



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

**BOARD OF TRUSTEES**  
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**ADMINISTRATOR**  
DEREK M. MIZUNO  
**ASSISTANT ADMINISTRATOR**  
DONNA A. TONAKI

January 29, 2025

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

**DATE:** February 4, 2025, 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 25, 2024
- III. New Business
  - A. Kaiser Permanente Burden of Disease and HEDIS Report for Calendar Year 2023
  - B. HMSA Disease Burden and HEDIS Summary for Calendar Year 2023
  - C. 2025 Health and Wellness Communication Plan
- IV. Executive Session
  - A. RFP 24-001 Medical Benefits and PBM Services [authorized under HRS 92-5(a)(8)(HRS 103D)]
  - B. Review of Minutes – November 25, 2024
- V. Next Meeting – April 8, 2025  
The next meeting agenda will include CVS/SilverScript semi-annual utilization reports and Segal retiree annual prescription drug report for the period ending December 31, 2024.

**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.

## VI. 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, 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:

- [Join the meeting now](#) or copy and paste the following URL into your browser:  
[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_YzVkJZDYxOGQtMmFiZS00ZGQ3LWJhOWQtZWE5MmZmYzI0NjY5%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_YzVkJZDYxOGQtMmFiZS00ZGQ3LWJhOWQtZWE5MmZmYzI0NjY5%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)
  - If prompted, enter:
    - Meeting ID: 252 110 959 692
    - Passcode: hjmnkg
  - 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: 881 001 429#

A listing of all documents included in the Board packet will be available at the EUTF website ([eutf.hawaii.gov](http://eutf.hawaii.gov)) through the Events Calendar two (2) business days prior to the meeting.

The Board packet can be accessed at the EUTF website ([eutf.hawaii.gov](http://eutf.hawaii.gov)) through the Events Calendar two (2) business days 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.

1 HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
2 Minutes of the Benefits Committee Meeting  
3 Monday, November 25, 2024  
4

5 TRUSTEES PRESENT

6 Mr. Osa Tui, Chairperson Ms. Maureen Wakuzawa  
7 Mr. Wesley Machida, Vice Chairperson (via video conference, excused at 10:49 a.m.) Mr. James Wataru  
8 Ms. Jacqueline Ferguson-Miyamoto Mr. Robert Yu  
9 Mr. Christian Fern

10  
11 TRUSTEES ABSENT

12 Ms. Audrey Hidano Mr. Ryan Yamane  
13 Ms. Sabrina Nasir

14  
15 ATTORNEY

16 Mr. Michael Chambrella, Deputy Attorney General  
17

18 EUTF STAFF

19 Mr. Derek Mizuno, Administrator Ms. Lara Nitta  
20 Ms. Desiree Yamauchi Ms. Melissa Tom (via video conference)  
21

22 CONSULTANTS (via video conference or teleconference, unless otherwise noted)

23 Mr. Tyler Brotz, Segal Consulting Ms. Mary Fedor, Segal Consulting  
24 Ms. Shelley Chun, Segal Consulting Mr. Stephen Murphy, Segal Consulting (in person)  
25

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

27 Mr. Blaise Aquino, HMSA Mr. Lawrence Lau, HDS  
28 Ms. Tiffany Andrade, HMSA Ms. Joey Lee, HDS  
29 Ms. Stacia Baek, HDS Mr. Chris Letoto, HMSA (in person)  
30 Ms. Sandra Benevides, CVS Mr. Ezra Ng, HMSA  
31 Mr. Ty Bowers, CVS Mr. Kurt Neuenfeld, CVS  
32 Mr. Su Chai, Kaiser Mr. Clesson Pang, HDS  
33 Ms. Kjirsten Elsner, Securian Mr. Dave Shiroma, Kaiser  
34 Mr. Thomas England, Kaiser Ms. Jenny Smith, Humana  
35 Ms. Samantha Furutani, CVS Mr. Troy Tomita, Kaiser  
36 Dr. Rupal Gohil, HMSA Ms. Anne VanHaaren, CVS  
37 Mr. Galen Haneda, HMSA Mr. Scott Yamaguchi, Kaiser  
38 Ms. Monica Kim, VSP Mr. Isaac Yuen, HMSA  
39 Ms. Meagan Kini-Ho, HMSA  
40

41 I. CALL TO ORDER

42 The meeting of the Benefits Committee of the Hawaii Employer-Union Health Benefits Trust  
43 Fund (EUTF) was called to order at 9:00 a.m. by Trustee Osa Tui, Chairperson, in the EUTF  
44 Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Monday, November 25,  
45 2024.  
46

47 II. REVIEW OF MINUTES – October 15, 2024

48 The Benefits Committee reviewed the draft minutes of October 15, 2024. Since there were no  
49 edits or objections by the Trustees, the minutes stand approved.  
50

51 III. NEW BUSINESS

52 A. Utilization Reports for the period ending June 30, 2024

1 1. HDS Active Utilization Report

2 Ms. Stacia Baek and Ms. Joey Lee, HDS, presented their utilization report for the  
3 EUTF and HSTA VB active employees for the period ending June 30, 2024 noting the  
4 following:

- 5 • Subscriber enrollment increased by approximately 1% as compared to a 1%  
6 decrease in the previous year.
- 7 • The per member per month (PMPM) claims trend (1.0%) was slightly higher than  
8 the HDS book-of-business (BOB).
- 9 • Actives had higher rates of oral exams and cleanings and lower rates of no visits  
10 than the HDS BOB and national peers. Members with no visits incur higher costs  
11 than those with prior visits.
- 12 • 1.8% of actives hit their \$2,000 plan maximum limit in PY 2024 which was  
13 slightly higher than PY 2023 (1.6%).
- 14 • 97.3% of retirees visited an in-network provider resulting in \$23.0 million in  
15 savings.

16  
17 2. VSP Active Utilization Report

18 Ms. Monica Kim, VSP, presented their utilization report for the EUTF and HSTA VB  
19 active employees for the period ending June 30, 2024 noting the following:

- 20 • Enrollment decreased by 0.4% which is slightly less than the PY 2023 decrease  
21 (-1.7%).
- 22 • The PMPM claims trend (-0.5%) was significantly less than the VSP BOB.
- 23 • 27% of actives had an annual eye exam which exceeds the VSP local BOB but is  
24 slightly under national BOB rates.
- 25 • 92% of actives visited an in-network provider resulting in more than \$4.9 million  
26 in savings.

27  
28 3. Kaiser Permanente Utilization Report

29 Mr. Su Chai, Mr. Thomas England, and Mr. Troy Tomita, Kaiser Permanente,  
30 presented their annual claims report through June 30, 2024 for the active employee and  
31 six-month report for the non-Medicare retiree plans noting the year-over-year PMPM  
32 claims trends of 13.1% (higher than the BOB) and 13.1% (higher than the BOB),  
33 respectively. Kaiser noted the following for the active plans:

- 34 • Inpatient PMPM increased by 20.1%, which was significantly higher than the  
35 BOB, primarily driven by higher complexity admissions related to intensive  
36 neonatal, kidney and sepsis care compared to PY 2023.
- 37 • Outpatient PMPM increased by 11.3%, which was higher than the BOB, primarily  
38 due to an increase in utilization of outpatient visits, surgeries and radiology and  
39 cost increase for outpatient lab.

40  
41 4. HMSA Utilization Report

42 Mr. Chris Letoto and Mr. Isaac Yuen, HMSA, presented their annual claims report  
43 through June 30, 2024 for the active employee and six-month report for their non-  
44 Medicare and Medicare retiree plans noting the year-over-year PMPM claims trends of  
45 12.6% (significantly higher than the BOB), 9.5% (significantly higher than the BOB)  
46 and 3.0% (comparable to the BOB), respectively. HMSA noted the following for the  
47 active plans:

- 1           • Inpatient PMPM increased by 17.3%, which was significantly higher than the
- 2           BOB, primarily driven by a high number of high cost claims (15 in current year
- 3           versus 9 in previous year) and more complex cases.
- 4           • Specialty drug PMPM increased by 44.7%, which was significantly higher than the
- 5           BOB, primarily due to allowing coverage under the medical specialty drug
- 6           administered in outpatient and physician office settings versus previous coverage
- 7           under the CVS prescription drug plan only. A preliminary review is showing
- 8           decreases in costs under the CVS prescription drug plans for certain specialty drugs
- 9           that are now being administered under the HMSA medical plans.

10

11       B. Proposed HMSA Medical Plan Changes

12       Mr. Letoto presented the proposed plan changes including the reasons and cost impact.

13       Mr. Letoto and Mr. Stephen Murphy, Segal, informed the Committee that national studies

14       have shown that traditional cardiac rehabilitation programs reduce costs and incidence of

15       future heart conditions.

16

17       MOTION was made and seconded to recommend to the Board:

- 18       1. Remove the developmental delay exclusion for physical, occupational, and speech
- 19       therapy under the EUTF and HSTA VB active and retiree plans effective July 1, 2025
- 20       and January 1, 2026, respectively
- 21       2. Remove the postpartum visit limitation (of one per birth) for maternity care under the
- 22       EUTF active HMSA HMO plan effective July 1, 2025
- 23       3. Add coverage for cardiac rehabilitation at the same benefit level as physical and
- 24       occupational therapy under the EUTF and HSTA VB active and retiree plans effective
- 25       July 1, 2025 and January 1, 2026, respectively, and
- 26       4. Remove the member cost share (up to the eligible charge) and the application of the
- 27       deductible for out-of-network immunizations under the HSTA VB active 90/10 plan
- 28       and EUTF and HSTA VB retiree plans effective July 1, 2025 and January 1, 2026,
- 29       respectively
- 30       (Yu/Ferguson-Miyamoto) The motion unanimously. (Employer Trustees-2/Employee-
- 31       Beneficiary Trustees-5).
- 32

33       C. Segal Annual Active Report

34       Mr. Murphy presented their analysis of the medical, dental and vision plans noting no

35       items that would require plan design changes.

36

37       IV. EXECUTIVE SESSION

38       MOTION was made and seconded to move into Executive Session as stated on the agenda at

39       10:26 a.m. (Ferguson-Miyamoto/Yu) The motion passed unanimously. (Employer

40       Trustees-2/Employee-Beneficiary Trustees-5)

41

42       Trustee Wesley Machida was excused from the meeting at 10:49 a.m., during Executive

43       Session.

44

45       The regular meeting reconvened at 11:32 a.m.

46

47       Chairperson Tui reported that during Executive Session, the Committee:

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Benefits Committee Meeting

November 25, 2024 Minutes

Page 4

- 1           • Approved a recommendation to the Board regarding RFP 24-001 and 20-003 Medical
- 2           Benefits and PBM Services,
- 3           • Approved a recommendation to the Board to exercise the final two-year extension of
- 4           the benefits and pharmacy benefits consulting contract.
- 5           • Reviewed and discussed the November 15, 2022 minutes. Since there were no edits or
- 6           objections by the Trustees, the minutes stand approved.
- 7

8   V.   NEXT MEETING DATE – February 4, 2025

9       The next meeting agenda will include 2025 health and wellness communication plan, and  
10      HMSA and Kaiser Permanente annual disease burden and HEDIS reports ending December  
11      31, 2023.

12  
13   VI.  ADJOURNMENT

14      MOTION was made and seconded to adjourn the meeting at 11:33 a.m. (Yu/Ferguson-  
15      Miyamoto) The motion passed unanimously. (Employer Trustees-1/Employee-Beneficiary  
16      Trustees-5)

17  
18   Documents Distributed:

- 19   1.  Draft Benefits Committee Minutes for October 15, 2024. (6 pages)
- 20   2.  EUTF & HSTA VB Actives Utilization, prepared by Hawaii Dental Service, dated November
- 21   25, 2024, Redacted Version. (17 pages)
- 22   3.  EUTF& HSTA VB Active Utilization, prepared by VSP Vision Care, Plan Year Ending June
- 23   30, 2024, Redacted Version. (16 pages)
- 24   4.  EUTF, Cost and Utilization Summary, Actives and Non-Medicare Retirees, prepared by Kaiser
- 25   Permanente, dated November 25, 2024, Redacted Version. (31 pages)
- 26   5.  EUTF Semi-Annual, Cost and Utilization Summary, prepared by HMSA, dated November 25,
- 27   2024, Redacted Version. (30 pages)
- 28   6.  HMSA Plan Change Overview and Authorization Actives 2025 and Retirees 2026, prepared by
- 29   HMSA, Redacted Version. (7 pages)
- 30   7.  Memorandum to BOT EUTF from HMSA, regarding HMSA Cardiac Rehabilitation Pilot
- 31   Program, dated November 15, 2024, Redacted Version. (1 page)
- 32   8.  Memorandum to Benefits Committee EUTF from Segal Consulting, regarding Plan Design
- 33   Recommendations, dated November 25, 2024, Redacted Version. (4 pages)
- 34   9.  EUTF, 2024 Annual Analysis Report, Active Employees, prepared by Segal, dated November
- 35   25, 2024, Redacted Version. (44 pages)



PUBLIC

**EUTF 2023**  
**Kaiser Permanente**  
**Burden of Disease and HEDIS**  
January 1, 2023 – December 31, 2023

**Dr. Chris Miura**

Benefits Committee Meeting  
February 4, 2025

# 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
  - 2021 through 2023 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
  - 2023 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
- 2023 Summary
  - All areas are consistent to 2022, except Non-Medicare Retirees Cervical Cancer moved from yellow to green

	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

	2021	2022	2023	KP Regional Average*	Kaiser Permanente industry average**
Subscribers	14,183	13,933	14,243	--	--
Members	26,854	26,250	26,749	--	--
Average subscriber age	45.8	46.0	46.0		
Average member age	36.5	36.9	36.9		
Gender (% female)	51.9%	52.4%	51.9%		
Average family size	1.9	1.9	1.9		

Measurement period: JAN-01-2023 through DEC-31-2023

\* 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

	2021	2022	2023	KP Regional Average*	Kaiser Permanente industry average**
Subscribers	1,209	1,400	1,280	--	--
Members	2,401	2,670	2,555	--	--
Average subscriber age	61.4	64.5	62.7		
Average member age	54.7	56.8	55.0		
Gender (% female)	56.7%	56.6%	56.6%		
Average family size	2.0	1.9	2.0		

Measurement period: JAN-01-2023 through DEC-31-2023

\* 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

	2021	2022	2023	KP Regional Average*	Kaiser Permanente industry average**
Subscribers	6,821	6,826	6,982	--	--
Members	8,842	8,887	9,039	--	--
Average subscriber age	76.9	77.0	77.1		
Average member age	76.3	76.3	76.5		
Gender (% female)	57.8%	57.9%	58.0%		
Average family size	1.3	1.3	1.3		

Measurement period: JAN-01-2023 through DEC-31-2023

\* 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

	2021	2022	2023	KP Regional Average	Kaiser Permanente industry average
Adult weight Overweight or Obese	72.2%	71.5%	73.0%		
Childhood weight Overweight or Obese	32.0%	28.3%	29.3%		
Prediabetes test – Fasting glucose *	27.4%	30.8%	34.5%		
Cholesterol Borderline high or high	46.9%	45.4%	46.6%		
Smoking	9.6%	9.0%	7.9%		
Flu immunization rate	28.8%	31.3%	28.4%		

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

# Lifestyle Risks – Non-Medicare Retiree

	2021	2022	2023	KP Regional Average	Kaiser Permanente industry average
Adult weight Overweight or Obese	74.6%	74.2%	74.2%		
Childhood weight Overweight or Obese	41.7%	38.9%	37.5%		
Prediabetes test – Fasting glucose	37.7%	43.1%	47.5%		
Cholesterol Borderline high or high	50.1%	47.0%	45.6%		
Smoking	9.3%	8.4%	8.0%		
Flu immunization rate	41.9%	42.2%	40.9%		

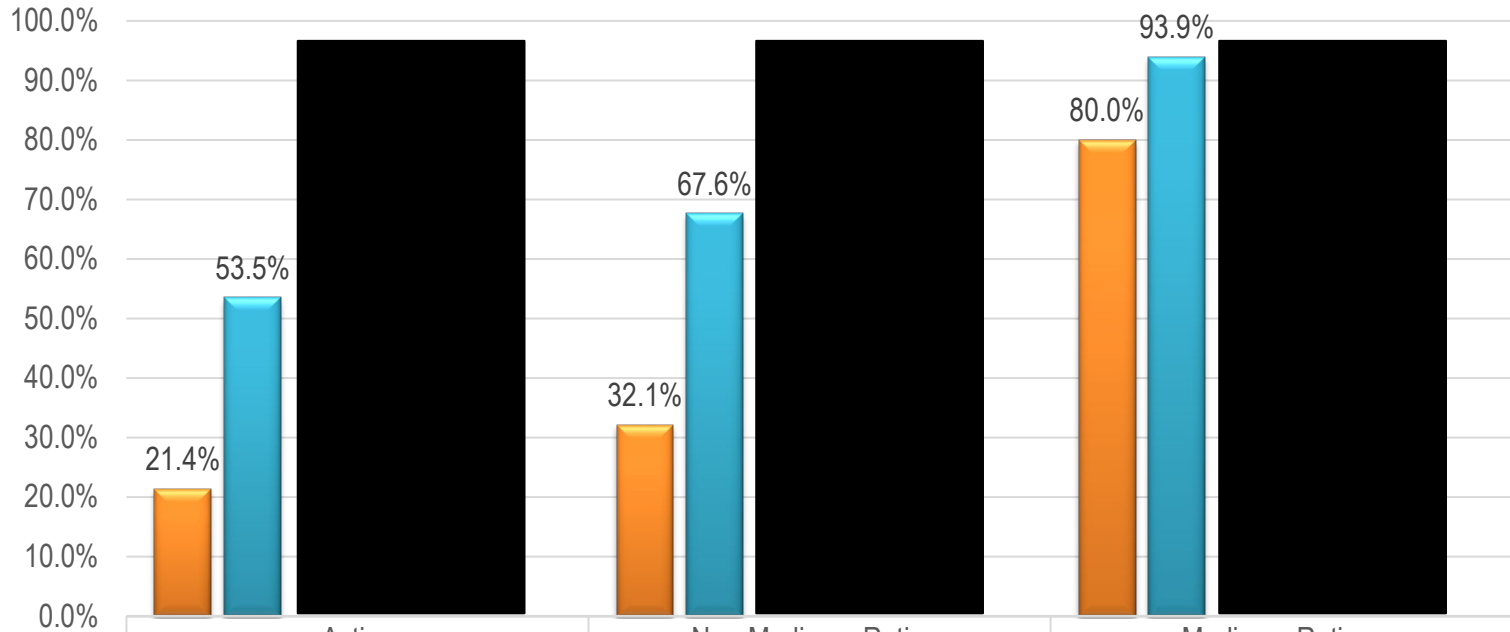
\* Prediabetes test result – fasting glucose 100-125 or hemoglobin A1c 5.7-6.4

# Lifestyle Risks – Medicare Retiree

	2021	2022	2023	KP Regional Average	Kaiser Permanente industry average
Adult weight Overweight or Obese	70.3%	68.6%	68.4%		
Elderly weight Overweight or Obese	54.7%	53.5%	53.8%		
Prediabetes test – Fasting glucose	42.7%	50.3%	56.2%		
Cholesterol Borderline high or high	36.6%	33.5%	34.0%		
Smoking	5.3%	5.2%	5.0%		
Flu immunization rate	68.9%	71.9%	67.7%		

\* 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



	Active	Non-Medicare Retiree	Medicare Retiree
Chronic condition membership*	21.4% (5,724)	32.1% (820)	80.0% (7,231)
Total costs	53.5%	67.6%	93.9%
KP Regional Average			
KP Regional Cost			
KP Industry Average			
KP Industry Cost			

■ Chronic condition membership  
 ■ Total costs  
 ■ KP Regional Average  
 ■ KP Regional Cost  
 ■ KP Industry Average  
 ■ KP Industry Cost

\* 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.

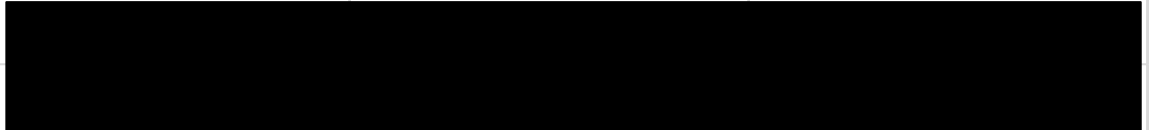


# Obesity prevalence by population

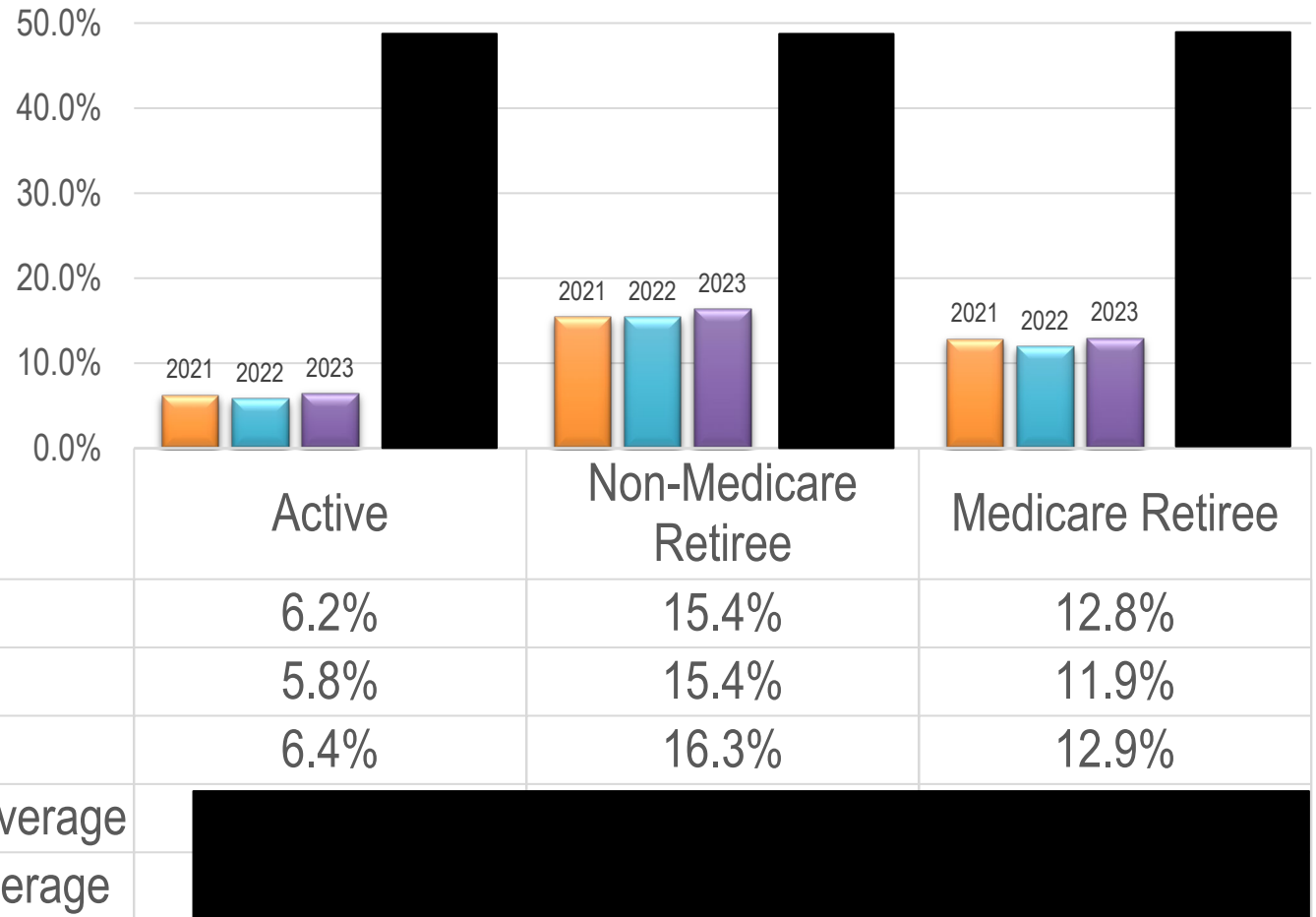


	Active	Non-Medicare Retiree	Medicare Retiree
2021	43.0%	44.0%	36.5%
2022	41.2%	43.0%	36.0%
2023	42.5%	42.5%	36.7%

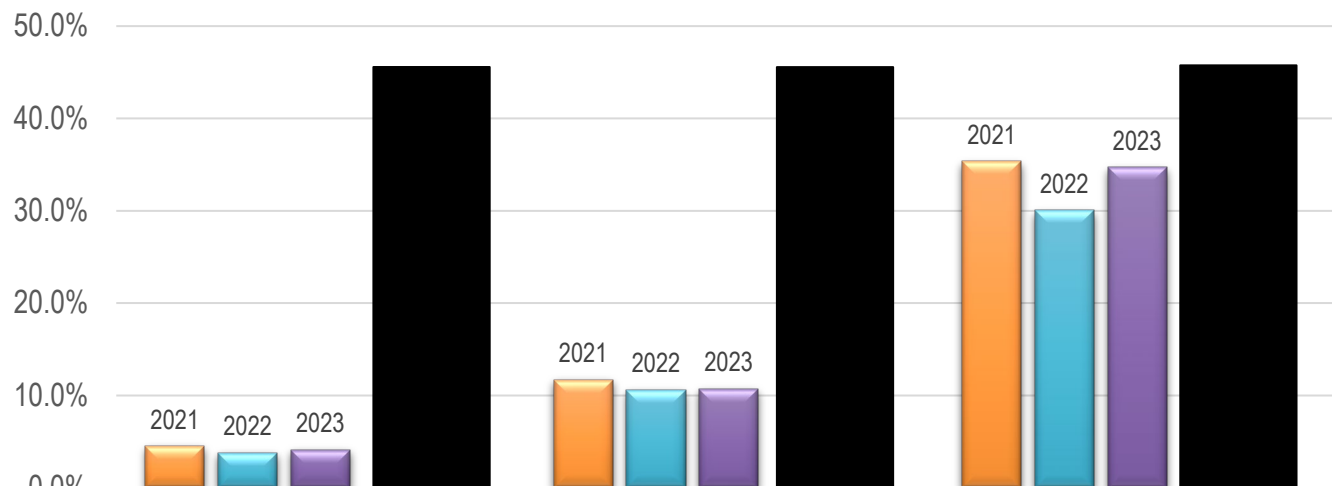
2021	
2022	
2023	
2023 KP Regional Average	
2023 KP Industry Average	



# Diabetes prevalence by population

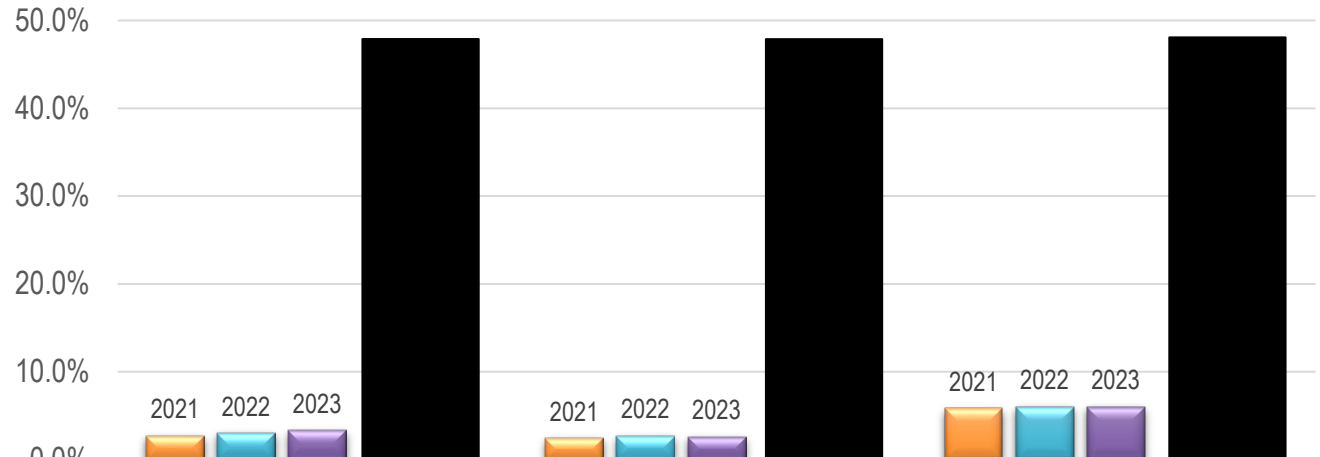


# Hypertension prevalence by population



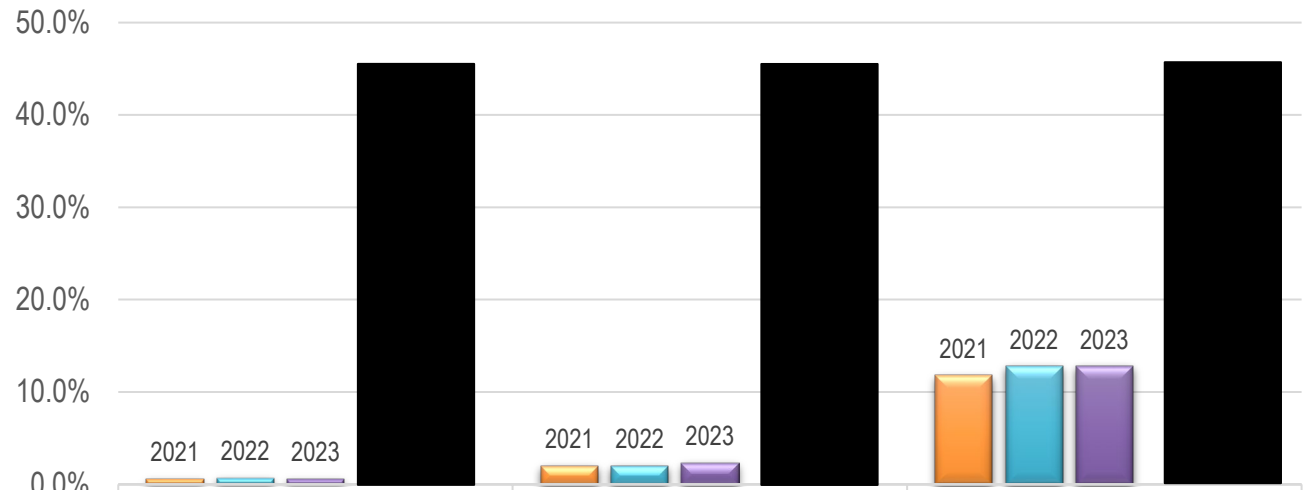
	Active	Non-Medicare Retiree	Medicare Retiree
2021	4.5%	11.7%	35.3%
2022	3.8%	10.6%	30.0%
2023	4.1%	10.7%	34.7%
2023 KP Regional Average	[Redacted]		
2023 KP Industry Average	[Redacted]		

# Depression prevalence by population



	Active	Non-Medicare Retiree	Medicare Retiree
2021	2.7%	2.4%	5.8%
2022	3.0%	2.7%	6.0%
2023	3.3%	2.6%	6.0%
2023 KP Regional Average	[Redacted]		
2023 KP Industry Average	[Redacted]		

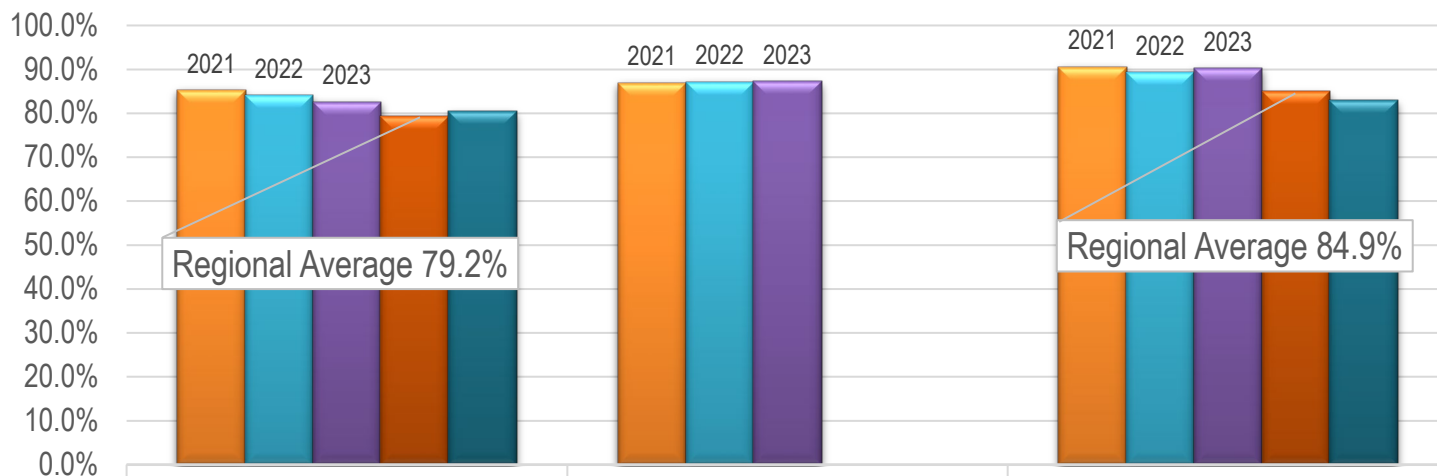
# Heart Failure prevalence by population



2021	0.6%	2.0%	11.8%
2022	0.7%	2.0%	12.8%
2023	0.6%	2.3%	12.8%
2023 KP Regional Average			
2023 KP Industry Average			

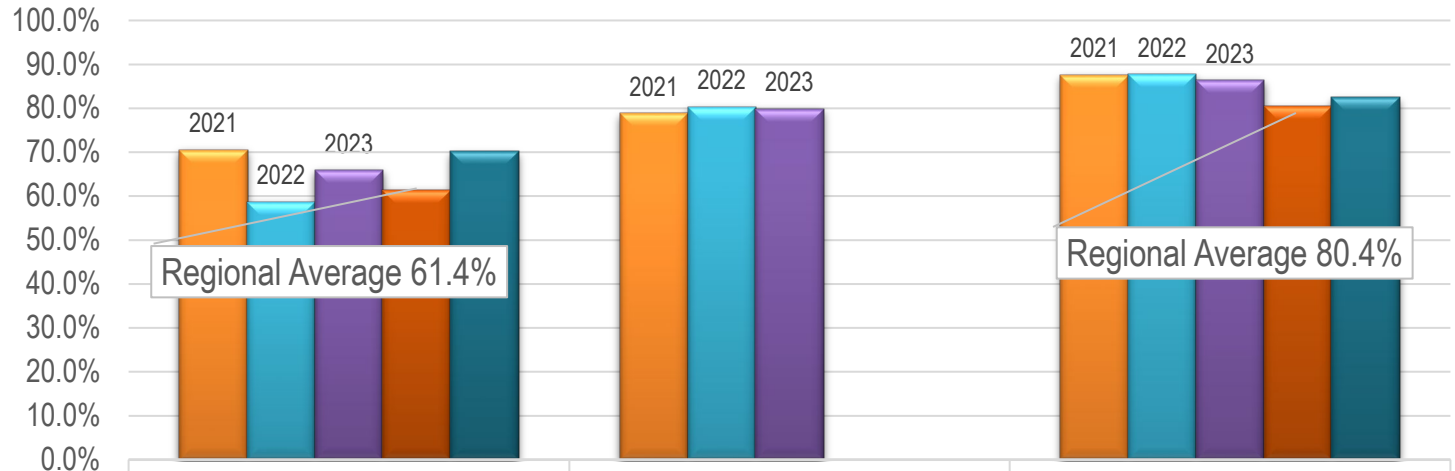
# HEDIS

# Breast cancer screening by population



■ 2021	85.2%	86.9%	90.6%
■ 2022	84.0%	87.1%	89.3%
■ 2023	82.6%	87.2%	90.2%
■ HI Regional Average	79.2%		84.9%
■ 90th percentile	80.4%		82.9%

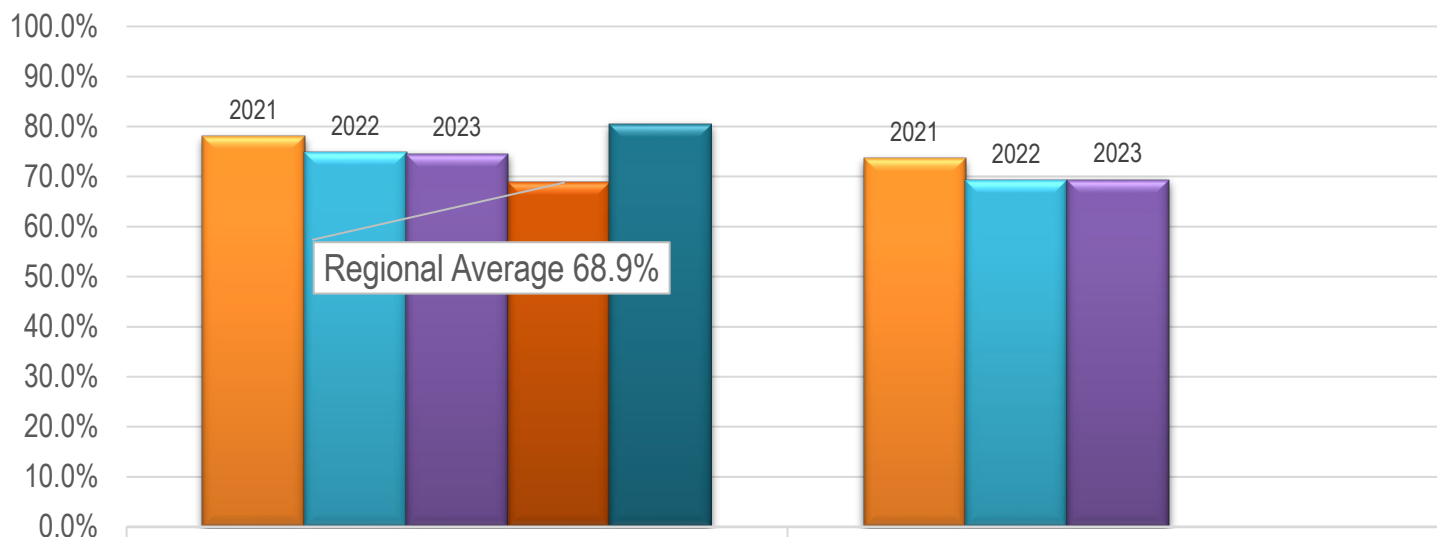
# Colorectal cancer screening by population



	Active	Non-Medicare Retiree	Medicare Retiree
2021	70.5%	78.8%	87.6%
2022	58.7%	80.3%	87.7%
2023	65.9%	79.9%	86.4%
HI Regional Average	61.4%		80.4%
90th percentile	70.1%		82.4%



# Cervical cancer screening by population



■ 2021	Active	78.0%	Non-Medicare Retiree	73.6%
■ 2022	Active	74.8%	Non-Medicare Retiree	69.2%
■ 2023	Active	74.5%	Non-Medicare Retiree	69.3%
■ HI Regional Average	Active	68.9%		
■ 90th percentile	Active	80.4%		

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

# HEDIS Active

Measure	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	56.6%	54.8%	61.1%	72.0%
Diabetes Eye Exam	52.1%	61.2%	65.4%	62.6%
Diabetes Blood Pressure <140/90	61.6%	63.7%	66.6%	79.1%
Depression - Acute	85.5%	84.3%	85.5%	85.0%
Depression - Continuation	68.5%	66.0%	61.4%	72.0%
Hypertension <140/90	63.4%	59.0%	60.9%	75.8%

# HEDIS Non-Medicare

Measure	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	65.7%	64.8%	66.3%	--
Diabetes Eye Exam	55.8%	64.5%	76.0%	--
Diabetes Blood Pressure <140/90	66.6%	64.8%	68.5%	--
Depression - Acute	93.3%	93.8%	68.8%	--
Depression - Continuation	73.3%	62.5%	50.0%	--
Hypertension <140/90	65.5%	62.6%	64.8%	--

# HEDIS Medicare

Measure	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	79.8%	77.1%	79.8%	81.1%
Diabetes Eye Exam	70.2%	76.1%	79.1%	84.7%
Diabetes Blood Pressure <140/90	73.8%	72.7%	73.2%	84.7%
Depression – Acute	80.2%	82.3%	83.7%	88.8%
Depression – Continuation	60.5%	67.1%	69.8%	76.2%
Hypertension <140/90	73.9%	69.9%	71.4%	85.3%

# Executive Summary – Union Active

## 1. Lifestyle Risk

- SHOPO and UPW have a higher prevalence of obesity

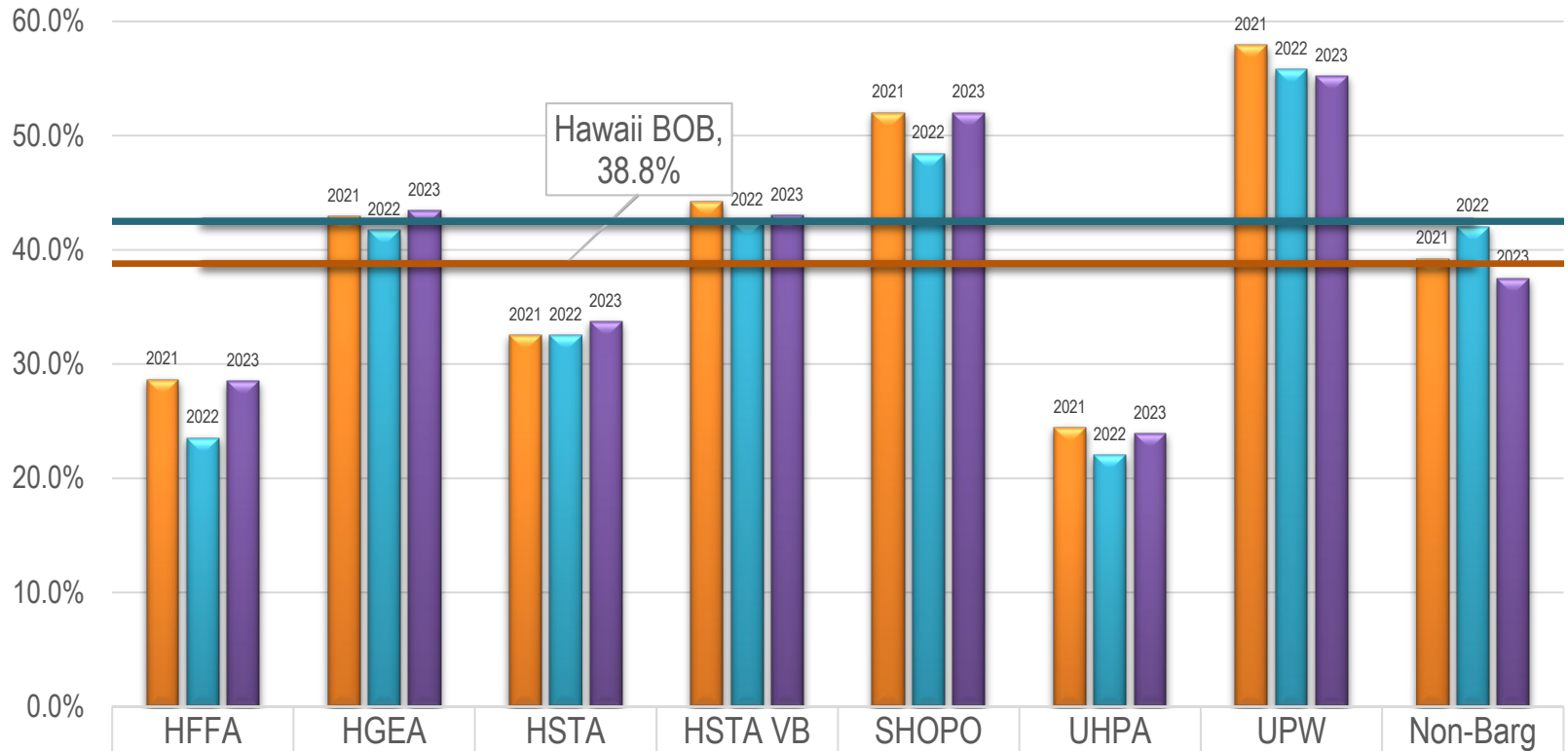
## 2. Chronic Conditions

- HGEA and UPW have a higher prevalence of diabetes
- HGEA and UPW have a higher prevalence of hypertension
- HGEA, HSTA and UHPA have a higher prevalence of depression
- UPW has a higher prevalence of heart failure

## 3. Prevention Cancer Screening

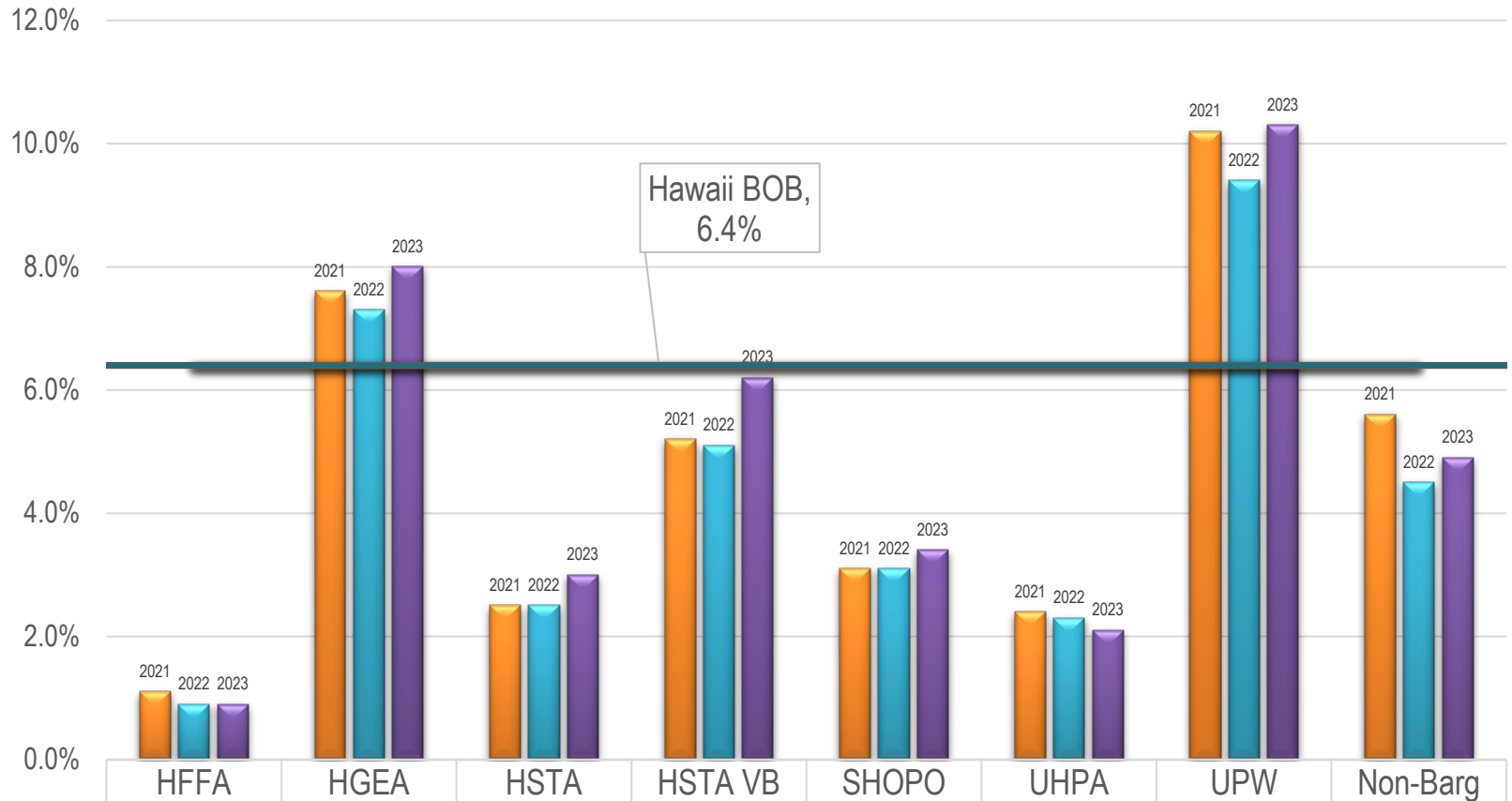
- HSTA, SHOPO and UPW are below the 90<sup>th</sup> percentile for breast cancer screening, however UPW only below by 0.2%. All other unions above 90<sup>th</sup> percentile
- UHPA above 90<sup>th</sup> percentile for colorectal cancer screenings. Opportunity to improve colorectal cancer screening in all other unions.
- Opportunity to improve cervical cancer screening in all populations. All unions below the 90<sup>th</sup> percentile

# Obesity prevalence by union - Active



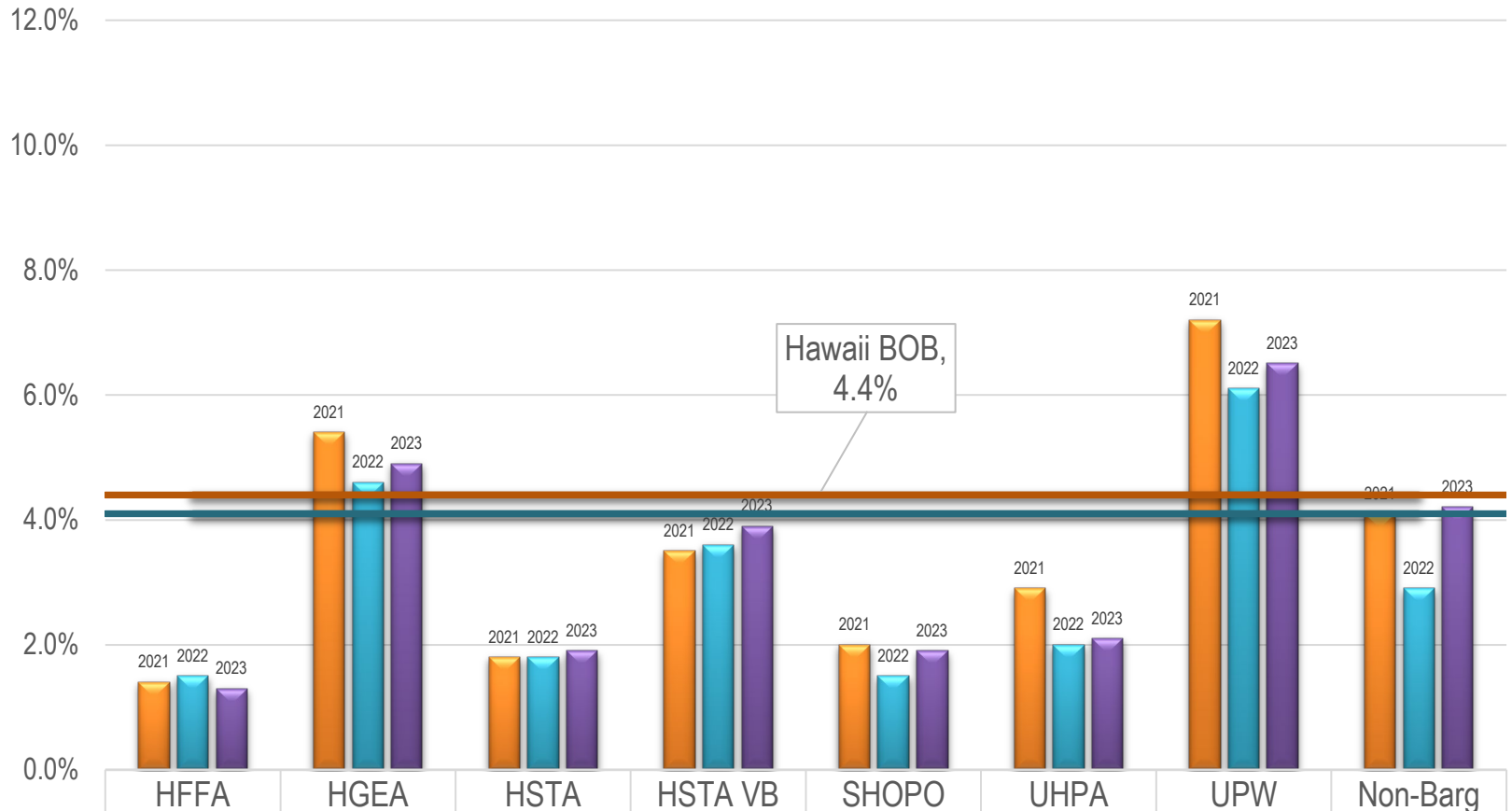
2021	28.6%	42.9%	32.5%	44.2%	52.0%	24.4%	57.9%	39.2%
2022	23.5%	41.7%	32.5%	42.5%	48.4%	22.0%	55.8%	42.0%
2023	28.5%	43.4%	33.7%	43.0%	52.0%	23.9%	55.2%	37.5%
Hawaii BOB	38.8%	38.8%	38.8%	38.8%	38.8%	38.8%	38.8%	38.8%
EUTF Active	42.5%	42.5%	42.5%	42.5%	42.5%	42.5%	42.5%	42.5%

# Diabetes prevalence by union - Active



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%
2023	0.9%	8.0%	3.0%	6.2%	3.4%	2.1%	10.3%	4.9%
Hawaii BOB	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%
EUTF Active	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%

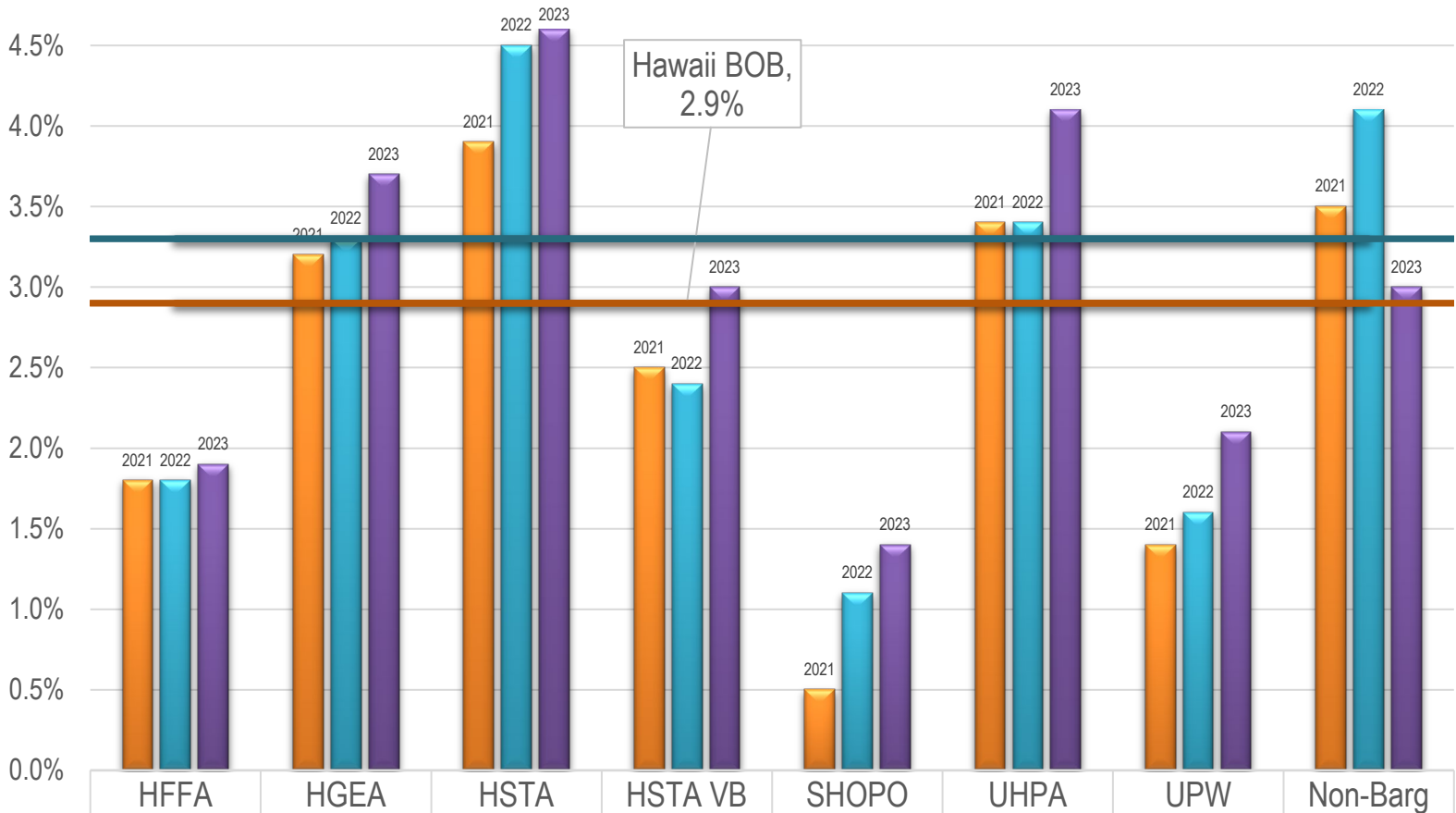
# Hypertension prevalence by union - Active




 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%
 2023	1.3%	4.9%	1.9%	3.9%	1.9%	2.1%	6.5%	4.2%
 Hawaii BOB	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%
 EUTF Active	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%

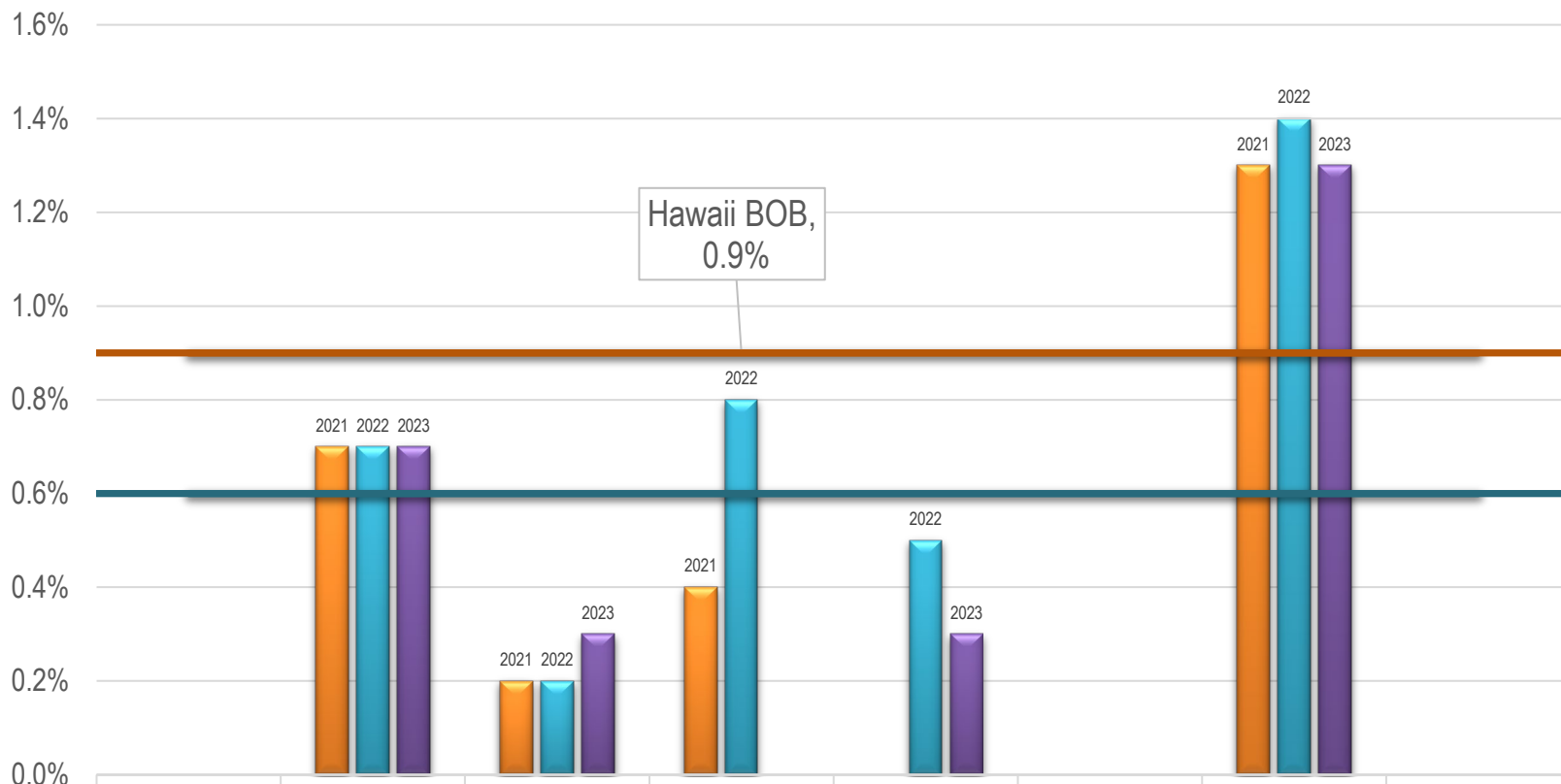


# Depression prevalence by union – Active



 2021	1.8%	3.2%	3.9%	2.5%	0.5%	3.4%	1.4%	3.5%
 2022	1.8%	3.3%	4.5%	2.4%	1.1%	3.4%	1.6%	4.1%
 2023	1.9%	3.7%	4.6%	3.0%	1.4%	4.1%	2.1%	3.0%
 Hawaii BOB	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%	2.9%
 EUTF Active	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%

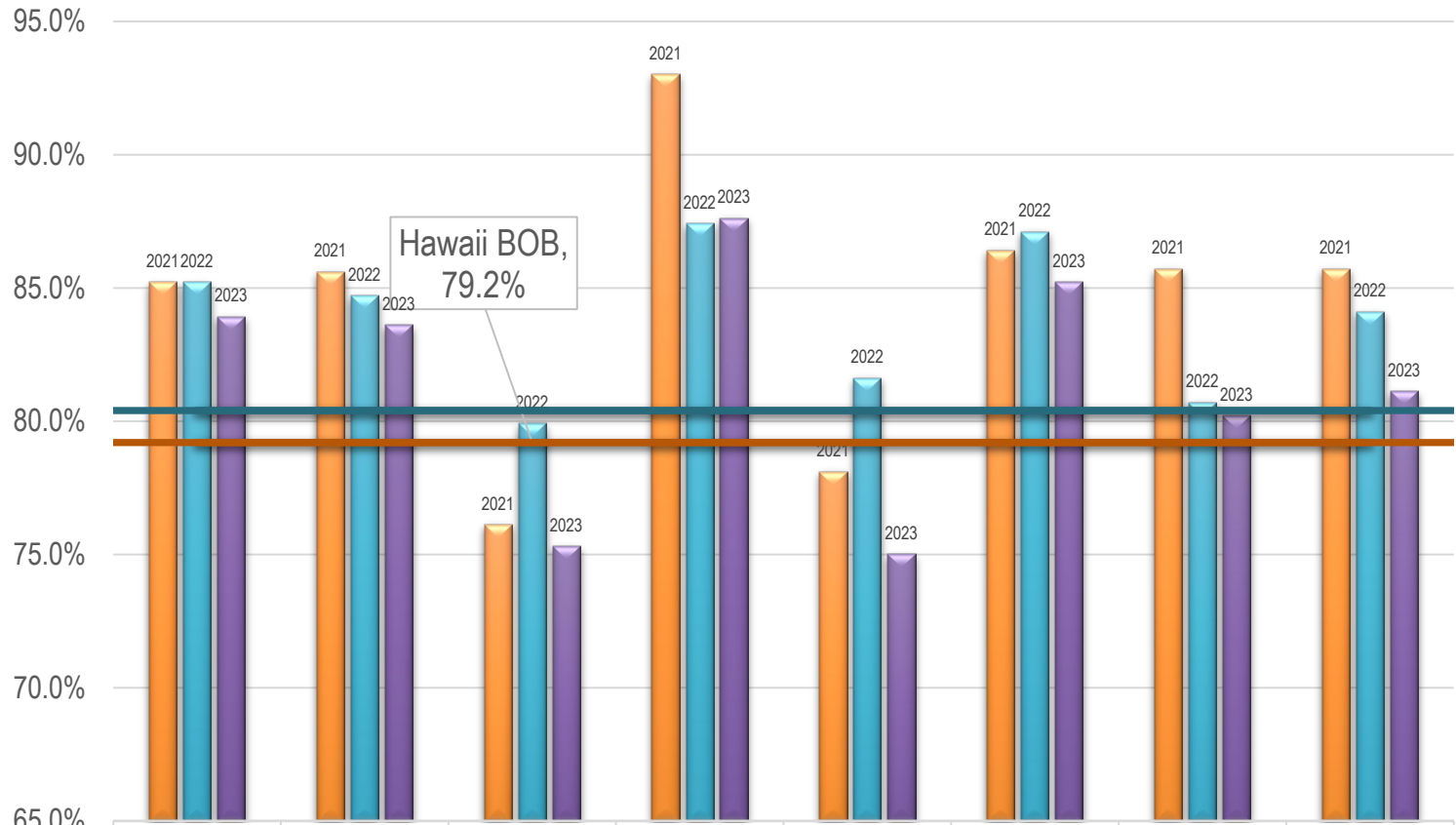
# Heart Failure prevalence by union - Active



	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2021	ISS	0.7%	0.2%	0.4%	ISS	ISS	1.3%	ISS
2022	ISS	0.7%	0.2%	0.8%	0.5%	ISS	1.4%	ISS
2023	ISS	0.7%	0.3%	ISS	0.3%	ISS	1.3%	ISS
Hawaii BOB	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
EUTF Active	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%

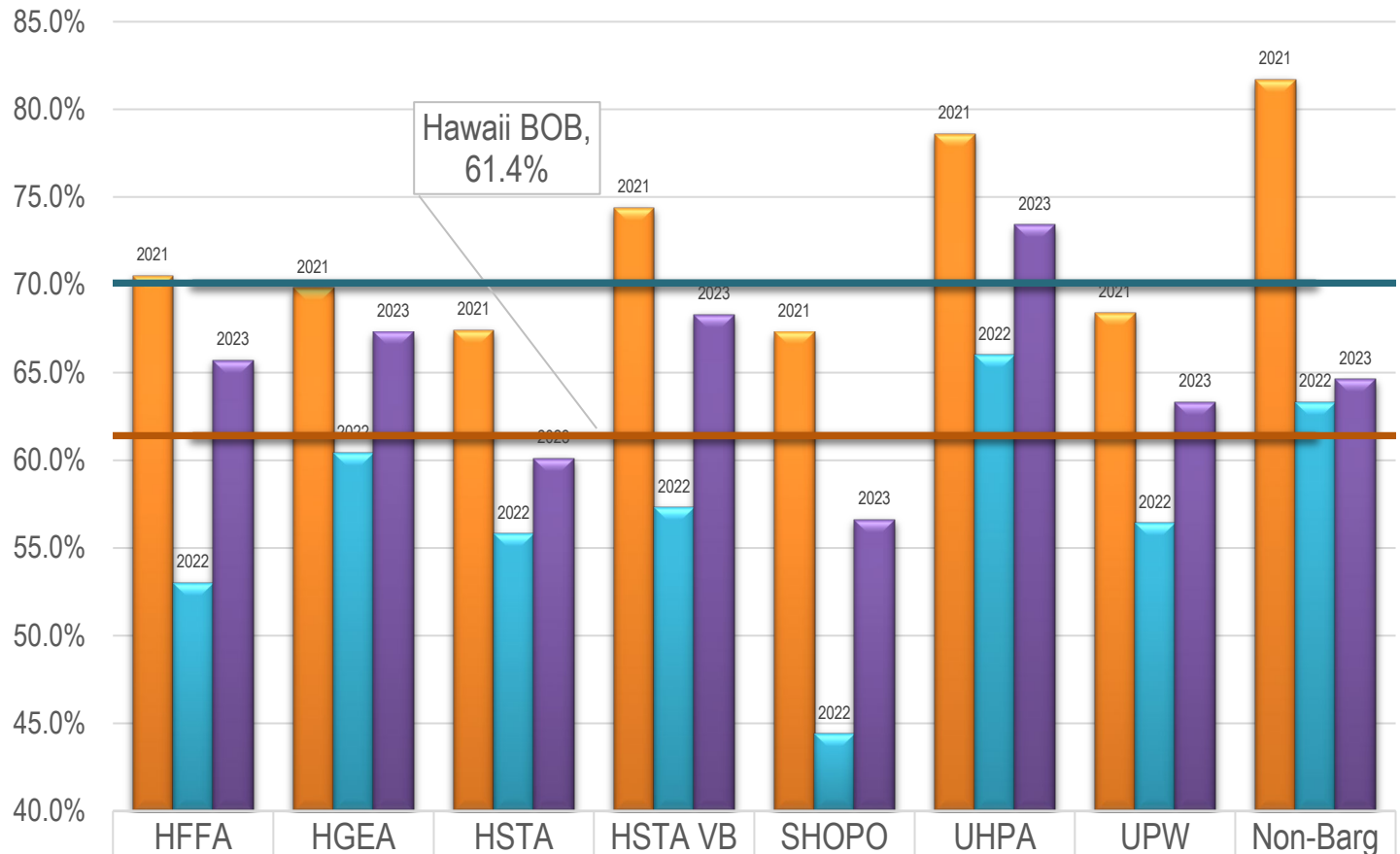
ISS=Insufficient Sample Size (< 5)

# Breast cancer screening by union - Active



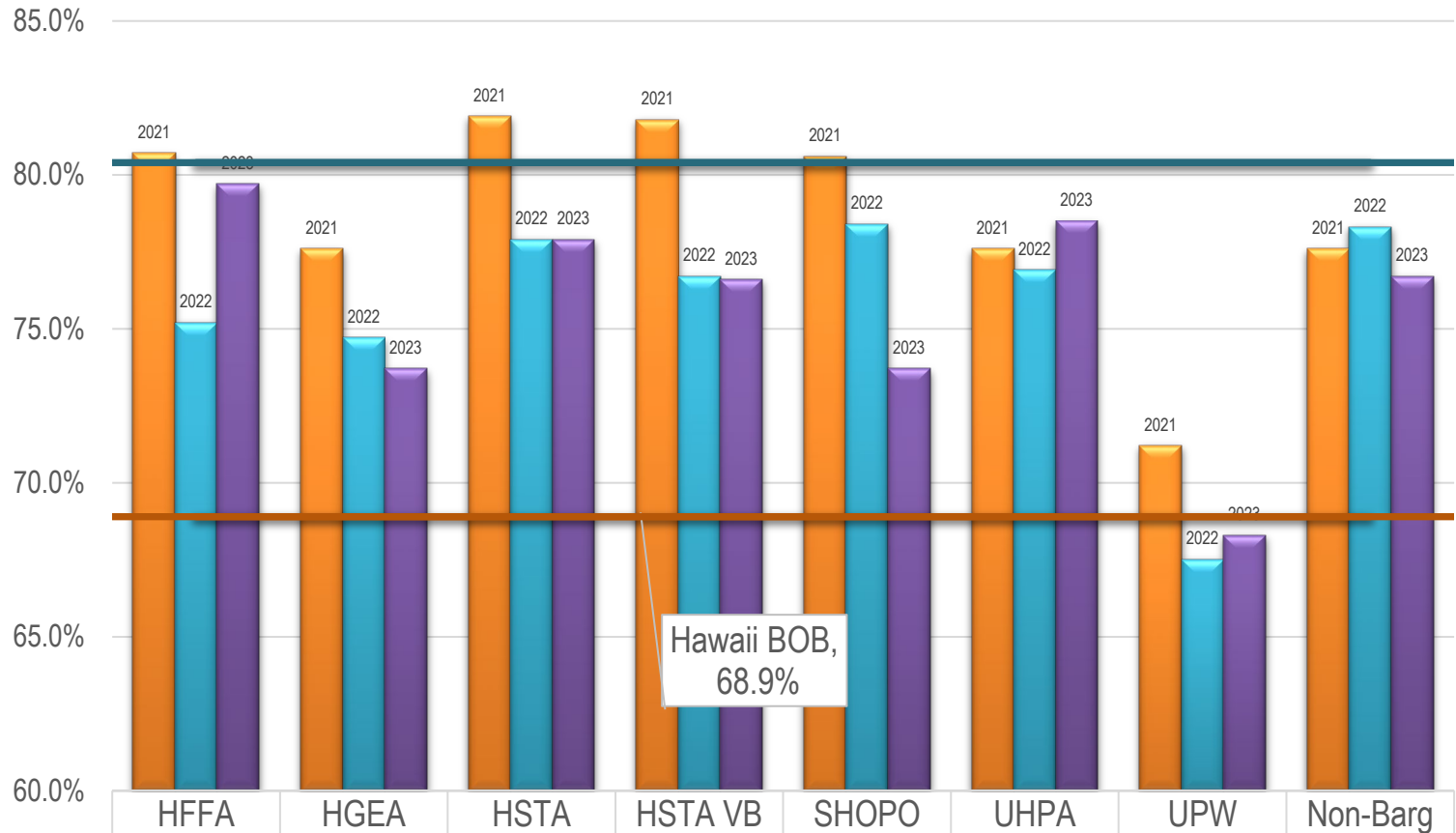
	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2021	85.2%	85.6%	76.1%	93.0%	78.1%	86.4%	85.7%	85.7%
2022	85.2%	84.7%	79.9%	87.4%	81.6%	87.1%	80.7%	84.1%
2023	83.9%	83.6%	75.3%	87.6%	75.0%	85.2%	80.2%	81.1%
HI Regional Average	79.2%	79.2%	79.2%	79.2%	79.2%	79.2%	79.2%	79.2%
90th percentile	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%

# Colorectal cancer screening by union - Active



2021	70.5%	69.8%	67.4%	74.4%	67.3%	78.6%	68.4%	81.7%
2022	53.0%	60.4%	55.8%	57.3%	44.4%	66.0%	56.4%	63.3%
2023	65.7%	67.3%	60.1%	68.3%	56.6%	73.4%	63.3%	64.6%
HI Regional Average	61.4%	61.4%	61.4%	61.4%	61.4%	61.4%	61.4%	61.4%
90th percentile	70.1%	70.1%	70.1%	70.1%	70.1%	70.1%	70.1%	70.1%

# Cervical cancer screening by union - Active



	HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	Non-Barg
2021	80.7%	77.6%	81.9%	81.8%	80.6%	77.6%	71.2%	77.6%
2022	75.2%	74.7%	77.9%	76.7%	78.4%	76.9%	67.5%	78.3%
2023	79.7%	73.7%	77.9%	76.6%	73.7%	78.5%	68.3%	76.7%
HI Regional Average	68.9%	68.9%	68.9%	68.9%	68.9%	68.9%	68.9%	68.9%
90th percentile	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%	80.4%

# Appendix

HEDIS Measures by Union for:

- Diabetes
- Depression
- Hypertension

# Demographics – HFFA Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	431	433	438	--
Members	1,219	1,177	1,166	--
Average subscriber age	40.2	40.4	40.6	
Average member age	27.6	28.2	28.7	
Gender (% female)	41.0%	40.6%	39.7%	
Average family size	2.8	2.7	2.7	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	46.2%	60.0%	60.0%	72.0%
Diabetes Eye Exam	61.5%	80.0%	80.0%	62.6%
Diabetes Blood Pressure <140/90	69.2%	50.0%	70.0%	79.1%
Depression - Acute	ISS	87.5%	ISS	85.0%
Depression - Continuation	ISS	87.5%	ISS	72.0%
Hypertension <140/90	75.0%	52.9%	66.7%	75.8%

ISS=Insufficient Sample Size (< 5)



# Demographics – HGEA Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	6,568	6,541	6,706	--
Members	11,224	11,205	11,559	--
Average subscriber age	46.7	46.9	46.8	
Average member age	39.2	39.3	39.2	
Gender (% female)	55.8%	56.0%	55.3%	
Average family size	1.7	1.7	1.7	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	57.9%	54.7%	60.9%	72.0%
Diabetes Eye Exam	54.1%	62.9%	68.4%	62.6%
Diabetes Blood Pressure <140/90	64.0%	61.9%	67.1%	79.1%
Depression - Acute	81.8%	84.2%	88.7%	85.0%
Depression - Continuation	63.6%	63.2%	64.9%	72.0%
Hypertension <140/90	62.8%	60.0%	62.7%	75.8%

# Demographics – HSTA Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	2,251	2,248	2,392	--
Members	4,216	4,240	4,448	--
Average subscriber age	40.3	41.0	41.4	
Average member age	32.2	32.7	33.2	
Gender (% female)	57.8%	58.8%	58.5%	
Average family size	1.9	1.9	1.9	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	57.9%	58.5%	64.3%	72.0%
Diabetes Eye Exam	38.9%	56.4%	60.9%	62.6%
Diabetes Blood Pressure <140/90	55.8%	75.5%	60.9%	79.1%
Depression - Acute	95.5%	87.7%	86.5%	85.0%
Depression - Continuation	72.7%	68.4%	69.2%	72.0%
Hypertension <140/90	57.6%	60.9%	52.0%	75.8%

# Demographics – HSTA VB Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	733	669	628	--
Members	1,697	1,532	1,431	--
Average subscriber age	51.3	52.1	52.8	
Average member age	37.5	38.3	39.0	
Gender (% female)	56.5%	57.0%	56.9%	
Average family size	2.3	2.3	2.3	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	64.3%	55.4%	61.4%	72.0%
Diabetes Eye Exam	50.0%	56.8%	59.0%	62.6%
Diabetes Blood Pressure <140/90	63.1%	64.9%	60.2%	79.1%
Depression - Acute	90.0%	87.5%	60.0%	85.0%
Depression - Continuation	90.0%	87.5%	ISS	72.0%
Hypertension <140/90	71.9%	53.8%	55.8%	75.8%

ISS=Insufficient Sample Size (< 5)

# Demographics – SHOPO Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	588	569	574	--
Members	1,551	1,512	1,536	--
Average subscriber age	39.4	39.4	39.6	
Average member age	27.3	27.3	27.4	
Gender (% female)	44.4%	44.6%	44.2%	
Average family size	2.6	2.7	2.7	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	54.3%	57.8%	60.0%	72.0%
Diabetes Eye Exam	39.1%	62.2%	52.0%	62.6%
Diabetes Blood Pressure <140/90	60.9%	62.2%	74.0%	79.1%
Depression - Acute	100.0%	80.0%	100.0%	85.0%
Depression - Continuation	100.0%	60.0%	54.5%	72.0%
Hypertension <140/90	53.3%	54.5%	51.9%	75.8%



# Demographics – UHPA Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	839	841	839	--
Members	1,756	1,767	1,781	--
Average subscriber age	50.5	50.7	50.7	
Average member age	39.1	39.5	39.3	
Gender (% female)	51.2%	50.7%	50.5%	
Average family size	2.1	2.1	2.1	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	75.7%	68.6%	67.7%	72.0%
Diabetes Eye Exam	56.8%	74.3%	64.5%	62.6%
Diabetes Blood Pressure <140/90	56.8%	68.6%	61.3%	79.1%
Depression - Acute	88.9%	76.9%	77.8%	85.0%
Depression - Continuation	88.9%	61.5%	66.7%	72.0%
Hypertension <140/90	68.2%	66.7%	71.9%	75.8%

# Demographics – UPW Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	2,446	2,336	2,383	--
Members	4,593	4,265	4,299	--
Average subscriber age	47.5	47.6	47.5	
Average member age	38.2	38.7	38.8	
Gender (% female)	41.6%	41.8%	40.8%	
Average family size	1.9	1.8	1.8	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	50.9%	51.8%	59.9%	72.0%
Diabetes Eye Exam	52.6%	58.1%	62.9%	62.6%
Diabetes Blood Pressure <140/90	59.2%	64.2%	67.3%	79.1%
Depression - Acute	83.3%	77.8%	72.7%	85.0%
Depression - Continuation	62.5%	61.1%	40.9%	72.0%
Hypertension <140/90	63.9%	57.4%	60.5%	75.8%

# Demographics – Non-Bargained Active

	2021	2022	2023	Kaiser Permanente regional average*
Subscribers	266	247	247	--
Members	520	493	484	--
Average subscriber age	45.3	46.6	46.2	
Average member age	35.3	36.3	36.4	
Gender (% female)	49.4%	51.9%	53.3%	
Average family size	2.0	2.0	2.0	

EUTF Active - Measurement period: JAN-01-2023 through DEC-31-2023

\* 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	2021	2022	2023	HEDIS 90 <sup>th</sup> Percentile
Diabetes Control (HbA1C <8%)	69.2%	65.0%	66.7%	72.0%
Diabetes Eye Exam	53.8%	65.0%	71.4%	62.6%
Diabetes Blood Pressure <140/90	53.8%	70.0%	76.2%	79.1%
Depression - Acute	ISS	ISS	ISS	85.0%
Depression - Continuation	ISS	ISS	ISS	72.0%
Hypertension <140/90	57.9%	76.9%	61.1%	75.8%

ISS=Insufficient Sample Size (< 5)

PUBLIC

# 2024 EUTF Annual Disease Burden and HEDIS Summary

## Calendar Year 2023

EUTF Benefits Committee Meeting  
February 4, 2025 | CONFIDENTIAL

Christopher Letoto,  
Senior Manager





# 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 2023 Commercial Benchmarks (PPO Plans).
- Medicare HEDIS: NCQA Quality Compass 2023 Medicare Benchmarks (Medicare Plans).

## Demographics

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

## Clinical Risk Factors

- EUTF shows a higher rate of obesity than peer.
- EUTF demonstrates diabetic categorizations in line [REDACTED]

## Disease Prevalence

- Decrease in Hypertension [REDACTED]
- Increase in Congestive Heart Failure (CHF) rates all populations.

## HEDIS Results

- Actives continue to have high rates of Breast Cancer Screening.
- EUTF Actives showing continuous improvement in the Blood Sugar measures.





2024 EUTF Annual Disease Burden and HEDIS Summary

# 2023 DEMOGRAPHICS



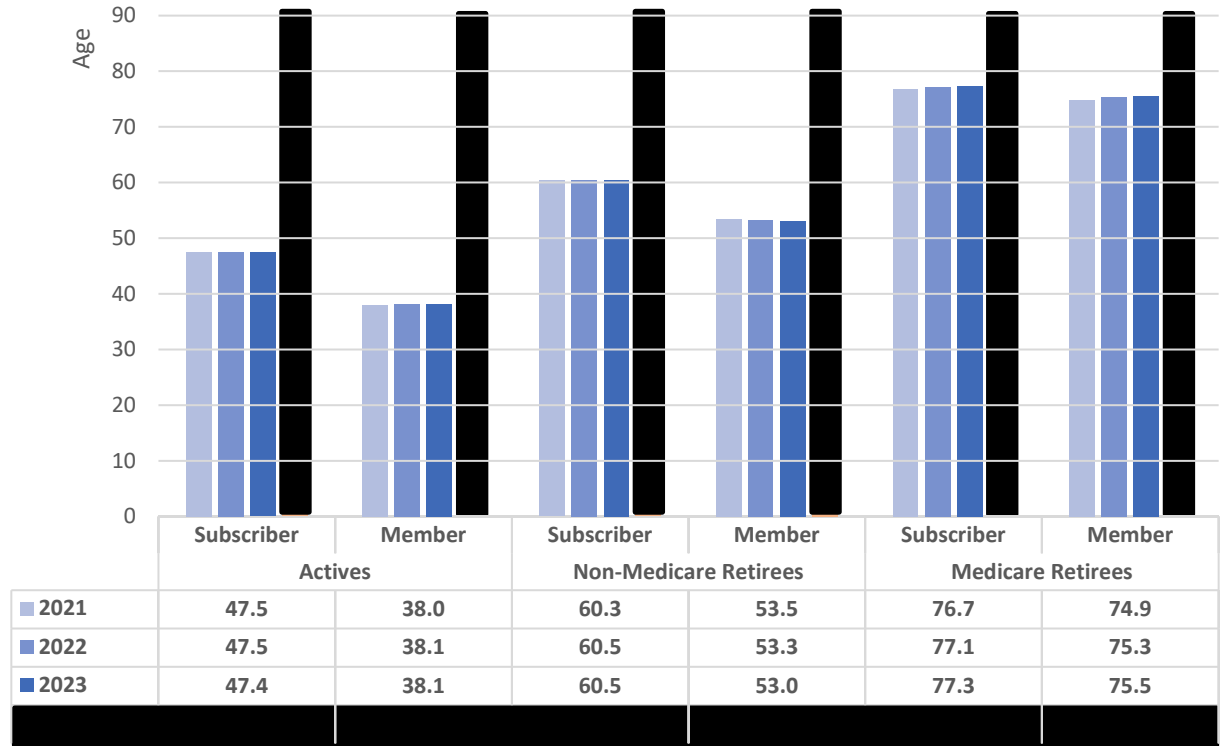
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## Insight

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



# Average Member Age (2023)



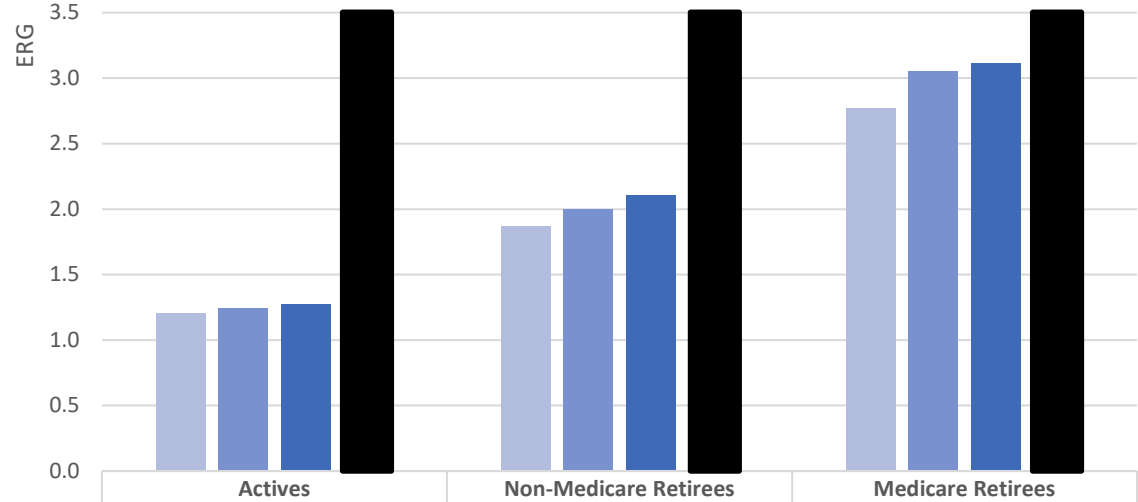


# Health Risk Score

## Morbidity Classification

• Morbidity Levels:

Group	Score	Morbidity Level
Actives	1.3	Moderate
Non-Medicare Retirees	2.1	Major
Medicare Retirees	3.1	Major



	Actives	Non-Medicare Retirees	Medicare Retirees
■ 2021	1.2	1.9	2.8
■ 2022	1.2	2.0	3.1
■ 2023	1.3	2.1	3.1

See Appendix for ERG description and table.



2024 EUTF Annual Disease Burden and HEDIS Summary

# 2023 CLINICAL RISK FACTORS



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## Insight

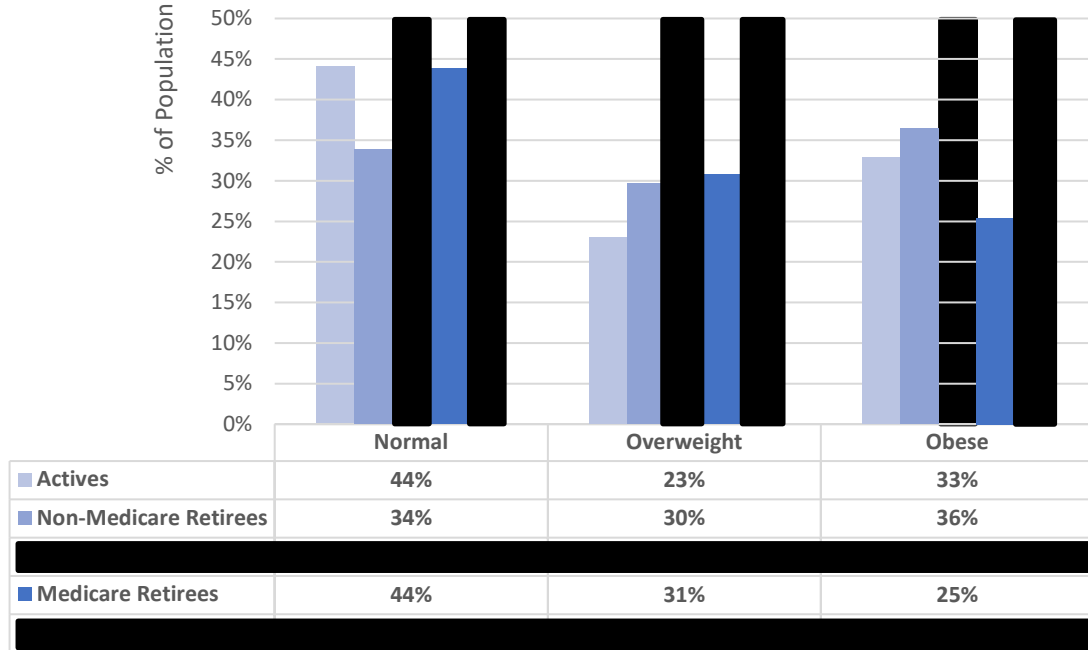
- Data represents both pediatric and adult BMIs for members with a recorded BMI value.



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

Age Group	Rate
Adults (20+)	42%
Children (2 – 19)	75%

# Body Mass Index

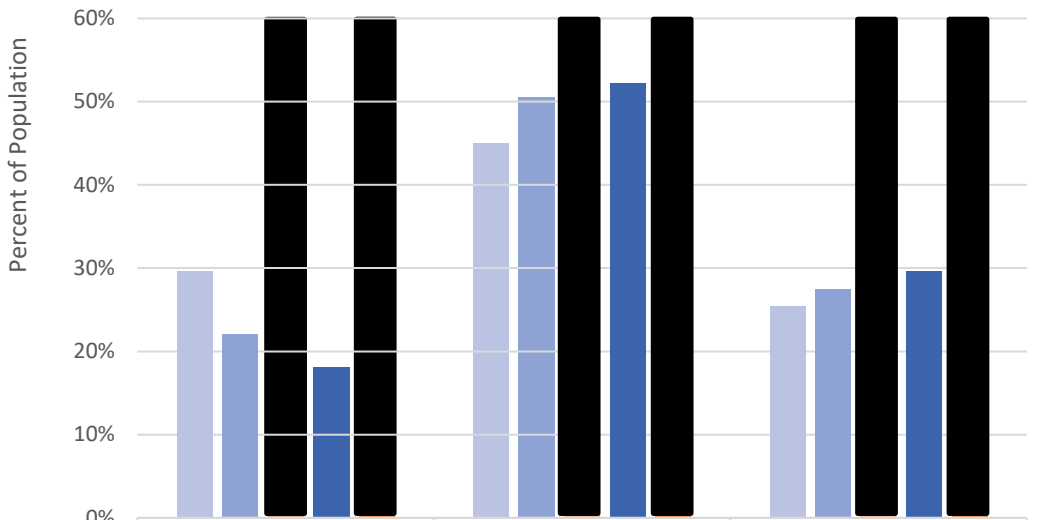




# Blood Glucose (HBA1C)

## Insight

- Data represents lab values for any EUTF member with a recorded lab test (32%).
- EUTF demonstrates diabetic categorizations [REDACTED]
- HMSA in partnership with Virta has shown improved enrollment and we will continue to monitor these metrics for improvement.



	Normal	Pre-Diabetic	Diabetic
Actives	30%	45%	25%
Non-Medicare Retirees	22%	50%	27%
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Medicare Retirees	18%	52%	30%
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



2024 EUTF Annual Disease Burden and HEDIS Summary

# 2023 DISEASE PREVALENCE



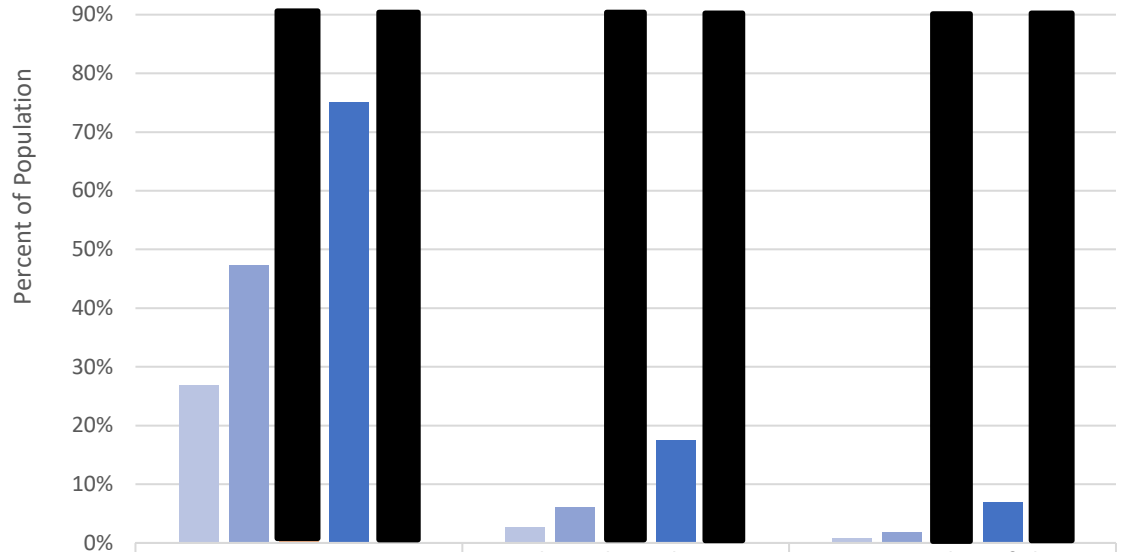
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# Heart Disease | Current vs Peer

## 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
- HMSA implemented several Well Being campaigns that target hypertension. HMSA tracks the campaigns, programs, and initiatives in the quarterly Well Being Utilization report. Efforts include biometric screening, blood pressure and diabetes prevention campaigns.
- HMSA Health and Well Being Support offers resources, information and guidance to help members manage their health condition(s) such as asthma, diabetes, COPD, heart disease, and hypertension. Our program encourages members to work closely with their physician and doesn't replace their doctor's care. Telephonic Hawaii based health coaches can also provide guidance and support for stress, weight management, nutrition, exercise, and more.



	Hypertension	Ischemic heart disease	Congestive heart failure
■ Actives	26.8%	2.7%	0.8%
■ Non-Medicare Retirees	47.2%	6.0%	1.8%
■ Medicare Retirees	75.1%	17.5%	6.8%



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# Heart Disease | Trend

## Insight

- Decrease in Hypertension in the Non Medicare Retiree population.
- Increase in Congestive Heart Failure (CHF) rates across all populations. Active and Retiree rates remain lower

Group	Condition	2021	2022	2023
Actives	Hypertension	26.6%	26.7%	26.8%
	Ischemic heart disease	2.6%	2.7%	2.7%
	Congestive heart failure	0.7%	0.8%	0.8%
Non-Medicare Retirees	Hypertension	48.2%	48.2%	47.2%
	Ischemic heart disease	6.3%	6.0%	6.0%
	Congestive heart failure	1.6%	1.7%	1.8%
Medicare Retirees	Hypertension	74.3%	75.2%	75.1%
	Ischemic heart disease	16.3%	16.8%	17.5%
	Congestive heart failure	5.6%	6.3%	6.8%



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

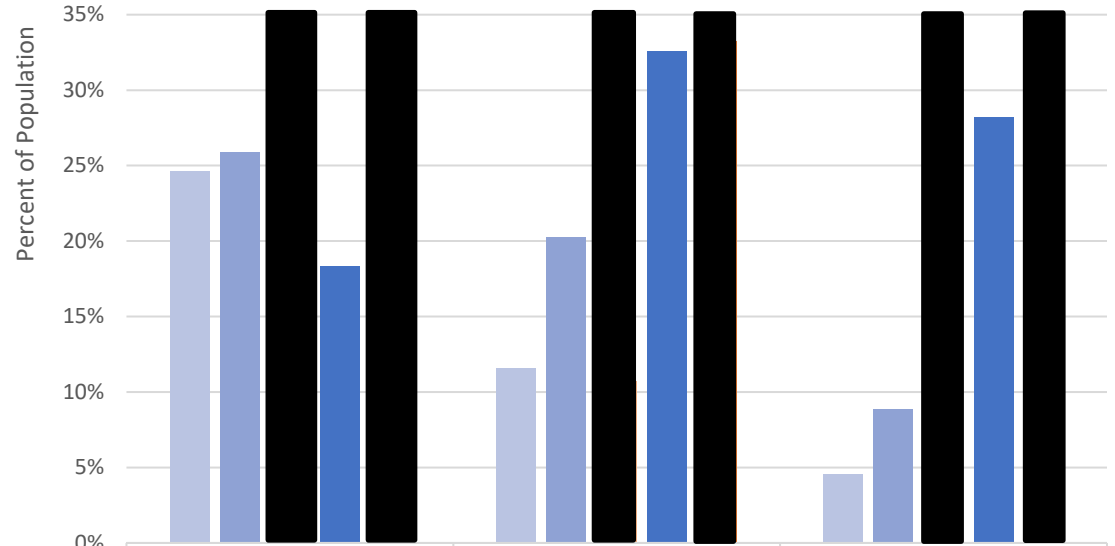
## Insight

- Obesity, Diabetes, and Chronic Renal Failure are higher in Actives and Non Medicare Retiree than peer population.
- Medicare Retirees have lower rates of Diabetes and Chronic Renal Failure than peer.



- HMSA's care management teams work closely with physicians to coordinate treatment, medication, and other services. Our goal is to ensure that members have access to the care they need to achieve their best health and well being. The care we provide for our members remains consistent throughout the year. Barriers to improvement can vary among members. HMSA collaborates closely with members, their families, and providers to address and mitigate barriers related to their care or care coordination through member centered goals and care plans.

Note: Obesity rates are based on diagnosis of obesity on claim.



	Obesity	Diabetes	Chronic renal failure
■ Actives	24.6%	11.6%	4.5%
■ Non-Medicare Retirees	25.9%	20.2%	8.8%
■ Medicare Retirees	18.3%	32.6%	28.2%



# Obesity, Diabetes, and Kidney Disease | Trend

## Insight

- Measured obesity rates decreased in the EUTF population. Similar trend in peer populations.
- We can speculate that obesity decline is due to diabetes and weight loss specialty drugs. Rates are also mostly declining in college educated population.
- While CDC data does not find a statistically significant decrease in obesity across the US, there has been a downward trend in obesity rates observed that some experts are attributing to GLP 1 drugs based on historical trends and current usage data (1) (2).

Note:

(1) Source: [Products Data Briefs Number 508 September 2024](#)

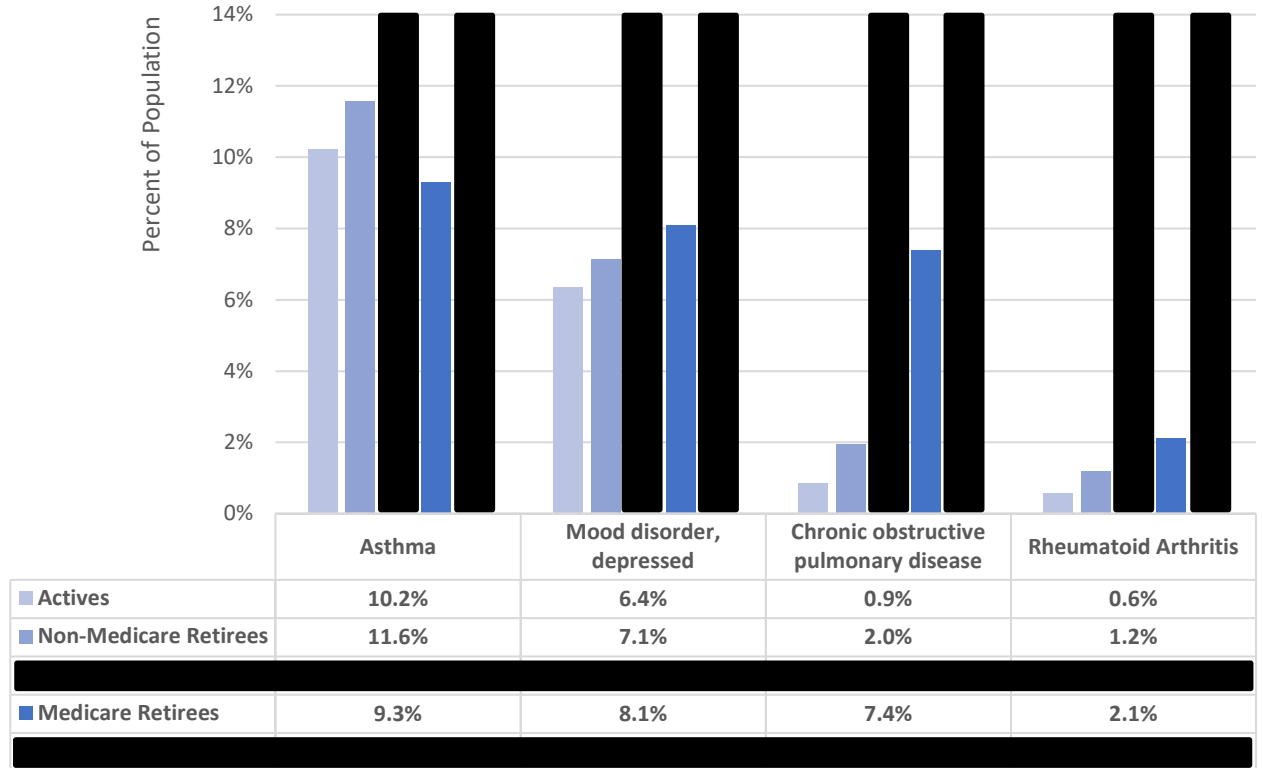
(2)Source: [Obesity rates finally went down in the US. Could Ozempic, Wegovy, and Mounjaro feasibly be the reason? Yes.](#)

Group	Condition	2021	2022	2023
Actives	Obesity	25.1%	25.0%	24.6%
	Diabetes	11.3%	11.4%	11.6%
	Chronic renal failure	4.2%	4.4%	4.5%
Non-Medicare Retirees	Obesity	27.6%	26.9%	25.9%
	Diabetes	20.1%	20.0%	20.2%
	Chronic renal failure	8.7%	8.7%	8.8%
Medicare Retirees	Obesity	20.0%	19.6%	18.3%
	Diabetes	31.2%	31.9%	32.6%
	Chronic renal failure	26.5%	27.7%	28.2%

## Insight

- Actives generally have higher rates of these conditions than peer.
- Medicare Retirees have lower rates of Mood Disorder/Depression, COPD, and Rheumatoid Arthritis than peer.
- In 2025, HMSA's Well Being team is looking into ways to incorporate asthma awareness to increase medication compliance.
- In 2025, Magellan Hawaii replaced Celeron Behavioral Health to provide clinical reviews and utilization management for behavioral health and substance abuse services, assisting with HMSA's Provider Operations team and provider relationships, supporting HEDIS measures and Quality Management programs to improve patient access to behavioral healthcare.

## Additional Chronic Conditions | Current vs Peer





# Additional Chronic Conditions | Trend

## Insight

- Asthma rates slightly increased in Active and Non Medicare Retiree population.
- Mood Disorder/Depression increasing in Actives and Medicare Retiree population.

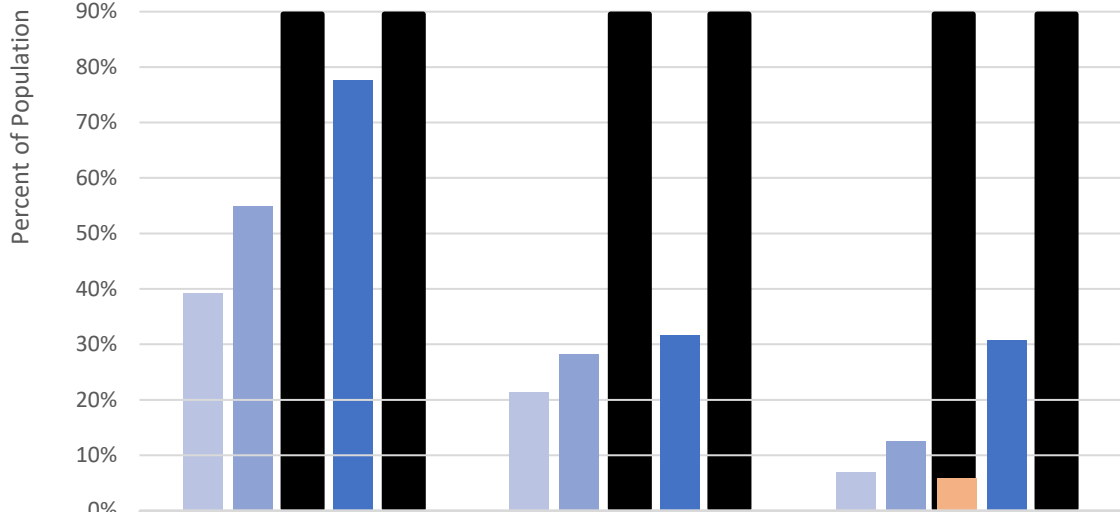
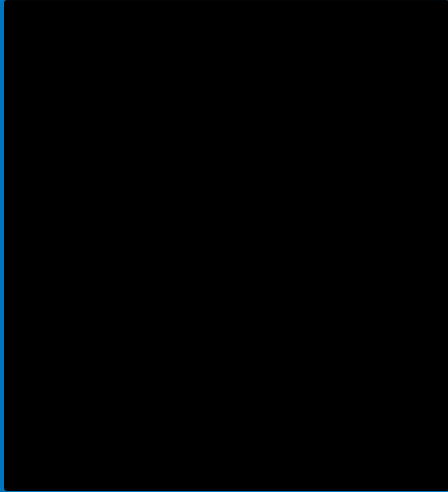
Group	Condition	2021	2022	2023
Actives	Asthma	9.6%	9.5%	10.2%
	Mood disorder, depressed	6.1%	6.1%	6.4%
	Chronic obstructive pulmonary disease	0.7%	0.8%	0.9%
	Rheumatoid Arthritis	0.6%	0.6%	0.6%
Non-Medicare Retirees	Asthma	11.1%	11.4%	11.6%
	Mood disorder, depressed	7.4%	7.4%	7.1%
	Chronic obstructive pulmonary disease	1.7%	1.7%	2.0%
	Rheumatoid Arthritis	0.9%	0.9%	1.2%
Medicare Retirees	Asthma	9.5%	9.6%	9.3%
	Mood disorder, depressed	7.6%	7.9%	8.1%
	Chronic obstructive pulmonary disease	6.4%	6.7%	7.4%
	Rheumatoid Arthritis	2.2%	2.2%	2.1%



# Comorbidity

## Insight

- Actives and Non Medicare retirees have higher rates of comorbidity
- Medicare Retirees have lower rates of chronic conditions



	Minor Chronic Conditions	One Major Chronic Condition	Two or More Major Chronic Conditions
■ Actives	39.3%	21.4%	6.9%
■ Non-Medicare Retirees	55.0%	28.3%	12.5%
■ Medicare Retirees	77.6%	31.6%	30.7%



2024 EUTF Annual Disease Burden and HEDIS Summary

# 2024 MODEL OF CARE (MOC) SUMMARY

*Data through Q3 2024 as Q4 2024 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)

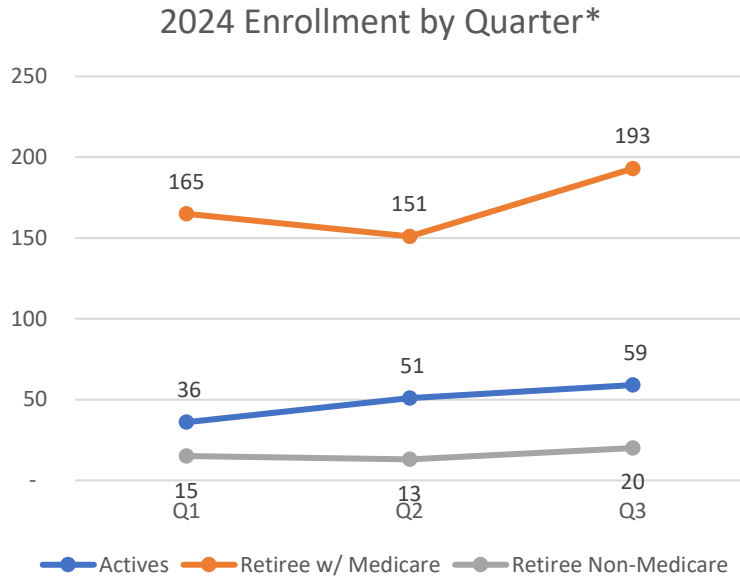
- Designed to improve or maintain health/condition through a collaborative effort between member, PCP, and CCP staff.



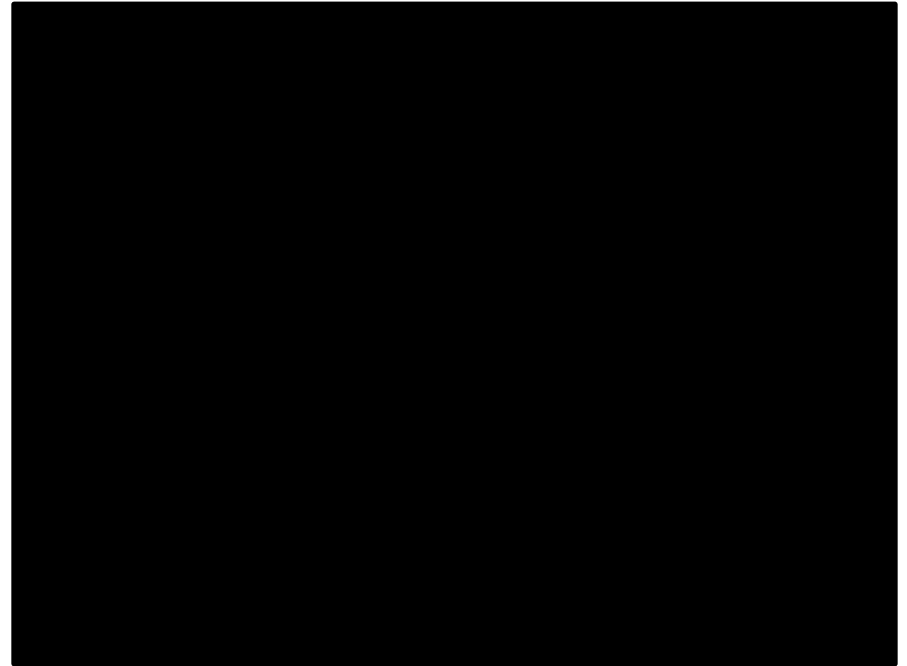
- Promote self-management of conditions to slow progression of disease and disease related complications
- Ideal CCP enrollees are members who are willing to engage in the program as an active participant and want to improve their health and well-being.



# 2024 MOC Summary – Complex Case Management (CCM)

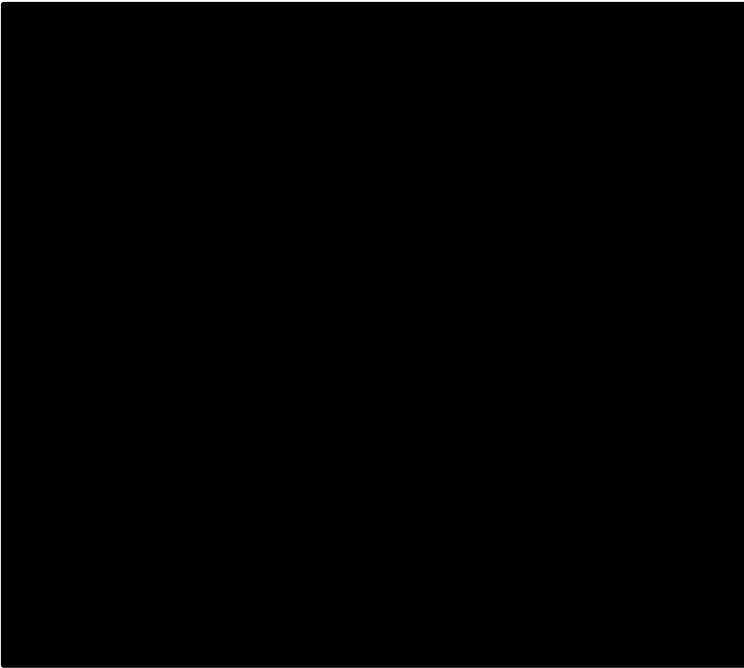
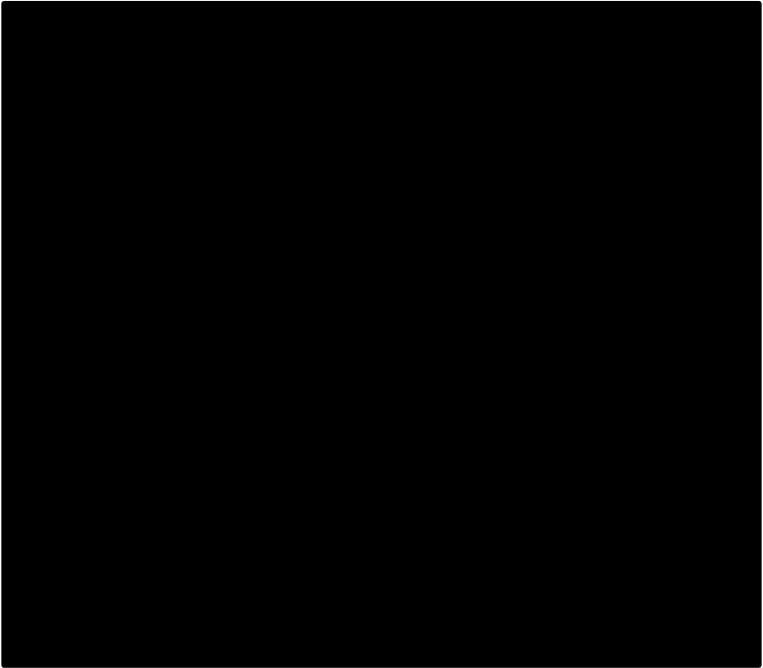


Note: Q4 2024 not available until 45 days after quarter ends





# 2024 MOC Summary – Complex Case Management (CCM)



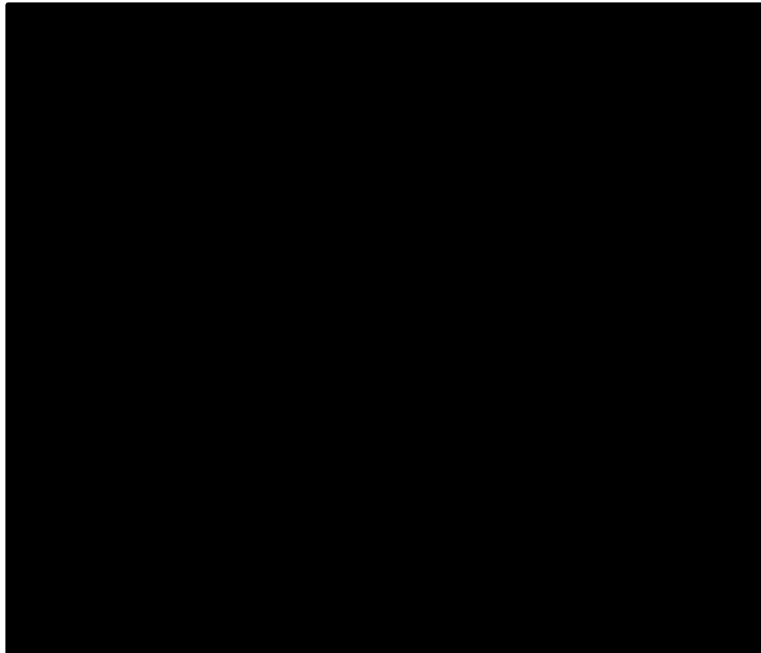
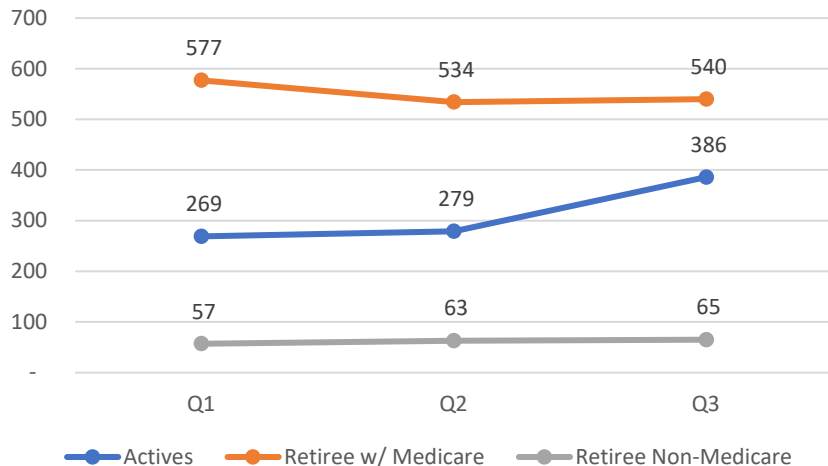
*Note: Q4 2024 not available until 45 days after quarter ends*





# 2024 MOC Summary – Condition Care Program (CCP)

### 2024 Quarterly Enrollment\*

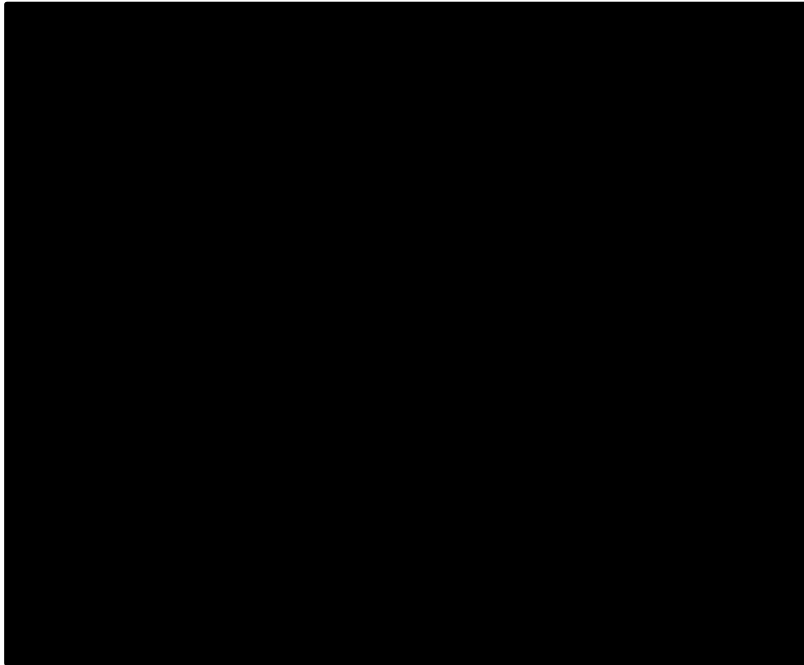
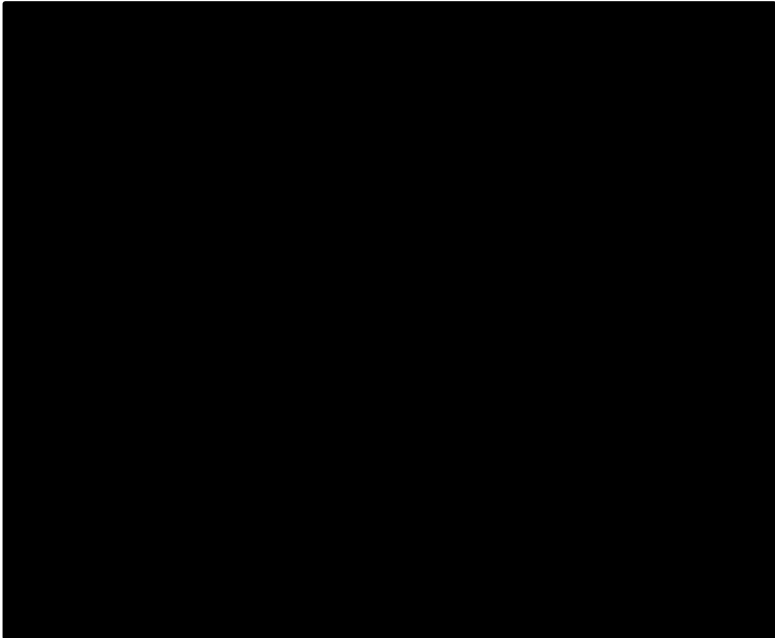


Note: Q4 2024 not available until 45 days after quarter ends





# 2024 MOC Summary – Condition Care Program (CCM)



*Note: Q4 2024 not available until 45 days after quarter ends*



2024 EUTF Annual Disease Burden and HEDIS Summary

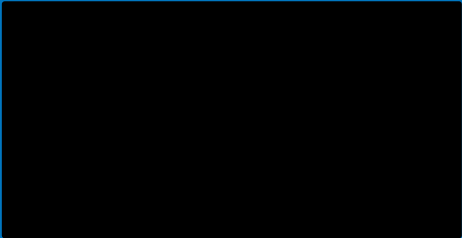
# HEDIS RESULTS (CY 2023)



# Cancer Screenings | Current vs Benchmark

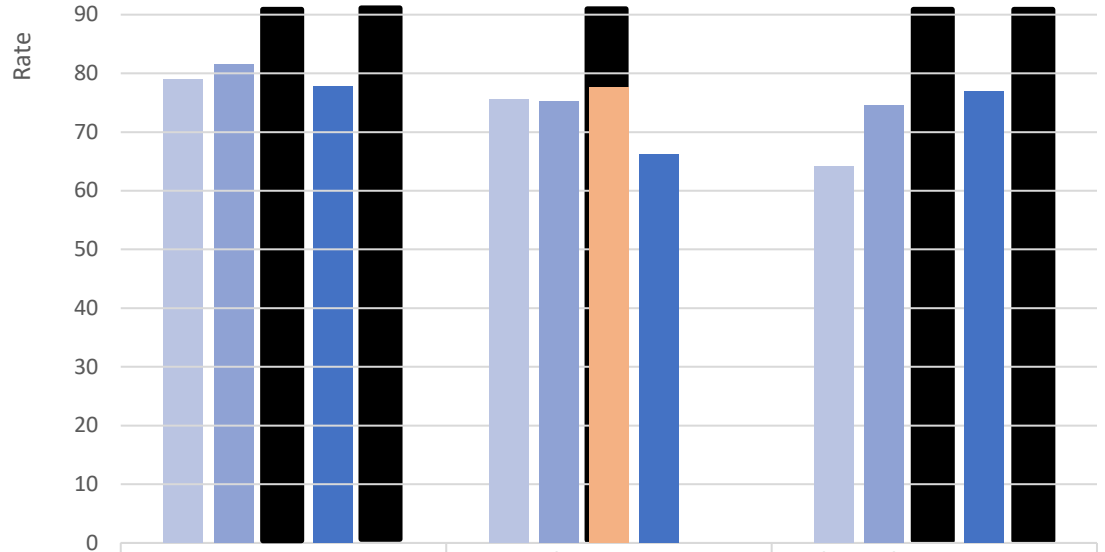
## Insight

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



- HMSA also continues to send preventive screening reminders via mail and email which include colorectal cancer screening.

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



	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening
Actives	78.9	75.6	64.1
Non-Medicare Retirees	81.5	75.2	74.6
Medicare Retirees	77.7	66.1	76.9



# Cancer Screenings | Trend

## Insight

- Rates of cancer screenings are staying relatively flat.
- 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

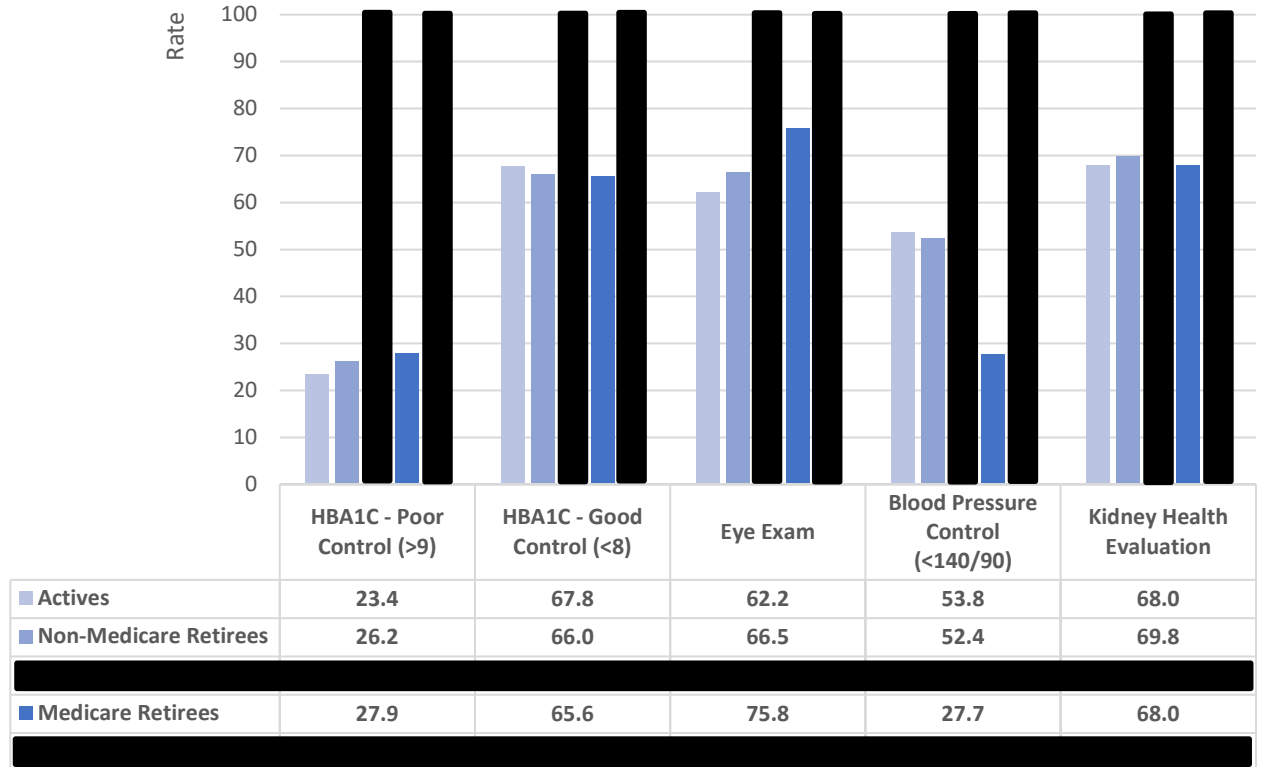
Group	Condition	2021	2022	2023	Percentile	90th Percentile
Actives	Breast Cancer Screening	78.0	79.2	78.9	90	78.8
	Cervical Cancer Screening	75.6	75.6	75.6	67	78.3
	Colorectal Cancer Screening	70.3	61.3	64.1	67	68.1
Non-Medicare Retirees	Breast Cancer Screening	79.7	80.5	81.5	95	78.8
	Cervical Cancer Screening	74.4	75.0	75.2	67	78.3
	Colorectal Cancer Screening	75.3	75.3	74.6	95	68.1
Medicare Retirees	Breast Cancer Screening	75.4	76.6	77.7	67	83.7
	Cervical Cancer Screening	66.5	65.0	66.1		
	Colorectal Cancer Screening	77.7	78.1	76.9	50	82.6

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

## 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> for all measures, with the exception of Blood Pressure Control.
- Room for improvement in the Medicare Retiree population. Excluding Kidney Health Evaluation, all measures at or below 50<sup>th</sup> percentile.

## Diabetic Care Measures | Current vs Benchmark





# Diabetic Care Measures | Trend

## Insight

- EUTF Actives showing continuous improvement in the Blood Sugar measures.
- Medicare Retirees are an area of opportunity with multiple measures at or below 50th percentile.

Group	Condition	2021	2022	2023	Percentile	90th Percentile
Actives	HBA1C - Poor Control (>9)	27.0	25.3	23.4	75	19.9
	HBA1C - Good Control (<8)	62.5	65.7	67.8	75	69.6
	Eye Exam	63.3	63.5	62.2	95	58.7
	Blood Pressure Control (<140/90)	51.1	56.8	53.8	10	75.7
	Kidney Health Evaluation	67.4	66.7	68.0	95	53.0
Non-Medicare Retirees	HBA1C - Poor Control (>9)	29.1	25.7	26.2	50	19.9
	HBA1C - Good Control (<8)	62.7	66.1	66.0	75	69.6
	Eye Exam	72.8	68.5	66.5	95	58.7
	Blood Pressure Control (<140/90)	52.2	57.8	52.4	10	75.7
	Kidney Health Evaluation	67.8	71.3	69.8	95	53.0
Medicare Retirees	HBA1C - Poor Control (>9)	28.4	25.9	27.9	10	10.2
	HBA1C - Good Control (<8)	64.2	68.0	65.6	10	81.0
	Eye Exam	80.2	77.0	75.8	50	82.7
	Blood Pressure Control (<140/90)	36.3	47.4	27.7	<5	80.6
	Kidney Health Evaluation	64.1	67.4	68.0	95	63.5

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

Note:  
Poor control is an inverse measure, lower is better



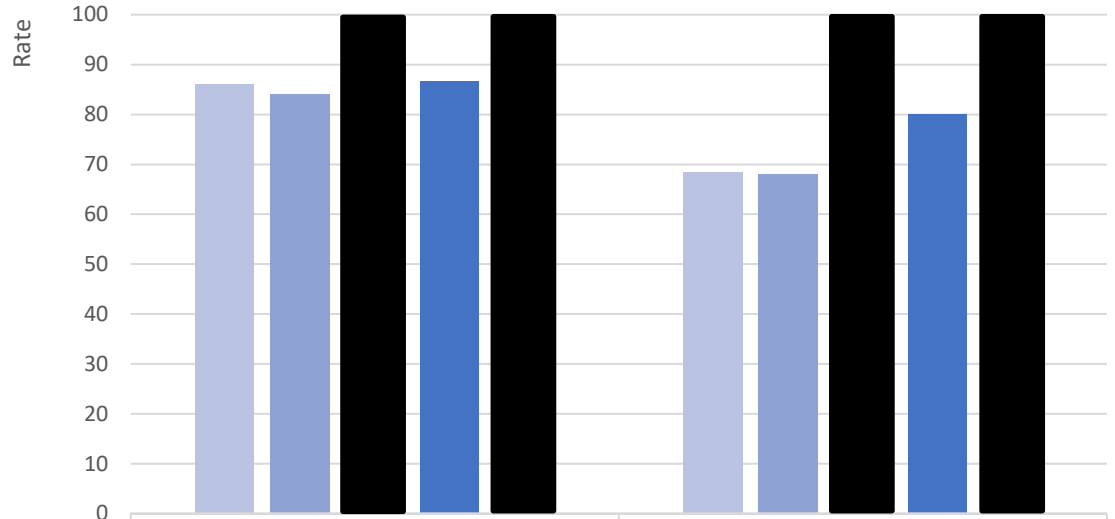
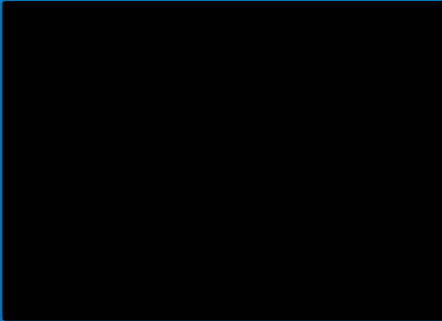
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# Depression Treatment Measures | Current vs Benchmark

## Insight

- Generally, well managed with room for improvement. All groups and measures at 67<sup>th</sup> percentile or above.



	Depression: Effective Acute Phase Treatment	Depression: Effective Continuation Phase Treatment
■ Actives	86.1	68.4
■ Non-Medicare Retirees	84.0	68.0
■ Medicare Retirees	86.7	80.0



# Depression Treatment Measures | Trend

## Insight

- Actives showing continuous improvement in both Depression Treatment measures.

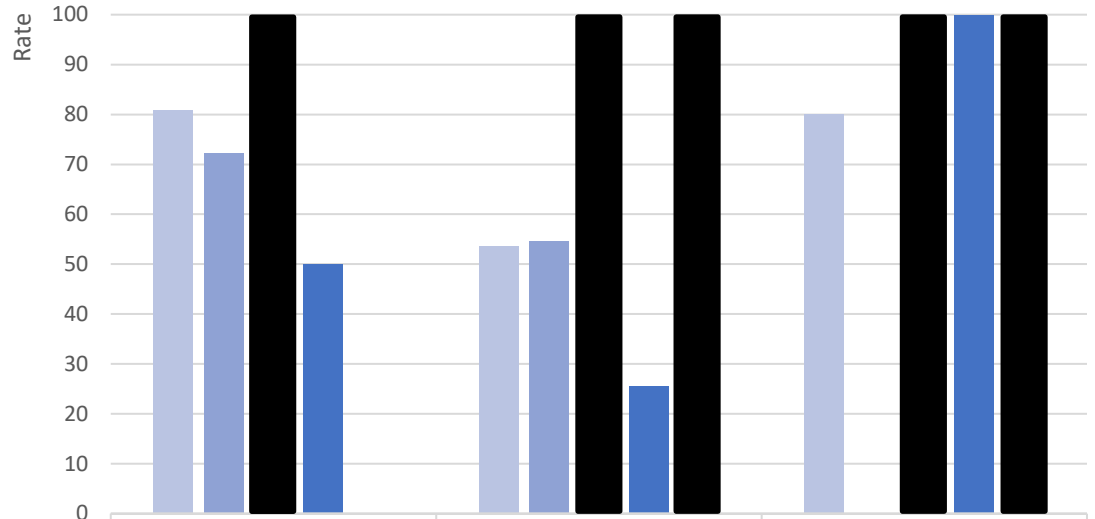
Group	Condition	2021	2022	2023	Percentile	Percent
Actives	Depression: Effective Acute Phase Treatment	80.7	81.3	86.1	90.0	85.3
	Depression: Effective Continuation Phase Treatment	63.7	64.8	68.4	67.0	73.2
Non-Medicare Retirees	Depression: Effective Acute Phase Treatment	81.8	78.6	84.0	75.0	85.3
	Depression: Effective Continuation Phase Treatment	63.6	85.7	68.0	67.0	73.2
Medicare Retirees	Depression: Effective Acute Phase Treatment	85.2	94.6	86.7	67.0	89.3
	Depression: Effective Continuation Phase Treatment	77.8	91.9	80.0	95.0	77.1

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

## Insight

- Controlling Blood Pressure remains a challenging measure for all populations.
- Use of Beta Blockers is a very small denominator measure, with 10 or fewer members in each of the EUTF populations. No members in the denominator for the Non Medicare Retiree population.

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



	Asthma Medication Ratio	Hypertension: BP < 140/90	Coronary Artery Disease: Use of Beta Blockers
■ Actives	80.8	53.6	80.0
■ Non-Medicare Retirees	72.2	54.5	0.0
■ Medicare Retirees	50.0	25.5	100.0

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



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

### Insight

- Blood Pressure control continues to be a difficult measure and rates declined from prior year.

Group	Condition	2021	2022	2023	Percentile	90th Percentile
Actives	Asthma Medication Ratio	79.6	81.0	80.8	10	91.3
	Hypertension: BP < 140/90	53.2	58.5	53.6	25	73.1
	Coronary Artery Disease: Use of Beta Blockers	94.9	97.1	80.0	67	83.9
Non-Medicare Retirees	Asthma Medication Ratio	92.3	83.3	72.2	<5	91.3
	Hypertension: BP < 140/90	55.6	60.6	54.5	25	73.1
	Coronary Artery Disease: Use of Beta Blockers	100.0	100.0			83.9
Medicare Retirees	Asthma Medication Ratio	100.0	100.0	50.0		
	Hypertension: BP < 140/90	37.5	47.3	25.5	<5	82.5
	Coronary Artery Disease: Use of Beta Blockers		85.7	100.0	95	80.6

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

#### Note:

Asthma Medication Ratio is not a Medicare tracked measure

No denominator for CAD measure for Non Medicare Retirees for 2023



2024 EUTF Annual Disease Burden and HEDIS Summary

# 2024 UNION HIGHLIGHTS

ACTIVES ONLY



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# 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>32%</u>	15%	<u>26%</u>	26%	16%	<u>36%</u>	20%
Obesity	8	<u>16%</u>	26%	<u>20%</u>	23%	17%	<u>23%</u>	32%	17%
Hyperlipidemia, other	8	<b>13%</b>	26%	16%	25%	<u>28%</u>	14%	23%	<u>27%</u>
Cataract	5	<del>3%</del>	15%	<del>6%</del>	13%	14%	4%	13%	17%
Glaucoma	4	5%	15%	8%	12%	14%	6%	11%	13%
Other neuropsychological or behavioral disorders	2	<b>9%</b>	8%	10%	8%	10%	8%	6%	11%
Contraceptive management	2	<b>8%</b>	8%	13%	7%	9%	7%	6%	7%
Asthma	1	7%	11%	9%	11%	9%	10%	11%	9%
Diabetes	1	<del>2%</del>	14%	5%	11%	10%	6%	17%	7%

Blue Underline: Most prevalent condition for the given union.

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

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

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

## 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.
- HMSA Well Being team will work on opportunities to engage the union groups to increase education on blood pressure control and diabetes care.



# Union Areas of Opportunities

## Insight

- Blood Pressure Control continues to be a difficult measure for all groups.
- Kidney Health Eye Exams rates are lower than peer but still remain in the 95<sup>th</sup> percentile.
- HMSA Well Being team will work on opportunities to engage the union groups to increase education on blood pressure control and diabetes care.

	Measure		HFFA	HGEA	HSTA	HSTA VB	SHOPO	UHPA	UPW	NB
Cancer Screenings	Breast Cancer Screening		1.7 (666)	4.8 (10,792)	5.4 (2,515)	7.6 (1,314)	0.8 (953)	1.7 (1,024)	-3.5 (2,509)	-0.1 (705)
	Cervical Cancer Screening		-0.5 (839)	-2.6 (8,649)	1.3 (2,933)	1.5 (1,530)	-3.8 (1,194)	0.8 (926)	-10.9 (1,963)	-3.5 (412)
	Colorectal Cancer Screening		2.2 (1,726)	7.3 (19,367)	8.9 (4,593)	8.7 (2,741)	2.8 (2,439)	7.1 (2,138)	-1.4 (5,795)	8.0 (1,302)
Diabetes Care	HBA1C - Good Control (<8)		-7.7 (252)	-4.6 (5,292)	-5.7 (891)	-1.7 (591)	-11.8 (605)	0.9 (302)	-13.4 (1,977)	-6.6 (297)
	Eye Exam		-12.9 (236)	-3.3 (5,468)	-1.7 (958)	-4.0 (581)	-15.4 (580)	-4.5 (284)	-10.3 (2,111)	-4.2 (312)
	Blood Pressure Control (<140/90)		-28.9 (153)	-25.7 (3,313)	-31.1 (496)	-14.4 (448)	-29.4 (387)	-25.0 (178)	-28.8 (1,318)	-32.1 (163)
	Kidney Health Evaluation		-3.4 (318)	4.1 (6,653)	3.2 (1,295)	6.3 (858)	-2.3 (710)	-1.9 (365)	0.0 (2,512)	-2.9 (459)



# APPENDIX



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# BMI Details | All Populations

Percentage of members with a BMI test

Age Group	Rate
Children (2 – 19)	75%
Adults (20 - 74)	41%
Elderly (75+)	46%

Note:

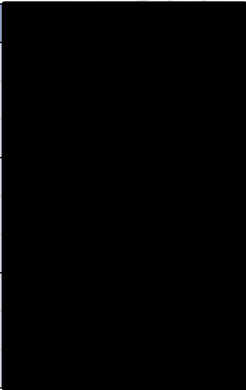
- Categories 3 and 4 represent individuals with BMIs considered overweight or obese, respectively.

Group	Condition		2021	2022	2023
Actives	Children (2 - 19)	3. 85th - 95th Percentile	11.9%	11.5%	11.1%
	Children (2 - 19)	4. > 95th Percentile	14.3%	13.2%	12.4%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	31.0%	30.5%	29.4%
	Adults (20 - 74)	4. BMI $\geq$ 30	41.4%	42.1%	44.2%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	36.3%	37.9%	39.6%
	Elderly (75 and older)	4. BMI $\geq$ 30	23.7%	26.2%	27.1%
Non-Medicare Retirees	Children (2 - 19)	3. 85th - 95th Percentile	14.2%	12.1%	13.7%
	Children (2 - 19)	4. > 95th Percentile	14.5%	12.8%	12.2%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	33.9%	33.1%	32.5%
	Adults (20 - 74)	4. BMI $\geq$ 30	37.7%	39.4%	40.8%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	34.4%	20.0%	20.8%
	Elderly (75 and older)	4. BMI $\geq$ 30	18.8%	28.6%	25.0%
Medicare Retirees	Children (2 - 19)	3. 85th - 95th Percentile	8.9%	12.3%	11.6%
	Children (2 - 19)	4. > 95th Percentile	18.2%	17.5%	14.8%
	Adults (20 - 74)	3. BMI $\geq$ 25 and < 30	34.5%	33.5%	32.8%
	Adults (20 - 74)	4. BMI $\geq$ 30	29.7%	30.6%	31.7%
	Elderly (75 and older)	3. BMI $\geq$ 25 and < 30	31.3%	30.9%	29.2%
	Elderly (75 and older)	4. BMI $\geq$ 30	18.6%	18.9%	19.7%



# Blood Glucose | All Populations

Group	Condition	2021	2022	2023
Actives	Normal (HBA1C < 5.7)	30.2%	32.4%	29.6%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	40.9%	42.5%	45.0%
	Diabetic (6.5 or more)	28.9%	25.0%	25.4%
Non-Medicare Retirees	Normal (HBA1C < 5.7)	23.9%	26.8%	22.1%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	47.1%	48.2%	50.5%
	Diabetic (6.5 or more)	28.9%	25.0%	27.4%
Medicare Retirees	Normal (HBA1C < 5.7)	18.3%	21.2%	18.2%
	Pre-Diabetic (HBA1C 5.7 - 6.4)	49.6%	50.6%	52.2%
	Diabetic (6.5 or more)	32.2%	28.2%	29.7%



# HEDIS Results by Union | Actives Only



Measure	HFFA		HGEA		HSTA		HSTA VB		SHOPO		UHPA		UPW		NB	
	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile	2023 Rate	2023 %ile
Breast Cancer Screening	77.08	75	80.20	95	80.84	95	82.95	95	76.24	67	77.05	75	71.93	33	75.32	67
Cervical Cancer Screening	77.11	75	74.97	67	78.84	90	79.03	90	73.79	50	78.41	90	66.63	10	74.10	50
Colorectal Cancer Screening	67.19	75	72.28	95	73.90	95	73.62	95	67.79	75	72.06	95	63.56	67	72.94	95
HBA1C - Poor Control (>9)	28.46	50	23.51	75	25.61	67	18.93	90	30.78	33	19.95	75	31.12	33	28.38	50
HBA1C - Good Control (<8)	65.80	75	68.89	75	67.71	75	71.72	90	61.67	50	74.38	95	60.07	33	66.89	75
Eye Exam	61.62	95	71.18	95	72.80	95	70.51	95	59.12	90	69.95	95	64.14	95	70.27	95
Blood Pressure Control (<140/90)	39.95	10	43.13	10	37.69	10	54.37	10	39.45	10	43.84	10	40.05	10	36.71	10
Kidney Health Evaluation	62.48	95	69.97	95	69.10	95	72.16	95	63.62	95	64.04	95	65.86	95	63.05	95
Asthma Medication Ratio	77.78	5	80.68	10	82.00	10	90.57	75	83.33	25	68.42	<5	75.29	<5	72.73	<5
Hypertension: BP < 140/90	33.98	5	37.76	5	34.52	5	41.43	10	38.51	5	35.45	5	37.44	5	29.62	5
Coronary Artery Disease: Use of Beta Blockers	100.00	95	66.67	10					100.00	95	100.00	95	100.00	95		
Depression: Effective Acute Phase Treatment	81.48	50	86.84	90	82.69	67	84.21	75	79.17	33	93.02	95	86.15	90	100.00	95
Depression: Effective Continuation Phase Treatment	70.37	75	69.74	75	72.12	75	60.53	25	66.67	50	72.09	75	61.54	33	81.82	95



# 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	2 - Minor	2 - Medium Risk
5	0.05	0.07		
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	3 - Moderate	2 - Medium Risk
11	0.39	0.49		
12	0.49	0.61		
13	0.61	0.77		
14	0.77	0.98		
15	0.98	1.27	4 - Major	3 - High Risk
16	1.27	1.74		
17	1.74	2.54		
18	2.54	3.11	5 - Severe	
19	3.11	4.01		
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 2025 Health and Wellness Communication Plan									
2025	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation	
Q1	Health Assessment	Kaiser	Campaigns	Don't Weight to Get in Shape	All EUTF KP	Direct mail and websites	DWTGIS Website Live January 8, Wednesday  DWTGIS Booklet Mailout January 28, Tuesday	Distribution count	
		VSP	Campaigns	Annual exam Reminder	EUTF VSP Actives and dependents with no exam in the last 12 months	Direct mail postcard and EUTF website	January 15, Wednesday	30, 60, 90 day utilization	
		Kaiser	Webinars	Eat Well, Live Well: Eating Well for Your Health	All EUTF	Live online and on-demand	January 16, Thursday 11:30 am -12:15 pm	Post event survey and participation	
		Kaiser	Campaigns	Q1 Challenge and Webinar	All EUTF KP	Email	January 27, Monday	Distribution count	
		HMSA	Webinars	FIT: To be Tried	All EUTF	Live online and on-demand	January 28, Tuesday 11:30 am -12:15 pm	Post event survey and participation	
	Get Checked Out	HMSA	Campaigns	See Your Primary Care Provider	EUTF HMSA members (21+) who have no visits (Feb. 2024 - Dec. 2024)	Postcard mailer, email and websites	February-March	Postcard: Track year over year (YOY) visits to PCP. Email: Delivery and open rate.	
		Kaiser	Challenges	10K-A-Day	All EUTF	Online and mobile app	February 5, Wednesday 11:30 am -12 pm Kick-off	Post event survey and participation	
							February 10, Monday-March 9, Sunday Challenge		
							February 20, Thursday 11:30 am -12:15 pm		Post event survey and participation
							February 27, Thursday 11:30 am -12:15 pm		Post event survey and participation
		HMSA	Webinars	Make a Muscle	EUTF HMSA targeted members in the Complex Cafe Management and Condition Care Program	Live online and on-demand	February 20, Thursday 11:30 am -12:15 pm	Post event survey and participation	
		Kaiser	Webinars	Family Health		Live online and on-demand	February 27, Thursday 11:30 am -12:15 pm	Post event survey and participation	
	HDS/HMSA/ Kaiser/VSP	Newsletters	Preventive Screenings, Healthy Lifestyle Benefit Programs		Email, direct mail and website	February (Well Aware) March (Holomua)	NA		
	Healthy Habits	HMSA	Campaigns	Take the Call	EUTF HMSA targeted members in the Complex Cafe Management and Condition Care Program	Postcard mailer, email and websites	March	Engagement after mailer 90 days	
		HMSA	Webinars	Just the Facts	All EUTF	Live online and on-demand	March 4, Tuesday 11:30 am -12:15 pm	Post event survey and participation	
Kaiser		Webinars	Preparing Healthy Meals & Dining Out	Live online and on-demand		March 13, Thursday 11:30 am -12:15 pm	Post event survey and participation		
Peace of Mind (Financial Literacy/ Healthcare Decisions)	Securian	Webinars	Personal Finance	All EUTF	Live online	April 1, Tuesday 11:30 am -12:15 pm	Participation		
	Kaiser	Campaigns	Q2 Webinars and Fit Rewards	All EUTF KP	Email	April 3, Thursday	Distribution count		
	Kaiser	Webinars	Intergenerational Caregiving	All EUTF	Live online and on-demand	April 17, Thursday 11:30 am -12:15 pm	Post event survey and participation		
	Kokua Mau	Webinars	Advance Care Planning		Live online	April 24, Thursday 11:30 am -12:15 pm	Post event survey and participation		
	All Providers	In-person Health and Wellness	Active OE Events		Onsite	May	Post event survey and participation		
	HMSA	Campaigns	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 Campaigns	Annual exam and VSP.com Account Incentive	All EUTF VSP	Direct mail postcard, EUTF email and website	May	30, 60, 90 day utilization		
	HMSA	Challenges	Self-Care	All EUTF	Online	April 23, Wednesday Kick-off  May 5, Monday - May 30, Friday Challenge	Post event survey and participation		

EUTF 2025 Health and Wellness Communication Plan								
2025	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation
Q2		Kaiser	Webinars	Finding More Margin in Your Day		Live online and on-demand	May 15, Thursday 11:30 am -12:15 pm	Post event survey and participation
		HMSA	Webinars	Workstation Wellness: Work from Home Edition		Live online and on-demand	May 22, Thursday 11:30 am -12:15 pm	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 Bones	HDS	Campaigns	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	June	30, 60, 90 day utilization
				Semi-annual exams and routine care after major dental work. Announce upcoming sweepstakes.	EUTF HDS Active adults, no exams			
				Semi-annual exams and routine care after major dental work	EUTF HDS Retirees, no exams			
		Kaiser	Webinars	Refresh, Renew, Repair Yoga	All EUTF	Live online and on-demand	June 5, Thursday 11:30 am -12:15 pm	Post event survey and participation
HDS	Webinars	Glow Goals: Your Smile Journey Starts Today		Live online and on-demand	June 24, Tuesday 11:30 am -12:15 pm	Participation		
Q3	Strength, Movement and Aging Well	HDS	Incentive Campaigns	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 March 1 - August 30, Drawing Sept. 29	30, 60, 90 day utilization and number of new accounts
		HMSA	Incentive Campaigns	Annual in-person medical exam	All EUTF	Postcard mailer, email and websites	July 1, Tuesday - October 31, Thursday	Primary care provider visits 90 days and YOY
		Kaiser	Campaigns	Q3 Challenge and Wellness Coaching	All EUTF KP	Email	July 1, Tuesday	Distribution count
		Kaiser	Challenges	Star Trac	All EUTF	Online	July 8, Tuesday Kick-off  July 14, Monday - August 10, Sunday Challenge	Post event survey and participation
		HMSA	Webinars	Crimes Against Spines		Live online and on-demand	July 24, Tuesday 11:30 am -12:15 pm	Post event survey and participation
		Kaiser	Campaigns	Rewards Program: Total Health Assessment	All EUTF KP	Direct mail postcard and websites	July 31, Thursday	Program completion
	Worksite Wellness (Movement Motivation/ Disease Prevention)	HMSA	Campaigns	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	Promotions	Seasonal flu	All EUTF	Websites	August	NA
		Kaiser	In-Person Health and Wellness Events	Vaccination Clinics	All EUTF Departments	Onsite	August-December	Participation
		VSP	Campaigns	Annual exam	EUTF VSP Retirees with no exam last 12 months	Direct mail letter and EUTF website	August	30, 60, 90 day utilization
		Kaiser	Webinars	Building Fitness Into Your Day	All EUTF	Live online and on-demand	August 21, Thursday 11:30 am -12:15 pm	Post event survey and participation
		HMSA/Kaiser/ CVS	Newsletters	Preventing Chronic Conditions and Management Programs		Email, direct mail and website	August (Well Aware) September (Holomua)	NA
	Vaccination Info (Health screenings/ Immunizations)	Kaiser	Promotions	Seasonal flu		Websites	September	NA

EUTF 2025 Health and Wellness Communication Plan								
2025	Monthly Health & Wellness Theme	Carrier(s)	Intervention	Topic	Target	Distribution Method	Implementation Date	Evaluation
		HMSA	Campaigns	Diabetes Prevention Program: Risk test/ PCP visit	EUTF HMSA prediabetes members ages 21-70	Postcard mailer, email and websites	September-October	Distribution Count; Track number of visits to the website
		Kaiser	Challenges	Right on the Money	All EUTF	Online	September 9, Tuesday Kick-off  September 15, Monday - October 12, Sunday Challenge	Post event survey and participation
		HMSA	Webinars	Preventative Care		Live online and on-demand	September 18, Thursday 11:30 am -12:15 pm	Post event survey and participation
Q4	Connect Online (Financial Literacy/ Healthcare Decisions)	HMSA	Campaigns	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.
		All Providers	In-person Health and Wellness Events	Retiree OE Events	All EUTF	Onsite	October	Post event survey and participation
		Kokua Mau	Webinars	Advance Care Planning		Live online	October 14, Tuesday 11:30 am -12:15 pm	Post event survey/ Participation
		Securian	Webinars	Personal Finance		Live online	October 23, Thursday 11:30 am -12:15 pm	Participation
	Condition Control (Living with chronic disease)	HDS	Campaigns	Reminder to visit the dentist and use benefit before end of year	All EUTF HDS	Website	November	30, 60, 90 day utilization
		HMSA	Campaigns	Diabetes management: Resource guide	EUTF HMSA members with diabetes	Postcard mailer, email and websites	November	Track number of visits to the website
		HDS	Webinars	Heartfelt Smiles: The Vital Connection Between Oral Health and Heart Disease	All EUTF	Live online and on-demand	November 6, Thursday 11:30 am -12:15 pm	Participation
		HMSA	Webinars	Modern Perils		Live online and on-demand	November 18, Tuesday 11:30 am -12:15 pm	Post event survey and participation
		Kaiser	Campaigns	Q4 Webinar and Fit Rewards	All EUTF KP	Email	November 24, Monday	Distribution count
		HMSA/Kaiser/VSP	Newsletters	Living with Chronic Disease; Tips and Resources to Stay Healthy During the Holidays	All EUTF	Email, direct mail and website	November (Well Aware) December (Holomua)	NA
		HMSA	Challenges	Healthy Holidays		Online	November 19, Wednesday Kick-off  December 1, Monday - December 26, Friday Challenge	Post event survey and participation
	Know Your Numbers (Stress Management)	Kaiser	Webinars	Why Sleep Matters		Live online and on-demand	December 11, Thursday 11:30 am -12:15 pm	Post event survey and participation
	In-Person Events	All Providers	In-Person Health and Wellness Events	Healths Fairs and Workshops	All EUTF Departments	Onsite	Ongoing	Post event survey and participation
		Kaiser	In-Person Health and Wellness Events	Employee Wellness Program Conference and Training	All EUTF Departments	Live Training	TBD	Post event survey and participation

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