



JOSH GREEN, M.D.  
GOVERNOR  
  
SYLVIA LUKE  
LIEUTENANT GOVERNOR

**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
201 MERCHANT STREET, SUITE 1700  
HONOLULU, HAWAII 96813  
Oahu (808) 586-7390  
Toll Free 1(800) 295-0089  
[www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)

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**ADMINISTRATOR**  
DEREK M. MIZUNO  
  
**ASSISTANT ADMINISTRATOR**  
DONNA A. TONAKI

January 31, 2024

**NOTICE OF MEETING**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**BENEFITS COMMITTEE**

**DATE:** February 6, 2024, Tuesday  
**TIME:** 9:00 a.m.  
**PLACE:** HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)  
CITY FINANCIAL TOWER  
201 MERCHANT STREET, SUITE 1700  
HONOLULU, HAWAII

**A G E N D A**

**OPEN SESSION PARTICIPATION IN PERSON, VIA TELECONFERENCE AND  
VIA TELEPHONE**  
(see below for teleconference and telephone details)

- I. Call to Order
- II. Review of Minutes – November 14, 2023
- III. New Business
  - A. Kaiser Permanente Burden of Disease and HEDIS Report – January 1, 2022 – December 31, 2022
  - B. HMSA 2023 EUTF Annual Disease Burden and HEDIS Summary – Calendar Year 2022
  - C. 2024 Health and Wellness Communication Plan
  - D. Upcoming Plan Changes
- IV. Next Meeting – April 9, 2024  
The next meeting agenda will include the CVS semi-annual utilization report ending December 31, 2023 and CVS prescription drug plan changes.
- V. Adjournment

If you need an auxiliary aid/service or other accommodation due to a disability, please contact Ms. Desiree Yamauchi at (808) 587-5434 or [eutfadmin@hawaii.gov](mailto:eutfadmin@hawaii.gov), as soon as possible,

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

preferably at least 3 business days prior to the meeting. Requests made as early as possible have a greater likelihood of being fulfilled.

Testimony may be submitted prior to the meeting via email to [eutfadmin@hawaii.gov](mailto:eutfadmin@hawaii.gov) or via postal mail to: Hawaii Employer-Union Health Benefits Trust Fund, Attn: Benefits Committee-Testimony, 201 Merchant Street, Suite 1700, Honolulu, HI 96813. Please include the word “testimony”, the agenda item number, and subject matter following the address line. There is no deadline for submission of testimony, however, the EUTF requests that all written testimony be received no later than 9:00 a.m., one (1) business day prior to the meeting date in order to afford Board members adequate time to review materials.

To view the meeting and provide live oral testimony during the meeting, following are the Microsoft Teams Meeting details:

- [Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjE1MWY2ZTctZDdjNS00MmJILWFhMzctN2RmODk4MzViMDU3%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d) or copy and paste the following URL into your browser:  
[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NjE1MWY2ZTctZDdjNS00MmJILWFhMzctN2RmODk4MzViMDU3%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjE1MWY2ZTctZDdjNS00MmJILWFhMzctN2RmODk4MzViMDU3%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d)
  - For instructions to turn on live captions in Microsoft Teams, [please click here.](#)
- Dial-in number: [+1 808-829-4853](tel:+18088294853) United States, Honolulu (Toll)
- Phone Conference ID: 914 431 204#

The Board packet can be accessed at the EUTF website ([eutf.hawaii.gov](http://eutf.hawaii.gov)) through the Events Calendar forty-eight (48) hours prior to the meeting. A copy of the packet will also be available for public inspection in the EUTF office at that time.

Please contact Ms. Desiree Yamauchi at (808) 587-5434 or [eutfadmin@hawaii.gov](mailto:eutfadmin@hawaii.gov) if you have any questions.

Upon request, an electronic copy of this notice can be provided.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
Minutes of the Benefits Committee Meeting  
Tuesday, November 14, 2023

TRUSTEES PRESENT

Mr. Osa Tui, Chairperson (via video conference)

Mr. Wesley Machida, Vice Chairperson (via video conference,  
joined at 9:03 a.m.)

Ms. Jacqueline Ferguson-Miyamoto

Mr. Christian Fern (via video conference)

Ms. Audrey Hidano

Ms. Sabrina Nasir (excused at 11:00 a.m.)

Ms. Maureen Wakuzawa

Mr. Ryan Yamane (via video conference)

Mr. Robert Yu (via video conference, excused at 10:26 a.m.)

TRUSTEES ABSENT

Mr. James Wataru

ATTORNEY

Mr. Michael Chambrella, Deputy Attorney General

EUTF STAFF

Mr. Derek Mizuno, Administrator

Ms. Desiree Yamauchi

Ms. Lara Nitta

Ms. Melissa-Kim Tom (via video conference)

CONSULTANTS

Ms. Shelley Chun, Segal (via video conference)

Mr. Stephen Murphy, Segal

Ms. Baelee Zeiher, Segal (via video conference)

OTHERS PRESENT (via video conference or teleconference, unless otherwise noted)

Ms. Stacia Baek, HDS (in person)

Ms. Sandra Benevides, CVS

Ms. Tammi Bongoll, Kaiser

Mr. Su Chai, Kaiser (in person)

Mr. Francis Nick Cuenca, CVS

Ms. Erin Dey, Humana

Ms. Kjirsten Elsner, Securian

Mr. Thomas England, Kaiser (in person)

Ms. Elaine Fujiwara, HDS (in person)

Dr. Rupal Gohil, HMSA

Mr. Galen Haneda, HMSA

Ms. Vanelle Hirayasu, HMA

Dr. Karen Hu, HDS

Ms. Monica Kim, VSP (in person)

Mr. Lawrence Lau, HDS

Ms. Joey Lee, HDS (in person)

Mr. Chris Letoto, HMSA (in person)

Dr. Christopher Miura, Kaiser

Mr. Clesson Pang, HDS

Ms. Cathy Rapozo, VSP

Nr, Dave Shiroma, Kaiser

Mr. Guy Tingey, CVS

Mr. Troy Tomita, Kaiser (in person)

Ms. Gretel Tsoi, HDS

Ms. Anne VanHaaren, CVS

Mr. Steven Watts

Mr. Scott Yamaguchi, Kaiser

Mr. Isaac Yuen, HMSA (in person)

I. CALL TO ORDER

The meeting of the Benefits Committee of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) was called to order at 9:01 a.m. by Trustee Osa Tui, Chairperson, in the EUTF Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Tuesday, November 14, 2023.

II. REVIEW OF MINUTES – October 10, 2023

The Benefits Committee reviewed the draft minutes of October 10, 2023.

MOTION was made and seconded to approve the minutes of October 10, 2023, as circulated. (Ferguson-Miyamoto/Wakuzawa) The motion passed unanimously. (Employer Trustees-4/

Employee-Beneficiary Trustees-4)

Trustee Wesley Machida joined the meeting at 9:03 a.m.

### III. NEW BUSINESS

#### A. Utilization Reports for the period ending June 30, 2023

##### 1. Kaiser Permanente Semi-Annual Utilization Reports

Mr. Troy Tomita and Mr. Thomas England, Kaiser Permanente, presented their annual claims report through June 30, 2023 for the active employee plans and six-month report for the non-Medicare retiree plans noting the year-over-year per member per month (PMPM) claims trends of 0.7% (lower than the book of business – BOB) and -1.1% (lower than the BOB), respectively. Kaiser noted the following for the active plans:

- Inpatient PMPM increased by 7.3%, which was slightly higher than the BOB, primarily driven by an increase in admissions related to cardiovascular issues. Kaiser attributes this to year-to-year fluctuations (0 cardiovascular-related admissions in PY 2022) since the EUTF population does not have a higher incidence of coronary artery disease than its BOB.
- Pharmacy PMPM increased by 6.5%, which was higher than the BOB, primarily due to an increase in specialty non-formulary dispensing. Kaiser noted that the specialty trend should be helped in the future by adoption of biosimilars such as Amjevita (biosimilar for Humira). Kaiser also noted that its high adoption rate of biosimilars is attributed to its integrated care delivery, in-house evidence-based formulary review, and direct negotiations with drug manufacturers.

Trustee Robert Yu asked about the status of access for Kaiser members to mental health services. Kaiser will provide an update. Chair Tui asked whether the movement to the Kaiser Standard was from changes during open enrollment or new members enrolling in the Kaiser Standard. Mr. Tomita noted that new enrollments are primarily into the Kaiser Standard while movement during open enrollment continues. Mr. Derek Mizuno noted that he has a schedule of open enrollment movement that he will share with the Committee.

##### 2. HMSA Semi-Annual Utilization Reports

Mr. Chris Letoto and Mr. Isaac Yuen, HMSA, presented their annual claims report through June 30, 2023 for the active employee plans and six-month report for their non-Medicare and Medicare retiree plans noting the year-over-year (PMPM) claims trends of 5.1% (lower than the BOB), -3.4% (lower than the BOB) and 14.0% (higher than the BOB), respectively. HMSA noted the following for the active plans:

- Inpatient PMPM increased by 8.4%, which was slightly lower than the BOB, primarily driven by a high number of high cost newborn admissions. This increase in high cost newborn admissions was also seen in the BOB. Segal noted that the high average age of the mothers could be a contributing factor.
- Outpatient PMPM increased by 12.9%, which was significantly lower than the BOB, primarily driven by a return to pre-COVID service levels including the use of the emergency room. Trustee Christian Fern asked if the increase in emergency room visits is due to a member's inability to get an appointment with his physician. HMSA will investigate if this is the case.

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- Trustee Robert Yu asked how HMSA will ensure a successful biosimilar strategy. Mr. Yuen responded that under the medical plan HMSA has value-based provider contracts where there is physician incentive to minimize the total cost of care.

The Medicare retiree is artificially high because of a coordination of benefits issue with Medicare. This will be resolved for the full year reporting.

3. Segal SHAPE Report

Mr. Steve Murphy, Segal Consulting, presented their report derived from their receipt of claims data from HMSA, Kaiser and CVS noting the following:

- Increased utilization of the emergency room. Segal, EUTF staff, HMSA and Kaiser will work on developing messaging to members when to use the emergency room.
- Diabetes continues to be a significant portion of claims costs. The HMSA Virta diabetes management program effective January 1, 2024 could help to mitigate these costs in the future if targeted participation and completion rates are met.

4. VSP Active Annual Utilization Report

Ms. Monica Kim, VSP, presented their first utilization report for the EUTF and HSTA VB active employees for the period ending June 30, 2023 noting the following:

- Enrollment decreased by approximately 2% which is consistent with previous years.
- The PMPM claims trend from the prior year was 3.8% (EUTF plans are consistent with the VSP BOB over the last 3 years).
- 28% of actives had an annual eye exam which exceeds the VSP local BOB but is slightly under national BOB rates.
- 92% of actives visited an in-network provider resulting in more than \$4.6 million in savings.

Trustee Robert Yu was excused from the meeting at 10:26 a.m.

The meeting recessed at 10:31 a.m.

The meeting reconvened at 10:35 a.m.

5. HDS Active Annual Utilization Report

Ms. Joey Lee and Ms. Stacia Baek, HDS, presented their first utilization report for the EUTF and HSTA VB active employees for the period ending June 30, 2023 noting the following:

- Enrollment decreased by approximately 1% which is consistent with previous years.
- The PMPM claims trend (0.8%) was lower than the HDS BOB.
- Actives had higher rates of oral exams and cleanings and lower rates of no visits than the HDS BOB and national peers. Members with no visits incur higher costs than those with prior visits.
- 1.6% of actives hit their \$2,000 plan maximum limit in PY 2023 which was the same as PY 2022.

- 98.0% of retirees visited an in-network provider resulting in significant savings.

B. HDS Active Plan Change Proposal

- Increase the lifetime maximum benefit for orthodontics – at the request of a trustee, Ms. Lee presented the additional cost of increasing the lifetime maximum benefit for orthodontics from \$1,000 and the orthodontic benefit provided by other HDS clients. HDS noted that 51% and 33% of large group plans provided no or a \$1,000 lifetime maximum, respectively, for orthodontics.

MOTION was made and seconded to recommend to the Board increasing the lifetime maximum benefit for orthodontics to \$1,500 for the active employee EUTF and HSTA VB dental plans effective July 1, 2024. (Ferguson-Miyamoto/Fern) The motion failed. (Employer Trustees-3 YES Hidano, Nasir, Yamane, 1 NO Machida/Employee-Beneficiary Trustees-4 YES Ferguson-Miyamoto, Fern, Tui, Wakuzawa)

- Removing the limitation on HSTA VB dental implants – HSTA VB active plans are the only plans within the EUTF that has a benefit limitation that requires an implant be between two natural teeth. This was the standard back in the 1990s but has slowly changed over time and most of the HDS BOB do not have this limitation. HDS provided cost estimates to remove the limitation. Segal and EUTF staff recommended this change to bring the plans into alignment.

MOTION was made and seconded to recommend to the Board removing the limitation that an implant be between two natural teeth for the HSTA VB active employee dental and supplemental dental plans effective July 1, 2024. (Ferguson-Miyamoto/Fern) The motion failed. (Employer Trustees-3 YES Hidano, Nasir, Yamane, 1 NO Machida/Employee-Beneficiary Trustees-4 YES Ferguson-Miyamoto, Fern, Tui, Wakuzawa)

C. HMSA Active Plan Change Proposal

Mr. Letoto presented proposed coverage under the HMSA HMO medical plan of applied behavior analysis at 100% as a behavioral health outpatient facility benefit instead of the current \$15 copayment as a physician visit to ensure compliance with the federal Mental Health Parity Act. Additional costs to the plan are minimal.

MOTION was made and seconded to recommend to the Board covering applied behavior analysis services at 100% under the EUTF HMSA HMO effective July 1, 2024. (Ferguson-Miyamoto/Wakuzawa) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-4)

D. Segal Compliance Updates

1. 2024 Medicare Advantage Plan Changes

Mr. Murphy summarized recent changes to Medicare Advantage plans for 2024.

2. Telehealth Coverage

Mr. Murphy noted that HMSA and Kaiser are in compliance with Act 107, 2023 Legislative Session that requires coverage of audio only services for diagnosis, evaluation, and treatment of mental health disorders through December 31, 2025.

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Kaiser also covers audio only services for non-mental health while HMSA does not.

Trustee Sabrina Nasir was excused from the meeting at 11:00 a.m.

E. Segal Active Annual Report for the period ending June 30, 2023

Mr. Murphy presented their analysis of the medical, dental and vision plans noting no items that would require plan design changes. However, improvements are needed in HMSA Model of Care participation along with monitoring of the Virta diabetes management program effective January 1, 2024.

Trustee Ryan Yamane asked why Segal chose to compare our plans to western state plans and not the federal plan or other state plans that may face similar geographic challenges with respect to access to care. Mr. Murphy explained that the western state plans were chosen because of the existence of Kaiser Permanente in Washington, Oregon, and California.

IV. NEXT MEETING DATE – February 6, 2024

The next meeting agenda will include the 2024 health and wellness communication plans, and HMSA and Kaiser Permanente annual disease burden and HEDIS reports ending December 31, 2022.

V. ADJOURNMENT

MOTION was made and seconded to adjourn the meeting at 11:29 a.m.

(Ferguson-Miyamoto/Wakuzawa) The motion passed unanimously. (Employer Trustees-4/ Employee-Beneficiary Trustees-4)

Respectfully submitted,

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Osa Tui, Chairperson

Documents Distributed:

1. Draft Benefits Committee Minutes of October 10, 2023. (6 pages)
2. EUTF, Cost and Utilization Summary, Actives and Non-Medicare Retirees, prepared by Kaiser Permanente, dated 11/14/2023, Redacted Version. (24 pages)
3. EUTF Semi-Annual, Cost Utilization Summary, prepared by HMSA, dated November 14, 2023, Redacted Version. (36 pages)
4. EUTF, Semi-Annual Utilization Report, Active Plans, For the Period Ending 6/30/2023, prepared by Segal Consulting, Dated November 14, 2023. (17 pages)
5. EUTF & HSTA VB, Active Utilization, Plan Year Ending 06/30/2023, prepared by VSP, Redacted Version. (19 pages)
6. EUTF & HSTA VB, Actives Utilization, July 1, 2022 – June 30, 2023, prepared by HDS, Redacted Version. (21 pages)
7. Plan Change Overview and Authorization, 2024 EUTF Actives (November Benefits Committee Meeting Benefit Change Proposal, prepared by HMSA, Redacted Version. (1 page)
8. Memorandum to Board of Trustees from Segal Consulting, regarding 2024 Medicare Advantage Plan Changes, dated November 14, 2023. (2 pages)

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- 1 9. Memorandum to Board of Trustees from Segal Consulting, regarding Telehealth Coverage,  
2 dated November 14, 2023. (1 page)
- 3 10. EUTF, 2023 Annual Analysis Report, Active Employees, prepared by Segal Consulting, dated  
4 November 14, 2023, Redacted Version. (28 pages)

DRAFT





PUBLIC

**EUTF 2022**  
**Kaiser Permanente**  
**Burden of Disease and HEDIS**  
January 1, 2022 – December 31, 2022

**Dr. Chris Miura**

Benefits Committee Meeting  
February 6, 2024

# Agenda

Executive Summary

Demographic

Lifestyle Risk

Chronic Conditions

HEDIS

Appendix

# Executive Summary

- Report Objectives
  - Assessment of the EUTF's population segments Burden of Disease, relative to its geographic and industry peers.
- Benchmark Measures
  - 2020 through 2022 Data
  - Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.
  - Kaiser Permanente industry average – The industry average reflects the result of Kaiser Permanente members in a specific industry as defined by the North American Industry Classification System – 92 Public Administration
  - 2022 HEDIS 90<sup>th</sup> percentile - Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass®
    - Actives & Non-Medicare Retirees – HEDIS Commercial 90<sup>th</sup> percentile
    - Medicare Retirees – HEDIS Medicare 90<sup>th</sup> percentile
- 2022 Summary
  - All areas are consistent to 2021, except Non-Medicare Retirees Cervical Cancer moved from green to yellow

	Actives	Non-Medicare Retirees	Medicare Retirees
Adult Overweight or Obese	●	●	●
Smoking	●	●	●
Flu Immunization Rates	●	●	●
Diabetes Prevalence	●	●	●
Depression Prevalence	●	●	●
Hypertension Prevalence	●	●	●
Heart Failure Prevalence	●	●	●
Breast Cancer Screening	●	●	●
Colorectal Cancer Screening	●	●	●
Cervical Cancer Screening	●	●	ISS

- Green: Better than regional average
- Yellow: Near average / at risk
- Red: Worse than regional average

ISS: Insufficient Sample Size < 30

# Demographics – Actives

	2020	2021	2022	KP Regional Average*	Kaiser Permanente industry average**
Subscribers	14,430	14,183	13,933	--	--
Members	27,443	26,854	26,250	--	--
Average subscriber age	45.6	45.8	46.0		
Average member age	36.4	36.5	36.9		
Gender (% female)	51.7%	51.9%	52.4%		
Average family size	1.9	1.9	1.9		

Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

\*\* Kaiser Permanente industry average – The industry average reflects the result of Kaiser Permanente members in a specific industry as defined by the North American Industry Classification System – 92 Public Administration

# Demographics – Non-Medicare Retiree

	2020	2021	2022	KP Regional Average*	Kaiser Permanente industry average**
Subscribers	1,232	1,209	1,400	--	--
Members	2,441	2,401	2,670	--	--
Average subscriber age	61.5	61.4	64.5		
Average member age	54.8	54.7	56.8		
Gender (% female)	56.5%	56.7%	56.6%		
Average family size	2.0	2.0	1.9		

Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

\*\* Kaiser Permanente industry average – The industry average reflects the result of Kaiser Permanente members in a specific industry as defined by the North American Industry Classification System – 92 Public Administration

# Demographics – Medicare Retiree

	2020	2021	2022	KP regional average*	Kaiser Permanente industry average**
Subscribers	6,684	6,821	6,826	--	--
Members	8,644	8,842	8,887	--	--
Average subscriber age	76.8	76.9	77.0		
Average member age	76.2	76.3	76.3		
Gender (% female)	57.9%	57.8%	57.9%		
Average family size	1.3	1.3	1.3		

Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

\*\* Kaiser Permanente industry average – The industry average reflects the result of Kaiser Permanente members in a specific industry as defined by the North American Industry Classification System – 92 Public Administration

# Lifestyle Risks - Active

	2020	2021	2022	KP Regional Average	Kaiser Permanente industry average
Adult weight Overweight or Obese	72.3%	72.2%	71.5%		
Childhood weight Overweight or Obese	30.0%	32.0%	28.4%		
Prediabetes test – Fasting glucose *	25.7%	27.4%	30.8%		
Cholesterol Borderline high or high	44.0%	46.9%	45.4%		
Smoking	9.6%	9.6%	9.0%		
Flu immunization rate	39.4%	28.8%	31.3%		

\* Prediabetes test result – fasting glucose 100-125 or hemoglobin A1c 5.7-6.4

# Lifestyle Risks – Non-Medicare Retiree

	2020	2021	2022	KP Regional Average	Kaiser Permanente industry average
Adult weight Overweight or Obese	75.9%	74.6%	74.3%		
Childhood weight Overweight or Obese	36.4%	41.7%	39.0%		
Prediabetes test – Fasting glucose	37.4%	37.7%	43.1%		
Cholesterol Borderline high or high	46.2%	50.1%	47.0%		
Smoking	9.5%	9.3%	8.4%		
Flu immunization rate	52.6%	41.9%	42.2%		

\* Prediabetes test result – fasting glucose 100-125 or hemoglobin A1c 5.7-6.4

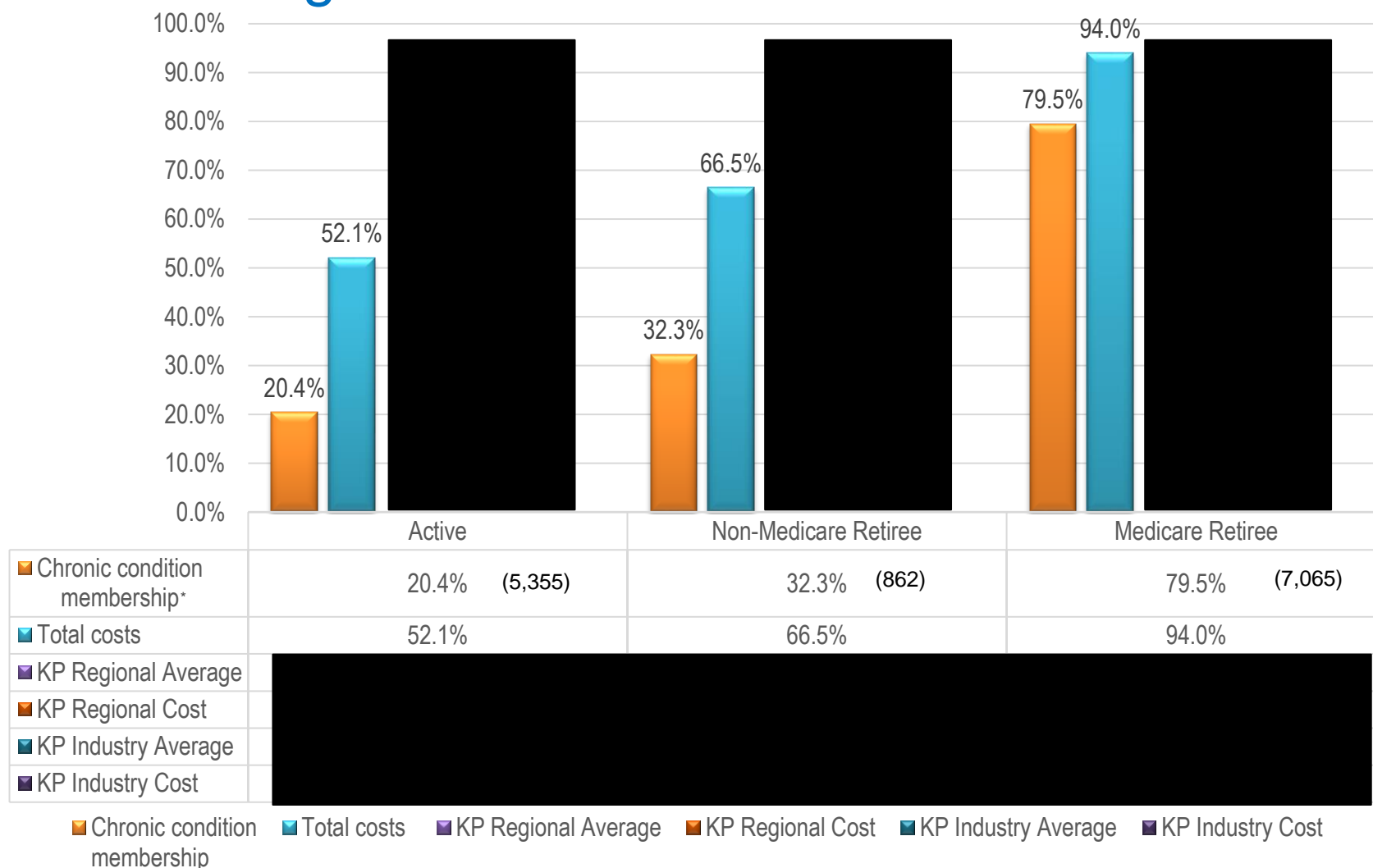


# Lifestyle Risks – Medicare Retiree

	2020	2021	2022	KP Regional Average		Kaiser Permanente industry average	
Adult weight Overweight or Obese	69.5%	70.3%	68.6%				
Elderly weight Overweight or Obese	52.5%	54.7%	53.5%				
Prediabetes test – Fasting glucose	40.8%	42.7%	50.3%				
Cholesterol Borderline high or high	34.1%	36.6%	33.5%				
Smoking	5.2%	5.3%	5.2%				
Flu immunization rate	64.6%	68.9%	71.9%				

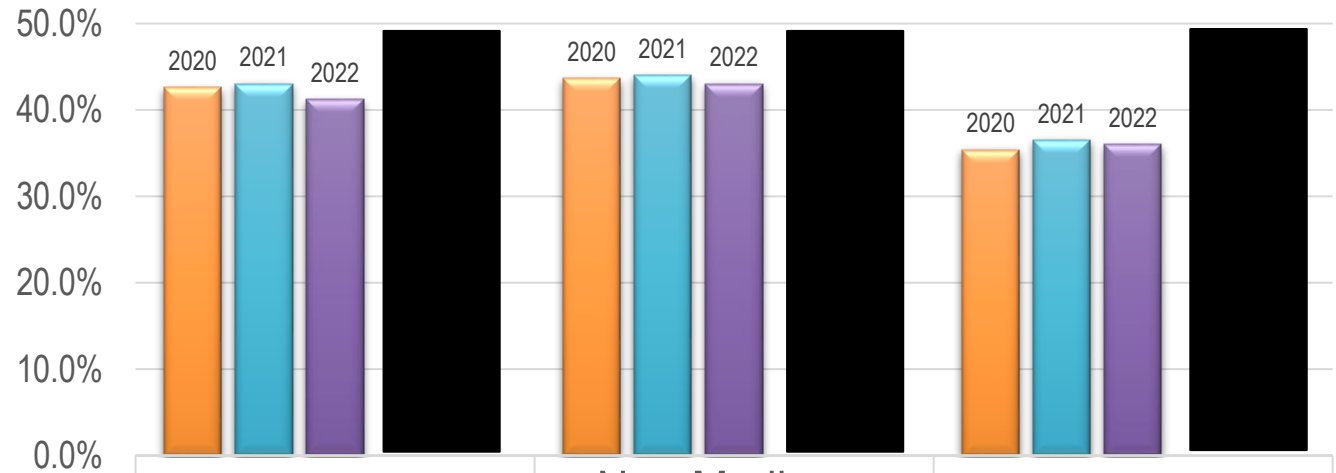
\* Prediabetes test result – fasting glucose 100-125 or hemoglobin A1c 5.7-6.4

# What percent of members with chronic conditions contributing to total costs



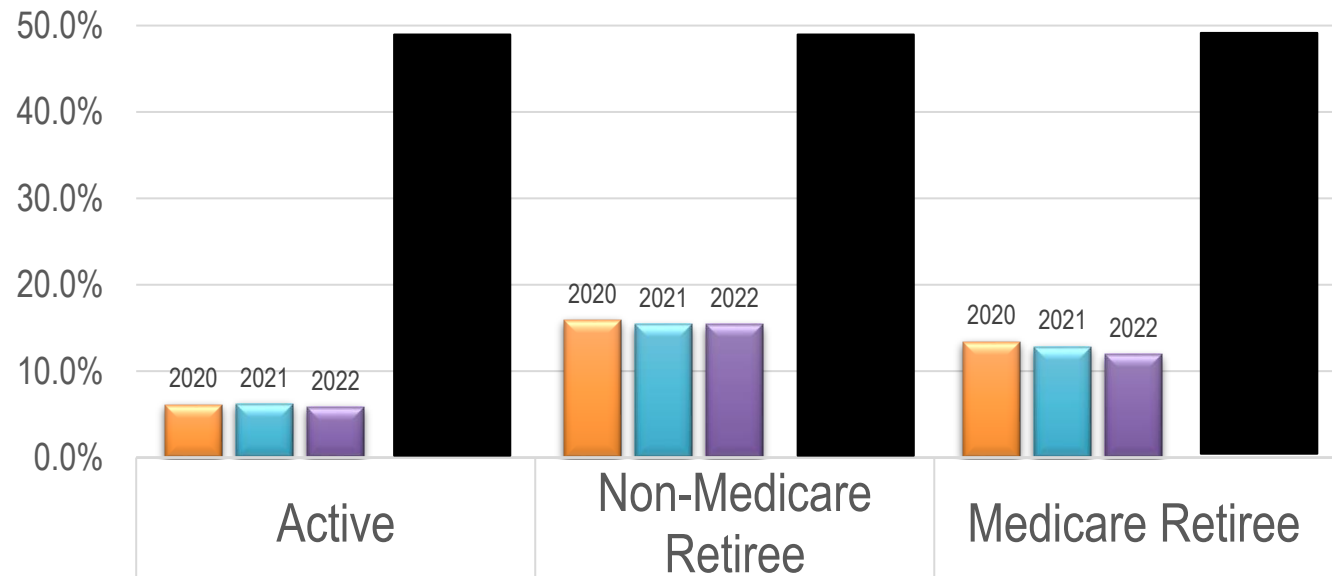
\* The chronic conditions membership number is a combination of members that have 1 or more major chronic condition or additional chronic conditions. Examples of additional chronic conditions are HIV/AIDS, Liver Disease, Chronic Hepatitis, Hemophilia.

# Obesity prevalence by population



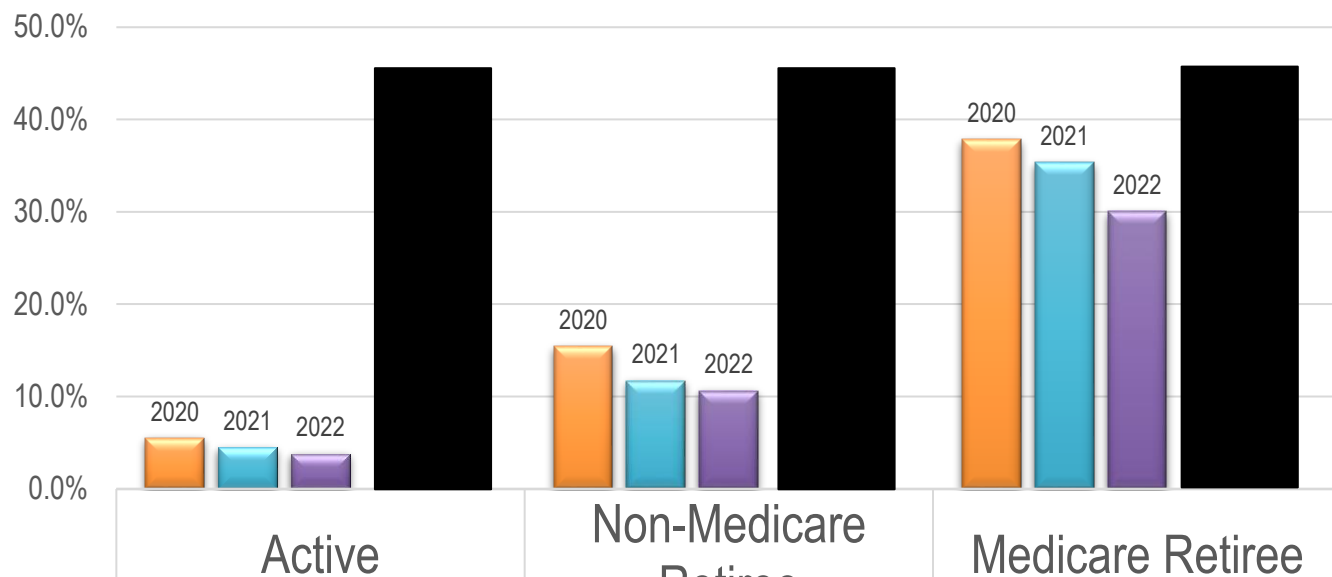
2020	Active	42.6%	Non-Medicare Retiree	43.6%	Medicare Retiree	35.4%
2021	Active	43.0%	Non-Medicare Retiree	44.0%	Medicare Retiree	36.5%
2022	Active	41.2%	Non-Medicare Retiree	43.0%	Medicare Retiree	36.0%
2022 KP Regional Average						
2022 KP Industry Average						

# Diabetes prevalence by population



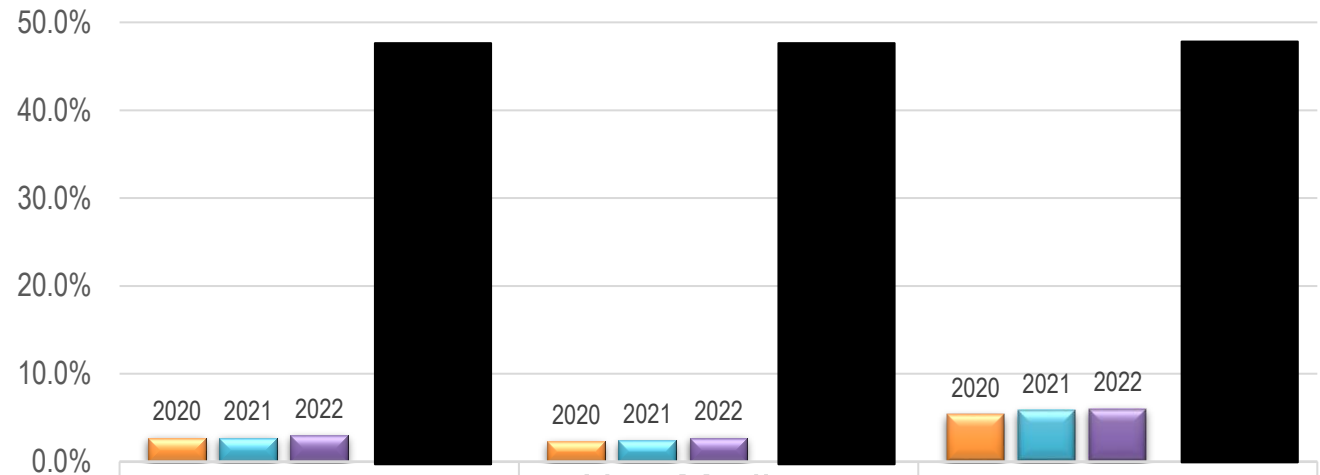
2020	6.1%	15.9%	13.4%
2021	6.2%	15.4%	12.8%
2022	5.8%	15.4%	11.9%
2022 KP Regional Average			
2022 KP Industry Average			

# Hypertension prevalence by population



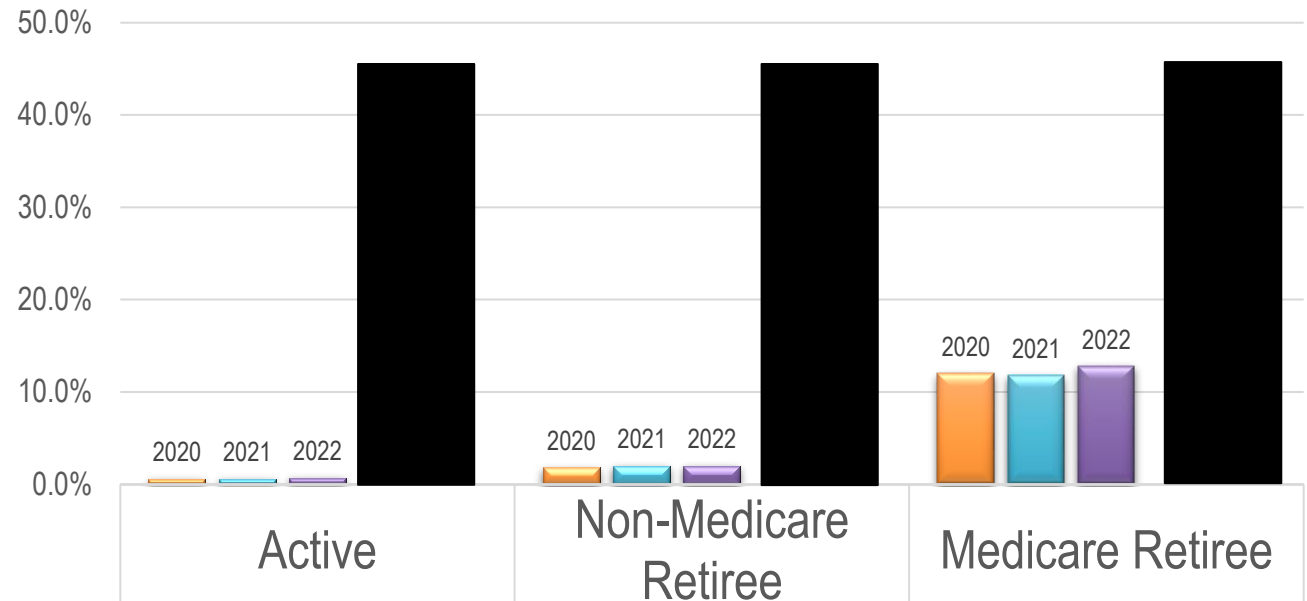
2020	Active	5.5%	Non-Medicare Retiree	15.4%	Medicare Retiree	37.8%
2021	Active	4.5%	Non-Medicare Retiree	11.7%	Medicare Retiree	35.3%
2022	Active	3.8%	Non-Medicare Retiree	10.6%	Medicare Retiree	30.0%
2022 KP Regional Average						
2022 KP Industry Average						

# Depression prevalence by population



2020	Active	2.7%	Non-Medicare Retiree	2.3%	Medicare Retiree	5.4%
2021	Active	2.7%	Non-Medicare Retiree	2.4%	Medicare Retiree	5.8%
2022	Active	3.0%	Non-Medicare Retiree	2.7%	Medicare Retiree	6.0%
2022 KP Regional Average						
2022 KP Industry Average						

# Heart Failure prevalence by population

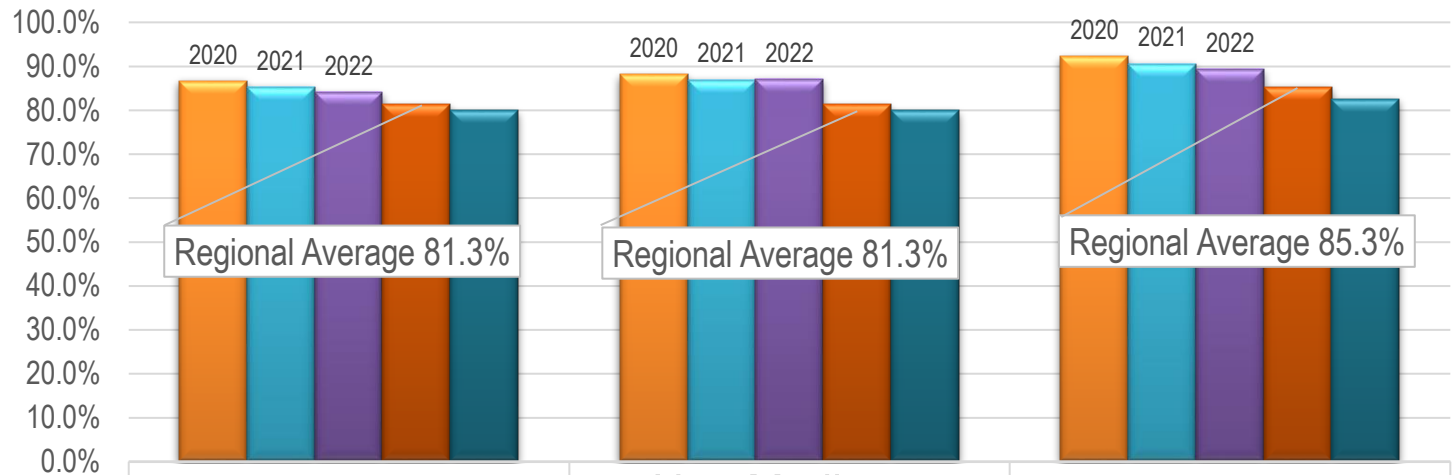


2020	0.6%	1.8%	12.0%
2021	0.6%	2.0%	11.8%
2022	0.7%	2.0%	12.8%
2022 KP Regional Average			
2022 KP Industry Average			

# HEDIS

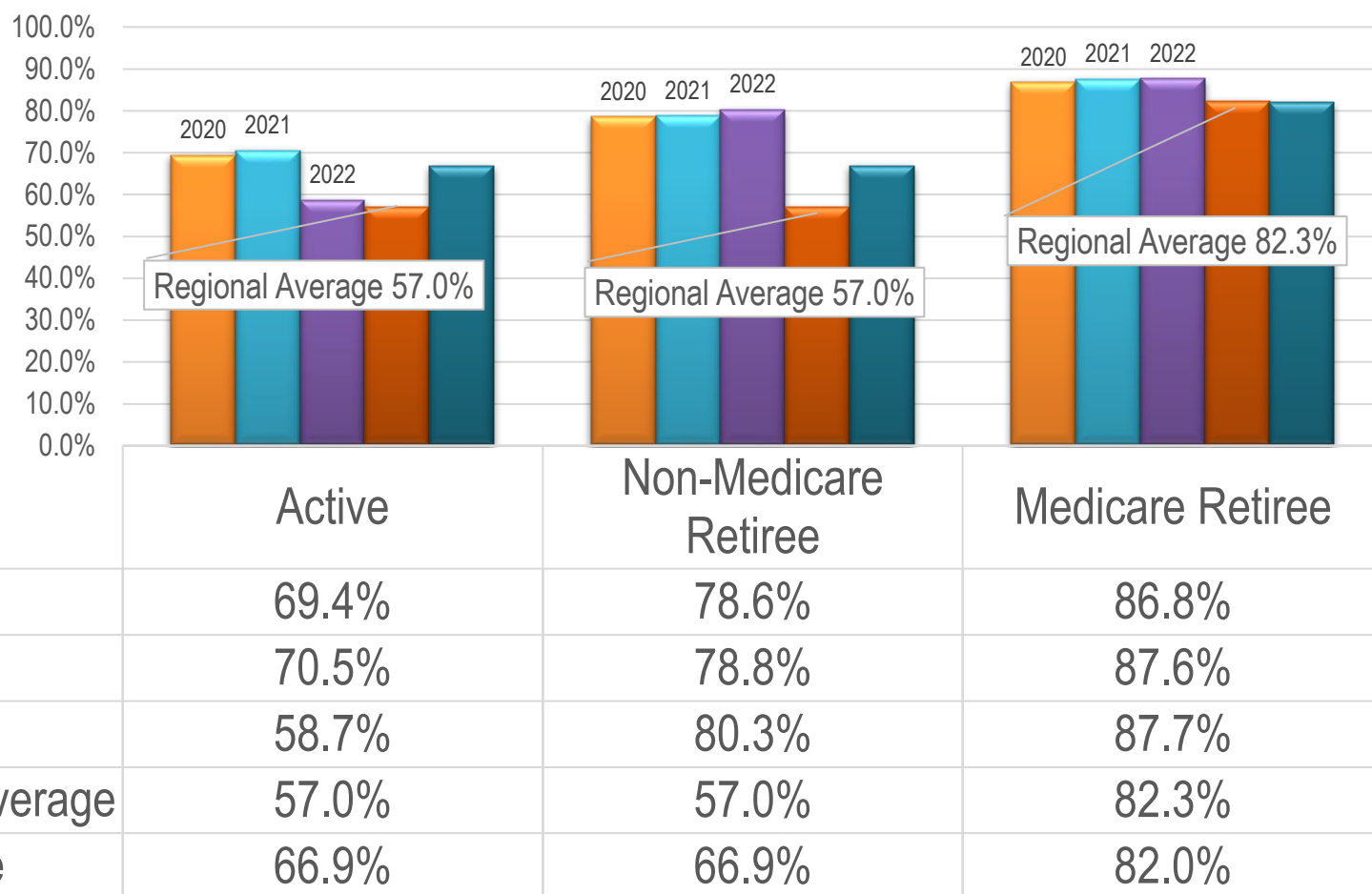


# Breast cancer screening by population

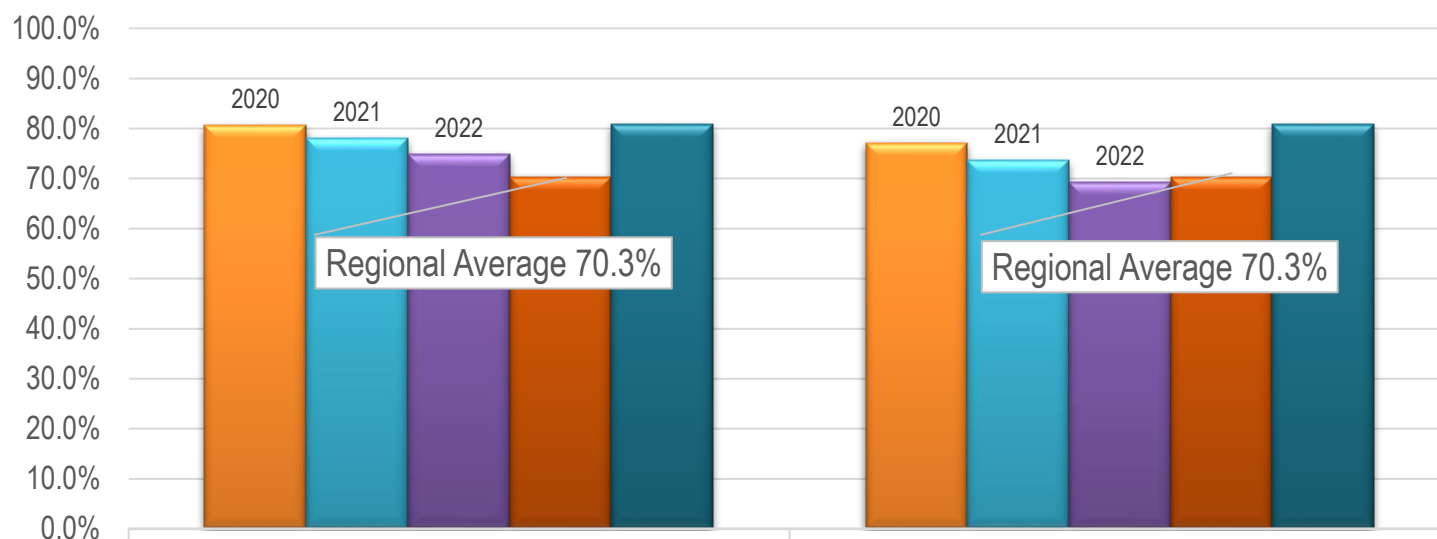


2020	Active	86.6%	Non-Medicare Retiree	88.1%	Medicare Retiree	92.2%
2021	Active	85.2%	Non-Medicare Retiree	86.9%	Medicare Retiree	90.6%
2022	Active	84.0%	Non-Medicare Retiree	87.1%	Medicare Retiree	89.3%
HI Regional Average	Active	81.3%	Non-Medicare Retiree	81.3%	Medicare Retiree	85.3%
90th percentile	Active	80.0%	Non-Medicare Retiree	80.0%	Medicare Retiree	82.6%

# Colorectal cancer screening by population



# Cervical cancer screening by population



	Active	Non-Medicare Retiree
2020	80.6%	77.1%
2021	78.0%	73.6%
2022	74.8%	69.2%
HI Regional Average	70.3%	70.3%
90th percentile	80.8%	80.8%

Medicare Retiree: Insufficient Sample Size for this population (<30)

# HEDIS Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	53.7%	56.6%	54.8%	69.3%
Diabetes Eye Exam	52.7%	52.1%	61.2%	64.2%
Diabetes Blood Pressure <140/90	59.0%	61.6%	63.7%	76.4%
Depression - Acute	83.4%	85.5%	84.3%	83.3%
Depression - Continuation	64.1%	68.5%	66.0%	69.2%
Hypertension <140/90	57.6%	63.4%	59.0%	74.0%

# HEDIS Non-Medicare

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	61.6%	65.7%	64.8%	69.3%
Diabetes Eye Exam	66.9%	55.8%	64.5%	64.2%
Diabetes Blood Pressure <140/90	64.5%	66.6%	64.8%	76.4%
Depression - Acute	87.5%	93.3%	93.8%	83.3%
Depression - Continuation	56.3%	73.3%	62.5%	69.2%
Hypertension <140/90	60.2%	65.5%	62.6%	74.0%

# HEDIS Medicare

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	72.5%	79.8%	77.1%	79.6%
Diabetes Eye Exam	71.9%	70.2%	76.1%	83.5%
Diabetes Blood Pressure <140/90	73.0%	73.8%	72.7%	82.1%
Depression – Acute	87.3%	80.2%	82.3%	87.8%
Depression – Continuation	63.4%	60.5%	67.1%	75.2%
Hypertension <140/90	69.9%	73.9%	69.9%	82.7%

# Executive Summary – Union Active

## 1. Lifestyle Risk

- HGEA, HSTA VB, SHOPO, UPW and NB have a higher prevalence of obesity
- HFFA, HSTA, and UHPA have a lower prevalence of obesity

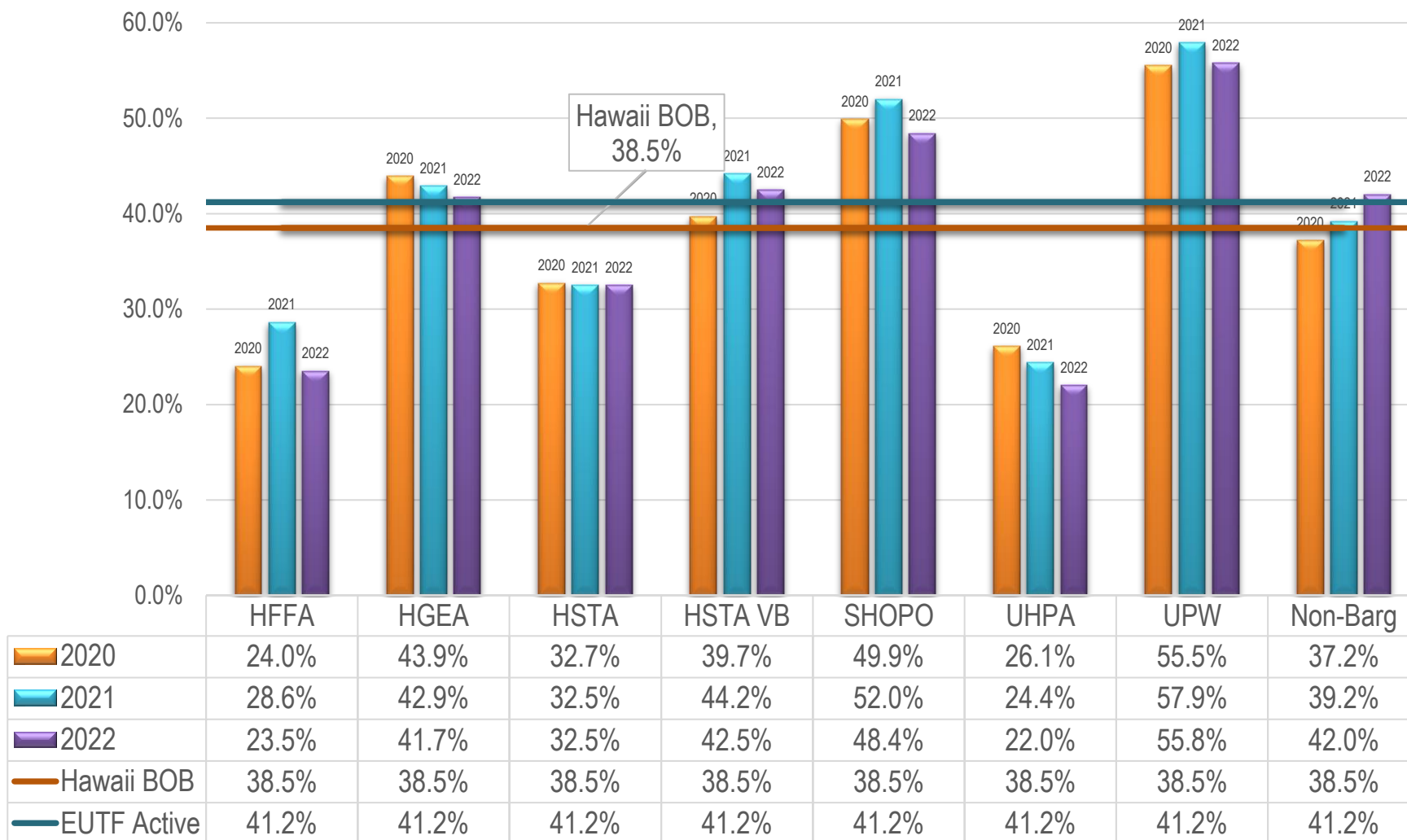
## 2. Chronic Conditions

- HGEA and UPW have a higher prevalence of diabetes
- HGEA and UPW have a higher prevalence of hypertension
- HFFA, HSTA VB, SHOPO and UPW have a lower prevalence of depression

## 3. Prevention Cancer Screening

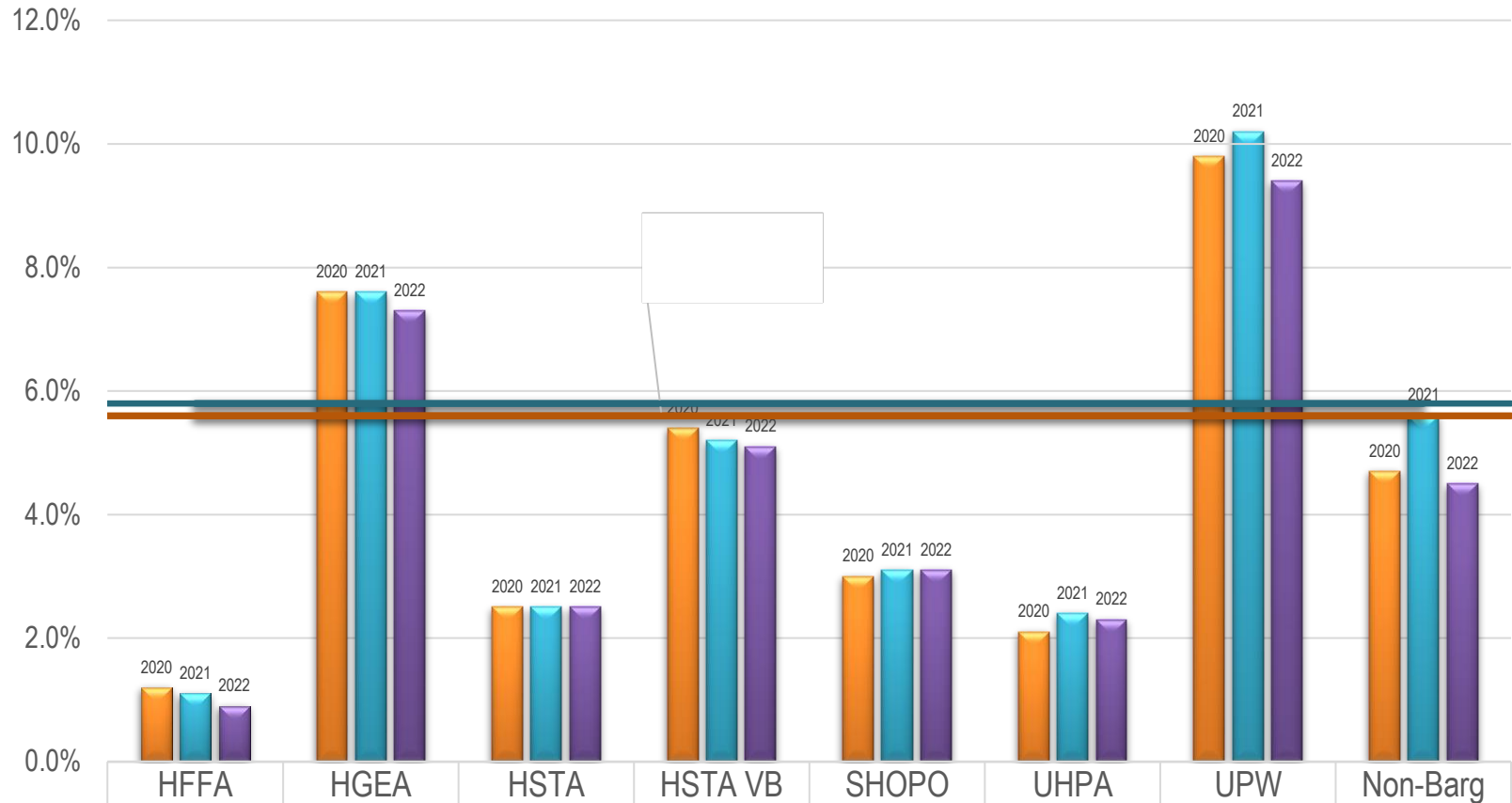
- HSTA is the only population below the 90<sup>th</sup> percentile for breast cancer screening, however only below by 0.1%. All other unions above 90<sup>th</sup> percentile
- Opportunity to improve colorectal cancer screening in all populations. All unions below the 90<sup>th</sup> percentile.
- Opportunity to improve cervical cancer screening in all populations. All unions below the 90<sup>th</sup> percentile

# Obesity prevalence by union - Active



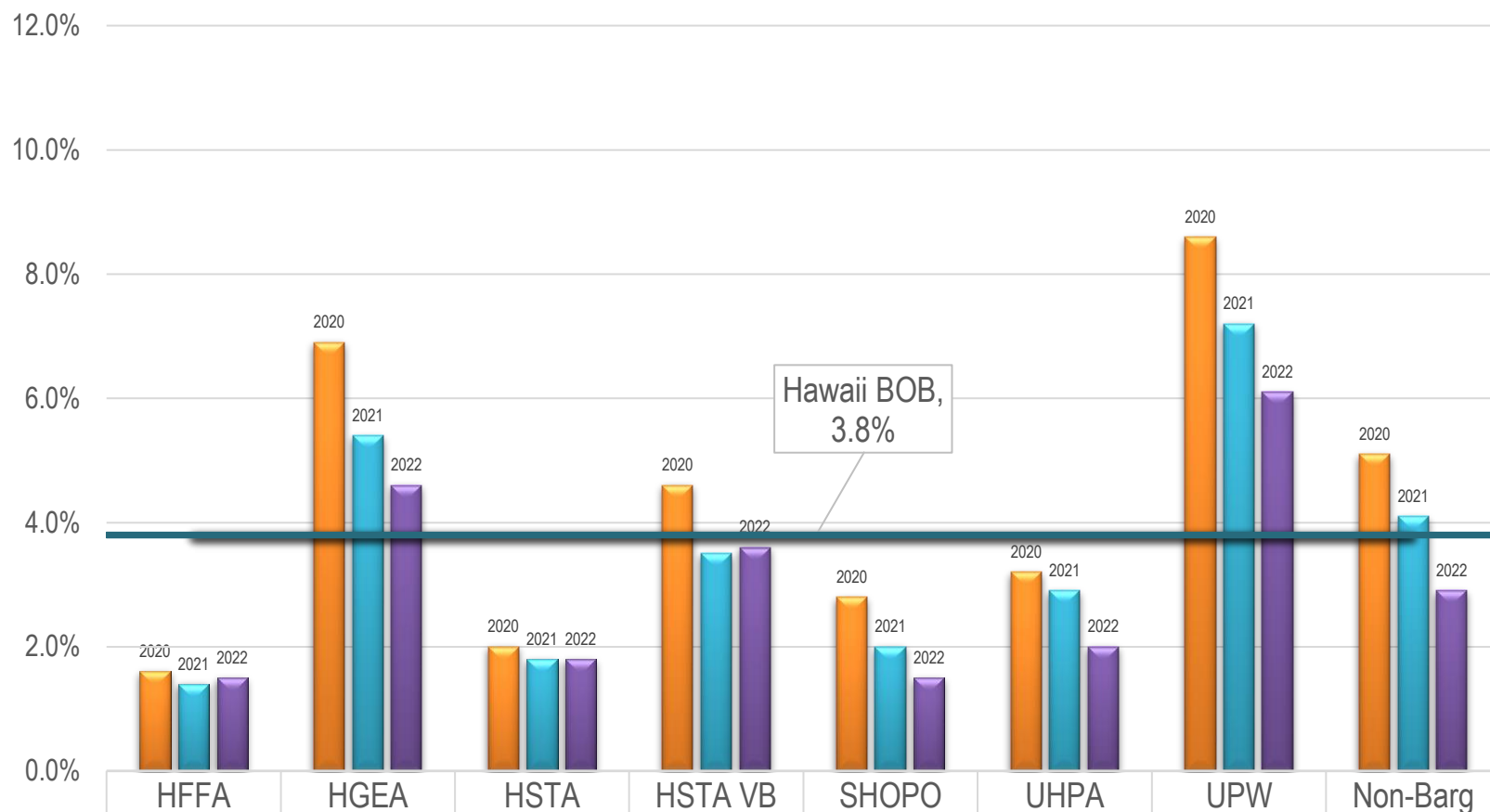


# Diabetes prevalence by union - Active



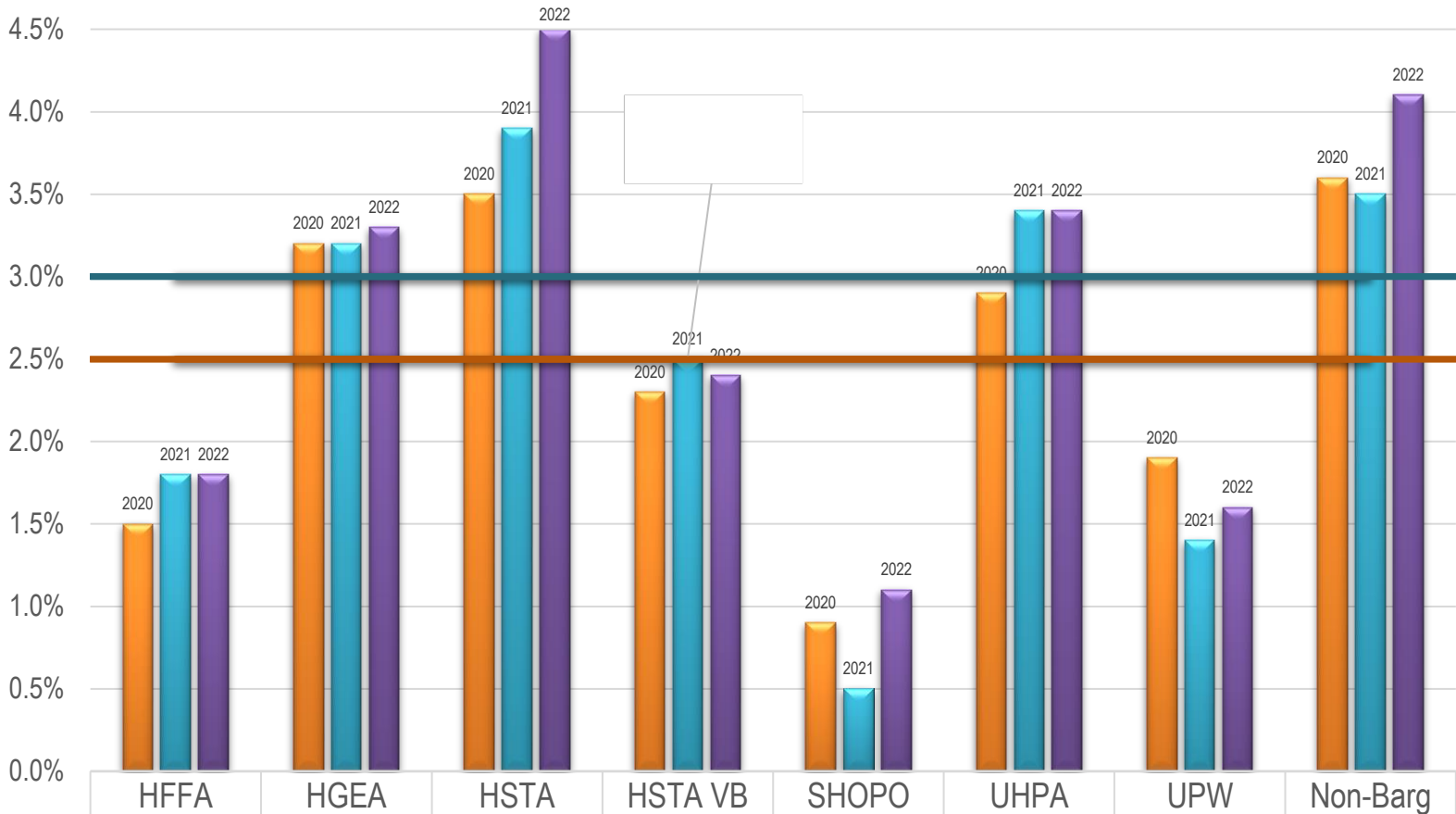
	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2020	1.2%	7.6%	2.5%	5.4%	3.0%	2.1%	9.8%	4.7%
2021	1.1%	7.6%	2.5%	5.2%	3.1%	2.4%	10.2%	5.6%
2022	0.9%	7.3%	2.5%	5.1%	3.1%	2.3%	9.4%	4.5%
Hawaii BOB	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%
EUTF Active	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%

# Hypertension prevalence by union - Active



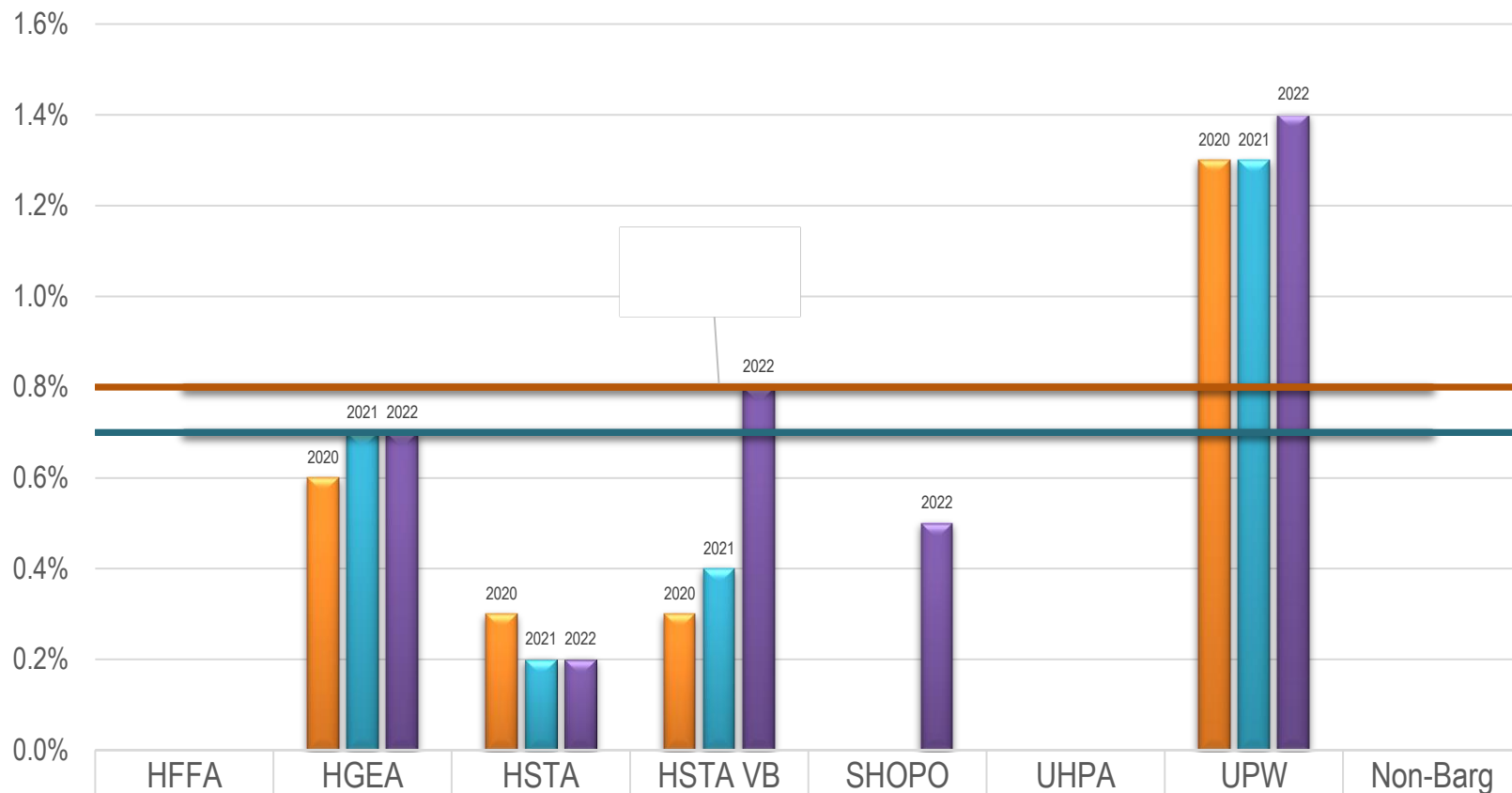
	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2020	1.6%	6.9%	2.0%	4.6%	2.8%	3.2%	8.6%	5.1%
2021	1.4%	5.4%	1.8%	3.5%	2.0%	2.9%	7.2%	4.1%
2022	1.5%	4.6%	1.8%	3.6%	1.5%	2.0%	6.1%	2.9%
Hawaii BOB	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
EUTF Active	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%

# Depression prevalence by union – Active



2020	HFFA	1.5%	HGEA	3.2%	HSTA	3.5%	HSTA VB	2.3%	SHOPO	0.9%	UHPA	2.9%	UPW	1.9%	Non-Barg	3.6%
2021	HFFA	1.8%	HGEA	3.2%	HSTA	3.9%	HSTA VB	2.5%	SHOPO	0.5%	UHPA	3.4%	UPW	1.4%	Non-Barg	3.5%
2022	HFFA	1.8%	HGEA	3.3%	HSTA	4.5%	HSTA VB	2.4%	SHOPO	1.1%	UHPA	3.4%	UPW	1.6%	Non-Barg	4.1%
Hawaii BOB	HFFA	2.5%	HGEA	2.5%	HSTA	2.5%	HSTA VB	2.5%	SHOPO	2.5%	UHPA	2.5%	UPW	2.5%	Non-Barg	2.5%
EUTF Active	HFFA	3.0%	HGEA	3.0%	HSTA	3.0%	HSTA VB	3.0%	SHOPO	3.0%	UHPA	3.0%	UPW	3.0%	Non-Barg	3.0%

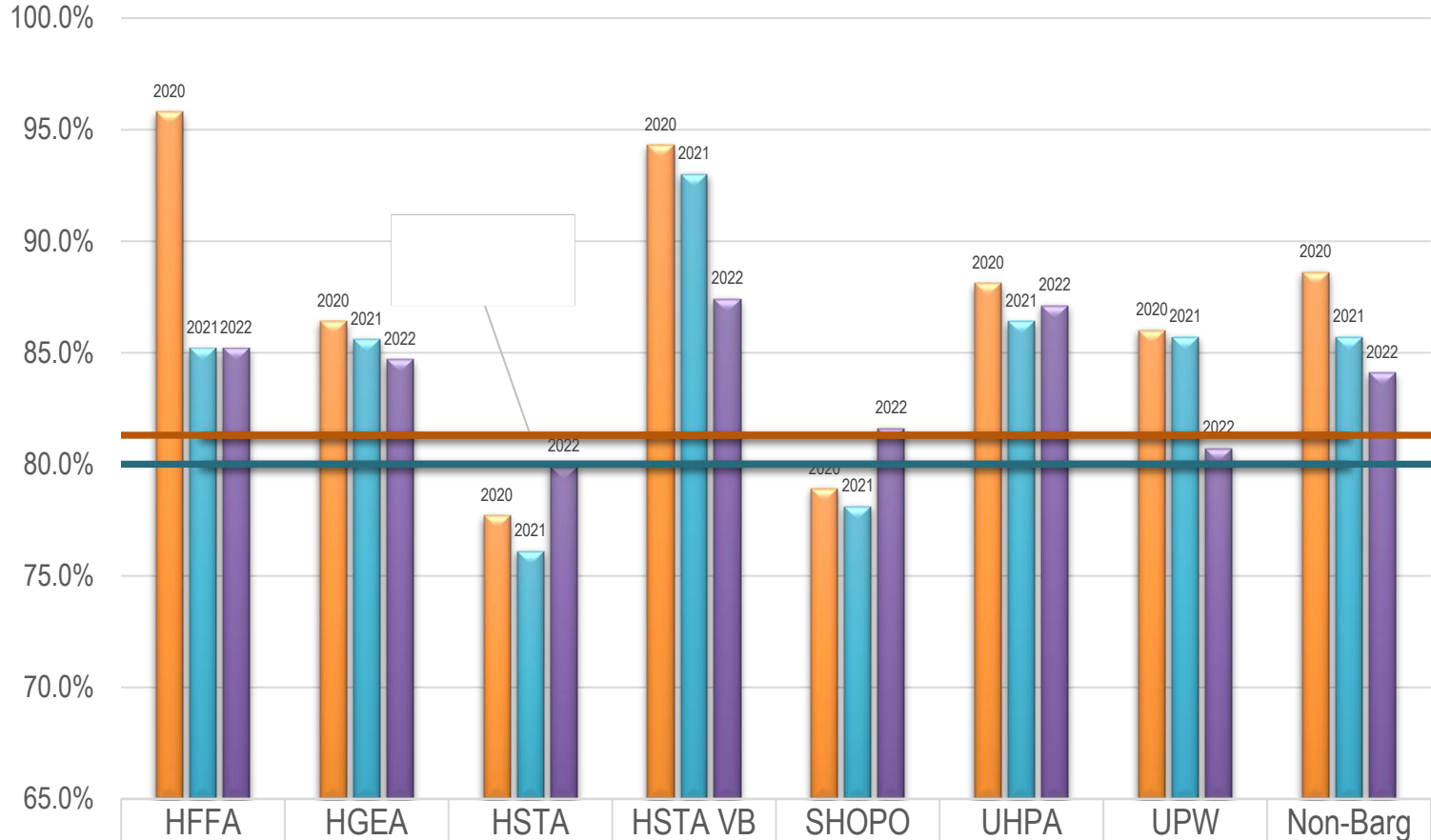
# Heart Failure prevalence by union - Active



2020	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2021	ISS	0.6%	0.3%	0.3%	ISS	ISS	1.3%	ISS
2022	ISS	0.7%	0.2%	0.4%	ISS	ISS	1.3%	ISS
Hawaii BOB	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%
EUTF Active	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%

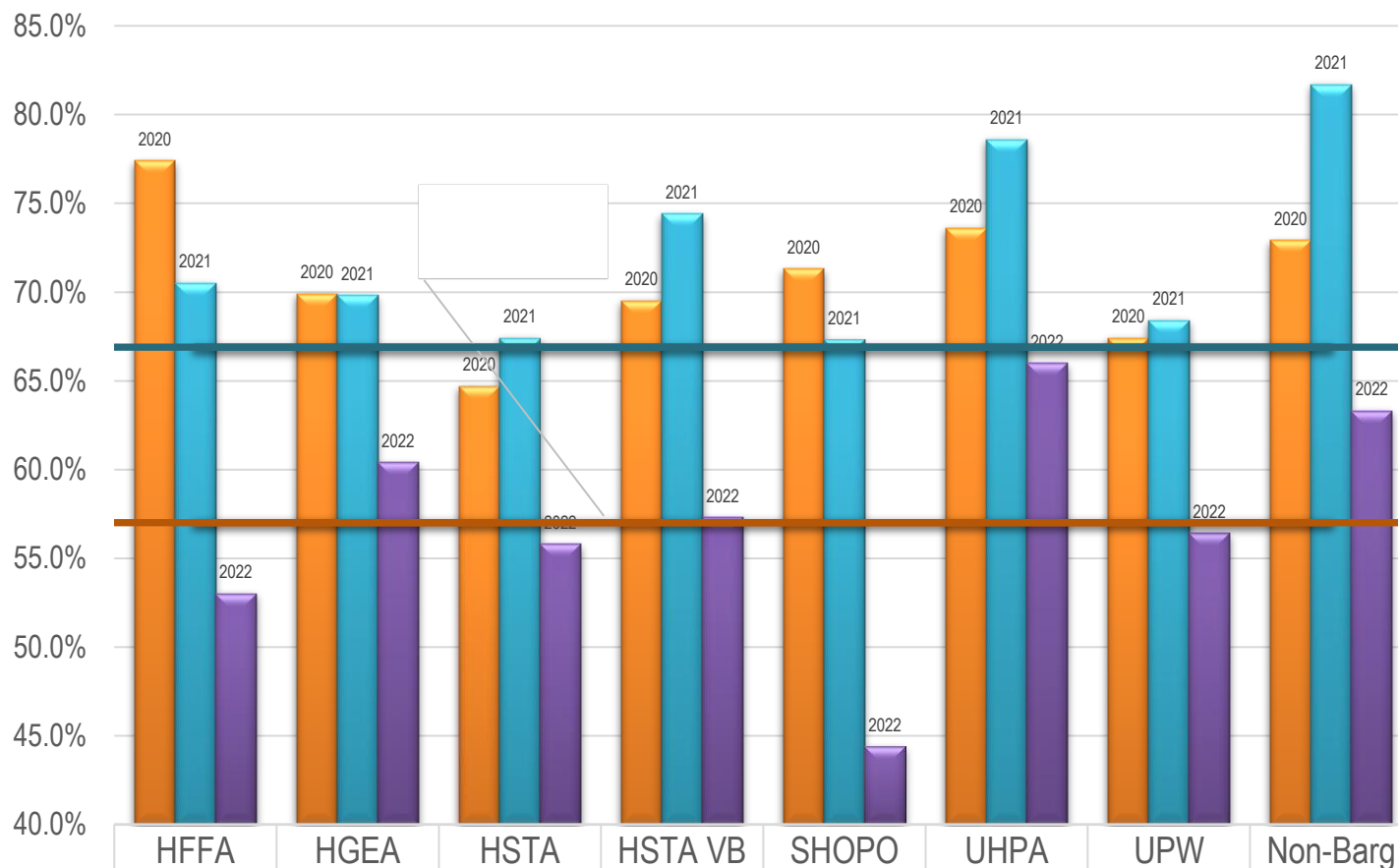
ISS=Insufficient Sample Size (< 5)

# Breast cancer screening by union - Active



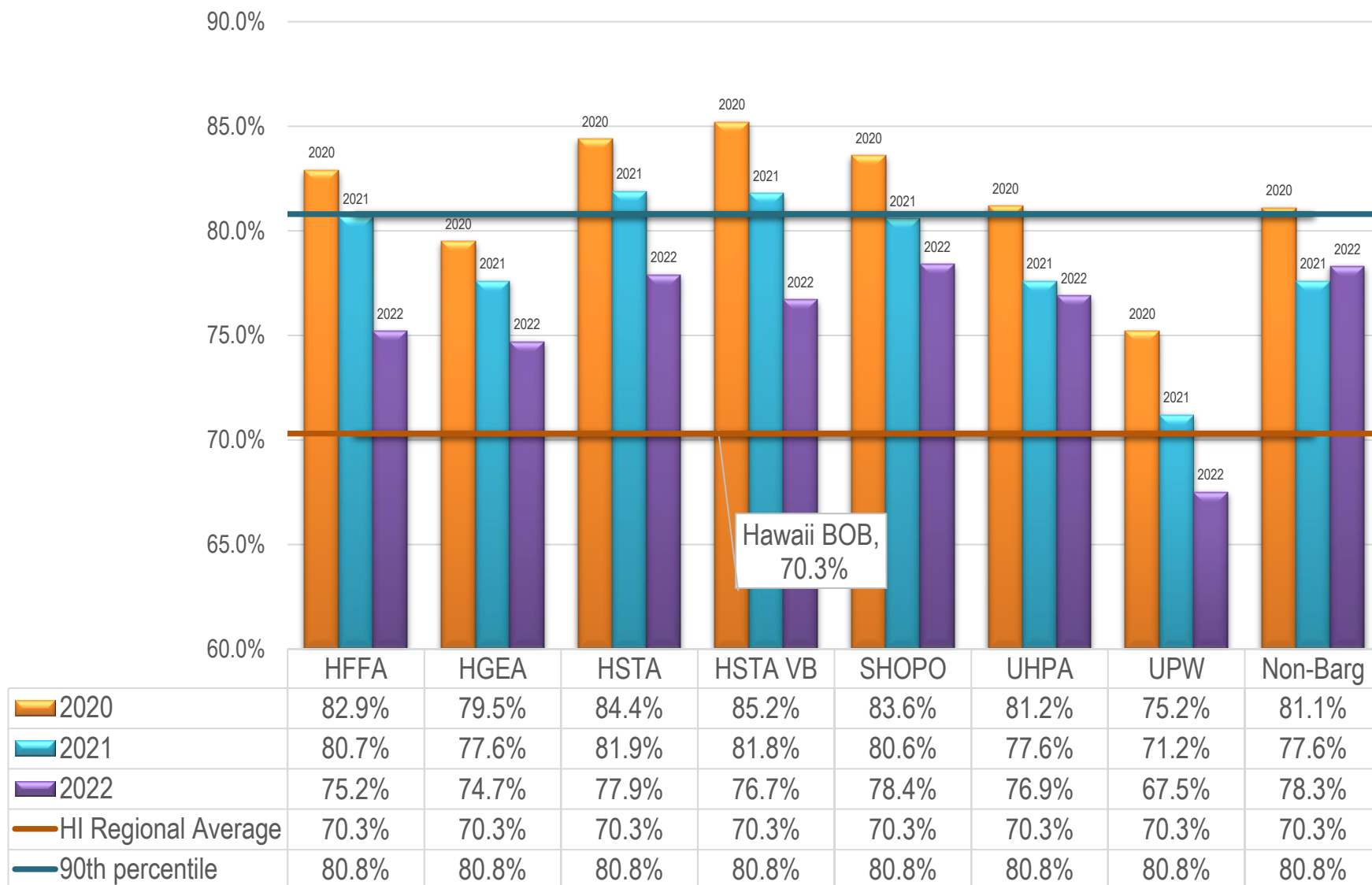
2020	HFFA	95.8%	HGEA	86.4%	HSTA	77.7%	HSTA VB	94.3%	SHOPO	78.9%	UHPA	88.1%	UPW	86.0%	Non-Barg	88.6%
2021		85.2%		85.6%		76.1%		93.0%		78.1%		86.4%		85.7%		85.7%
2022		85.2%		84.7%		79.9%		87.4%		81.6%		87.1%		80.7%		84.1%
HI Regional Average		81.3%		81.3%		81.3%		81.3%		81.3%		81.3%		81.3%		81.3%
90th percentile		80.0%		80.0%		80.0%		80.0%		80.0%		80.0%		80.0%		80.0%

# Colorectal cancer screening by union - Active



2020	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2021	77.4%	69.9%	64.7%	69.5%	71.3%	73.6%	67.4%	72.9%
2022	70.5%	69.8%	67.4%	74.4%	67.3%	78.6%	68.4%	81.7%
	53.0%	60.4%	55.8%	57.3%	44.4%	66.0%	56.4%	63.3%
HI Regional Average	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%
90th percentile	66.9%	66.9%	66.9%	66.9%	66.9%	66.9%	66.9%	66.9%

# Cervical cancer screening by union - Active



# Appendix

HEDIS Measures by Union for:

- Diabetes
- Depression
- Hypertension



# Demographics – HFFA Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	433	431	433	--
Members	1,219	1,219	1,177	--
Average subscriber age	40.5	40.2	40.4	
Average member age	27.6	27.6	28.2	
Gender (% female)	41.4%	41.0%	40.6%	
Average family size	2.8	2.8	2.7	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - HFFA Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	71.4%	46.2%	60.0%	69.3%
Diabetes Eye Exam	35.7%	61.5%	80.0%	64.2%
Diabetes Blood Pressure <140/90	64.3%	69.2%	50.0%	76.4%
Depression - Acute	50.0%	ISS	87.5%	83.3%
Depression - Continuation	ISS	ISS	87.5%	69.2%
Hypertension <140/90	36.8%	75.0%	52.9%	74.0%

ISS=Insufficient Sample Size (< 5)

# Demographics – HGEA Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	6,699	6,568	6,541	--
Members	11,499	11,224	11,205	--
Average subscriber age	46.5	46.7	46.9	
Average member age	39.0	39.2	39.3	
Gender (% female)	55.5%	55.8%	56.0%	
Average family size	1.7	1.7	1.7	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - HGEA Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	56.0%	57.9%	54.7%	69.3%
Diabetes Eye Exam	54.0%	54.1%	62.9%	64.2%
Diabetes Blood Pressure <140/90	58.9%	64.0%	61.9%	76.4%
Depression - Acute	83.0%	81.8%	84.2%	83.3%
Depression - Continuation	63.2%	63.6%	63.2%	69.2%
Hypertension <140/90	58.6%	62.8%	60.0%	74.0%

# Demographics – HSTA Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	2,194	2,251	2,248	--
Members	4,121	4,216	4,240	--
Average subscriber age	39.9	40.3	41.0	
Average member age	32.0	32.2	32.7	
Gender (% female)	57.1%	57.8%	58.8%	
Average family size	1.9	1.9	1.9	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - HSTA Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	52.7%	57.9%	58.5%	69.3%
Diabetes Eye Exam	50.5%	38.9%	56.4%	64.2%
Diabetes Blood Pressure <140/90	61.5%	55.8%	75.5%	76.4%
Depression - Acute	85.2%	95.5%	87.7%	83.3%
Depression - Continuation	70.4%	72.7%	68.4%	69.2%
Hypertension <140/90	54.2%	57.6%	60.9%	74.0%

# Demographics – HSTA VB Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	812	733	669	--
Members	1,871	1,697	1,532	--
Average subscriber age	51.1	51.3	52.1	
Average member age	37.4	37.5	38.3	
Gender (% female)	56.5%	56.5%	57.0%	
Average family size	2.3	2.3	2.3	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - HSTA VB Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	49.5%	64.3%	55.4%	69.3%
Diabetes Eye Exam	53.7%	50.0%	56.8%	64.2%
Diabetes Blood Pressure <140/90	49.5%	63.1%	64.9%	76.4%
Depression - Acute	100.0%	90.0%	87.5%	83.3%
Depression - Continuation	87.5%	90.0%	87.5%	69.2%
Hypertension <140/90	58.0%	71.9%	53.8%	74.0%



# Demographics – SHOPO Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	623	588	569	--
Members	1,630	1,551	1,512	--
Average subscriber age	39.4	39.4	39.4	
Average member age	27.5	27.3	27.3	
Gender (% female)	44.2%	44.4%	44.6%	
Average family size	2.6	2.6	2.7	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - SHOPO Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	58.7%	54.3%	57.8%	69.3%
Diabetes Eye Exam	19.6%	39.1%	62.2%	64.2%
Diabetes Blood Pressure <140/90	63.0%	60.9%	62.2%	76.4%
Depression - Acute	88.9%	100.0%	80.0%	83.3%
Depression - Continuation	55.6%	100.0%	60.0%	69.2%
Hypertension <140/90	60.5%	53.3%	54.5%	74.0%

# Demographics – UHPA Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	889	839	841	--
Members	1,849	1,756	1,767	--
Average subscriber age	50.1	50.5	50.7	
Average member age	38.8	39.1	39.5	
Gender (% female)	51.4%	51.2%	50.7%	
Average family size	2.1	2.1	2.1	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - UHPA Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	51.5%	75.7%	68.6%	69.3%
Diabetes Eye Exam	54.5%	56.8%	74.3%	64.2%
Diabetes Blood Pressure <140/90	51.5%	56.8%	68.6%	76.4%
Depression - Acute	85.7%	88.9%	76.9%	83.3%
Depression - Continuation	78.6%	88.9%	61.5%	69.2%
Hypertension <140/90	47.1%	68.2%	66.7%	74.0%

# Demographics – UPW Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	2,454	2,446	2,336	--
Members	4,671	4,593	4,265	--
Average subscriber age	47.4	47.5	47.6	
Average member age	37.8	38.2	38.7	
Gender (% female)	41.6%	41.6%	41.8%	
Average family size	1.9	1.9	1.8	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS - UPW Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	47.6%	50.9%	51.8%	69.3%
Diabetes Eye Exam	54.3%	52.6%	58.1%	64.2%
Diabetes Blood Pressure <140/90	60.8%	59.2%	64.2%	76.4%
Depression - Acute	82.4%	83.3%	77.8%	83.3%
Depression - Continuation	55.9%	62.5%	61.1%	69.2%
Hypertension <140/90	58.6%	63.9%	57.4%	74.0%

# Demographics – Non-Bargained Active

	2020	2021	2022	Kaiser Permanente regional average*
Subscribers	270	266	247	--
Members	518	520	493	--
Average subscriber age	45.2	45.3	46.6	
Average member age	35.4	35.3	36.3	
Gender (% female)	48.3%	49.4%	51.9%	
Average family size	1.9	2.0	2.0	

EUTF Active - Measurement period: JAN-01-2022 through DEC-31-2022

\* Kaiser Permanente regional average – This is the benchmark value based on the weighted average of all the members across the Hawaii Region.

# HEDIS – Non-Bargained Active

Measure	2020	2021	2022	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	81.8%	69.2%	65.0%	69.3%
Diabetes Eye Exam	63.6%	53.8%	65.0%	64.2%
Diabetes Blood Pressure <140/90	59.1%	53.8%	70.0%	76.4%
Depression - Acute	100%	ISS	ISS	83.3%
Depression - Continuation	77.8%	ISS	ISS	69.2%
Hypertension <140/90	50.0%	57.9%	76.9%	74.0%

ISS=Insufficient Sample Size (< 5)



PUBLIC

# 2023 EUTF Annual Disease Burden and HEDIS Summary

## Calendar Year 2022

EUTF Benefits Committee Meeting  
February 6, 2024 | PUBLIC

Isaac Yuen  
Manager  
*Health Data Integration and Analytics*

# Executive Summary

## Objective

- Provide basic data summary of EUTF population's health against network benchmark.
- HMSA is partnering with the EUTF to identify areas of opportunity for member education.

## [REDACTED]

- [REDACTED]
- [REDACTED]
- Commercial HEDIS: NCQA Quality Compass 2022 Commercial Benchmarks (PPO Plans)
- Medicare HEDIS: NCQA Quality Compass 2022 Medicare Benchmarks (Medicare Plans)

## Demographics

- EUTF Actives remain older than HMSA's Commercial book, while Retirees are about on par with [REDACTED]
- [REDACTED]

## Clinical Risk Factors

- EUTF shows a high rate of obesity than peer.
- Members undergoing blood glucose testing generally lower rates [REDACTED]

## Disease Prevalence

- Higher rates of Hypertension [REDACTED]
- Obesity rates declining in the Retiree populations and flat in the Active population. Trends align [REDACTED]

## HEDIS Results

- Actives are receiving high quality diabetic care in relation to benchmarks.
- EUTF population generally performs poorly in Blood Pressure Control



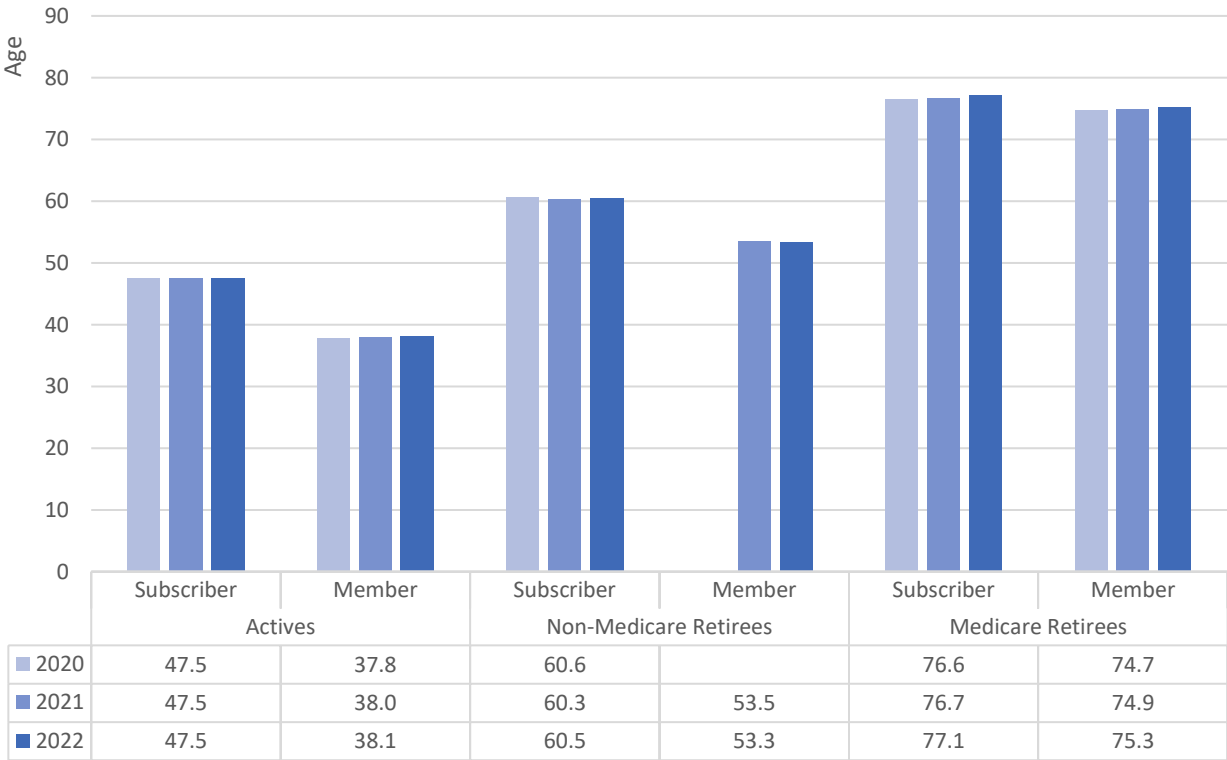
2023 EUTF Annual Disease Burden and HEDIS Summary

# 2022 DEMOGRAPHICS

Insight

- EUTF Actives average age has remained consistent for the past several years.

# Average Member Age (2022)

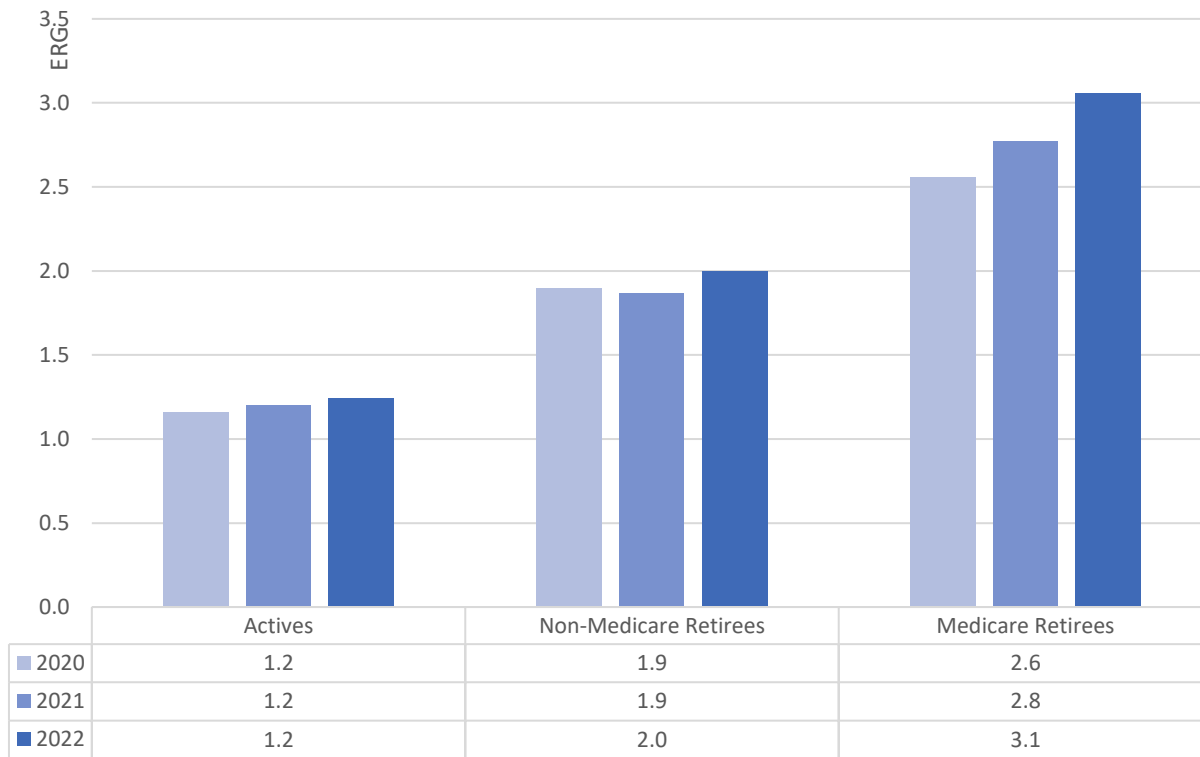


# Health Risk Score

## Morbidity Classification

• Morbidity Levels:

Group	Score	Morbidity Level
Actives	1.2	Moderate
Non-Medicare Retirees	2.0	Major
Medicare Retirees	2.6	Major



See Appendix for ERG description and table.



2023 EUTF Annual Disease Burden and HEDIS Summary

# 2022 CLINICAL RISK FACTORS

## Insight

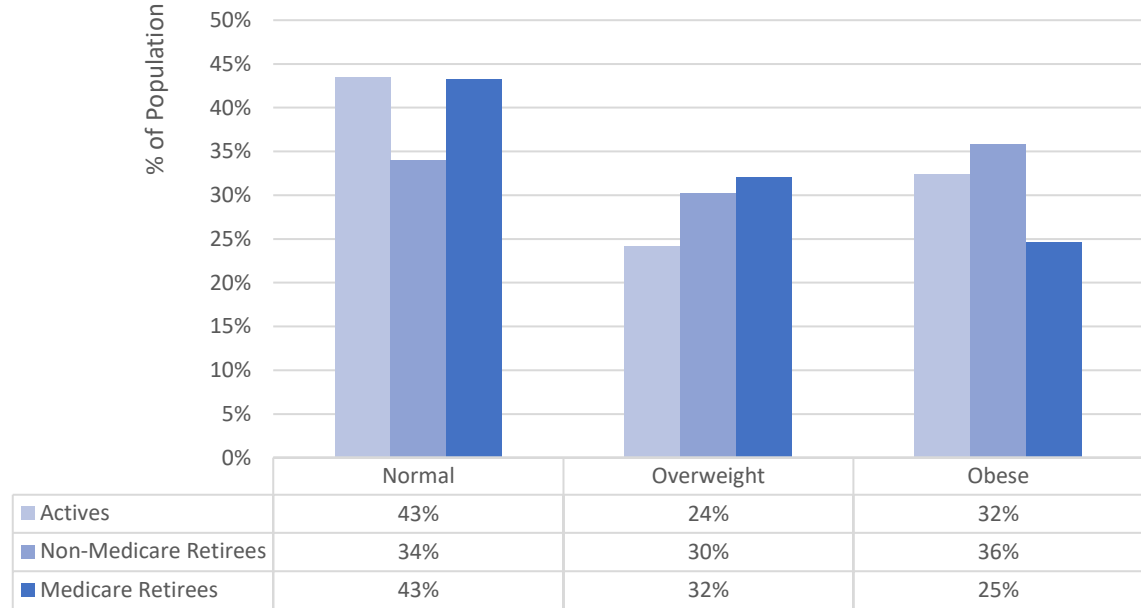
- Data represents both pediatric and adult BMIs for members with a recorded BMI value.



- Percent of members with a recorded BMI by age group:

Age Group	Rate
Adults (20+)	46%
Children (2 – 19)	75%

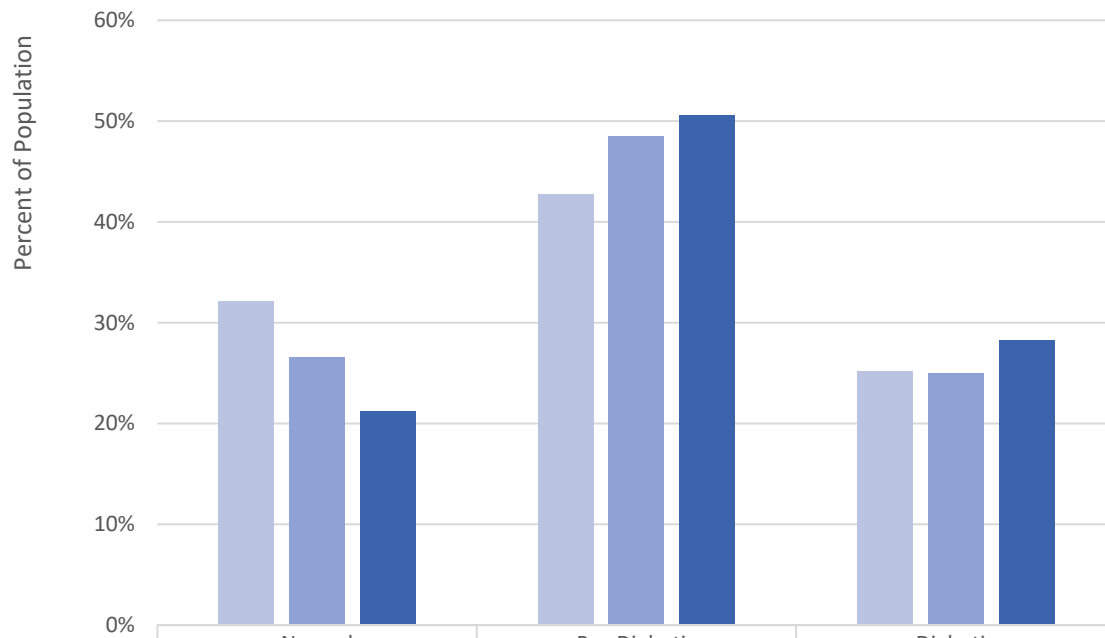
## Body Mass Index



## Insight

- Data represents lab values for any EUTF member with a recorded lab test (14%).

## Blood Glucose (HBA1C)



■ Actives	32%
■ Non-Medicare Retirees	27%
■ Medicare Retirees	21%





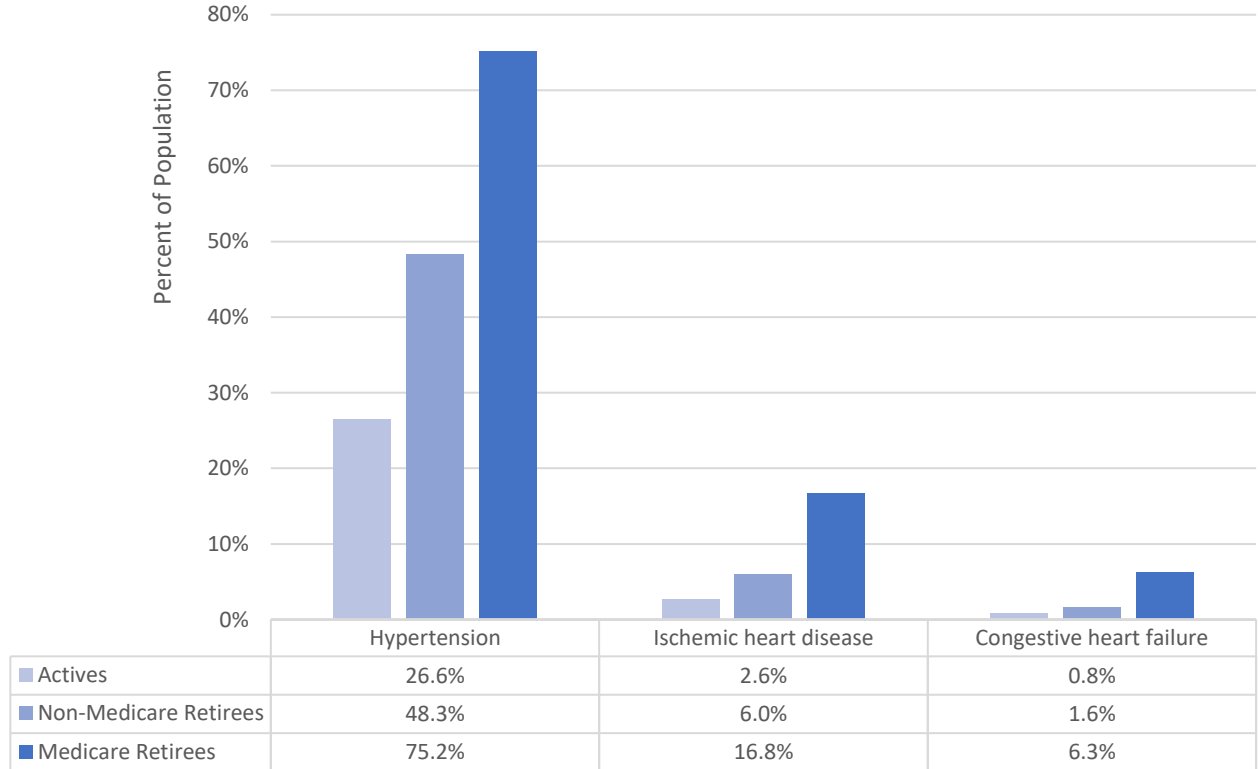
2023 EUTF Annual Disease Burden and HEDIS Summary

# 2022 DISEASE PREVALENCE

## Insight

- The progression of hypertension increases from approximately
  - 1 in 4 for actives
  - 2 in 4 for Non Medicare retirees
  - 3 in 4 for Medicare retirees










# Heart Disease | Current vs Peer



## Insight

- Moderate increasing trend in all populations.
- Active rates are generally higher but increasing at a slower pace than Commercial peer.

# Heart Disease | Trend

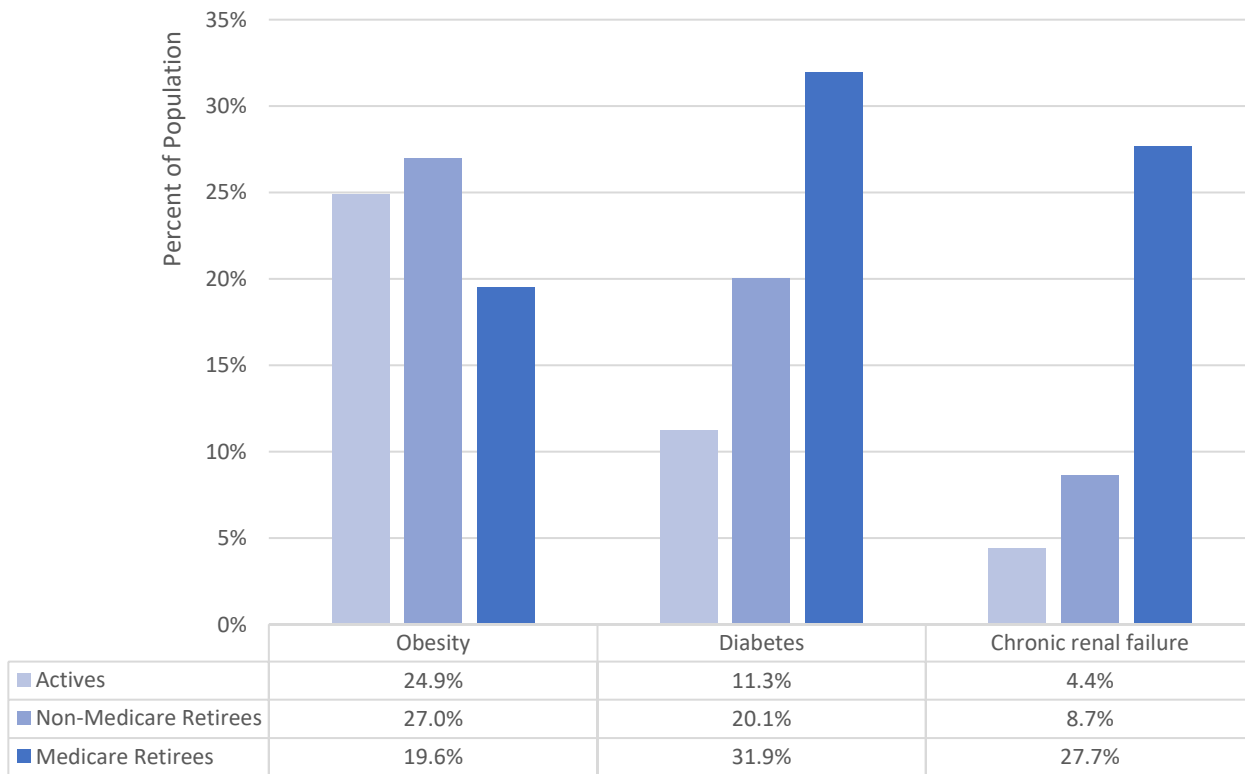
Group	Condition	2020	2021	2022	Trend
Actives	Hypertension	23.8%	25.3%	26.6%	
	Ischemic heart disease	2.1%	2.4%	2.6%	
	Congestive heart failure	0.5%	0.7%	0.8%	
Non-Medicare Retirees	Hypertension	44.7%	46.5%	48.3%	
	Ischemic heart disease	5.1%	5.5%	6.0%	
	Congestive heart failure	1.3%	1.4%	1.6%	
Medicare Retirees	Hypertension	72.8%	73.5%	75.2%	
	Ischemic heart disease	15.0%	15.6%	16.8%	
	Congestive heart failure	4.4%	5.0%	6.3%	

## Insight

Commercial peer.

- Chronic Renal Failure rate lower in EUTF Retirees than Medicare peer, but increasing at a faster rate.





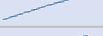



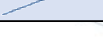
## Obesity, Diabetes, and Renal Failure | Current vs Peer



## Insight

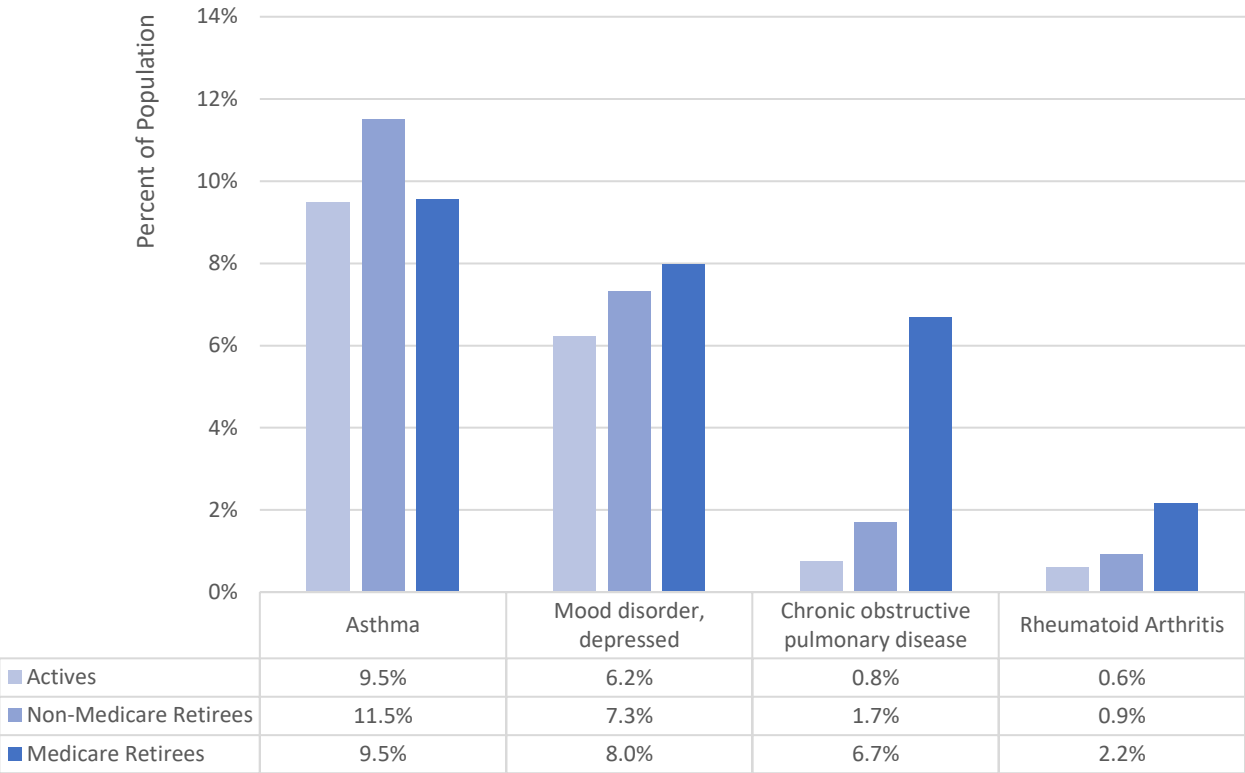
- Measured obesity rates decreased in both Retiree populations. Similar trend in Medicare peer population.
- Chronic Renal Failure increased but at lower rate than prior year. Similar increases in Commercial and Medicare peer populations.
- EUTF in general has slightly higher rates than Benchmark populations but increasing at a lower pace.

# Obesity, Diabetes, and Kidney Disease | Trend

Group	Condition	2020	2021	2022	Trend
Actives	Obesity	24.6%	24.7%	24.9%	
	Diabetes	9.6%	10.6%	11.3%	
	Chronic renal failure	3.1%	3.9%	4.4%	
Non-Medicare Retirees	Obesity	29.3%	27.6%	27.0%	
	Diabetes	17.7%	18.9%	20.1%	
	Chronic renal failure	6.9%	7.8%	8.7%	
Medicare Retirees	Obesity	21.7%	20.4%	19.6%	
	Diabetes	30.0%	30.8%	31.9%	
	Chronic renal failure	22.4%	25.4%	27.7%	



# Additional Chronic Conditions | Current vs Peer



## Insight

- Asthma rates slightly increased in Active and Non Medicare Retiree population.

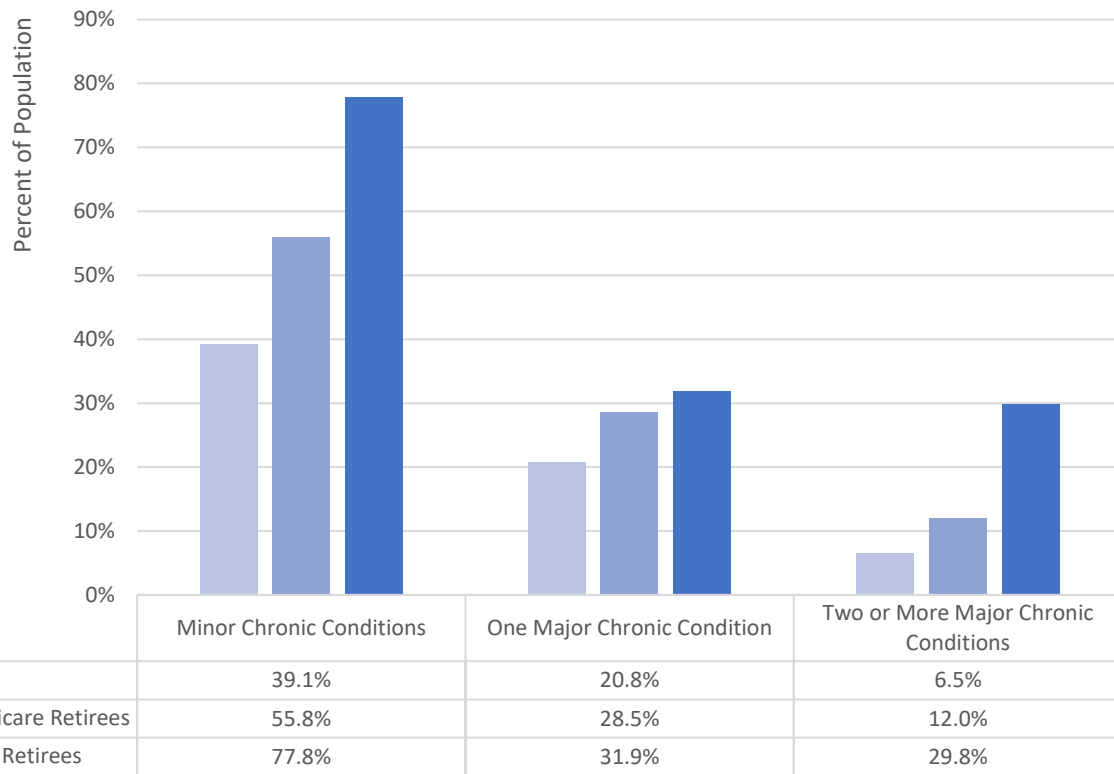
## Additional Chronic Conditions | Trend

Group	Condition	2020	2021	2022	Trend
Actives	Asthma	10.4%	9.4%	9.5%	
	Mood disorder, depressed	5.5%	5.9%	6.2%	
	Chronic obstructive pulmonary disease	0.7%	0.7%	0.8%	
	Rheumatoid Arthritis	0.5%	0.6%	0.6%	
Non-Medicare Retirees	Asthma	12.0%	11.4%	11.5%	
	Mood disorder, depressed	7.7%	7.5%	7.3%	
	Chronic obstructive pulmonary disease	1.5%	1.5%	1.7%	
	Rheumatoid Arthritis	0.9%	0.9%	0.9%	
Medicare Retirees	Asthma	10.7%	9.7%	9.5%	
	Mood disorder, depressed	7.3%	7.4%	8.0%	
	Chronic obstructive pulmonary disease	5.9%	6.0%	6.7%	
	Rheumatoid Arthritis	2.1%	2.1%	2.2%	

## Insight

- Medicare Retirees have lower rates of chronic conditions than Medicare peer

## Comorbidity





2023 EUTF Annual Disease Burden and HEDIS Summary



# 2023 MODEL OF CARE (MOC) SUMMARY

*Data through Q3 2023 as Q4 2023 not available until 45 days after quarter ends*

# Model of Care (MOC) Summary


## Complex Case Management (CCM)

- Designed to help members with multiple chronic conditions or complex medical needs who are at the highest risk of declining health and potential hospitalization.

- 
- The goal of the program is to ensure that these members receive timely coordinated access to appropriate care and personalized support.
  - Facilitate End of Life Care Planning
- 

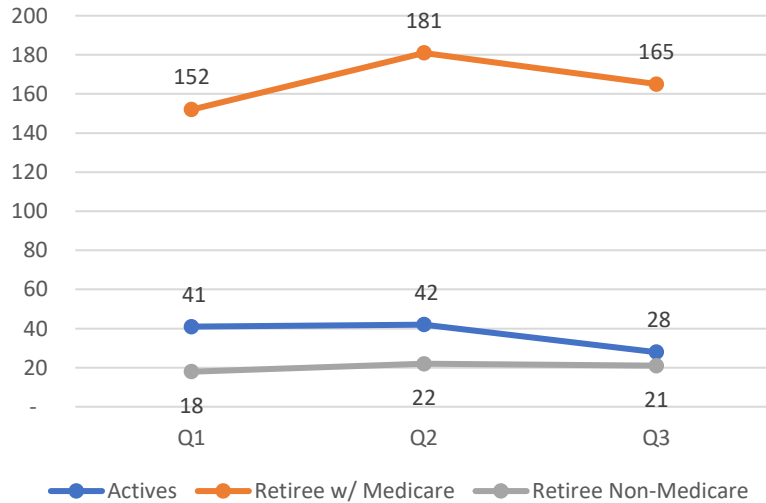
## Coordination Care Program (CCP)

- Designed to improve or maintain health/condition through a collaborative effort between member, PCP, and CCP staff.

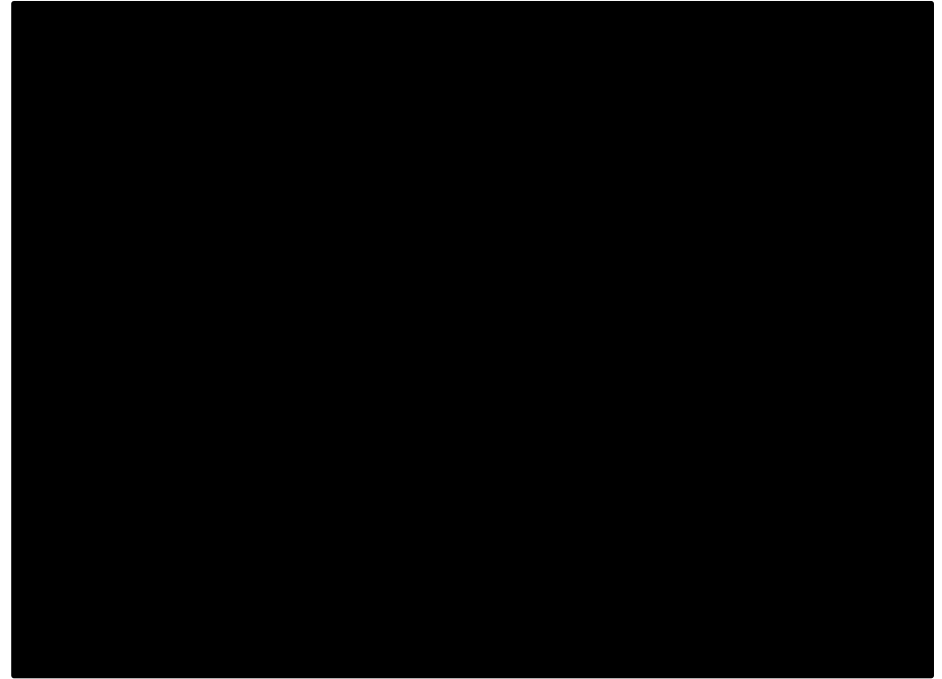
- 
- Promote self-management of conditions to slow progression of disease and disease related complications
  - Ideal CCP enrollees are members who are willing to engage in the program as an active participant and want to improve their health and well-being.

# 2023 MOC Summary – Complex Case Management (CCM)

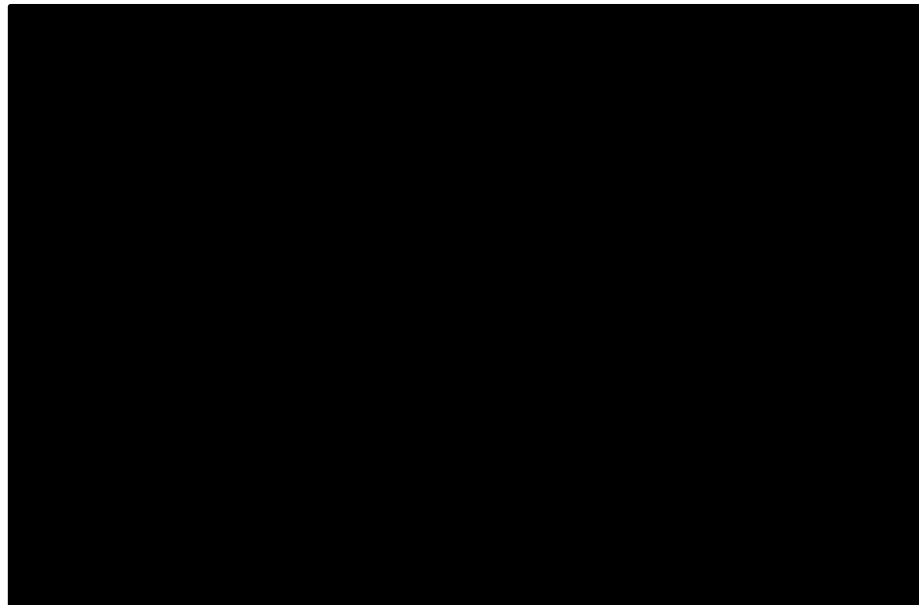
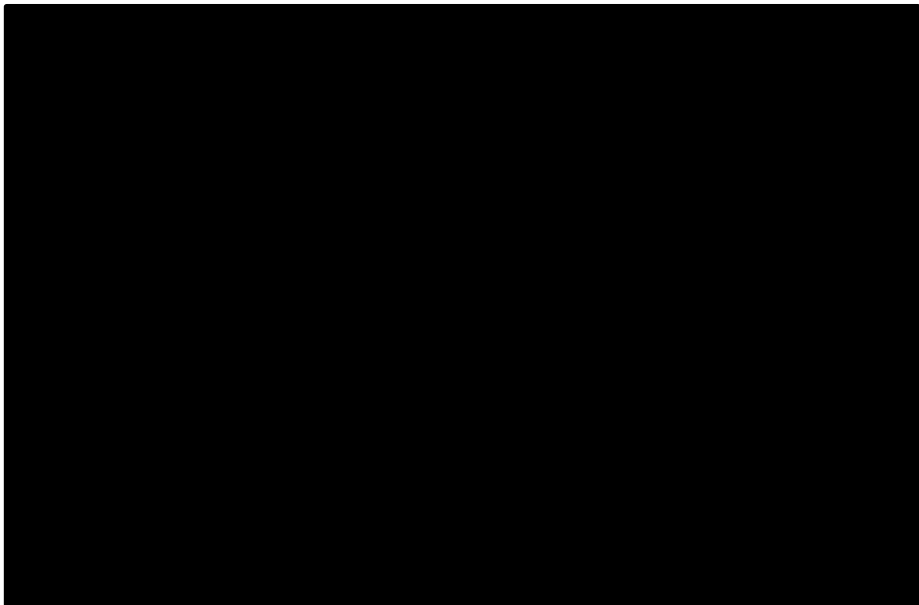
2023 Enrollment by Quarter\*



Note: Q4 2023 not available until 45 days after quarter ends



# 2023 MOC Summary – Complex Case Management (CCM)

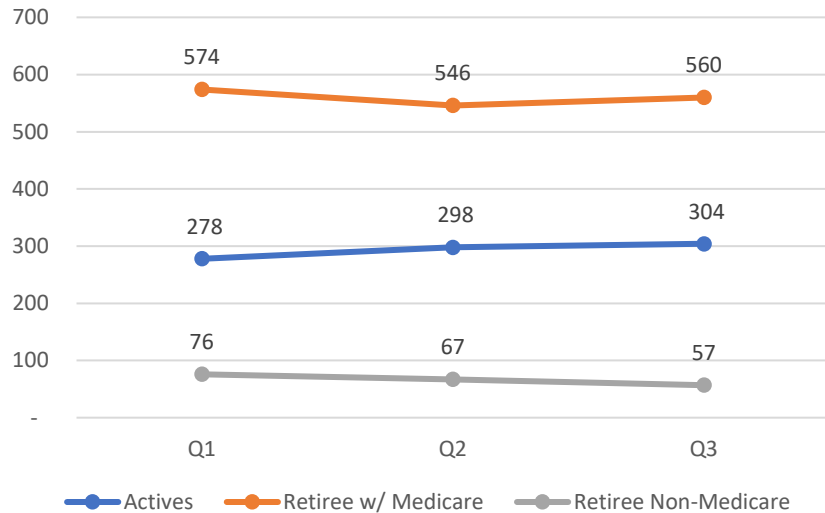


*Note: Q4 2022 not available until 45 days after quarter ends*

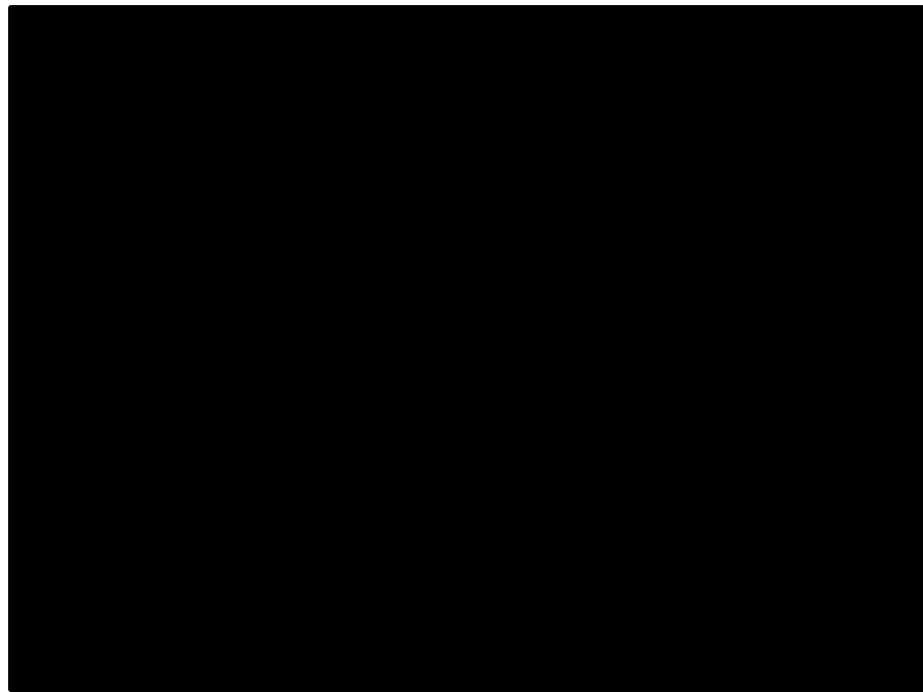


# 2022 MOC Summary – Condition Care Program (CCP)

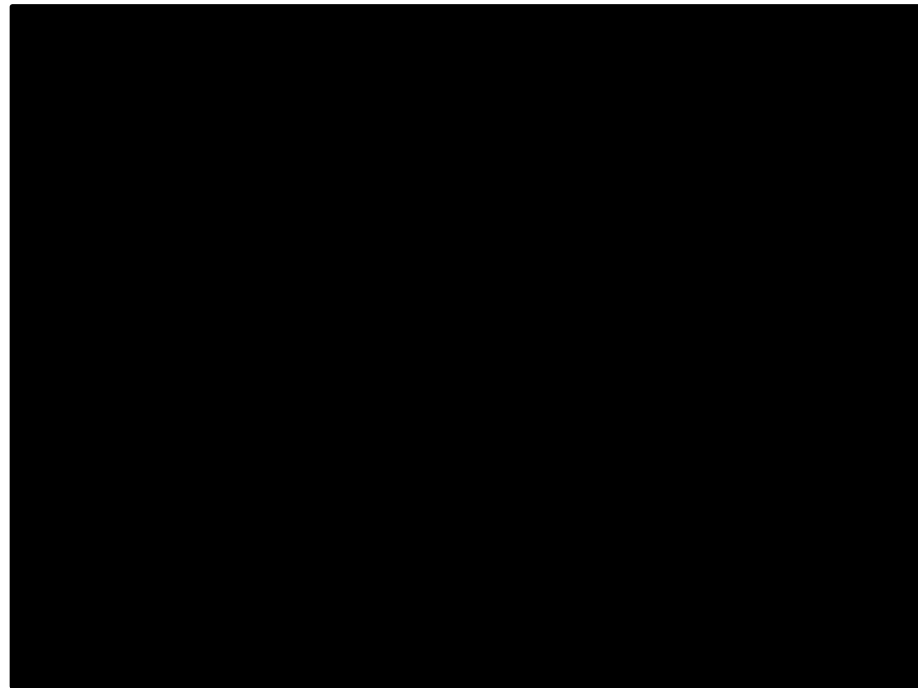
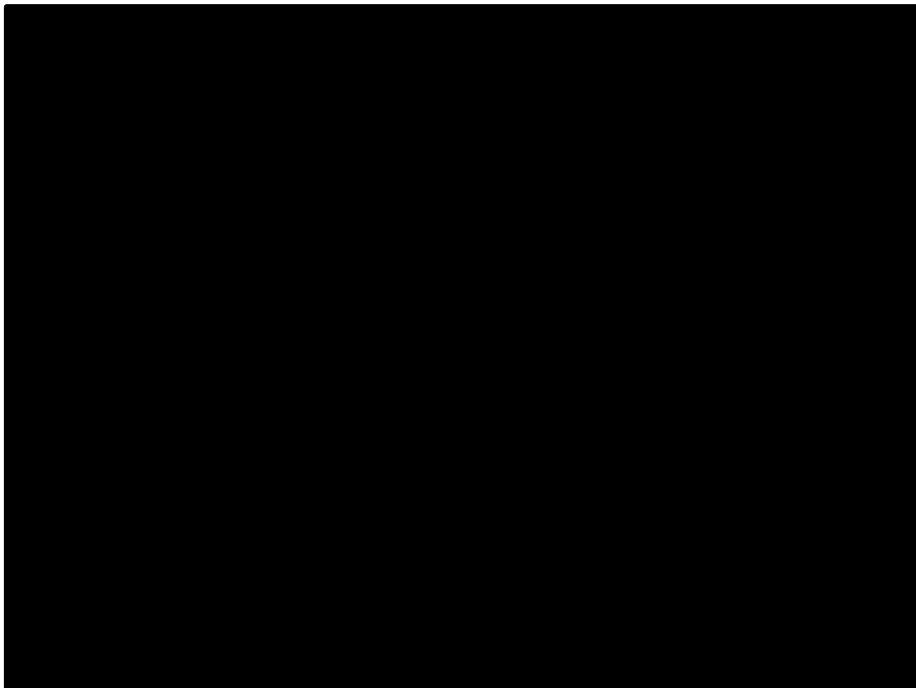
2023 Quarterly Enrollment\*



Note: Q4 2022 not available until 45 days after quarter ends



# 2022 MOC Summary – Condition Care Program (CCM)



*Note: Q4 2022 not available until 45 days after quarter ends.*



2023 EUTF Annual Disease Burden and HEDIS Summary

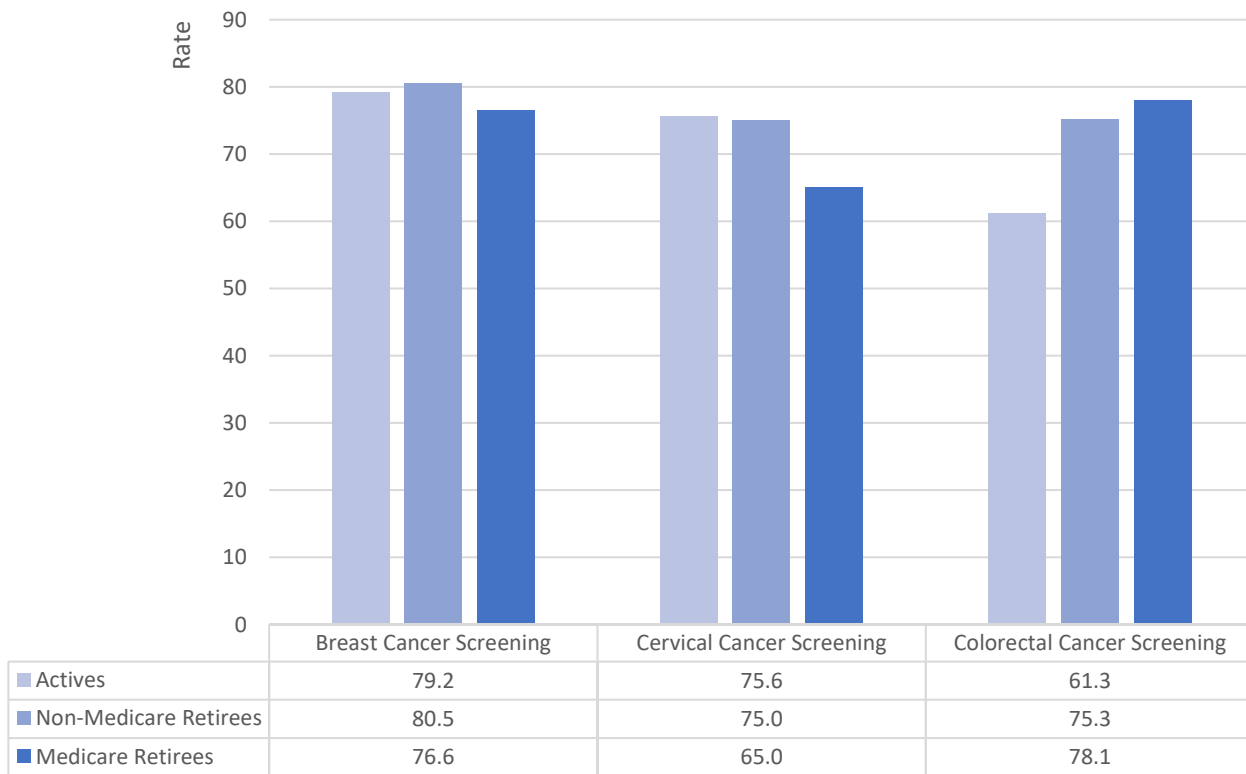
# HEDIS RESULTS (CY 2022)

## Insight

- Actives continue to have high rates of Breast Cancer Screening
- Cervical Cancer Screening continues to be a difficult measure.

Note: Cervical Cancer is not measured by HEDIS for Medicare population

# Cancer Screenings | Current vs Benchmark





## Insight

- Cancer screenings are showing signs of rebounding.
- Cervical Cancer rates in the Actives and Non Medicare Retirees population remain an issue.
- Cancer Screenings in the Medicare Retirees continue to be an issue.

### Note:

Cervical Cancer Screening is not a Medicare tracked measure

Red font indicates measures with rates below 90<sup>th</sup> percentile

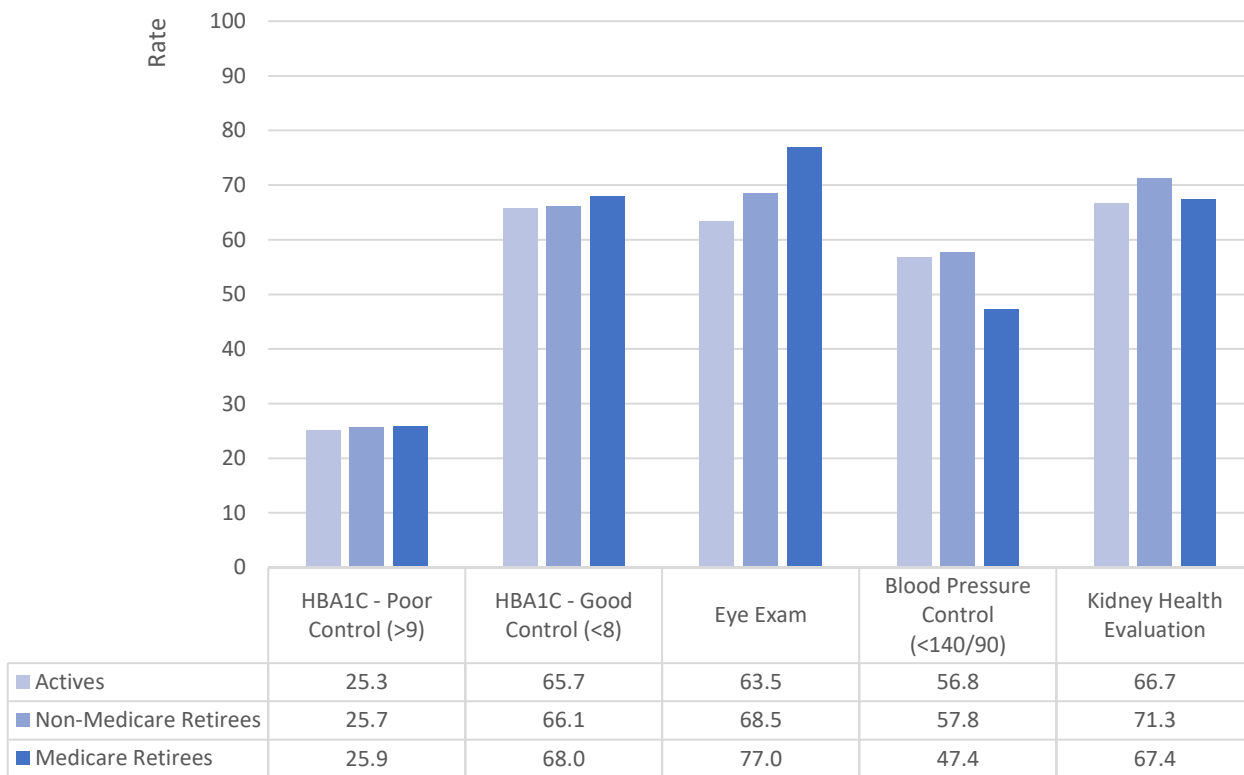
# Cancer Screenings | Trend

Group	Condition	2020	2021	2022	Percentile	90th Percentile
Actives	Breast Cancer Screening	77.9	78.0	79.2	90th	78.4
	Cervical Cancer Screening	75.8	75.6	75.6	67th	79.4
	Colorectal Cancer Screening	70.4	70.3	61.3	75th	65.7
Non-Medicare Retirees	Breast Cancer Screening	79.2	79.7	80.5	95th	78.4
	Cervical Cancer Screening	73.6	74.4	75.0	50th	79.4
	Colorectal Cancer Screening	75.5	75.3	75.3	95th	65.7
Medicare Retirees	Breast Cancer Screening	76.8	75.4	76.6	67th	82.7
	Cervical Cancer Screening	66.0	66.5	65.0		
	Colorectal Cancer Screening	77.3	77.7	78.1	75th	81.3

## Insight

- EUTF performs well in the Kidney Evaluation measure, all groups are in the 95<sup>th</sup> percentile.
- EUTF Actives are at or above 75<sup>th</sup> percentile for 4 out of 5 measures.
- Blood Pressure control rates continue to be a difficult measure for the EUTF population.

## Diabetic Care Measures | Current vs Benchmark



## Insight

- EUTF Actives generally performs well in the Diabetic Care measures, with majority of measures being in the 75<sup>th</sup> percentile.
- Medicare Retirees are an area of opportunity with multiple measures at or below 25<sup>th</sup> percentile.

# Diabetic Care Measures | Trend

Group	Condition	2020	2021	2022	Percentile	90th Percentile
Actives	HBA1C - Poor Control (>9)	27.4	27.0	25.3	75th	20.9
	HBA1C - Good Control (<8)	63.0	62.5	65.7	75th	66.5
	Eye Exam	62.4	63.3	63.5	90th	60.8
	Blood Pressure Control (<140/90)	43.3	51.1	56.8	33rd	72.9
	Kidney Health Evaluation		67.4	66.7	95th	50.0
Non-Medicare Retirees	HBA1C - Poor Control (>9)	27.3	29.1	25.7	67th	20.9
	HBA1C - Good Control (<8)	63.9	62.7	66.1	75th	66.5
	Eye Exam	71.4	72.8	68.5	95th	60.8
	Blood Pressure Control (<140/90)	42.1	52.2	57.8	33rd	72.9
	Kidney Health Evaluation		67.8	71.3	95th	50.0
Medicare Retirees	HBA1C - Poor Control (>9)	28.7	28.4	25.9	10th	10.6
	HBA1C - Good Control (<8)	64.5	64.2	68.0	25th	80.8
	Eye Exam	79.7	80.2	77.0	75th	80.8
	Blood Pressure Control (<140/90)	23.5	36.3	47.4	<5th	79.6
	Kidney Health Evaluation		64.1	67.4	95th	58.3

Measures in red are below 90<sup>th</sup> percentile

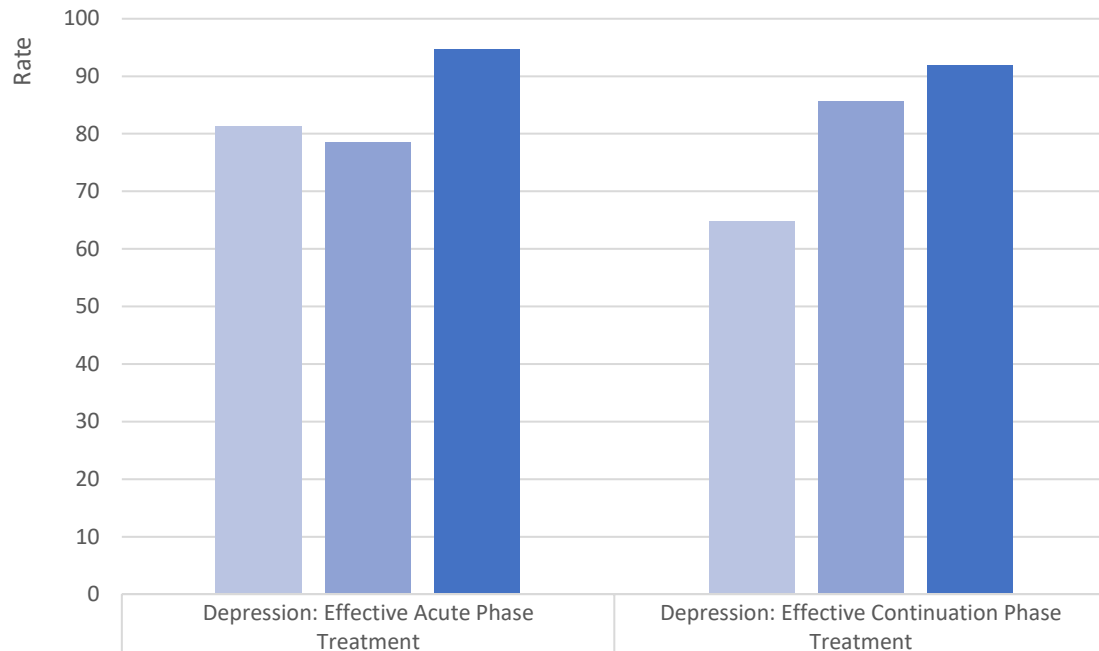
Note:

Poor control is an inverse measure, lower is better

## Insight

- Medicare Retirees are above 95<sup>th</sup> percentile for both measures

## Depression Treatment Measures | Current vs Benchmark



■ Actives	81.3	64.8
■ Non-Medicare Retirees	78.6	85.7
■ Medicare Retirees	94.6	91.9

## Insight

- Overall, Effective Treatment rates are improving, with major improvements in the Medicare Retiree population.

# Depression Treatment Measures | Trend



Group	Condition	2020	2021	2022	Percentile	th Percent
Actives	Depression: Effective Acute Phase Treatment	79.8	80.7	81.3	67th	83.5
	Depression: Effective Continuation Phase Treatment	58.5	63.7	64.8	50th	71.2
Non-Medicare Retirees	Depression: Effective Acute Phase Treatment	81.8	81.8	78.6	33rd	83.5
	Depression: Effective Continuation Phase Treatment	68.2	63.6	85.7	95th	71.2
Medicare Retirees	Depression: Effective Acute Phase Treatment	74.2	85.2	94.6	95th	88.3
	Depression: Effective Continuation Phase Treatment	48.4	77.8	91.9	95th	76.4

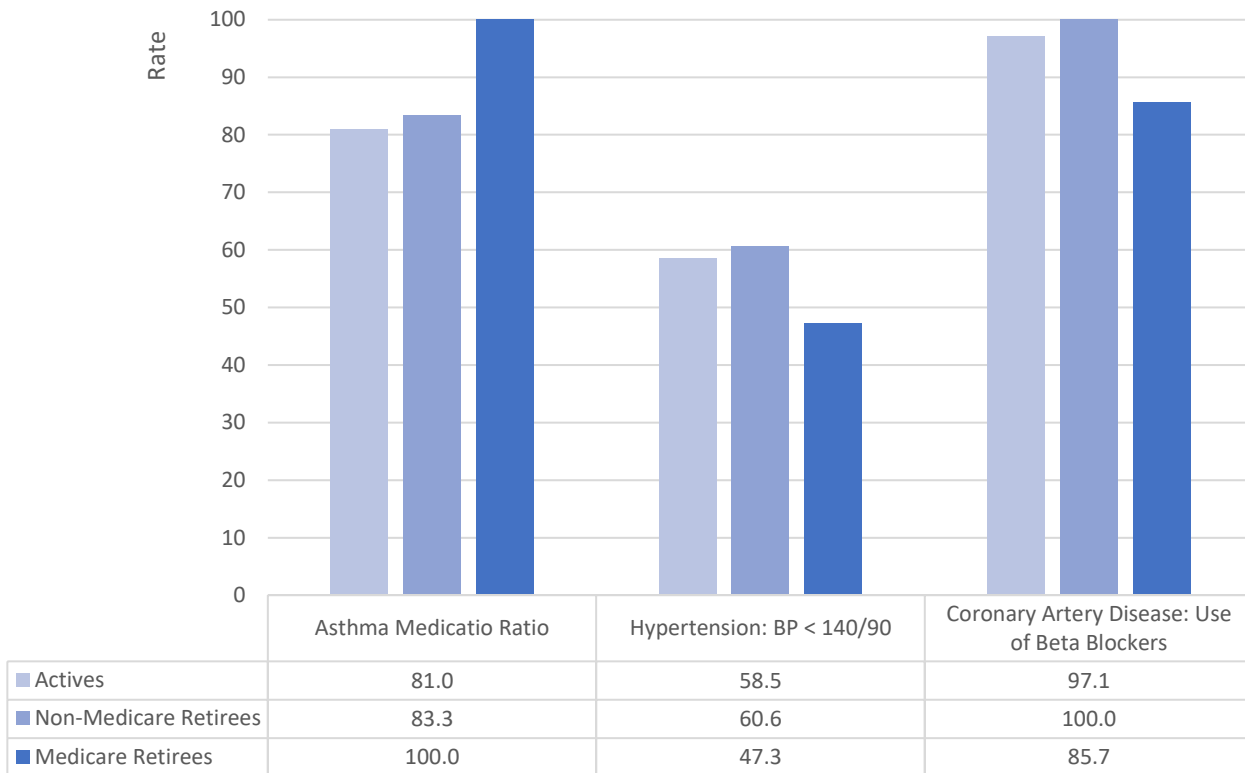
Measures in red are below 90<sup>th</sup> percentile

## Insight

- Controlling Blood Pressure remains a challenging measure for all populations.
- EUTF is in the 95<sup>th</sup> percentile for Use of Beta Blockers in the Active and Non Medicare Retiree population.
- Only 7 EUTF Medicare retirees were in the denominator for Use of Beta Blockers measure.

Note: Asthma Medication Ratio is not a HEDIS measure for Medicare population

## Asthma, Hypertension, Coronary Artery Disease | Current vs Benchmark



## Insight

- Blood Pressure Control is low, but steadily improving.

## Asthma, Hypertension, Coronary Artery Disease Measures | Trend

Group	Condition	2020	2021	2022	Percentile	90th Percentile
Actives	Asthma Medication Ratio	76.0	79.6	81.0	10th	91.2
	Hypertension: BP < 140/90	43.6	53.2	58.5	33rd	71.6
	Coronary Artery Disease: Use of Beta Blockers	97.0	94.9	97.1	95th	92.9
Non-Medicare Retirees	Asthma Medication Ratio	85.7	92.3	83.3	25th	91.2
	Hypertension: BP < 140/90	43.1	55.6	60.6	50th	71.6
	Coronary Artery Disease: Use of Beta Blockers	0.0	100.0	100.0	95th	92.9
Medicare Retirees	Asthma Medication Ratio	60.0	100.0	100.0		
	Hypertension: BP < 140/90	22.9	37.5	47.3	<5th	80.9
	Coronary Artery Disease: Use of Beta Blockers	100.0		85.7	10th	94.0

Measures in red are below 90<sup>th</sup> percentile

Note:

Asthma Medication Ratio is not a Medicare tracked measure



2023 EUTF Annual Disease Burden and HEDIS Summary

# 2022 UNION HIGHLIGHTS

ACTIVES ONLY



## Insights

- Hypertension, Obesity, and Hyperlipidemia are same top 3 conditions as last year.
- These three conditions are precursors to much more severe conditions, if left unmanaged. They also can be controlled through lifestyle change.
- HGEA and UPW have higher rates of condition prevalence than other union groups.

## Top Conditions by Prevalence

Condition	Unions with Condition in Top Five	HFFA	HGEA	HSTA	VB	NB	SHOPO	UPW	UHPA
Hypertension	8	<b>10%</b>	<u>31%</u>	<b>15%</b>	<u>25%</u>	<b>27%</b>	<b>16%</b>	<u>37%</u>	<b>20%</b>
Obesity	8	<u>16%</u>	<b>27%</b>	<u>20%</u>	<b>23%</b>	<b>19%</b>	<u>23%</u>	<b>33%</b>	<b>16%</b>
Hyperlipidemia, other	8	<b>12%</b>	<b>25%</b>	<b>15%</b>	<b>23%</b>	<u>29%</u>	<b>13%</b>	<b>22%</b>	<u>25%</u>
Cataract	5	<del>3%</del>	<b>15%</b>	<del>5%</del>	<b>12%</b>	<b>15%</b>	<del>3%</del>	<b>14%</b>	<b>16%</b>
Other neuropsychological or behavioral disorders	3	<b>10%</b>	9%	<b>11%</b>	9%	10%	<b>8%</b>	7%	11%
Contraceptive management	2	<b>8%</b>	8%	<b>13%</b>	8%	8%	7%	<del>6%</del>	<del>6%</del>
Glaucoma	4	5%	<b>14%</b>	8%	<b>12%</b>	<b>14%</b>	6%	11%	<b>12%</b>
Asthma	1	7%	10%	8%	9%	10%	<b>8%</b>	10%	8%
Diabetes	1	<del>2%</del>	14%	<del>5%</del>	11%	10%	6%	<b>17%</b>	<del>6%</del>

Blue Underline: Most prevalent condition for the given union.

**Bold Black**: Top 5 condition for the given union.

*Grey Italic*: Top 10 condition for the given union.

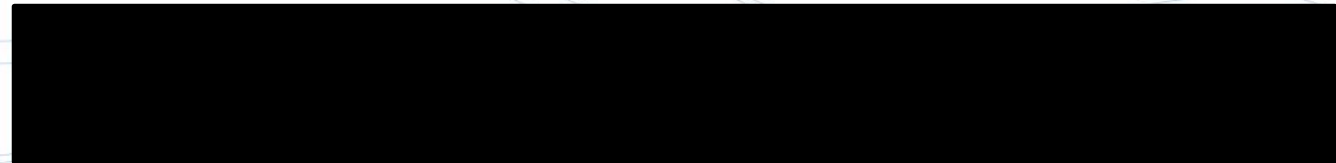
~~Grey Strikethrough~~: Not in Top 10 for the given Union

## Insight

- Blood Pressure Control continues to be a difficult measure for all groups.
- SHOPO and UPW areas of opportunity for improved Diabetes Care

# Union Areas of Opportunities

	Measure		HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	NB
Cancer Screenings	Breast Cancer Screening		-0.3 (636)	4.3 (10,742)	5.0 (2,443)	7.5 (1,423)	-1.9 (899)	1.0 (1,037)	-3.0 (2,507)	-2.3 (721)
	Cervical Cancer Screening		2.8 (867)	0.6 (9,000)	4.7 (2,880)	4.0 (1,667)	-0.8 (1,260)	2.9 (944)	-8.0 (2,075)	-1.9 (412)
	Colorectal Cancer Screening		-1.3 (1,686)	5.3 (19,751)	6.5 (4,523)	6.0 (3,015)	-0.1 (2,404)	4.3 (2,174)	-2.9 (5,836)	6.3 (1,378)
Diabetes Care	HBA1C - Good Control (<8)		0.1 (231)	3.9 (5,104)	3.7 (872)	5.8 (625)	-6.1 (558)	4.3 (269)	-4.8 (1,905)	-2.8 (273)
	Eye Exam		-2.7 (234)	3.3 (5,338)	4.9 (933)	3.0 (632)	-9.7 (559)	3.5 (280)	-4.3 (2,037)	1.8 (309)
	Blood Pressure Control (<140/90)		-10.6 (183)	-8.2 (4,007)	-9.9 (663)	-5.0 (504)	-15.0 (447)	-13.8 (188)	-12.2 (1,580)	-16.0 (203)
	Kidney Health Evaluation		-0.4 (293)	3.5 (6,117)	2.9 (1,196)	5.0 (816)	-2.2 (656)	-5.8 (312)	0.2 (2,388)	-4.9 (402)



(#) indicates denominator size

# APPENDIX



An Independent Licensee of the Blue Cross and Blue Shield Association



## Percentage of members with a BMI test

Age Group	Rate
Children (2 – 19)	75%
Adults (20 - 74)	45%
Elderly (75+)	52%

### Note:

- Categories 3 and 4 represent individuals with BMIs considered

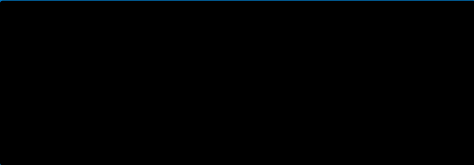
# BMI Details | All Populations

Group	Condition		2020	2021	2022
Actives	Children (2 - 19)	3. 85th - 95th Percentile	11.7%	11.9%	11.5%
	Children (2 - 19)	4. > 95th Percentile	12.6%	14.3%	13.2%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	31.7%	31.0%	30.5%
	Adults (20 - 74)	4. BMI $\geq$ 30	40.3%	41.4%	42.1%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	35.5%	36.3%	37.9%
	Elderly (75 and older)	4. BMI $\geq$ 30	22.0%	23.7%	26.2%
Non-Medicare Retirees	Children (2 - 19)	3. 85th - 95th Percentile	13.5%	14.2%	12.1%
	Children (2 - 19)	4. > 95th Percentile	13.6%	14.5%	12.8%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	33.8%	33.9%	33.1%
	Adults (20 - 74)	4. BMI $\geq$ 30	38.1%	37.7%	39.4%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	30.2%	34.4%	20.0%
	Elderly (75 and older)	4. BMI $\geq$ 30	20.8%	18.8%	28.6%
Medicare Retirees	Children (2 - 19)	3. 85th - 95th Percentile	9.1%	8.9%	12.3%
	Children (2 - 19)	4. > 95th Percentile	22.9%	18.2%	17.5%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	34.2%	34.5%	33.5%
	Adults (20 - 74)	4. BMI $\geq$ 30	29.4%	29.7%	30.6%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	31.6%	31.3%	30.9%
	Elderly (75 and older)	4. BMI $\geq$ 30	17.8%	18.6%	18.9%

# Blood Glucose | All Populations

Group	Condition	2020	2021	2022	HMSA Benchmark
Actives	Normal (HBA1C < 5.7)	36.3%	30.2%	32.1%	31.9%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	36.5%	40.9%	42.7%	42.2%
	Diabetic (6.5 or more)	27.2%	28.9%	25.2%	25.9%
Non-Medicare Retirees	Normal (HBA1C < 5.7)	30.5%	23.9%	26.6%	31.9%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	42.2%	47.1%	48.5%	42.2%
	Diabetic (6.5 or more)	27.3%	28.9%	24.9%	25.9%
Medicare Retirees	Normal (HBA1C < 5.7)	25.1%	18.3%	21.2%	22.4%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	46.3%	49.6%	50.6%	48.7%
	Diabetic (6.5 or more)	28.6%	32.2%	28.2%	28.9%

Note:



# HEDIS Results by Union | Actives Only



Measure	HFFA		HGEA		HSTA		HSTA VB		SHOPO		UHPA		UPW		NB	
	Rate	%ile	Rate	%ile	Rate	%ile	Rate	%ile	Rate	%ile	Rate	%ile	Rate	%ile	Rate	%ile
Breast Cancer Screening	75.09	67th	79.69	95th	80.34	95th	82.93	95th	73.51	50th	76.42	75th	72.33	33rd	73.12	50th
Cervical Cancer Screening	77.34	75th	75.13	67th	79.23	75th	78.56	75th	73.73	50th	77.44	75th	66.55	10th	72.66	33rd
Colorectal Cancer Screening	65.12	75th	71.70	95th	72.92	95th	72.46	95th	66.28	90th	70.75	95th	63.48	75th	72.68	95th
HBA1C - Poor Control (>9)	27.27	50th	22.80	75th	24.70	75th	21.46	75th	31.84	33rd	24.68	75th	30.75	50th	32.41	33rd
HBA1C - Good Control (<8)	65.63	75th	69.39	90th	69.26	90th	71.35	95th	59.42	50th	69.87	95th	60.77	67th	62.76	67th
Eye Exam	66.48	95th	72.56	95th	74.11	95th	72.23	95th	59.53	75th	72.73	95th	64.91	90th	71.03	95th
Blood Pressure Control (<140/90)	51.99	10th	54.47	25th	52.70	25th	57.60	33rd	47.60	10th	48.83	10th	50.40	10th	46.67	10th
Kidney Health Evaluation	65.26	95th	69.15	95th	68.46	95th	70.65	95th	63.38	95th	59.77	95th	65.80	95th	60.73	95th
Asthma Medication Ratio	100.00	95th	84.39	33rd	76.32	<5th	88.89	75th	77.42	<5th	75.00	<5th	70.83	<5th	62.50	<5th
Hypertension: BP < 140/90	47.27	10th	54.20	33rd	52.34	25th	53.69	33rd	49.43	25th	47.48	10th	50.54	25th	46.46	10th
Coronary Artery Disease: Use of Beta Blockers	100.00	95th	91.30	75th	100.00	95th	100.00	95th	100.00	95th	100.00	95th	100.00	95th	0.00	-
Depression: Effective Acute Phase Treatment	77.27	33rd	82.13	75th	84.44	90th	80.39	50th	71.43	5th	85.71	95th	78.82	33rd	100.00	95th
Depression: Effective Continuation Phase Treatment	72.73	90th	66.86	67th	68.89	75th	64.71	50th	57.14	10th	63.27	50th	65.88	67th	81.25	95th

# Episode Rated Groups

Symmetry v10			HMSA			
ERG Risk Category	ERG Retro Lower	Risk Score Upper	Morbidity Level	Morbidity Risk Class		
0	0	0.05	1 - Minimum	1 - Low Risk		
1	0	0.05				
2	0	0.05				
3	0	0.05				
4	0	0.05				
5	0.05	0.07	2 - Minor	2 - Medium Risk		
6	0.07	0.11				
7	0.11	0.18				
8	0.18	0.24				
9	0.24	0.31				
10	0.31	0.39				
11	0.39	0.49	3 - Moderate		2 - Medium Risk	
12	0.49	0.61				
13	0.61	0.77				
14	0.77	0.98				
15	0.98	1.27				
16	1.27	1.74	4 - Major	3 - High Risk		
17	1.74	2.54				
18	2.54	3.11				
19	3.11	4.01	5 - Severe			3 - High Risk
20	4.01	6.03				
21	6.03	10.02				
22	10.02	14.71				
23	14.71	20.53				
24	20.53	28.02				
25	28.02	300.00				

- ERG is a *patient morbidity classification* tool developed in 2000 by Symmetry and licensed by HMSA since 2010. ERG is a supplement to ETG (Episode Treatment Groups) software which identifies and classifies patient episodes of care from paid claims data for enrolled members based on distinct conditions.
- ERG software assigns a Risk Score to each Patient summarizing the cumulative severity (health risk) of illness episodes over a 12-month period. A typical moderate-risk individual with average health care costs has a Risk Score near 1.0.
- ERG is best used a comparator between different groups. To enable fair comparisons between groups, cost and utilization rates can be risk-adjusted using ERG.

EUTF 2024 Health and Wellness Communication Plan								
2024	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation
Q1	Get Checked Out	Kaiser	Campaign	Don't Weight to Get in Shape	All EUTF KP	Direct mail and websites	January	Post event survey and participation
		VSP	Campaign	Annual exam Reminder	EUTF VSP Actives and dependents no exam last 12 months	Direct mail postcard and EUTF website	January	30, 60, 90 day utilization
		HMSA	"Hello Health" Information Session	Get more in 2024 - Support for health improvement	All EUTF HMSA	Live online and on-demand	January 11 Thursday 11:30 a.m - 12:00 p.m	Post event survey and participation
		Kaiser	"Hello Health" Information Session	Better Care, Better Health	All EUTF KP	Live online and on-demand	January 18 Thursday 11:30 a.m - 12:00 p.m	TBD
	Healthy Habits	HMSA	Campaign	See Your Primary Care Provider	EUTF HMSA members (21+) who have no visits (Feb. 2022 - Dec. 2023)	Postcard mailer, email and websites	February	Postcard: Track 30 and 90 day visits to PCP. Email: Delivery and open rate.
		Kaiser	Campaign	Q1 Challenge and Webinar	All EUTF KP	Email	February 1 Thursday	Distribution count
		Kaiser	Challenge	10K A Day	All EUTF	Online and mobile app	Feb. 6 Tuesday Kick-off event Challenge Feb 12-March 10	Post event survey and participation
		Kaiser	Webinar	Taking Care of Yourself- Sleep, Exercise, Love, Food		Live online and on-demand	February 22 Thursday 11:30 a.m - 12:15 p.m	Post event survey and participation
		HDS/HMSA/Kaiser/VSP	Newsletters	Annual primary care visit and self-assessment		Email, direct mail and website	February (Well Aware) March (Holomua)	NA
		Know Your Numbers	HMSA	Preventive Care: An Introduction to Health Screenings and Proper Self-care Practices		Live online and on-demand	March 21 Thursday 12:00 p.m - 12:45 p.m	Post event survey and participation
			HMSA	Campaign	EUTF HMSA targeted members in the Model of Care	Postcard mailer, email and websites	March	Engagement after mailer 30 and 90 days
Q2	Well-being	HMSA	"Hello Health" Information Session	Mental Health Matters	All EUTF HMSA	Online	April 11 Thursday 11:30 a.m - 12:00 p.m	Post event survey and participation
		Kaiser	"Hello Health" Information Session	Finding the Best Pharmacy Fit for You	All EUTF KP	Live online and on-demand	April 16 Tuesday 11:30 a.m - 12:00 p.m	Post event survey and participation
		Kokua Mau	Webinar	Advance care planning	All EUTF	Online and on-demand	April 24 Wednesday 11:30 a.m - 12:15 p.m	Post event survey/ Participation
	Condition Control	HMSA	Campaign	Closing care gaps Cancer screenings	EUTF HMSA members with overdue screenings	Postcard, email and websites	May	Monitor semi-annual screening report for change to 90 day period post intervention.
		VSP	Incentive campaign	Annual exam and VSP.com Account Incentive	All EUTF VSP	Direct mail postcard, EUTF email and website	May	30, 60, 90 day utilization
		HMSA	Challenge	Self-Care	All EUTF	Online	May 7 Tuesday Kick-off event Challenge May 13- June 7	Post event survey and participation
		HMSA	Webinar	Stress Bucket		Live online and on-demand	May 22 Wednesday 12:00 p.m - 12:45 p.m	Post event survey and participation
		HMSA/Kaiser	Newsletters	Chronic Disease and Mental Health		Email, direct mail and website	May (Well Aware) June (Holomua)	NA
		Muscles Tendons and	HMSA	Incentive campaign		Postcard mailer, email and websites	June	Primary care provider visits 30 and 90 days



EUTF 2024 Health and Wellness Communication Plan								
2024	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation
	Bones	HDS	Campaign	Semi-annual exams and sealants for children. Announce upcoming sweepstakes.	EUTF HDS Active adults with children, no exams	Direct mail postcard, EUTF email and website		30, 60, 90 day utilization
				Semi-annual exams and routine care after major dental work. Announce upcoming sweepstakes.	EUTF HDS Active adults no exams			
		Kaiser	Campaign	Q2 Webinar	All EUTF KP	Email	June 3 Wednesday	Distribution count
		Kaiser	Webinar	Strengthen and Stretch at Your Desk	All EUTF	Live online and on-demand	June 13 Thursday 11:30 a.m - 12:15 p.m	Post event survey and participation
		HDS	Webinar	A Lifetime of Healthy Smiles Oral health wellness in all stages of life	All EUTF	Online and on-demand	June 27 Thursday 11:30 a.m - 12:15 p.m	Participation
Q3	Connect Online	HDS	Campaign	Semi-annual exams and routine care after major dental work	EUTF HDS Retirees no exams	Direct mail postcard and EUTF website	July	30, 60, 90 day utilization
		HDS	Incentive campaign	Time to see the Dentist- Semi-annual visits promotion/register for an online account	All EUTF HDS	Direct Mailer, EUTF email and website	July Campaign period July 1 - August 30 Sign into HDS online account & Dentist visit between February 28 - August 30, Drawing Sept. 29	30, 60, 90 day utilization and number of new accounts
		HMSA	"Hello Health" Information Session	Win more in 2024!	All EUTF	Live online and on-demand	July 10 Wednesday 11:30 a.m - 12:00 p.m	Post event survey and participation
		Kaiser	Campaign	Rewards Program: Total Health Assessment Healthy Balance	All EUTF KP	Direct mail postcard and websites	July 17 Wednesday	Program completion
		HDS	"Hello Health" Information Session	Dental Exam Sweepstakes Campaign	All EUTF HDS	Online and ondemand	July 18 Thursday 11:30 a.m - 12:00 p.m	Participation
		Securian	Campaign	Designate beneficiaries	EUTF members without an assigned beneficiary	Direct mail	July and August	30 and 60 day evaluation
	Healthy Aging	HMSA	Campaign	Blood pressure awareness: Prevention and control guide	EUTF HMSA members 35-55 years of age with hypertension	Postcard mailer, email and websites	August	Track number of visits to the website
		HMSA	Campaign	Seasonal flu	All EUTF	Websites	August	NA
		VSP	Campaign	Annual exam	EUTF VSP Retirees no exam last 12 months	Direct mail letter and EUTF website	August	30, 60, 90 day utilization
		Kaiser	Campaign	Q3 Challenge And Webinar	All EUTF KP	Email	August 2 Friday	Distribution count
		Kaiser	Challenge	Go Gold Challenge	All EUTF	Online	Aug 6 Tuesday Kick-off event Challenge August 12 - Sept. 8.	Post event survey and participation
		Kaiser	Webinars	Managing Your Weight		Live online and on-demand	August 22 Thursday 11:30 a.m - 12:15 p.m	Post event survey and participation
		HMSA/Kaiser	Newsletters	Preventing chronic conditions and management programs		Email, direct mail and website	August (Well Aware) September (Holomua)	NA

EUTF 2024 Health and Wellness Communication Plan								
2024	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation
	Vaccination Info	Kaiser	Campaign	Seasonal flu		Websites	September	NA
		HMSA	Campaign	Diabetes prevention: Risk test/ PCP visit	EUTF HMSA prediabetes members ages 21-70	Postcard mailer, email and websites	September	Track number of visits to the website
		HMSA	Webinars	Hearty Advice	All EUTF	Live online and on-demand	September 19 Thursday 12:00 p.m - 12:45 p.m	Post event survey and participation
Q4	Peace of Mind	HMSA	Campaign	Diabetes prevention program	EUTF group	Queens West	October	Participation and completion
		HMSA	Campaign	Disease management	HMSA commercial plus targeted EUTF members with chronic conditions	Postcard mailer	October	NA
		HMSA	Campaign	Closing care gaps: Cancer screenings	EUTF HMSA with overdue cancer screenings	Postcard mailer, email and websites	October	Monitor semi-annual screening report for change to 90 day period post intervention.
		HMSA	"Hello Health" Information Session	Chronic Condition Support	All EUTF HMSA	Online	October 10 Thursday 11:30 a.m - 12:00 p.m	Post event survey and participation
		Securian	Webinar	Personal Finance	All EUTF	Online and on-demand	October 16 Thursday 1130am 11:30 a.m - 12:15 p.m	Post event survey/ Participation
		Kaiser	"Hello Health" Information Session	Navigating Mental Health Services	All EUTF KP	Live online and on-demand	October 24 Thursday 11:30 a.m - 12:00 p.m	Post event survey and participation
	Healthy Habits	HMSA	Campaign	Diabetes management: Resource guide	EUTF HMSA members with diabetes	Postcard mailer, email and websites	November	Track number of visits to the website
		HDS	Campaign	Reminder to visit the dentist. Use benefit before end of year.	All EUTF	Email	November	30, 60, 90 day utilization
		HMSA	Challenge	Healthy Holidays		Online	Nov. 6 Wednesday Kick-off Challenge Nov. 11 - Dec. 6.	Post event survey and participation
		HMSA	Webinars	Consumer Alert		Live online and on-demand	November 20 Wednesday 12:00 p.m - 12:45 p.m	Post event survey and participation
		Kaiser	Campaign	Fit Rewards & Healthy Balance Program	All EUTF KP	Email	November 27 Wednesday	Distribution count
		HMSA/Kaiser/ VSP	Newsletters	Living with chronic disease	All EUTF	Email, direct mail and website	November (Well Aware) December (Holomua)	NA
		Kaiser	Webinars	Emotional Well-Being	All EUTF	Live online and on-demand	December 12 Thursday 11:30 a.m - 12:15 p.m	Post event survey and participation
	Emotional Well-being	Kaiser	Webinars	Emotional Well-Being	All EUTF	Live online and on-demand	December 12 Thursday 11:30 a.m - 12:15 p.m	Post event survey and participation

This is a living document; minor changes likely throughout the year.

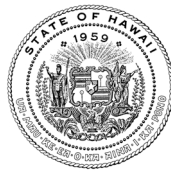


## EUTF 2024 Health and Wellness Calendar of Events for State/County Employees and Retirees



\*Subject to change, please visit <https://eutf.hawaii.gov/health-and-wellness/> or scan the QR code for latest updates

Activity	January	February	March	April	May	June	July	August	September	October	November	December
<b>Hello Health Information Session</b>  30 min live webinar for members of the health plan noted	1.11 HMSA Get more in 2024!  1.18 Kaiser Better Care, Better Health			4.11 HMSA Mental Health Matters  4.16 Kaiser Finding the Best Pharmacy Fit for You			7.10 HMSA Win more in 2024!  7.18 HDS Dental Exam Sweepstakes Campaign			10.10 HMSA Chronic Condition Support  10.24 Kaiser Navigating Mental Health Services		
<b>Education Workshop</b>  45 minutes live online webinar, for all employees and EUTF retirees		2.22 Taking Care of YourSELF-Sleep, Exercise, Love, Food	3.21 Preventative Care	4.24 Advance Care Planning	5.22 Stress Bucket	6.13 Strengthen and Stretch at Your Desk  6.27 A Lifetime of Healthy Smiles		8.22 Managing Your Weight	9.19 Hearty Advice	10.16 Personal Finance	11.20 Consumer Alert	12.12 Emotional Well-being
<b>Monthly Health &amp; Wellness Theme</b>	Get Checked Out	Healthy Habits	Preventative Care, Know Your Numbers	Well-being	Condition Control	Muscles, Tendons and Bones	Connect Online	Healthy Aging	Vaccination & Seasonal Information	Peace of Mind	Healthy Habits	Emotional Well-being
<b>Quarterly Wellness Challenge</b>  4-week online and mobile app event, for all employees and EUTF retirees		10k-A-Day Challenge • 2.6 Kick-off • 2.12-3.10 Challenge			Self-Care Challenge • 5.7 Kick-off • 5.13-6.7 Challenge			Go Gold Challenge • 8.6 Kick-off • 8.12-9.8 Challenge			Healthy Holiday Challenge • 11.6 Kick-off • 11.11-12.6 Challenge	
<b>Quarterly Well Aware Newsletter</b>		Preventive Screenings, Healthy Lifestyle Benefit Programs			Chronic Disease, Mental Health			Diabetes Prevention and Management Programs			Tips and resources to stay healthy during the holiday season.	



JOSH GREEN, M.D.

GOVERNOR

SYLVIA LUKE

LIEUTENANT GOVERNOR

**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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February 1, 2024

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DONNA A. TONAKI

TO: Benefits Committee

THROUGH: Derek Mizuno, Administrator

FROM: Lara Nitta, Program Specialist

SUBJECT: Upcoming Plan Changes

This memo is meant to give the Benefits Committee an update on upcoming plan changes that have been or will be considered, including coverage gaps identified in Segal's active annual report (as of June 30, 2023).

Carrier	Proposed Plan Change	Anticipated Rate Impact*
<b>4/9/24 Benefits Meeting</b>		
PBM	<b>Propose</b> adding \$2,000 MOOP and removing the \$2,500 specialty MOOP in accordance with federal law under the EUTF and HSTA VB EGWP plans effective 1/1/25.	Rate increase
PBM	<b>Review</b> closed non-specialty formulary analysis with RFP results for the EUTF active and non-Medicare retiree plans.	Rate decrease
<b>5/21/24 Benefits Meeting</b>		
Medical PPO	<b>Propose</b> closing preventive services coverage gap between the active plans and Medicare under the EUTF and HSTA VB retiree plans effective 1/1/25.	Cost neutral
Medical Medicare Advantage HMO	<b>Propose</b> adding residential hospice coverage to the HSTA VB plan effective 1/1/25 to align with the EUTF plan.	Rate increase
Medical Medicare Advantage PPO	<b>Propose</b> adding/extending carrier-specific pilot programs through 12/31/28.	Cost neutral
HDS	<b>Propose</b> increasing basic care coverage from 60% to 80% under the EUTF and HSTA VB retiree plans effective 1/1/25 to align with the active plans.	Rate increase
HDS	<b>Propose</b> establishing an eligible charge for white/composite fillings under the EUTF and HSTA VB active and retiree plans effective 7/1/25 and 1/1/25, respectively, so that there can be no balance billing. The current benefit depends on the eligible charge for a silver/amalgam filling.	Cost neutral
Medical Open Panel HMO	<b>Review</b> EUTF active open panel HMO analysis with RFP results.	
<b>10/15/24 Benefits Meeting</b>		
PBM	<b>Propose</b> aligning the 75/25 drug MOOP with the other EUTF active plans effective 7/1/25.	Cost neutral

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

Upcoming Plan Changes

February 1, 2024

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Carrier	Proposed Plan Change	Anticipated Rate Impact*
<b>11/25/24 Benefits Meeting</b>		
Medical PPO and Open Panel HMO	<b>Propose</b> aligning the following benefits under the EUTF and HSTA VB active and retiree plans effective 7/1/25 and 1/1/26, respectively, with the HMSA prevalent plan: <ul style="list-style-type: none"> <li>• OON immunizations</li> <li>• Internal implants</li> <li>• Medical nutrition therapy</li> </ul>	Rate increase
HDS	<b>Propose</b> increasing the fluoride benefit frequency from 1 to 2 per CY under the HSTA VB active plans eff. 7/1/25 to align with the EUTF active plan.	Rate increase

\* The Anticipated Rate Impact is a projection of the short-term rate impact and not guaranteed.

\*\* Dates after 6/30/24 are tentative.

Cc: Steve Murphy, Segal  
Shelley Chun, Segal