

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

July 16, 2024
1:00 p.m. to 2:41 p.m.

Council members present

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

Staff present

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

Roll call was taken of Council members in attendance. With a quorum present, Ms. Pang called the meeting to order at 1:00 p.m.

Approval of minutes

Ms. Pang asked if there were any additions, corrections, or comments to the circulated minutes of the June 18, 2024 meeting. There were no changes. A motion was made by Mr. Kanehira approve the minutes as circulated. The motion was seconded by Mr. Hogan and carried by unanimous vote.

Review of plans

Hawaii management Alliance Association (HMAA)

Executive Plan Option

HMAA was represented by Paul Kaiser. Also present were Denise Diaz and Kehau Wedemeyer.

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

Mr. Kaiser described the substantive changes that were made based on Council meetings held earlier in the year: the benefit maximum for orthodontic treatment of orofacial anomalies increased to \$6930 to match the prevalent plan, the NPO benefit for air ambulance benefit was revised from 70% to 80% to assure it was equal to the PPO benefit and was compliant with the No Surprises Act, changes were made to chapters 1 and 2 to describe the No Surprises Act, contraceptive benefits were amended to match the prevalent plan including preferred oral contraceptives benefit increased from 70% to 80% NPO, non-preferred oral contraceptives benefit reduced from 80% to 70% PPO, preferred other methods contraceptives benefit increased from 70% to 80% NPO, non-preferred other method contraceptives benefit reduced from 80% to 70% PPO, mail order non-preferred oral contraceptives benefit reduced from 80% to 70% PPO, mail order non-preferred other methods contraceptives benefit reduced from 80% to 70% PPO, and added an exclusion for recreational therapy to be consistent with the prevalent plan.

Mr. Graves stated that there were several areas where the Preferred Provider Plan has 90% benefit, but this plan had an 80% benefit. He asked if this had previously been cleared with the staff. Mr. Kaiser confirmed. Ms. Murakami stated that for what staff had seen from the previous ones, the only ones that staff noted were the ones that staff noted any differences.

Ms. Yee asked about the cost shares that did not match the prevalent plan including those for non-preferred diabetes supplies, generic diabetic drugs, preferred diabetic drugs, and generic insulin drugs which had 30% coinsurances instead of the prevalent plan's 20% coinsurance. Mr. Kaiser confirmed that those benefits did match the prevalent plan and had not changed; only the ones he mentioned were being changed.

Chair Pang stated that on page 28 there was a limitation that did not allow speech therapy for developmental delay or developmental learning disabilities and asked how this related to autism. Mr. Kaiser felt that the exclusion could include autism. She explained that in prior meetings, plans had removed speech therapy exclusions related to autism. Mr. Kaiser stated the limitation would be removed. Dr. McDonnell stated he did not view autism as developmental delay or a developmental disorder and that he was concerned that children with autism would not be able to receive help for speech disorders. Mr. Kaiser confirmed the restriction would be removed.

There were no additional questions. Chair Pang repeated 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(b) provided:

1. Orthodontic services for orofacial anomalies limit is at least \$6,930;
2. Air ambulance NPO benefit is at least 80%; and
3. Exclusion of Speech Therapy due to developmental delay is removed.

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

PPO Plan

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

Mr. Kaiser described the changes made to the plan: the benefit maximum for orthodontic treatment of orofacial anomalies increased to \$6930 to match the prevalent plan, the NPO benefit for air ambulance benefit was revised from 75% to 80%, changes were made to chapters 1 and 2 to describe the No Surprises Act, contraceptive benefits were amended to match the prevalent plan including non-preferred oral contraceptives benefit reduced from 80% to 70% PPO, non-preferred other method contraceptives benefit reduced from 80% to 70% PPO and 75% to 70% NPO, mail order non-preferred oral contraceptives benefit reduced from 80% to 70% PPO, mail order non-preferred other methods contraceptives benefit reduced from 80% to 70% PPO, and added an exclusion for recreational therapy to be consistent with the prevalent plan. Based on the discussion for the previous plan, the speech therapy limitation for developmental delay and developmental learning disabilities would also be removed.

Ms. Yee commented that pages 36-42 of the redlined version of the plan were difficult to review because whole section seemed to have been removed and then put back, so the changed portion was not obvious. She asked that HMAA consider making easier to identify the changes. Mr. Kaiser asked if the preference was to have text redlined only if changes were made and not if redlined and not to redline text that was moved. Ms. Yee stated it was helpful to see the text that moved but the strikethrough should indicate deletion and the underline should indicate additions. For example, on page 36 it had been difficult to see that the change was the deletion of wording about children through age 13 because the entire paragraph had been underlined as if it were an addition. Chair Pang requested changes be reflected in the certificate that is submitted, not just in a supplemental submittal.

Mr. Kanehira asked the Council about the physical and occupational therapy maximums that were discussed in the prior meeting. He commented that the double asterisk notation next to outpatient physical and occupational therapy on page 12 meant that a visit maximum may apply. He asked staff if this was inconsistent with what was previously approved. Ms. Sumida stated it matched the prevalent PPO plan and covered short term therapy limited to 90 days. Chair Pang confirmed that page 28 stated that the benefit was limited to not longer than 90 days. Mr. Kaiser asked if the prevalent PPO plan had deleted the 90-day limit earlier this year. Ms. Yee recalled, and Chair Pang confirmed, that the HMO prevalent plan and HMSA's HMO plans removed the 90-day limits. Ms. Yee recalled that the PPO prevalent plan still had a 90-day limit and felt that this plan may be okay.

There were no additional questions. Chair Pang repeated 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(b) provided:

1. Orthodontic services for orofacial anomalies limit is at least \$6,930;
2. Air ambulance NPO benefit is at least 80%; and
3. Exclusion of Speech Therapy due to developmental delay is removed.

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

Chair Pang reiterated the request to include updates, corrections, deletions, and changes in the redlined certificate submitted for review.

Executive session

A motion was made by Mr. Graves to go into executive session pursuant to section 92-5(a)(4), HRS, to discuss with the council's powers, duties, privileges, immunities, and liabilities with respect to chapter 393, HRS. The motion was seconded by Ms. White and carried by unanimous vote.

The public session was reconvened at 2:40 p.m.

As no public attendees were present, no report regarding the executive session was given.

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

Adjournment

The meeting was adjourned at 2:41 p.m.