

Prepaid Health Care Advisory Council Meeting

State of Hawaii
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 209
Hearing room #3
Honolulu, HI 96813

Also via Microsoft Teams

March 28, 2024
2:30 p.m. to 3:05 p.m.

Council members present

Ms. Bonnie Pang, Chair
Mr. Wayne Graves
Mr. Mike Hogan
Dr. John McDonnell
Ms. Lauren Yee

Council members absent

Ms. Winona White
Mr. Derek Kanehira

DLIR/DC Staff present

Jade Butay, Director
JoAnn Vidinhar, DCD Administrator
Jodie Murakami
Stacey Hiranaka
Misty Sumida
Dale Fujimoto, Deputy Attorney General

With a quorum present, Ms. Pang called the meeting to order at 2:30 p.m.

Approval of minutes

Ms. Pang asked if there were any additions, corrections, or comments to the circulated minutes of the August 10, 2023, meeting. Mr. Hogan amended page 2, item 3 by replacing “NPO” with “PPO.”

3. ~~NPO~~ PPO benefit is at least 80% if less than 50% of the physicians/facilities in Hawaii participate in the network;

A motion was made by Mr. Graves to approve the August 10, 2023 meeting minutes as amended. The motion was seconded by Mr. Hogan and carried by unanimous vote.

Other Business

Kaiser

Kaiser Foundation Health Plan, Inc. (Kaiser) was represented by May Goya and Chad Hertzog. Chair Pang deviated from the order of the agenda to address the plans seeking continued approval under Section 393-7(b).

Kaiser Permanente Group \$20/20%/\$300 Plan

Kaiser informed the Department of benefit and language changes being made to the plan. These changes would be effective January 1, 2025. Kaiser requested continued approval of the plan under Section 393-7(b).

Ms. Goya stated that the language clarifications and benefits changes to all the plans on today's agenda were the same. The changes included a language clarification that multiple postpartum visits would be covered when medically necessary, a benefit change that removed the limit on elective pregnancy terminations per lifetime, and a language clarification that physical therapy, occupational therapy, and speech therapy would be covered for developmental delay services when medically necessary.

Chair Pang inquired about the reason for changing the limit on pregnancy termination. Ms. Goya stated the change was based on an interpretation from legal counsel and to bring the plan into parity with other Kaiser markets.

Chair Pang stated that the staff had a question regarding whether CMS required only the adult dental services, not pediatric services. Ms. Goya explained that the language for the annual out-of-pocket maximum was changed to list items that do not count toward the out-of-pocket maximum. The Centers for Medicare and Medicaid (CMS) requires pediatric dental services to comply with the Affordable Care Act (ACA) so child dental services must count toward the out-of-pocket maximum. The only call-out is that adult dental services do not count toward the out-of-pocket maximum.

Mr. Hogan noted the copays were higher than in the prevalent plan. He asked if Kaiser in Hawaii was following the trend of mainland Kaiser with higher copays. Mr. Hertzog stated that the copays on the plan are higher and/or subject to the deductible because it is a b-status plan but that the a-status plans were not following suit and Kaiser had not submitted plans with increased cost shares.

A motion was made by Mr. Hogan to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Kaiser Permanente Group \$25/\$150 (20% Lab, Imaging, and Testing) Plan

Kaiser informed the Department of benefit and language changes being made to the plan. These changes would be effective January 1, 2025. Kaiser requested continued approval of the plan under Section 393-7(b).

Ms. Goya reiterated the changes made to the previous plan were made to this plan – coverage of postpartum visits, removal of limit on elective pregnancy termination, and coverage of medically necessary physical, occupational, and speech therapy for developmental delay services. Ms. Goya also repeated that CMS required pediatric dental services so those services must count

toward the annual out-of-pocket maximum while adult dental services do not count toward the out-of-pocket maximum.

Chair Pang asked about the changes made on page 8 under “Care While You Are Away.” The exclusion stating follow up care was not covered had been stricken. Ms. Goya stated the language was cleaned to streamline the section. The section discussed what was included so Kaiser felt the text was unnecessary. The exclusion was still true but Kaiser felt the statement was not necessary because the section talks about what was included.

Ms. Yee asked about plans required to provide pediatric dental and whether the charges would apply to the medical out-of-pocket maximum or dental out-of-pocket maximum if there were a stand-alone dental plan. Mr. Hertzog was unsure but could check. Ms. Yee stated he did not need to get back to her.

Mr. Graves stated that the plan had many deviations from the prevalent plan so he asked if there were staff concerns that the deviations went too far? He thought the plan had been previously approved. Ms. Hiranaka responded that it was a continued plan. Mr. Graves asked if the deviations were the same in the past. Ms. Nakamura responded that it was the same from last year to this year.

A motion was made by Mr. Graves to recommend continued approval of the plan under Section 393-7(b). The motion was seconded by Ms. Yee and carried by unanimous vote.

Kaiser Permanente Group Added Choice 80/20 Plan

Kaiser Permanente Insurance Company (KPIC) was represented by Gabby Ehrlich.

Kaiser and KPIC informed the Department of benefit and language changes being made to the plan. These changes would be effective January 1, 2025. Kaiser and KPIC requested continued approval of the plan under Section 393-7(a).

Ms. Goya reiterated the changes made to the previous plan were made to the HMO tier 1 of this plan – coverage of postpartum visits, removal of limit on elective pregnancy terminations, and coverage of medically necessary physical, occupational, and speech therapy for developmental delay services. Ms. Goya also stated that only adult dental services count toward the out-of-pocket maximum for this plan.

Ms. Erlich responded to the staff concern regarding the coverage of well-child care visits by stating that well-child care visits would be covered - the information had been inadvertently deleted from the certificate of insurance and would be added back. She stated the schedule still showed the services were covered. Ms. Yee asked for confirmation that the intervals of visits required by State insurance law would be reinstated. Ms. Erlich confirmed the language would be replaced in the certificate of insurance.

Mr. Graves inquired with staff regarding the multiple deviations on the plan when compared to the prevalent plan and whether these were carried over from previous approval. Ms. Nakamura responded that was correct.

Chair Pang asked for confirmation that the prevalent plan is a a-status plan. Ms. Hiranaka confirmed.

Ms. Yee stated that HMSA's Preferred Provider Plan, the prevalent PPO plan, had just come in but had not been reviewed yet and asked if the recommendation on this plan would be made subject to the review of the Preferred Provider Plan. Ms. Vidinhar stated it would not be and that the plan was compared to the current prevalent plan.

A motion was made by Ms. Yee to recommend continued approval of the plan under Section 393-7(a) provided at least 12 well-child (preventive) care visits are covered without a deductible for children under age 6 whether services are received in- or out-of-network. The motion was seconded by Mr. Graves and carried by unanimous vote.

The next meeting was tentatively set for April 24 at 1:30pm.

Kaiser Permanente Group Plan

Kaiser informed the Department of benefit and language changes being made to the prevalent plan. These changes will be effective January 1, 2025.

Ms. Goya reiterated the changes made to the previous Kaiser plan were made to this plan – coverage of postpartum visits, removal of limit on elective pregnancy termination, and coverage of medically necessary physical, occupational, and speech therapy for developmental delay services. Ms. Goya stated adult dental services count toward the out-of-pocket maximum, not child.

Chair Pang thanked all for their service and welcomed the newest council member, Ms. Yee.

A motion was made by Mr. Graves to adjourn the meeting. The motion was seconded by Mr. Hogan and carried by unanimous vote.

Adjournment

Ms. Pang adjourned the meeting at 3:05 p.m.