
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
3

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
9

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
13

14 WHEREAS, a gap-group was created on July 1, 2012, when
15 individuals and families with incomes between one hundred
16 thirty-three percent and two hundred percent of the federal
17 poverty level were dropped from Medicaid coverage; and
18

19 WHEREAS, the Medicaid, gap-group, and uninsured populations
20 have significant socio-economic pressures, and addressing them
21 will show measurable improvement in preventable health care
22 costs; and
23

24 WHEREAS, differences among population groups exist;
25 therefore, disaggregation of assessment data by race, age,
26 gender, socio-economic status, education level, and geography is
27 vital to addressing social determinants of health; now,
28 therefore,
29

30 BE IT RESOLVED by the Senate of the Twenty-seventh
31 Legislature of the State of Hawaii, Regular Session of 2013, the
32 House of Representatives concurring, that the Senate President
33 and Speaker of the House of Representatives are requested to
34 establish a work group to examine social determinants of health
35 and risk adjustment for Medicaid, gap-group, and uninsured
36 individuals; and
37

38 BE IT FURTHER RESOLVED that the work group include but not
39 be limited to the following members:

- 40 (1) The Insurance Commissioner;
- 41
- 42 (2) A representative from the Department of Human
- 43 Services;
- 44



- 1
- 2 (3) Representatives from health insurance plans within the
- 3 State;
- 4
- 5 (4) A representative from the Healthcare Association of
- 6 Hawaii;
- 7
- 8 (5) A representative from the Hawaii Primary Care
- 9 Association;
- 10
- 11 (6) A representative from the Hawaii Medical Association;
- 12
- 13 (7) A representative from the Department of Health;
- 14
- 15 (8) Three members from Hawaii's health care provider
- 16 community;
- 17
- 18 (9) Three members from Hawaii's community health centers;
- 19
- 20 (10) One consumer who is enrolled in Medicaid, one consumer
- 21 who falls into the gap-group, and one consumer who is
- 22 uninsured;
- 23
- 24 (11) A representative from the Hawaii Health Connector;
- 25
- 26 (12) A representative from the Governor's Healthcare
- 27 Transformation Office;
- 28
- 29 (13) The Chairs of the House and Senate Health and Human
- 30 Services Committees; and
- 31
- 32 (14) A representative from a consumer health advocacy
- 33 organization; and
- 34

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

- 37
- 38 (1) Examination of Medicaid enabling services and payment
- 39 for these services;
- 40
- 41 (2) Examination of care coordination efforts including
- 42 which settings offer care coordination, who employs
- 43 care coordinators, whether health plans provide
- 44 telephonic or face-to-face coordination, whether there



1 are any standardization of care coordination efforts
2 with hospitals, and the transition of care from
3 hospital to the community setting;
4

5 (3) Evaluation of the structure of incentives provided by
6 the State to Medicaid health plans, and determination
7 of whether the incentives align effectively with
8 providers;
9

10 (4) Measurement of the effectiveness of Medicaid health
11 plan coordinated and managed behavioral health
12 services, substance abuse treatment, and pain
13 management;
14

15 (5) Evaluation of the management of these risk pools and
16 the collaboration and shared information of these risk
17 pools between plans and providers;
18

19 (6) Examination of value added services that are offered
20 in health care homes including engaging community,
21 cultural proficiency, workforce and job training, and
22 care enabling services, identifying the settings where
23 these services are offered, and identifying whether
24 the State incentivizes these services;
25

26 (7) Examination of the risk adjustment systems identifying
27 medical complexity and social determinants that need
28 to be improved or adopted to ensure patients receive
29 necessary care and that performance-based incentives
30 for providers are fair;
31

32 (8) Examination of risk adjustment between the State and
33 Medicaid health plans including high risk patients
34 with behavioral conditions and early onset of chronic
35 disease, particularly for Native Hawaiians and other
36 high risk populations;
37

38 (9) Examination of how other states are implementing
39 comprehensive approaches to Medicaid and health
40 insurance exchange risk adjustment practices that
41 incorporate medical and social risk factors; and
42

43 (10) Examination of the benefit package for gap-group and
44 Medicaid enrollees and an analysis of their needs,



1 including social determinants of health, enabling
2 services, and reimbursement rates from the state and
3 health plans; and
4

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

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

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

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

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

