

MAR 13 2013

SENATE CONCURRENT 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, County Health Rankings has found that much of life
7 expectancy and health status is attributed to social and
8 economic factors (forty percent), health behaviors (thirty
9 percent), and the physical environment (ten percent), leaving
10 only twenty percent to clinical care; and

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



1 result in costlier preventable health care costs such as
2 hospitalizations and emergency department utilization; and
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4 WHEREAS, traditional health care and payment for health
5 care do not address social determinants of health related to
6 language, culture, economic and livelihood security,
7 environmental quality, transportation, and many other barriers
8 individuals face to utilize health care; and
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10 WHEREAS, health care costs could be reduced with improved
11 access to primary care services and risk adjustment for social
12 determinants of health and other enabling services; and
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14 WHEREAS, the Medicaid, gap-group, and uninsured populations
15 have significant socio-economic pressures, and addressing them
16 will show measurable improvement in preventable health care
17 costs; and
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19 WHEREAS, differences among population groups exist;
20 therefore, disaggregation of assessment data by race, age,
21 gender, socio-economic status, education level, and geography is
22 vital to addressing social determinants of health; now,
23 therefore,
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25 BE IT RESOLVED by the Senate of the Twenty-seventh
26 Legislature of the State of Hawaii, Regular Session of 2013, the
27 House of Representatives concurring, that the Senate President
28 and Speaker of the House of Representatives are requested to
29 establish a work group to examine social determinants of health
30 and risk adjustment for Medicaid, gap-group, and uninsured
31 individuals; and
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33 BE IT FURTHER RESOLVED that the work group include but not
34 be limited to the following members:
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- 36 (1) The Insurance Commissioner;
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38 (2) A representative from the Department of Human
39 Services;
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41 (3) Representatives from health insurance plans within the
42 State;
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- 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;
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- 11 (8) Three members from Hawaii's health care provider
12 community;
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- 14 (9) Three members from Hawaii's community health centers;
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- 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;
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- 20 (11) A representative from the Hawaii Health Connector;
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- 22 (12) A representative from the Governor's Healthcare
23 Transformation Office; and
- 24
- 25 (13) The Chairs of the House and Senate Health and Human
26 Services Committees; and

27
28 BE IT FURTHER RESOLVED that the work group is requested, at
29 minimum, to conduct the following:

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- 31 (1) Examination of enabling services and payment for these
32 services;
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- 34 (2) Examination of care coordination efforts including
35 which settings offer care coordination, who employs
36 care coordinators, whether health plans pay for on-
37 site or off-site coordination, whether there are any
38 standardization of care coordination efforts with
39 hospitals, and the transition of care from hospital to
40 the community setting;
- 41
- 42 (3) Evaluation of the structure of incentives provided by
43 the State to health plans, and determination of



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

43 submit a preliminary report of its findings and recommendations,

44 including any proposed legislation, to the Legislature no later

