'S ACKNOWLEDGMENT:

STATE OF HAWAII)
) :SS.
CITY AND COUNTY OF HONOLULU)

On this 9th day of January 2007, before me appeared Cliff K. Cisco and Edward S. Van Lier Ribbink, to me known, to be the persons described in and, who, being by me duly sworn, did say that they are Senior Vice President and Executive Vice President, Chief Financial Officer & Treasurer of HAWAII MEDICAL SERVICE ASSOCIATION, the Contractor named in the foregoing instrument, and that they are authorized to sign said instrument on behalf of the Contractor, and acknowledges that they executed said instrument as the free act and deed of the Contractor.

(Notary Seal)



Kristen L. Bradley
(Signature)

Kristen L. Bradley
(Print Name)

Notary Public, State of Hawaii

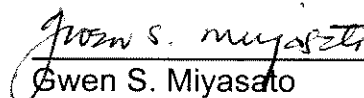
My commission expires 9/19/08

I, Gwen S. Miyasato, Assistant Secretary of the Hawaii Medical Service Association, a mutual benefit society, do hereby certify that, to the best of my knowledge and belief, the following is a true and correct excerpt of a resolution duly adopted by the Board of Directors of said Association and that said resolution has not been modified, amended or rescinded and continues in full force and effect:

"RESOLVED, that the President, any Executive Vice President, or any Senior Vice President of the Association, signing alone, is hereby authorized to execute, on behalf of the Association, checks, notes, instruments, conveyances, contracts and other legal documents, except that non-benefit checks and any other documents of whatsoever kind involving a transaction which exceeds \$50,000 in amount shall require the signature of two of such officers.

"RESOLVED, FURTHER, that the use of mechanical equipment to reproduce otherwise authorized signature on documents routinely and repetitively used in the ordinary course of the Association's business is authorized. The adoption of this resolution shall not prevent the Association from denying liability with respect to any unauthorized use of any mechanical or facsimile equipment."

In witness whereof, I have hereunto subscribed my signature this 9th day of January, 2007.



Gwen S. Miyasato
Assistant Secretary

**EXCERPT FROM THE
HAWAII MEDICAL SERVICE ASSOCIATION
BOARD OF DIRECTORS MEETING
JANUARY 30, 1999**

REPORT OF THE TREASURER

Also a resolution was proposed to designate the authority of officers to sign checks and act on behalf of the Association to execute contracts.

RESOLVED, that the President, any Executive Vice President, or any Senior Vice President of the Association, signing alone, is hereby authorized to execute, on behalf of the Association, checks, notes, instruments, conveyances, contracts and other legal documents, except that non-benefit checks and any other documents of whatsoever kind involving a transaction which exceeds \$50,000 in amount shall require the signature of two of such officers.

RESOLVED, FURTHER, that the use of mechanical equipment to reproduce otherwise authorized signature on documents routinely and repetitively used in the ordinary course of the Association's business is authorized. The adoption of this resolution shall not prevent the Association from denying liability with respect to any unauthorized use of any mechanical or facsimile equipment.


ACTION: Following a full discussion, it was moved, seconded, and unanimously carried to adopt the resolution.

/s/ ALLAN R. KUNIMOTO, M.D.
Secretary

CERTIFICATE OF EXEMPTION FROM CIVIL SERVICE

1. By Heads of Departments or Agencies as Delegated by the Director of Human Resources Development ¹.

Pursuant to a delegation of the authority by the Director of Human Resources Development, I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, Hawai'i Revised Statutes (HRS).


(Signature)

JAN 18 2007
(Date)

Lillian B. Koller, Esq.
(Print Name)

Director
(Print Title)

¹This part of the form may be used by all department heads and others to whom the Director of Human Resources Development (DHRD) has delegated authority to certify §76-16, HRS, civil service exemptions. The specific paragraph(s) of §76-16, HRS, upon which an exemption is based should be noted in the contract file. **NOTE:** Authority to certify exemptions under §§76-16(2), 76-16(12), and 76-16(15), HRS, has not been delegated; only the Director of DHRD may certify §§76-16(2), 76-16(12), and 76-16(15) exemptions.

2. By the Director of Human Resources Development, State of Hawai'i.

I certify that the services to be provided under this Contract, and the person(s) providing the services under this Contract are exempt from the civil service, pursuant to §76-16, Hawai'i Revised Statutes (HRS).

(Signature)

(Date)

(Print Name)

(Print Title, if designee of the Director of DHRD)

**PROVIDER'S
STANDARDS OF CONDUCT DECLARATION**

For the purposes of this declaration:

“Agency” means and includes the State, the legislature and its committees, all executive departments, boards, commissions, committees, bureaus, offices; and all independent commissions and other establishments of the state government but excluding the courts.

“Controlling interest” means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty percent (50%).

“Employee” means any nominated, appointed, or elected officer or employee of the State, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges. (Section 84-3, HRS).

On behalf of:
Hawaii Medical Service Association

(Name of PROVIDER)

PROVIDER, the undersigned does declare as follows:

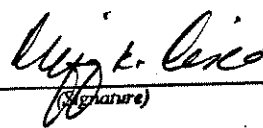
1. PROVIDER is is not a legislator or an employee or a business in which a legislator or an employee has a controlling interest. (Section 84-15(a), HRS).
2. PROVIDER has not been represented or assisted personally in the matter by an individual who has been an employee of the agency awarding this Contract within the preceding two years and who participated while so employed in the matter with which the Contract is directly concerned. (Section 84-15(b), HRS).
3. PROVIDER has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Contract and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of this Contract, if the legislator or employee had been involved in the development or award of the Contract. (Section 84-14(d), HRS).
4. PROVIDER has not been represented on matters related to this Contract, for a fee or other consideration by an individual who, within the past twelve (12) months, has been an agency employee, or in the case of the Legislature, a legislator, and participated while an employee or legislator on matters related to this Contract. (Sections 84-18(b) and (c), HRS).

PROVIDER understands that the Contract to which this document is attached is voidable on behalf of the STATE if this Contract was entered into in violation of any provision of chapter 84, Hawai'i Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations

Reminder to agency: If the “is” block is checked and if the Contract involves goods or services of a value in excess of \$10,000, the Contract may not be awarded unless the agency posts a notice of its intent to award it and files a copy of the notice with the State Ethics Commission. (Section 84-15(a), HRS).

CONTRACT NO. _____

above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the STATE.

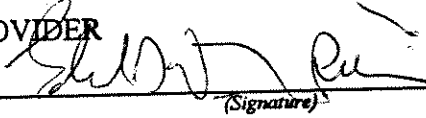
PROVIDER
By 
(Signature)

Print Name Cliff K. Cisco

Print Title Senior Vice President

Hawaii Medical Service Association

Date 01/09/07

PROVIDER
By 
(Signature)

Print Name Edward S. Van Lier Ribbink

Print Title Executive Vice President
Chief Financial Officer and
Treasurer

Hawaii Medical Service Association

Date 01/09/07

SCOPE OF SERVICES

The Required Services include providing medical and behavioral health services to eligible QUEST, QUEST-Net, and QUEST-ACE (Adult Coverage Expansion) recipients. The PROVIDER shall, in a proper and satisfactory manner as determined by the STATE, provide the Required Services set forth in RFP-MQD-2007-002 and the PROVIDER's accepted proposal, both of which are incorporated in this Contract by reference.

Revisions to specific provisions in the RFP issued June 17, 2006 are as follows:

30.200 Definitions/Acronyms

Add:

Contract Delivery - Date upon which the DHS delivers the contract to the health plan.

40.230 Primary Care Providers (PCPs)

Modify the 2nd to the last paragraph, 1st sentence to read:

The health plan shall submit the PCP policies and procedures to the DHS for review and approval within thirty (30) days of contract delivery.

40.290 Provider Services

Modify the 4th paragraph, 2nd sentence to read:

These policies and procedures shall be submitted to the DHS for review and approval within thirty (30) days of contract delivery.

40.295 Provider Contracts

Modify the 1st paragraph, 2nd sentence to read:

The health plan shall submit to the DHS for review and approval a model for each type of provider contract within five (5) days of contract delivery and at the DHS's request at any point during the contract period.

Modify the 2nd to the last paragraph (see Amendment #9 item #7)

The health plan shall submit to the DHS:

- All finalized and executed contracts thirty (30) days after the date of contract delivery;

SCOPE OF SERVICES

- All finalized and executed contracts that have not been previously submitted sixty (60) days after the date of contract delivery;
- All finalized and executed contracts that have not been previously submitted ninety (90) days after the date of contract delivery; and
- All finalized and executed contracts that have not been previously submitted one hundred twenty (120) days after the date of contract delivery.

40.300 Covered Benefits and Services

Modify the 2nd to the last paragraph, 2nd sentence to read:

The health plan shall provide a description of any additional services it will provide to the DHS within thirty (30) days of contract delivery.

40.330 Disease Management

Modify the 2nd to the last paragraph, 2nd sentence to read:

The health plan shall submit these policies and procedures to the DHS for review and approval within thirty (30) calendar days of contract delivery.

40.335 Emergency Services

Replace this section with the following:

The health plan is responsible for providing emergency services twenty-four (24) hours a day, seven (7) days a week to treat an emergency medical condition. The health plan shall provide education to its members on the appropriate use of emergency services.

Emergency services include inpatient and an outpatient services that are needed to evaluate or stabilize an emergency medical condition that is found to exist using a prudent layperson's standard. The services must be furnished by a provider that is qualified to furnish such services.

Per the Balanced Budget Act stated in 42 CFR §438.114 an emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

SCOPE OF SERVICES

- Placing the physical or mental health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious harm to self or others due to an alcohol or drug abuse emergency;
- Injury to self or bodily harm to others; or
- With respect to a pregnant woman having contractions: (1) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (2) that transfer may pose a threat to the health or safety of the woman or her unborn child.

A health plan may not limit what constitutes an emergency medical condition through a list of symptoms or final diagnoses/conditions.

The health plan shall not retroactively deny a claim or an emergency room service because the condition, which appeared to be an emergency medical condition under the prudent layperson standard, turned out to be non-emergency in nature.

The health plan shall provide payment for emergency room services when furnished by a qualified provider, regardless of whether that provider is in the health plan's network. These services shall not be subject to prior authorization requirements. The health plan shall pay for all emergency room services that are medically necessary until the member is stabilized.

When a member's PCP or other health plan representative instructs the member to seek emergency services the health plan shall be responsible for payment for the medical screening examination and other medically necessary services, without regard to whether the condition meets the prudent layperson standard.

The member who has an emergency medical condition shall not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

The emergency room physician, or the provider actually treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the health plan, who shall be responsible for coverage and payment. The health plan, however, may establish arrangements with a hospital whereby the health plan may send one of its own physicians with appropriate

SCOPE OF SERVICES

emergency room privileges to assume the attending physician's responsibilities to stabilize, treat, and transfer the member, provided that such arrangement does not delay the provision of emergency services.

Once the member's condition is stabilized, the health plan may require pre-certification for hospital admission or prior authorization for follow-up care.

40.380 Children's Medical and Behavioral Health Services (EPSDT Services)

Modify the 3rd paragraph to read:

The health plan shall submit its EPSDT plan to the DHS for review and approval within thirty (30) days of contract delivery.

41.110 Cultural Competency Plan

Modify the last paragraph to read:

The health plan shall submit the cultural competency plan to the DHS for review and approval within thirty (30) days of contract delivery.

50.330 Member Handbook Requirements

Modify the last paragraph to read:

The Member Handbook shall be submitted to the DHS for review and approval within fourteen (14) days of contract delivery.

50.360 Member Identification (ID) Card

Modify the last paragraph to read:

The health plan shall submit a front and back sample member ID card to the DHS for review and approval within thirty (30) days of contract delivery.

SCOPE OF SERVICES**50.370 Toll-Free Telephone Hotline**

Modify the 3rd paragraph to read:

The health plan shall submit these telephone hotline policies and procedures, to the DHS for review and approval within thirty (30) days of contract delivery.

50.430 State Approval of Materials

Modify the 1st paragraph, last sentence to read:

All materials shall be submitted to the DHS within thirty (30) days of contract delivery for review and approval.

50.520 Quality Assessment and Performance Improvement Program (QAPI)

Modify the 2nd paragraph, 2nd sentence to read:

The health plan shall then submit its QAPI Program within thirty (30) days of contract delivery, annually thereafter on a date designated by the DHS, and upon request by the DHS.

50.550 Practice Guidelines

Modify the 2nd paragraph to read (see Amendment #9 item #21):

The health plan shall submit its policies and procedures addressing the stated requirements, a list of all current practice guidelines as well as the practice guidelines adopted specifically for asthma, diabetes, and pregnancy/high risk pregnancy within thirty (30) calendar days of contract delivery.

50.600 Utilization Management Program (UMP)

Modify the last paragraph to read:

The health plan shall submit its written UMP description, corresponding workplan, and UMP policies and procedures to the DHS for review and prior approval within thirty (30) days of contract delivery.

SCOPE OF SERVICES**50.805 General Requirements**

Modify the 1st paragraph, 2nd to the last sentence to read:

The health plan shall develop policies and procedures for its grievance system and submit these to the DHS for review and approval within thirty (30) days of contract delivery.

50.950 Disaster Planning and Recovery Operations

Modify the last sentence to read:

The health plan shall provide the DHS with a copy of its documentation describing its disaster planning and recovery operations within thirty (30) days of contract delivery.

51.100 Fraud & Abuse

Modify the 3rd paragraph, 2nd sentence to read:

The health plan shall submit these procedures to MQD for review and approval within thirty (30) days of contract delivery.

51.220 Support Staff and Systems

Modify the last paragraph, last sentence to read:

The health plan shall submit a staffing plan to DHS for review and approval within thirty (30) days of contract delivery.

70.410 Progress Reporting

Modify the 2nd sentence to read:

The health plan shall submit a plan for implementation of the program and shall provide progress/performance reports every two (2) weeks beginning two (2) weeks after the notification of contract delivery in order to ensure that the health plan will be ready to enroll members as of February 1, 2007 and that all required elements such as the QAPI program are in place.

70.500 Subcontractors Agreements

Modify the 2nd to the last paragraph, 1st sentence to read:

SCOPE OF SERVICES

All subcontracts shall be finalized and fully executed within thirty (30) days of the contract delivery.

REPLACE APPENDIX K STANDARD X. UTILIZATION MANAGEMENT PROGRAM

#16. DETECTION OF UNDER AND OVER-UTILIZATION

ITEM f. Provider Profiling and Feedback with the following:

- For the first two years of the QUEST Contract, every 6 months, or more frequently, the HP produces and distributes to providers, profiles comparing the average medical care utilization rates of each PCP to the average utilization rates of all HP members.
- The profiles shall include, but shall not be limited to the following four elements and shall use the methodology described to calculate the rate or number:
 1. The percentage of error rates for procedures:
 - The primary purpose of MRR is to evaluate the completeness and accuracy of administrative claims data. The administrative encounter data are considered correct if documentation in the medical record supports the codes present in the encounter data.
 2. The reporting of inpatient services – discharges.
 - The HP should identify inpatient utilization and report by discharge date rather than admission date because reporting by discharge date promotes increased consistency between HEDIS reports and other national reporting clinical databases and ensures more complete and timely submissions. The HP should include all discharges that occurred during the measurement period. Report as total discharges/member months) x 1,000. (Medicaid methodology)
 3. The number of preventive care services for adults and children (i.e., mammograms, immunizations, pap smear, well child visits in the first 15 months of life, and the visit rate in the third, fourth, fifth and sixth years of life).
 4. The total number of all EPSDT visits meeting EPSDT criteria allowing the visit to use an internal health plan code or other transaction data.

CONTRACT NO. _____

Attachment 2

TIME OF PERFORMANCE

The services of the Provider under this Contract shall commence upon execution of the Contract to June 30, 2009. However, performance and payment obligations for each successive fiscal year shall be subject to the availability and appropriation of funds. DHS shall have the option to extend the contract with the Provider for one (1) fiscal year beyond June 30, 2009. Any renewal or extension of the contract will be subject to available funding.

Delivery of services to members under this Agreement will commence on July 1, 2007. Deadlines in the RFP that were originally scheduled to occur after contract award shall be rescheduled accordingly, and a schedule provided by the STATE to CONTRACTOR upon contract delivery. The deadlines set forth in the schedule shall supercede the deadlines set forth in the RFP.

CONTRACT NO. _____

Attachment 3 ✓

COMPENSATION AND PAYMENT SCHEDULE

It is mutually understood and agreed that the compensation and reimbursement for the period July 1, 2007 to June 30, 2008 will be paid based on the attached exhibit A. Payment will be made directly to the health plans using HIPAA 834/820 transactions.

EXHIBIT A

State of Hawaii, Department of Human Services
RFP-MQD-2007-002
Rates by Island/Health Plan/Rate Cell
Rates Effective July 1, 2007 - June 30, 2008

Island		Aid Type		Age/Gender Band		Rate	
Code	Description	Code	Description	Code	Description	Code	HMSA
01	Oahu	C	CHIP	F11	Female Ages < 1	CF11	\$209.14
04	Kauai	C	CHIP	F11	Female Ages < 1	CF11	\$249.97
05	Hawaii	C	CHIP	F11	Female Ages < 1	CF11	\$199.97
07	Maui	C	CHIP	F11	Female Ages < 1	CF11	
08	Molokai	C	CHIP	F11	Female Ages < 1	CF11	
09	Lanai	C	CHIP	F11	Female Ages < 1	CF11	
01	Oahu	C	CHIP	F12	Female Ages 1-5	CF12	\$81.31
04	Kauai	C	CHIP	F12	Female Ages 1-5	CF12	\$97.18
05	Hawaii	C	CHIP	F12	Female Ages 1-5	CF12	\$77.74
07	Maui	C	CHIP	F12	Female Ages 1-5	CF12	
08	Molokai	C	CHIP	F12	Female Ages 1-5	CF12	
09	Lanai	C	CHIP	F12	Female Ages 1-5	CF12	
01	Oahu	C	CHIP	F13	Female Ages 6-11	CF13	\$65.82
04	Kauai	C	CHIP	F13	Female Ages 6-11	CF13	\$78.67
05	Hawaii	C	CHIP	F13	Female Ages 6-11	CF13	\$62.94
07	Maui	C	CHIP	F13	Female Ages 6-11	CF13	
08	Molokai	C	CHIP	F13	Female Ages 6-11	CF13	
09	Lanai	C	CHIP	F13	Female Ages 6-11	CF13	
01	Oahu	C	CHIP	F14	Female Ages 12-18	CF14	\$94.46
04	Kauai	C	CHIP	F14	Female Ages 12-18	CF14	\$112.89
05	Hawaii	C	CHIP	F14	Female Ages 12-18	CF14	\$90.32
07	Maui	C	CHIP	F14	Female Ages 12-18	CF14	
08	Molokai	C	CHIP	F14	Female Ages 12-18	CF14	
09	Lanai	C	CHIP	F14	Female Ages 12-18	CF14	
01	Oahu	C	CHIP	M11	Male Ages < 1	CM11	\$209.14
04	Kauai	C	CHIP	M11	Male Ages < 1	CM11	\$249.97
05	Hawaii	C	CHIP	M11	Male Ages < 1	CM11	\$199.97
07	Maui	C	CHIP	M11	Male Ages < 1	CM11	
08	Molokai	C	CHIP	M11	Male Ages < 1	CM11	
09	Lanai	C	CHIP	M11	Male Ages < 1	CM11	
01	Oahu	C	CHIP	M12	Male Ages 1-5	CM12	\$93.05
04	Kauai	C	CHIP	M12	Male Ages 1-5	CM12	\$111.22
05	Hawaii	C	CHIP	M12	Male Ages 1-5	CM12	\$88.98
07	Maui	C	CHIP	M12	Male Ages 1-5	CM12	
08	Molokai	C	CHIP	M12	Male Ages 1-5	CM12	
09	Lanai	C	CHIP	M12	Male Ages 1-5	CM12	
01	Oahu	C	CHIP	M13	Male Ages 6-11	CM13	\$67.53
04	Kauai	C	CHIP	M13	Male Ages 6-11	CM13	\$80.72
05	Hawaii	C	CHIP	M13	Male Ages 6-11	CM13	\$64.58
07	Maui	C	CHIP	M13	Male Ages 6-11	CM13	
08	Molokai	C	CHIP	M13	Male Ages 6-11	CM13	
09	Lanai	C	CHIP	M13	Male Ages 6-11	CM13	
01	Oahu	C	CHIP	M14	Male Ages 12-18	CM14	\$71.97
04	Kauai	C	CHIP	M14	Male Ages 12-18	CM14	\$86.02
05	Hawaii	C	CHIP	M14	Male Ages 12-18	CM14	\$68.82

EXHIBIT A
State of Hawaii, Department of Human Services
RFP-MQD-2007-002
Rates by Island/Health Plan/Rate Cell
Rates Effective July 1, 2007 - June 30, 2008

Island		Aid Type		Age/Gender Band		Rate	
Code	Description	Code	Description	Code	Description	Code	HMSA
07	Maui	C	CHIP	M14	Male Ages 12-18	CM14	
08	Molokai	C	CHIP	M14	Male Ages 12-18	CM14	
09	Lanai	C	CHIP	M14	Male Ages 12-18	CM14	
01	Oahu	E	Quest ACE	F14	Female Ages 12-18	EF14	\$144.86
04	Kauai	E	Quest ACE	F14	Female Ages 12-18	EF14	\$153.77
05	Hawaii	E	Quest ACE	F14	Female Ages 12-18	EF14	\$135.87
07	Maui	E	Quest ACE	F14	Female Ages 12-18	EF14	
08	Molokai	E	Quest ACE	F14	Female Ages 12-18	EF14	
09	Lanai	E	Quest ACE	F14	Female Ages 12-18	EF14	
01	Oahu	E	Quest ACE	F15	Female Ages 19-20	EF15	\$355.95
04	Kauai	E	Quest ACE	F15	Female Ages 19-20	EF15	\$377.87
05	Hawaii	E	Quest ACE	F15	Female Ages 19-20	EF15	\$333.87
07	Maui	E	Quest ACE	F15	Female Ages 19-20	EF15	
08	Molokai	E	Quest ACE	F15	Female Ages 19-20	EF15	
09	Lanai	E	Quest ACE	F15	Female Ages 19-20	EF15	
01	Oahu	E	Quest ACE	F16	Female Ages 21-39	EF16	\$100.82
04	Kauai	E	Quest ACE	F16	Female Ages 21-39	EF16	\$106.65
05	Hawaii	E	Quest ACE	F16	Female Ages 21-39	EF16	\$74.82
07	Maui	E	Quest ACE	F16	Female Ages 21-39	EF16	
08	Molokai	E	Quest ACE	F16	Female Ages 21-39	EF16	
09	Lanai	E	Quest ACE	F16	Female Ages 21-39	EF16	
01	Oahu	E	Quest ACE	F17	Female Ages 40-64	EF17	\$140.67
04	Kauai	E	Quest ACE	F17	Female Ages 40-64	EF17	\$148.81
05	Hawaii	E	Quest ACE	F17	Female Ages 40-64	EF17	\$104.39
07	Maui	E	Quest ACE	F17	Female Ages 40-64	EF17	
08	Molokai	E	Quest ACE	F17	Female Ages 40-64	EF17	
09	Lanai	E	Quest ACE	F17	Female Ages 40-64	EF17	
01	Oahu	E	Quest ACE	M14	Male Ages 12-18	EM14	\$76.29
04	Kauai	E	Quest ACE	M14	Male Ages 12-18	EM14	\$80.99
05	Hawaii	E	Quest ACE	M14	Male Ages 12-18	EM14	\$71.56
07	Maui	E	Quest ACE	M14	Male Ages 12-18	EM14	
08	Molokai	E	Quest ACE	M14	Male Ages 12-18	EM14	
09	Lanai	E	Quest ACE	M14	Male Ages 12-18	EM14	
01	Oahu	E	Quest ACE	M15	Male Ages 19-20	EM15	\$109.54
04	Kauai	E	Quest ACE	M15	Male Ages 19-20	EM15	\$116.29
05	Hawaii	E	Quest ACE	M15	Male Ages 19-20	EM15	\$102.75
07	Maui	E	Quest ACE	M15	Male Ages 19-20	EM15	
08	Molokai	E	Quest ACE	M15	Male Ages 19-20	EM15	
09	Lanai	E	Quest ACE	M15	Male Ages 19-20	EM15	
01	Oahu	E	Quest ACE	M16	Male Ages 21-39	EM16	\$95.64
04	Kauai	E	Quest ACE	M16	Male Ages 21-39	EM16	\$101.17
05	Hawaii	E	Quest ACE	M16	Male Ages 21-39	EM16	\$70.98
07	Maui	E	Quest ACE	M16	Male Ages 21-39	EM16	
08	Molokai	E	Quest ACE	M16	Male Ages 21-39	EM16	
09	Lanai	E	Quest ACE	M16	Male Ages 21-39	EM16	
01	Oahu	E	Quest ACE	M17	Male Ages 40-64	EM17	\$181.71

EXHIBIT A
State of Hawaii, Department of Human Services
RFP-MQD-2007-002
Rates by Island/Health Plan/Rate Cell
Rates Effective July 1, 2007 - June 30, 2008

Island		Aid Type		Age/Gender Band		Rate	
Code	Description	Code	Description	Code	Description	Code	HMSA
04	Kauai	E	Quest ACE	M17	Male Ages 40-64	EM17	\$192.23
05	Hawaii	E	Quest ACE	M17	Male Ages 40-64	EM17	\$134.85
07	Maui	E	Quest ACE	M17	Male Ages 40-64	EM17	
08	Molokai	E	Quest ACE	M17	Male Ages 40-64	EM17	
09	Lanai	E	Quest ACE	M17	Male Ages 40-64	EM17	
01	Oahu	F	Foster Care	F11	Female Ages < 1	FF11	\$378.06
04	Kauai	F	Foster Care	F11	Female Ages < 1	FF11	\$385.39
05	Hawaii	F	Foster Care	F11	Female Ages < 1	FF11	\$416.81
07	Maui	F	Foster Care	F11	Female Ages < 1	FF11	
08	Molokai	F	Foster Care	F11	Female Ages < 1	FF11	
09	Lanai	F	Foster Care	F11	Female Ages < 1	FF11	
01	Oahu	F	Foster Care	F12	Female Ages 1-5	FF12	\$122.37
04	Kauai	F	Foster Care	F12	Female Ages 1-5	FF12	\$124.75
05	Hawaii	F	Foster Care	F12	Female Ages 1-5	FF12	\$134.92
07	Maui	F	Foster Care	F12	Female Ages 1-5	FF12	
08	Molokai	F	Foster Care	F12	Female Ages 1-5	FF12	
09	Lanai	F	Foster Care	F12	Female Ages 1-5	FF12	
01	Oahu	F	Foster Care	F13	Female Ages 6-11	FF13	\$123.76
04	Kauai	F	Foster Care	F13	Female Ages 6-11	FF13	\$126.16
05	Hawaii	F	Foster Care	F13	Female Ages 6-11	FF13	\$136.45
07	Maui	F	Foster Care	F13	Female Ages 6-11	FF13	
08	Molokai	F	Foster Care	F13	Female Ages 6-11	FF13	
09	Lanai	F	Foster Care	F13	Female Ages 6-11	FF13	
01	Oahu	F	Foster Care	F14	Female Ages 12-18	FF14	\$163.37
04	Kauai	F	Foster Care	F14	Female Ages 12-18	FF14	\$166.54
05	Hawaii	F	Foster Care	F14	Female Ages 12-18	FF14	\$180.12
07	Maui	F	Foster Care	F14	Female Ages 12-18	FF14	
08	Molokai	F	Foster Care	F14	Female Ages 12-18	FF14	
09	Lanai	F	Foster Care	F14	Female Ages 12-18	FF14	
01	Oahu	F	Foster Care	F15	Female Ages 19-20	FF15	\$163.37
04	Kauai	F	Foster Care	F15	Female Ages 19-20	FF15	\$166.54
05	Hawaii	F	Foster Care	F15	Female Ages 19-20	FF15	\$180.12
07	Maui	F	Foster Care	F15	Female Ages 19-20	FF15	
08	Molokai	F	Foster Care	F15	Female Ages 19-20	FF15	
09	Lanai	F	Foster Care	F15	Female Ages 19-20	FF15	
01	Oahu	F	Foster Care	M11	Male Ages < 1	FM11	\$378.06
04	Kauai	F	Foster Care	M11	Male Ages < 1	FM11	\$385.39
05	Hawaii	F	Foster Care	M11	Male Ages < 1	FM11	\$416.81
07	Maui	F	Foster Care	M11	Male Ages < 1	FM11	
08	Molokai	F	Foster Care	M11	Male Ages < 1	FM11	
09	Lanai	F	Foster Care	M11	Male Ages < 1	FM11	
01	Oahu	F	Foster Care	M12	Male Ages 1-5	FM12	\$141.17
04	Kauai	F	Foster Care	M12	Male Ages 1-5	FM12	\$143.91
05	Hawaii	F	Foster Care	M12	Male Ages 1-5	FM12	\$155.65
07	Maui	F	Foster Care	M12	Male Ages 1-5	FM12	
08	Molokai	F	Foster Care	M12	Male Ages 1-5	FM12	

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Island		Aid Type		Age/Gender Band		Rate	
Code	Description	Code	Description	Code	Description	Code	HMSA
09	Lanai	F	Foster Care	M12	Male Ages 1-5	FM12	
01	Oahu	F	Foster Care	M13	Male Ages 6-11	FM13	\$157.82
04	Kauai	F	Foster Care	M13	Male Ages 6-11	FM13	\$160.88
05	Hawaii	F	Foster Care	M13	Male Ages 6-11	FM13	\$174.00
07	Maui	F	Foster Care	M13	Male Ages 6-11	FM13	
08	Molokai	F	Foster Care	M13	Male Ages 6-11	FM13	
09	Lanai	F	Foster Care	M13	Male Ages 6-11	FM13	
01	Oahu	F	Foster Care	M14	Male Ages 12-18	FM14	\$156.28
04	Kauai	F	Foster Care	M14	Male Ages 12-18	FM14	\$159.31
05	Hawaii	F	Foster Care	M14	Male Ages 12-18	FM14	\$172.30
07	Maui	F	Foster Care	M14	Male Ages 12-18	FM14	
08	Molokai	F	Foster Care	M14	Male Ages 12-18	FM14	
09	Lanai	F	Foster Care	M14	Male Ages 12-18	FM14	
01	Oahu	F	Foster Care	M15	Male Ages 19-20	FM15	\$156.28
04	Kauai	F	Foster Care	M15	Male Ages 19-20	FM15	\$159.31
05	Hawaii	F	Foster Care	M15	Male Ages 19-20	FM15	\$172.30
07	Maui	F	Foster Care	M15	Male Ages 19-20	FM15	
08	Molokai	F	Foster Care	M15	Male Ages 19-20	FM15	
09	Lanai	F	Foster Care	M15	Male Ages 19-20	FM15	
01	Oahu	G	General Assistance	F14	Female Ages 12-18	GF14	\$692.40
04	Kauai	G	General Assistance	F14	Female Ages 12-18	GF14	\$892.01
05	Hawaii	G	General Assistance	F14	Female Ages 12-18	GF14	\$667.39
07	Maui	G	General Assistance	F14	Female Ages 12-18	GF14	
08	Molokai	G	General Assistance	F14	Female Ages 12-18	GF14	
09	Lanai	G	General Assistance	F14	Female Ages 12-18	GF14	
01	Oahu	G	General Assistance	F15	Female Ages 19-20	GF15	\$692.40
04	Kauai	G	General Assistance	F15	Female Ages 19-20	GF15	\$892.01
05	Hawaii	G	General Assistance	F15	Female Ages 19-20	GF15	\$667.39
07	Maui	G	General Assistance	F15	Female Ages 19-20	GF15	
08	Molokai	G	General Assistance	F15	Female Ages 19-20	GF15	
09	Lanai	G	General Assistance	F15	Female Ages 19-20	GF15	
01	Oahu	G	General Assistance	F16	Female Ages 21-39	GF16	\$692.40
04	Kauai	G	General Assistance	F16	Female Ages 21-39	GF16	\$892.01
05	Hawaii	G	General Assistance	F16	Female Ages 21-39	GF16	\$667.39
07	Maui	G	General Assistance	F16	Female Ages 21-39	GF16	
08	Molokai	G	General Assistance	F16	Female Ages 21-39	GF16	
09	Lanai	G	General Assistance	F16	Female Ages 21-39	GF16	
01	Oahu	G	General Assistance	F17	Female Ages 40-64	GF17	\$874.68
04	Kauai	G	General Assistance	F17	Female Ages 40-64	GF17	\$1,126.84
05	Hawaii	G	General Assistance	F17	Female Ages 40-64	GF17	\$843.09
07	Maui	G	General Assistance	F17	Female Ages 40-64	GF17	
08	Molokai	G	General Assistance	F17	Female Ages 40-64	GF17	
09	Lanai	G	General Assistance	F17	Female Ages 40-64	GF17	
01	Oahu	G	General Assistance	M14	Male Ages 12-18	GM14	\$486.55
04	Kauai	G	General Assistance	M14	Male Ages 12-18	GM14	\$626.82
05	Hawaii	G	General Assistance	M14	Male Ages 12-18	GM14	\$468.98