

---

---

## HOUSE RESOLUTION

URGING THE ESTABLISHMENT OF A WORK GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

1           WHEREAS, health is affected by social determinants of  
2 health, which have considerable bearing on individual and  
3 population health, more so than genetic disposition and  
4 traditional medical care; and

5  
6           WHEREAS, the "County Health Rankings & Roadmaps" report has  
7 found that much of life expectancy and health status is  
8 attributed to social and economic factors (40 percent), health  
9 behaviors (30 percent), and the physical environment (10  
10 percent), leaving only 20 percent to clinical care; and

11  
12           WHEREAS, many individuals are subject to multiple  
13 determinants, or risks, such as homelessness, language barriers,  
14 abuse, unemployment, poverty, and lack of transportation at any  
15 given time; and

16  
17           WHEREAS, social determinants of health complicate the  
18 ability to address individual and community health concerns and  
19 pose challenges to patients and providers in identifying,  
20 assessing, and treating health problems; and

21  
22           WHEREAS, enabling services, which are non-clinical services  
23 designed to address gaps in care by qualified staff from the  
24 community who build relationships and trust with their patients,  
25 can reduce social determinants of health barriers and address  
26 issues such as housing, transportation, interpretation, economic  
27 security, and linkage and coordination with providers of other  
28 services, such as education, behavioral health, and employment  
29 services; and

30  
31           WHEREAS, unmet needs for social determinants of health and  
32 other enabling services, including care coordination, often  
33 result in costlier, preventable health care costs such as  
34 hospitalizations and emergency-room utilization; and



1 WHEREAS, traditional health care and payment for health  
2 care do not address social determinants of health related to  
3 language, culture, economic and livelihood security,  
4 environmental quality, transportation, and many other barriers  
5 individuals face to utilize health care services; and  
6

7 WHEREAS, health care costs could be reduced with improved  
8 access to primary care services and risk adjustment for social  
9 determinants of health and other enabling services; and  
10

11 WHEREAS, the Medicaid, gap-group, and uninsured populations  
12 have significant socioeconomic pressures, which if addressed  
13 will result in measurable improvement in preventable health care  
14 costs; and  
15

16 WHEREAS, differences among population groups exist;  
17 therefore, disaggregation of assessment data by race, age,  
18 gender, socioeconomic status, education level, and geography is  
19 vital to addressing social determinants of health; now,  
20 therefore,  
21

22 BE IT RESOLVED by the House of Representatives of the  
23 Twenty-seventh Legislature of the State of Hawaii, Regular  
24 Session of 2013, that the President of the Senate and Speaker of  
25 the House of Representatives are requested to establish a work  
26 group to examine social determinants of health and risk  
27 adjustment for Medicaid, gap-group, and uninsured individuals;  
28 and  
29

30 BE IT FURTHER RESOLVED that the work group include but not  
31 be limited to the following members:  
32

- 33 (1) The Insurance Commissioner;
- 34
- 35 (2) A representative from the Department of Human  
36 Services;
- 37
- 38 (3) Representatives from health insurance plans within the  
39 State;



- 1 (4) A representative from the Healthcare Association of  
2 Hawaii;
- 3
- 4 (5) A representative from the Hawaii Primary Care  
5 Association;
- 6
- 7 (6) A representative from the Hawaii Medical Association;
- 8
- 9 (7) A representative from the Department of Health;
- 10
- 11 (8) Three members from Hawaii's health care provider  
12 community;
- 13
- 14 (9) Three members from Hawaii's community health centers;
- 15
- 16 (10) One consumer who is enrolled in Medicaid, one consumer  
17 who falls into the gap-group, and one consumer who is  
18 uninsured;
- 19
- 20 (11) A representative from the Hawaii Health Connector;
- 21
- 22 (12) A representative from the Governor's Healthcare  
23 Transformation Office;
- 24
- 25 (13) The chairs of the House and Senate Health and Human  
26 Services committees; and
- 27
- 28 (14) A representative from the Office of Hawaiian Affairs;  
29 and
- 30

31 BE IT FURTHER RESOLVED that the work group is requested, at  
32 minimum, to conduct the following:

- 33
- 34 (1) Examination of enabling services and payment for these  
35 services;
- 36
- 37 (2) Examination of care coordination efforts, including  
38 which settings offer care coordination, who employs  
39 care coordinators, whether health plans pay for on-  
40 site or off-site coordination, whether there are any  
41 standardization of care coordination efforts with



- 1 hospitals, and the transition of care from hospital to
- 2 the community setting;
- 3
- 4 (3) Evaluation of the structure of incentives provided by
- 5 the State to health plans, and determination of
- 6 whether the incentives align effectively with
- 7 providers;
- 8
- 9 (4) Measurement of the effectiveness of health plan
- 10 coordinated and managed behavioral health services,
- 11 substance abuse treatment, and pain management;
- 12
- 13 (5) Evaluation of the management of risk pools and the
- 14 collaboration and shared information of these risk
- 15 pools between plans and providers;
- 16
- 17 (6) Examination of value-added services that are offered
- 18 in health care homes, including engaging community,
- 19 cultural proficiency, workforce and job training, and
- 20 care-enabling services, identifying the settings where
- 21 these services are offered, and identifying whether
- 22 the State incentivizes these services;
- 23
- 24 (7) Examination of the risk adjustment systems identifying
- 25 medical complexity and social determinants that need
- 26 to be improved or adopted to ensure patients receive
- 27 necessary care and that performance-based incentives
- 28 for providers are fair;
- 29
- 30 (8) Examination of risk adjustment between the State and
- 31 health plans, including high-risk patients with
- 32 behavioral conditions and the early onset of chronic
- 33 disease, particularly for Native Hawaiians and other
- 34 high-risk populations;
- 35
- 36 (9) Examination of how other states are implementing
- 37 comprehensive approaches to Medicaid and health
- 38 insurance exchange risk-adjustment practices that
- 39 incorporate medical and social-risk factors; and



1 (10) Examination of the benefit package for gap-group and  
 2 Medicaid enrollees and an analysis of their needs,  
 3 including social determinants of health, enabling  
 4 services, and reimbursement rates from the State and  
 5 health plans; and  
 6

7 BE IT FURTHER RESOLVED that the work group is requested to  
 8 submit a preliminary report of its findings and recommendations,  
 9 including any proposed legislation, to the Legislature no later  
 10 than 20 days prior to the convening of the Regular Session of  
 11 2014, and a final report to the Legislature no later than 20  
 12 days prior to the convening of the Regular Session of 2015; and  
 13

14 BE IT FURTHER RESOLVED that the work group be subject to  
 15 Chapter 92, Hawaii Revised Statutes; and  
 16

17 BE IT FURTHER RESOLVED that the Office of the Healthcare  
 18 Transformation Coordinator, in partnership with the Legislature,  
 19 is requested to assist the work group by providing a  
 20 facilitator; and  
 21

22 BE IT FURTHER RESOLVED that the work group will cease to  
 23 exist on June 30, 2015; and  
 24

25 BE IT FURTHER RESOLVED that certified copies of this  
 26 Resolution be transmitted to the Governor, Director of Health,  
 27 Director of Human Services, Director of Commerce and Consumer  
 28 Affairs, Healthcare Transformation Coordinator, Insurance  
 29 Commissioner, Healthcare Association of Hawaii, Hawaii Primary  
 30 Care Association, Hawaii Medical Association, Executive Director  
 31 of the Hawaii Health Connector, President of the Senate, and  
 32 Speaker of the House of Representatives.

