

Prepaid Health Care Advisory Council Meeting

State of Hawaii
Department of Labor and Industrial Relations
P.O. Box 3769
Honolulu, HI 96812-3769

Via Microsoft Teams

April 29, 2021
1:41 p.m. to 2:33 p.m.

Council members present

Mr. Paul Marx, Chair
Ms. Laudra Eber
Dr. John McDonnell
Ms. Bonnie Pang
Mr. Mike Hogan
Ms. Carol Shimomura
Mr. Derek Kanehira

DC Staff Present

Royden Koito
Lois Iyomasa
Misty Sumida
Kimi Kaneda
Marisa Yagi

Others Present

Chad Hertzog, Kaiser
Messay Sanderson, Kaiser
May Goya, Kaiser
Paula Young, Kaiser
Jeffrey G. Young, Kaiser
Dana Miranda, Kaiser
Mitchell Lau, Kaiser
Alyson Estrella, UHA
Paul Ajoste, UHA
Jennifer Barad, UHA
Brittany Devilly, UHA
Robert Terry, UHA
Corianne Komori, UHA
Garet Azama, HMSA
Austin Bunag, HMSA
Brandon Kumabe, HMSA
Kehau Wedemeyer, HWMG

Paul Kaiser, HWMG
Malcom Tajiri, Brown and Brown
Adam Rosenberg, Attorney General's Office

With a quorum present, Chair Marx called the meeting to order at 1:41 p.m.

Chair Marx announced if technical difficulties occurred, the meeting would resume on May 4th at 1:30pm. The presenters excluded, Chair Marx asked that all speakers limit testimony to five-minutes and announce themselves prior to speaking or use the chat function as the department was monitoring it.

APPROVAL OF MINUTES

Chair Marx asked if there were any changes to the circulated minutes of the March 18, 2021 meeting. Mr. Hogan requested the word "custodial" be changed to "custody" and the word "capacity" be changed to "responsibility" on page four. A motion was made by Dr. McDonnell to approve the minutes as corrected. The motion was seconded by Ms. Pang and carried by unanimous vote.

REVIEW OF PLANS

Hawaii Medical Assurance Association (HMAA)

HMAA was represented by Mr. Paul Kaiser.

Mr. Kaiser stated the same changes were made for all 7(a) plans and the same changes were made to all 7(b) plans.

Mr. Kanehira inquired about telehealth services benefits. In chapter three of Option Plus One the stated co-insurance was 10% in-network and 0% for non-participating services, while the description in chapter four stated, "Your benefit will vary depending on the type of service you receive through telehealth." Mr. Kaiser confirmed that if the preferred telehealth vendor HiDOC were used, services would be paid at 100% with zero out-of-pocket cost. Mr. Kaiser further clarified telehealth services from a participating provider delivered through another medium would be covered at normal benefit levels as if the member had shown up at the physician's office. He stated HMAA would change the language used in chapter three to reflect that the telehealth benefits would vary depending on the type of service received.

Chair Marx brought up a question regarding the HMAA PPO Plan (7B) plan and the intended change about third-party administration information. The statement that HMAA was the insurer and HWMG was the plan administrator had not been added to the plan. Mr. Kaiser confirmed the necessary information would be included in the final document.

Mr. Kanehira stated the changes to the telehealth services benefits language should be applied to 7(a) and 7(b) plans.

Mr. Hogan added when the language changes, the language should be consistent amongst all sections of the documents. As an example, he noted that they had discussed page 13 of Option Plus One but page 21 also contained telehealth language that should be consistent with the amended language in the plan.

Mr. Kanehira questioned the verbiage added to the Benefit Limitations section in chapter four regarding contraceptives on page 37 of Option Plus One. This section described contraceptives, over-the-counter contraceptives, diabetic supplies, and all covered drugs. This amended section stated, "If you obtain more than a 30-day supply under one prescription: you must pay an additional coinsurance for each 30-day supply or fraction thereof, and the pharmacy will fill the prescription in the quantity specified by your Provider up to a 12-month supply for contraceptives." The statement was confusing because it addressed all covered drugs and supplies but contained a limit specific to only contraceptives. Mr. Kanehira and Mr. Hogan discussed separating the information regarding contraceptives. Mr. Kaiser stated HMAA would revise the verbiage to make it less confusing.

Ms. Eber and Ms. Shimomura questioned how the contraceptive benefit was applied. Mr. Kaiser confirmed that a participant was covered for a year supply of contraceptives. The coinsurance would be based on each 30-day supply. He stated if the coinsurance were 10%, then the participant would pay 10% for each 30-day supply and could obtain a maximum of a 12-month supply at one time.

Mr. Kaiser summarized that HMAA would update the telehealth language to indicate that the benefits would vary depending upon the services rendered, ensure the third-party administration information about HWMG was added to the PPO (7B) plan, and reorganize the Benefit Limitations section so that contraceptive, diabetic, and the other medication information was separated to improve the readability of that section.

Option Plus One

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(a).

Ms. Eber was concerned the benefit limitations for prescription drugs was confusing and gave the impression that only three months of contraceptives were covered. She suggested clarifying the language. Mr. Kaiser stated HMAA would update the language.

A motion was made by Mr. Hogan to recommend continued approval of the plan under Section 393-7(a) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section; and
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply.

The motion was seconded by Mr. Kanehira and carried by unanimous vote.

Option Plus Two

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(a).

Mr. Kanehira inquired about erectile dysfunction benefits. Chapter three Summary of Benefits described the copayment/coinsurance amounts but page 44, chapter four, stated, “You are not covered for services and supplies (including prosthetic devices) related to erectile dysfunction except if due to an organic cause.” He questioned if some services related to erectile dysfunction were covered. Mr. Kaiser confirmed that some but not all services were covered. Mr. Kanehira suggested the sections dealing with erectile dysfunction be rephrased in the future so it did not start with a statement about not being covered.

Ms. Pang agreed that the language in the chart and in the definition on page 44 seemed to conflict. She suggested stating that services could be covered if the dysfunction were due to an organic cause. Mr. Kaiser stated HMAA would update the language to be more consistent.

Chair Marx suggested deviating from the order of the agenda to amend the recommendation on the Option Plus One plan to include clarification regarding erectile dysfunction coverage when due to organic causes.

Option Plus One

An amended motion was made by Mr. Hogan to recommend approval of the plan under Section 393-7(a) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply; and

4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause.

The motion was seconded by Mr. Kanehira and carried by unanimous vote.

Option Plus Two

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(a).

A motion was made by Ms. Eber to recommend approval of the plan under Section 393-7(a) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply; and
4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause.

The motion was seconded by Ms. Shimomura and carried by unanimous vote.

Comprehensive Plus Plan

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(a).

A motion was made by Ms. Pang to recommend approval of the plan under Section 393-7(a) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply; and
4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause.

The motion was seconded by Mr. Kanehira and carried by unanimous vote.

HMAA 90/10 PPO Plan

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(a).

A motion was made by Mr. Hogan to recommend approval of the plan under Section 393-7(a) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply; and
4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause.

The motion was seconded by Dr. McDonnell and carried by unanimous vote.

HMAA PPO (7B)

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(b).

Chair Marx addressed the previously discussed request for clarification about how HMAA is the insurer and uses HWMG for claims.

Ms. Eber questioned the purpose of the small differences in two plans: Executive Plan Option had a \$3,000/\$9,000 maximum out-of-pocket with a 70% coinsurance; HMAA PPO (7B) had a \$3,000/\$8,250 maximum out-of-pocket with a 75% coinsurance. Mr. Kaiser's educated guess was that the two plans had been created to appease particular benefit plan requests.

A motion was made by Ms. Pang to recommend approval of the plan under Section 393-7(b) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply;
4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause; and

5. The third-party administration information about how HMAA is the insurer and uses HWMG for claims is added.

The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Executive Plan Option (EPO)

HMAA informed the Department of changes made to the plan effective January 1, 2022 and requested continued approval of the plan under Section 393-7(b).

A motion was made by Ms. Shimomura to recommend approval of the plan under Section 393-7(b) provided:

1. The telehealth language indicates that the benefits vary depending upon the services rendered;
2. The Benefit Limitations section is reorganized so that contraceptives are all together, and diabetics and the other medications are separate to improve the readability of that section;
3. The contraceptive language is updated pertaining to the copayment for every 30-day supply; and
4. Language regarding erectile dysfunction is amended to cover services and supplies related to erectile dysfunction due to an organic cause.

The motion was seconded by Mr. Hogan and carried by unanimous vote.

Adjournment.

Chair Marx adjourned the meeting at 2:33 p.m. The next meeting was tentatively scheduled for May 27, 2021 with a tentatively scheduled back-up meeting for June 2, 2021.