

## HOUSE RESOLUTION

REQUESTING THE AUDITOR TO CONDUCT A FINANCIAL AND PERFORMANCE ASSESSMENT OF THE MANAGED-CARE ORGANIZATIONS THAT ADMINISTER THE STATE'S MEDICAID PROGRAM.

WHEREAS, Hawaii has long been a leader in advancing medical services and health care, advocating the importance of access to health care without discrimination, and implementing forward-thinking health care policies such as the Prepaid Health Care Act of 1974; and

WHEREAS, it is in the best interest of the State for every Medicaid beneficiary to have publicly provided, high quality, and affordable health care; and

WHEREAS, Hawaii's existing health care insurance system results in excessive prior authorizations, formulary restrictions, and networks with limited physician participation; and

WHEREAS, this system also burdens physicians and hospitals with administrative demands such as pay-for-performance, pay for documentation, and capitation, all of which require much more detailed documentation and data reporting while controlling and restricting payment, particularly for primary care, resulting in physicians being driven out of practice or leaving the State; and

WHEREAS, two of the largest cost drivers in health care in the United States and Hawaii are the high cost of prescription drugs and high administrative costs due to reliance on a competitive insurance business model that incentives denial and obstruction of care, micromanagement of doctors and hospitals, and attempts to avoid covering or paying for sicker and socially disadvantaged patients and populations, resulting in disparities in access to care; and

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WHEREAS, as a result of the coronavirus disease 2019 pandemic, thousands of Hawaii residents have lost their jobs and health insurance, making it critical for the State to support struggling families by ensuring preventive care and limiting out-of-pocket costs; and

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WHEREAS, negotiations between the health insurance industry and the Obama Administration in 2011 allowed health insurance plans to reclassify "medical management" costs as health care rather than administrative costs for the purposes of reporting medical loss ratios, enabling large administrative costs to be hidden; and

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WHEREAS, nationally, Medicaid managed care plans have been found to report participating provider lists that are grossly inaccurate, including listing many physicians who are no longer in practice and in some cases deceased, as well as listing many physicians who will not actually accept new patients covered by the Medicaid managed care plans; now, therefore,

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BE IT RESOLVED by the House of Representatives of the Thirty-first Legislature of the State of Hawaii, Regular Session of 2022, that the Auditor is requested to conduct a financial and performance analysis of the managed care organizations that administer the State's Medicaid program; and

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BE IT FURTHER RESOLVED that as part of the financial analysis, the Auditor is requested to audit the amount paid for health care and the amount paid for administrative services, in particular separating "medical management" administrative costs and the administrative costs of payment reforms from payments to providers for the provision of health care; and

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BE IT FURTHER RESOLVED that the Auditor is also requested to assess network adequacy among Medicaid managed care plans by conducting "secret shopper" surveys to determine how many physicians the plans claim to be network providers are actually accepting Medicaid patients; and

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BE IT FURTHER RESOLVED that the Auditor is requested to assess the extent of upcoding by Medicaid managed care plans to

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increase payments from Hawaii Med-QUEST based on risk adjustment formulas that reward over-diagnosis; and

BE IT FURTHER RESOLVED that the Auditor is requested to submit a report of the Auditor's findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2023; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Auditor, Director of Human Services, and Administrator of the Med-QUEST Division of the Department of Human Services.

OFFERED BY:

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