

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

May 28, 2024
2:33 p.m. to 4:00 p.m.

Council members present

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

Council member absent

Ms. Winona White

DLIR/DC Staff present

JoAnn Vidinhar, DCD Administrator
Jodie Murakami
Stacey Hiranaka
Misty Sumida
Adam Rosenberg, Deputy Attorney General

The Council members in attendance identified themselves. With a quorum present, Ms. Pang called the meeting to order at 2:33 p.m.

Approval of minutes

Ms. Pang asked if there were any additions, corrections, or comments to the circulated minutes of the April 24, 2024 meeting.

Ms. Yee corrected the amendment on page 1 of the minutes which reflected a change made to page 4 of the March 28, 2024 meeting minutes by replacing “employer” with “employee”:

“Ms. Yee commented about the well childcare visits from an employee/member perspective.”

As there were no additional changes, a motion was made by Mr. Hogan to approve the April 24, 2024 meeting minutes as corrected. The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Review of plans

Kaiser Permanente

KP HI Platinum 0/15

Kaiser Foundation Health Plan Inc. (Kaiser) was represented by May Goya.

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

Ms. Goya explained two benefit changes were made specifically to this plan and additional changes were made to all plans including this plan. The benefit changes were an increase in the copayment for emergency services from \$100 per visit to \$150 per visit and an increase in the copayment for physical therapy, occupational therapy, and speech therapy visits from \$15 to \$20 per visit.

Ms. Goya described the changes made to all plans which included changes to benefits for postpartum visits, elective pregnancy termination, therapies due to developmental delay, and orthodontic care for orofacial anomalies. Postpartum visits would be covered when medically necessary and the limitation of one postpartum visit was removed. The limitation of two elective pregnancy terminations per lifetime was removed. The exclusion of physical therapy, occupational therapy, and speech therapy services due to developmental delay was removed therefore the services would be covered when medically necessary. Additionally, the limit for orthodontic care for orofacial anomalies was increased to \$6927 to comply with State mandate.

Chair Pang inquired about the reason for the increase in the emergency services copayment. Mr. Mitchell Lau of Kaiser responded that the increase was mainly to keep the AV calculation for the plan within the AV range for platinum-level plans.

Ms. Yee asked about the change that moved the insulin pumps from the durable medical equipment (DME) example list to diabetes equipment. Ms. Goya stated that this was a clarification, not a recategorization. Diabetes equipment was a subcategory of DME. Ms. Goya stated Kaiser had received comments about it being confusing, so Kaiser put it in the correct section. In response to Ms. Yee's question about a change to the cost share, Ms. Goya responded that there was no change to the cost share. Before and after the clarification, the cost share for insulin pumps was 50%.

Mr. Kanehira asked about the \$20 copay for speech, physical, and occupational therapies and noted that the copay did not match the plan name which includes a reference to a \$15 copayment. Mr. Lau stated that the "15" in the name refers to the office visit copayment of \$15 which is where most of the utilization was and that if the office visit copayment changed to \$20, the plan name may change.

As there were no further questions, Chair Pang restated the changes and called for a motion.

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

KP HI Platinum 0/20

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

Ms. Goya described the changes made to all plans which included changes to benefits for postpartum visits, elective pregnancy termination, therapies due to developmental delay, and orthodontic care for orofacial anomalies. Postpartum visits would be covered when medically necessary and the limitation of one postpartum visit was removed. The limitation of two elective pregnancy terminations per lifetime was removed. The exclusion of physical therapy, occupational therapy, and speech therapy services due to developmental delay was removed therefore the services would be covered when medically necessary. Additionally, the limit for orthodontic care for orofacial anomalies was increased to \$6927 to comply with State mandate.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

KP HI Platinum 0/20 Rx Ded

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

Ms. Goya described the changes made to all plans which included changes to benefits for postpartum visits, elective pregnancy termination, therapies due to developmental delay, and orthodontic care for orofacial anomalies. Postpartum visits would be covered when medically necessary and the limitation of one postpartum visit was removed. The limitation of two elective pregnancy terminations per lifetime was removed. The exclusion of physical therapy, occupational therapy, and speech therapy services due to developmental delay was removed therefore the services would be covered when medically necessary. Additionally, the limit for orthodontic care for orofacial anomalies was increased to \$6927 to comply with State mandate.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

KP Platinum Added Choice

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

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

Ms. Goya described the changes made to all plans which included changes to benefits for postpartum visits, elective pregnancy termination, therapies due to developmental delay, and orthodontic care for orofacial anomalies. Postpartum visits would be covered when medically

necessary and the limitation of one postpartum visit was removed. The limitation of two elective pregnancy terminations per lifetime was removed. The exclusion of physical therapy, occupational therapy, and speech therapy services due to developmental delay was removed therefore the services would be covered when medically necessary. Additionally, the limit for orthodontic care for orofacial anomalies was increased to \$6927 to comply with State mandate.

Ms. Yee noted that for outpatient rehab benefits, KPIC's tier of benefits defined "short term" as 60 calendar days and pages 27-28 limited it to two months. Ms. Yee compared this to the HMSA prevalent plan which provided up to 90 days and stated that it looked like HMSA had a better benefit where KPIC was more restrictive. She wondered if the Council had concerns about the difference. She added that for speech therapy, HMSA had no limit while KPIC provided the benefit but had a 60-day limit. Dr. McDonnell felt that KPIC's benefit must meet the prevalent plan. Mr. Hogan concurred.

Ms. Yee asked HMSA if the 90-day limit was per calendar year. Mr. Hogan suggested it was per injury or occurrence.

Ms. Yee noted that on page 9 on the schedule of coverage, the substance abuse hospital benefit of 80% was struck out. She asked about this change. Ms. Ehrlich stated it was an error and the benefit was still covered at 80%.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

Austin Bunag of HMSA confirmed the 90-day limit for physical and occupational therapies were per occurrence.

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

1. Within the PPO tier, Physical and Occupational Therapy are covered for at least 90 days per occurrence;
2. Within the PPO tier, Speech Therapy limit is removed; and
3. Within the PPO tier, Inpatient Substance Abuse is covered.

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

KP HI Gold 300/20-B

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

Ms. Goya described the changes made to all plans which included changes to benefits for postpartum visits, elective pregnancy termination, therapies due to developmental delay, and orthodontic care for orofacial anomalies. Postpartum visits would be covered when medically necessary and the limitation of one postpartum visit was removed. The limitation of two elective pregnancy terminations per lifetime was removed. The exclusion of physical therapy, occupational therapy, and speech therapy services due to developmental delay was removed therefore the services would be covered when medically necessary. Additionally, the limit for orthodontic care for orofacial anomalies was increased to \$6927 to comply with State mandate.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

Hawaii Medical Service Association (HMSA)

Preferred Provider Plan

HMSA was represented by Austin Bunag.

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025.

As this plan was the prevalent plan and was provided for information only, Chair Pang moved to the next plan.

Preferred Provider Plan 2010

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Mr. Graves asked if Kaiser’s plans should reflect the \$6930 maximum for orthodontic care for orofacial anomalies that is on HMSA’s plan. Ms. Yee felt Kaiser’s HMO plans matched the HMO prevalent plan’s limit but the KPIC tier of the KP Platinum Added Choice plan may need to change. Mr. Graves, Mr. Hogan, and Mr. Kanehira agreed.

Ms. Yee stated that Section 393-7(c)(1), Hawaii Revised Statutes, listed required benefits. She asked HMSA about the hospital benefits for regular and special diets and general nursing services. She did not see those listed in the hospital ancillary services on page 25 of the guide to benefits. She asked if it was listed elsewhere or if there was a reason they were not listed. Mr. Bunag stated they should be covered but could get back to her with more information.

Chair Pang stated the plans should comply with requirements and be understandable to the member reading the plan.

Chair Pang asked about page 63 and Medicare benefits. The end-stage renal disease section did not mention ALS which is a covered disability under Medicare. Mr. Bunag stated he would need to get back to her on that.

Mr. Hogan pointed out that Ms. Vidinhar had a comment in the chat. Chair Pang read the comment that DCCA required only \$6927 as the limit for orthodontic treatment of orofacial anomalies. Mr. Bunag confirmed that HMSA’s limit of \$6930 was more generous than the legal requirement. Chair Pang felt that if the prevalent plan had a higher limit, the other plans must follow. Mr. Graves and Mr. Hogan agreed.

Ms. Vidinhar stated that plans that had come in earlier should not need to match subsequent changes. So, Kaiser could keep the limit at \$6927 until the next year. Other plans already had been approved so those plans would not be held in abeyance. Chair Pang restated the information that plans that were reviewed previously would not need to match HMSA's limit of \$6930 but the Council could recommend Kaiser's benefit match HMSA's. Chair Pang stated that Ms. Vidinhar confirmed via the chat.

As there were no questions, Chair Pang restated the changes and called for a motion.

Dr. McDonnell clarified that the references to "ortho" meant orthodontic treatment of orofacial anomalies, not orthopedic benefits.

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

Preferred Provider Plan – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms "subscriber" and "member" were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Mr. Kanehira commented that the term "member card" was used although "subscriber" and "member" were updated. Mr. Bunag explained that "subscriber" was not replacing "member" and that each term would be used when appropriate. He stated that "member card" was appropriate. The subscriber was the person who had coverage from the person's employer and the member had coverage so "member" could include dependents. Ms. Yee asked if "member" had a wider definition than "subscriber" so "member" included "subscribers"? Mr. Bunag confirmed.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

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

CompMED

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms "subscriber" and "member" were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

CompMED Choice

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

Health Plan Hawaii Plus

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Ms. Yee asked if this HMO plan for 2025 should match the HMO prevalent plan or if the changes should be matched in 2026? Ms. Vidinhar stated that if the plan were already approved, it would not need to make changes until 2026. Ms. Yee stated that the HMSA HMO plans on the agenda had not been approved yet and the HMO prevalent plan had already been presented to Council. Ms. Yee gave an example of an HMO benefit that HMSA did not match: where Kaiser eliminated the limit on postpartum visits, HMSA still had a limit of one postpartum visit. Ms. Vidinhar commented that HMO benefits would not need to meet the PPO prevalent plan but agreed that Council could recommend that HMO plans meet the benefits of the HMO prevalent plan.

Ms. Yee recommended that HMSA’s plan should eliminate the limit on postpartum visits. Mr. Graves and Mr. Kanehira agreed. She also recommended the removal of the exclusion of speech therapy due to developmental learning disabilities as Kaiser had removed the exclusion. Mr. Graves and Mr. Kanehira agreed. Ms. Yee also recommended that the 90-day limit on physical and occupational therapies be removed because Kaiser’s plan did not have a limit. It stated “short

term” but there was no stated limit and Ms. Yee’s understanding was that Kaiser previously had a 60-day limit but had removed it.

Ms. Yee noted that although Kaiser removed the limit on elective abortions, HMSA already had no limit.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

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

1. Postpartum visit limit is removed;
2. Exclusion of Speech Therapy due to developmental delay is removed; and
3. Physical and Occupational Therapy limits are removed.

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

Health Plan Hawaii – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Mr. Bunag also stated the plan would be amended to match the prevalent plan by removing limits on benefits for postpartum visits, exclusion of therapies due to developmental delays, and limits on physical and occupational therapies. Ms. Yee stated that the developmental delay exclusion may have been for only speech therapy. Mr. Bunag stated he did not see the HMO prevalent plan benefits so would work with the department to confirm.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

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

1. Postpartum visit limit is removed;
2. Exclusion of Speech Therapy due to developmental delay is removed; and
3. Physical and Occupational Therapy limits are removed.

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

HMSA’s Small Business Preferred Provider Plan – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

HMSA’s Small Business CompMED – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

HMSA’s Small Business CompMED Choice – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

As there were no questions, Chair Pang restated the changes and called for a motion.

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

HMSA’s Small Business Health Plan Hawaii – Plus

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies.

Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Mr. Bunag also stated the plan would be amended to match the prevalent plan by removing limits on benefits for postpartum visits, exclusion of therapies due to developmental delays, and limits on physical and occupational therapies.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

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

1. Postpartum visit limit is removed;
2. Exclusion of Speech Therapy due to developmental delay is removed; and
3. Physical and Occupational Therapy limits are removed.

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

HMSA’s Small Business Health Plan Hawaii Platinum – A

HMSA informed the department of benefit and language changes made to the plan. Changes would be effective January 1, 2025. HMSA requested continued approval of the plan under Section 393-7(a).

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies. Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Mr. Bunag also stated the plan would be amended to match the prevalent plan by removing limits on benefits for postpartum visits, exclusion of therapies due to developmental delays, and limits on physical and occupational therapies.

As there were no additional questions, Chair Pang restated the changes and called for a motion.

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

1. Postpartum visit limit is removed;
2. Exclusion of Speech Therapy due to developmental delay is removed; and
3. Physical and Occupational Therapy limits are removed.

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

Ms. Yee inquired if the changes to the prevalent plan would be discussed.

Preferred Provider Plan

The Council deviated from the order of the agenda to return to the plan.

Mr. Bunag described the changes made to all plans which included language changes and changes to the benefits for cardiac rehabilitation and orthodontic care for orofacial anomalies.

Cardiac rehabilitation coverage was added. The terms “subscriber” and “member” were clarified. Required language was added to comply with the federal Consolidated Appropriations Act. The limit for orthodontic care for orofacial anomalies was increased to \$6930.

Ms. Sumida asked if the Council’s recommendation on the KP Platinum Added Choice plan would remain unchanged. Chair Pang responded that the Council would be amending its recommendation and deviated from the agenda to return to the plan.

Mr. Hogan voiced agreement with Mr. Kanehira’s earlier comments regarding keeping terminology simple for “member” and “subscriber.” He asked HMSA to consider simplifying the terminology because the prevalent plan had some responsibility as other plans followed the prevalent plan. Mr. Bunag stated he would take the feedback back to HMSA.

KP Platinum Added Choice

Chair Pang summarized the changes to the plan and noted that the KPIC tier of benefits had a limit on orthodontic care for orofacial anomalies that was less than the \$6930 limit on the prevalent plan. Chair Pang called for an amended motion.

Ms. Yee stated that the HMSA prevalent plan had deleted the exclusion of cardiac rehabilitation, but the KPIC plan still excluded the benefit.

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

1. Within the PPO tier, Orthodontic Services for Orofacial anomalies limit is at least \$6,930;
2. Within the PPO tier, Physical and Occupational Therapy are covered for at least 90 days per occurrence;
3. Within the PPO tier, Speech Therapy limit is removed;
4. Within the PPO tier, Inpatient Substance Abuse is covered; and
5. Within the PPO tier, Cardiac Rehabilitation is covered.

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

Adjournment

The meeting was adjourned at 4:00 p.m. The next meeting was set for June 18, 2024 at 1:00 p.m.