

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

July 13, 2021
1:30 p.m. to 2:39 p.m.

Council members present

Ms. Laudra Eber
Dr. John McDonnell
Ms. Bonnie Pang
Mr. Mike Hogan
Mr. Derek Kanehira

Council members absent

Mr. Paul Marx
Ms. Carol Shimomura

DC Staff Present

Royden Koito
Lois Iyomasa
Misty Sumida
Kimi Kaneda
Marisa Yagi
Stacey Hiranaka

With a quorum present, Ms. Pang called the meeting to order at 1:30 p.m.

APPROVAL OF MINUTES

Ms. Pang asked if everyone had a chance to review the minutes of the May 27, 2021 meeting. No comments were made to change the minutes. Dr. McDonnell interjected by stating the minutes were open for discussion and requested the word “benefits” be changed to “co-payments” on page 4. The sentence that required a correction was, “the benefit under the UHA 3000 plan remained at 20% of eligible charges for non-par and was consistent with the plan’s other non-par benefits”. The statement was corrected to confirm, the co-payment under the UHA 3000 plan remained at 20% of eligible charges for non-par and was consistent with the plan’s other non-par co-payment”. Dr. McDonnell confirmed the benefit was not 20%, but the co-payment was 20%.

A motion was made by Dr. McDonnell to approve the minutes from May 27th as corrected. The motion was seconded by Ms. Eber and carried by unanimous vote.

Discussion was conducted about the Council's responsibility regarding drug coverage. Dr. McDonnell understood the Council does not get involved in drug coverage since the Prepaid Health Care Act did not address drug coverage in 1974. Ms. Pang stated that Dr. McDonnell was correct, the Prepaid Health Care Act focused specifically on medical coverage. She stated under health care reform drug coverage was required. If the health plan had to add the drug coverage benefit in order to comply with the federal requirement and therefore changing the design of the prevalent plan, the Council would accept this addition. Ms. Eber recalled that if the carrier decided to include the drug coverage as part of its plan, rather than a separate rider, the Council would consider this information as part of the plan. She stated the Council has not gotten involved in the details of the percentage or co-payment requirements. Mr. Hogan stated that HMSA's Plan 4 was the previous prevalent plan and in certain cases the prescription was considered bundled with the base medical. He agreed the health care reform drug coverage was required to comply with the federal requirement. This would include prescriptions dispensed in the physician's office or covered under the physician office's visit or a separate co-payment as medically necessary. Ms. Eber stated since the federal law overrode the state law, she would not debate the benefits of the drug plan. The Council concurred.

REVIEW OF PLANS

Hawaii Medical Service Association (HMSA)

Preferred Provider Plan

HMSA was represented by Mr. Austin Bunag.

HMSA informed the Department of changes and clarifications being made to the prevalent plan effective January 1, 2022.

Dr. McDonnell commented on the HMSA Preferred Provider Plan and how that plan became the prevalent plan for all non-HMO plans. Ms. Eber stated, and the Council agreed, that Kaiser Permanente's plan was the prevalent plan for all HMO plans.

Mr. Kanehira requested clarification on the discrepancies between the definition and the glossary related to payment information items. He gave an example of payment for covered service, supply, or treatment, whereas the glossary stated covered service and supplies, there was no mention of treatment. Mr. Bunag stated he would contact the contracts team and review the definitions and ensure all information was in alignment. Mr. Kanehira mentioned the discrepancy between the exception to the eligible charge in the payment information section as compared to the glossary. The payment information stated "Exceptions" where as the glossary stated "Exception" which could be confusing to the participant as to which exception (s) apply.

Mr. Kanehira requested clarification on the discrepancy related to implanted internal items/implants-outpatient found in the summary of benefits versus the glossary which states

implanted internal items/implants (surgical/orthopedic). He questioned if the benefit was the same. Mr. Bunag stated the benefit related to implanted internal items/implants-outpatient was specific to coverage for outpatient. The glossary definition addressed a broader coverage to include inpatient and outpatient. The benefit for the inpatient coverage was included in the hospital charges. The benefit for the outpatient coverage was covered at 100%. Mr. Kanehira questioned if the benefit applied to surgical or orthopedic items only. Mr. Bunag confirmed.

Mr. Hogan inquired about benefits for anesthesia for dental services. He questioned the benefits associated with non-elective, medically necessary procedures, versus a typical dental elective procedure as related to dental anesthesia. Mr. Hogan stated there was no clarity on the www.hmsa.com website regarding when a participant needed an elective procedure and dental anesthesia was required. Mr. Bunag stated the reference was intended to go to a medical policy, but the policy hasn't been published yet. HMSA was working on aligning the medical policy with the published date of updated guides to benefits. He clarified that dental anesthesia coverage was for routine dental service, which are services that are not historically covered. Mr. Bunag explained there are certain cases where members with disabilities or small children found it difficult to receive the dental anesthesia in an office setting and want the dental anesthesia to be performed in a medical setting. However, there was a coverage gap for both dental and medical plans, so HMSA wanted to ensure the participant received coverage for anesthesia for dental services.

Ms. Pang questioned if the description Mr. Bunag provided for dental anesthesia would be clearly outlined. Mr. Bunag stated once HMSA completed the medical policy, they could provide the medical policy to the Council as a reference.

Ms. Pang summarized the discussion about the Preferred Provider Plan by highlighting the discussion regarding the definitions in the glossary are in alignment with the definitions in the body of the guide to benefits. She stated the Council would expect to see the new dental anesthesia benefit with an example of where the participant would use the benefit, specifically with children or handicapped individuals that need a dental procedure and would not be able to receive the procedure unless the participant had an anesthesia procedure to prevent further dental health deterioration.

Ms. Eber stated the Council does not have the authority to change the prevalent plan. It could make suggestions requesting the changes in language be made to make it easier for the end user to understand and that the Council appreciated HMSA's willingness to comply with the Council's request.

Dr. McDonnell questioned if HMSA would define the word "children" as related to coverage. Mr. Bunag stated HMSA would take that into consideration. He mentioned once the medical policy was finalized, HMSA would work on the alignment of the language between the medical policy and the benefit language to provide more clarity for the end user.

Ms. Eber stated if HMSA made the recommended changes in language to the prevalent plan, all subsequent plans would reflect the same language.

Preferred Provider Plan-A

HMSA 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 Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

Preferred Provider Plan 2010

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

CompMED

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and

2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

CompMED Choice

HMSA 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. Kanehira to recommend continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

Health Plan Hawaii Plus

Ms. Pang questioned since inter-island transportation was removed as a covered benefit, how would HMSA guarantee the insured would be able to access physicians and urgent care within 24 hours and routine or preventive care within two weeks of request or need. If this timeframe cannot be met how would HMSA assume the cost of transport for such care? Ms. Pang questioned since inter-island transportation was removed as a covered benefit why chapter 1: Important Information under “Referrals to Another Island” state, “If your PCP refers you to a specialist on another island you may be eligible for inter-island transportation.” Mr. Bunag stated HMSA’s intent was to move the benefit into a program where HMSA would manage the travel as part of a bigger access effort. He stated HMSA currently offered telehealth and traveling providers and provide reimbursement for inter-island travel. The HMO would be aligned with HMSA’s larger efforts. He confirmed the oversight in chapter 2 regarding inter-island travel would need to be updated with instructions to contact HMSA for information. Mr. Bunag confirmed the neighbor islands have urgent care, telehealth and emergency care facilities available. Ms. Eber questioned coverage options on Molokai. Mr. Bunag stated he would confirm and respond.

Dr. McDonnell requested clarification on how HMSA would cover situations where the participant’s PCP did not feel their issue could be handled at an urgent care center and requested a specialist that was not available on that island. Will HMSA cover the proper pre-certification or

authorization required by a PCP? Mr. Bunag confirmed the intent was to allow participants to access care on Oahu when they meet the requirements or when it was appropriate. He stated HMSA's approach was to address health care with a more holistic approach by integrating telehealth and coordinating travel providers with the travel program.

Dr. McDonnell commented on how he observed the differences in telehealth utilization with regards to showing various body parts for diagnosis. However, there are other participants who were not comfortable doing so. He questioned how could the participant be in control of their right to privacy? Mr. Bunag stated HMSA worked with the PCP to obtain the approval for specialist care.

Health Plan Hawaii Plus

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits;
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration; and
3. The language is amended to include information regarding how participants can access the travel benefit by contacting HMSA for more information and that care will be coordinated between HMSA, their PCP and their specialist, if appropriate.

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

Health Plan Hawaii -A

Ms. Pang questioned the change from a \$10 copay to a \$20 copay for office visits and hospital outpatient for laboratory and pathology and radiology. Mr. Bunag confirmed HMSA aligned the benefits to match the Kaiser Permanente Group Plan.

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits;

2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration; and
3. The language is amended to include information regarding how participants can access the travel benefit by contacting HMSA for more information and that care will be coordinated between HMSA, their PCP and their specialist, if appropriate.

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

Preferred Provider Plan-B

HMSA 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 Mr. Hogan to recommend continued approval of the plan under Section 393-7(b) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

CompMED-B

HMSA 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 Dr. McDonnell to recommend continued approval of the plan under Section 393-7(b) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

Health Plan Hawaii-B

HMSA 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 Dr. McDonnell to recommend continued approval of the plan under Section 393-7(b) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits;
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration; and
3. The language is amended to include information regarding how participants can access the travel benefit by contacting HMSA for more information and that care will be coordinated between HMSA, their PCP and their specialist, if appropriate.

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

HMSA's Small Business Preferred Provider Plan-A

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

HMSA's Small Business CompMED-A

HMSA 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 continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and

2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

HMSA's Small Business CompMED Choice-A

HMSA 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. Kanehira to recommend continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

HMSA's Small Business Health Plan Hawaii Plus

HMSA 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 Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits;
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration; and
3. The language is amended to include information regarding how participants can access the travel benefit by contacting HMSA for more information and that care will be coordinated between HMSA, their PCP and their specialist, if appropriate.

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

HMSA's Small Business Health Plan Hawaii Platinum-A

HMSA 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. Kanehira to recommend continued approval of the plan under Section 393-7(a) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits;
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration; and
3. The language is amended to include information regarding how participants can access the travel benefit by contacting HMSA for more information and that care will be coordinated between HMSA, their PCP and their specialist, if appropriate.

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

HMSA's Small Business Preferred Provider Plan-B

HMSA 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. Eber to recommend continued approval of the plan under Section 393-7(b) provided:

1. The language is amended to ensure the definitions in the glossary are in alignment with the definitions that are defined in the body of the guide to benefits; and
2. The language is amended to include where a participant would use the benefit, specifically with children or handicapped individuals, that need a dental procedure and would not be able to receive one unless they had an anesthesia procedure to prevent further dental health deterioration.

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

The Council deviated from the order of the agenda to announce the resignation of Ms. Eber. The Council thanked her for her service and stated she was an invaluable asset.

ADJOURNMENT

The next meeting was tentatively scheduled for October 7, 2021 with a tentatively scheduled back-up meeting for October 12, 2021. Meeting adjourned at 2:39 p.m.