

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

February 17, 2022
1:30 p.m. to 2:19 p.m.

Council members present

Mr. Paul Marx
Ms. Carol Shimomura
Ms. Bonnie Pang
Mr. Mike Hogan (1:33pm)
Mr. Derek Kanehira
Ms. Winona White

Council member absent

Dr. John McDonnell

DC Staff Present

Royden Koito
Lois Iyomasa
Misty Sumida
Marisa Yagi
Stacey Hiranaka

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

INTRODUCTION OF WINONA WHITE

Chair Marx and Ms. Kaneda introduced the new Council member, Ms. White.

Mr. Hogan joined the meeting.

APPROVAL OF MINUTES

Chair Marx asked if there were any changes to the circulated minutes of October 7, 2021. Ms. Kaneda stated that the suggestion from the Council to omit the reference to the 2016 contract on page 4, where members would be responsible for all charges after the plan paid the maximum benefit or \$5,500 per treatment phase was not omitted in Kaiser's 2020(sic.) plan due to an oversight by the Department. The verbiage is being omitted in the 2023 plan as originally recommended. A motion was made by Mr. Hogan to approve the minutes as circulated. The motion was seconded by Ms. Shimomura and carried by unanimous vote.

Kaiser was represented by Ms. May Goya.

Kaiser Permanente Group Plan (Informational Only)

Kaiser informed the Department of changes and clarifications being made to the prevalent plan effective January 1, 2023.

Chair Marx offered Kaiser the opportunity to present to the Council topics for discussion regarding its plans. Ms. Goya provided an overview of the changes to the 2023 Kaiser Permanente plans – review of service-type plans. Ms. Goya addressed the benefit change for the Prostate Specific Antigen (PSA) screening. Kaiser changed the cost share for PSA screening from the applicable basic laboratory services copay of \$20 per day to no cost share.

Ms. Goya addressed the following language clarifications:

- Contraceptive Drugs and Devices. Kaiser deleted the duplicative entry from the Special Services for Women section because Contraceptive Drugs and Devices already existed under the Prescription Drugs section.
- 24/7 Advice Line. Kaiser updated references of After-Hours Care to 24/7 Advice Line for consistency with all materials and updated the types of providers that may give advice.
- Urgent Care. Kaiser updated the terminology to be consistent with all materials by replacing references to After-Hours Care with “Urgent Care.”
- Home Phototherapy Equipment. Kaiser clarified the benefit applied to all members, instead of only newborns.
- Orthodontic Care for the Treatment of Orofacial Anomalies. Kaiser removed the reference to the 2016 year for the orthodontic care.
Medical Services/Care exclusion. Kaiser removed the phrase, “or service are not listed as covered”.

Ms. Shimomura asked if Moanalua Medical Center discontinued providing after-hours care resulted in urgent care services to be discontinued at the hospital. Ms. Goya responded that the hospital will have emergency services and urgent care will be provided at the Honolulu medical office, West Oahu medical office, and the Maui Lani medical office.

Ms. Shimomura notated on the Review of Service-Type plans form, Medical Services/Care was located on page 59 instead of page 60.

Mr. Kanehira questioned the typographical errors throughout the different plans. He noticed the address referenced 711 Kapiolani Boulevard as the member services or regional appeals office location with the zip code of 96813, which he believed to be correct, but on page 88 the zip code reflected 96816 and on page 81 the zip code reflected 96814. He suggested to update the document to reflect the correct zip code for the office locations. Kaiser stated it would look through the document to make those corrections.

Ms. Shimomura questioned if the pre-admission certification requirement and the pre-admission penalty equaled a zero-dollar amount. The penalty, if the guidelines were not followed, may be a lack of coverage because the member failed to obtain certification as soon as reasonable possible. Kaiser confirmed there was no pre-admission penalty with a dollar amount.

Ms. Shimomura questioned if radiology advanced imaging was equivalent to specialty radiology. Ms. Goya stated that advanced imaging was an MRI and questioned Ms. Shimomura if that was her understanding. She explained that Kaiser had a list of examples of specialty imaging in the guide and the term “advanced imaging” was not used, but believed it was referencing the same items.

Ms. Shimomura questioned what the equivalency of a \$20 cost share per (inpatient physician visit) versus 80% benefit for hospital charges was currently and if these were comparable amounts. This question was posed at the previous meeting and Mr. Hertzog had stated he would provide this information at a later date. Mr. Hertzog stated that Kaiser was working on the 2022 sample fee schedule list which should be available at kp.org.

Ms. Shimomura questioned if hospice care was covered at 100%. Ms. Goya confirmed the member received 100% coverage with no cost to the member.

Ms. Shimomura questioned why corneal or kidney transplant was separated on the DLIR sheet and if the benefit was 80% or \$20 cost share per visit. Ms. Goya confirmed the benefit level was the same as the 7(a) prevalent plan. Ms. Shimomura questioned if transplants, other than corneal and kidney, had a \$20 cost share per office visit. Ms. Goya confirmed the visit would be an 80% benefit only.

Ms. Pang questioned if all Kaiser members were covered for a one-time only in vitro fertilization procedure per lifetime. Ms. Goya confirmed.

Ms. Pang questioned if the member elected to voluntarily terminate her pregnancy, she would be eligible for only two procedures. Ms. Goya confirmed and added there was no limit to medically necessary procedures.

Mr. Kanehira questioned the duplication of the skilled administered drugs benefit under the Prescription Drug heading and Drug Therapy Care (Growth Hormone Therapy) heading. He stated both referenced page 44. Ms. Goya confirmed the reference was the same and Kaiser’s intent of the duplicate listing was to help people who were just looking at the section specifically related to Growth Hormone Therapy. She stated Kaiser could remove the duplication but mentioned this was a frequently asked question by the members, so Kaiser included the benefits in this section to help further clarify.

Ms. Shimomura questioned how the determination was made regarding the cost share of \$20 per office visit and 80% benefit hospital visit related to a corneal or kidney transplant. Ms. Sanderson clarified for any services that were provided in the hospital, including the transplant,

the hospital and patient copay would apply. But if the member had any office visits prior to or after the transplant the office visit copay would apply.

Ms. Shimomura questioned why the other transplant procedures (excluding corneal or kidney) was only an 80% benefit. Ms. Sanderson stated Kaiser would correct the DCD review sheet to reflect the same copayments as the transplant procedure for corneal or kidney. She clarified that hospital visits would be hospital copay and office visits would be office visit copay.

Mr. Kanehira questioned why the plan document referenced the annual deductible if it wasn't pertinent to the plan. Ms. Goya stated that all documents are constructed the same to include the same information. She stated Kaiser could consider that as an enhancement sometime in the future to make it less confusing for the members.

Chair Marx stated there were good points of clarification and his interpretation of the conversation was they were points of clarification, not necessarily actions to change the plan document. The Council agreed.

OTHER BUSINESS

Kaiser Foundation Health Plan, Inc.

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

The Council deviated from the agenda and reviewed the Kaiser Permanente Group \$20/20%/\$300 Plan.

Kaiser informed the Department of changes made to the plan effective January 1, 2023 and requested continued approval of the plan under Section 393-7(b).

Ms. Goya addressed the benefit change for the Prostate Specific Antigen (PSA) screening. Kaiser changed the cost share for PSA from the applicable basic laboratory services cost share of \$25 per day after the deductible to no cost share. The plan also included the six language clarifications that were reviewed in the KP Group plan.

Ms. Shimomura questioned the pregnancy termination cost share for specialty care and primary care. Ms. Goya stated under the pregnancy termination there were primary care, specialty care, and total care settings cost shares. The cost share depended on where the services were received. If the patient saw a primary care physician, the patient would pay the primary care cost share. If the patient saw a specialist, the patient would pay the specialist cost share. If the patient received the procedure in a hospital, the patient would pay the hospital copay.

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

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

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

Kaiser informed the Department of changes made to the plan effective January 1, 2023 and requested continued approval of the plan under Section 393-7(b).

Ms. Goya addressed the benefit change for the Prostate Specific Antigen (PSA) screening. Kaiser changed the cost share for PSA from the applicable basic laboratory services cost share of 20% of applicable charges to no cost share. The plan also included the six language clarifications that were reviewed in the KP Group plan.

Ms. Shimomura questioned if the radiotherapeutic services inpatient cost share was included in the \$150 per day inpatient hospital services or had an 80% benefit. Ms. Goya confirmed that radiation therapy was 80% benefit of applicable charges.

Mr. Hogan commented on how the document referenced the word “child” and “children” and how they were interchangeable. In Chapter Six, Membership Information, in the definition of eligibility, the document only referenced “child” rather than “child(ren).” He suggested adding (ren) to the document when it referenced child or children to capture all previous references to both child and children.

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

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

ADJOURNMENT

Meeting adjourned at 2:19p.m. The next meeting was tentatively scheduled for April 19, 2022 with a tentatively scheduled back-up meeting for May 26, 2022.