Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

HAWAII DID NOT ADEQUATELY MONITOR IMPLEMENTATION OF SOME RISK-SHARING CONTRACT PROVISIONS FOR THE QUEST EXPANDED MEDICAID MANAGED CARE PROGRAM

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov.

Lori A. Ahlstrand
Regional Inspector General

April 2013
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Office of Inspector General

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EXECUTIVE SUMMARY

Hawaii established risk-sharing mechanisms in its contracts with managed care organizations for QUEST Expanded Medicaid in accordance with Federal regulations. However, it did not adequately monitor implementation of some contract provisions.

WHY WE DID THIS REVIEW

Federal regulations allow a State Medicaid agency to enter into a comprehensive risk contract with a managed care organization (MCO); the contract must specify any risk-sharing mechanisms. These risk-sharing arrangements reduce MCOs' financial risk by providing a mechanism for States to share in MCOs' losses but also allow States to share in MCOs' gains. Because the Federal and State Governments jointly fund the Medicaid program, the Federal Government also shares in any losses or gains.

Hawaii is one of the States that uses risk sharing in its MCO contracts. The Hawaii Department of Human Services (State agency) entered into comprehensive risk contracts with MCOs to provide health services to beneficiaries under the age of 65 and without a disabling diagnosis under QUEST Expanded Medicaid (QUEST), a Medicaid section 1115 demonstration project.

Our objectives were to determine whether the State agency established risk-sharing mechanisms in its contracts with MCOs for QUEST in accordance with Federal regulations and adequately monitored implementation of the contract provisions.

BACKGROUND

The State agency entered into comprehensive risk contracts with four MCOs in the fiscal year (FY) ended June 30, 2009, and three MCOs in the FY ended June 30, 2010. According to the contract with each MCO, the State agency shares in any significant difference between the total monthly capitation payments to the MCO (capitated revenues) and the net health care expenses of the MCO. The MCOs submit to the State agency annual financial reports within 45 days of the State FY ended June 30. These reports include the Statement of Revenue and Expenses, which shows capitated revenues and health care expenses.

According to each contract, the State agency will request that the MCO submit an updated financial report for the FY ended June 30 to reflect any adjustments through December 31. Upon receiving the MCOs' reports, the State agency is required to develop an aggregate profit-and-loss statement for the MCOs and to compute an aggregate net loss or gain percentage for QUEST. If the net loss exceeds 5 percent or the net gain exceeds 3 percent (a range referred to as the "risk corridor"), the risk-sharing provisions go into effect and the profit or loss, as applicable, is shared between the State agency and the MCOs.

For the FYs ended June 30, 2009, and June 30, 2010, the State agency calculated that the MCOs' aggregate net loss or gain percentage was within the risk corridor. Therefore, the risk-sharing provisions of the contracts did not go into effect.

WHAT WE FOUND

For the FYs ended June 30, 2009, and June 30, 2010, the State agency established risk-sharing mechanisms in its comprehensive risk contracts with MCOs for QUEST in accordance with Federal regulations. However, the State agency did not adequately monitor implementation of some of the contract provisions. Specifically, the State agency did not (1) request updated financial reports from the MCOs to calculate the aggregate net loss or gain percentage or (2) verify the completeness and accuracy of the financial data submitted by the MCOs, including verifying that capitated revenues and health care expenses were based on actual revenues and expenses less any reimbursements.

After obtaining updated financial reports from the MCOs and using the MCOs' actual revenues and expenses for the FY ended June 30, 2010, we determined that the aggregate net loss or gain percentage was within the risk corridor. Consequently, the risk-sharing provisions were not applicable for the FY ended June 30, 2010. (We did not recalculate the aggregate net loss or gain percentage for the FY ended June 30, 2009.) Although our analysis for 2010 determined that the aggregate net loss or gain percentage was within the risk corridor and there was no impact on the Federal Government share, the Federal Government's share could be affected in future years if the State agency does not adequately monitor implementation of the contract provisions.

WHAT WE RECOMMEND

We recommend that, in the future, the State agency:

- obtain from the MCOs updated financial reports reflecting any adjustments through December 31 and use those reports to calculate the aggregate net loss or gain percentage and

- verify the completeness and accuracy of the financial data provided by MCOs in updated financial reports.

STATE AGENCY COMMENTS AND OUR RESPONSE

In written comments on our draft report, the State agency concurred with our findings and described actions that it had taken to address our recommendations. The State agency also suggested that we revise the title of our report. After reviewing the State agency's suggested revision, we changed the title to clarify that we reviewed the risk-sharing contract provisions for the QUEST Expanded Medicaid program.

TABLE OF CONTENTS

INTRODUCTION

WHY WE DID THIS REVIEW

Federal regulations allow a State Medicaid agency to enter into a comprehensive risk contract with a managed care organization (MCO); the contract must specify any risk-sharing mechanisms. These risk-sharing arrangements reduce MCOs' financial risk by providing a mechanism for States to share in MCOs' losses but also allow States to share in MCOs' gains. Because the Federal and State Governments jointly fund the Medicaid program, the Federal Government also shares in any losses or gains.

Hawaii is one of the States that uses risk sharing in its MCO contracts. The Hawaii Department of Human Services (State agency) entered into comprehensive risk contracts with MCOs to provide health services to beneficiaries under the age of 65 and without a disabling diagnosis under QUEST Expanded Medicaid (QUEST), a Medicaid demonstration project.[1]

OBJECTIVES

Our objectives were to determine whether the State agency established risk-sharing mechanisms in its contracts with MCOs for QUEST in accordance with Federal regulations and adequately monitored implementation of the contract provisions.

BACKGROUND

Administration of the Medicaid Program and Authorization of Section 1115 Demonstration Projects

Under Title XIX of the Social Security Act (the Act), the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Section 1115 of the Act provides the Secretary of Health and Human Services with broad authority to authorize demonstration projects to assist in promoting the objectives of the Medicaid program. Under section 1115, the Secretary may waive compliance with any of the requirements of section 1902 of the Act to enable States to carry out these projects and receive Federal funds.

[1] In a prior audit, we reviewed the State agency's implementation of contract provisions for another Medicaid demonstration project in Hawaii, QUEST Expanded Access. The report, entitled *Contract Provisions for the Hawaii QUEST Expanded Access Risk Share Program Not Implemented* (A-09-12-02006), was issued February 27, 2012.

Hawaii QUEST Expanded Medicaid

Hawaii provides comprehensive Medicaid coverage across the State to healthy children and adults through MCOs. The MCOs provide health services in return for a monthly fixed payment (i.e., capitation payment) for each enrolled recipient.

In Hawaii, the State agency administers the Medicaid program. On August 1, 1994, the State agency implemented QUEST, a section 1115 demonstration project, to provide medical and behavioral health services to beneficiaries under the age of 65 and without a disabling diagnosis. The State agency contracted with four MCOs to participate in QUEST for the fiscal year (FY) ended June 30, 2009, and contracted with three MCOs to participate in QUEST for the FY ended June 30, 2010.[2] The contract with each MCO incorporates the State agency's Request for Proposal (RFP) and the MCO's individual proposal. Within the RFP, the risk-sharing provisions are referenced in Appendix T.

Risk-Sharing Provisions of Contracts With Managed Care Organizations

According to the risk-sharing provisions in Appendix T of the RFP, the State agency shares in any significant difference between the capitated revenues and the actual net health care expenses of the MCOs on an aggregate basis.

- Capitated revenues are the total monthly capitation payments to the MCOs.

- Net health care expenses are actual service expenses paid by the MCO less any reimbursements received from third parties, such as rebates on prescription drugs.

The MCOs submit to the State agency annual financial reports within 45 days of the State FY ended June 30. The financial reports include the Statement of Revenue and Expenses, which shows capitated revenues and health care expenses.

According to the risk-sharing provisions, the State agency will request that the MCOs submit updated financial reports for the FY ended June 30 for any adjustments through December 31. Adjustments may include health care services that were furnished by medical providers but not yet billed to the MCOs before the FY ended June 30. Upon receiving these financial reports, the State agency is required to develop an aggregate profit-and-loss statement for the MCOs and to compute an aggregate net loss or gain percentage. The State agency calculates this percentage by comparing 90 percent[3] of the capitated revenues with the actual net health care expenses. If the net loss exceeds 5 percent or the net gain exceeds 3 percent (a range referred to as the "risk corridor"), the risk-sharing provisions go into effect and the profit or loss, as applicable, is shared between the State agency and the MCOs.

[2] One of the four MCOs for the FY ended June 30, 2009, did not enter into a contract with the State agency for the FY ended June 30, 2010.

[3] This percentage was specified in the risk-sharing provisions of the contracts.

For the FYs ended June 30, 2009, and June 30, 2010, the State agency calculated that the MCOs' aggregate net loss or gain percentage was within the risk corridor. Therefore, the risk-sharing provisions of the contracts did not go into effect.

HOW WE CONDUCTED THIS REVIEW

Our audit covered the period July 1, 2008, through June 30, 2010. We reviewed the provisions of the State agency's contracts with the four MCOs that participated in QUEST and the State agency's risk share calculations. We limited our review of the State agency's internal controls to those controls over monitoring implementation of the risk-sharing provisions of the contracts.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

For the FYs ended June 30, 2009, and June 30, 2010, the State agency established risk-sharing mechanisms in its comprehensive risk contracts with MCOs for QUEST in accordance with Federal regulations. However, the State agency did not adequately monitor implementation of some of the contract provisions. Specifically, the State agency did not (1) request updated financial reports from the MCOs to calculate the aggregate net loss or gain percentage or (2) verify the completeness and accuracy of the financial data submitted by the MCOs, including verifying that capitated revenues and health care expenses were based on actual revenues and expenses less any reimbursements.

After obtaining updated financial reports from the MCOs and using the MCOs' actual revenues and expenses for the FY ended June 30, 2010, we determined that the aggregate net loss or gain percentage was within the risk corridor. Consequently, the risk-sharing provisions were not applicable for the FY ended June 30, 2010.[4]

FEDERAL REQUIREMENTS

Federal regulations allow a State agency to enter into a comprehensive risk contract with an MCO (42 CFR § 438.6). Among other requirements, the contract must specify any risk-sharing mechanisms. The State agency must have in effect procedures for monitoring the MCO's operations, including, at a minimum, the provisions of the contract (42 CFR § 438.66).

Under the Special Terms and Conditions of the QUEST section 1115 demonstration project, the State agency is required to effectively monitor and ensure oversight of the demonstration.

[4] We did not recalculate the aggregate net loss or gain percentage for the FY ended June 30, 2009, because the MCOs were not able to provide updated financial reports.

STATE AGENCY DID NOT OBTAIN UPDATED FINANCIAL REPORTS FROM MANAGED CARE ORGANIZATIONS

According to the risk-sharing provisions, the State agency will request that the MCOs submit updated financial reports for the FY ended June 30 for any adjustments through December 31. Adjustments may include expenses for health care services that were furnished by medical providers but not yet billed to the MCOs before the FY ended June 30.

To calculate the aggregate net loss or gain percentage for the MCOs, the State agency did not obtain from the MCOs updated financial reports reflecting any adjustments. Specifically, for the FYs ended June 30, 2009, and June 30, 2010, the State agency obtained the annual financial reports within 45 days after the FY but did not request that the MCOs provide updated financial reports for any adjustments through December 31.

STATE AGENCY DID NOT VERIFY COMPLETENESS OR ACCURACY OF MANAGED CARE ORGANIZATIONS' FINANCIAL DATA

The State agency did not verify the completeness and accuracy of the financial data submitted by the MCOs, including verifying that revenues and expenses were based on actual revenues and expenses less any reimbursements.

Completeness of Financial Data

According to the risk-sharing provisions, the State agency, after receiving the updated annual financial reports from the MCOs, is required to develop an aggregate profit-and-loss statement covering all the MCOs and to compute an aggregate net loss or gain percentage based on the total capitation payments to the MCOs.

The State agency did not use complete financial data from the annual financial reports to develop the aggregate annual profit-and-loss statement for computing the aggregate net loss or gain percentage:

- For one MCO, the State agency included only part of the Statement of Revenue and Expenses for the FY ended June 30, 2010.

- For another MCO, the State agency used the financial report for only one quarter rather than the annual financial reports for the FYs ended June 30, 2009, and June 30, 2010.

Accuracy of Annual Statements of Revenue and Expenses

According to the risk-sharing provisions, the MCO's capitated revenues are the State agency's total capitation payments to the MCO. Net health care expenses are actual service expenses less any reimbursements received from third parties, such as rebates on prescription drugs.

The State agency did not verify the accuracy of the MCOs' annual Statements of Revenue and Expenses, which were not based on actual capitated revenues and net health care expenses:

- One MCO reported Medicaid supplemental payments[5] on the basis of estimates, which overstated both capitated revenues and health care expenses.

- One MCO's health care expenses did not include Medicaid supplemental payments, which understated health care expenses.

- Two MCOs did not record actual current-year reinsurance[6] amounts on the proper revenue line, which the State agency considered as a reduction to the MCOs' health care expenses.

- Two MCOs reported additional estimates of unbilled health care expenses, which overstated health care expenses.

- One MCO had health care pharmacy expenses that were not properly reduced by drug rebate amounts, which overstated health care expenses.

NET LOSS OR GAIN PERCENTAGE WAS STILL WITHIN RISK CORRIDOR AFTER OUR CALCULATION FOR FISCAL YEAR ENDED JUNE 30, 2010

To determine whether the risk-sharing provisions of the contracts should have gone into effect for the FY ended June 30, 2010, we obtained updated financial reports from the MCOs and used the MCOs' actual revenues and expenses. Our analysis determined that the aggregate net loss or gain percentage was within the risk corridor. Consequently, the risk-sharing provisions were not applicable for the FY ended June 30, 2010.

CONCLUSION

Because the Federal and State Governments jointly fund the Medicaid program, the Federal Government shares in any State agency losses or gains in QUEST. Although our analysis for the FY ended June 30, 2010, determined that the aggregate net loss or gain percentage was within the risk corridor and there was no impact on the Federal Government's share, the Federal Government's share could be affected in future years if the State agency does not adequately monitor implementation of the risk-sharing provisions in its contracts with MCOs that participate in QUEST.

[5] The MCOs receive supplemental payments from the State agency to partially subsidize care for the uninsured. These payments are included in the capitation rates. The MCOs make these supplemental payments to providers for uninsured care and record the amounts as health care expenses.

[6] Reinsurance is the amount that the State agency reimburses the MCOs for certain benefits that exceed a specified expense limit. These reinsurance amounts reduce the MCOs' net health care expenses but are not included in the capitation rates.

RECOMMENDATIONS

We recommend that, in the future, the State agency:

- obtain from the MCOs updated financial reports reflecting any adjustments through December 31 and use those reports to calculate the aggregate net loss or gain percentage and

- verify the completeness and accuracy of the financial data provided by MCOs in updated financial reports.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency concurred with our findings and described actions that it had taken to address our recommendations. The State agency also suggested that we revise the title of our report to *Hawaii Did Not Adequately Implement the QUEST Expanded Access Risk Share Program.* The State agency's comments are included in their entirety as Appendix B.

The State agency's suggested revision of the title of our report does not reflect the program that we reviewed because we did not review QUEST Expanded Access. We changed the title to clarify that we reviewed the risk-sharing contract provisions for the QUEST Expanded Medicaid program.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our audit covered the period July 1, 2008, through June 30, 2010. We did not review the State agency's overall internal control structure because our objectives did not require us to do so. We limited our review of the State agency's internal controls to those controls over monitoring implementation of the risk-sharing provisions of the State agency's contracts with the four MCOs that participated in QUEST.

We conducted fieldwork from September 2011 to April 2012 at the State agency's offices in Honolulu and Kapolei, Hawaii, and the MCOs' offices in Honolulu, Hawaii.

METHODOLOGY

To accomplish our objectives, we:

- reviewed applicable Federal laws and regulations;
- reviewed the Special Terms and Conditions of the QUEST section 1115 demonstration project;
- reviewed the provisions of the State agency's contracts with the MCOs that participated in QUEST for the FYs ended June 30, 2009, and June 30, 2010;
- reviewed the risk-sharing provisions in Appendix T of the State agency's RFP;
- held discussions with CMS and State agency officials to gain an understanding of the risk-sharing provisions and how the State agency administered and monitored QUEST;
- reviewed the State agency's risk share calculations by reconciling the MCOs' capitated revenues and health care expenses with the MCOs' annual financial reports;
- held discussions with each MCO and judgmentally selected documents for review to determine whether:
    - the capitated payments recorded by the State agency were reconciled with the capitated revenues reported on the MCO's Statement of Revenue and Expenses and
    - actual revenues and net health care expenses were reported in the Statement of Revenue and Expenses by reconciling the amounts with the supporting schedules;
- performed our own risk share calculations using the MCOs' actual revenues and expenses for the FY ended June 30, 2010, to determine whether the risk-sharing provisions should have gone into effect; and

- discussed the results of our review with the State agency.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: STATE AGENCY COMMENTS

NEIL ABERCROMBIE
GOVERNOR

PATRICIA MCMANAMAN
DIRECTOR

BARBARA A. YAMASHITA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 25, 2013

Ms. Lori A. Ahlstrand
Regional Inspector General for Audit Services
Office of Audit Services, Region IX
90-7th Street, Suite 3-650
San Francisco, California 94103

Dear Ms. Ahlstrand:

Enclosed is the Department of Human Services' responses and corrective action plan related to your draft audit entitled *Hawaii Did Not Adequately Monitor Implementation of Some Contract Provisions for the QUEST Expanded Medicaid Managed Care Program*, audit number A-09-11-02054 dated January 2013. We are concerned the title of the draft audit may mislead the public and other government officials. The DHS suggests the following revised title: *Hawaii Did Not Adequately Implement the QUEST Expanded Access Risk Share Program.*

We appreciate the opportunity to comment on the audit report.

Sincerely,

Patricia McManaman
Director

Enclosure

AN EQUAL OPPORTUNITY AGENCY

FINDINGS

For the FYs ended June 30, 2009, and June 30, 2010, the State agency established risk-sharing mechanisms in its comprehensive risk contracts with MCOs for QUEST in accordance with Federal regulations. However, the State agency did not adequately monitor implementation of some of the contract provisions. Specifically, the State agency did not (1) request updated financial reports from the MCOs to calculate the aggregate net loss or gain percentage or (2) verify the completeness and accuracy of the financial data submitted by the MCOs, including verifying that capitated revenues and health care expenses were based on actual revenues and expenses less any reimbursements.

- **STATE AGENCY DID NOT OBTAIN UPDATED FINANCIAL REPORTS FROM MANAGED CARE ORGANIZATIONS**

  According to the risk-sharing provisions, the State agency will request that the MCOs submit updated financial reports for the FY ended June 30 for any adjustments through December 31. Adjustments may include expenses for health care services that were furnished by medical providers but not yet billed to the MCOs before the FY ended June 30. To calculate the aggregate net loss or gain percentage for the MCOs, the State agency did not obtain from the MCOs updated financial reports reflecting any adjustments. Specifically, for the FYs ended June 30, 2009, and June 30, 2010, the State agency obtained the annual financial reports within 45 days after the FY but did not request that the MCOs provide updated financial reports for any adjustments through December 31.

- **STATE AGENCY DID NOT VERIFY COMPLETENESS OR ACCURACY OF MANAGED CARE ORGANIZATIONS' FINANCIAL DATA**

  The State agency did not verify the completeness and accuracy of the financial data submitted by the MCOs, including verifying that revenues and expenses were based on actual revenues and expenses less any reimbursements.

RECOMMENDATIONS

- Obtain from the MCOs updated financial reports reflecting any adjustments through December 31 and use those reports to calculate the aggregate net loss or gain percentage and

- verify the completeness and accuracy of the financial data provided by MCOs in updated financial reports.

CONCURRANCE/CORRECTIVE ACTION TAKEN OR PLANNED

We concur with the auditor's findings. The Department of Human Services (DHS) has completed/or plans the following corrective action for each of the recommendations listed above.

- The QUEST MCOs' under contract were required to submit their final financial statements six months after the fiscal year end (December 31). Health plans have filing deadlines up to one year after the date of service which does not allow for the final statements to be completed until June 30th of the following year. We have revised our RFP's to require submissions six months after the calendar year end which should eliminate any need to adjust the financial statements for adjustment or accruals.

- Under the current RFP effective in FY2012 the Risk Share Program has been replaced with the Gain Share Program. Health Plans are now at risk for the full share of the losses and are subject to gain sharing only.

- Also please note the title of this report gives the impression that the scope of the audit was beyond the Risk Share Program. We would recommend that the title reflect that the audit was only for the Risk Share Program and limited to the QUEST Expanded Access Program, and we recommend the following revised title: *Hawaii Did Not Adequately Implement the QUEST Expanded Access Risk Share Program.*