
SENATE 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

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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

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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 department utilization; and
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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; and

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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

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

15
16 WHEREAS, the Medicaid, gap-group, and uninsured populations
17 have significant socio-economic pressures, and addressing them
18 will show measurable improvement in preventable health care
19 costs; and

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

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

33
34 BE IT FURTHER RESOLVED that the work group include but not
35 be limited to the following members:

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37 (1) The Insurance Commissioner;
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39 (2) A representative from the Department of Human
40 Services;
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42 (3) Representatives from health insurance plans within the
43 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;
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- 7 (6) A representative from the Hawaii Medical Association;
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- 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;
- 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;
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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;
- 24
- 25 (13) The Chairs of the House and Senate Health and Human
26 Services Committees; and
- 27
- 28 (14) A representative from a consumer health advocacy
29 organization; and
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31 BE IT FURTHER RESOLVED that the work group is requested, at
32 minimum, to conduct the following:

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- 34 (1) Examination of Medicaid enabling services and payment
35 for these services;
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- 37 (2) Examination of care coordination efforts including
38 which settings offer care coordination, who employs
39 care coordinators, whether health plans provide
40 telephonic or face-to-face coordination, whether there
41 are any standardization of care coordination efforts
42 with hospitals, and the transition of care from
43 hospital to the community setting;
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- 1 (3) Evaluation of the structure of incentives provided by
2 the State to Medicaid health plans, and determination
3 of whether the incentives align effectively with
4 providers;
5
- 6 (4) Measurement of the effectiveness of Medicaid health
7 plan coordinated and managed behavioral health
8 services, substance abuse treatment, and pain
9 management;
10
- 11 (5) Evaluation of the management of these risk pools and
12 the collaboration and shared information of these risk
13 pools between plans and providers;
14
- 15 (6) Examination of value added services that are offered
16 in health care homes including engaging community,
17 cultural proficiency, workforce and job training, and
18 care enabling services, identifying the settings where
19 these services are offered, and identifying whether
20 the State incentivizes these services;
21
- 22 (7) Examination of the risk adjustment systems identifying
23 medical complexity and social determinants that need
24 to be improved or adopted to ensure patients receive
25 necessary care and that performance-based incentives
26 for providers are fair;
27
- 28 (8) Examination of risk adjustment between the State and
29 Medicaid health plans including high risk patients
30 with behavioral conditions and early onset of chronic
31 disease, particularly for Native Hawaiians and other
32 high risk populations;
33
- 34 (9) Examination of how other states are implementing
35 comprehensive approaches to Medicaid and health
36 insurance exchange risk adjustment practices that
37 incorporate medical and social risk factors; and
38
- 39 (10) Examination of the benefit package for gap-group and
40 Medicaid enrollees and an analysis of their needs,
41 including social determinants of health, enabling
42 services, and reimbursement rates from the state and
43 health plans; and
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1 BE IT FURTHER RESOLVED that the work group is requested to
2 submit a preliminary report of its findings and recommendations,
3 including any proposed legislation, to the Legislature no later
4 than twenty days prior to the convening of the Regular Session
5 of 2014, and a final report to the Legislature no later than
6 twenty days prior to the convening of the Regular Session of
7 2015; and

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9 BE IT FURTHER RESOLVED that the work group be subject to
10 chapter 92, Hawaii Revised Statutes; and

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12 BE IT FURTHER RESOLVED that the Office of the Healthcare
13 Transformation Coordinator, in partnership with the Legislature,
14 is requested to assist the work group by providing a
15 facilitator; and

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17 BE IT FURTHER RESOLVED that the work group cease to exist
18 on June 30, 2015; and

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

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