

>> Since it's a virtual meeting, I just want to remind people, when they speak, to state their name and title. Just commissioner Schmidt, so people listening they can follow along. >> John, are you getting feedback? >> I hear no feedback. You're loud and clear. >> Thank you. >> John, can you still hear me? >> Yes, I can. >> Okay. Thanks. >> All right. Is that Mike? >> Yes. >> Mike, can you check in with Commissioner Schmidt, to see if she has the correct link so she can be the presenter? I think she might have gotten the listen link instead of the presenter link. Can I check to see -- we still have a few more minutes. I want to check to see if my other presenters, Commissioners, are on yet. Commissioner Garcia, are you on? Commissioner Young? Commissioner Dechant. Okay. >> Hello, is that Commissioner Garcia? >> I was worried it was not going to work. I thought it was Zoom and I didn't test ahead >> Thank you, thank you. Right now we're sitting at almost 200 attendees, it's great that people are joining, I'm making sure things working as we work during this virtual environment. Thank you, Commissioner Garcia >> Great. Feel free to mute me. Okay. It looks like, Commissioner Dechant, have you joined us? I can see your phone. >> Yeah, commissioners Schmidt, looks like you are registered as just listening and not as a panelist. Pete September you an e-mail to get you the login so we can communicate. >> Thank you for that. Commissioner Young, do I see you? Looks like I see you. Are you there? Make sure you unmute. >> I'm here. Do I just need to mute my phone and not the computer? >> If you are on -- probably. >> Okay. I can hear you clearly, so, whatever you're doing

right now is working well >> Okay. Yeah, I used my phone audio, because my computer is like a Dell-asaurus >> Yes. That's perfect. All right. It looks like -- is that Natalie, can you test your mic? That's my EAC chair. >> This is Natalie. Hello. >> Welcome, Natalie. >> I just want to make it's working. Looks like Commissioner Schmidt. . Yes. Thank you for that new link. I appreciate that. >> No problem. I thank everyone for their patience with just using the technology, and trying to make sure we can get connected and still conduct business everyone's pay sense is appreciated as we get through the minor technical issues. I see -- it looks like Gina and Ken? >> Yes. Can you hear me? >> Yes, this is Ken. >> I can hear again and Gina. >> And we have Patrick on too, as well. >> Oh, I see you now. I see Patrick >> Okay. Am I coming through? >> Yes, you are. >> Okay, good. Sorry, I had to scroll a little bit further >> And this is Steve, I'm on the line now >> There we are. Perfect. Thank you, everyone. All right. I think we're right around time. I heard you earlier, I also heart Mike Michael's, I know both of them are connected. Mike, is there anybody that I am missing that will need to speak or present today that we need to verify that their mics are working? I have all of the Commissioners, I is Siegel. I have EAC. Mike, are you still there? >> I'm still here. >> Okay. Is there anybody else we need to confirm that their mics are working? I think we have all of the speaking participants. >> Yes. I would agree >> Okay. All right. Welcome, welcome, everyone. Thank you so much for joining us, it looks like we have, if I am looking at the system correctly in front of me, we have

over 330 listeners, or attendee, total, including our group of Commissioners and various other presenters. So, welcome, everyone, to the April 24th Kansas State employee Health Care Commission meeting. Thanks to everyone, for again their patience, as we use this technology to conduct this meeting and continue to meet our obligations to make it as public and available as possible while conducting business. The one thing, as we get started before I officially call the meeting to order, just some ground rules. First and foremost, for my Commissioners, as well as any other speakers or presenter, please make sure, when you begin to speak, one check, and make sure your mics are off of mute. Secondly, make sure you introduce yourself with your name and your title or organization that you're representing, just so that those that are listening can follow along and understand who is speaking at that moment. For my commissionerses, as we start to move through this agenda, there may be moments where I stop and call on each of you to make sure we're not talking over each other or we're hearing anything. If I missed someone, please do not hesitate to speak up. It's much harder to call on each other, or see when someone is ready to join the conversation virtually. I want to make sure all commission voices are heard as we go through that. We just want to be mindful with that. With that, I think we are ready to get started. I'm going to call the meeting to order. It is -- >> Hello. >> Hello. >> I think we have someone -- all right. With that, I am going to call the meeting to order. The agenda was circulated. What I am going to ask is all of our panelists to mute your mics, I know it's a challenge

but we'll get additional feedback. So, please mute your mics according limit With that, we have a robust agenda, as we typically do, so, I'm going to just write in Commissioners should have received both the agenda as well as their adjoining materials of the e-mail a little over a week ago for review. So, with that, we are going to begin by moving through our action items -- well, let me take that back. I did do a roll call, I want to make it official that all of the Commissioners are present seeing that we are in a virtual space. With that, Commissioner Dechant, are you present? >> Commissioner Dechant >> Yes. >> Commissioner Garcia? >> Commissioner Garcia >> Yes, I'm here. >> Commissioner Schmidt >> Here. >> Commissioner Young >> Here. >> And this is Commissioner burns Wallace that called the meeting and we'll move through the agenda accordingly at the chair. Action items, we'll start with the approval of the minutes of February 24, 2020. You should have received this as part the your packet >> This is Commissioner -- >> This is Ximena >> Madam chair. This is Commissioner Schmidt. I wondered on the follow-up items on page -- I don't know what page, but under action item 7 on the finance report, Commissioner Garcia requested a follow-up regarding the diagnosis of the list of top ten claimants. I was wondering if that had been distributed or I missed it or if that has been distributed >> I haven't seen that. I haven't seen that. I haven't seen that in the last meeting. >> No, but I believe Siegel has the follow-up response to that when they get to their section. >> Okay. So noted that that has not been received. If we don't get it fully addressed that we make sure we pull it back up as an action item.

Secretary Commissioner Schmidt. Any other questions or changes to the minutes? All right. Hearing none, all in favor of approval of the minutes, say aye [ Chorus of ayes ] >> Are there any opposed? All right. Hearing none, minutes have been approved. Our next action item is consideration of voluntary insurance plan, RFP award. There was a memo in your packet outlining the process, as well as, I believe, there was an attachment with additional information, as well as background information, and a presentation on the analysis. With that, I will turn it over month Mike and others to walk the Commissioners through this information. >> This is Mike Michael Director of the health plan. A request for proposal for the voluntary insurance plans was released October 18, 2019 and closed December 3rd, 2019 and as the chair of the commission just mentioned you have a memo which some other material, along with a slide deck that Gina with Siegel will go through at this point and then we will address any questions. Gina, if you will walk the Commissioners through the PowerPoint that was provided. >> Sure. I'll do that. I am Gina sander, I'm a senior consultant and health practice leader in our Atlanta office and I work closely with Ken and Pratt tick, who you all have met before. As Mike said we wrapped up voluntary benefits RFP for the state. And I'm going to start on page 2 with the introduction, and really, this was all right introduced. This is sort of an overview of what we did, saying that the state used to have more of a work site type arrangement where a carrier came in and spoke to employees. They had enrollers that came in and spoke to them and the state wanted to move more towards a group platform to have more flow and

more consistency. And that's what they did in 2018. And so, this was -- the first context we had was with Met Life it is a three-year contract. It ends this December 31st, and this would be for the next contract period. As Mike said it was issued in October and closed in December, and we had five vendors who submitted proposals. We eliminated two of the vendor, because of the lack of information that they provided, or they were just the rates were too high, the benefits were not comparable. The two we eliminated should be AFLAC and all state. We kept Etna, Hartford and met life as finalists and invited them in for finalist presentations. There are approximately 33,000 state employees who are eligible for the benefit offerings. Let's move to page 3. This is a snapshot for these three companies. They are all very strong companies. All of the ratings current, haven't been rated in the second half of 2019. They have strong reserves, good assessment strategy, they are good Stewards of their finance, strong financial policies in place, they are all an excellent choice. Then page 4, slide 4. This is a group first individual plan. I want to go through this a little bit. I know the work site philosophy that they had in place before, and even just going to self purchase through an agent, those are all individual policies. And you have less control over what you're getting. You're purchasing off-the-shelf benefit plans. It's based on the state of residence. It depends on your conditions that you have. There are pre-existing condition limitation, and you typically have higher rate rates the the agents you purchase from arm agents will get a significant amount. The last time we went through this process, I specifically asked what their rollers were

in, how much commission was built in to the rate. When the enrollers came in and it was 26%. That was quite significant in terms of rates. The group plans, on a group basis, provide the employer with more control over the offerings. They have a little more flexibility. These vendors file their flaps with the state and they do have flexibility in some areas, there's no guaranteed -- there's no pre-existing condition for these individuals, so, it's easier to get a policy. The rates lower, because the commissions are significantly lower. They are typically portable, so if somebody leaves the company they can switch over to an individual policy. One thing I know we ran into the differences that first year, because people were used to purchasing an individual policy where you can just terminate it at any time if you decide you don't want it anymore. With the group platform, what works more like traditional plans so an employee makes the purchase, and they have it for that year unless they have a qualifying life event. There are no changes during midyear. We have to have it for the full year. It really have better for the members and provides more control and consistent messaging for the employer. I'm going to take this slide that shows you the uptake during the last three years since the plans switched to the group platforms. So, with that lower rates and consistent messaging, and the benefits being part of the normal annual enrollment, you really have had significant uptake here in the past three years. They really are popular benefits. Let's go back to slide 5 in the presentation, and this gives an idea of the group enrollment from each vendor. And by-products they are looking at, group accident, critical illness and hospital

indemnity. These are the policies that were issued to subscribers within the group that they have. So they all have good membership. Moving to slide 6, these are carrier rates for the group accident plan. Met life is the current vendor. You see the 2020 rates there. And we are comparing -- met life quoted quotes benefits and updated benefits. And the updated benefits reflected the removal of age reduction at age 65 and 70 and a couple of new filed benefits in their plan, enhancements to their benefit plan. And you see Aetna and Hartford. Hartford has really low rates and you can see the death benefit they quoted was twice as high yet their rates were lower. So, they really did make a push for the business, and they're -- they were strong in that category. Moving on to slide 7, these are the critical illness rates. Critical illness is typically quoted on an age banded basis on per \$1,000 benefit based on the accidental death face value of the plans. And for comparison purposes, since the group accident and hospital indemnity were both four tier, we converted this to a four tier composite rate so it could be easily compared and would frankly sit on the page more easily. And lease are the lives that we're showing enrolled in these plans, over here on the far left, this was for illustrative purposes so you can see the total premium. These premiums are collected on an after tax basis so the benefits will not be taxed. And they are payroll deducted and 100 percent by the employer -- employee. . Moving on to slide 8, critical illness. This is the higher plan, the enhanced plan with a \$20,000 base value. Still composite four tier rates. Moving on to slide 9, this is hospital indemnity low rates. And Hartford and MetLife are very close. And slide



10, hospital indemnity high plan, again, Hartford and MetLife are very close. Let's move on to slide 11 and these are just general carrier differentiator, these were some of the items that were -- items of importance in RFP, just to make sure everybody answered the way the state wanted to see them answer. So, current vendor relationship. Hartford is the only company right now that is not a current vendor. Financial strength, everyone is very strong, all developers accepted the DA146A with no changes. All are willing to sign a BA, eligibility customer service, and the map enrollment which is part of the benefit enrollment system, all can do that, so, those are all good responses. Slide 12 all of the vendors provide communication materials. They all have portals and Websites that are ADA compliant, or in the process of becoming ADA compliant. There are no commissions built into the rates. All agree to five-year rate guarantees. The two Aetna and Hartford are both covering implementation credit, and MetLife doesn't need an implementation credit, but they did offer to continue the \$50,000 communication credit or training and other services. Moving on to slide 13. Here are just a few excerpts from the plan designs, the benefit designs. This top section is voluntary group accident, so you can see generally what was -- what was offered across there. The next one down is the critical illness and slide 14 is a voluntary hospital indemnity. All of these are very close. They offer good benefits. I don't really need to go through the appendix. The appendix simply had a description of the financial ratings. So, that's pretty much the presentation. So, we had good responses from all three developers that were kept as

finalists, and Hartford really, when we asked for those, really made a push to get the business. They've got very good benefits and very good rates. And that's it, Mike. >> Okay. Thanks, Gina. Just to -- a little closing here before we go into questions. The RFP does allow the contract by mutual agreement of the parties. At that point, I think you will open it up for questions. >> Commissioners, so, Mike, if I'm clear, from the memo, what the recommendation is, is to award a three-year contract to Hartford for the voluntary insurance plan. Correct? >> In the analysis that we did, that you just walked the Commissioners through with the rate structure and benefit offering, they do bring the best offer to the table. >> Got it. >> Commissioners, questions for Gina or Mike around the analysis ARP and voluntary group benefit insurance plans in >> Madam chair -- >> I think I heard Commissioner Schmidt first >> Okay. Thank you, madam share. This is Vickie Schmidt, Commissioner. I do have questions. On page 2 of the memo from Segal and staff where it recommends the awarding of that three-year contract to Hartford I was wondering the memo said Segal add accessibility cost to the vendor, ability to provide statewide services on a statewide basis and vendors ability to work with the health plan. I understand the material that was provided do cover some of those things but how does the information provided address all of that information in the memo? There's no reference to the claims processing, how that would work or how that has worked for people. There's no mention of the accessibility to the company by the member other than Websites and telephone numbers. Their ability to

provide services on a statewide basis, is that just based on, you can call them and the ability to work with the health plan? I don't understand. There isn't anything that addresses that. I think the analysis, if you put in that your memo. I think each one of those things ought to be addressed in the information that we received and most importantly, one big thing I feel is missing here is what is the feedback for state employees who have opted for this coverage, and the statistics that were given, in 2017, we had 663 plans, which I -- excuse me, which I assume means we have 663 employees that took advantage of the plan and 2019, 20,000 with the plan. I wonder what the employee reaction would be. What happens if they have a MetLife policy today. Do they have to go into the individual market then since we're not choosing the same one or do they roll over into a hardship plan? How does that work? And my last question or last set of questions is, is this again offered in the open enrollment employee for the state employee health insurance plan? And if so, I think maybe that last slide covered it a little bit. But is there reimbursement to the company for that convenience factor that they utilized to reach the employees prior to being included in the space that's offered. Now how did they reach their employees, what you told me that was an individual component where they actually came out and talked to the employees. Did that mean we were paying the individual 20-some percent commission, or did that mean they were meeting individually with our employees and they weren't charging us that commission? I know that was a lot and I would be happy to repeat any section you want. >> Thank you

Commissioner the first question was around the RFP and pieces analyzed. Mike or Gina, do you want to talk about the overall process or areas that were reviewed that weren't part of the memo that's that was prepared for the committee? Mike, do you want to address the memo, or do you want to -- >> What part of that memo. >> Mike, haveth is Commissioner Schmidt again. I guess on page 2, the first full paragraph says that staff and Segal reviewed benefit offerings which have been included. Cost to the member, that's been included. What did you do to evaluate the claims processing of the three bidders? >> I don't know what to say, I just -- >> I can talk about that. We didn't go and visit and look at their systems or anything like that, but we did have questions about how claims are submitted, and how they are paid. And they are very easily submitted online and several of the vendors have -- one of them called it smart payment. Another had another that I can't remember, or else the top of my head. But let's say you break your leg and it's a compound fracture, and you have to have surgery and stay in the hospital overnight. So, what they will do, they will receive your claim for the broken leg. All get your accident claim paid, and they'll see that you were in the hospital and pay your hospital indemnity benefit also. So, they look through the claims. They match claims up with the health claim provider also. They can get those claims and see -- see what's happening so that they provide the greatest benefit across all of those coverages that are possible, since they have all three of those coverages. So, that you don't necessarily have to submit a claim for each individual item. >> Did you

reach out to the insurance department in Kansas to find out what kind of complaints have been in each one of the companies in the state of Kansas? >> I did not. .

>> I think that would be an important piece of what the analysis would show. It says claims process in the memo but there's no background which one has a smart claim payment or which has something else. Do all of them coordinate with the health insurance plan? >>

They did coordinate, yes. >> Okay. I would think that would be important for us to know, also. Especially since we also do the state employee health plan. Accessibility to the company by the member is that an 800 number or Website only? They don't have a specific agent, I'm assuming? >> They don't have a specific agent. They can go -- it's online or call in. >> Okay. So, no person-to-person access, I guess? >> Call customer service and submit a claim or talk to somebody that way but there's not an agent down the street that you go see to submit a claim. It's not like your auto agent. >>

Understood. I assume ability to provide statewide -- services on a statewide basis is the same thing because you assume everyone has access to the Internet or a telephone? >> Yes. >> Okay. And the vendor's ability to work with the health plan, how is that assessed? >>

They all say they do it, and so we assume that they do it. And -- >> I think -- what does it say about any claims they had with MetLife about their claims payment. They have not had signature complaints about anything with the MetLife process and I have some other clients with Hartford and had asked about their experience with Hartford and they don't have complaints either with their claims payment. So I have -- >> Go ahead >> No,

go ahead >> I mean, I think the ability -- the ability to work with the health plan is an important piece, but I also think, you know, again, I would imagine that -- I'm disappointed that you didn't reach out to the insurance department in Kansas to find out what kind of information we had on each one. We often, at the insurance department we often are volumed in multi state actions where company A can be behaving not correctly in a state, and we could access that. I think -- I wouldn't have brought it up if it wouldn't be in here that it says that you've reviewed it and staff has reviewed it. Are they going to give us something from the free advertising the convenience factor to reach the employees? I guess I didn't really under the one chart that you referred to on page whatever that was regard what they were giving us? 12, page 12. Are you referencing the credit allowances >> What I'm asking rather than having it bundled up with the state health care benefits I had some employees approach me and think this was -- they were supposed to sign up for this. I know it says optional but when you're trying to make decisions on what health plan you want -- you know, think maybe you should Seip up for everything. Anyway, I think we're giving a lot of free advertising. They are not sending anybody out to the state to talk to our employees. They are not it's a very, I would manual, why the numbers have gone up so substantially from 600 to over 20,000 is because of the convenience in that, of signing up during the open enrollment period. And I'm just wondering if there's some allowance. It says that MetLife, I believe on page 12, they they would have continued to get 50,000 for communication. I'm

curious as to how the state employee health plan has used that. In the past I've never heard of 50,000 and what we've used that for, but and then the 57,000 for implementation credit allowance means, the Hartford, what does that entail. What can we use that for and what do we use that for? >> Those are typically used for communicating to the employees and setting up eligibility file, any sort of changes or costs that the state might incur in terms of implementing a new vendor, if you have to pay any fees to the old developer to get files transferred. These credits included in medical self funded plans frequently any sort of self funded -- any benefits that require some sort of activity to implement so these developers will offer credit that help the employer offset some of the costs. It could be communication. It could be file fees, it could be, you know, extra I.T. working any kind of items and expenses that would be incurred in implementing a plan or transitioning to a new group. >> Thank you, Commissioner Schmidt? . I had one other follow-up, I'm sour. The other thing I wondered about, I think, according to the memos, this RFP was released October 18th and closed December 3rd. I'm just wondering just a general question to you madam chair and Mr. Michael, I'm just wondering like why wouldn't we have seen -- why wouldn't we have a chance to look at some of the we didn't even have an opportunity to question any of the things we might want to question at the last meeting before we come to a meeting where we are just handed it and said this is all of the information? There's no opportunity to go back and ask any questions of the bidder. Is there a legal reason why the commission

couldn't have looked at these things in the previous meeting? >> We need to be careful. RFP process are not -- if we, as a commission, want to kind of have a different conversation about how we are doing our RFPs that was one thing, once an RFP was set and I'm kind of switching hats from the commission to secretary of administration, when it's put out, you have guidelines what are the things assessed to the awarding of that RFP so if we as a commission want to see RFPs and some of this early on, we agree. Yes, these are areas that we want assessed and want reviewed I think we could do that as you start to get in the next phase or negotiation part of it. As identifying vendors, there are processes with the state that kind of put guardrails around making sure that some of that information becomes proprietary, it is shared typically about the negotiation committee or assessment committee doing their analysis. So, if we need to walk through some of that, and take a look at the commission in terms of how that process is going through the state employee health plan and if we want overall tweaks to process so we feel a little informed how our RFPs are moving through and how it's assessed we could do that and it's not typically something brought here and baited and pushed back. Part of it, when you're in an RFP process some of that is not public until it's fully negotiated until an award is made. I think we can walk through that process and make sure we have an understanding there's waste we want to tweak the overall process not necessarily in relation to this one. In front of us but in general so the commission feels more informed about how various RFPs are evaluated, what are those factors considered



and what that analysis looks like. I think we can do that on the front end. Does that help Mr. Schmidt? >> It does. Thank you >> I believe, Commissioner, do you have a question? >> Yes, I did. First of all a comment in regards to the question about RFPs. So it stuck me what happens to be item number 6 of our agenda gives advance in the of RFPs coming up and that would give that opportunity, madam chair, that you talked about ahead of time. Two questions my first one. The -- back to that screen. Where we're looking at a comparison among the group. Yeah, there it is. We have faded MetLife and current MetLife. I'm wondering does the updated MetLife come in life closer to MetLife and Hartford may have offered as part of their offerings? I thinks it t was a death benefit that sticks in my mind or is the updated MetLife quote, superior, in some fashion, plan? Can you talk more about the difference between there, current and updated? >> Their current was truly matching benefits that are currently in place today the updated was removing the able reduction that was in the current one today in addition to enhancing some of the benefit offerings. So, between the time that we awarded the business to MetLife 1-1-2018, now they may have filed enhanced benefits or may be offering some maybe greater benefits or for additional conditions that somebody has, or an observation room in the hospital or something to that effect? Just some slight updates but, yes, they are in line with Hartford and Etna. >> Okay. All right. Does that help? >> Yes. Thank you. My second question is to Commissioner Schmidt. Listen to to your question, did you check with your department on either of the issues in regards to

Hartford standing and any complaints or that kind of thing? >> This is Vickie Schmidt, Commissioner, no, I did not. Once we received this it would be too late to -- no, I did not. I was curious, I thought maybe the team had consulted the insurance department about complaints. We handled a lot of consumer complaints every year. I would think that that should be -- and maybe that's part of the discussion that we can have when we talk about RFPs that the chairwoman referred to. I also think it would be important to figure out what employees think, whether our 20 some thousand employees happy with MetLife and what their experience has been, and I don't though that the EAC -- I know they weren't able to meet this last time. I don't know if the EAC would weigh into that or not. But that's something we ought to inquire of our employees. >> That's okay. Thank you. That's all of the questions I have. >> Commissioner Young or Commissioner Garcia, do either of you have questions? >> Sole don't have any questions. >> I don't have any either. >> All of the Commissioner, any other questions? >> So, hearing then, what we have in front of us is a recommendation, we have an open RFP and state employee health plan would need us to approve to move forward at this time. I know there's been a number of question, and so I will entertain a motion. I want to make sure the Commissioners have the necessary information to make the decision at the time and if there is additional information that anyone feels that they need before the decision is made. I'm not sure of the timing on this renewal that's necessary, so, we will need to confirm that with Mike. Is there any Commissioner that feels

there's additional information they need before they can make a vote on this recommendation? Okay. Hearing none, I will entertain a motion. >> Commissioner, I move we award a three year contract to the Hartford for the voluntary insurance plans >> Do I hear a second >> Commissioner Garcia. I second. >> All right. Do we have a motion for any additional discussion? >> All right. Hearing none, I will call for the vote. I'll do a roll call vote because it's RFP. So Commissioner, please bear with me. Commissioner Young >> I approve. >> Commissioner Schmidt? >> Aye >> Commissioner Garcia >> Aye >> Commissioner Dechant >> Yes. And Commissioner Burns Wallace approved as well. All right. Thank you, all. Great discussion and I hope we continue some of those RFP discussions as we roll through the rest of our agenda. Commissioner Dechant is correct No. 6 would be a great place to bring some of that conversation to as well as we have a number of RFPs this year that we can help strengthen the process. Our next action item is consideration of the transparency tool, or it's an RFP award. I will turn it back over to Mike to walk us through. You should have received a memo with background information and Mike can walk us through that RFP >> This is Mike Michael an RFP to provide transparency tools jazz want 2020 closed February 20th 2020 and one received from RX savings solutions. The transparency tool an optional benefit provided for health plan employees and dependents. Transparency tools designed to assist information with high quality cost effective decisions. Services are available for all planned members enrolled in plans A, C, J, N, Q and there's no cost to the member. The service

includes member outreach and pharmacy technicians. RX savings offers a program to assist reducing pharmacy spend by providing members information on cost effective high quality prescription drug options. The tool clouds online and telephonic support with member outreach about prescription options. Members have been able to discuss their prescription needs with their health care provider who makes the final determination on the proper prescription. RX saving solution is the current vendor and health care commission contracted with RX savings since 2015. Did provide a brief bio on the company in your materials. Got over 36 of employees have registered an account and over 44 percent of those individuals on a maintenance education have registered to utilize the benefit offering. The program savings in 2019 was 6.7 million for the health plan and 2.9 million for the members. The program savings since 2015 launch has been 29 million for the health plan and 11 million for the members there's a projected opportunity of 22.6 million that could be saved by the health plan and members with those individuals with the savings opportunity engaged with the program. And then in your memo, you have a list, go through all of those on how the savings achieved. The cost savings that occurs through negotiations on the price of a drug and then there's a reduction in that dosage cost for that medication. The others are categorized under new and recurrent behavior, changes, just to name off two or three down the list. There's that therapeutic alternative. Generic substitutions or generic clones, you have those in your memo, so I won't read all of those. In addition to the transparency tool offerings pricing, again some

areas reviewed were the services offered to the employees and their families functionality of the transparency tool. Ability to measure outcomes and vendors ability to provide quality customer service to members and health plan staff. With them being an incumbent over the last several years, we have a good feel for that. We have feedback from the members, testimonials, some of those are posted out on that Website for other members to review their experience with. The history with the company. RFP allows a option by mutual written agreement between the parties. Health plan does incur a per employee per month cost that's \$2.75 that remains flat or all three years of the contract and current employee per month is \$3.52 a nice reduction in the per month fee the health plan would pay. With that, I will open that up for questions >> So, the recommendation in the memo was to award a three year contract for the tryptase parency school for RX saving solution. Are there questions? >> Commission is Commissioner Schmidt, I have a couple question, please >> Go ahead >> I'm wondering on the savings that are on the bottom of page 1 of the memo, how are those calculateed? Is that data after the prescription has been changed? School or savings that were projected if suggestions were to be taken? >> No. It is only if the recommendation is followed through and that is documented with claims data that can be verified. >> So with PBM? >> Yes, once that data throws through the recommendation compared to what it was, if there was a change. If they elected not to or talked to their medical provider and they felt best not to do that each though there's savings that should remain

what they are doing. It actually has to occur and flow through the process to be verified. >> And how does -- may I continue, madam chair? >> Yes. >> Okay. Thank you. How do we determine the split between what the member saves and what the health plan saves? >> The health plan on any of the costs the health plan takes on a majority of those, after member reaches their deductible. Same way in the pharmacy world, the health plan picks up a majority of that. That's why you have a larger number savings of the plan versus the member because the health plan has a higher cost share in the process. >> Who determined that? Because some people never reefered their maximum. Other people -- other people do. I mean, how is that -- how is that split out? Who determines what that split is >> That's on the back end again when the data comes through claims process, so just a simple example if there was a \$10 cost, and the cost was 08 percent covered by the plan and 20 percent by the member. That would have been an \$8 and \$2 original fee, if that had been reduced in the health plan, they would pay \$7 and the member just pays a dollar, so, therefore, there was a dollar on each side that's verified with the data on what would have been paid originally versus what the savings now looks like between the cost share between the flap and the member. >> You're telling me each individual claim -- each time a member, atizes RX solutions for a change in medication regimen whatever that is. Then each individual claim is goes back to the cost sharing and each individual one is looked at to divvy up that savings? Is that how this works? >> RX savings does that on the back end, not the health plan >> Okay. >>

All right. Top of page 2 I think you answered my question there's a potential savings of more than 22.6 but it didn't say what. And that's million. Is that correct? >> That would be correct >> Okay, okay. Then my next question, on soft savings during negotiations who are the negotiations with? Are negotiations between the RX savings solution and PBM or who does those occur with >> RX brings that forward to the health plan and we engage the PBM to have those discussions and if needed we would bring RX savings to the table but that's how that would occur. >> I guess my question would be, CVS when looking at RFP for our PBM which we do not too long ago, maybe a year ago, when they talk about the savings that they have -- that they have saved the state of Kansas, they never break out the ones that the RX health solutions have done, because they held their feet to the fire. Is that correct? >> I'm -- I wouldn't answer that. That could be a true statement. And it may not be. I would have to reverify that. >> What wouldn't be true about that. If the RX savings come to the state employee health plan and says you're overpaying for drug X, and then you go back to the PBM and we think we're overpaying on this and PBM lowers the price, why wouldn't RX savings get the credit for that unless CVS saying they saved that money it was only brought to our attention when that savings occurred. I think they ought to be up front about that. >> I think the Commissioner is saying he can't verify what CVS can verify. If that's something we can do with other another vendor we do so but I don't know if can speak if he did not necessarily include it in that way when they submitted their information so we're -- >> I would appreciate having

that discussion because I had never, in the discussions we had a year ago, on the -- on the savings, to my knowledge, and I went through my notes, CVS never credited any outside entity with any savings. I think RX savings does save us money in that regard. I'll wrap it up real quick. Here's a couple questions that I have on hand that I would like to post to RX savings solutions, and I -- in the full disclosure, I did ask to talk to Dr. Company Rea, the founder and CEO of RX savings solutions and he spoke with me yesterday. I think I do know most of the answers to these questions but I wouldn't would like a part of the record because I think it's an important part of the record to have as we continue to have discussions in that commission about PBMs and how PBMs work. My questions would be the following and I can submit these if you want me to. Does RX solutions have any affiliation with any insurance company. Do they have any affiliation with any specific pharmacy, did they support or oppose the PBM proposed legislation in the Kansas State house? What's their position on PBM oversight? Are they a member of the pharmaceutical care management association which is engaged in litigation in Oklahoma, and Arkansas? I think those -- I would like this to be part of the record and then to get -- I know Dr. Ray would answer those questions for us, maybe as a follow-up at our next meeting. And thank you very much for your time >> My question, Commissioner Schmidt, are you asking for answers to those questions prior to a vote? >> No. >> Or do you want those on record in relationship to this vendor >> I want them to be on record in relationship to the vendor. But thank you for



asking >> Okay >> Commissioner young, 20 do you have any questions? >> No, I do not. >> Commissioner Garcia >> No, I do not. >> Commissioner Dechant? >> Yes, two questions. The savings to the health plan, which are quoted, I think the last paragraph on your page 1 of the memo, do the savings to the health plan include -- how do I want to say this -- are the costs to the health plan subtracted from the gross savings to make -- is that a net savings to the health plan or is that the gross savings to the health plan? Am I being clear enough? That would be gross and would be reflective when you look at ten-year projection sheet on the claims expense so it flows down through this. The spread sheet determines analysis of the savings for that one year of \$6 million. Is \$6 million less that you have to generate either from revenue or cost sharing through plan design >> Right. Right. >> Okay. And maybe I missed it. I said two questions, maybe three. What is the total contract amount for, or what do we expect it to be at the 2 and -- where is that, 2 1/4 number >> Per employee, per month. >> 275, yeah >> 275. Rough estimate. If you have 40,000 employees that's 2.40 cents this includes the state employees and employee groups over a 12 month period, somewhere around \$1.3 million. It's all based on head count if enrollment increased you have increase, it if enrollment goes down the number could decrease >> And non-state folks those employers pay theirs to it as part of the contract we had with them, is that correct? >> You mean the \$2.57 Commissioner? >> Yes. >> Well, everything goes into the claims expense, into the whole pool, and then the analysis is done based upon what the rate would be

to the state as an employer, and to the non-state as an employer. So it is factored in there not a \$2.75 back to their member. >> Okay. It goes into the calculation >> And my final -- I asked these questions similarly in other regards. I wanted to ask in this case as far as RX savings is this a tool that can be used by Medicare eligible members? >> It is a tool that could be used by the Medicare eligible helps. I don't know if they do use it. Those are fully insured plans and there may be tools provided by the companies that provide that, part B for those members. But, I mean, the general question is could a Medicare member use that tool? The answer would be yes. >> Okay. Good. Okay. Thank you. >> That's all I have. >> Thank you, Commissioner. Any additional questions? All right. Hearing none, I will entertain a motion >> Madam chair, this is commissioner Schmidt. I move we award three year contract for transparency tools to RX Solutions. Do I hear a second? >> This Is Commissioner Young young. I second. >> There's a motion and second, there's a motion on the floor. Is there any additional discussion? Hearing none I once again take a roll call vote for the RFP award. Commissioner Dechant? >> Yes. >> Commissioner Garcia? >> Aye. >> Commissioner Schmidt? >> Yay >> Commissioner Young >> Aye >> And Commissioner Wallace also votes in favor. All right. Thank you, Commissioners, we are on our fourth action item and this is the Medicare supplement plan year, 2021 rates. There's a memo in your packet and I will turn it over to Mike to walk us through this information. THFRJTS is Mike Michael. So, in accordance with the contract, the rate renewal is for plan year 2021 for the

Kansas senior plan C Medicare supplement policies was submitted by Blue Cross Blue Shield of Kansas, who is the current vendor. The Kansas senior plans are fully insured supplement plans offered by state employee health plans. The Kansas senior care supplement policies standardized product that is not age rated. The program has been in place for many years and enrollment numbers indicate it's been a preferred choice by members for supplemental coverage. Members if they are eligible for Medicare is required to select one from the Medicare plans. The members pay 100 percent of the premium. Blue Cross Blue Shield actuarial view. Have a rate increase for 2021 and staff along with Segal reviewed Blue Cross Blue Shield's premium offering and Segal's actuarial analysis agreed with the proposed rate increase submitted however the contract has a rate cap not to exceeded eight year increase forever 2021 therefore the increase was held for 8 percent. The current enroll along with the monthly premium rate force 2021 is shown in the memo. We'll take a couple minutes to walk through that. So, on the left column on plan name there's a plan C and C select. Plan G and G select and plan N and background refresher for the commissioners, when we talked about the award of this contract, beginning 1/1 of '20, this year, newly eligible Medicare numbers are not eligible to enroll in the plan C or C select. So, that is why we have the G and G select because they now replace the plan Cs and that's just not a Kansas, that's across the board, across the country and plan N is just another option for the members to elect on the plan C. Those members that were basically grandfathered in to that can continue to enroll in that

plan if they so choose. The select man plans a member can choose, it's less premium, if they agree to see the hospitals contracted in those areas. Everything we went over before but just a refresher what those plans are and why there are five of them. The next column over is current 2020 monthly rate. Next column over is proposed monthly rate and we show in the next column the monthly increase for that and percent of increase which we just talked about was held at 8 percent for each of those and current enrollment you can see plan C and C select still are the most popular plans that we'll start to change as all of our new Medicare eligible folks elect coverage to stay with the state employee health plan will be selecting, either G, G select or N going forward. So those numbers will begin to change over time. And with that, I will take any questions from the Commissioners. >> All right. Questions for the Commissioners? >> This is Commissioner Deccan I have a couple. >> Go ahead >> Will plan C stay available as long as the member continues to choose that, or will it end at the end of the contract period? >> It would not end, and it will remain available to the members because those members that are based between now grandfathered in to elect that plan. Somebody decided I want to try plan G for 2021, decided that wasn't for them. Those members could go back to a plan C. It's just all of the new members will have to elect one of the new plans, and G was one from the replacement plans for plan C. >> Okay. >> The -- should we anticipate a renewal of this contract, or at least when it goes out to be put up for bid? There was a 3 percent plus difference between the actuarial review

rates and the 8 percent that we might see significant increase come plan year 2022 >> Hypothetically that's a possibility. Some of that will be claims data, evaluated at that point in time. But, yes, that certainly is a potential option that the commission may see when that comes up for bid, and then we'll see, of course, next year this time. Where that falls. Historically, there's been some years with no rate change. This just happens to be a projected document digit change but fortunately in the contract it has hell to the high single ditch E. >> Okay. Thank you. That's all I have. >> Thank you. Commissioner Schmidt do you have any questions? >> I do not, thank you >> Commissioner Garcia >> I do not. Thank you >> And Commissioner Young? >> I do not. Thank you. >> All right. Seeing no additional questions I will entertain a motion. >> I move we approve the plan year 2021 premium for all five Kansas plans >> This is Commissioner Garcia, I second >> There's a motion on the floor. Is there any additional discussion? >> All right. Hearing none, we'll take the vote for the motion to approve the plan year 2021 premiums for the five Kansas senior plans. Commissioner Dechant? >> Yes. >> Commissioner Garcia? >> Aye >> Commissioner Schmidt? >> Aye. >> Commissioner Young? >> Aye >> And my vote, commissioners burns Wallace is approved as well. All right? >> Thank you, Commissioner. I know this is not easy doing it on the phone, but we are doing well and I appreciate everyone's patience. So, we are moving from our action items into our reports. Our first report is with the Employee Action Committee and I believe the president, Natalie is with us. Are you still on? >> Yes,

this is Natalie. >> The floor is yours >> Good afternoon health care Commissioners, thank you for letting me speak today, I am president of the Employee Advisory Committee, we all call it the EAC for short. I'm also associate council at Kansas board of regents. I like to start by saying thank you for all of our work as Commissioner, this is a heavy lift or not involved in a pandemic, and I know with all of the added responsibilities, that it's harder. And we do appreciate those efforts that you're making on behalf of the health plan. The employee advisory committee is a committee that the health care commission established many years ago to advise on matters related to the employee health care benefit. We have 18 active state employee members and three retiree members. And I know many of those members planning on listening to the HHC meeting today and I was able to speak with several members that were able to listen into the February meeting because of the call-in access that was provided, and, that they were very appreciative of those efforts to give week access especially to people who can't come to the Topeka board room. So, because of COVID-19 the spring meeting was delayed. It is now scheduled during May 7th at 10:30 a.m. That's a virtual meeting and more information will be provided on how state employees and members of the public can sign in to watch that meeting. Our primary topic will be recommendations for plan year 2021. Because we haven't had our typical spring meeting yet. I can't give official recommendations on behalf of the AEC, but I would say anecdotally, that several state employees have reached out, either to myself or other members of

the EAC and the thing that we're hearing the most, are concern about meeting those Health Quest point this year. I know there are efforts being made to reschedule all of the bio metric screening and there's also concerns about things like dental appointments. If it's canceled whether den tilts can schedule us in to get those two appointments this year. I don't know what options may be available, but there's a lot of concern about meeting the points required in order to get those premiums discount this year. That's what I had. I would stand for questions >> Thank you so much Natalie. Weave, I think at least for my office, I heard some similar things, I think Mike had shared either now or around some of that work. As always, I think the EAC is a critical piece of communication. As you have the main meeting we'll look forward to any updates or things that the Commissioners can get particularly ahead of time for the June meeting because our timing is a little off this year, and so, we'll look for a report out from that EAC and we'll review with our materials as we prepare for the June meeting. For my other Commissioner, are there any other questions or things that you want to share with Natalie as EAC chair? >> I second what the share said on both accounts, the value of EAC and also the opportunity to see their comments and discussion points before our next meeting regarding the health care program. That will be helpful. Thank you. >> There was another -- I heard another Commissioner's voice >> Sure. This is commissioner Schmidt. I will just say that I have those same notes about Health Quest points and it's funny. In my notes that I gave myself in this meeting, cy talked about the same thing for dental

appointments and those are three points each and trying to schedule two dental appointments six months apart in the compressed time frame we find ourselves in, I think is very important. Natalie thank you for the work that EAC does, but I really appreciate you bringing about the health quest points. I know we have a segment discussion item, I guess discussion, or old business on the health quest program and I plan to bring some of those things forward at that time also, so, thank you, I'm glad to hear that you've heard the same concerns through this formal EAC pros that's I've heard from my employees. >> Any other Commissioners questions or comments for Natalie and the EAC? All right. Hearing none, Natalie, any additional comments for the commission? >> No. Thank you for your time >> Thank you for joining us, as we said, we'll look forward to connecting with you. Because of the timing being slightly different prior to our June meeting. So, we'll work with Mike and you to make sure we can get a report out of the May meeting with our materials in preparation for our June meeting >> Thanks. >> All right. Our next report looks to be contract reporting for pending RFPs and that is Mike Michaels. >> Okay. This is Mike Michaels. So, on the RFP contracts for plan year 2020, there will be eventually six contracts that will be reviewed. There's an RFP to provide the medical planned administrative services which started April 6th and closed on April 10th and the current companies in that case of Blue Cross Blue Shield of Kansas and Aetna. And then the RFP for other services for the state employee health plan was posted on February 21st 2020, it was scheduled to close April 20th that's what is in the



memo. We've been updated since the memos went out that that will close on May 12st. We talked about that contract before. That's the service with the contract that goes out and audits the companies that the commission has contract was, medical, dental, any of those sub funded plans for commission. And then the voluntary insurance plans that was just discussed at this meeting. The transparency tools that was just discussed at this meeting, the other RFP preferred lab benefits that was discussed and awarded at the February 24th meeting and we have one RFP pending to be posted. It is in the process. As of today it is not posted yet. That's part D of the prescription drugs. Commissioners will remember last year that was an RFP that was discussed. At the time it was determined to stay awarded to one company and then reissued the RFP this year and with that, I'll take any questions. >> Mike, it might be helpful, I think, whether it's here or something we do as a follow-up, to maybe do an outline or sketch of an outline of the RFP process for Commissioners so that they have an awareness of, like the process and the time lines. I think this is a good layout to give us a date of what's coming or what is in our bailiwick. I think the discussion earlier highlighted the Commissioners needing additional information or additional background information as they come up to a decision in the meeting. So, you might talk about how we do that or communicate that information, so the Commissioners feel a little bit more informed about the RFP itself, what was assessed or evaluated as they have to make that final decision. >> Yeah. I appreciate that. This is Mike again. So, if I could make the request from the Commissioners that they

would send those items as kind of a general thought of what they would like to see, then we'll make sure that that's brought forward and shared with the Commissioners that can be shared as outlined by the chair earlier in the conversation regarding the overall RFP process. >> This is -- I know there are some aspects when going through RFPs there's information we share and other pieces that are proprietary until we get to the point of the final negotiations phases and so we have to be mindful of that. I think it's more about making sure everyone understands the process and has the ability to review necessary information so they can make an informed decision. So I think there's a way we can find that balance and still follow the guidelines in terms of protecting the bidding companies along the way in the process. I don't know if other Commissioners have other questions about the process or any of the existing RFPs. >> Commissioner Schmidt. I do have a couple of questions. I have a comment, maybe a question, about the process. You know, I do think it's important, again, when we were talking about the voluntary insurance plans, I do think it's important that we find out from our employees how happy they are with the current vendor and what their experience has been like. I'm not sure that goes into the -- I'm not sure where that fits into the RFP process but I think it's a step that has been left out and I would like -- I personally would like to see it put back in. >> And I will comment on that. This is Mike. You know, our office constantly gets feedback from the employee base, and some of that is taken into consideration. And I don't remember if it was this particular commission setting or

the one prior, but, there was a company that came in as a low bid but the information was shared with the commission about how they worked with both the members and the health plan, which was not positive, and the commission did not award to that company as low bid. So, Commissioner Schmidt has asked for that to be, I guess more formalized, but it is part of the process, and anything that we do, if we're hearing a substantial amount of negative feedback about a company, and historically, the commission has even ended the contract early, because of of the situation with the members, and cooperation, that even the health plan staff was getting. So, we'll try to work through and figure out how to formalize that more, but that is very important piece of information that was brought to the commission, if if some company is not living up to what they had bid to provide to the membership. >> Commissioner Smith, did you have any other questions or comments? >> No. I think that would be important, too. If those things have been occurring, you know, I've not been aware of any of that. That, you know, that we have -- I think that should be included in the memorandum to the Commissioners on the -- when the information is being presented to us. >> Thank you. >> We'll get that incorporated >> I believe I heard another Commissioner. >> It was me, but I don't have a comment anymore. >> All right. Thank you, Commissioner Garcia. Commissioner Young, any questions or comments? S when we go to negotiate or talk to these companies during the RFP process, is there a way that Commissioners can submit questions to you guys, or as negotiators or whatever, that we

want addressed by each vendor? >> Right. >> So we can get the questions to our answers -- the answers to the questions that we have straight from these people. Am I making sense? >> Yeah. You just want to be able to provide some questions and -- >> Right. Because I know several times, some of us have had question, and we put you on the spot, and you might not know the answer to our question, but if we were able to have those questions asked during negotiation, it would be directly from -- the answer would be directly from them >> Yep >> And if you want to remit any of that directly to me, then we'll make sure we get that incorporated >> Again, this goes back to our process, because for that to be effective and incorporated and make sure we are also staying in line with state procurement guidelines, we'll need to make sure that in terms of time, in terms of process but also for the Commissioners that you have that RFP and understand what was included in the RFP and what was asked for and it can be tricky. One of the things to keep in mind also is that the materials that are submitted, depending on the nature of the contract, some of that material can be a couple of pages of documents or it could be boxes upon boxes of documents. So, I think if we can find a way to get the Commissioners information that they can review and if they have questions to add to it so it stays within that process, that they can get their information back as part of like our final reports or evaluation, then that may be helpful. So, I think we're going to have to do a little bit of work. I don't think it's as easy for us to send on the questions. I think it's got to be printed on the RFP. The other thing we have to keep in mind our timing

with our RFPs to make sure we are moving them along in a timely fashion. >> Madam Chair, this is Commissioner Schmidt. Want to make sure I understand some pieces of what you just said. The health care commission nurse, though, should be able to see the RFPs before they go out. There wouldn't be a problem with that, correct? >> Not a problem. Nope. . Right now I note we have to make sure Mike can get those out to you so you can actually see them, make sure the areas that are being asked -- that vendors are being asked to respond to, yep, those are things we want them responding to. A >> DOES THAT MAKE SENSE. >> I THINK MAYBE THAT'S WHERE COMMISSIONER YOUNG'S QUESTION ABOUT, IF WE CAN SEE THE R.F.P.s BEFORE THEY'RE OUT ON THE STREET. I UNDERSTAND R.F.P. R.F.P.s ARE COMPLICATED. AT THE BEGINNING OF THE PROCESS, WE WANT THE INPUT NOT HAVE TO ASK QUESTIONS WHEN WE GET A MEMORANDUM AND IT'S DAY TO APPROVE THE CONTRACT, NOT ASK QUESTIONS ABOUT ABOUT WELL, DID WE HAVE A, B, C OR D. >> THIS IS MIKE, COMMISSIONER BURNS-WALLACE, THAT OCCURRED AFTER THE AWARD OF THE CONTRACT. WE DID PROVIDE THAT OUT FOR COMMENTS. WE'VE STARTED THAT PROCESS BUT WE CAN BUILD UPON THAT. >> COMMISSIONER SCHMIDT AGAIN. I'M WONDERING THERE AREN'T ANY COMMISSIONERS ON THAT P MC FOR ANY OF THE R.F.P.s. IS THERE A REASON FOR THAT? >> I DON'T KNOW, WE HAVE TO LOOK. >> I DON'T KNOW. I DON'T THINK THAT ANY ARE. WE HAVE TO LOOK AND MAKE SURE TO SEE IF THERE'S ANY REASON THEY COULDN'T BE. I DON'T KNOW OFF THE TOP OF MY HEAD. WE CAN

LOOK INTO IT. >> CAN WE HAVE THAT FOR A FOLLOW-UP ON THE NEXT MEETING? >> YES, THAT'S SOMETHING WE CAN SEND OUT TO THE COMMITTEE. I KNOW THERE'S NONE OF THEM ON THE PNC. I DON'T KNOW IF THERE'S ANY CONFLICT. I DON'T WANT TO SPEAK WITHOUT US CONFIRMING. >> I THINK IT WOULD BE WEIRD TO HAVE CONFLICT MORE THAN AWARDED THE CONTRACT. >> I AGREE, PART OF IT IS AGAIN, LET ME LOOK INTO IT. I WILL GET BACK TO YOU IS THE BEST ANSWER I CAN GIVE YOU RIGHT NOW. >> SURE. THANK YOU VERY MUCH. >> APPRECIATE IT. ANY OTHER QUESTIONS ABOUT THE R.F.P., THE PROCESS OR ANY OF THE CONTRACTS THAT ARE PENDING? MIKE, ONE OF THE THINGS TO THINK ABOUT ARE THE TWO THAT COMING UP, THE ONE THAT JUST CLOSED AND ONE DUE TO CLOSE ON MAY 1st. WE MAY WANT TO THINK ABOUT WHAT INFORMATION WE CAN GET TO THE COMMISSIONER SO THEY ARE BETTER INFORMED GOING THE NEXT TWO OPPORTUNITIES TO STRENGTHEN THE COMMUNICATION FLOW AND INFORMATION TO THE COMMISSIONERS. THAT WOULD BE THE MEDICAL PLAN ADMINISTRATIVE SERVICES AND THE AUDIT SERVICES, CORRECT? >> YES, THIS IS MIKE. THAT'S CORRECT. PREFER WE SEND THE R.F.P. OUT TO ALL OF THE COMMISSIONERS SO THEY CAN REVIEW. >> COMMISSIONERS DON'T YOU AGREE, YOU SEE THE R.F.P. FOR THE TWO THAT ARE UPCOMING THEN WE CAN GO FROM THERE? >> THIS IS MIKE. WITH THE REVIEW AND THEN TURN AROUND, QUESTIONS, FIND THE MEETINGS FOR THE R.F.P.s SO IF THERE WAS A QUESTION NOT IN THE R.F.P. THAT THE

COMMISSIONER WANTED TO ASK, THAT WOULD BE THE TIME TO GET KNACK. -- BACK. >> THIS IS COMMISSIONER SCHMIDT, I WOULD AGREE. JUST LET US KNOW THE TIMELINE WHEN YOU SEND THEM TO US SO WE'RE AWARE OF IT. >> IT'S MIKE, YES. >> ANY OTHER QUESTIONS OR COMMENTS ON THIS AGENDA ITEM? PERFECT. THANKS EVERYONE. WE'LL MOVE ON TO OUR FINAL REPORT, WHICH IS THE FINANCE REPORT WITH OUR TEAM FROM SEGAL, YOU SHOULD HAVE MATERIAL IN YOUR PACKET. >> THANK YOU.

THIS IS KEN VIEIRA. WE LIKE TO ADDRESS THE INITIAL QUESTION FROM THE LAST MEETING. ON LAST TIME WE DID FINANCIAL REVIEW PAGE 6 OF THE REPORT, WE LISTED THE TOP TEN CLAIMANTS ONE OF THE CLAIMANTS HAD THE ADMINISTRATIVE CONCERNS. THE DAY AFTER THIS PATRICK REQUESTED INFORMATION FROM BLUE CROSS AND WE GOT THE INFORMATION BACK. THEY GAVE A VERY LONG DEFINITION WHAT THAT MEANT. IN GENERAL, IT'S THE CHEMOTHERAPY DIAGNOSIS. WE FORWARDED THAT OFF TO THE STATE ON THE 25th. I KNOW THEY HAVE THAT WE WERE DIRECTED IT WOULD BE COMMUNICATED. I'M SURE WITH EVERYTHING GOING ON, FELL THROUGH THE CRACK. THEY CAN FORWARD THAT TO THE REST OF THE COMMITTEE. ANY OTHER QUESTIONS ON THAT ONE? THERE WAS TWO DIFFERENT REPORTS. I NOTICE THERE WAS ONE OF THE ATTACHMENT WAS SUBSET BIGGER REPORT. THAT CAN BE DISREGARDED. LAST TIME WE WERE ASKED TO DO A BENCHMARKING OF THE PLAN. GOING TO COMPARISON WITH LOCAL STATES, POSSIBLY SOME NATIONAL GROUPS AS WELL AS SOME STATEWIDE

GROUPS. I'LL LET PATRICK WALK THROUGH WITH THAT AND THEN DO AN UPDATE AND DO THE PROJECTIONS.

>> THANKS, CAN YOU HEAR ME? WE CAN TURN TO SLIDE ONE. THE PURPOSE OF THE PRESENTATION IS BENCHMARK KANSAS HEALTH PLAN PROGRAM AGAINST OTHER STATES WITH RESPECT TO PLAN DESIGN, RATE AND CONTRIBUTIONS AND WITH THE WELLNESS INITIATIVES. BEING VIRTUAL TODAY HAS A FEW WRINKLES. I WILL TRY TO PAUSE BETWEEN SLIDES. PLEASE INTERRUPT WITH QUESTIONS. I'M MOVING TO SLIDE TWO. THIS SLIDE OUTLINES THE METHODOLOGY WE USE TO DEVELOP THE CHARTS AND GRAPHS ON THE UPCOMING SLIDES. SINCE PLAN A AND C HAS THE VAST MAJORITY OF THE MEMBERSHIP, THEY ARE REPRESENTING THE KANSAS PLANS FOR THIS STUDY. WE BENCHMARKED THEM AGAINST NATIONALLY AND REGIONAL AVERAGES, PLAN A WAS COMPARED TO THE OTHER PPO PLANS, PLAN C IS COMPARED WITH THE CONSUMER DRIVEN HEALTH P LANS. THE FIVE REGIONAL STATES THAT WE SELECTED ARE YOUR NEIGHBORS, COLORADO, IOWA, MISSOURI, NEBRASKA AND OKLAHOMA. ALL THE REGIONAL INFORMATION IS UP TO DATE. 2020 PLAN DESIGN RATES, ALL THAT INFORMATION. SINCE WE HAVE A POOL 50 DIFFERENT STATES TO GET THE NATIONAL INFORMATION, IN LIEU OF TIME, WE HAD TO USE THE 2018 SEGAL STATE EMPLOYEE HEALTH BENEFIT SURVEY. AS YOU'LL SEE, WE INCORPORATE METRICS SUCH AS PLAN DESIGN AND COVERAGE, DESIGN STANDPOINT WE'RE LOOKING AT DEDUCTIBLES, COPAY, OUT-OF-POCKET MAX LIMITS. FROM COST PERSPECTIVE, WE'RE LOOKING TOTAL PREMIUMS AS WELL AS EMPLOYEE



CONTRIBUTIONS FOR SINGLE AND FAMILY COVERAGE. MOVING TO SLIDE THREE. JUST A QUICK SNEAK PREVIEW OF SOME OF THE RESULTS THAT WE FOUND. KANSAS PLANS HAVE LOWERED SINGLE AND FAMILY PREMIUMS COMPARED TO REGIONAL AND NATIONAL AVERAGES. THAT'S A GOOD THING. THE EMPLOYEE CONTRIBUTIONS FOR THOSE WITH SINGLE COVERAGE IS RELATIVELY CHEAP. FAMILY CONTRIBUTIONS ARE TREMENDOUSLY HIGHER THAN THE OTHER STATES THAT WE BENCHMARKED. THIS GAP BETWEEN SINGLE AND FAMILY COST IS ESSENTIAL THEME THAT YOU'LL SEE IN THE UPCOMING SLIDES. MOVING TO PLAN DESIGN. PLAN A IS LAGGING BEHIND THE OTHER REGIONAL PLANS. C IS PRETTY MUCH IN THE MIDDLE OF THE PACK. I KNOW THERE'S BEEN QUESTIONS ABOUT WHAT VALUE IS. IT'S AN INDICATOR ON THE MEASURE OF PERCENTAGE OF C CLAIMS PAID BY THE HEALTH PLAN. COPAYS, DEDUCTIBLES, COINSURANCE AND OUT-OF-POCKET MAX WILL REDUCE THE VALUE OF THE PLAN. PLAN WITH 70% VALUE, THE MEMBER WILL COVER THE REMAINING 30% TO OUT-OF-POCKET COST. IN TERMS OF WELLNESS, KANSAS IS AHEAD OF THE CURVE WITH EVERYTHING THAT IT GOT GOING ON. SLIDE FOUR. THIS SLIDE JUST HIGHLIGHTS THE DIFFERENT PLAN TYPES. THEY ARE OFFERED WITHIN THE REGION. ALL FIVE PLANS OFFER A PPO AS DOES KANSAS. YOU CAN SEE LITTLE TEAL KANSAS SYMBOL. THAT INDICATES IT APPLIES TO THE STATE. YOU OFFER A CDHP PLAN. THERE'S A SYMBOL THERE AS WELL. FOUR OUT OF FIVE STATES ALSO OFFER HIGH DEDUCTIBLE PLAN. MOVING DOWN TO THE HMO, 60% OFFER AN HMO OUT OF THE FIVE STATES. WE ALSO ON

THE FAR RIGHT-HAND COLUMN, THERE'S AN ADDITIONAL DATA POINT FOR LARGE EMPLOYERS. 82% OFFER A PPO, 69% HIGH DEDUCTIBLE PLAN AND ONLY 31% OF LARGE EMPLOYERS OFFER AN HMO. >> STATEWIDE NUMBER PROBABLY PRETTY CONSISTENT WITH THOSE REGIONAL -- WE LOOKED AT ALL THE STATES. NOT JUST THE REGIONAL ONE. >> LARGER EMPLOYER IS A NATIONAL PERCENTAGE? >> YES. >> THANK YOU. >> OKAY, NOW WE'RE GOING GET INTO COST METRICS ON SLIDE FIVE. THIS LAYOUT WITH THE GRAPHS IS USED FOR SEVERAL SLIDES. I'LL QUICKLY EXPLAIN. AS YOU CAN SEE, THERE'S TWO BAR GRAPHS. W. ON THE LEFT, PPO COMPARISON WHERE PLAN A REPRESENTS KANSAS, RIGHT SIDE SHOWS HOW PLAN C STACKS UP. COMPARISON SHOWN AT BOTH THE NATIONAL AND REGIONAL LEVEL SO THE NATIONAL BAR IS ON THE FAR LEFT IN TEAL. REGIONAL IS THE DARK BLUE IN THE MIDDLE AND KANSAS IS ON THE RIGHT IN PURPLE. IN CASE THERE'S ANY HAD K-STATE FANS. WE HAVE ACTUAL MONTHLY PREMIUMS FOR YOUR REFERENCE. FOR THIS SLIDE, WE'RE TALKING ABOUT THE SINGLE TOTAL PREMIUM RATE AND GOOD WAY TO THINK ABOUT WHAT A SINGLE PREMIUM IS, IT'S THE SUM OF THE EMPLOYER CONTRIBUTION AND THE EMPLOYEE CONTRIBUTION AND THAT AIM TO FUND THE TOTAL COST OF THE PLAN. WHEN WE COMPARE THE PLAN AGAINST THE BENCHMARKS, PLAN A IS SLIGHTLY LOWER THAN THE OTHER PPOs BOTH NATIONALLY AND REGIONALLY, WHEREAS C IS HIGHER THAN THE OTHER H DHPs. SLIDE SIX, SAME ILLUSTRATION, EXCEPT NOW LOOKING AT THE FAMILY PREMIUMS BEEN THE STORY

FOR PLAN A IS PRETTY SIMILAR TO THE PRIOR SLIDE. PLAN C FLIPS FROM HAVING A RELATIVELY HIGHER SINGLE PREMIUM TO A LOWER RELATIVE FAMILY PREMIUM. THE REAL REASON BEHIND THAT IS THE UNIQUE STRUCTURE, THE TIER STRUCTURE OF PLAN C. MOST PLAN HAVE A FAMILY RATE THAT'S ROUGHLY LIKE 2.5 TO 3.25 IN THAT RANGE. THAT'S THE RELATIVE DIFFERENCE BETWEEN THE SINGLE AND THE FAMILY RATE. THE NATIONAL AND REGIONAL PLAN, THE AVERAGE IS FOLLOW THIS LOGIC. THEY FALL WITHIN THAT RANGE. PLAN C FAMILY RATE IS UNDER TWO TIMES THE SINGLE RATE. IT'S LIKE SOMEWHERE AROUND 1.9. THAT'S WHAT'S DRIVING THAT PREMIUM DOWN COMPARED TO SOME THE OTHER REGIONAL AND THE NATIONAL AVERAGES. ANY QUESTIONS WITH THAT? >> YES. HAS SEGAL LOOK AT RATE STRUCTURE? ARE WE ACTUARIALLY COVERING OURSELVES AND WE JUST HAVE HAPPEN TO HAVE LESS CLAIMS ON THE FAMILY PLAN. OR RELATED THE FIRST SLIDE, WHERE IT WAS LOOKING AT SINGLE COVERAGE. ARE WE NEEDING THAT \$655 TO COVER OUR COST FOR THE SINGLE COVERAGE PEOPLE? >> WE PROBABLY NEED TO LOOK AT THE LOSS RATIOS LITTLE BIT CLOSER. I CAN'T IMAGINE -- I DON'T HAVE -- I DON'T HAVE THE NUMBERS IN FRONT ME, I ASSUME THAT FAMILY COST ARE MORE THAN 1.9 TIMES THE SINGLE COST. IT WOULD BE GOOD TO DIG INTO THAT LITTLE CLOSER. WE DO HAVE THAT INFORMATION. I DON'T HAVE IT IN FRONT OF ME, STEVE. >> NOT THAT I NEED IT AT THIS MOMENT. INTERESTING IN KNOWING. >> REALLY, THE RATES, THE PREMIUM RATES ARE BUILT BECAUSE EACH YEAR

WE'RE DOING PERCENTAGE WHAT IT WAS BEFORE. IF YOUR EMPLOYER FUNDING GOES UP 3% IT'S NOT TIED TO THE COST OF THAT TIER OR THAT PLAN. THEY JUST BEEN GOING UP AT THE SAME PERCENTAGE. THAT'S DEFINITELY WE PROBABLY NEED TO LOOK INTO CLOSER. >> UNDERSTOOD, I REMEMBER THREE OR FOUR YEARS AGO, WE MADE SOME SIGNIFICANT INCREASES IN EMPLOYEE PLUS SPOUSE AND EMPLOYEE PLUS FAMILY I BELIEVE IT WAS. I KNOW THAT WE WENT THAT ROUTE BECAUSE WE WANTED TO HAVE THOSE GROUPS ACTUARIALLY PAY THEIR WAY SO TO SPEAK. I'M SURPRISE TO SEE THE PLAN C TO BE SO FAR OFF. >> I THINK THAT'S WHY WE'RE CLOSING THE GAP ON THE SPOUSES. HERE'S THE DEAL. THE EMPLOYEE PLUS SPOUSE AND THE EMPLOYEE PLUS CHILDREN AND EMPLOYEE PLUS FAMILY, ALL HAVE THE SAME STATE CONTRIBUTION. IF WE WERE LOOKING AT AN EMPLOYEE PLUS SPOUSE TIER VERSUS A FAMILY TIER, THIS WOULD LOOK COMPLETELY DIFFERENT. I THINK THE GAP GOT CLOSED IN TERMS OF THE EMPLOYEE PLUS SPOUSE BUT BECAUSE THE FAMILY CONTRIBUTION IS THE SAME AS THE EMPLOYEE PLUS SPOUSE, THAT'S WHERE THE DISCONNECT LIES. >> THAT MAKES SENSE. THAT'S ALL I GOT. >> ALL RIGHT. ON SLIDE SEVEN, NOW WE'RE GOING TO TALK ABOUT EMPLOYEE CONTRIBUTIONS. THIS IS PLAN A, EMPLOYEE CONTRIBUTIONS THEY'RE PLAYING \$34 LESS PER MONTH THAN OTHER NATIONAL PPOs AND \$13 LESS THAN REGIONAL PPOs. PLAN C AS HIGHER CONTRIBUTIONS. WE DID USE THE CONTRIBUTIONS ACROSS THE BOARD FOR THE BASIS OF THE ANALYSIS TO KEEP EVERYTHING APPLES TO APPLES. YOU KNOW,

IF SOME OF THE REGIONAL PLANS AND NATIONAL PLANS DON'T HAVE A PROGRAM WHERE THEY'RE ABLE TO GET LOWER EMPLOYEE PREMIUMS, THAT WOULD DROP DOWN THAT PLAN C RATE BETWEEN I GUESS FROM \$70 DOWN TO \$30. THAT WILL PUT IT MORE IN LINE WITH THE REGIONAL. MOVING TO FAMILY CONTRIBUTION, THE PURPLE BAR JUMPS OFF THE GRAPH HERE. BOTH KANSAS PLANS ARE CHARGING FAMILIES ROUGHLY TWICE AS MUCH FOR COVERAGE THAN THE NATIONAL AND REGIONAL AVERAGES. THIS RESULT IN PROGRAM HAVING A HIGHER PROPORTION OF SINGLE EMPLOYEES WHO ENROLL. WE KNOW THAT WHEN WE SEE IN THAT TREND CONTINUE YEAR AFTER YEAR. WHEN YOU COMPARE TO NATIONAL REGION AVERAGES IT REALLY JUMPS OFF THE PAGE. THESE PIE CHARTS ILLUSTRATE THE EMPLOYEE SHARE OF THE TOTAL PREMIUM. ANOTHER WAY OF THINKING ABOUT THIS IS HOW MUCH SUBSIDY IS COMING FROM THE STATE PLAN AND HERE ON THE SINGLE SIDE, THE KANSAS PLANS ARE IN LINE WITH THE REGIONAL AVERAGES AND ACTUALLY PAY A LOWER PERCENTAGE THAN THE NATIONAL AVERAGE. AS WE FLIP OVER TO SLIDE 10, QUITE A DIFFERENT STORY WHEN WE'RE LOOKING AT THE FAMILY COVERAGE. EVEN LOOKING AT THE REGIONAL PIE CHART, IT GOES UP. IT GOES FROM 12% TO 19%. REGIONALLY THEY ARE CHARGING FAMILIES A HIGHER PERCENTAGE OF THE TOTAL COST BUT IT'S SIGNIFICANTLY LESS THAN INCREASE THAT WE SEE ON PLAN A THAT'S 50% AND PLAN C THAT'S 34%. SLIDE 11, JUST OUTLINES THE COVERAGE TIERS BY THE DIFFERENT STATES. KANSAS HAS A FOUR-TIER STRUCTURE PRETTY BASIC. EMPLOYEE ONLY,

EMPLOYEE PLUS SPOUSE, CHILDREN EMPLOYEE PLUS FAMILY. YOU GUYS ARE MAJORITY 23 OTHER STATES USE FOUR-TIER STRUCTURE. MOST ARE FOUR AND UNDER. STARTING IN SLIDE 12, WE'LL GO OVER SOME OF THE PLAN DESIGN METRICS. THE FIRST IS THE DEDUCTIBLES FOR SINGLE COVERAGE. KANSAS PLANS HAVE HIGHER DEDUCTIBLES THAN OTHER STATES. PLAN A SLIGHTLY HIGHER THAN OTHERS IN THE REGION. BUT THE SPREAD ON THE HIGH DEDUCTIBLE PLAN IS MUCH GREATER. >> THIS IS COMMISSIONER DECHANT. I THOUGHT THERE WAS MINIMUM DEDUCTIBLE THAT HAD TO BE IN PLACE FOR HIGH DEDUCTIBLE PLAN. AM I GETTING CONFUSED WITH SOMETHING ELSE ON THAT? >> THAT'S VERY GOOD POINT. HIGH DEDUCTIBLE PLANS ARE TYPICALLY HAVE A TRUE FAMILY ARRANGEMENT. THERE'S TWO DIFFERENT DEDUCTIBLES AND KEN, YOU CAN EXPLAIN THIS PROPERLY, EMBEDDED DEDUCTIBLE, THAT'S WHAT THE KANSAS PLAN HAS. UNDER AN EMBEDDED, YOU ARE AT THE MINIMUM DEDUCTIBLE LEVEL. IF YOU HAVE A TRUE FAMILY DEDUCTIBLE, YOU CAN GO QUITE A BIT LOWER. YOU CAN GET DOWN TO LIKE \$1400 AS YOUR MINIMUM DEDUCTIBLE. >> THAT'S RIGHT, PATRICK. IN GENERAL, THERE'S THE FEDERAL MANDATE THAT YOU HAVE TO DO FOR HIGH DEDUCTIBLE HEALTH PLANS. I'M NOT SURE IF SOME OF THESE IF INCLUDES HRAs. THAT MIGHT BE DIFFERENT. IN GENERAL, THE EMBEDDED DEDUCTIBLE THING IS CAUSING A LITTLE DIFFERENCE. YOU HAVE TO RAISE YOUR DEDUCTIBLE UP. YOU HAVE A LOT MORE COST SHARING THAN THE VAST MAJORITY OF THE BENCHMARKS. EVENTUALLY YOU CAN GET TO A PLACE

TO COMPARE YOUR ACTUARIAL VALUES. THERE'S LOT OF SLIDES IN HERE THAT WE'LL GO THROUGH. LIKE THE COPAYS AND ALL THAT STUFF. I THINK IN GENERAL, WHEN YOU GET TO THE END, PUNCH LINE, YOU DON'T HAVE TO -- >> OKAY, YOU LOOK AT THE INDIVIDUAL ELEMENTS, CAN BE MISLEADING INHAVE TO -- YOU HAVE TO LOOK AT THE BIGGER PICTURE. OKAY, ALL RIGHT. APPRECIATE THAT. >> SLIDE 13 SHOWS THE FAMILY DEDUCTIBLES AND THIS IS ALMOST MIRROR IMAGE OF THE LAST SIDE. THE REASON IT IS, MOST PLANS JUST TAKE A SINGLE DEDUCTIBLE PUT MY BY TWO, -- MULTIPLY BY TWO, THAT'S YOUR FAMILY DEDUCTIBLE. THAT'S WHAT'S MOST COMMON. THAT'S WHAT WE SEE FOR THE NATIONAL REGIONAL AVERAGES GOING UP BY 2X. AS THOSE PLANS SEE HIGH DEDUCTIBLES, ONLY DIFFERENCE PPO GOES FROM \$1000 TO \$3000, THAT'S BECAUSE YOU GOT THREE-TIER DEDUCTIBLE THAT'S SOMETHING THE COMMISSION IS LOOKING AT CHANGING BRINGING THAT BACK DOWN TO 2X. >> WHEN YOU LOOKING AT THE DEDUCTIBLE, THIS IS BEFORE YOU YOU HAVE ANY HHA MONEY, THIS IS THE DEDUCTIBLE AMOUNT LATER YOU'LL FIND OUT YOU CONTRIBUTE MORE THAN OTHER PLANS TO THE HIGH DEDUCTIBLE PLAN. YOU REALLY LOOK AT THE NET DIFFERENCE BETWEEN WHAT WE'RE CONCENTRATING ON. >> WE'RE STILL LOOKING AT DEDUCTIBLES HERE. THIS SHOWS THE RANGE OF THE DIFFERENT DEDUCTIBLES IN THE REGION AND THAT LITTLE BLUE OR TEAL STRIPE IS WHERE KANSAS FALLS WITHIN THAT RANGE. THE NEXT SLIDE SHOWS THE SAME THING FOR THE FAMILY DEDUCTIBLES. THE NEXT

DESIGN IS THE SINGLE MAXIMUM OUT-OF-POCKET LEVELS. BOTH KANSAS PLANS EXCEED THEIR STATE COUTH COUNTERPARTS WHEN IT COMES TO MAXIMUM AMOUNT. 6250 VERSUS 3000 TO 4000. THEN SLIDE 17 IS BASICALLY THE EXACT SAME. EVERYTHING IS MULTIPLIED BY 2X. WE CAN MOVE PAST THAT. SLIDE 18, WE GET INTO THE COPAYS FOR PLAN A. \$40 FOR \$32 FOR REGIONAL AND \$20 FOR NATIONAL. THIS IS FOR THE COST TO SEE A PRIMARY CARE PHYSICIAN. SLIDE 19 STILL ON PLAN A. WE'RE TALKING ABOUT THE PPO AND WE'RE LOOKING AT DIFFERENT COINSURANCE AMOUNTS AND 20% SEEMS TO BE THE NORM IN THE REGION. THAT'S WHAT THE KANSAS PLAN HAS. NATIONALLY IT'S MORE -- IT'S CLEAR TO 14%. THE NEXT SLIDE COMPARES THE HIGH DEDUCTIBLE PLAN FEATURES. LIKE KEN SAID, PLAN C AS HIGHER DEDUCTIBLE, OTHER HIGH DIMENSIONALS -- DEDUCTIBLES WE COMPARED IT AGAINST, IT DOES HAVE MAJOR ADVANTAGES. COINSURANCE IS 10% VERSUS THE 20% AVERAGE. THE HHA CONTRIBUTION IS SIGNIFICANTLY HIGHER THAN THE NATIONAL REGIONAL AVERAGES. \$1000 IS THE BASE CONTRIBUTION AND THAT DOESN'T INCLUDE THE \$500 IN ADDITION EMPLOYEES CAN EARN DUE TO WELLNESS PROGRAM. THIS HELPS OFFSET THE DEDUCTIBLES AND OUT-OF-POCKET COSTS. SLIDE 21, WHERE WE'RE BRINGING EVERYTHING TOGETHER SO WE MODEL EACH REGIONAL PLAN ACTUARIAL VALUE. PLAN C IS RIGHT IN THE MIDDLE. PLAN A RANKINGS TOWARDS THE BOTTOM. WHAT PLANS ARE CONSIDERED GOLD IF YOU'RE LOOKING AT LIKE A HEALTH INSURANCE MARKETPLACE RATING. 80% OF



ACTUARIAL ISN'T BAD. I WORK ON 80% SEEMS TO BE ABOUT THE AVERAGE. SLIDE 22, THIS IS WHERE THINGS GET LITTLE MORE COMPLICATED. REGIONAL PLANS ARE STILL RANKED BY THEIR ACTUARIAL VALUE. THAT'S INDICATED BY THAT RED LINE THAT'S ABOVE. WE'VE INCLUDED THE SINGLE PREMIUM RATES REPRESENTED BY THE BARS. LOOKING AT THESE TWO METRICS SIMULTANEOUSLY, ALLOW US TO SPECTACULAR -- SPECULATE ON PLAN SUFFICIENCY. IT SHOULD CORRESPOND TO HIGHER PREMIUMS. THOSE WITH HIGH PLAN VALUES THAT ARE ABLE TO MAINTAIN LOW PREMIUMS ARE CONSIDERED TO BE MORE EFFICIENT. HOWEVER, IT COULD BE INDICATION OF HOW UNDERLYING RISK IS IN THE PLAN'S MEMBERSHIP. WITH ALL THESE PLANS IN THE DIFFERENT STATES WE'RE NOT SURE WHAT KIND OF MEMBERSHIP THEY HAVE, WHERE THE MEMBERSHIP IS DISTRIBUTED. IT'S NOT PERFECT, IN THEORY THAT'S WHAT WE'RE LOOKING AT HERE. >> FOR EXAMPLE, IF YOU LOOK AT IOWA, WHICH IS THE HIGHEST ONE, THE COST IS ONLY SLIGHTLY OVER \$500, THEY HAVE A REALLY HIGH PERCENT OF ACTUARIAL VALUE? 90%? >> RIGHT. >> PLAN WITH LOW COST. REALLY LOW MEMBERSHIP. >> IT'S KIND OF HARD TO SEE IN THIS ILLUSTRATION. IN THE NEXT SLIDE, WE COMBINE THE TWO METRICS. MOVING TO 23, HERE WE'RE ESSENTIALLY RANKING THOSE PLANS BY THEIR EFFICIENCY. ONE WAY TO THINK ABOUT THE TOTAL COST WHICH IS WHAT WE'RE MEASURING HERE, ALL THE PREMIUMS ARE NOW NORMALIZED TO 100% ACTUARIAL VALUE PLAN. THE COMPARISONS APPLES TO APPLES. YOU'RE REALLY GETTING AT THE

UNDERLYING COST. THE MATH IS PRETTY SIMPLE HERE. WE'RE DIVIDING THE TOTAL PREMIUMS BY THE ACTUARIAL VALUES TO DETERMINE THAT TOTAL COST. WHEN WE LOOK AT THE SPECTRUM PLAN C IS AGAIN, RIGHT IN THE MIDDLE. PLAN A LAGS LITTLE BIT MORE TOWARDS THE BACK. >> I GUESS YOU'D EXPECT. PLAN A AS AN OLDER POPULATION, HIGHER USAGE IN GENERAL. YOU WOULD EXPECT THAT TO BE LITTLE HIGHER. >> NOW I'M GOING TO TRY AND MAKE THIS LITTLE MORE COMPLICATED. THIS METRIC IS NAMED THE OVERALL PLAN RICHNESS AND WHAT IT DOES IT CALCULATES THE PERCENTAGE OF TOTAL COST COVERED BY THE PLAN. THE HIGHER THE PERCENTAGE, THE LESS EMPLOYEES PAY IN IN TERMS OF THEIR PAYROLL DEDUCTIONS AND OUT-OF-POCKET CLAIMS. IT'S CONTRIBUTION AND PLAN DESIGN. RESULTS ARE SIMILAR TO THE PRIOR SLIDE. PLAN C IS IN THE MIDDLE AND A IS LAGGING A LITTLE BIT BEHIND AND THE PERCENTAGE IS HERE AROUND 72% AND 68%. >> IT CAN BE PRETTY CONFUSING I THINK. IN GENERAL, IT TAKES SAY A PLAN ACTUARIAL VALUE IS 80%, THAT MEANS IN GENERAL THE MEMBERS PAYING 20% OF THE COST THROUGH COST SHARING AND THE PLANS PAY 80%. ON TOP OF THAT IS ACTUAL PREMIUM RATE. WHAT PERCENTAGE DOES THE PLAN DECIDE TO PAY? LET'S SAY THE PLAN PAYS 90%. YOU TAKE 80% OF THE ACTUARIAL VALUE, THE PLAN PAYS 90% OF THAT WHICH IS REALLY 72% VALUE. THE MEMBER REALLY RESPONSIBLE 28% OF THE TOTAL COST. THAT'S KIND OF WHAT THIS DOES. IT'S KIND OF LIKE WHAT'S THE STATE REALLY CONTRIBUTING OF THE PERCENTAGE COMPARED TO OTHER PLANS IT

TAKES INTO CONTRIBUTION AND ALL KIND OF DIFFERENT ELEMENTS. PUSH THE PLAN DOWN THE BAR LITTLE BIT IN THE RANGE. DOES IT MAKE SENSE? ARE WE GETTING TOO COMPLICATED? TRYING TO NORMALIZE IT AS BEST WE CAN TO COMPARE THEM TO EACH OTHER. >> MAKE SENSE. >> GOOD. NEXT FEW SLIDES PATRICK WILL GO THROUGH THE FAMILY STUFF. LOT OF THE STUFF SIMILAR, UNTIL YOU TAKE INTO ACCOUNT THE PREMIUM PERCENTAGE. >> THIS IS SERIES OF SLIDES FOR FAMILY PREMIUMS AND CONTRIBUTIONS. THE ACTUARIAL VALUES OF THE SAME REGARDLESS. AS YOU RECALL, THE PREMIUMS WERE LOWER ON, ESPECIALLY FOR PLAN C, THEY WERE LOWER ON THE FAMILY SIDE. YOU SEE THAT HERE AND THEN MOVED TO THE NEXT SLIDE. THIS IS THE EFFICIENCY SLIDE AND HERE PLAN C IS ACTUALLY THE MOST EFFICIENT PLAN AND THIS HAS A LOT TO DO WITH THAT RATE THAT PREMIUM RATE BEING 1.9 TIMES THE SINGLE. IT'S SO MUCH LOWER THAN THE OTHER FAMILY PLANS WHEN YOU DIVIDE OUT THE ACTUARIAL VALUE, IT'S THE LITTLEST. PLAN A MOVES IN THE MIDDLE OF THE PACK. THEN WE LOOK AT THE OVERALL PLAN RICHNESS AND NOW WE'RE ADDING EMPLOYEE CONTRIBUTIONS AND AS YOU RECALL, PLAN A HAD LIKE \$900 CONTRIBUTION, PLAN C WAS \$400 VERSUS BENCHMARKS AROUND \$200. ONCE THIS GETS ROLLED IN THE EQUATION IT PUSHES THESE PLANS TO THE BACK. THAT'S DRIVEN BY THE HIGH EMPLOYEE CONTRIBUTION. >> PRIMARILY ALL THE COST RELATED INFORMATION AND BENCHMARKING. THE NEXT SECTION ACTUALLY GOES INTO TALKING ABOUT MEDICAL MANAGEMENT AND THE LAST SURVEY

WE DID STATEWIDE WE ASKED GENERAL QUESTIONS. WE DID THE DETAIL STUFF. THIS IS FINAL TO HIT ON WHAT YOU GUYS DOING VERSUS OTHERS STATEWIDE, MEDICAL MANAGEMENT. WE'RE LOOKING TO MOVE FORWARD TO THAT SECTION. DO YOU HAVE ANY QUESTIONS SO FAR? >> DO ANY OF THE COMMISSIONERS HAVE QUESTIONS SO FAR? >> NO QUESTIONS. >> WE CAN ROLL THROUGH THESE LAST FEW. >> WE'LL GO THROUGH FAIRLY QUICK. IN GENERAL WE TRY TO DO A QUICKER SURVEY IN 2018, WHICH IS STILL A YEAR OR SO OLD NOW. IT'S PROBABLY THE LATEST. TRIED TO HIT ON WHAT OUR STATE DOING REGARDING TELEMEDICINE, ALL THESE DIFFERENT THINGS HERE IN THIS TIER. TRYING TO GET A DECENT BENCHMARK OF WHO'S DOING WHAT WELLNESS ACTIVITIES. I THE ONE THAT HAVE THE MOST SUCCESS IS ONE THAT BRAND THEMSELVES. YOU SEE BEWELL KENTUCKY, THERE'S STAY WELL, THEY ALL HAVE LIKE A BRAND AND YOU GUYS HAVE QUEST. YOU'RE BRANDED ON THAT PROGRAM. NATIONALLY 61% OF THE PLANS DO IT. THEN THE NEXT FEW SLIDES ARE MORE SPECIFIC WHO'S DOING WHAT. YOU CAN GO THROUGH WHO'S DOING HEALTH RISK ASSESSMENTS ETCETERA. YOU GUYS ARE DOING ALL THESE. OTHERS MAYBE LIKE HALF THE POPULATION DOING THEM. IT VARIES ON BASED YOU DOING IT BY METRICS OR L IFESTYLE. SOME PEOPLE MAYBE COLLECTING DATA AND NOT DOING ANYTHING WITH IT. IF YOU HAVE TO COLLECT, YOU HAVE TO DO SOMETHING WITH IT. OTHERWISE YOU'RE JUST WASTING MONEY. >> IT'S LOT HIGHER THAN THE PRIVATE SECTOR. THAT'S OFF TO THE FAR RIGHT. >>

THIS IS COMMISSIONER DECHANT. BLUE COLORED BARS ARE THE PERCENTAGE OF OUR REGIONAL STATES THAT DO THOSE THINGS? IS THAT CORRECT OR NATIONAL? >> THESE ARE NATIONAL NUMBERS. >> THANK YOU. >> GO AHEAD, PATRICK. JUST HIT THE HIGHLIGHTS SO WE CAN GET THROUGH IT. >> THE NEXT SLIDE IS JUST HOW YOU'RE PROMOTING WELLNESS AND KANSAS IS DOING A PREMIUM REDUCTION AND FUNDING IN HSA. HRA. THOSE ARE RELATIVELY UNCOMMON NATIONALLY GIFT CARD IS KIND OF MOST POPULAR. THAT SEEMS LIKE A REAL PAIN TO ADMINISTER. THE NEXT SLIDE, WHO CAN PARTICIPATE. YOU GUYS ENCOURAGE YOUR SPOUSES TO PARTICIPATE. THAT'S 55% GO THAT ROUTE, 45% SAY NO. THE MAJORITY OF PEOPLE DON'T ALLOW KIDS TO PARTICIPATE. 82%. THEN THE NEXT SLIDE IS HOW DO STATES PROMOTES OFFICIAL UTILIZATION. PROVIDES TELEMEDICINE. THAT'S SOMETHING YOU GUYS ARE DOING, TRANSPARENCY TOOLS FOR MEDICAL AND PHARMACY COVERAGE, WE TALKED ABOUT R.F.P.s ON THAT TODAY. YOU GUYS HAVE CENTERS OF EXCELLENCE. TRANSPARENCY TOOL FOR PHARMACY, DRUG COVERAGE. YOU DOING MOST OF THE THINGS AND YOU CAN SEE THE PERCENTAGES THERE. THEY ARE FAIRLY LOW NATIONAL. >> WE DIDN'T HAVE A LOT OF THOSE BENCHMARKS FOR THE PRIVATE SECTOR DATA. THAT'S WHY THEY'RE ALL JUST BLANK. >> THE LAST SLIDE HERE IS WHO HAS STATE SPONSORED W ELLNESS CLINIC? 73% NO, 27% YES. YOU GUYS FALL IN THAT YES. THEN, IS THERE A SINGLE LOCATION OR MULTIPLE LOCATION OUT OF THOSE WHO HAVE IT. SLIGHT MAJORITY HAS MULTIPLE

LOCATIONS. THAT'S THE END OF THE BENCHMARKING STUDY. >> YOUR THOUGHTS? >> THANK YOU. COMMISSIONERS ARE THERE QUESTIONS? I THINK SOME OF THIS INFORMATION WILL FEED INTO SOME OF YOUR TOPICS AS WELL. ARE THERE ANY DIRECT QUESTIONS BASE ON WHAT YOU JUST HEARD? I KNOW THAT KEN AND PATRICK WILL STAY WITH US SO WE CAN REFERENCE BACK TO THIS MATERIAL IF NEEDED. COMMISSIONER DECHANT. >> GOING BACK TO MY FIRST QUESTION, SLIDES 25 AND 28 KIND OF THE PUTTING IT ALL TOGETHER AND GETTING US CLOSE AS WE CAN TO COMPARING AMLIES -- APPLES TO APPLES AND ORANGES TO ORANGES? >> SLIDE 25? >> 25 FOR THE SINGLE -- OR DID I GET THE WRONG NUMBER? I'M SORRY. SLIDES THAT SAY BENCHMARK OVERALL PLAN RICHNESS. ONE FOR SINGLE AND FAMILY. ARE THOSE THE APPLES TO APPLES AND ORANGES TO ORANGES SLIDES? >> THAT'S KIND OF A MEASUREMENT OF THE OVERALL SUBSIDY THAT YOUR STATE PLAN IS OFFERING. >> OKAY, THANKS. >> YOU CAN HAVE A REALLY RICH PLAN DESIGN BUT CHARGE \$2000 A MONTH FOR IT. OR OTHER HAND, YOU CAN HAVE A FREE HEALTH PLAN, ZERO DOLLAR CONTRIBUTION FOR A SINGLE BUT MAYBE IT'S A 60% HIGH DEDUCTIBLE PLAN. THIS TAKES ALL THAT INTO ACCOUNT, BLENDS IT ALL TOGETHER. YOU CAN SEE WHERE YOU FALL. >> OKAY, THANKS. >> THANK YOU. WE NEED TO RUN THROUGH THE REPORTS. >> I CAN GO THROUGH THOSE QUICKLY. WE DID ISSUE A NEW DATA IN FEBRUARY. IT SHOWED A SLIGHT IMPROVEMENT. WE'RE AT 4.8%, NOW WE'RE AT 4.7%. IN LINE BUT LITTLE BIT BETTER. WE THEN TOOK THE

DATA AND REPOPULATED THE MONTHLY CHARTS. NOW WE HAVE A NEW JANUARY THROUGH DECEMBER OF 2020. WE TAKE OUR ANNUAL NUMBER AND PRORATE IT BACK BASED ON TIMING OF CLAIM PAYMENT AND TIME REVENUE RECEIVED. HOW MANY CHECKS ARE IN A MONTH, THINGS LIKE THAT. >> MADAM CHAIR, CAN YOU TELL ME WHERE WE'RE AT ON THE CHART? WHERE ARE WE? WHAT ARE YOU REFERRING TO? >> I'M SORRY, IF YOU LOOK AT THE TEN-YEAR PROJECTION CHART, THAT'S THE MODEL, YOU'LL SEE PERCENT INCREASE, 4.7. I BELIEVE IT WAS 4.8 LAST TIME. WE DID GET CUT OFF ON THIS. WE HAVE ANOTHER YEAR THAT WE'VE ADDED. WE'RE NOW BALANCING BEFORE WE WERE BALANCING AT THE END OF 2008 WITH THE YEAR DONE, WE ADDED ANOTHER YEAR ON TO THIS. NOW WE'RE BALANCING TO THE END OF 2029. WHEN WE GET TO END THE '28, WE'LL HAVE EXCESS MONEY OVER RESERVE. YOU'LL LOSE NEXT YEAR BY NATURE OF A FLAT INCREASE. DOES THAT MAKE SENSE? >> EVERYONE FOLLOWING? >> HARD NOT BE ABLE TO POINT TO IT. THE 2020 NUMBER, NOW WE'RE ESTIMATING WE'LL BE AT \$53.4 MILLION AT THE END OF 2020 BASED ON THE OUR LATEST DATA. I BELIEVE LAST TIME WE WERE AT 47.1 I THINK. NUMBERS ARE BETTER OFF THAN BEFORE. WE TAKE THIS \$52.4 MILLION WE ALLOCATED OVER THE YEAR. WHEN YOU GO TO THE BUDGET THE ACTUAL NUMBERS EACH MONTH, YOU CAN SEE WE HAVE JANUARY AND FEBRUARY RESULTS IN THESE NUMBERS ALREADY. AS OF THAT RIGHT NOW, WE'RE \$3 MILLION AHEAD OF THAT BUDGET NUMBER. I DO HAVE MARCH NUMBERS THAT PUT OUR BALANCE, INSTEAD OF \$52.3 MILLION,

WE'RE AT \$54.1 MILLION I BELIEVE. WE'RE A LITTLE BIT POSITIVE IN MARCH. IT WAS PRIMARILY FROM REVENUES, I THINK WE GOT LITTLE BIT EXTRA REVENUE GOT PREPAID. THAT WILL BE IN APRIL. NUMBERS ARE WORKING OUT GOOD. WE DID HAVE WITH THE COVID SPIKE, HAD A PHARMACY SPIKE FOR THE ONE INVOICE CHECK THAT COVERED LOT OF ADVANCE PAYMENTS FOR 90 DAYS. THERE USUALLY IS A MEDICAL REDUCTION. WHEN I LOOK AT APRIL NUMBERS, PHARMACY LITTLE HIGHER AND MEDICAL IS LOWER. SOME OF OUR STATE PLANS WE'VE SEEN DO DROP ALMOST 30% ON THE MEDICAL SIDE. IT'S ALL DEFERRED ELECTIVE PROCEDURES AND ALL THOSE THINGS THAT ARE CAUSING REDUCTION FROM THE CLAIM RATES. THAT'S WHY YOU SEE SOME OF THE COMMERCIAL MARKET NOW, SOME OF THE VENDORS ARE OFFERING CLAIM REFUNDS. >> YOU SEE HUGE GAINS IN THE MARCH AND APRIL AS WE GET IN INFORMATION IN TOO. >> BENTYL >> BEN -- DENTAL DROPPED 90%. >> COMMISSIONER SCHMIDT. >> THANK YOU. I WAS WONDERING DID YOU DO ANY COMPARISON OR ANY INQUIRY ON THE TELEMEDICINE PORTION? IN KANSAS, I I HAVE HAVE NOT FOLLOWED EVERY OTHER S TATE. IN KANSAS, WE ARE PAYING PARITY I BELIEVE ON TELEHEALTH. WE OPENED UP TELEHEALTH TREMENDOUSING DURING COVID-19. WONDERING IF THE STATE SEEN SIGNIFICANT DROP, HAVE DONE THINGS LIKE THAT THAT COULD BE AFFECTING OUR NUMBERS. >> I THINK MOST OF THEM HAVE DONE TELEHEALTH. SOME OF THEM HAVE WAIVED CHARGES AND VIRTUALLY ALMOST FREE FOR TELEHEALTH NOW. THERE WAS A SPIKE IN THAT. I



HAVEN'T SEEN IT SPECIFIC FOR KANSAS. I DON'T KNOW THE EXACT RESULTS. I THINK LOT OF PEOPLE WERE FEARFUL THERE'S GOING TO BE A HUGE MEDICAL SPIKE. PEOPLE WERE RESERVED FOR IT. I DON'T THINK THE MODELS THAT WE'VE DONE RELATED TO THE DISEASE ITSELF, DON'T PRODUCE A HUGE FINANCIAL IMPACT EVER -- FROM THE DISEASE. WHAT END UP GETTING OFFSET IS ELECTIVE SURGERIES. THAT HALF PERCENT OF ONE PERCENT COVID TREATMENT, OFFSET ELECTIVE. THE JURY IS OUT WHETHER ELECTIVES WILL JUST BE DEFERRED. WE HAVE SPIKED END OF YEAR TO MAKE UP FOR IT. I'M NOT SURE IT WILL CATCH UP OR NOT. >> MADAM CHAIR, I HAVE ANOTHER QUESTION. >> YES. >> THIS IS COMMISSIONER SCHMIDT AGAIN. SOME OF THE ARTICLES I HAVE READ TALK ABOUT WE MAY NOT SEE THE SPIKE BY THE END OF THE YEAR BECAUSE OF THE UNEMPLOYMENT RATE AND PEOPLE LOSING THEIR HEALTH COVERAGE. HAVE YOU BEEN ABLE TO ASCERTAIN IF THAT WILL BE AN EFFECT? >> WE HAVEN'T BEEN ABLE TO. SO MANY MOVING PARTS. DIFFERENT ARTICLES AND DIFFERENT PUBLICATIONS EVERYDAY. WE TRYING TO COMPILE THAT. SEGAL BUILT A MODEL TO DO COVID ANALYSIS AND FOCUS ON THE DISEASE. HASN'T TAKEN INTO ACCOUNT ALL THE OTHER MOVING PIECES THAT HAPPEN WITH THIS. JUST SO NEW TO EVERYBODY. NOBODY EXPERIENCED IT. >> FOR OUR SEGAL PARTNERS, I KNOW THEY'LL STAY ON WITH US AS OTHER THINGS MAY COME UP. ANY OTHER QUESTIONS FOR NOW? >> I WANT TO SAY THANK YOU TO SEGAL FOR DOING THAT BENCHMARKING. IT'S THE NEXT PIECE OF OUR

AGENDA WHICH IS TALKING ABOUT THE 2021 PLAN MODEL. AS COMMISSIONERS KNOW, WE'VE BEEN TALKING ABOUT THIS OVER THE LAST COUPLE OF MEETINGS. LOOKING FOR SOME OF THAT BENCHMARKING DATA TO HELP GIVE US SOME CONTEXT ON TOP OF THE VARIOUS MATERIALS THAT THE EMPLOYEE HEALTH PLAN GROUP HAS BEEN ABLE TO PULL FOR US TO BEGIN TO REVIEW AS WE TRY TO BE BETTER INFORMED IN PREPARATION FOR OUR JUNE CONVERSATION AS WE LOOK AT RATES AND VARIOUS OTHER LEVERS TO IMPACT OUR PLAN YEAR FOR 2021. I WANT TO KICK THIS ONE OFF. THE PACKET OF INFORMATION COMMISSIONERS RECEIVED, MOST OF IT WE'VE SEEN BEFORE. I KNOW THAT MIKE MADE HIMSELF AVAILABLE IF ANY COMMISSIONER NEED TO WALK THROUGH SOME PIECES OF IT. IT INCLUDED ABOUT 10-YEAR RUN OF LITTLE BIT MORE OF VARIOUS THINGS INCLUDING CONTRIBUTIONS AND RATES AND EMPLOYER CONTRIBUTIONS, THE HSA, HRA CONTRIBUTIONS. RETIREES, JUST KIND OF VARIOUS THINGS, I THINK LOT OF THE THINGS WE ASKED FOR, TO HELP BETTER INFORM SOME OF THE LEVERS AND TRIGGERS THAT WE NEED TO THINK ABOUT IN PREPARATION FOR JUNE. I WANT TO KICK THIS OFF IN SUCH A WAY BECAUSE OF THE INFORMATION THAT SEGAL PROVIDED THAT WE WALK THROUGH AND MANY OF US REVIEW AHEAD OF TIME. THE PACKETS OF INFORMATION THAT EMPLOYEE HEALTH PLAN TEAM HAVE PULLED TOGETHER FOR US. WE'VE BEEN GOING THROUGH AND WALKING THROUGH FOR THE LAST COUPLE OF MEETINGS. I WOULD LIKE AS WE THINK ABOUT PREPARING FOR THAT JUNE MEETING, TO TAKE

ALL OF THAT INTO CONSIDERATION AND THINK ABOUT DOING SOME MODELING -- THERE WAS ONE DOCUMENT IF THE COMMISSIONER REMEMBER THAT HAD LIST OF DIFFERENT MODELS THAT THEY COULD RUN FOR US TO SEE WHAT TYPE OF IMPACT IT WOULD HAVE ON THE PLAN. I THINK THERE WAS A WHOLE KIND OF LAUNDRY LIST OF VARIOUS THINGS. I LIKE US TO REFINE THAT A LITTLE BIT TO START PLAYING WITH SOME VERY KEY LEVERS BASED ON SOME OF THE INFORMATION THAT WE'VE ALREADY RECEIVED. I'M GOING TO THROW A COUPLE OUT THERE THAT I LIKE OUR MODEL TO BE RUN ON TO BE SHARED WITH THE COMMISSIONERS IN THE NEXT WEEK. IF THERE ARE OTHERS THAT THE COMMISSIONER IS INTERESTED IN, I LIKE TO ADD THOSE IN AS WELL. THE ONES THAT I WOULD LIKE FOR YOU TO START WITH IS TO TAKE A LOOK AT IF WE WERE TO HOLD FLAT THE EMPLOYEE CONTRIBUTION, GOING INTO THE PLAN YEAR 2021, AND LOOK AT HOW THAT WILL IMPACT THE PLAN OVERALL. THEN KEEPING THE EMPLOYER CONTRIBUTION AROUND THE CURRENT LEVEL, I BELIEVE IT WAS MAYBE 4.5 LAST YEAR AND I THINK ON PROJECTED PLAN, THEY HAVE AT 4.7. TRYING TO KEEP THE EMPLOYER CONTRIBUTION IN THAT RANGE OF BUT AT THE SAME TIME, KEEPING THE EMPLOYEE CONTRIBUTION FLAT 0% INCREASE. TO SEE WHAT TYPE OF IMPACT THAT HAS ON THE PLAN. ALSO, THIS IS SOMETHING THAT I THINK LOOKING AT SOME OF THE BENCHMARKING THAT SEGAL DID BOTH INDIVIDUAL FACTORS AND THE OVERALL AND LOOKING ACROSS OUR HISTORICAL DATA AND LOOKING OUGHT OUR DEDUCTIONS AND OUT-OF-

POCKET AND THERE ARE THINGS WE CAN ADJUST INCLUDING WE'VE TALKED BEFORE ABOUT THE IMPACT REMOVING THAT THIRD TIER FROM PLAN A. THOSE BEEF IN -- IF YOU LOOK AT THE OVERALL THERE, IT'S NOT AS CLEAN JUST MOVING A NUMBER UP OR DOWN. IT HAS LARGER IMPLICATIONS, THOSE ARE THE FOUR AREAS THAT I LIKE TO SEE SOME MODELING SHARED WITH THE COMMISSIONERS TO SEE WHAT TYPE OF IMPACT IT WOULD HAVE ON THE PLAN. I WANT TO OPEN IT UP TO OTHER COMMISSIONERS TO SEE IF THERE ARE OTHER LEVERS IN THE MATERIAL THAT OTHERS WANT TO SEE IN THIS MODELING. I LIKE TO SEE IF WE CAN GET THIS TURNED AROUND TO THE COMMISSIONERS IN THE NEXT 10 DAYS SO THEY CAN START INFORMING SOME OF THEIR THOUGHTS AND RAISE ANOTHER SET OF REQUESTS THAT WE CAN RUN SOME THINGS AROUND. COMMISSIONERS? >> THIS IS COMMISSIONER SCHMIDT. I WOULD LIKE TO SEE ABOUT REMOVING THAT THIRD TIER OF DEDUCTIBLE FROM PLAN A. I WE'VE HAD DISCUSSION ABOUT THIS. I ALSO WANT TO ADD MY SUPPORT TO CLOSING FLAT FOR THE EMPLOYEE CONTRIBUTIONS FOR 2021. THE EMPLOYEE, THE GOVERNOR HAD PLACED HAD HER BUDGET PROPOSAL BACK IN JANUARY, 2.5% SALARY INCREASE FOR EMPLOYEES. I BELIEVE THAT THERE'S PROBABLY -- THAT DID NOT MAKE IT OUT OF THE BUDGET THAT WAS PASSED BEFORE THE LEGISLATURE WENT HOME. WITH THE CURRENT SITUATION THAT THE STATE FINDS ITSELF IN. THINKABLE THERE'S A STRONG -- I THINK THERE'S A STRONG POSSIBILITY THAT EMPLOYEES WON'T RECEIVE RAISES THIS YEAR. IF WE INCREASE THEIR EMPLOYEE CONTRIBUTION

WITH THAT SAME PAY LEVEL, THAT WOULD BE A DECREASE IN SALARY FOR THEM. I SINCERE IS SUPPORT HOLDING FLAT THE EMPLOYEE CONTRIBUTION FOR PLAN YEAR 2021 THANK YOU. >> OTHER COMMISSIONERS EITHER THOUGHTS ON SOME OF THE THINGS I THREW OUT. ARE THERE OTHER THINGS YOU WANT MODELS ON? >> COMMISSIONER GARCIA? >> I WANT TO SAY THAT I'M VERY GRATEFUL FOR ALL THE INFORMATION THAT WE GOT AT THIS MEETING. I SUPPORT ALSO WHAT'S BEEN SAID. BY THE PREVIOUS TWO COMMISSIONERS. >> THIS IS COMMISSIONER YOUNG. I DEFINITELY WANT TO SEE THE PLAN MODEL WITH THE THIRD TIER DEDUCTIBLE REMOVED FROM PLAN A. >> COMMISSIONER DECHANT. >> COUPLE OF THINGS, THE BENCHMARKING REPORT -- ONE THING THAT REALLY STOOD OUT AND STRUCK ME WAS THE LARGE AMOUNT OF DEDUCTIBLE ON THE PLAN C. I DON'T KNOW WHAT TO ASK FOR. I LIKE TO HAVE ENOUGH INFORMATION TO OR MAYBE LOOKING AT REDUCING THAT IF WE CAN. THAT SEEM TO GO SO MUCH HIGHER THAN OTHERS. THAT WAS ONE. THE COMMENT ABOUT HOLDING FLAT OR ZERO PERCENT INCREASE FOR EMPLOYEE CONTRIBUTIONS. WE WOULD CONTINUE WITH A MUCH HIGHER COST TO THE FAMILY PLANS. IF WE SIMPLY DO IT ACROSS THE BOARD, NO INCREASE. MAYBE THAT'S WHAT WE WANT. MY THOUGHT IS, MAYBE LOOK AT A MODEST INCREASE TO THE SINGLE COVERAGE AND A LESSER OR ZERO PERCENT INCREASE TO ONE OR MORE OF THE FAMILY TIERS. >> THAT'S NOT -- ARE YOU TALKING ABOUT THE EMPLOYER CONTRIBUTION TO THOSE OR -- >> I'M

TALKING ABOUT THE EMPLOYEE. >> OKAY. MODELING A POTENTIAL DECREASE IN THE FAMILY AND LEVEL -- >> MAYBE ONE OR TWO PERCENT AT THE MOST ON THE SINGLE. >> THEIRS WOULD INCREASE? >> YES, IT WOULD BE A VERY VARIANT WHAT THE ZERO PERCENT ACROSS THE BOARD TO ALL THE PLANS. >> IDEA THOUGH, WHAT YOU'RE LOOKING FOR IS THE WAY TO POTENTIALLY DECREASE ON THE FAMILY, THE PERCENTAGE IMPACT -- FOR THE FAMILY CONTRIBUTION? >> YES. >> WHAT I WOULD SAY, THERE MIGHT BE COUPLE OF DIFFERENT WAYS TO REACH THAT OUTCOME WHEN THEY DO THE MODELING. I'M NOT QUITE SURE. KNOWING WHAT THE INTENT IS, ARE -- WHAT ARE THOSE THINGS THAT CAN HELP WITH THAT BRINGING THAT FAMILY EMPLOYEE CONTRIBUTION DOWN A BIT. THAT'S YOUR CONCERN? >> THE INCREASE SEVERAL YEARS AGO OF THE FAMILY PLANS WAS TO MAKE THEM SUSTAINING IN THEIR OWN ACCORD THE COST THAT WAS COMING FROM THOSE. IF THAT'S THE DIRECTION THAT WE AS COMMISSION WANT TO CONTINUE GOING, I WOULD SAY WE DON'T DO WHAT I'M PROPOSING. IF ON THE OTHER HAND, WE WANT TO SEE A REDUCTION IN THE OVERALL COST RELATIVELY AT LEAST, TO THE FAMILY PLAN, THEN MODELING THAT I PROPOSED IS WHY I PROPOSED IT JUST TO HAVE US DISCUSS AND DECIDE, DO WE WANT TO CONTINUE IN THE DIRECTION OF EACH TIER BASICALLY CARRYING ITS OWN WEIGHT. WOULD WE RATHER FLATTEN THINGS OUT A BIT. >> THIS IS COMMISSIONER YOUNG. IS THERE WAY THAT WE COULD POTENTIALLY SEE NO INCREASE, HOLD FLAT EMPLOYEE MODEL BUT STILL SEE A DECREASE IN

THE FAMILY PLAN FOR THEIR CONTRIBUTION, MAYBE?  
FOR THIS YEAR? >> THIS IS STEVE DECLARANT. IT  
WILL BE HOLDING FLAT OR HOLDING SINGLE FOR  
EMPLOYEE. CHOOSING TO HAVE A NEGATIVE OR A  
DECREASE IN THE PERCENTAGE FOR FAMILY TIERS. >>  
THIS IS COMMISSIONER SCHMIDT. I WOULD SUPPORT  
THAT, KEEPING LIKE WE DID THIS YEAR, DECREASING  
THAT FAMILY. I THINK THIS YEAR WE DID THE  
EMPLOYEE PLUS SPOUSE DECREASE AND THE  
EMPLOYEE PLUS FAMILY. WE LEFT EMPLOYEE WITH  
DEPENDENTS AND EMPLOYEE INDIVIDUAL ONLY. I'D BE  
INTERESTING LOOKING AT SOME OF THOSE, SOME M  
ODELS WHAT THAT DOES TO THE OVERALL PICTURE  
ALSO. THANK YOU. >> WE CAN MODEL THOSE, PART  
OF THAT IS WHAT WE'LL NEED TO AS WE'RE MODELING  
EACH OF THOSE, KEEPING IN MIND, WHAT I'M  
LOOKING FOR IS WHAT IN THAT IMPACT TO THE  
OVERALL PLAN. THERE NEEDS TO BE PARTICULARLY  
RIGHT NOW, SENSITIVITY TO HOW DOES ALL THAT  
IMPACT THE PLAN OVERALL, ITS LONG-TERM STABILITY  
AS WELL AS JUST THE OVERALL COST. I THINK THE  
GOOD PART IS BEING ABLE TO MODEL DIFFERENT  
WAYS WE CAN SEE WHAT THE VARYING IMPACTS IS  
BEFORE WE GET TO THE POINT OF HAVING TO MAKE  
THAT FINAL DECISION. WE HAVE A GOOD LIST,  
THOUGH, FOR THEM TO START SOME OF THE  
MODELING. IT MAY CREATE ADDITIONAL QUESTIONS  
AFTER THEY DO THAT FIRST ROUND OF MODELING. I  
THINK THERE WAS A QUESTION -- WHICH  
COMMISSIONER WAS THAT? >> THIS IS  
COMMISSIONER YOUNG. I'M JUST GOING TO TOUCH  
ON WHAT COMMISSIONER SCHMIDT. EMPLOYEES

PROBABLY NOT SEEING AN INCREASE. WE GOT TO KEEP THAT IN MIND WHEN APPROACHING NEXT YEAR. >> IN PART OF IT IS, OVERALL, WE NEED TO LOOK AT, IT'S A PUSH AND A PULL. IF YOU DECREASE ONE, SOMETHING ELSE HAS TO INCREASE. THE FUNNING AND DOLLARS HAVE TO BE THERE FOR THAT INCREASE. IT IS BALANCE AND THAT'S WHY WE RUN THE MODEL. FOR EVERY ONE OF THOSE DECREASES, THAT IS AN INCREASES ANOTHER PART OF THAT MODEL THAT HAS TO BE FUNDED. >> COMMISSIONER DECHANT. I AGREE. AS A CHAIR STATED, WE GOT TO LOOK AT THE OVERALL BOTTOM LINE AND WHAT IT DOES OUT IN THE FUTURE AS WELL. CERTAINLY DON'T WANT GET BACK TO OUR LAST FOUR OR FIVE YEARS WHERE WE WERE CONCERNED ABOUT HOW OUR RESERVE AND HOW WELL IT WAS GOING AND WHAT COULD POTENTIALLY HAPPEN WHEN LOWER. >> ARE THERE ANY OTHER AREAS? I THINK WE HAVE A GOOD LIST FOR THEM TO START MODELING AND I ASK THAT THE TEAM TURN THOSE AROUND TO US IN WEEK TO 10 DAYS IF POSSIBLE TO GIVE US ENOUGH TIME TO DIGEST, ASK QUESTIONS AND IF WE NEED TO DO MORE. I WANT THIS GROUP TO FEEL THEY ARE INFORMED AS WE GO INTO THAT JUNE CONVERSATION FOR SETTING THOSE RATES. NOW IS A GOOD START. IT WILL HELP US IT TO SEE WHAT IS THE GOOD PLAN. ANY OTHER AREAS ANYBODY CAN THINK OF THAT WE WOULD WANT TO INCLUDE? I CAPTURED EVERYTHING THAT WE SAID HERE. I KNOW THERE'S OTHERS TAKING NOTES. WE'LL MAKE SURE WE KICK IT BACK OUT. IF THERE ARE, WE CAN ADD THEM AT ANY TIME. I WANT TO MAKE SURE WE DIDN'T LEAVE ANYTHING ON



THE TABLE RIGHT NOW. >> THIS IS COMMISSIONER DECHANT. I WOULD LIKE SEGAL BE ABLE TO ADVISE US EITHER BEFORE OR BY NEXT MEETING, HOW ANY DECREASES TO EMPLOYEE CONTRIBUTION, HOW THAT STACKS UP AGAINST THE COST OF THAT PARTICULAR ELEMENT PLAN? >> WE CAN BRING TOGETHER THAT DETAILED LOSS REPORT WHEN WE HAVE THAT IN OUR PROJECTION WORK SHEET. WE CAN SUMMARIZE THAT FOR YOU ALL. >> OKAY. IT WILL BE SEVERAL YEARS OF THAT DATA CORRECT? >> WE CAN DO THAT. RIGHT NOW IT'S JUST ONE YEAR. WE CAN ADD ANOTHER YEAR. >> GENERAL ASK, WE GOT THE INFORMATION, EMPLOYER AND EMPLOYEE RATE INCREASES. AM I JUMPING OUT WHAT WE SHOULD BE TALKING ABOUT NOW? IS THAT SOMETHING AHEAD? >> GO AHEAD. >> OKAY. WHAT I WAS INTERESTED IN THAT, OR ONE OTHER PIECE I WAS INTERESTED IN IS DOES THE EMPLOYEE, SINGLE EMPLOYEE COVERAGE RATE REMAIN THE SAME AS WE GO FROM SINGLE EMPLOYEE TO EMPLOYEE PLUS SPOUSE THROUGH EMPLOYEE CHILDREN AND EMPLOYEE FAMILY. THEN, DOES THAT PERCENTAGE REMAIN THE SAME FOR THE AMOUNT OF THE PREMIUM PAID BY THE EMPLOYEE THAT IS THE EMPLOYEE'S SHARE ONLY. I WOULD LIKE TO KNOW THEN HOW MUCH OF THE PREMIUM PERCENTAGE WISE IS APPLICABLE OVER VARIOUS FAMILY MEMBER TIERS OF SPOUSE VERSUS CHILDREN, VERSUS FAMILY. IS THAT SOMETHING DOABLE, MIKE? >> THIS IS MIKE. COMMISSIONER, ARE YOU ASKING WHAT THE PERCENT BREAKOUT IS ON EACH OF THOSE TIERS? THE EMPLOYEE PIECES CLOSE INTO THE OTHER THREE COVERAGE TIERS. THEY ALL HAVE AN EMPLOYEE

PIECE. IT'S FIGURED, ARE YOU REFERENCING THAT EMPLOYER AND EMPLOYEE? >> TWO COMMENTS, YOU CUT OFF LITTLE BIT. WOULD THIS BE SOMETHING BETTER FOR YOU AND TALK ABOUT AFTERWARDS SO I CAN CLARIFY WHAT I'M THINKING? >> IT MIGHT BE TO KIND OF WALK IT THROUGH AND THEN IT CAN BE SHARED BACK OUT TO THE OTHER COMMISSIONERS. I THINK WHAT YOU'RE ASKING FOR COULD BE HELPFUL. >> I'M OKAY WITH THAT. MIKE, I'LL FOLLOW UP WITH YOU. >> OKAY, THAT WOULD BE GREAT. >> THANKS. >> THAT SHOULD DO IT FOR ME. THANK YOU. >> ANY OTHER AREAS? THE GOAL IS, THIS IS SOMETHING THAT THE MODELS ARE GENERATED AND KICKED BACK OUT TO US WITHIN THE NEXT WEEK 010 DAYS. ALLOWING US AMPLE TIME TO DIGEST, TURN THEM AROUND, ASK FOR QUESTIONS AND EVEN MORE THAT COMES OUT, THIS HAS TO BE SOMETHING THAT WE CAN LOOK AT AND DIGEST AND WORK WITH PRIOR TO GETTING OUR MATERIALS FOR JUNE. I WANT TO MAKE SURE WE HAVE THE TIME TO DO SO. >> THIS IS COMMISSIONER SCHMIDT. I HAD NOT EXACTLY PULLING THE LIVES -- LEVERS, I HAVE COUPLE OF QUESTIONS. I KNOW SOME OF THE INFORMATION PROVIDED -- THERE'S LOT OF INFORMATION PROVIDED -- I WAS TRYING TO LOOK AT SOME OF THE HISTORY THAT WAS PROVIDED IN THE SPREADSHEET THAT WE HAVE. I WANTED TO MAKE NOTE THAT PLAN A, IT LOOKS TO ME LIKE OUT-OF-POCKET MAXIMUM MORE THAN TRIPLED FROM 2014 TO 2018. I DON'T WANT TO LOSE SIGHTS EVER THAT. IN PLAN C, OUT-OF-POCKET MAXIMUM DOUBLED FROM 2014 TO 2018. THAT'S A VERY SHORT PERIOD OF TIME FOR THINGS TO BE

TRIPPLING AND DOUBLING IN THAT OUT-OF-POCKET MAXIMUM. ALSO, THE CHART THAT I TALKED ABOUT THE EMPLOYER RATE FROM FISCAL YEAR '10 TO '21. THOSE ARE EMPLOYER RATES. I'M WONDERING IF WE CAN HAVE A COMPARISON. IT LOOKS LIKE THE FULL TIME EMPLOYEES ON THE HISTORY PART OF THIS, IT LOOKS TO ME LIKE THE FULL TIME HAS GONE TO 633. I LIKE TO KNOW WITH THE EMPLOYEES ONLY DEPENDENTS ETCETERA, FINDING WHAT THE SIDE BY SIDE OF WHAT THOSE RATES HAVE BEEN IF POSSIBLE. I CAN WORK WITH MIKE OFFLINE TO EXPLAIN THAT FURTHER IF I NEED TO. >> BECAUSE THE PERCENTAGES IS IS ONE OF THE OTHER C HARTS. I DON'T KNOW THAT THE DOLLAR AMOUNT. ARE YOU LOOKING FOR THE DOLLAR AMOUNT? >> I'M LOOKING FOR THE DOLLAR AMOUNT. CORRECT. >> THERE'S ONE BIG CHART, THAT SAYS EMPLOYER AND EMPLOYEE CONTRIBUTION PERCENTAGES THAT RUNS FROM '15 TO '20. IT HAS THE EMPLOYEE, SPOUSE, CHILDREN AND FAMILY IN EACH CATEGORY. IT DOESN'T HAVE DOLLAR AMOUNT. >> WHEN I LOOKED AT THE ONE, PAGE 11 OF 11, IT'S THE EMPLOYER RATE 10 TO 21. >> THAT ONLY HAS THAT ONE. IF WE NEED MORE THERE, IF YOU CAN WORK WITH MIKE, I'M SURE THEY CAN PULL THAT ACCORDINGLY. >> THIS IS MIKE. I WILL JUMP IN. FY '10 THROUGH '21, SOUNDED LIKE WE WANT TO LOOK AT THE EMPLOYEE RATE PERCENT INCREASE WITH THE RATE. >> CORRECT. >> WE DO HAVE THAT. I'M NOT SURE WHAT ORDER YOU HAVE YOUR SHEETS IN. AT THE TOP IT SAYS STATE OF KANSAS RATE, ACROSS THE TOP HAS THE PERCENT AND ALL THE CONTRIBUTION AMOUNT. >> WHEN IT

SAYS EMPLOYEE 415.85, WHAT IS THAT? FOR WHAT PERIOD OF TIME? >> WHATCHART ARE YOU ON? >> THE ONE YOU JUST REFERRED TO. 10 OF 11. KANSAS HEALTH PLAN 2008-2020, NEVER MINE, THAT'S RETIREES. >> I THINK IT HAS 6 OF 11 IN THE CORNER. >> YES. THAT'S CORRECT. >> OKAY, I NEED TO COMBINE THESE TWO. COULD I HAVE THE PERCENTAGES? >> THE PERCENTAGES WILL BE ACROSS THE TOP. LOOKING AT THAT CHART, FAR LEFT COLUMN, THE EMPLOYEE RATE, WHERE WE DID THE 3.3% IN '19, THE RATE WENT FROM '18 TO 38, 61 FOR SINGLE TO 3990. IN '20 IT WAS HEALTH FLAT. '19 WAS 39 AND '20 REMAINS 39. IS THAT THES IN YOU'RE LOOKING FOR? >> ON 2012 ON THE VERY TOP, 44% GOT AN ASTERISK. WHAT IS THAT ASTERISK? >> PULL THAT OUT. LOOKING AT THE PRIOR YEARS, 44% INCREASE, THERE WERE LOT OF VARIANCES IN THE EMPLOYER AND EMPLOYEE CONTRIBUTION AMOUNT. PRIOR YEARS LEADING INTO PLAN YEAR 2012. EMPLOYER AMOUNT CONTRIBUTION HAD INCREASED TO 96%. AT THAT POINT IN TIME, THE COMMISSION HAD INDICATED THEY LIKE TO SEE THE PLAN CONTRIBUTION RETURN TO A 955 ON THE EMPLOYEE AND 5545 ON THE DEPENDENT. THAT ADJUSTMENT CAME IN WAS AT 44%. YOU CAN SEE IN 2011, THAT CREATED \$30.35 FOR SINGLE AND THEN WITH THAT 44% WENT TO 3490. AT THE SAME TIME, THE READJUST THAT DEPENDENT PIECE TO THAT 5545, THERE WAS A 7.4% DECREASE. YOU LOOK DOWN THROUGH PLAN A, DECREASE FROM 12745 TO 124 CORRESPONDING WITH THE OTHER TWO TIERS. THAT'S WHAT THAT REPRESENTED AT THAT POINT IN

TIME. THAT'S WHAT THE COMMISSION WANTED FOR A CONTRIBUTION, EMPLOYER-EMPLOYEE, 955 AND DEPENDENT ADDED THEY WANTED 55 EMPLOYER AND 45 EMPLOYEE CONTRIBUTION. THAT WAS A REALIGNMENT BECAUSE OF WHAT HAPPENED IN PRIOR YEARS. >> WOULD YOU MIND PUTTING THAT IN MEMO FORM SO WE CAN STUDY A LITTLE MORE? I WOULD REALLY APPRECIATE THAT. >> YES. >> THANK YOU. >> WE ARE AT ABOUT 4:15. WE ARE TRENDING ON THREE HOURS. I WANT TO BE MINDFUL OF PEOPLE'S TIME AND ATTENTION. WE HAVE A FEW MORE ITEMS ON THE AGENDA. I LIKE TO SEE WHAT WE CAN COVER AND THEN SEE IF THE COMMISSIONERS WOULD BE WILLING TO DEFER ONE OR TWO ITEMS TO OUR NEXT MEETING. ONE OR TWO OF THESE ARE TIMELY AND THE OTHERS HAVE TIMELY ASPECTS. WE CAN POTENTIALLY DEFER. IF YOU ALL WILL BEAR WITH ME I CAN DO NUMBER 9 QUICKLY AND THEN FOR NUMBERS 10 AND 11, WHAT I LIKE TO DO IS TO SEE IF WE CAN DEFER THOSE TO THE JUNE MEETING. IF SOMEBODY FEEL THAT WE NEED TO ADJUST THEM HERE, I WILL NOT MOVE THEM. I WANT TO BE JUST MINDFUL OF YOUR TIME AND YOUR CONSIDERATION. IS THERE ANY OBJECTION TO MOVING NUMBER 10, WHICH IS THE HEALTH PROGRAM REPORT OUT IN CONVERSATION AND THEN NEW EMPLOYEE WAITING PERIOD CONVERSATION TO OUR JUNE MEETING? >> MADAM CHAIR, THIS IS COMMISSIONER SCHMIDT. I DON'T THINK NUMBER 11 WILL TAKE THAT MUCH TIME. POSSIBLY IF WE NEED TO DO A RULE AND REGULATION CHANGE, WE WOULD NOT -- I WOULD PREFER THAT WE GET STARTED ON THAT SOONER

RATHER THAN LATER. >> OKAY. >> COMMISSIONER YOUNG. HEALTH REQUEST PART, WE HAD ALL TYPE OF TOUCHED ON THE POINT PART. IS THAT SOMETHING WE NEED TO HAVE PUT IN PLACE IF WE ARE GOING MAKE ANY POINT ADJUSTMENTS FOR OUR EMPLOYEE PARTICIPANTS? CAN THAT HOLD OFF UNTIL JUNE? >> WE CAN DISCUSS THAT AS PART OF NUMBER 12. INDIDN'T TAKE NUMBER 12 OFF BECAUSE OF CURRENT CIRCUMSTANCES. I THINK THAT'S SOMETHING WE CAN TALK ABOUT WITHOUT -- NUMBER 10 WAS TALK ABOUT LARGER CONVERSATION ABOUT LONG-TERM WITH HEALTH QUEST AND WHAT IT NEEDS TO LOOK LIKE AND WHAT WE KNOW ABOUT IT. WE CAN SEPARATE THAT OUT AND TALK ABOUT THAT. >> I DIDN'T WANT TO PUSH PAST IF WE NEEDED TO MAKE ANY ADJUSTMENTS TO THE PROGRAM IN ORDERTOR PEOPLE TO HIT THEIR POINTS OR WHATEVER WE DECIDE TO DO THERE. >> EVERYBODY OKAY WITH US HAVING LARGER INFORMATION AROUND HEALTH QUEST MOVING THAT TO THE JUDGE AGENDA? >> YES. >> YES, PERFECT. I WILL DO NUMBER 9 SO EVERYONE AWARE. I MENTIONED ABOUT THE STATE EMPLOYEE HEALTH PLAN EXECUTIVE REORGANIZATION. THAT I'M ACTUALLY OUR DATE WAS MARCH 30th, WHICH HAS PASSED, WHICH MEANS THAT EXECUTIVE REORDER IS IN PLACE. SO THE STATE EMPLOYEE HEALTH PLAN WILL MOVE JULY 1st. OUR AGENCY BETWEEN KDHE ARE WORKING TO PUT ALL THE ADMINISTRATIVE PIECES IN PLACE. IT IS MORE ADMINISTRATIVE ON THE BACK SIDE THAT WILL BE SEEN. I WILL HAVE MORE UPDATE IN JUNE BECAUSE OF COVID AND MANY THINGS GOING ON, WE KIND OF

SLOWED ON THAT TRANSITION NEED TO WAIT THERE THAT MARCH 30th DATE. NOW THAT IT HAS PASSED OUR OPERATIONS CAN JUMP BACK IN AND GET FULLY UP TO SPEED ON MAKING THAT TRANSITION. IN JUNE, I CAN BRING BACK MORE DETAILS OF WHERE WE ARE IN THAT TRANSITION AND TAKE ANY QUESTIONS ANYBODY MIGHT HAVE AROUND THAT REORGANIZATION. OUR GOAL IS TO KIND OF LIFT AND DROP. WE'RE NOT CHANGING THE NATURE OF THE ORGANIZATION OR THE STRUCTURE OR ANYTHING AT THE TIME. WE'RE JUST LIFTING IT UP AND MOVING IT INTO D OF AER, PART OF THE ERO. THERE WILL BE SOME TRANSITION THAT WE HAVE TO DO BETWEEN US AND KDHE. I'LL HAVE A BETTER READ OUT OF THAT AT THE JUNE MEETING. THERE ANY QUESTIONS AROUND THE ERO AND THAT MOVEMENT OF THE PROGRAM TO THE OFFICE AND ALL OF ITS FUNCTIONALITY TO D OF A? ALL RIGHT. HEARING NONE. WE HAVE DEFERRED ITEM NUMBER 10. NOW WE'LL MOVE TO ITEM NUMBER 11, THE NEW EMPLOYEE WAITING PERIOD. THERE IS A MEMO ON THAT. I'LL TURN IT OVER TO MIKE TO WALK US THROUGH THAT MEMO. >> MIKE MICHAEL. THE CURRENT NEW EMPLOYEE WAITING PERIOD IS THE FIRST OF THE MONTH FOLLOWING A 30 DAY WAIT PERIOD. THIS APPLIES TO ALL FIVE OF THE PLANS THAT WE TALKED ABOUT. CURRENTLY HAPPENS IS THE NEW HIRE START DATES HAPPENS ON 4/1. THEIR EFFECTIVE DATE OF COVERAGE WILL BE MAY 1st. THEY HAVE TRUE 30 DAY WAIT PERIOD AND THEN THE COVERAGE IS EFFECTIVE THE FOLLOWING MONTH. IF SOMEBODY STARTED ON THE EIGHTH OF APRIL, THEY WILL HIT THEIR 30 DAY WAIT PERIOD, MAY 7th. THEIR

EFFECTIVE DATE WILL BE JUNE 1st. CAN GO ANYWHERE FROM HIRE DATE ON THE FIRST TO 30 DAYS TO ALMOST UP TO 59 DAYS FOR AN INDIVIDUAL. THAT'S WHERE THAT CURRENT WAITING PERIOD, THEY ARE LOUT OUTLINED IN THE KANSAS ADMINISTRATOR -- ADMINISTRATIVE REGULATIONS. THEN IN THE MEMO, THERE WAS INCLUDE CANDIDATE SOME LANGUAGE THAT STANDARD IN ALL THREE OF THOSE. WHAT WE DID, WE WENT BACK AND WORKED WITH STEVE AND DO ACTUARIAL REVIEW ANY FINANCIAL IMPACT MOVING THE WAITING PERIOD TO TRUE 30 DAY. BACK IN THAT EXAMPLE, SOMETHING STARTED ON APRIL 8th, AFTER THEY MET TRUE 30 DAYS AND THEIR EFFECTIVE DATE COULD BE MIDDLE OF THE MONTH. DEPENDING ON WHEREVER THEY STARTED. HAVING A NO WAITING PERIOD, WITH AN EFFECTIVE DATE ON THE DATE OF HIRE. SEGAL INDICATED THERE WILL NOT BE FINANCIAL IMPACT OF THE PLAN. WAITING PERIOD CHANGE TO EITHER OF THESE TWO S OPTIONS. WE TALKED WITH SEGAL WHAT OTHER EMPLOYER GROUPS. THERE'S A FEW THINGS THEY'VE SEEN WITH THE LARGE GROUPS. SOME OF THE GROUPS HAVE 30 DAY WAIT PERIOD. OTHERS THEY START THE COVERAGE THE FIRST OF THE MONTH FOLLOWING THE DATE OF HIRE. SOMEBODY HIRED SECOND, THIRD, LONGER WAITING PERIOD THAN SOMEBODY HIRED ON 28th OR 29th OF APRIL, THEN OVER THE LAST SEVERAL YEARS, THEY SEEN TREND FOR LARGER EMPLOYER GROUPS TO MOVE TOWARDS A NEW WAITING PERIOD FOR NEW HIRERS. WHAT THE COMMISSIONER NEEDS TO KNOW FOR CONSIDERATION, IF THE WAITING PERIOD WAS



CHANGE TO JUST THE TRUE 30 DAY PERIOD, THERE WOULD NOT BE A NEED FOR ADDITION TO K AR. IF THE WAITING PERIOD WAS LIMITED OR CHANGED TO THE FIRST OF THE MONTH FOLLOWING THE DATE OF HIRE, WE WOULD NEED TO DO A REVISION OF THE KAR THROUGH FORMAL REGULATORY PROCESS. >> THANKS MIKE. I KNOW THIS IS ONE OF THE ITEMS THAT I BROUGHT FORWARD ASKING FOR INFORMATION FOR THE COMMISSIONERS. QUESTIONS, THOUGHTS REACTION TO THIS INFORMATION? >> THIS IS COMMISSIONER SCHMIDT. THIS HAS BEEN A PROBLEM IN MY AGENCY AND I STRONGLY SUPPORT LIMITING THE WAITING PERIOD. I AM PRETTY FAMILIAR WITH THE RULES AND REGULATION PROCESS AND THE WAY IT CHANGED. ONE OF THE BIGGEST HURDLE TO -- IF THE COMMISSION WOULD AGREE, ONE THE BIGGEST HURD HURDLE CHANGES RULES AND REGULATIONS IS ACTUARIAL REVIEW THAT HAS TO ACCOMPANY A REGULATION CHANGE. SEGAL HAS PERFORMED THAT STUDY AND THAT'S A HUGE BARRIER THAT WILL BE LIFTED. WHEN IT'S APPROPRIATE, I LIKE TO MAKE THE MOTION TO ELIMINATE THE WAITING PERIOD AND PROCEEDING WITH THE CHANGE IN THE RULE AND REG PROCESS AS SOON AS POSSIBLE. >> THIS IS STEVE DECHANT. I OFFER A MODIFICATION IF IT TAKES NOTE THE CHANGE TO GO A TRUE 30 DAY, WHAT IF WE DO THAT AND THEN WITH THE MOTION BY COMMISSIONER SCHMIDT PROCEED TO DO A K A, R CHANGE FOR THE FULL ELIMINATION. >> ONE THING THAT I -- WE WILL NEED TO LOOK INTO NO MATTER WHICH DIRECTION WE DO IN CHANGE, UNDERSTANDING THAT THERE

WILL BE FROM THE POINT IN WHICH WHATEVER DECISIONS WE MAKE, THERE WILL BE A SLIGHT DELAY BECAUSE TO DO THIS ACTUALLY TAKES US TO TO BE ABLE TO PROGRAM THINGS FOR THIS TO WORK PROPERLY WITHIN OUR SYSTEM. THAT'S IRRESPECTIVE OF ANY OF THOSE OPTIONS. >> IS YOUR SYSTEM MORE UP TO DATE WITH DEPARTMENT OF LABOR? >> ALL OUR SYSTEMS ACROSS STATE GOVERNMENT -- CAN DO THE WORK. SOME OF THEM ARE IN BETTER SITUATIONS THAN OTHERS. >> THIS IS COMMISSIONER SCHMIDT. IF IT DOESN'T TAKE KAR CHANGE, GO TO TRUE 30 DAY PERIOD FIRST AND WORK ON NO WAITING PERIOD. MADAM CHAIR, SOMETIMES WHEN WE'VE DONE THESE THINGS, WE ACTUALLY CHANGED THE DATE WHEN AN EMPLOYEE LEFT STATE SERVICE, THEY WOULD HAVE COVERAGE THROUGH THE END OF THE MONTH AS OPPOSED TO HAVING THEIR COVERAGE SEIZED ON THE LAST DAY OF EMPLOYMENT. IN THAT CASE, WE WENT TO LIKE -- THE NEXT QUARTER. DO YOU HAVE HAVE ANY REASON THAT YOU CAN DO THAT CHANGE LIKE JULY 1st? >> I THINK JULY 1 WILL GIVE US ENOUGH TIME TO MAKE SURE IT'S ALL IN PLACE. IT MIGHT BE EARLIER. I WANTED TO MAKE SURE WE WERE HAVING AWARENESS OF THAT. PARTICULARLY RIGHT NOW, OUR SYSTEMS ARE -- THERE'S A LOT OF THINGS THAT WE'RE PUTTING IN PLACE TO SUPPORT COVID AND THINGS LIKE THAT. IT'S THE SAME GROUP OF INDIVIDUALS THAT USUALLY WOULD NEED TO BE PROGRAMMING THESE THINGS. I WANTED TO MAKE SURE WE HAVE AN AWARENESS OF THAT. JULY1 WOULD BE A GREAT TARGET FOR SOMETHING LIKE

THIS IF WE MOVE TO THE TRUE 30 DAYS. >> WELL, THAT DOES NEED TO BE INCLUDED IN THE MOTION OR IS THAT JUST AN UNDERSTANDING? >> WE CAN ALWAYS INCLUDED IN THE MOTION. IT DOESN'T HURT. >> I'LL WITHDRAW MY PREVIOUS MOTION IF THAT'S OKAY. I'LL MAKE A ANOTHER MOTION SAYS THAT HONOR BEFORE J ULY 1st, WE SHOULD GO TO A TRUE 30 DAY PERIOD WHEN CONCURRENTLY WORKING ON THE CHANGE AND THE RULE AND REGULATION PROCESS TO MAKE IT SO THAT WE HAVE NO W AITING PERIOD TO ELIMINATE WAITING PERIOD ALL TOGETHER AND WITH THE APPROPRIATE TIME LINE FOR CONVERSION SUCCESSFUL WITH THE RULE AND REG PROCESS. >> THERE'S A MOTION? >> I SECOND THE MOTION. >> ANY ADDITIONAL DISCUSSION? I WANT TO MAKE SURE COMMISSIONER GARCIA, COMMISSIONER YOUNG, OTHERS, DO YOU HAVE ANY QUESTIONS OR COMMENTS, REACTIONS? >> THIS IS COMMISSIONER GARCIA. I AGREE THIS DISCUSSION THAT WE JUST HAD. >> THIS IS COMMISSIONER YOUNG, I AGREE WITH EVERYTHING YOU GUYS ARE SAYING. MY ONLY QUESTION, BECAUSE I'VE NOT DONE IT, HOW LONG DOES IT TAKE TO CHANGE THE REG? >> IT TAKE A BIT OF TIME. WE HAD TO CHANGE A COUPLE OF THEM. THERE ARE NUMBER OF DIFFERENT PROCESSES THAT YOU HAVE TO DO TO GET A REG CHANGE. IT CAN TAKE A NUMBER OF MONTHS. I DON'T KNOW, JOHN, I DON'T KNOW THE ESTIMATE IT ON REG CHANGES. IT TOOK COUPLE OF MONTHS. >> I WOULD SAY AT A MINIMUM, IT'S PROBABLY GOING TO TAKE FIVE OR SIX MONTHS. IT'S NOT A SIMPLE PROCESS. THERE'S A LOT THAT GOES INTO IT AND THE STEPS

THAT YOU HAVE TO TAKE. THERE'S PUBLIC MEETINGS THAT NEED TO BE HELD TO GET COMMENTS. IT'S A MULTI-MONTH PROCESS. >> I'M ASSUMING IT'S SIMILAR TO WHAT WE GO WITH OUR HUNTING REGS. DO WE THINK THIS IS SOMETHING THAT CAN BE COMPLETED BY THE FIRST OF THE YEAR? >> I THINK THAT'S A REASONABLE TARGET. YES. >> THIS IS COMMISSIONER SCHMIDT, THE PUBLIC COMMENT WITH THE ACTUARIAL REVIEW, THERE'S NO FINANCIAL IMPACT, IS IT STILL PUBLIC COMMENT PERIOD WITH THAT? >> THERE'S TWO-STEP ANALYSIS I GUESS. REG IS PROJECTED TO HAVE AN ECONOMIC BACK OVER TWO-YEAR PERIOD \$3 MILLION. THERE'S MORE INVOLVED PROCESS. WE WOULD NOT BE LOOKING AT THAT. THIS ONE WE HAVE BENEFIT OF SHORTER PROCESS BECAUSE OF THAT. YES, YOU STILL HAVE TO HAVE A PUBLIC HEARING. >> I'M SORRY, I MISSMOKER -- MISSPOKE I DO UNDERSTAND THE PUBLIC HEARING. YOU HAVE TO GET TO RULES AND REG AND COMMITTEE AND THE PUBLIC COMMENT. I UNDERSTAND THAT. YOU DON'T HAVE TO HAVE THAT ONE WHEN YOU DON'T HAVE -- [INDISCERNIBLE] , WELL THANK YOU FOR THAT. >> NO PROBLEM. THERE'S A MOTION ON THE FLOOR, WE'RE IN DISCUSSION PHASE. ARE THERE ANY QUESTIONS? I HEARD COMMISSIONER DECHANT, DO YOU HAVE A QUESTION? >> NO. NO FURTHER QUESTIONS. THANK YOU. >> NO PROBLEM. I WILL RESTATE, THERE'S A MOTION ON THE FLOOR TO MOVE TO A 30 DAY A TRUE 30 DAY IN RELATIONSHIP TO THE WAITING PERIOD WHILE WORKING IN REVISION OF THE KAR TO REMOVE THE WAITING PERIOD. HEARING NO FURTHER

DISCUSSION. I WILL CALL FOR A VOTE AND AGAIN, BECAUSE WE'RE ON THE PHONE, I WILL TALK A ROLL CALL VOTE. [ROLL CALL VOTE] >> I WANT TO SAY THANK YOU TO STEVE FOR THAT ADDITION TO THAT MOTION. I THINK THAT MAKES IT MUCH BETTER. THANK YOU VERY MUCH. >> YOU'RE WELCOME. >> THE LAST ITEM WE HAVE ON THE AGENDA IS COVID-19 AND THE STATE EMPLOYEE HEALTH PLAN. I ASKED FOR THIS ITEM TO BE ADDED. I WANTED TO MAKE SURE WITH EVERYTHING GOING ON, ONE THE THINGS THAT CAME OUT EARLIER IN MARCH AND IT WAS CIRCULATED, THERE WAS LOTS GOING ON AND PEOPLE SAW THINGS AND YOU MIGHT HAVE MISSED IT. ONE THE THINGS THAT WAS PUT OUT WAS MARCH 13th. I ASKED MIKE TO CIRCULATE IT BACK TO THE COMMISSIONERS. THE GOVERNOR PUT OUT A MEMO THAT HAD A NUMBER OF ITEMS THAT IMPACT STATE HEALTH PLAN IN RELATIONSHIP TO COVID-19 FOLLOWING SOME OF THE THINGS THAT WE WERE SEEING OTHER PARTNERS DO. MIKE, CAN YOU WALK THROUGH WHAT'S IN THAT MEMO QUICKLY AND WHAT WE'VE LEARNED SINCE THEN ON THAT? >> THIS IS MIKE. IT WAS PUT OUT ON MARCH 15th, CURRENTLY IN EFFECT 60 DAYS SINCE THE MEMO WENT OUT. FIRST ITEM ON THERE WAS THAT THE HEALTH PLAN WOULD COVER DIAGNOSTIC TEST CONSISTENT WITH THE CDC GUIDELINES, CORONAVIRUS. NO COST SHARE TO THE MEMBER. SECOND ITEM ON THERE THAT THE HEALTH PLAN WILL ALLOW EARLY REFILLS ON 30 TO 90-DAY PRESCRIPTION MEDICATIONS AND ALLOW MEMBERS TO USE THE MAIL ORDER BENEFITS TO DO THAT. I DO HAVE LITTLE DATA RELATED TO THAT. DURING THE

WEEK OF MARCH 15th, THE PLAN SAW OVER 250 PRESCRIPTIONS FILLED WITH THE REFILL WAIVER. WHAT THAT MEANS PRESCRIPTIONS THAT WOULD NORMALLY NOT HAVE BEEN ELIGIBLE FOR REFILL BECAUSE MEMBER HAS TO USE A CERTAIN PERCENTAGE BEFORE THEY GET A REFILL. THAT WAS WAIVED. WE DID SEE A SPIKE SHORTLY AFTER THE MEMORANDUM CAME OUT. LESS OF OF SPIKE DURING THE PERIOD FROM MARCH 16th TO MARCH 31st ON THAT. OTHER THING THAT WE SAW WAS AN EXTENDED DAY SUPPLY PRESCRIPTIONS WHICH PRESCRIPTIONS FOR SUPPLY OF TYPICALLY 84 TO 90 DAYS. NORMALLY THAT MAKES UP ABOUT 18% OF THE PLANS PRESCRIPTIONS. THEN BEGINNING THAT WEEK OF MARCH 15th, PLAN SAW AN INCREASE TO AROUND 21% BASICALLY MEANING MORE PRESCRIPTIONS WERE FILLED FOR EXTENDED DAYS, MORE MEDICATION WAS DISPENSED. CLAIMS AND TOTALS ARE LEVELING OFF DECREASING FROM THAT SPIKE THAT OCCURRED BEGINNING MID-MARCH. BUT THE THING, FOLKS ARE FILLING THEM NOW. THEY WILL HAVE THEIR SCRIPTS. THEY WERE ABLE TO FILL THOSE LITTLE EARLY UNDER THE COVID PANDEMIC THAT WE WERE LOOKING AT. THE THIRD ITEM, OF COURSE, WITH THE NATURE OF THE COVID-19 OUTBREAK, SEEKING IN-PERSON MEDICAL CARE HAS THE POTENTIAL FOR FURTHER SPREAD OF THE VIRUS. THE HEALTH PLAN PROVIDE TELEHEALTH SERVICES WHICH VIRTUAL DOCTOR VISITS. THE MEMBER COST SHARE IS WAIVED FOR THOSE VISITS BEGINNING WITH THE DATE OF MEMO FOR THE NEXT 60 DAYS. WHAT WE'VE SEEN THERE, WE'VE SEEN SLIGHT UPTICK IN THE

ACTUAL THROUGH AETNA AND BLUE CROSS. WE'VE SEEN BIGGER INCREASE IN THE TELEHEALTH SERVICES THROUGH THE PROVIDERS OFFICES. THAT'S POSITIVE THAT PROVIDERS OFFICES ARE ENGAGING IN BOTH OF THOSE. WE'RE NOT SEEING LOT OF CLAIMS DATA YET. WE'LL MAKE SURE WE KEEP THIS ON THE AGENDA TO BRING BACK FOR AS MANY MEETINGS AS WE NEED TO KEEP THE COMMISSIONERS UP IT DATED ON -- UPDATED ON WHAT WE'RE SEEING. ITEM FOUR, MAKING THE EMPLOYEES AWARE OF THE HEALTH QUEST CENTER LOCATED HERE IN TOPEKA FOR THOSE MEMBERS THAT HAVE OPPORTUNITY TO UTILIZE THAT. JUST TO THOUGH THE RESOURCE FOR THE MEMBERS. >> THANK YOU, MIKE. ONE THE THINGS WHEN THIS MEMO WAS PUT OUT MARCH 13th, IT WAS ORIGINALLY DESIGNED FOR 60 DAYS WHICH WOULD TAKE IT THROUGH MAY 13th. WE HAVE A CONSIDERATION NOW BEFORE THE GOVERNOR TO EXTEND IT ANOTHER 30 DAYS. TO TAKE IT TO JUNE 13th JUST BECAUSE NOT KNOWING WHAT EVERYTHING THAT'S COMING UP NEXT, THE STAY-AT-HOME ORDERS IN PARTS OF THE STATE. RIGHT NOW WE'RE UNDER ONE UNTIL MAY 3rd. THE GOAL WILL BE TO EXTEND THIS THROUGH JUNE 13th. SO ANOTHER 30 DAYS SO ALL OF STILL IN PLACE FOR OUR MEMBERS. WITH THAT, ARE THERE OTHER -- ONE OF THE ISSUES I WANT DOME BACK TO, MIKE, IS THE HEALTH QUEST. I WANT TO MAKE SURE COMMISSIONERS ARE THERE ANY OTHER ISSUES OR THINGS THAT YOU HEARD WE NEED TO BRING UP HERE IN RELATIONSHIP TO COVID AND STATE EMPLOYEE HEALTH PLAN WE WANT TO PUT ON THE RADAR? WE'LL KEEP IT AS STANDING ITEM.

ANYTHING ELSE THAT WE NEED TO BRING UP. AS I MENTIONED HEALTH QUEST, WE NEED TO COME BACK TO THAT ONE. WITH THE HEALTH QUEST AND THE POINT, I'M NOT SURE -- MIKE, MAYBE YOU CAN SPEAK A LITTLE BIT TO THAT. WHAT'S THE BEST WAY FOR US TO TAKE A LOOK AT WHAT SOME OF THE OPTIONS MIGHT BE TO TRY TO HELP ADDRESS CONCERNS IN THAT SPACE? >> YES. OUR OFFICE, I GOT ONE OTHER ITEM TOO AFTER WE TALK ABOUT THE HEALTH QUEST, OUR OFFICE ALSO RECEIVED CALLS AND E-MAILS FROM THE MEMBERS, I THINK WHAT INITIALLY HAD BROUGHT THAT UP FOR LOT OF MEMBERS, WE HAVE THE STATEWIDE STATEWIDE STATEWIDE BIOMETRIC TESTING DONE. THERE WERE SEVERAL MEMBERS HAD CANCELED DURING THIS PERIOD. SEVERAL MEMBERS HAVE SEEN THEIR DENTAL OR THEIR ANNUAL EXAMS POSTPONED THAT NEEDED TO BE RESCHEDULED. THERE WAS QUESTIONS, WILL THERE BE ADJUSTMENTS TO THE CREDIT. WE DIDN'T TALK ABOUT THIS THROUGH THE SLIDE. THIS IS AN UPDATE. ON SLIDE 19 IN THAT HEALTH QUEST DECK, THAT HAS THE VALUES ON THE CHARGE. ONE OF THEM IS FOR PLAN A, PLAN A, ELIGIBLE FOR PREMIUM AND PERCENT OF DISCOUNT. OTHER CHART ARE THE PLANS C, J AND Q, THOSE PLANS HAVE HSA OR HRA ATTACHED. EACH CREDIT IS WORTH 10 POINTS. THE CHART LOOKS DIFFERENT. THE POINT VALUES AND SERVICES ARE EXACTLY THE SAME ON THOSE. IF A MEMBER NEEDS TO EARN 40 CREDITS THEY EARN THEM DURING THE CURRENT PLAN YEARS. DURING 2020, MEMBER WORK ON GETTING 20 CREDITS. EFFECTIVE 1/1/21, THERE'S THE \$20 PER PAY PERIOD.



IF MEMBERS INQUIRED, WILL THE COMMISSION GIVE CONSIDERATION FOR REDUCING THOSE. AT THIS POINT, THOSE ARE REALLY THE TOUCH POINTS THAT HAVE BEEN IMPACTED WITH THE BIOMETRIC SCREENING AND SOME FOLKS NEEDING TO RESCHEDULE THEIR VISIT. I KNOW THERE'S A CONCERN FROM A LOT OF THE MEMBERS WAS THE DENTAL. YOU GET TWO PREVENTIVE EXAMS AND ONE OF THE COMMISSIONERS MENTIONED EARLIER, THEY EACH WORTH THREE CREDITS ON THERE. ONE THING THAT KEEP IN MIND ABOUT IT ALL, IT DOESN'T HAVE TO BE EVERY SIX MONTHS. MOST OF US WITH OUR DENTAL PROVIDER HAVE THEM SET UP THAT WAY. THAT'S NOT A PLAN REQUIREMENT. I CAN DO BOTH OF MY PREVENTIVE WITHIN THREE MONTHS OF EACH OTHER. THAT'S A CONCERN. THAT'S WHAT'S COME FORWARD. I DON'T KNOW IF TODAY HAVE A DISCUSSION ABOUT IT AND MAYBE DEFER UNTIL JUNE TO MAKE SOME KIND OF DECISION TO SEE WHERE THINGS ARE HEADED. >> COMMISSIONERS, THINKING ABOUT THE HEALTH QUEST ONE, UNDERSTANDING WHAT ARE SOME VALID CONCERNS AND NOT KNOWING NECESSARILY HOW THOSE WILL SHAKE OUT. WOULD YOU ALL BE COMFORTABLE WITH THEM PULLING TOGETHER SOME OPTIONS THAT WE CAN CONSIDER GIVEN THE CURRENT MEDICAL SITUATION AND LIMITATIONS IN HOW THE POINTS ARE STACKED UP? DOES THAT SEEM TO WORK? WILL THAT WORK FOR EVERYONE? >> THIS IS VICKI. COMMISSIONER SCHMIDT, I GUESS, I WOULD LIKE TO COMMUNICATE SOMETHING OUT TO THE EMPLOYEES TO NOT BE STRESSING OVER. I HAVE SOME EMPLOYEES VERY

CONCERNED THEY'RE NOT GETTING THEIR POINTS. I THINK THAT WE SHOULD AT LEAST LET THEM KNOW THAT WE ARE LOOKING AT THIS AND GOING TO TAKE THE OPPORTUNITY TO ADDRESS IT. >> I AGREE. >> I THINK IT WILL BE A GOOD IDEA IF WE DO HAVE STAFF PUT TOGETHER SOME INFORMATION, SOME PROPOSALS SO WE CAN MAKE A GOOD DECISION THAT'S RESPONSIVE TO THE COVID SITUATION AND STAFF AND EMPLOYEE CONCERNS. >> WE CAN MAKE SURE WE COMMUNICATE OUT AS COMMISSIONER SCHMIDT MENTIONED. >> YES, EXCELLENT IDEA. >> ANY OTHER COMMISSIONERS? MIKE, THERE WAS ONE OTHER ITEM. >> YEAH, OTHER ITEM THAT OUR OFFICES RELATED TO THE COVID-19, IS WHAT OUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT. THERE'S BEEN SEVERAL QUESTIONS COME IN BECAUSE NOW FOLKS ARE HOME AND SOME OF DAY CARE CENTERS ARE CLOSED. WE'VE ALREADY PROCESSED AROUND 100 INQUIRIES BECAUSE IT IS A QUALIFYING EVENT. PEOPLE WITHOUT CORONAVIRUS -- PROCESSING THOSE, THERE'S BEEN OTHER QUESTIONS COME UP ABOUT REFUNDS OR PEOPLE NOT KNOWING WHAT'S GOING TO TAKE PLACE WITH THAT. I DO KNOW AT THE FEDERAL LEVEL THERE'S SOME CONVERSATIONS, TO TRY TO ADDRESS THAT. CURRENTLY, UNDER THOSE REGS, WE COULDN'T JUST ELECT THE PROCESS THOSE CLAIMS. AS WE TALKED ABOUT EARLIER WITH THE GOVERNOR'S MEMORANDUM, THERE HAS BEEN FEDERAL DIRECTION THAT FIRST COVERAGE WITH THE HIGH DEDUCTIBLE COULD BE WAIVED ON TELEHEALTH BUSINESSES. THAT IS BEING LOOKED AT. I WANT LET THE

COMMISSION KNOW WE'RE WORKING WITH THEM TO PUT TOGETHER FAQs AND GET THEM OUT TO THE MEMBER AND SIMILAR WHAT WE'LL DO WITH THE HEALTH CREDITS AND GIVE PEOPLE SOME GUIDANCE WHERE THAT'S AT. >> QUESTIONS FROM THE COMMISSIONERS? ANY OTHER COVID-19 RELATED THINGS WE NEED TO FOLLOW UP ON. WHAT I COULD ENCOURAGE, BOTH EAC COLLEAGUES AND THE COMMISSIONERS, IT WOULD BE REALLY IMPORTANT IF WE SEE OR HEAR ANYTHING 18 IN BETWEEN MEETING THAT WE'RE GIGNAC TO -- GETTING THAT BACK TO MIKE AND HIS TEAM. THAT'S THE PARTICULARLY RELATED TO COVID-19 CONCERNS OR CHANGES OR THINGS OF THAT NATURE. ARE THERE ANY OTHER THAT ANYONE IS AWARE OF? HEARING NONE. WE HAVE MADE IT TO THE END OF THE PAGE. WE DO HAVE A MEETING JUNE 8th. WE HAVE A NUMBER OF ACTION ITEMS OUT OF THIS MEETING OR FOLLOW-UP ITEM OUT OF THIS MEETING THAT MAKE SURE THAT WE DO FOLLOW UP WITH THE COMMISSIONERS ON. THANK YOU TO EVERYONE FOR THEIR PATIENCE FOR THIS VIRTUAL ENVIRONMENT. OUR NEXT MEETING IS SLATED FOR JUNE 8th 2020. OUR GOAL IS TO BE AROUND THE TABLE TO HAVE THAT MEETING EVEN IF WE HAVE TO ENSURE SOME SOCIAL DISTANCING. AS WE GET CLOSER TO THAT MEETING, BASED ON ANY GUIDELINES WE HAVE FOR MEETINGS AND PARAMETERS, THAT COME OUT FROM THE STATE LEVEL, WE WILL FOLLOW THEM ACCORDINGLY. WE WILL PLAN TO MEET RIGHT NOW, IT SAYS WEEK OF JUNE 8th. LAST TIME, I DON'T KNOW THAT WE HAVE CONFIRMED AN ACTUAL DATE THAT WEEK. IF IF I CAN

TAKE ONE QUICK SECOND AND LOOK AT IT AND MAKE SURE WE'RE LOOKING AT THE RIGHT WEEK. I BELIEVE JUNE 8th IS A MONDAY. I DON'T KNOW ABOUT YOU ALL, MY CALENDAR IS WIDE OPEN. I KNOW THAT CAN CHANGE. IF THERE'S A PREFERENCE WITH ANYONE, WE TRADITIONALLY HAD OUR MEETINGS ON LIKE A MONDAY. THIS ONE HAPPENS TO FALL ON A FRIDAY. DOES ANYBODY HAVE A CONFLICT WITH US HOLDING THE MEETING MONDAY JUNE 8th? WE WILL TENTATIVELY SET IT FOR THAT. AS QUESTION GET CLOSER AND KNOW JUST ABOUT SOCIAL DISTANCING AND GUIDELINES WE'LL FOLLOW UP ACCORDINGLY AND MAKE SURE WE MAKE THAT INFORMATION VISIBLE TO THE COMMISSIONERS AND THE PUBLIC. WITH THAT, SEEING NO OTHER BUSINESS AND AGAIN, SHIFTING OUR ITEM 10 FROM THIS AGENDA THE HEALTHCARE QUEST PROGRAM AND FURTHER DISCUSSION TO OUR NEXT AGENDA ITEM. I APPRECIATE EVERYBODY'S WORK AND PATIENCE ON THIS WORK. SEEING NO OTHER BUSINESS BEFORE THIS GROUP, I WILL MOVE TO ADJOURN. THANKS EVERYONE. >> THANK YOU.