HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HUMAN SERVICES TO CONSIDER CERTAIN FACTORS BEFORE ENTERING INTO CONTRACTS WITH MANAGED CARE ORGANIZATIONS THAT PROVIDE MEDICAID BENEFITS UNDER QUEST MANAGED CARE PLANS.

WHEREAS, various complaints regarding inefficiencies, including issues with co-payments and prescription-drug coverage, have surfaced concerning the provision of Medicaid benefits under the QUEST program administered by the Department of Human Services; and

WHEREAS, in response, legislation has been introduced to require the Department of Human Services to terminate the QUEST program on June 30, 2011, and restore the medical assistance programs that QUEST replaced, including the state health insurance program; and

WHEREAS, the restoration of prior medical assistance programs would be conditioned upon the provision of benefits similar to those provided by the QUEST program; and

WHEREAS, concerns have also been raised with regard to the waiver received by the State from the Centers for Medicare and Medicaid Services pursuant to section 1115 waiver of the Social Security Act, which authorizes the operation of Hawaii's QUEST program as an experimental demonstration or pilot project; and

WHEREAS, the termination of QUEST requires coordination with and approval from the Centers for Medicare and Medicaid Services, making the establishment of a deadline for termination difficult; and

WHEREAS, rather than entirely terminating and replacing the QUEST program, now, therefore,

 BE IT RESOLVED by the House of Representatives of the Twenty-fifth Legislature of the State of Hawaii, Regular Session of 2010, the Senate concurring, that the Department of Human Services is requested to consider certain factors before entering into contracts with managed care organizations that provide Medicaid benefits under QUEST managed care plans; and

BE IT FURTHER RESOLVED that, with respect to contracts entered into after January 1, 2011, for provision of medical benefits to non-pregnant adults over eighteen years of age, the Department of Human Services is requested to consider the following factors:

(1) Whether the managed-care health plan includes provisions for co-payments, which are not less than \$5 and not more than \$20 for each:

- (A) Office visit;
- (B) Filling or re-filling of a drug prescription;
- (C) Outpatient service; and
- (D) Emergency-room visit;

and are not applied to impatient admission or services;

- (2) Whether the proposed co-payment schedules in each managed-care health plan are acceptable, prior to implementation by the managed-care organization;
- (3) Whether the managed-care health plan has a formulary for prescription-drug coverage; and
- (4) How the medical necessity provision pursuant to section 432E-1.4, Hawaii Revised Statutes, is applied with respect to health care coverage provided under each managed-care health plan; and

BE IT FURTHER RESOLVED that the Department of Human Services is requested to report annually to the Legislature on the aggregate number of recipients receiving benefits under both QUEST and a private health care plan no later than twenty days prior to the convening of each Regular Session; and

BE IT FURTHER RESOLVED that a certified copy of this Concurrent Resolution be transmitted to the Director of Human Services, who in turn is requested to transmit copies to managed care organizations that provide Medicaid benefits under QUEST managed care plans.