HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO REPORT ON THE STATE MEDICAID PROGRAM'S COMPLIANCE WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

WHEREAS, the Legislature finds that fraud, abuse of systems, and waste cost state Medicaid programs a combined estimate of \$18,000,000 per year; and

WHEREAS, the Center for Program Integrity within the Centers for Medicare and Medicaid Services reports that fraud, abuse of systems, and waste can be significantly attributed to medical coding errors, the provision of unnecessary medical services, improper billing practices, and deceptive billing; and

WHEREAS, the United States Government Accountability Office study, "Medicare and Medicaid Fraud, Waste, and Abuse," dated March 9, 2011, indicated that fraud, abuse of systems, and waste put all social service programs, including Medicare and Medicaid, at risk; and

WHEREAS, in designating Medicare and Medicaid as "high-risk" programs, the United States Government Accountability Office stressed the need to implement strategies to reduce fraud, abuse of systems, and waste, as well as reduce improper payments; and

WHEREAS, the State of Hawaii's Medicaid enrollment reached approximately 290,496 members by the end of fiscal year 2012 and its Med-Quest enrollment has increased more than 35 percent since 2008; and

WHEREAS, the State of Hawaii has current contracts with managed care health plans to provide coverage for its Medicaid populations, including both Quest and Quest Expanded enrollees, with the Department of Human Services providing federally-

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mandated accountability and oversight pursuant to the Federal Balanced Budget Act of 1997; and

WHEREAS, the Legislature recognizes that the problems of fraud, abuse of systems, and waste within Medicaid programs have led to higher costs for Medicaid programs throughout the country; and

WHEREAS, the Patient Protection and Affordable Care Act of 2010 requires the states to submit plans detailing proposed methods to increase post-payment reviews aimed at identifying payment errors and recouping overpayments; and

WHEREAS, Medicaid program integrity within managed care health plans and other programs is of vital importance to the State of Hawaii; and

WHEREAS, transparency would be increased and areas of weakness more easily identified within the State of Hawaii's Medicaid programs if the Department of Human Services provided a report on Medicaid compliance with the Patient Protection and Affordable Care Act of 2010; now, therefore,

 BE IT RESOLVED by the House of Representatives of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the Senate concurring, that the Department of Human Services is requested to report on the State Medicaid program's compliance with the Patient Protection and Affordable Care Act of 2010, including a timeline for compliance for fiscal years 2012-2013, 2013-2014, and 2014-2015; and

 BE IT FURTHER RESOLVED that the Department of Human Services submit the report to the Legislature no later than 20 days prior to the convening of the Regular Sessions of 2014, 2015, 2016, and 2017; and

 BE IT FURTHER RESOLVED that a certified copy of this Concurrent Resolution be transmitted to the Director of Human Services.