

ARE SEEING THE OTHER COMPONENT IN DISCUSSION IS THE IDEA THAT RIGHT NOW, BECAUSE OF THE WAY THE VACCINES ARE DISTRIBUTES ACROSS THE COUNTRY IN MORE OPEN SESSION CLINIC FORM, THEY ARE NOT NECESSARILY IN MEDICAL RECORDS AS OF YET OR BEING GIVEN IN KIND OF PRIMARY CARE OR A CARE FACILITY WHERE THEY ARE TIED TO MEDICAL RECORDS. [PLEASE STAND BY] SO I DON'T KNOW IF THERE ARE ANY QUESTIONS OR OTHER THINGS THAT WE CAN FIND OR PROVIDE.

>> THIS IS STEVE. I THINK I KNOW THE ANSWER BEFORE ASKING IT, BUT ASK IT ANYWAY. DO WE HAVE A SENSE OF PERCENTAGE OF EMPLOYEES THAT HAVE AT LEAST RECEIVED A FIRST VACCINATION? >> SO, WHAT I WILL SAY IS THAT THE EMPLOYEES THAT HAVE AN INTEREST IN RECEIVING IT, KDHE HAS BEEN ABLE TO ACCOMMODATE. WE HAVE BEEN VERY SENSITIVE TO THE MANDATORY TRACKING OF IT AS AN EMPLOYER AND SO WHAT WE KNOW IS THAT WE ARE OVER 50% AS OF THE, I WANT TO SAY THE SECOND WEEK OF -- NO -- AM I GOING INTO THE THIRD WEEK OF APRIL? SO THE FIRST WEEK OF APRIL SO BASED ON THE NUMBERS THAT WERE PUSHED OUT THROUGH PHASE TWO, AND THE BEGINNING OF PHASE THREE. THE CHALLENGE IS IS THAT IT'S STILL ANECDOTAL, WE ARE NOT TRACK TING IT 1-TO-1, AND TRACKING THAT, AND SCHEDULED TO ABOUT THE SECOND OR THIRD WEEK OF MAY, AND WHAT THEY HAVE BEEN ALSO TRYING TO TRACK ON IS THE IDEA THAT THERE IS NOT A DEMAND LIKE PEOPLE ARE NOT ABLE TO GET THE APPOINTMENT. THAT ACTUALLY MIGHT ACCELERATE AS THEY BRING JOHNSON & JOHNSON BACK AGAIN, THEY HAD TO PUSH SOME APPOINTMENTS OUT FURTHER. SO, WE GET, LIKE AND AGAIN, THE OTHER PIECE OF THAT IS WHAT WE HAVE GOTTEN FROM VARIOUS POCKETS IS WE HAVE OUT STATE EMPLOYEES DOING IT THROUGH VARIOUS OTHER, SO WE ARE NOT ABLE TO TRACK ON ALL OF THIS. SO, DOES THAT HELP? >> I HEARD YOU SAY 50%? >> THAT IS OUR ESTIMATE, BASED ON THE INFORMATION.

ANECDOTE ANECDOTE AND NOT TRACKING 1 TO 1. ANY OTHER INFORMATION AROUND IT? >> I UNDERSTAND, STEVE AGAIN. I UNDERSTAND AHEAD IN TERMS OF INCENTIVISING. I CAN'T SPEAK FOR ANY OTHER COUNTY. I KNOW OUR COUNTY, I IMAGINE EVERY PLACE IS GETTING A CARD AS YOU COMPLETE YOUR VACCINATION, SO CERTAINLY IF I WANTED TO ACHIEVE SOME POINTS I WOULD HAVE THE CARD AS MY DOCUMENTATION SO I DON'T THINK THAT'S AN ISSUE. JUST SEEMS TO ME IT WOULD BE A GOOD THING FOR US TO DO. I WOULD IMAGINE IT'S PROBABLY MORE THE LEGAL AND THE LIABILITY END OF THINGS. YOU KNOW, THE ATTORNEYS NEED TO ANSWER THOSE QUESTIONS AND SOMETIMES I THINK ATTORNEYS CAN BE OVERLY CAUTIOUS AS WELL. BUT I WOULD JUST SAY AGAIN YOU ADDRESSED IT, I HEARD YOU ADDRESS IT, THAT IT WOULD BE A GOOD THING TO INCENTIVIZE. >>

COMMISSIONER SCHMIDT. >> VICKI SCHMIDT. I DO AGREE BUT WE DO INCENTIVIZE FOR IN INFLUENZA AND GIVE POINTS FOR THAT. >> WE DO, AND THE LAWYERS IN THE BACK MAY WANT TO CHIME IN. AGAIN AS THIS VACCINATION EVENTUALLY MOVES TO FULL APPROVAL AND IS ADMINISTERED NOT IN THE CURRENT STATE OF OPEN CLINICS BUT THROUGH MEDICAL PROVIDERS THAT CAN TIE IT TO A MEDICAL RECORD, BECAUSE RIGHT NOW THE DIFFERENCE IS AS YOU SAID, YOU HAVE A CARD AND YOU WOULD HAVE TO GO IN AND EITHER SHOW THAT CARD OR TO SELF-IDENTIFY THAT YOU'VE RECEIVED THE VACCINE, WHERE FOR INSTANCE, OUR PROCESS AROUND FLU INFLUENZA, YOU GO TO THE MEDICAL PROVIDER IS TIED THROUGH YOUR MEDICAL RECORD, TIED THROUGH OUR PROVIDERS, AND THEREFORE THAT INFORMATION IN SOME WAYS WE ARE NOT TOUCHING, RIGHT, IT'S GOING IN TERMS OF, BECAUSE I THINK SOME OF THE SENSITIVITY, AND THIS IS FROM MY STANDPOINT AND ASPECT OF IT, DID YOU RECEIVE IT. RIGHT NOW IT WOULD HAVE TO BE SELF-REPORTED VERSUS THE PROCESS BY WAY THE -- AS WE GET CLOSER TO THE MEDICAL STANDPOINT OF DELIVERY OF THE VACCINE, EASY FOR US AS A COMMISSION TO CONSIDER IT FOR THAT INCENTIVE, THAT INCENTIVIZING IF IT BECOME A BOOSTER OR SOMETHING THAT HAPPENS LATER IN THE YEAR, BUT I DON'T KNOW IF JOHN WANTS TO SPEAK, RIGHT IN THAT SPACE, OR -- JOHN, LEGAL COUNSEL. >> YES, SO, I THINK THAT THERE OBVIOUSLY ARE EMPLOYERS THAT ARE INCENTIVIZING. THE DIFFICULTY RIGHT NOW, AT LEAST WHEN I CHECKED INTO IT, THE WELLNESS PROGRAMS, SOME EEOC REQUIREMENTS SOMETIMES AROUND THOSE OR ISSUES, AND THERE HADN'T BEEN WHEN I CHECKED ON THIS RECENTLY REGULATIONS OR GUIDANCE IMPLEMENTED YET ABOUT INCENTIVIZING THROUGH WELLNESS PROGRAMS FOR THE COVID VACCINE. SO, THERE WOULD BE SOME UNCERTAINTY AND YOU ARE RIGHT, CAUTIOUS, WE LIKE TO HAVE MORE CERTAINTY TO MAKE SURE THAT WE ARE WITHIN THE RULES ONCE THOSE ARE ISSUED, BUT AT LEAST WHEN I CHECKED IN THE LAST WEEK OR TWO THAT WAS KIND OF THE HOLDING PATTERN WAS WAITING FOR THAT KIND OF CLARITY BEFORE IMPLEMENTING SOMETHING LIKE THAT. BUT CERTAINLY THE EMPLOYERS, CERTAIN EMPLOYERS PAID EMPLOYEES \$250 AND SO THERE ARE SOME INCENTIVES GOING ON OUT THERE. THERE IS JUST POTENTIAL QUESTIONS THAT COULD COME INTO PLAY AROUND THE EEOC REQUIREMENTS AND GOVERNANCE OF WELLNESS PROGRAMS IN THAT CONTEXT. >> COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. I GUESS I HAD MISUNDERSTOOD. I THOUGHT THE REPORTING WAS GOING INTO THE IMMUNIZATION SYSTEM, SO THAT IS INCORRECT INFORMATION? WHEN YOU GET A FLU SHOT, I DON'T KNOW, SO LET ME -- PREFERENCE IT THIS WAY

IN THE SENSE OF IT IS NOT SET UP IN THE SAME WAY THAT INFLUENZA IS SET UP FOR THE WELLNESS PROGRAM TO TRACK. WHAT KDHE IS COLLECTING FOR THEIR MEDICAL PURPOSES, I CANNOT SPEAK TO. I CAN SPEAK TO THE INFORMATION TRACKED IN RELATIONSHIP TO THE WELLNESS PROGRAM IN RELATIONSHIP TO BEING ABLE TO INCENTIVIZE IT. IS THAT -- >> AND IT'S NOT JUST, IT'S TDAP, ALL THE THINGS. YOU KNOW, WHEN YOU TAKE A CHILD FOR A WELL CHECK AND RECEIVE THE IMMUNIZATIONS, THAT REPORTING MECHANISM COMES INTO -- USED TO BE LIKE, IT'S -- WEB I.C., THANK YOU, I COULD NOT THINK OF THAT, THANK YOU VERY MUCH. ALL I COULD THINK OF WAS BE WISE, IMMUNIZE. WHEN I THINK OF A SYSTEM LIKE THAT, I DON'T THINK OF AN EMPLOYER TRACKING, I THINK OF INCENTIVIZING THROUGH POPULATION-BASED, BUT ANYWAY -- >> I'M WITH YOU THERE AND I THINK THAT PART OF IT IS, I THINK THERE IS JUST SOME HESITATION ON OUR PART AS TO IF WE ARE THERE YET, I THINK THE KEY HERE IS CONTINUING, WANTING TO KEEP OUR EYES ON IT BECAUSE I THINK WE WILL GET THERE BUT ADDITIONALLY, ALSO I THINK THERE ARE MULTIPLE POCKETS, WHETHER IT'S IN THE HEALTHCARE PROGRAM OR JUST ACROSS THE EMPLOYERS WHERE WE ARE TRYING TO CONTINUE TO ENCOURAGE EMPLOYEES, AND LET THEM KNOW THAT BECAUSE FOR SOME PEOPLE THEY DECIDED THEY WANTED TO WAIT TO LEARN OR TO SEE A LITTLE BIT MORE SO THE KEY IS, WE HAVE ALSO WORKED WITH AND MADE SURE WITH KDHE THAT THEY WILL CONTINUE TO BE AVAILABLE, SO IT'S NOT GOING TO BE SOMETHING LIKE OH, YOU KNOW, IT STOPS AT THIS POINT, SO IF YOU ARE A STATE EMPLOYEE AND YOU DID NOT GET IT, YOU KNOW, BY MAY, YOU WON'T STILL HAVE IT AVAILABLE. WE WILL ENSURE THAT IT IS STILL AVAILABLE AND THERE WILL BE VARIOUS SITES THAT YOU KNOW, WHETHER KDHE HAS IT FULLY SET UP OR OTHERS, WE WILL PROMOTE AND ENCOURAGE EMPLOYEES TO TAKE ADVANTAGE OF IT OVER THE NEXT FEW MONTHS. SO, THAT HELPS. OTHER QUESTIONS, OR ANYTHING WE MIGHT WANT TO BRING BACK ON THE SPACE? COMMISSIONER. >> JUST A COMMENT. MY GUESS IS COMMISSIONER SCHMIDT WILL AS WELL, I'LL PROBABLY RAISE IT EVERY MEETING. JUST TO KEEP IT OUT THERE, AND AT SOME POINT IF THERE CONTINUES TO BE CONCERNS, I GUESS I WOULD -- I'M NOT INCLINED NOW, BUT WOULD LIKE TO DIVE INTO THOSE IN TERMS OF WHAT ARE THE CONCERNS AND BE ABLE TO MAKE, EXCUSE ME, MAKE A JUDGMENT MYSELF NOT IN DISRESPECT TO LEGAL COUNSEL BUT JUDGMENT BASED ON ANY NUMBER OF THINGS, INCLUDING LEGAL COUNSELS COMMENTS AND INPUT ALSO. >> SOUNDS GOOD, WE WILL HOLD IT AS AN ITEM. NEXT ITEM IS THE COVID-19 REPORT. PAUL ROBERTS. >> THANK YOU, THANK YOU. NICE TO SEE EVERYBODY IN PERSON FOR A CHANGE, NOT QUITE AS

INTIMIDATING AS YOU ARE ON THE BIG SCREEN. THE COVID-19 UPDATE, WE HAVE BEEN PROVIDING REGULARLY TO THE HEALTHCARE COMMISSION AND ONCE AGAIN PROVIDING YOU THE INFORMATION AS IT'S REPORTED, THANK YOU. NETWORK VERSUS NONNETWORK COVID TREATMENT WE MADE EFFECTIVE APRIL 1ST AND COMMUNICATED OUT TO THE HEALTH PLAN IS THE FIRST ITEM ON THE REPORT, AND SIMPLY STATES EFFECTIVE APRIL 1ST WE NO LONGER ARE PROCESSING COVID-RELATED DIAGNOSTIC TESTING AT NONNETWORK PROVIDERS AT IN-NETWORK LEVELS. PART IS DIRECTLY DUE TO THE FACT THAT NOW THAT WE HAVE GOTTEN WELL OVER A YEAR INTO THIS PANDEMIC WE HAVE PROVIDERS OUT THERE AND IT'S NOT QUITE AS DIFFICULT TO GET IN AND GET A TEST, LIKE IT ONCE WAS. AND SO WE HAVE GONE BACK TO THE NETWORK VERSUS NONNETWORK FOR THE COVID TESTING AND THE COVID DIAGNOSTIC SERVICES. THIS HAS NO IMPACT ON THE COVID VACCINE. COVID VACCINE IS STILL UNDER FEDERAL GUIDELINES. THERE IS NO COST TO A MEMBER OR ANYONE FOR GETTING THE COVID VACCINE. IF THERE'S A CHARGE FOR THE ADMINISTRATION OF THE VACCINE, THE MEDICAL PLAN UNDER THE SEHP OR THE PHARMACY PLAN PAYS FOR THAT, AND IF THE PERSON DOESN'T HAVE COVERAGE, THERE IS NO ADMINISTRATIVE FEE CHARGED TO THEM FOR THE COVID VACCINE PER FEDERAL GUIDELINES. SO, WE CONTINUED TO PROCESS COVID DIAGNOSTIC SERVICES AND TESTS UNDER OUR GOVERNOR'S ORDERS, DIRECTLY RELATED TO PAYING 100% WITHOUT COST SHARE FOR IN-NETWORK BENEFITS, AND SO THOSE MEDICALLY NECESSARY DIAGNOSTIC TESTS CONTINUE TO BE COVERED, AND IF YOU PULL UP THE NEXT SLIDE, WE STILL WORK WITH BLUE CROSS AND AETNA PARTICULARLY, MEDICAL VENDORS, ANY CLAIMS THAT COME IN EVEN REPROSPECTIVELY THAT COULD BE DIRECTLY RELATED TO COVID-19 TESTING ARE GONE BACK AND REVIEWED AGAIN AND SO WE REPORT ON THOSE AS WELL TO YOU. WE DO SHOW THAT ALL OF OUR DATA SHOWS AT LEAST AT THIS POINT THAT CLAIMS EXPENSES SEEM TO BE RETURNING TO NORMAL, ACTUALLY SLIGHTLY ABOVE NORMAL, WHICH AGAIN, YOU PROBABLY WILL SEE IN THE FINANCIAL REPORT AND HEARD AT PREVIOUS MEETINGS, WE KIND OF EXPECTED THAT TO HAPPEN AS PEOPLE KIND OF CAME OUT OF THEIR SHELL AND STARTED GOING BACK TO PROVIDERS. WE SHOULD SEE A SLIGHT UPTICK FOR THINGS THAT SOMEBODY MAY HAVE PUT OFF AS THEY WENT THROUGH THIS PERIOD OF HIDING, OR SHELL, OR NOT GOING TO THE PROVIDER. SO, WHEN WE LOOK AT THE ACTUAL CLAIMS WE'LL SEE THAT TOTAL UNIQUE CLAIMS SO FAR ARE 58,571. AND THE TOTAL BILL CHARGES ARE JUST OVER 39 MILLION AND WE HAVE PUT OFF TO THE SIDE THERE WHAT THAT INCREASE IS FROM THE PREVIOUS REPORT THAT WE GAVE YOU. AND THE PREVIOUS

REPORT WAS THROUGH JANUARY, SO THIS REPORT HAS UPDATED AND TOTAL PAID AMOUNT IS \$15,792,294. AND THE TOTAL CONTRACTURAL PROVIDER WRITE-OFFS, \$23,272,218. AND MEMBERS HAVE HAD NO BALANCE BILLING AT THIS POINT. WE HAVE IDENTIFIED AS I MENTIONED, WE WORK WITH THE MEDICAL VENDORS, AND PART OF THAT IS IN A PROCESS IN TANDEM WITH THE INSURANCE DEPARTMENT AND HELPED WORK OUT A PROGRAM WHERE WE CAN IDENTIFY AND MONITOR THESE CLAIMS. WE HAVE IDENTIFIED 147 CLAIMS THAT WERE SUBMITTED THUS FAR THROUGH THIS REPORT THAT WERE SUBMITTED THAT HAD TO GO BACK FOR INVESTIGATION AND AFTER REVIEW, 129 OF THOSE CLAIMS THAT ACTUALLY GOT REPROCESSED WITH NO COST SHARE TO THE MEMBER, AND 18 OF THOSE CLAIMS WERE IDENTIFIED AND CORRECTLY IDENTIFIED WITHOUT BEING COVID-RELATED, SO THE MEMBER CONTINUED TO HAVE THE COST SHARE. I'LL ENTERTAIN ANY QUESTIONS YOU HAVE AT THIS POINT. >> QUESTION, COMMISSIONERS? >> THIS IS STEVE. UPDATE INFORMATION IS THROUGH WHEN? AT THE TOP OF THE PAGE YOU TALKED ABOUT THE UPDATED NUMBERS VERSUS THE PREVIOUS REPORTS, THROUGH THE END OF MARCH? >> THROUGH THE END OF FEBRUARY. >> SORRY. >> IT'S ON THE LEFT-HAND SIDE. >> YES, IT IS. THANK YOU. >> YEAH, IT'S THROUGH THE END OF FEBRUARY. WE WILL PROBABLY GET THE REPORT THROUGH MARCH, SO I'LL SCRUB AND ADD THAT DATE AND COMPILE IT FOR YOU. >> QUESTIONS, COMMISSIONERS? THANK YOU FOR YOUR TIME. >> OLD BUSINESS IS UPDATE ON THE RULE AND REGULATION CHANGE, FOR THE 30-DAY ELIGIBILITY WAITING PERIOD. JANET. >> JANET STANEK SPEAKING. PROVIDING YOU WITH THE SAME CHART WITH THE UPDATE OF THE DATES ON THE PROGRESSION OF THIS CHANGE. THE NEXT MEETING WHICH WILL BE A JOINT COMMITTEE ON RULES AND REGS MEETING ON MAY 3RD, RIGHT AROUND THE CORNER. FROM THERE THE PUBLIC HEARING WILL BE SCHEDULED FOR JUNE 17TH, ASSUMING THINGS MOVE FORWARD. AND THINGS MOVE FORWARD AND EVERYTHING IS APPROVED, THAT DISCUSSION, WHICH IS A REMINDER, WILL ENABLE A NEW EMPLOYEE TO HAVE THEIR HEALTHCARE BENEFITS ACTIVATED THE DAY THEY ARE HIRED, SOMETHING THAT YOU ALL DISCUSSED ABOUT A YEAR AGO, WILL COME BACK TO THIS COMMITTEE AND COMMISSION FOR FINAL APPROVAL AND FROM THERE THE SEHP STAFF WILL WORK WITH PAYROLL AND H.R. AND WE HAVE STARTED SOME DISCUSSIONS WITH THEM ALREADY ABOUT HOW WE WILL IMPLEMENT AND ROLL THIS OUT. IF ALL THINGS GO AS PLANNED, WE WOULD ANTICIPATE THAT THIS WOULD MOVE FORWARD AROUND LATE SUMMER OR EARLY FALL, WHICH WILL BE A REALLY GOOD THING FOR NEW HIRES FOR THE STATE. SO -- THAT IS JUST AN

UPDATE, I'LL TAKE ANY QUESTIONS ON THAT. >> COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. MAKE SURE I'M UNDERSTANDING THE TIMELINE, MAKE SURE I UNDERSTAND THE TIMELINE. SO, ONCE -- SO RULES AND REGS PROCESS, STEP NUMBER 14, I SEE THE REGULATION MUST BE PRESENTED BY THE DIRECTOR AT A REGULARLY SCHEDULED H.C.C. MEETING, BUT THAT COULD BE A PHONE MEETING. >> YOU ARE CORRECT. AND SO THAT -- THAT IS TERMINOLOGY, SORRY ABOUT THAT, WE HAD TALKED ABOUT THAT, THAT WE COULD CALL A SPECIAL MEETING AND HAVE IT BE AN OPEN MEETING, THE SECRETARY COULD. SORRY ABOUT THAT WORDING. >> THAT'S OK. I JUST WANTED TO MAKE SURE. WHAT I THINK I HEAR YOU SAY IS THERE IS SOME PROGRAMMING INVOLVED AND THERE IS SOME COORDINATION THAT WILL HAVE TO HAPPEN WITH H.R. AND THE BENEFIT SIDE OF THINGS. SO I THINK IT WILL BE A TAD TRICKY IN THAT REGARD. ONCE THE REGULATION IS PUBLISHED, IT TAKES EFFECT 15 DAYS AFTER, SO YOU ARE GOING TO WANT TO MAKE SURE THAT IF THE PROGRAMMING IS NOT READY, THAT IT'S NOT LIKE A STATUTE WHERE THE STATUTE HAS AN EFFECTIVE DATE OF EITHER THE FEDERAL -- EXCUSE ME, THE KANSAS REGISTRAR OR JULY 1ST SO IF PROGRAMMING CANNOT OCCUR UNTIL SEPTEMBER OR OCTOBER, YOU'LL WANT TO MAKE SURE YOU DON'T PUBLISH THAT. IF YOU PUBLISHED IT I WOULD THINK THAT COULD BE PROBLEMATIC. >> GOOD POINT. SOME OF THAT MY NEWNESS TO THIS PROCESS IS NOTED. WE HAVE STARTED DISCUSSIONS TO TRY TO INTERNALLY AND NOW COORDINATING EFFORTS WITH STAKEHOLDERS AND H.R., ANOTHER MEETING SET UP FOR MAY TO GET AHEAD OF THIS TO YOUR VERY POINT. >> AND LEGAL, JOHN IS HERE, THEY DO THIS FAIRLY REGULARLY, SO THAT'S, FINAL STEP IS THEY SUBMIT IN TERMS OF APPROPRIATE TIMING. SO, JOHN AND JANET WILL BE IN CLOSE COORDINATION TO MAKE SURE THAT WE DON'T MISS AN APPROPRIATE TRIGGER FOR THIS. >> THANK YOU FOR YOUR QUESTIONS. ANY OTHER QUESTIONS FOR ME? >> THE ONE THING THAT I WOULD SAY, APPRECIATE THE TEAM TRYING TO GET IN FRONT OF THIS, NOT YOU KNOW, CIRCUMVENTING THE PROCESS, BUT IT DOES TAKE SOME PROGRAMMING. THE IDEA, WE ARE TRYING TO FIGURE OUT, MAKE SURE THE SYSTEM IS AS READY AS POSSIBLE SO THAT IF ALL OF THIS DOES FLOW THROUGH, THAT THERE'S NOT TOO MUCH OF A DELAY BECAUSE WE KNOW ONCE IT GETS APPROVED, THE GOOD PART, IT'S GOING TO BENEFIT EMPLOYEES SO WE WANT TO HAVE IT IN PLACE AS QUICKLY AS WE CAN. >> MADAM CHAIR. MY EXPERIENCE IS THAT GOING THROUGH THE RULES AND REGS MEETING IS A FORMALITY, AND BECAUSE ACTUALLY THE RULES AND REG COMMITTEE THAT'S MEETING IN WHAT IS IT, MAY 3RD, THEY DON'T HAVE THE POWER TO STOP IT, THEY CAN -- THEY CAN ASK

QUESTIONS, THEY DON'T HAVE THE POWER TO REALLY STOP IT, ACCORDING TO HOW THEIR -- HOWEVER THEY -- IF THEY ASK CONCERN QUESTIONS THEY CAN PUSH IT BACK. THIS IS COMMISSIONER BURNS-WALLACE, AND TWO OTHERS HAVE GONE THROUGH THAT HAVE GONE THROUGH THAT MEETING THAT HAVE BEEN SENT BACK AND REQUIRED ADDITIONAL STEPS. OUR HOPE IS WE HAVE ANSWERED EVERYTHING SO AT THAT MEETING IT MOVES FORWARD. >> I WOULD LIKE TO ATTEND THAT MEETING IF YOU GET ON THE AGENDA AND CAN TELL ME WHAT TIME THAT MEETING IS, I WOULD LIKE TO ATTEND THAT, IF POSSIBLE. THANK YOU. >> WE WILL SHARE THAT OUT. >> THE AGENDA, I GOT A TENTATIVE AGENDA TODAY, I'LL SEND IT TO YOU. >> WE'LL SHARE IT WITH ALL THE COMMISSIONERS. >> OKAY. ANY OTHER QUESTIONS? THIS HAS BEEN A YEAR IN THE MAKING, RULES AND REG CHANGES ARE NOT QUICK, BUT IT'S A GOOD PROCESS TO MAKE SURE WE CHECK ALL THE BOXES. ALL RIGHT. FIRST REPORT IS EMPLOYEE ADVISORY COMMITTEE REPORT, AND NATALIE YOZA, THE E.A.C. PRESIDENT AND OTHER MEMBERS ARE IN PERSON AND ELECTRONICALLY AS WELL. >> HI, COMMISSIONERS. NATALIE YOZA, I AM PRESIDENT OF THE EMPLOYEE ADVISORY COMMITTEE, ALSO KNOWN AS THE E.A.C. I'M ALSO ASSOCIATE GENERAL COUNSEL AT THE KANSAS BOARD OF REGENTS AND THE E.A.C. IS AN ORGANIZATION OF 21, 18 ACTIVE STATE EMPLOYEES AND THREE RETIREES AND THE COMMISSION FORMS THE E.A.C. TO HELP WITH POLICY DEVELOPMENT RELATED TO THE HEALTH BENEFITS PROGRAM. WE ARE GOING TO REPORT PRIMARILY ON TWO ITEMS TODAY, AND AS SECRETARY BURNS-WALLACE SAID, I'LL TAKE THE FIRST ONE, LEGISLATIVE UPDATE AND THEN WE'LL GO VIRTUAL TO OUR VICE PRESIDENT AND SHE WILL DO AN UPDATE RELATED TO THE SURVEY AND PLAN DESIGN. OUR COMMITTEE MEETINGS ARE OPEN TO THE PUBLIC. THEY HAVE BEEN VIRTUAL AND WE WILL KEEP A VIRTUAL COMPONENT BUT I'M LOOKING TO LEGAL ADVICE AS WE MOVE FORWARD AS TO WHETHER WE NEED TO HAVE AN IN-PERSON COMPONENT TO THAT IN THE FUTURE. OUR NEXT MEETING WILL BE MAY 12, AND IT STARTS AT 11:30. WE HAVE ALSO TENTATIVELY SCHEDULED AUGUST 19TH AND NOVEMBER 10TH AT 11:30, AND ANY OF THE LISTENERS FOR THE HEALTHCARE COMMISSION ARE MORE THAN WELCOME TO LISTEN IN TO THE E.A.C.'S WORK AS WELL. SO ONE OF THE E.A.C.'S AGENDA ITEMS FOR THIS YEAR HAS BEEN TO SEEK A LEGISLATIVE CHANGE TO K.S.A.756502, ESTABLISHES THE MEMBERSHIP FOR THE HEALTHCARE COMMISSION AND IT HAS FIVE MEMBERS CURRENTLY ON THE COMMISSION AND THE EMPLOYEE MEMBER AND RETIREE MEMBER RESTRICTED TO PEOPLE IN CLASSIFIED SERVICE. AND GIVEN THE NATURE OF TODAY'S STATE WORKFORCE WHERE THE VAST MAJORITY OF EMPLOYEES ARE NOW UNCLASSIFIED,

THE E.A.C. WAS SEEKING A CHANGE THAT WOULD ALLOW THAT ELIGIBILITY TO OPEN UP SO THAT UNCLASSIFIED EMPLOYEES OR RETIREES ALSO HAD THE CHANCE TO SERVE, BUT TO ENSURE THAT BOTH THE CLASSIFIED AND UNCLASSIFIED ARE WITHIN THAT ELIGIBILITY BUBBLE. SO, WE HAVE BEEN WORKING TO GET THAT LEGISLATION AND WE ARE PLEASED TO REPORT THAT THE CHANGES WE SOUGHT WERE APPROVED BY THE GOVERNOR LAST WEEK, AND IT WILL BECOME LAW JULY 1ST. AND HAVING THE LEGISLATURE AND THE GOVERNOR RECOGNIZE THE BENEFITS TO EXPANDING IT SO THAT BETTER REFLECTS STATE EMPLOYEES WE THOUGHT WERE REALLY GREAT AND APPRECIATED ALL THEIR WORK. THERE WERE SOME ADDITIONAL CHANGES TO THE BILL, CHANGES TO THE HEALTHCARE COMMISSION STATUTES THAT I'LL QUICKLY POINT OUT. THE HEALTHCARE COMMISSION IS GOING TO BE EXPANDED FROM 5 TO 7 MEMBERS. ONE NEW MEMBER WILL BE FROM SENATE WAYS AND MEANS AND ONE NEW MEMBER FROM THE HOUSE APPROPRIATIONS COMMITTEE. SO, WE LOOK FORWARD TO WORKING WITH THOSE NEW MEMBERS AS THEY GET ESTABLISHED WITH THE COMMISSION. THEY ALSO ADDED A POLICY STATEMENT THAT SAYS THAT THE HEALTHCARE COMMISSION SHALL BALANCE THE STATE EMPLOYEE HEALTHCARE NEEDS AT AN AFFORDABLE COST WITH THE FINANCIAL IMPACT ON THE STATE AND WE FELT LIKE THAT REFLECTS THE WORK THE HEALTHCARE COMMISSION HAS ALREADY BEEN DOING AND IS CONSISTENT WITH THE POLICY OBJECTIVES THAT WE HAVE SEEN PUSH FORWARD AND THEN THE THIRD ITEM I MENTIONED IS THERE WILL BE THE STATE EMPLOYEE HEALTH PLAN IS REQUIRED BY STATUTE TO MAKE SEVERAL REPORTS TO THE LEGISLATURE EACH YEAR, AND THEY'LL BE ADDING ADDITIONAL REPORT, WHICH REGARDS THE PROJECTED RESERVE BALANCES. SO I JUST WANT TO SAY THANK YOU TO THE HEALTHCARE COMMISSION AND TO THE HEALTH PLAN AND ALSO TO THE DEPARTMENT ADMINISTRATION STAFF THAT HELPED US TRACK THAT AND INTRODUCED US TO HOW THE LEGISLATIVE PROCESS WOULD UNFOLD. WE ARE APPRECIATIVE AND EXCITED THAT THIS INITIATIVE GOT ADOPTED. AND I ALSO HAVE OUR VICE PRESIDENT, HANNAH RICH ON THE LINE, I HOPE. HANNAH, ARE YOU THERE? >> YES, I AM HERE. >> I WILL HAND OVER THE MIC SO YOU CAN DISCUSS THE SUBCOMMITTEE'S WORK. >> THANK YOU. >> HELLO, GOOD AFTERNOON. MY NAME IS HANNAH RICH. I SERVE AS THE E.A.C. VICE PRESIDENT AS WELL AS THE CHAIR OF OUR SURVEY SUBCOMMITTEE. I ALSO SERVE IN THE OFFICE OF HUMAN RESOURCES AT WICHITA UNIVERSITY. SO OUR SURVEY SUBCOMMITTEE HAS BEEN MEETING BIWEEKLY ABOUT TWO MONTHS NOW TO DISCUSS THE RESULTS AND THE DATA OUTPUT THAT CAME FROM THE 2020 DOCKING INSTITUTE SURVEY OF THE STATE

EMPLOYEES HEALTH PLAN PARTICIPANTS AND PROVIDE AN UPDATE ON THE WORK FOR YOU SINCE WE KNOW THE ANNUAL MODELLING WILL TAKE PLACE SHORTLY. A QUICK SUMMARY OF SOME OF THE TOP ITEMS THAT WE SAW FROM THE DATA. THIS IS A COMBINATION OF THE CROSS TAB OUTPUTS, ALL THE FIGURES THAT WERE PROVIDED FOR US BY THE DOCKING INSTITUTE, AND ALSO REVIEW OF THE OPEN-ENDED QUESTIONS, SO JUST THE COMMENTS THAT PEOPLE WERE ABLE TO JUST SHARE THEIR THOUGHTS FREELY IN THERE. SO THE TOP THREE ITEMS THAT WE HAVE IDENTIFIED AS BEING POTENTIALLY THE MOST IMPACTFUL FOR THE H.C.C. TO TAKE A LOOK AT FOR THE MODELLING NEXT YEAR, SIGNIFICANT CONCERNS WITH THE OUT OF POCKET MAXIMUMS. THAT WAS RATED AS THE MOST DISSATISFACTORY ELEMENT OF THE PLANS. WE ALSO RECOGNIZED THAT ONLY ABOUT 2 TO 4% OF PEOPLE HIT THEIR OUT OF POCKET MAXIMUM IN A YEAR. SO OUR HOPE IS THAT POTENTIALLY WOULD BE A LEVER TO BE PULLED WITHOUT A HUGE FINANCIAL IMPACT ON THE PLAN BUT WITH A PRETTY SIGNIFICANT IMPACT ON JUST WORSE CASE SCENARIO, ANXIETY FOR OUR MEMBERS THROUGHOUT THE YEAR TO JUST KNOW IF THEY OR SOMEONE IN THEIR FAMILY HAS A MAJOR MEDICAL EVENT, THEIR POTENTIAL OUT OF POCKET MAXIMUM WOULD BE LOWER. THE SECOND THING THAT WE IDENTIFIED AS BEING RECURRING THEME WAS THE DEDUCTIBLES. IT WAS THE SECOND HIGHEST RATED FOR DISSATISFACTORY ELEMENTS. THERE IS A LITTLE BIT OF A PIECE TO THIS THAT WE DID WANT TO ACKNOWLEDGE WHICH IS THAT PLAN C AND N RESPONDENTS MADE UP JUST ABOUT 50% OF THE PEOPLE WHO RESPONDED TO THE SURVEY. AND WE DO RECOGNIZE THAT FOR PLANS C AND N THERE IS A LEGAL MINIMUM DEDUCTIBLE REQUIREMENT TO BE A QUALIFIED HIGH DEDUCTIBLE HEALTHCARE PLAN. SO RECOGNIZING ABOUT HALF OF OUR MEMBERS, THAT'S PROBABLY NOT AN OPTION, JUST GIVEN THE NATURE OF THOSE PLANS. BUT WE DO FEEL THAT ANY ATTEMPTS TO REDUCE THAT DEDUCTIBLE WHERE POSSIBLE WOULD BE APPRECIATED BY MEMBERS. AND THEN THE THIRD THAT WE OH THIRD ITEM WAS PREMIUMS. A FEELING THAT PREMIUMS ARE SIGNIFICANTLY HIGHER THAN EMPLOYEES WOULD LIKE THEM TO BE. WE HAD QUITE A BIT OF DISCUSSION ABOUT THE CURRENTLY IN PROCESS LEGISLATIVE INCREASE FOR STATE EMPLOYEES, AND THAT WHEN THERE IS A TWO AND A HALF PERCENT INCREASE OF SALARY, BUT THEN 4% INCREASE OF HEALTH INSURANCE IT DOES NOT REALLY FEEL LIKE MUCH OF AN IMPROVEMENT IN THE OVERALL FINANCIAL SITUATION. ONE OF OUR MEMBERS DID ALSO POINTS OUT THAT FOR OUR KBOR EMPLOYEES, THAT RAISE IS NOT GUARANTEED BECAUSE OF THE WAY THE FUNDS ARE ALLOCATED TO THE KBOR INSTITUTES, AND BECAUSE OF

THE WAY THAT THEIR FUNDING IS A COMBINATION OF STATE FUNDING AS WELL AS EXTERNAL GRANTS AND PARTNERSHIPS. SO THAT WAS ANOTHER POINT THAT WAS ASKED TO BE RAISED IN THIS REPORT. AND WE DO HAVE KIND OF A CAVEAT TO THIS PREMIUM DISCUSSION AS WELL, WHICH IS THAT WE RECOGNIZE THAT OUR ACTUARIAL MODELS ASSUME I BELIEVE IT'S A 4% INCREASE MOVING FORWARD EVERY YEAR, AND WE WANT TO NOTE IF THE PREMIUMS INCREASES ARE NECESSARY FOR THE 2022 PLAN YEAR, THAT THAT WOULD BE PREFERABLE TO A SMALL INCREASE EACH YEAR, RATHER THAN SEVERAL YEARS OF INCREASES TO HAVE A REALLY SIGNIFICANT INCREASE IN FUTURE YEARS. SO WE ARE NOT ASKING TO KICK THE CAN DOWN THE ROAD, IF THE COSTS ARE INCREASING AND PREMIUMS INCREASE, SO BE IT. THAT WAS JUST ONE OF THE ITEMS THAT WE SAW COME UP OVER AND OVER AGAIN. AS WE MOVE FORWARD, WE WILL CONTINUE MEETING BIWEEKLY, WORKING WITH THE HEALTH PLAN TEAM AND MARKETING TEAM AS WELL TO IDENTIFY IF THERE ARE SOME PAIN POINTS THAT WE CAN MAYBE ALLEVIATE THROUGH ADDITIONAL COMMUNICATION RATHER THAN THROUGH ADJUSTMENTS TO THE ACTUAL PLAN MODEL, SO THAT WORK WILL CONTINUE. BUT AS I SAID, WE JUST WANTED TO GIVE A BRIEF REPORT SO THAT YOU ALL HAVE THAT INFORMATION MOVING INTO PLAN YEAR 2022 MODELLING. AND IF THERE ARE ANY QUESTIONS, I'M HAPPY TO ANSWER. >> THANK YOU TO NATALIE AND HANNAH FOR JOINING US. AND ONE THING THAT NATALIE ALLUDED TO, AND THE COMMISSIONERS ARE AWARE, MAKING SURE WE ARE MAKING THE GREATER PUBLIC AWARE, WE ARE SCHEDULING AN UPCOMING ADDITIONAL MEETING IN MAY, MAY 21, TO ACTUALLY CONDUCT PUBLIC MODELLING SESSIONS. SO HANNAH ALLUDED TO AS SHE HAD MENTIONED IT, I WANTED TO BE MORE FORMAL, IT'S LATER IN OUR DISCUSSION BUT TO BRING IT UP HERE. IN PAST YEARS WE HAVE USED THIS MEETING ALONG WITH BUSINESS TO DO SOME MODELLING. WE DECIDED THIS YEAR, WE WANTED TO HEAR FROM THE E.A.C. IN TIME FOR THIS, TWO, WE NEEDED A LITTLE BIT MORE TIME, BUT WANTED TO DO A DEDICATED MEETING SO THAT WILL GO OUT THROUGH PUBLIC SQUARE AND ALL OF THAT WHERE WE WILL DO A DEDICATED SESSION WHERE WE ARE JUST DOING NOTHING BUT MODELLING, PLAYING WITH THE VARIOUS FACTORS OF THE PLAN AND TRYING TO UNDERSTAND IN PREPARATION TO BE INFORMED FOR OUR JUNE CONVERSATION AND DISCUSSION AND VOTE ON THE PLAN DESIGN. WITH THAT, COMMISSIONERS, QUESTIONS FOR NATALIE OR HANNAH. >> THIS IS STEVE DECHANT. DID I HEAR YOU CORRECTLY IN RECORDS TO OUT OF POCKET MAXIMUMS, 2 TO 4% OF THE, THOSE COVERED ACTUALLY HIT THE OUT OF POCKET MAX? >> YES. YEAH, THAT'S CORRECT. THAT'S

THE INFORMATION WE RECEIVED FROM SEHP, SO IT'S A VERY UNCOMMON OCCURRENCE BUT IT DOES HAPPEN FOR SOME EMPLOYEES. >> OKAY. THANK YOU. >> VICKI SCHMIDT. TO FOLLOW UP ON THAT, THE LAST PART OF THAT, TALKING ABOUT THE MAXIMUM OUT OF POCKET EXPENSES, I THINK YOU SAID SOMETHING ABOUT, BUT IT CREATES WORSE SCENARIO, WORSE CASE SCENARIO ANXIETY, I THINK WERE YOUR WORDS. >> UH-HUH. >> YES, YEAH. ESSENTIALLY IF SOMEONE IS LOOKING AT THEIR HEALTH INSURANCE AND SEEING PLAN N, \$6,750 IS THEIR OUT OF POCKET MAXIMUM, SOMEONE MIGHT LOOK AT THAT AND THINK I CAN'T AFFORD THAT, I DON'T HAVE THAT MUCH IN RESERVES, AND IT CAN CREATE A LOT OF ANXIETY WHEN THEY ARE CHOOSING A PLAN, EVEN THOUGH IT'S SOMETHING THAT FOR MOST PEOPLE DOESN'T ACTUALLY IMPACT THEM THROUGHOUT THE COURSE OF THE GIVEN YEAR, BUT IT IS JUST KIND OF ONE OF THOSE THINGS IN THE BACK OF YOUR MIND YOU KNOW, HEY, IF I HAVE A REALLY SEVERE CAR ACCIDENT OR IF MY SPOUSE IS HOSPITALIZED FOR A LONG PERIOD OF TIME, YOU KNOW, THAT'S THE AMOUNT OF MONEY I'M GOING TO HAVE TO COME UP WITH, AND SO I THINK IT JUST KIND OF ADDS A LITTLE BIT OF EXTRA ANXIETY THAT HOPEFULLY BECAUSE AGAIN SO FEW PEOPLE ACTUALLY REACH THAT OUT OF POCKET MAXIMUM OUR HOPE WOULD BE IT MAYBE HAS A SMALLER IMPACT ON THE ACTUARIAL MODELS THAN SOMETHING LIKE A DEDUCTIBLE OR PREMIUM THAT OBVIOUSLY IS IMPACTING A LOT MORE PEOPLE THROUGHOUT THE YEAR. >> STEVE DECHANT. RELATED TO THAT, SOMETHING IN THE PACKET, I'M SURE WE'LL HAVE IT NEXT MONTH AS WELL, THE PROJECTED FINANCIAL IMPACT ON THE PLAN, AND MAYBE THIS IS A QUESTION FOR JANET, THE 2 TO 4% LEVEL THEN WHEN THE PROJECTIONS OF WHAT THE COST WILL BE TO THE PLAN, IS THAT TAKING THAT KIND OF HISTORICAL USAGE, SO TO SPEAK? >> THAT IS NOT A QUESTION THAT I'M REALLY CAPABLE OF ANSWERING. I THINK THAT WOULD BE SOMETHING FOR JANET OR POSSIBLY EVEN FOR THE ACTUARIALS AT SEGAL. BUT OUR HOPE HERE WAS ESSENTIALLY TO PROVIDE SOME QUALITATIVE FEEDBACK FOR THE H.C.C., SO THAT THEN YOU MIGHT BE ABLE TO LOOK AT HOW THAT MIGHT QUANTITATIVELY IMPACT PLAN DESIGNS. BUT THAT MIGHT BE SOMETHING THAT JANET WOULD BE ABLE TO ADDRESS IF SHE'S ON. >> HI, HANNAH, I DID NOT HAVE MY MIC ON. ANSWER IS YES, WHEN SEGAL DOES THE REPORT THEY MIGHT WANT TO TOUCH ON THAT, WE DID DO THE ANALYSIS TO FIND OUT HOW MANY PEOPLE HIT OUT OF POCKET MAX, THANK YOU. >> MADAM CHAIR, VICKI SCHMIDT. AS I REMEMBER THAT DISCUSSION THAT WHEN SEGAL DID THAT ANALYSIS, THEY ALSO, THEY DID FOR PAST CLAIMS HISTORY AND SO THEN THEY SAID IF WE LOWERED THE DEDUCTIBLE, THE MAXIMUM, I'M

SORRY, IF WE LOWERED THE MAXIMUM OUT OF POCKET, THEN X AMOUNT MORE PEOPLE WOULD HIT THE MAXIMUM AND THEN THAT'S HOW, THAT'S HOW THE SEGAL ARRANGED THAT FOR US SO THAT IT DOES TAKE INTO ACCOUNT I THINK WHAT YOU ARE ASKING ABOUT. THANK YOU. >> AS MENTIONED, AS WE CONTINUE, COMMISSIONERS, TO THINK THIS THROUGH AND THINK ABOUT THE PLAN YEAR, YOU KNOW, BEING ABLE TO HEAR FROM THE E.A.C. AND REALLY BE ABLE TO PULL FROM THE SURVEY, SOME OF THE QUALITATIVE, THE VOICES OF THE EMPLOYEES AND THEIR EXPERIENCES AS WE LOOK AT THE PRIORITIES AND AGAIN I THINK AS HANNAH SAID IT WELL, TAKING THE QUALITATIVE TO FORM WITH THE QUANTITATIVE DECISIONS FOR THIS PLAN YEAR. ANY OTHER QUESTIONS, COMMISSIONERS? >> STEVE DECHANT AGAIN. HANNAH OR NATALIE, HAS THERE BEEN DISCUSSION AMONG THE E.A.C., SO MY WAY OF THINKING, IF THERE COMES TO BE A DID HE SKREES -- DECREASE IN THE MAXIMUM OR DEDUCTIBLE OR WHATEVER, THERE IS A COST TO THE PLAN, MAYBE NOT THE ONLY BUT CERTAINLY A LIKELY WAY TO FUND THAT, NUMBER THREE ON THE LIST WAS PREMIUMS CONSIDERED HIGHER THAN THEY OUGHT TO BE. I SEE A BALLOON, IF YOU SQUEEZE HERE, BIGGER OVER HERE. I'M CURIOUS IF THERE IS DISCUSSION ON WHAT THE DISCUSSION HAS KIND OF BEEN. >> YEAH, AND I THINK THIS YEAR THE E.A.C. HAS BEEN TRYING TO APPROACH THE WAY WE HAVE THESE PLAN DISCUSSIONS WITH THE COMMISSION A LITTLE BIT DIFFERENTLY. I THINK THAT AS AN OVERRIDING OBJECTIVE THE STATE EMPLOYEES ARE GOING TO WANT TO KEEP THEIR OUT OF POCKET COSTS DOWN WHILE MAINTAINING A GOOD HEALTH PLAN FOR THE EMPLOYEES AND THEIR FAMILIES. SO THAT SORT OF THE BIGGEST ARCHING BUBBLE, AND THEN AS YOU TINKER WITH THE COMPONENTS OF IT, WE KNOW THEY ARE ALL INTERLINKED AND SO MOVING ONE WILL AFFECT THE OTHER, AND THE E.A.C. HAS WORKED WITH SECRETARY BURNS-WALLACE TO SORT OF TRY TO UNDERSTAND HOW WE CAN BEST AID THE HEALTHCARE COMMISSION AS YOU GO THROUGH THAT PROCESS OF TINKERING AND MAKING DIFFERENT CHANGES. SO WHAT WE ARE TRYING TO DO THIS YEAR AND WHAT HANNAH WAS POINTING OUT TO SAY LOOK, WE WERE ABLE TO SURVEY THE STATE EMPLOYEES, THE AREAS OF HIGHEST DISSATISFACTION IS THE OUT OF POCKET MAXIMUMS, USE THOSE AS THE LENS OF THE REST OF THE PLAN DECISION, KEEPING IN MIND WE HAVE TO PAY OUR PREMIUMS AND THE OTHER OUT OF POCKET EXPENSES AND SO WE ARE JUST TRYING TO HIGHLIGHT FEATURES AND STUFF THAT WE HAVE FROM THE SURVEY AND SORT OF TRUSTING THAT YOU GUYS WILL GET THE DATA FROM THE HEALTH PLAN AND SORT OF PUT THOSE POLICY IDEAS INTO A PRACTICAL FRAMEWORK. >>

I'LL FOLLOW UP AT ANOTHER TIME. >> QUESTIONS, COMMISSIONERS? ALL RIGHT. THANK YOU. NATALIE AND HANNAH. >> THANK YOU VERY MUCH. >> THANKS FOR YOUR TIME. >> ALL RIGHT. IF WE CAN MOVE THROUGH, WE ACTUALLY HAVE A PRESENTATION SCHEDULED FROM MARATHON HEALTH. MARATHON IS OUR PARTNER AND OUR CLINIC, OUR ON-SITE WORK CLINIC. WE HAVE A NUMBER OF PARTNERS FROM MARATHON THAT ARE WITH US HERE TODAY, INCLUDING MARATHON C.E.O. JEFF WELLS, JEFF. AND I BELIEVE HE HAS A FEW OTHER MEMBERS OF HIS TEAM EITHER IN-PERSON OR ONLINE, AND THERE IS A FULL PRESENTATION THAT IS A PART OF OUR PACKET, I THINK THAT THE COMMISSIONERS HAVE RECEIVED AND SEEN, BUT JEFF, I WILL TURN IT OVER TO YOU TO LET US KNOW WHO IS WITH YOU, AND TO OPEN US UP FOR A SHORT KIND OF OVERVIEW OF THINGS ALLOWING THEN FOR OUR COMMISSIONERS TO ENGAGE IN WHAT I HOPE WILL BE A GOOD HEALTHY DIALOGUE AND CONVERSATION. [INAUDIBLE] START WITH INTRODUCTION, PRIMARY CARE PHYSICIAN BY TRADE AND BY BACKGROUND, AND REALLY INSPIRED AN INTEREST TO GET INVOLVED IN THE WORK BETTER, ACTUALLY FIRST WITH RESPECT TO -- >> THE LIGHT WAS ON -- SINCERELY APOLOGIZE FOR THAT. TRAINED AS A PRIMARY CARE PHYSICIAN, AND APAYERS OF HEALTHCARE, GOVERNMENT POINT OF VIEW, EMPLOYER POINT OF VIEW OR OUT OF OUR OWN POCKET. I WORKED FOR THE STATE OF INDIANA, LED THE MEDICAID PROGRAM THERE, AND TREMENDOUS EXPERIENCE AND LEARNED A TON AND HAD AN OPPORTUNITY TO GET INVOLVED IN AN ENTREPRENEURIAL ORGANIZATION THAT ULTIMATELY COMBINED WITH MARATHON HEALTH. I SERVED PRIOR TO ASSUMING THE C.E.O. ROLE AS THE PRESIDENT OF OUR ORGANIZATION, AND JUST, YOU KNOW, WANTED TO SORT OF HIGHLIGHT AND EMPHASIZE HOW IMPORTANT KANSAS IS, WE HAVE A NUMBER OF RELATIONSHIPS THROUGHOUT THE STATE. ABOUT 40 AMBASSADORS THAT LIVE AND WORK HERE IN THE STATE OF KANSAS. EIGHT DEDICATED TEAM MEMBERS THAT WORK IN THE HEALTHQUEST LOCATION, SPECIFICALLY WITH THE STATE. SO THIS IS AN IMPORTANT PARTNERSHIP, IMPORTANT RELATIONSHIP AND STATE AND COMMUNITY FOR OUR ORGANIZATION. BRIEFLY, YOU KNOW, MARATHON HEALTH EXISTS TO FUN DA -- FUN DA -- FROM A MEMBER OR PATIENT POINT OF VIEW, THREE KEY THINGS THIS MAKE IT BIGGEST IMPACT OR DIFFERENCE TO MAKE THE EXPERIENCE REALLY WORK BETTER. THE FIRST WOULD BE CONVENIENT ACCESS TO CARE, SO WHAT ARE DIFFERENT WAYS WE CAN THINK ABOUT BREAKING DOWN BARRIERS OR FRICTION TO MAKE IT AS EASY AS POSSIBLE WHEN SOMEONE HAS A NEED, WHETHER IT'S SCREENING AND PREVENTION FOCUS, WELL-BEING OR LIFESTYLE, OR ACUTE CONDITIONS, AND

EVERYTHING FROM A SPRAINED ANKLE TO A REAL CONCERNING, YOU KNOW, SITUATION, WEIGHT LOSS OR PAIN THAT HAS NOT GONE AWAY FOR SOME PERIOD OF TIME WHERE AN INDIVIDUAL IS WORRIED ABOUT IT. GETTING IN TO A TRUSTED CARE TEAM, TO A TRUSTED PARTNER QUICKLY, WE THINK IS EXCEEDINGLY IMPORTANT. THE SECOND IS REALLY BUILDING ON THE CONCEPT OF TRUST ABOUT BUILDING DEEP TRUSTED PERSONALIZED RELATIONSHIPS WITH YOUR PRIMARY SORT OF HEALTHCARE TEAM. YOU KNOW, ALL TOO OFTEN, AT LEAST IN MY EXPERIENCE, WE SORT OF SYSTEMATIZE THINGS IN WAY THAT ARE DEHUMANIZED, AND PEOPLE ARE TREATED LIKE STATISTICS. HERE COMES SOMEONE WITH DIABETES OR HIGH BLOOD PRESSURE AS OPPOSED TO THIS IS JEFF, OR THIS IS HOLLY, AND HERE IS THEIR STORY, AND THEIR PERSONAL PRIORITIES AND PASSIONS AND WE THINK ABOUT SORT OF REALLY TRYING TO CONNECT AT THAT INDIVIDUAL LEVEL AND PERSONALIZE THAT EXPERIENCE AND EVERYTHING ABOUT SUPPORT, THEIR TREATMENT PLAN, GUIDANCE AND ADVICE, WHATEVER THE CASE MIGHT BE. AND THE THIRD WOULD BE AROUND AFFORDABILITY, AND JUST WITH A LITTLE BIT OF SERENDIPITY, OUT OF POCKET COSTS FOR HEALTHCARE ARE ENORMOUS CONCERN FOR US IN SOCIETY AND OBVIOUSLY CLEAR YOUR MEMBERS ARE NO DIFFERENT. SO HOW CAN WE AS SORT OF A GATEWAY TO THE HEALTHCARE SYSTEM HELP MEMBERS NAVIGATE VALUE DRIVEN OR VALUE ORIENTED HEALTHCARE. REDUCE AVOIDABLE OUT OF POCKET COSTS, CONNECT PEOPLE TO SOME OF THE GREAT PROVIDERS THROUGHOUT AND ACROSS THE STATE WHEN IT IS NECESSARY TO HAVE MORE ADVANCED OR COMPLICATED CARE AND SO FORTH. AND SO THOSE ARE THE PRINCIPLES THAT GUIDE OUR ORGANIZATION IS DRIVING COMMUNITY ACCESS, BUILDING DEEP PERSONAL TRUSTED RELATIONSHIPS, AND YOU KNOW, FOCUSING ON AFFORDABILITY OF CARE FOR THOSE MEMBERS AND ULTIMATELY FOR YOU AS THE EMPLOYER. THE LAST THING I WOULD EMPHASIZE, YOU HAVE SEEN THE MATERIALS -- ESTABLISHED THE PARTNERSHIP BACK TO MAY OF 2019. WE ARE REALLY EXCITED, YOU KNOW, DURING THE LAUNCH AND THROUGHOUT THE COURSE OF 2019 SEEING WHAT WE NORMALLY SEE, A BUILD-UP OF THE NUMBER OF MEMBERS THAT FOUND VALUE AND USED THE HEALTHQUEST WELLNESS CENTER IF IT MADE SENSE FOR THEM AND BUILDING A GOOD TRAJECTORY. WE CERTAINLY, LIKE ALL OF US, YOU KNOW, HAVE BEEN CHALLENGED WITH THE GLOBAL PANDEMIC. SO IF I WERE GOING TO SUMMARIZE THE OVERALL IMPACT AND RESULTS TO DATE, AND THE TOP PRIORITY, HOW DO WE REALLY FOCUS ON DRIVING ENGAGEMENTS, IN PARTICULAR, FOR THE MORE VULNERABLE OR HIGHER RISK MEMBERS, POPULATION MAYBE THE MOST NEED BUT DOES NOT HAVE A HOME IN

THE HEALTHCARE SYSTEM, THEY MAY NOT HAVE A PRIMARY CARE PROVIDER, GIVE TO GET THE SUPPORT THEY NEED AND THE CHOICE AVAILABLE, AND A GREAT TRACK RECORD AND GOOD RESULTS, BUT THE BIGGEST GAP ARE THE ABILITY TO DRIVE IN PARTNERSHIP TOGETHER WITH JANET AND HER TEAM AND YOU, MORE ENGAGEMENT. WITH THAT, I'LL PAUSE, HAPPY TO TAKE ANY QUESTIONS AND HOWIE AND DOUG MAY SUPPORT ME AS WELL. >> COMMISSIONERS, AS STATED, WE HAVE A MORE FORMAL PRESENTATION THAT IS A PART OF OUR PACKET MATERIAL BUT WE HAVE BEEN HAVING AN ONGOING CONVERSATION JUST TO UNDERSTAND MORE ABOUT THE CLINIC AND WHAT'S BEEN OFFERED AND THE RETURN ON INVESTMENT FROM THE STATE, AND SO I KNOW WE ARE EAGER TO HOP INTO THIS CONVERSATION. COMMISSIONERS, COMMENTS OR QUESTIONS AS WE HAVE THE MARATHON TEAM HERE TO SHARE AND TO TALK A LITTLE ABOUT THEIR ENGAGEMENT WITH THE STATE AND WHERE WE ARE TODAY AND HOW WE GOT HERE. QUESTIONS, COMMISSIONERS. >> COMMISSIONER DECHANT. >> MADAM CHAIR, VICKI SCHMIDT. WELL, I'M PROBABLY THE ONE YOU DON'T WANT TO HEAR FROM, BUT I HAVE THE MOST QUESTIONS, AND YOU KNOW, IT HAS BEEN DIFFICULT AT TIMES TO GET INFORMATION -- I -- THROUGH NO ONE'S FAULT, MAYBE NOT ASKING THE QUESTIONS CORRECTLY, BUT SOMETIMES I FEEL I ASK THE QUESTION AND THEN ASK LIKE THREE ADDITIONAL QUESTIONS AND I THINK SOMEONE SHOULD HAVE FIGURED OUT WHAT I'M ASKING FOR, BUT LET ME JUST START WITH SOME SIMPLE ONES FOR ME. SO, AT THIS HAVE CONTINUED TO BE CURIOUS ABOUT THE AMOUNT OF UNIQUE PATIENTS THAT YOU SEE. YOUR PRESENTATION, I APPRECIATE WHAT YOU'VE SAID ABOUT PEOPLE THAT DON'T HAVE A MEDICAL HOME THAT ARE - - THAT ARE -- THAT NEED A MEDICAL HOME AND THAT OFTEN TIMES HAVE A CHRONIC CONDITION. AS A PHYSICIAN I KNOW THAT YOU, WELL, OBVIOUSLY YOU HAVE A PENCHANT FOR THAT, AS DO I. IF YOU HAVE A DIABETIC NOT GETTING TREATMENT IT ONLY LEADS TO A LOT OF MISERY DOWN THE LINE, NOT ONLY IN TERMS OF HEALTHCARE COSTS BUT IN OTHER PARTS OF THAT PERSON'S LIFE. AND SO I CAN APPRECIATE THAT. BUT YOU KNOW, WE SPEND A LITTLE OVER -- WE AS IN THE STATE EMPLOYEE HEALTH PLAN SPEND A LITTLE OVER \$2 MILLION A YEAR AT MARATHON IN THE VARIOUS COMPONENTS THAT WE SUPPORT. SO I WAS TRYING TO FIGURE OUT THE UNIQUE PATIENTS THAT YOU SEE KNOWING THAT SOME OF THEM ARE INDIVIDUALS THAT THANKFULLY ARE SEEN ON A MORE REGULAR BASIS BY YOUR STAFF AND COME BACK. BUT I THINK IT'S IMPORTANT THAT WHEN WE ARE SPENDING THAT KIND OF MONEY TO KNOW HOW MUCH PATIENTS WE ARE ACTUALLY SERVING. I HAVE AN EMAIL FROM, I THINK IT'S AROUND FEBRUARY 11TH,

THAT SAID THAT THEY HAD RECEIVED A RESPONSE FROM MARATHON THAT DAY AND THAT MARATHON INDICATED THEY DON'T CURRENTLY HAVE A REPORT IN THEIR STANDARD REPORTING THAT SHOWS UNIQUE PATIENTS AS IT RELATES TO IN-PERSON OR VIRTUAL. THEY WERE ABLE TO DO SOME AD HOC ANALYTICS AND DETERMINES AT LEAST 690 PATIENTS WITH AT LEAST ONE IN-PERSON VISIT DURING DECEMBER 2019 THROUGH NOVEMBER OF 2020. SO I TOOK THAT 690 PATIENTS. ON THE FOLLOW-UP INFORMATION THAT WE RECEIVED IN OUR PACKET THIS TIME FROM OUR PREVIOUS MEETING THE WRITTEN IS SINCE HEALTHQUEST HEALTH CENTER OPENED, 6,171 TOTAL APPOINTMENTS COMPLETED BY 2,070 UNIQUE PATIENTS. WELL, SO I HAVE, IN MY BASIC MATH, I HAVE DONE MAY 2019 IS WHEN YOU OPENED, AND I'M GOING TO ASSUME THAT, BECAUSE THERE'S NO END DATE ON THIS, I'LL ASSUME THE 2,070 UNIQUE PATIENTS IS THROUGH MARCH OF 2021. I'M ASSUMING, COULD HAVE BEEN FEBRUARY, I'LL GET THAT ADDITIONAL MONTH. SO, THAT IS A TOTAL OF 23 MONTHS THAT YOU'VE BEEN OPEN. IF I TAKE OUT THE 12 MONTH PERIOD OF TIME FOR THE 690 UNIQUE PATIENTS, THAT TELLS ME THAT IN 11 MONTHS YOU WOULD HAVE HAD TO HAVE HAD 1,379 UNIQUE PATIENTS, AND THAT WOULD HAVE BEEN IN THE MONTHS OF MAY, JUNE, JULY, OCTOBER, SEPTEMBER, OCTOBER, NOVEMBER OF 2019, AND THEN THREE MONTHS IN 2021. AND YOUR REMARKS NOW SAID YOU KNOW, YOU OBVIOUSLY DON'T OPEN THE DOOR AND HAVE -- YOU HAVE TO HAVE A RAMP-UP PERIOD OF TIME. SO THOSE NUMBERS MAKE NO SENSE TO ME. I JUST WANT TO KNOW HOW MANY UNIQUE PATIENTS YOU ARE SEEING AND IN A SET PERIOD OF TIME, WHETHER IT'S ONE YEAR OR SINCE YOU HAVE OPENED IN THAT AMOUNT OF TIME. AND THE NUMBERS DON'T MAKE SENSE. AND BOTH OF THESE NUMBERS HAVE COME FROM YOU. >> APPRECIATE THE QUESTION, COMMISSIONER. AND I APOLOGIZE FOR THE DIFFICULTY IN GETTING YOU A CLEAR ANSWER ON THAT. I CAN APPRECIATE HOW FRUSTRATING THAT MUST BE. I THINK THE MOST RECENT DATA IS ACCURATE IN THE SENSE THAT THERE'S BEEN JUST OVER 2,000 UNIQUE INDIVIDUALS THAT HAVE BEEN SERVED BY MARATHON HEALTH AND THE RELATIONSHIP. AND SO I THINK THAT'S PROBABLY THE BEST NUMBER TO GO OFF WHEN WE LOOK AT THE TOTAL IMPACT TO DATE, IF WE LOOK AT THE PERCENT OF ELIGIBLE MEMBERS IN TOPEKA THAT HAVE THE ABILITY TO USE IT, PLUS OR MINUS 8,000 EMPLOYEES, AND I THINK MAYBE APPROACHING -- ALL MEMBERS, ALMOST 15,000 TOTAL MEMBERS, AND OBVIOUSLY BEING AN ON-SITE HEALTH CENTER INITIAL TARGET WAS MORE ON THE EMPLOYEE POPULATION, YOU KIND OF GET TO ABOUT THAT 17% OF THE ELIGIBLE EMPLOYEES HAVE USED IT, AND THEN WE HAVE ALSO LOOKED, IF YOU JUST LOOK

AT THE HIGHER RISK GROUP, CHRONIC CONDITIONS, IT'S ABOUT 23% OF THE ELIGIBLE GROUP HAS USED THE SERVICE. >> BUT IN SOME MONTHS, YOU KNOW, WE HAVE BEEN PAYING OVER \$3,000 A VISIT IN COVID. AND YOU KNOW, UNLIKE OTHER PROVIDERS, I MEAN -- I DON'T KNOW WHETHER YOU WERE EVER IN PRIVATE PRACTICE OR NOT BUT IN A PRIVATE PRACTICE ENVIRONMENT THERE IS NO GUARANTEE, AND YET WE, THE STATE DID NOT RECEIVE A REFUND ON -- FROM MARATHON OR DECREASED COSTS. AND I UNDERSTAND WE ARE UNDER CONTRACT, I UNDERSTAND THAT. BUT \$4,000 PER PATIENT, PER UNIQUE PATIENT FOR MONTH, FOR MARATHON HEALTH TO BE IN EXISTENCE, THAT MAKES NO SENSE. THAT IS -- THAT IS WAY TOO MANY FIXED COSTS FOR WHAT I CONSIDER MARATHON OUGHT TO BE DOING. >> YEAH, I THINK YOU ARE ASKING THE RIGHT QUESTION. IT'S ONE THAT I THINK WE SHARE, WE ACTUALLY DO HAVE PERFORMANCE GUARANTEES AND JUST TO MAKE SURE EVERYONE ON THE COMMISSION IS AWARE, WE DID WRITE A CHECK BACK TO THE TUNE OF ABOUT \$200,000 BECAUSE WE DID NOT LIVE UP TO EVERY PROMISE THAT WE MADE IN THIS PARTNERSHIP. >> BUT THAT WAS NOT -- THOSE -- I'M SORRY, DOCTOR. THAT WASN'T RELATED TO COVID, THOUGH, THAT WAS RELATED TO PERFORMANCE MEASURES THAT HAD BEEN AGREED UPON IN THE CONTRACT AND THAT DID NOT, I'M LOOKING FOR MY SHEET HERE, BUT THAT DIDN'T -- THAT DIDN'T TAKE INTO ACCOUNT COVID -- ANYWAY -- IT'S A CONCERN. >> I THINK THE CONCERN IS COMPLETELY VALID. I THINK IF WE LOOK AT IT ON SORT OF THE CUFF PER IN-PERSON VISIT LIKE THAT, IT CERTAINLY DOES NOT HAVE AN OUTCOME ANY OF YOU SHOULD BE COMFORTABLE WITH. ONE OTHER WAY TO LOOK AT IT WOULD BE WHAT IF WE TOOK THE TOTAL INVESTMENT THAT'S BEEN MADE AND SPREAD ACROSS THE INDIVIDUALS THAT ARE ENGAGED, RIGHT. AND SO IF YOU DO IT THAT WAY, I THINK IT ENDS UP BEING A LITTLE OVER \$900 FOR AN ENGAGED MEMBER, \$900, EXCUSE ME, IF YOU WERE TO LOOK AT THE HIGHER RISK GROUP, PLUS OR MINUS, YOU GUYS ARE INVESTING ABOUT, A LITTLE OVER \$8,000 A YEAR FOR THAT HIGHER RISK GROUP. THE AVERAGE MEMBER IS CERTAINLY LOWER THAN THAT, BUT FOR THE MORE VULNERABLE POPULATION, THE BIGGEST OPPORTUNITY SO. ONE WAY TO LOOK AT IT, IS IT WORTH INVESTING 10% ON THE BASE COSTS OF THOSE MORE VULNERABLE MEMBERS FOR THE ABILITY TO DRIVE BETTER OUTCOMES IN R.O.I. ON THAT, AND I THINK IT'S TOO EARLY TO TELL. COVID WAS ENORMOUS HEAD WIND TO DRIVE THE TYPE OF ENGAGEMENT WE ALMOST ALWAYS SEE AND WE ARE RUNNING BEHIND WHERE WE SHOULD BE AT THIS POINT ON A COLLABORATIVE BASIS. SO THE SAMPLE SIZE IS REALLY SMALL, AND YOU KNOW, JUST WANT TO BE VERY CLEAR ON THAT. IF YOU LOOK AT THE HIGH RISK

GROUP WE HAVE ENGAGED TO DATE AND TRACK THEIR OVERALL CLAIMS COST ON AN ADJUSTED BASIS, WE TRY TO MATCH IT, LIKE APPLE TO APPLE, IT LOOKS LIKE THEY ARE TRENDING TOWARDS BEING ABOUT 14%, LESS EXPENSIVE, PEOPLE ENGAGED WITH MARATHON HEALTH IN THE HIGHER RISK GROUP ARE 14% LESS EXPENSIVE. I THINK IT'S TOO EARLY TO TAKE THAT CONCLUSION AND SAMPLE SIZE TOO SMALL, BUT THE EARLY INDICATIONS IN OUR VIEW ARE POSITIVE. TO US, THE QUESTION WOULD BE WHAT CAN WE DO AS A PARTNERSHIP HERE TO DRIVE MORE ENGAGEMENT FOR THOSE THAT FIND VALUE IN THE SERVICE. >> WELL, SO ONE OF THE THINGS COLLECTIVELY WE HEARD AT ONE OF OUR MEETINGS AND I HAVE IT IN MY NOTES SOMEWHERE, LIKE THREE NOTEBOOKS HERE THAT ARE FOUR INCHES THICK. ONE OF THE THINGS, WELL, MARATHON IS GOING TO BE MORE ENGAGED IN TELEHEALTH, YOU KNOW, WE ARE GOING TO -- THERE HAVE BEEN, I MEAN, I CHAMPIONED THAT LEGISLATION IN THE LEGISLATURE ON TELEHEALTH BEFORE I BECAME INSURANCE COMMISSIONER. THERE HAVE BEEN NO BARRIERS TO MARATHON HEALTH TO DOING TELEHEALTH IN THIS CURRENT ENVIRONMENT AND YET NOW THAT WE ARE TALKING ABOUT A CONTRACT RENEWAL ALL OF A SUDDEN IT WOULD APPEAR TO ME THAT MARATHON IS NOW CONCERNED ABOUT, NOW CONTEMPLATING TELEHEALTH. WHERE HAVE YOU BEEN THROUGH THE PAST YEAR, WE HAVE HAD A CRISIS ON OUR HANDS WITH COVID TRYING TO REACH PEOPLE THAT HAVE NOT BEEN WORKING IN THE TOPEKA AREA BECAUSE OF STATE SHUTDOWNS, YOU KNOW, I MEAN, WHY ARE WE JUST NOW TALKING ABOUT TELEHEALTH? NOW WE ARE -- IT SEEMS TO ME, NOW WE ARE PANICKED ABOUT OH, MY GOSH, YOU KNOW, THE CONTRACT IS UP IN DECEMBER AND NOW THIS GROUP OF PEOPLE, THIS SMALL GROUP OF PEOPLE IS GOING TO DECIDE OUR FATE, SO NOW TALK ABOUT TELEHEALTH. >> THIS IS JANET. COULD I INTERJECT ONE COMMENT TO MAKE SURE THE TELEHEALTH DISCUSSION CAME MORE FROM A COLLABORATIVE DISCUSSION THE SEHP HAD WITH MARATHON, RESTRICTION, I'LL USE THE TERM, DESIGNATION THAT MARATHON CLIN YOU CAN, OR THE HEALTHQUEST CLINIC WOULD SERVE PEOPLE IN 30 MILES THAT LIVED AND WORKED IN TOPEKA WAS THE TRIAL, RIGHT? AND THERE WAS DISCUSSION ON COVID, YOU KNOW, PEOPLE WERE NOT COMING INTO TOPEKA. SO AGAIN, THAT IMPACTED WHO HAD THE ABILITY TO USE MARATHON. WE DISCUSSED, WOW, COULD WE OPEN THE CLINIC UP TO MORE PEOPLE, IS IT REALISTIC, AND THE ONLY WAY, REALLY, THAT IT BE MORE REALISTIC, PEOPLE FROM GREAT BEND ARE NOT GOING TO GO TO TOPEKA FOR THE CLINIC, AND THE BRICK AND MORTAR IF IT WENT THROUGH AND THE COMMISSION DECIDED WE WOULD EXPAND, WHERE WOULD WE PUT ANOTHER LOCATION, WE

DISCUSSED ALTERNATIVES BE TELEHEALTH TO REACH ALL OF OUFRC CONSTITUENTS THROUGHOUT KANSAS AS ALTERNATIVE TO A SECOND LOCATION. SO I WANT TO BEAR SOME OF THE RESPONSIBILITY FOR BRINGING THAT UP TO CLARIFY WHAT THE SEHP DISCUSSION WITH MARATHON HAD BEEN AS WELL. BUT I'LL LET -- SO, I JUST WANT TO MAKE SURE I WAS CLEAR ON THAT. THANK YOU FOR LETTING ME BRING THAT UP. >> WELL, LET ME JUST ASK THEN, VICKI SCHMIDT, AGAIN. MISS STANEK, THERE WAS NOT ANYTHING IN THE CONTRACT WITH MARATHON THAT EVER PREVENTED TELEHEALTH, IS THAT CORRECT? >> THAT'S CORRECT, AND THERE WERE TELEVISITS. >> YEAH. >> I MIGHT DISTINGUISH, AGAIN A GREAT QUESTION. SO THE USE OF TELEPHONE OR VIDEO TO PROVIDE CARE WHEN THE PANDEMIC SORT OF BEGAN GOING ALL THE WAY BACK TO MARCH OF 2020, WAS ACKNOWLEDGED, YOU KNOW, SORT OF GLOBALLY TO BE REALLY IMPORTANT. OUR TEAM DID SHIFT IN MARCH OF LAST YEAR AND BEGAN OFFERING, AND WE ALWAYS HAD BOTH VIDEO AND TELEPHONE VISITS BUT WERE VERY RARELY USED. PEOPLE VALUED THE IN-PERSON ENCOUNTER, IT WAS CONVENIENT, THEY WOULD COME IN. WE SHIFTED AND PROMOTED THAT OUT OF SAFETY CONCERNS AND OUT OF TIME, OUT OF CONVENIENCE AND CHOICE. AND IN THE PACKET THAT WE SHARED HERE THAT'S INCLUDED, I THINK IT'S SLIDE -- READ THE WRITING -- 18, I BELIEVE, YOU CAN SEE A CHART THAT SHOWS AND SORT OF, I DON'T KNOW, A GOLD COLOR AS OPPOSED TO RED COLOR, IT WILL SHOW YOU THE PERCENTAGE OF THOSE VIRTUAL OR TELEHEALTH VISITS IN RELATION TO IN-PERSON, RANGED FROM 40%, TO AS MUCH AS MAYBE 80% OF ALL THE ENCOUNTERS OVER THE LAST YEAR. I WOULD DISTINGUISH THAT, WHICH WE HAVE BEEN DOING AND I THINK TO GOOD EFFECT, WITH THE POINT THAT JANET IS MAKING, WHICH IS THE ONLY GROUP THAT'S ELIGIBLE TO USE THE MARATHON HEALTH SERVICE TO DATE HAS BEEN THAT GROUP SORT OF IN AND AROUND TOPEKA. JUST AGAIN, ABOUT YOU KNOW, 15,000 MEMBERS OUT OF THE TOTAL MAYBE 70 PLUS THOUSAND MEMBERS. WE RECOGNIZE THAT ENGAGEMENT IS LOWER THAN WHERE WE ALL WANT IT RIGHT NOW, AND WE ARE TRYING A NUMBER OF DIFFERENT THINGS TO PROACTIVELY IMPROVE THAT. EVERYTHING FROM AWARENESS AND SORT OF COMMUNICATIONS TO SOME OUTREACH, YOU KNOW, PHONE CALLS, THINGS OF THAT NATURE. SO, INCLUDING SOME OF THESE SERVICES AS PART OF THE WELLNESS PROGRAM SO YOU CAN GAIN POINTS. BUT IT ALSO ROSE THE QUESTION OF HEY, A NUMBER OF OTHER MEMBERS THAT ARE ELIGIBLE THROUGHOUT THE STATE THAT ARE NOT ELIGIBLE TO USE. WE HAVE CAPACITY, COULD WE OPEN THIS UP, ALMOST ON A PILOT BASIS, JUST SO THAT YOU ARE GETTING INCREASED ENGAGEMENT FOR THE

INVESTMENT THAT'S BEING MADE. THAT WAS SORT OF THE THOUGHT ON THAT PIECE. >> I'M CURIOUS ABOUT THAT, I'M CURIOUS ABOUT SOME OF THE THINGS YOU JUST SAID BECAUSE IT'S NOT MY UNDERSTANDING, BUT I, YOU KNOW, THERE'S A LOT OF THINGS I DON'T UNDERSTAND ABOUT, IT'S A BIG COMMISSION AND THERE'S A LOT OF THINGS WE DO HERE. SO IF I WERE IN GREAT BEND AND I'M A STATE EMPLOYEE AND LET'S SAY I'M WORKING IN TOPEKA FOR A WEEK, I'M NOT ELIGIBLE TO COME TO MARATHON FOR SERVICES BECAUSE I WORK IN GREAT BEND OR LIVE IN GREAT BEND AND I DON'T LIVE -- I DON'T FALL IN THE 30 MILE RADIUS SO I CAN'T COME TO MARATHON? >> I DON'T KNOW IF I HAVE THAT OR NOT, BUT TO MAKE SURE I UNDERSTAND YOUR POINT. THOSE LIMITATIONS WERE PLACED ON US AT THE INCEPTION OF THE RELATIONSHIP THAT WE WOULD SERVE THE POPULATION IN A 30 MILE RADIUS OF THE PROGRAM. AND SO IN MARCH WHEN WE FIRST BEGAN TO SEE THE EFFECTS OF COVID OUR INITIAL DISCUSSION STARTING IN JANUARY WITH THE TEAM, WHO HAS BEEN FANTASTIC, WAS WHAT CAN WE DO TO PIVOT AND MAKE SURE NOW THAT SO MANY OF US HAVE GONE VIRTUAL WITH OUR HEALTHCARE THAT WE CAN OPEN DOORS TO ACCESS THOSE WHO DO LIVE IN GREAT BEND, MANHATTAN, JUNCTION CITY, THAT WE COULD DO SO IN A VIRTUAL NATURE, FREE OF ANY FEE WE ARE RECOVERING DURING THIS TIME OF NEED AND USE THAT AS AN OPPORTUNITY TO DETERMINE WHETHER THAT TYPE OF EXPANDED REACH FOR FOLKS OUTSIDE OF THAT 30-MILE WINDOW WOULD BE FRUITFUL AND BENEFICIAL MOVING FORWARD TO THE PARTNERSHIP. >> I GUESS, I'M SORRY, I HAVE TO ASK A FEW MORE QUESTIONS HERE. SO, IN MAY OF 2019 I LIVE AND WORK IN GREAT BEND, KANSAS AND A STATE EMPLOYEE AND I SHOWED UP AT YOUR DOOR, OR I TRIED TO GET AN APPOINTMENT, WAS YOUR SCREENING SUCH THAT YOU ASK, DO YOU LIVE AND WORK IN THE TOPEKA AREA? BECAUSE IF YOU LIVE AND WORK IN GREAT BEND YOU CANNOT BE SEEN HERE? >> I CAN ANSWER THAT. THE ANSWER IS ANYBODY THAT'S A STATE EMPLOYEE CAN BE SEEN IN THAT CLINIC BUT IT WAS NEVER -- IF YOU REMEMBER EVEN ON OPEN ENROLLMENT, YOU ARE ASKED WHAT YOUR -- WHAT COUNTY YOU LIVE IN, WE WERE CAPTURING DATA TO MAKE SURE THE INFORMATION WE PROVIDE TO MARATHON AS FAR AS THE PEOPLE THAT ARE IN THE REGION, THE 30-MILE RADIUS, COULD BE IN THEIR SYSTEM AS WELL. WE HAD TALKED ABOUT, I'LL ASK MIKE TO SPEAK UP, THE LOGISTICS OF IF SOMEONE COMES IN FOR A MEETING AND SHOWS UP, IS MARATHON GOING TO HAVE THEM IN THEIR DATABASE AND WHAT WOULD THAT PROCESS LOOK LIKE AND WE WORKED OUT A PROCESS, BUT I WILL TELL YOU THE WAY IT WAS STRUCTURED, WE STRUCTURED AS A STATE AND I DON'T THINK IT WAS INTENTIONAL TO SAY ONLY

THESE PEOPLE ARE EVER GOING TO BE SEEN BUT I THINK IT WAS MORE PRAGMATICALLY SPEAKING THAT IT WOULD BE PEOPLE THAT LIVED AND WORKED WITHIN THE 30 MILE RADIUS. AND MIKE, DO YOU WANT TO ADD TO THAT, SINCE YOU WERE HERE AND I WAS NOT? >> YEAH, THAT'S CORRECT. AND COMMISSIONER SCHMIDT, ORIGINALLY WHEN THE CLINIC OPENED, YOUR EXAMPLE COMPLETELY TRUE, WHETHER SOMEBODY TRAVELLING IN FOR WHATEVER AGENCY TO TOPEKA, THEY COULD BE SEEN AT THE CLINIC JUST LIKE A LEGISLATOR THAT MAY COME IN FOR THE COMMITTEE. THE ELIGIBILITY FILE THAT WAS PROVIDED TO MARATHON PRIMARILY WAS THE TOPEKA METRO AREA. BUT IF I WALKED IN AND FROM LIBERAL, KANSAS, THE PROCESS WAS THE CENTER WOULD CALL THE HEALTH PLAN TO VERIFY IF THEY NEEDED TO THAT MIKE WAS A MEMBER OF THE HEALTH PLAN AND COULD BE SEEN THERE. SO YOU ARE CORRECT. >> I HAD NO IDEA, AND THIS -- THIS INFORMATION HAS NEVER EVER BEEN PRESENTED TO THIS HEALTHCARE COMMISSION. I WOULD ASK MAYBE IF STEVE DECHANT HAS HEARD THAT, BUT I MEAN, I'VE EVER EVER HEARD OF THIS BEFORE. I'VE HEARD OF 30 MILES, BUT I COULD -- THAT IS AS METRICS OF, SO THAT YOU COULD DO YOUR BUSINESS PLAN, RIGHT? WHAT IS THE -- WHAT'S THE DRAW FOR THE AREA? I MEAN, ANYBODY WHO OPENS UP ANY MEDICAL CLINIC WANTS TO KNOW THAT, WHERE ARE YOU GOING TO DRAW FROM, AND -- THE DRAW IS ONE THING. THE VERIFICATION THAT YOU ARE -- I WALK IN WITH MY -- BOY, YOU KNOW, I MEAN, I THINK YOU ARE LUCKY A LEGISLATOR DID NOT WALK IN AND DIDN'T SAY GARDEN CITY, AND I WANT TO BE SEEN, AND OH, BY THE WAY, I HAVE TO CALL AND MAKE SURE YOU ARE A STATE EMPLOYEE. HOLY TOLEDO. AS WE THINK AND UNDERSTAND HOW THE ORIGINAL CONTRACT WAS SHAPED AND WHAT THE TERMS WERE AND THE OUTCOMES WERE, THEY MAY NOT ALIGN WITH WHAT EVERYONE'S INTENT WAS ORIGINALLY FOR IT, NOR WHERE WE WANT IT TO BE NOW. AND SO THE IDEA THAT THIS WAS A WORKPLACE CLINIC IN TOPEKA MADE SENSE THAT THE MAJORITY, 98% OF WHO WOULD BE SEEN WOULD BE IN THIS AREA. I THINK THE KEY HERE IS TWO-FOLD FOR ME THAT I TAKE AWAY AS ONE, THERE WAS A MECHANISM BY WAY IF SOMEBODY WASN'T IN THE ELIGIBILITY FILE THAT THEY WERE QUICKLY IDENTIFIED SO THEY COULD RECEIVE SERVICES. THERE'S NO RECORD THAT SOMEBODY WAS TURNED AWAY FOR SERVICES, WE HAVE NO COMPLAINTS OF THAT. SO, THAT'S ONE. BUT TWO, THERE'S A DIFFERENT CONVERSATION THAT IS HAPPENING HERE ABOUT THIS WASN'T AS IT WAS LAUNCHED INITIALLY DESIGNED TO THINK ABOUT EMPLOYEES STATEWIDE, AS A "PILOT" OR WHATEVER THOSE TERMS WERE, WHETHER THAT WAS IN THE ORIGINAL CONTRACT OR THE SCOPE. IT WAS NARROWLY DEFINED, MORE

NARROWLY DEFINED THAN WE HAVE WANTED IT TO BE OR LONG-TERM NEEDED IT TO BE BUT IT WAS NARROWLY DEFINED IN THAT WAY WHEN IT WAS FIRST LAUNCH. I THINK THAT'S SOME OF THE LEARNING WE ARE GETTING, IT WAS TOO NARROWLY DEFINED AND NOT NECESSARILY MEETING WHAT THE NEEDS WERE OR PROJECTED TO BE ALONG THE WAY. BUT THAT -- THAT WAS HOW IT WAS DEFINED IN THE ORIGINAL SCOPE, RIGHT OR WRONG, GOOD OR BAD, CORRECT? >> I WOULD SAY THAT'S CORRECT, AND IT IS CALLED A PILOT, AND THE NEXT STEP WAS GOING TO BE TO DETERMINE WHETHER OR NOT IT WOULD BE REPLICATED SOMEWHERE ELSE AND I CALLED IT BRICK AND MORTAR BECAUSE IT WOULD BE A CLINIC. THAT'S WHERE THE TELEMEDICINE DISCUSSION CAME IN. THANK YOU. >> VICKI SCHMIDT AGAIN. WELL, WITH ALL DUE RESPECT, AND I APPRECIATE THIS DISCUSSION VERY MUCH, I DO APPRECIATE YOU BEING HERE TO TRY TO ANSWER THE QUESTIONS AND TRY TO HELP ME UNDERSTAND. BUT YOU KNOW, SO KIND OF TAKING MARATHON OUT OF THIS NEXT PART OF THIS WAS THAT YOU KNOW, NONE OF US EXCEPT FOR MR. DECHANT WERE A PART OF THE -- NONE OF US AT THIS TABLE WERE A PART OF THAT R. F.P. AND THIS COMMISSION DOES NOT KNOW WHAT'S IN THE R.F.P. AND IF I HAD BEEN AROUND AND IT TALKED ABOUT 30 ROUND AND STATE EMPLOYEES, NEVER FLUNG WITH ME. THAT IS WATER UNDERNEATH THE BRIDGE. I WILL MOVE ON. I APPRECIATE, I THINK YOUR NUMBERS ARE REALLY SMALL ON THESE SLIDES, I THINK IT'S NUMBER 15, I MAY NEED AN OPHTHALMOLOGIST -- >> MAY I TOUCH ON ONE POINT BEFORE WE GO TOO MUCH FURTHER? THE CONVERSATIONS WE HAVE HAD MOST RECENTLY WITH THE STATE TEAM HAVE BEEN IN COMPLETE PARALLEL WITH THE QUESTIONS YOU ARE ASKING AND THEY DEAL SPECIFICALLY WITH BETTER OUTREACH OPPORTUNITIES TO DRIVE THAT LEVEL OF ENGAGEMENT THAT MAKES ALL OF THIS WORK. AND WE ARE ANXIOUS TO PARTNER IN A WAY THAT ALLOWS US TO HAVE A GREATER OUTREACH, SO THOSE FOLKS WHO LIVE BEYOND THE 30 MILES OR SPEND SIGNIFICANT TIME HERE OR HERE FOR 2 OR 3 DAYS KNOW ABOUT THE OPPORTUNITY TO BE SERVED AT A MARATHON HEALTH CENTER, WE ENDEAVOR TO DO AND IN CONVERSATION TO DO. I THINK A LOT OF THOSE EFFORTS WILL RESULT IN THE USAGE AND THE VOLUME AND ENGAGEMENT THAT WILL MAKE THIS MORE BENEFICIAL TO EVERYBODY FROM A FINANCIAL AND CARE SIDE. I WANT YOU TO KNOW THOSE DISCUSSIONS LED AND FACILITATED BY YOUR TEAM AND SUPPORTED BY US ARE ON COURSE RIGHT NOW. WE WELCOME THAT AS MUCH AS I HOPE AND SOUNDS LIKE PERHAPS YOU SEE THAT AS A POSSIBLE SOLUTION GETTING OUT TO THE FOLKS EMPLOYED BY THE STATE OF KANSAS, REGARDLESS OF WHERE THEY LIVE. >> I THINK WE HAVE HAD A LOT OF DISCUSSIONS IN HERE THAT HAVE PROBABLY LED

TO SOME -- DISCUSSIONS FORCED TO HAVE, PARTICIPATE IN. BUT I APPRECIATE -- >> NO, GET TO THE TABLE, GOOD TO HAVE THEM THERE. >> WELL, 55% ARE SAME DAY. YOU KNOW, I KNOW THAT AND I CAN APPRECIATE THAT THE TWO MAY NOT HAVE MET WHERE I THOUGHT THEY SHOULD BECAUSE, YOU KNOW, AS A -- AS A PERSON THAT DOES HAVE A WORK FORCE IN THIS STATE. MY HOPE WITH MARATHON WAS THAT YOU WOULD HELP ME REDUCE ABSENTEEISM AND THAT I WOULD, YOU KNOW, IF I HAVE AN EMPLOYEE THAT COMES IN TO WORK AND MY STORY THIS MORNING, I MEAN, I WANT TO BE ABLE TO GET THAT PERSON IN THERE. GET A STRESS TEST AND COME BACK TO WORK OR THAT MAY BE ONE OF MY ISSUES. I WANT A HEALTHY WORK FORCE AND REDUCE ABSENTEEISM BUT I'M NOT SURE THE CLINIC IS ABLE TO DO THAT. THERE MAY BE OTHER SITUATIONS THAT I NEED TO SCHEDULE A ROUTINE PHYSICAL. MAYBE I WANT TO DO THAT DAYS OR WEEKS IN ADVANCE. THOSE ARE THE KINDS OF EXAMPLES THAT MIGHT MAKE UP THE 45%. SO I AGREE WITH YOU AND I THINK IT'S REALLY IMPORTANT WHEN SOMEONE RAISES THEIR HAND AND SAYS, LOOK. I HAVE A NEED TODAY, WE HAVE TO SEE THEM TODAY. IF IT'S NOT TODAY, IT'S TOMORROW OR WE'RE FAILING. >> THAT'S NOT BEEN MY EXPERIENCE WITH MY EMPLOYEES. AND PUT ON EACH ONE OF THOSE AND WE CAN LEARN FROM IT. OTHER QUESTIONS FOR COMMISSIONERS? >> I HAVE SEVERAL. COULD YOU REPEAT OR MAYBE DRAW OUT A BIT, I HEARD YOU SAY YOU TALKED ABOUT ENGAGED PERSONS AND 14% LESS EXPERIENCED -- LESS EXPENSIVE. THAT'S AT LEAST THE NOTE I WROTE DOWN. BUT EITHER RESTATE THAT OR -- JOHN, DO YOU HAPPEN TO BE IN THE CLOUDS? THE PHARMACY CLAIMS DATA, WE CAN OFTENTIMES PARTNER WITH SEGAL AND OTHERS AND ANALYZE LIKE THE TOTAL COST TO A MEMBER. NOT JUST THEIR USE OF MARATHON HEALTH BUT IF THEY WENT FOR AN E.R. VISIT, YOU CAN ADD THAT UP AND SECONDLY, WE HAVE THE ABILITY TO USE SOFTWARE TO FIGURE OUT BASED ON DATA WHO WOULD KIND OF FALL A HIGHER RISK TO A LOWER RISK SORT OF BUCKET. SO IF YOU HAVE A LOT OF HEALTH CARE UTILIZATION AND DIAGNOSES LIKE DIABETES OR DEPRESSION, IF YOU'RE ON CERTAIN MEDICATIONS, THOSE THINGS, YOU KNOW, BASICALLY HELP US FIGURE OUT RISK. WE START BY LOOKING AT HIGHER RISK AND WE TRACK THEIR TOTAL COST. YOU KNOW, OVER THE PRIOR YEAR, LET'S SAY. WE CAN THEN LOOK AND CROSS REFERENCE THAT WITH THOSE THAT ACTUALLY USE THE MARATHON HEALTH SERVICE. THE VISITS WITH THE BEHAVIORAL HEALTH SPECIALISTS, PROVIDERS AND SO FORTH. IF YOU JUST LOOK AT THOSE THAT USED US AND COMPARED IT TO THOSE THAT DIDN'T, THE COST DIFFERENCE IS EVEN MORE EXTREME AND SO I REFERENCE THE TERM RISK ADJUSTING. I FORGET BUT IT'S IN THE

NEIGHBORHOOD OF LIKE MAYBE EVEN 30% LESS EXPENSIVE ON A GROSS DOLLAR BASIS BETWEEN THOSE THAT ENGAGED AND THOSE THAT DIDN'T BUT THOSE THAT ENGAGED, THEY'RE NOT RISK MATCHED. WHAT WE'VE ACTUALLY LEARNED IS MORE OFTEN THAN NOT, PEOPLE WHO TEND TO BE A LITTLE LESS HEALTHY ARE MORE LIKELY TO USE OUR SERVICES THAN SOMEONE WHO MIGHT BE OTHERWISE YOUNG AND HEALTHY AS A GENERAL STATEMENT. WHEN YOU RISK ADJUST IT, AND THIS IS THE COMPLEX PART THAT I'M NOT AN EXPERT ON BUT USE SOME TECHNIQUES TO TRY TO MATCH IT. WE'RE DOING THE BEST JOB WE CAN TO COMPARE APPLES TO APPLES. THE GROUP THAT'S ENGAGED WITH MARATHON HEALTH IS 14% LESS EXPENSIVE, LOWER COST ON A PER MEMBER, PER COST BASIS. THERE'S TWO HUGE CAVEATS THAT I WANT TO MAKE CRYSTAL CLEAR. SAMPLE SIZE TO DATE IS VERY SMALL. FOR THIS TO BE CONCLUSIVE, WE NEED MORE DATA AND A LARGER TO KNOW IF THIS IS JUST AN ANOMALY OR IF IT'S TRENDING IN A DIRECTION WE WOULD EXPECT. OUR ACROSS HUNDREDS OF THOUSANDS OF MEMBER LIVES OVER 15 YEARS OF BUSINESS, LIKE WE CONSISTENTLY DO SEE THIS SO I'M VERY HOPEFUL AND I WOULD EXPECT THAT THAT WILL BE THE CASE. BUT WE NEED TO LOOK AT THE DATA HERE AND IF IT'S A VERY SMALL SAMPLE SIZE. THE SECOND POINT, JUST AS IMPORTANT IF NOT MORE SO IS AS YOU GUYS KNOW, THERE'S A LAG FROM THE TIME THE CLAIM COMES IN TO WHEN THE SERVICE IS RENDERED. YOU REALLY NEED MORE TIME TO CAPTURE ALL THE INFORMATION TO LOOK BACK AND SAY, OKAY. HEY, THIS WASN'T JUST A RANDOM -- AND COVID ADDS COMPLEXITY TO THIS. SO I THINK IT'S PREMATURE TO TAKE THAT TO THE BANK, BUT I THINK ON A RISK ADJUSTED BASIS, IT'S A POSITIVE EARLY INDICATOR THAT THERE MAY BE WHAT WE WOULD EXPECT WHICH IS FINANCIAL SAVINGS BEYOND JUST THE HUMANISTIC SIDE AND A MEMBER EXPERIENCE. >> JOHN, A QUESTION TO YOU. WHAT -- I DON'T WANT TO LIST EVERY ONE OF THEM BECAUSE THERE MAY BE DOZENS BUT WHAT ARE THE METRICS WE'RE HOLDING MARATHON TO IN ACHIEVING THIS, THIS AND THIS? MAYBE THE TOP HALF DOZEN OR SOMETHING, WHAT ARE YOU EXPECTING TO HEAR REPORTS ON AND IF NOT MET? >> WE HAVE A LIST OF PERFORMANCE GUARANTEES THAT WERE ESTABLISHED AND RATHER THAN READ YOU EVERY ONE OF THEM, BECAUSE SOME OF THEM RELATE TO BLOOD PRESSURE OR BLOOD SUGAR LEVELS AND THINGS LIKE THAT AND RANGES, I WOULD SAY VOLUMES ARE PART OF IT. >> VOLUMES MEANING -- >> VOLUMES SEEN. >> NUMBER OF PEOPLE SEEN. >> BOTH MEMBERS AND -- BOTH EMPLOYEES AS WELL AS OTHER MEMBERS, THEIR SPOUSES AND CHILDREN, AND THERE'S CLINICAL MEASURES RELATED TO DIABETES, BLOOD PRESSURE, HEART RELATED -- EXCUSE ME, CHOLESTEROL, THINGS LIKE THAT.

SO THERE'S A BUNCH OF CLINICAL SO PICTURE LIKE A QUADRANT, OKAY? AND THEN THERE'S A SERIES OF THEM THAT RELATE TO AVOIDANCE OF EMERGENCY ROOM VISITS, AVOIDANCE OF HOSPITALIZATIONS, RE-ADMISSIONS AND HELP ME OUT. I DON'T HAVE THEM MEMORIZED, HOLLY. >> I DON'T NEED EVERY ONE. >> YOU HAVE A QUADRANT THAT TOUCHES ON DIFFERENT COMPONENTS. THE CLINIC, WE'RE IN YEAR TWO OF A THREE-YEAR BECAUSE OF THE LATE START, MAY OF 19, AGAIN, I WAS WANT HERE BUT PICKING UP ON THIS, BECAUSE CLAIMS DATA AND SO FORTH TAKES AWHILE TO PROCESS AS YOU KNOW, THE PG'S ARE REVIEWED IN ARREARS AND AFTERWARDS AND MARATHON TRACKS AND MONITORS THOSE REGULARLY BUT WE RE-RECONCILE THEM ONCE A YEAR FOR WHETHER OR NOT THERE'S A PAIDBACK OR WHAT NOT. I'LL BE GLAD TO FOLLOW UP AND SEND YOU THOSE DETAILS OF WHAT THOSE PG'S ARE IF THAT ANSWERS YOUR QUESTION. >> YES. >> COMMISSIONERS, AS WE KNOW, THERE'S SO MUCH INFORMATION HERE. IT WAS A PART OF ONE OF OUR PACKETS PREVIOUSLY BUT WE'LL MAKE SURE THAT IT GETS PULLED OUT AND RECIRCULATED. >> YEAH. I HAVE NO DOUBT RECEIVED THIS. WHETHER OR NOT I GOT TO THAT OR READ THAT OR -- I CERTAINLY DIDN'T REMEMBER IT. ARE YOU CROSS TABBING EVERYTHING ELSE? >> I AM. >> YOU MUST BE. OKAY. THERE WAS A CLUB ACT THAT YOU REFERENCED, ABOUT \$200,000. WHAT WAS THAT RELATED TO? >> HOLLY WOULD HAVE MORE OF THE DETAILS. DO YOU MIND ANSWERING THAT? >> FROM MEMORY, SURROUNDED HEALTH OUTCOMES, VOLUMES WERE PART OF THEM, HEALTH OUTCOMES FOR THEM. WE DID RECEIVE THEM FOR OTHER OUTCOMES OF PATIENTS. WE DID MEET OUR EXPECTATIONS. AND THERE ARE SOME OPERATIONAL ONES, JUST, YOU KNOW, I PRESENT REPORTS TO THEM ON A MONTHLY BASIS. THEY HAVE TO BE TIMELY NAH -- THAT WE ARE LIVE ON THE AGREED UPON DATES. THE ONES THAT WE PAID BACK WERE HEALTH OUTCOMES. >> I'M SORRY. FOR WHAT AGAIN? [INAUDIBLE] >> IS THERE A MONTHLY BASIS? ANNUAL? QUARTERLY? [INAUDIBLE] >> ANNUAL ON A CALENDAR BASIS OR THE MAY TO APRIL KIND OF THING? [INAUDIBLE] >> SO THE FIRST ONE WOULD HAVE -- THE FIRST REVIEW WOULD HAVE BEEN ALMOST A YEAR AGO. [INAUDIBLE] >> YES. IN THE CONTRACT, IT REQUIRES AGAIN FROM MEMORY, I THINK A 90-DAY CLAIMS RUNOUT PERIOD. THROUGH THE SUMMER AND THEN WE HAD OUR ANNUAL REVIEW, IF I REMEMBER, MAYBE IN AUGUST. IT MIGHT HAVE BEEN SEPTEMBER. >> OKAY. SO THERE'S BEEN ONE AND THERE WILL BE ANOTHER ONE. [INAUDIBLE] >> THEN WE DO TRACK THOSE QUARTERLY SO EACH QUARTER OF THAT, MAY THROUGH APRIL TIME FRAME WHEN THE TEAM GIVES AN UPDATE SO THEY CAN SEE WHAT WE'RE TRACKING. WE DON'T DO THE CLAIMS. IT IS SOMETHING THAT WE

MONITOR FREQUENTLY. >> SWITCHING GEARS A LITTLE BIT, ON YOUR SLIDE 18, I BELIEVE IT IS, THE TITLE IS ENCOUNTER STEADY GROWTH WITH YEAR ONE VIRTUAL MODEL IN YEAR TWO. MIGHT YOU HAVE, AND MAYBE MIGHT YOU HAVE MARCH FIGURES IN TERMS OF WHAT YOUR NUMBERS WERE, JUST TO BRING IT UP TO DATE AS MUCH AS POSSIBLE? IT'S A GRAPH THAT SHOWS ENCOUNTERS AND I THINK YOU REFERENCED IT, JEFF, FROM MAY OF 19 AND IT ENDED IN FEBRUARY OF 21. DO YOU HAVE MARCH NUMBERS? >> I KNOW THE ORGANIZATION DOES. DO YOU HAPPEN TO KNOW THOSE? WE CAN CERTAINLY FOLLOW UP WITH THAT. [INAUDIBLE] >> JANET, YOU'RE CALLING ME OUT. YOU'RE PUTTING ME UNDER THE CARPET. >> I HAVE TO HIT MY BLUE BUTTON. I'M NOT CALLING YOU OUT. WHILE WE'RE TALKING. >> SURE. >> OKAY. SOMETHING THAT STRUCK MY MIND, AND I DON'T KNOW IF I MENTIONED IT THIS MORNING WHEN WE WERE VISITING OR MAYBE I WAS -- WHEN I WAS JUST AROUND STAFF FOR A FEW MINUTES LATER ON, BUT I'M KIND OF WONDERING -- AND YOU SPOKE TO THIS A LITTLE BIT. I CALL IT ADVERTISING. NOT ONLY IN TERMS OF WHAT'S BEEN DONE BY MARATHON BUT WHAT WE AS STATE EMPLOYEE HEALTH PLAN STAFF, WHAT HAS BEEN DONE TO PROACTIVELY PROMOTE, ENCOURAGE, ET CETERA, SO THAT WE'RE AS CONFIDENT AS WE CAN BE THAT PEOPLE AT LEAST WITHIN THIS AREA, IF NOT STATEWIDE FOR TELE HEALTH, ARE AWARE AND PROMPTED AND PROMOTED TO UTILIZE THE SERVICE WHICH MAY BE FREE OR AT LEAST OF A LESSER COST TO THEM THAN CONVENTIONAL? [INAUDIBLE] >> THAT'S A GREAT QUESTION. AND TO BE CLEAR, I JOINED THE TEAM ABOUT A YEAR AGO SO THERE WAS CERTAINLY SOME THINGS AND SOME REALLY GOOD WORK, MIKE AND JENNIFER WERE A PART OF BEFORE I JOINED THE TEAM. BUT I'LL SHARE SOME OF THAT BECAUSE YOU'RE TEAM IS PASSIONATE ABOUT EARLY ON GETTING OUT OF THE HEALTH CENTER. THEY WANTED TO GO OUT TO THE DIFFERENT DEPARTMENTS, DIFFERENT AGENCIES SO THERE WERE MULTIPLE LAYERS OF DIFFERENT ADVERTISING, SO TO SPEAK. EVERYTHING FROM NEW MEMBERS GET A WELCOME PACKET IN THE MAIL OR, YOU KNOW, THEY'LL GET JUST INFORMATION ABOUT THE HEALTH CENTER. WE HAD DIFFERENT EFFORTS -- >> I'M SORRY. DID YOU SAY NEW HIRES? >> WHEN SOMEBODY BECOMES ELIGIBLE FOR THE HEALTH CENTER, THEY FALL ON THE ELIGIBILITY FILE THAT GOES IN. THAT TRIGGERS AN ACTION SO THEY'LL GET NOTIFICATION ABOUT THE HEALTH CENTER. BUT IN ADDITION TO THAT, JUST REALLY CONNECTING WITH THOSE DIFFERENT HR LEADERS WITHIN THE DIFFERENT AGENCIES AND SO I KNOW, AGAIN, BEFORE I STARTED THEY WENT TO SEVERAL TRAININGS WITH THE H.R. DEPARTMENT SO REALLY JUST GET AS CLOSE AS THEY COULD TO THE PEOPLE THAT WERE DELIVERING MAYBE SOME OF

THOSE COMMUNICATIONS OUT TO THEIR STAFF. A COUPLE OF EXAMPLES, THE FARMER'S MARKET THAT ENDED, UNFORTUNATING, AROUND COVID SO I WASN'T AROUND WHEN THAT HAPPENED BUT I KNOW THE TEAM WOULD GO OUT TO THE DIFFERENT -- IT'S ON THE WEDNESDAYS, THERE WAS ONE DEDICATED TO THE STATE EMPLOYEES OR AT LEAST DOWN ON THE CAPITOL AND WE WOULD JUST TRY TO ENGAGE WITH DIFFERENT MEMBERS THAT WERE DOWN THERE. SO IN ADDITION TO THAT, WE WOULD DO EMAIL COMMUNICATION. I WILL SAY COURTNEY, MIKE, JENNIFER, WE'VE MADE A LOT OF PROGRESS IN THE LAST MAYBE SIX MONTHS OF REALLY ALIGNING EFFORTS. COURTNEY HAS DONE A GREAT JOB OF NEWSLETTERNEWSLETTERS, PROMOTING A CERTAIN TOPIC, MARATHON IF WE COULD DO THAT TOGETHER JUST TO MAKE THAT VERY CLEAR TO THE MEMBERS AND I THINK IT'S BEEN A CONSISTENT WAY TO GET INFORMATION OUT SO DIFFERENT NEWS LETTERS. I KNOW WITH OPEN ENROLLMENT, WE HAD INFORMATION ON THE PORTAL FOR PEOPLE TO KNOW DIFFERENT OUTREACH EFFORT SO DURING COVID AND OUR EMR SYSTEM, WE HAVE THE ABILITY TO IDENTIFY THOSE AT RISK. OUR TEAM WOULD PRIORITIZE ASTHMATICS, FOR EXAMPLE, KNOWING THEY HAD MAYBE A HIGHER LIKELIHOOD OF COMPLICATIONS FROM COVID. THEY WOULD JUST MAKE OUTREACH PHONE CALLS JUST TO CONNECT WITH PEOPLE WHO MIGHT HAVE A NEED. WE ACTUALLY HEARD A LOT OF FEEDBACK FROM PEOPLE SAYING THANK YOU FOR CHECKING ON ME. AGAIN, THAT'S KIND OF SHARING A LOT OF THINGS AND TRYING A LOT OF DIFFERENT ANGLES TO CONNECT WITH PEOPLE. MOST RECENTLY, WE ROLLED OUT OUR MEMBER FIRST MARKETING CAMPAIGN AND I SHARED THIS WITH JANET AND HER TEAM. OUR SYSTEM IS ABLE TO LOOK AT ALL ELIGIBLE MEMBERS AND LOOK AT THEM IN A WAY THAT TARGETED EMAILS. SO FOR EXAMPLE, IF YOU'RE ELIGIBLE TO USE THE HEALTH CENTER AND WE CAN SEE, YOU KNOW, MAYBE YOU CAME IN, IN THE FIRST MONTH THE HEALTH CENTER WAS OPEN BUT YOU HAVEN'T BEEN BACK IN 18 MONTHS. YOU GET AN EMAIL TARGETED PERSONALLY TO YOU SHARING INFORMATION ABOUT THE HEALTH CENTER VERSUS SOMEONE ACTIVELY COMING. THEY KNOW ABOUT THE HEALTH CENTER, THEY KNOW ABOUT SERVICES. WE ROLLED THAT OUT. WE HAVE GREAT ANALYTICS BEHIND IT. EVERYTHING DOWN TO PEOPLE WHO HAVE OPENED THE EMAIL, PEOPLE WHO HAVE BEEN SCHEDULED AN APPOINTMENT FROM THAT EMAIL SO WE'VE BEEN TRACKING THAT OVER TIME. SO I DON'T KNOW IF JENNIFER, JANET, IF YOU EVER OTHER THINGS WE'VE DONE, HIGHLIGHT THE DIFFERENT AREAS AND FOCUS. >> I THINK THAT'S WELL COVERED. I THINK THE OTHER THING IS THERE BEING AN ADJUNCT TO HELPING WITH COVID TESTING, REMINDING PEOPLE ABOUT

THE BIO METRICS SCREENING, THE WELLNESS PROGRAM, OBVIOUSLY, MAKE SURE THAT EVERYBODY KNOWS THAT'S AN OPTION, THAT YOU CAN GO DOWN THERE AS WELL. WE ALSO PROMOTE PRICE POINT, \$40 FOR, YOU KNOW, ANYONE THAT'S NOT A PLAN A. PLAN A IS FREE. SO THERE IS -- AND COURTNEY IS HERE. SHE'S OUR MARKETING AGENT, OBVIOUSLY. SHE DOES A GOOD JOB MAKING SURE THERE'S NOT TOO MUCH REDUNDANCY AND THAT THERE'S MORE COLLABORATION, CO-BRANDING, THINGS LIKE THAT. IN THE TIME I'VE BEEN HERE AND AS HOLLY POINTS OUT, WE'VE DONE A LOT OF STUFF BUT IN A MORE CONCERTED EFFORT. I HOPE THAT HELPS YOU. >> ON-SITE BLOOD PRESSURE EVENTS, THAT WAS SOMETHING THEY DID QUITE OFTEN, AGAIN, BEFORE THE PANDEMIC WHERE THEY WOULD GO TO DIFFERENT AGENCIES SET UP, DO BLOOD PRESSURE SCREENINGS, OUT FOR DIFFERENT MEMBERS AND WE HAD OUR HEALTH COACH GO OUT TO DIFFERENT DEPARTMENTS AND WOULD DO EDUCATION. SHE DID A WEIGHT-LOSS PROGRAM THAT WAS REALLY SUCCESSFUL. SO WE'RE LEARNING AS JANET MENTIONED, YOU KNOW, PARTNERING WE HAD A GOOD PHONE CALL TO THE AGENCY AND LISTENED TO DIFFERENT IDEAS THEY HAD HOW EVERY AGENCY SEEMS TO BE A LITTLE DIFFERENT IN HOW THEY RECEIVE INFORMATION. WE SPENT A LOT OF TIME GETTING TO KNOW THE H.R. LEADERS AND HOW WE CAN BEST COMMUNICATE AND GET THE INFORMATION OUT THERE. >> SOUNDS LIKE THERE'S BEEN A GOOD, CONCERTED EFFORT. IT DAWNED ON ME, BEING A RETIREE, I MAY NOT SEE OTHER THINGS, THOSE OF YOU THAT ARE ACTIVELY EMPLOYED WITH THE STATE DO SEE. SO JUST FROM THAT PERSONAL PERSPECTIVE, THE ELDERLY INFORMATION I HAVE IS BECAUSE I HAPPEN TO BE AN A.C.C. MEMBER. OKAY. I APPRECIATE THAT. >> DO YOU HAVE ANOTHER QUESTION? >> I DO, MA'AM. >> OKAY. >> I THINK IT'S MORE OF A STATEMENT THAN A QUESTION. JUST RETURN ON INVESTMENT. THERE'S BEEN A LITTLE DISCUSSION ABOUT THAT. I THINK WHAT -- WHEREVER WE GO, AND I THINK THIS WILL FALL WELL IN LINE WITH A NUMBER OF POINTS YOU MADE IN TERMS OF I'LL JUST RETURN INVESTMENT BEING ABLE TO MEASURE THAT. MAYBE IT'S A MATTER OF MY NEEDING TO GET INTO AND LOOK AT THE METRICS, THE PERFORMANCE MEASURES, ET CETERA. BUT TO MAKE SURE THERE'S A GOOD RETURN ON INVESTMENT. I SHARE THE CONCERN ABOUT -- AND I KNOW IT GETS DOWN TO NUMBER CRUNCHING. IT'S A STATEMENT. I SHARE A CONCERN ABOUT THE NUMBER OF CONTACTS AND SOME PLACE, THAT 61, 71 THAT VICKI QUOTED EARLIER AND DIVIDING THAT BY THE NUMBER OF MONTHS, THE NUMBER OF DAYS IN A MONTH AND NUMBER OF CLINICIANS THAT THERE ARE. I CAME UP WITH A 1.75 CONTACT PER DAY. NOW, THAT IS -- YOU KNOW, WE CAN SLICE AND DICE THAT AND

I'M NOT ASKING YOU TO DEFEND IT OR WHATEVER. JUST THAT CONCERN ABOUT NUMBERS AND I KNOW FROM MY VISIT AND YOU REFERRED TO IT TODAY, AND I BUY INTO THIS. THERE'S A VALUE -- AND I'VE SPOKEN TO THIS AMONG US BUT THERE'S A VALUE FROM THE WELLNESS ASPECT AND YET, FOR ME, I CAN'T GET IT OUT OF MY MIND THAT THERE'S STILL GOT TO BE SOME NUMBERS THAT -- OR A WAY TO VERY WELL EXPLAIN WHY THE NUMBERS MIGHT BE JUST ON THEIR FACE AND FACE VALUE IS SO LOW. I'LL GIVE YOU AN OPPORTUNITY TO RESPOND BUT IT'S KIND OF WHERE MY HEAD IS AT WITH THINGS. >> I WOULD LIKE TO COMMENT THAT RETURN ON INVESTMENT, BACK TO THE SECRETARY'S COMMENT ABOUT WHAT WAS SET UP AND WHAT WAS GOING TO BE CONSIDERED RETURN ON INVESTMENT, IF YOU JUST TOOK THE MATH BUT IT'S CONVENIENCE. IT'S FREE VISITS, IT'S A \$40 VISIT TO GET A COMPREHENSIVE CARE IS WHEN HOPEFULLY EVERYBODY IS BACK DOWN IN THE AREA, UTILIZATION GOES UP, KEEPING PEOPLE AT WORK, PREVENTING -- I MEAN, HOW ARE WE GOING TO DEFINE IT OR WHAT DO WE WANT TO SAY THAT WE WANT TO SEE? THAT'S IN THE EYE OF THE BEHOLDER BUT THE WAY IT WAS STRUCTURED, SOME OF THE MATERIAL I SENT YOU ON FRIDAY RELATED TO PREVENTATIVE CARE AND COST AVOIDANCE AND WHATEVER AND SO I KNOW THERE'S DIFFERENT SCHOOLS OF THOUGHT ON ALL OF THAT, BUT I JUST SAY THAT'S A DECISION THAT I THINK HTC NEEDS TO CONSIDER GOING FORWARD. >> ARE YOU TALKING ABOUT THE EMAIL, JANET, HEALTH QUEST MARATHON CLINIC REPORTS EMAIL? YEAH. OKAY. I MUST ADMIT, A COUPLE OF THINGS. THERE'S QUITE A VOLUME THERE AND MY EYES KIND OF GLAZED OVER. [INAUDIBLE] >> AND I'VE NOT LOOKED AT IT IN ANY DEPTH BUT YES, I HAVE IT AND I'LL OWN THAT. VICKI, I DID WANT TO RESPOND TO YOU. I THINK WHAT HAS OCCURRED IS WHAT I EXPECTED AND SOUNDS LIKE THEY'RE DOING. I KNEW THAT IT WAS MEANT TO BE A CLINIC SERVING THIS AREA IN TERMS OF IN PERSON. AT THE SAME TIME, GOING BACK THREE OR FOUR YEARS AGO, AT THE SAME TIME THAT OTHER PEOPLE COULD UTILIZE IT IF THEY WERE LOCAL. IF I UNDERSTOOD CORRECTLY, THAT'S EXACTLY WHAT'S HAPPENING. I DON'T KNOW ABOUT THE LEGISLATOR WALKING IN SAYING I'M FROM LIBERAL AND THEY SAY, SIT DOWN, MR. AND MRS. LEGISLATOR. THAT MIGHT BE A BIT AWKWARD. SOUNDS LIKE THAT PERSON OR OTHER PERSONS CAN BE -- RECEIVE TREATMENT IF THEY ARE A STATE EMPLOYEE AND WALK IN. MY FINAL COMMENT AT THIS POINT IS, IT DAWNS ON ME, AND IT DAWNED ON ME EARLIER THIS MORNING -- OR LATE THIS MORNING OR EARLIER BEFORE THIS MEETING WHEN I WAS AT THE CLINIC THAT I'M NOT ELIGIBLE TO USE THE CLINIC AS A RETIREE. I'M ON MEDICARE AND HAVE A SUPPLEMENT AND I DON'T KNOW THAT I SHOULD BE,

BUT AS A RETIRED REPRESENTATIVE ON THIS BODY, I THINK THERE OUGHT TO BE THOUGHT GIVEN TO THAT AND A CONSCIOUS DECISION MADE, YAY OR NAY IN TERMS OF ELIGIBILITY. I'M NOT TALKING ABOUT EARLY RETIREE. I WAS ONE OF THOSE AT ONE TIME, BUT I'M NOT RIGHT NOW. I WOULD LIKE THAT TO BE A CONSCIOUS DECISION AND NOT JUST A -- WELL, NO. I GUESS YOU'RE NOT BECAUSE YOU AREN'T ACTIVELY EMPLOYED OR WHATEVER. I WILL STOP. THANK YOU, MADAM CHAIR. >> THANK YOU. ANY QUESTIONS? ANY FINAL QUESTIONS AS WE PULL THIS CONVERSATION TOGETHER? >> YES. THANK YOU. I DO HAVE A COUPLE MORE THAT SPURRED ME ON. THANK YOU KINDLY. I MISSED SOME OF MY TABS. ON PAGE 21 OF YOUR PRESENTATION, I -- ON THE THE EMPLOYEE ENGAGEMENT BY DEPARTMENT, I THOUGHT I KNEW WHAT N WAS BUT WHAT IS N ON THOSE NUMBERS? >> IT'S THE NUMBER OF UNIQUE INDIVIDUALS THAT WORK IN THAT DEPARTMENT OR ARE ELIGIBLE IN THAT DEPARTMENT. >> THAT CANNOT BE RIGHT. THE DEPARTMENT ADMINISTRATION HAS MORE THAN 361 PEOPLE, DON'T YOU? >> MY HUNCH IS THIS WAS LIMITED TO THE TOPEKA AREA. >> I'M SORRY. I CAN'T HEAR YOU. >> THE FILE FROM THE STATE THAT SORT OF LETS US KNOW WHO IS IN THE TARGET GROUP IN TOPEKA, IT'S PLUS OR MINUS 30 MILES. >> I'M LOOKING AT ALL THE SMALL STATE AGENCIES. I WOULD BE CONSIDERED A SMALL STATE AGENCY AND I HAVE 125. I DON'T THINK THAT THAT N NUMBER CANNOT BE CORRECT. >> DEPENDING ON HOW IT'S PULLED. SO ACTUALLY, I THINK YOU'RE UNDER OUR CATEGORIZATION, YOU'RE ONE OF THE ELECTED OFFICIAL OFFICES. SOME OF THE SOME ANT -- SOMATICS THAT ARE IN THE FIGURE BUT YOU'RE RIGHT. WE NEED TO FIGURE OUT EXACTLY WHAT THE N IS OR WHERE IT'S CHARACTERIZED FROM. WE CHARACTERIZE THEM IN DIFFERENT POCKETS AND SOME OF THAT IS HOW OUR SYSTEM IS DOING IT SO OUR TEAM WOULD NEED TO SHARE WHAT THEY'RE PUSHING OUT COMPARED TO WHAT MARATHON IS PUTTING TOGETHER. I ONLY MENTION THAT. WHEN I SEE SMALL AGENCY, WE DO SPLIT THAT OUT IN ADMINISTRATIVE WAYS WHERE WE TALK ABOUT THE EXECUTIVE BRANCH, NON CABINET AGENCIES AND THEN WE HAVE THE ELECTED OFFICIAL OFFICES IN A DIFFERENT CATEGORY SOMETIMES FOR ADMINISTRATIVE COUNTING. I DON'T KNOW THAT'S A FACT HERE. >> I'M NOT EVEN ON YOUR CHART. >> FOR THIS PARTICULAR ONE, I DON'T KNOW IF IT IS. [INAUDIBLE] >> THE ONLY OTHER COMMENT -- I DON'T KNOW IF THIS EXPLAINS IT BUT HOLLY MENTIONED, YOU ALSO HAVE TO BE ON THE HEALTH PLAN. >> RIGHT. BUT THAT MEANS -- >> YEP. >> A OR C. >> I DON'T KNOW. CAN WE CLARIFY WHERE THIS PARTICULAR DATA IS BEING PULLED FROM AND MAKE SURE WE PROVIDE THAT TO THE COMMISSIONERS? >>

BECAUSE I THINK SADLY, MARATHON IS USING THAT DATA TO GIVE US OTHER DATA AND SO IF WE CAN'T DEFINE WHERE WE GAVE THEM THE INFORMATION, THEN I THINK WE'RE ALL HOSED. BUT ANYWAY, WE PROBABLY NEED TO LOOK AT THAT DIFFERENTLY. NOT YOUR FAULT. JUST A QUESTION. OKAY. HERE'S MY BIG -- MY FINALE, MY -- >> DRUM ROLL? >> PLEASE. DO YOU MIND? >> I'M NOT GOOD AT IT. >> THIS IS NO SECRET TO THE PEOPLE IN THIS ROOM. BUT I'M NOT A FAN OF THE NATURALLY SLIM PROGRAM. NOT BECAUSE I COULDN'T UTILIZE IT BECAUSE I COULD, AND I MEAN, I PROBABLY NEED TO, BUT BECAUSE OF THE COST OF IT, WE SPEND OVER \$2 MILLION A YEAR ON NATURALLY SLIM. I WAS SHOCKED TO GET TO SLIDE 27 WHERE YOU TALK ABOUT KEEPERS AS A BUILDING WE'RE IN TODAY. YOU TALK ABOUT THE OUTREACH AND THE PROGRAM THAT YOU DID WITH CAPERS. YOU HAD 31 PARTICIPANTS, 12 VIRTUAL MEETINGS, ON-SITE COACHING AND WEIGH-INS. ONE OF MY BIGGER HANGUPS WITH NATURALLY SLIM IS I CAN GAIN TWO POUNDS, LOSE 15 AND GAIN ONE BACK ALL IN A THREE-WEEK PERIOD OF TIME AND THEY JUST SAY, OH, YOU'RE DOING A GREAT JOB. TOO MUCH. ANYWAY, SO WEIGHT REDUCTION, WEIGHT-LOSS PROGRAMS, HEALTHY PROGRAMS ARE SOMETHING THAT YOU OFFER. I WOULD LOVE TO HAVE ONE AT THE DEPARTMENT OF INSURANCE. LIKE IT'S SO -- SO YOUR \$2 MILLION, YOU KNOW, THAT IS EXPENDITURE, YOU COULD REPLACE NATURALLY SLIM AND I WOULD BE REALLY A HAPPY CAMPER. YOU KNOW, SO ARE THOSE OPTIONS AVAILABLE TO US? IF THEY ARE, WHY DON'T WE -- WHY DON'T I KNOW THAT AS AN AGENCY HEAD? >> COMMISSIONER, I THINK YOU RAISE A GOOD POINT AND SORT OF BUILDING ON THE DIALOGUE, I WOULD OFFER UP MAYBE ONE THOUGHT IN A DIRECT RESPONSE TO YOUR QUESTION. THE FIRST WOULD BE, YOU KNOW, ACROSS THE ENTIRE SORT OF STATE HEALTH PLAN BUDGET, AND WE TALKED EARLIER, YOU KNOW, APPROACHING \$500 MILLION OR SOMETHING, IT MIGHT BE HELPFUL TO THINK ABOUT THE \$2 MILLION INVESTMENT AND THE CLEAR EXPECTATION THAT IT DOESN'T MATTER IF IT'S TWO MILLION OR ONE DOLLAR. I WOULD ARGUE YOU SHOULD BE ABLE TO DEFEND AND PROVE A RETURN ON EVERY DOLLAR INVESTED. ADDING VALUE AGAINST YOUR GUYS' STRATEGIC OBJECTIVE AND SO FORTH. I THINK THE ONE THAT WE PRIDE OURSELVES ON AT MARATHON HEALTH, WE'RE GOING TO WORK OUR TAIL OFF TO BE ACCOUNTABLE. IT'S BUILT INTO A CONTRACT IN A WAY THAT PROBABLY IS NOT NECESSARILY ALL OF THE OTHER, YOU KNOW, SORT OF SERVICES THAT ARE BEING PROVIDED ACROSS THE BREADTH OF YOUR ENTIRE PROGRAM OR BEING IN THE SAME LEVEL OF DIRECT FEEDBACK, DIRECT ACCOUNTABILITY. IF WE THINK ABOUT IT THAT WAY, YOU HAVE TO HOLD US ACCOUNTABILITY AND WE'RE GOING TO WORK

OUR TAIL OFF TO MAKE SURE WE HAVE AN IMPACT THAT'S WORTH THE INVESTMENT. SECONDLY, VERY CLEARLY, AND I DON'T WANT THIS TO COME OFF AS AN EXCUSE. WE ALL HAVE DEALT WITH COVID. THAT'S NOT AN EXCUSE. AND THERE ARE AREAS WHERE WE HAVE CAPACITY AND WE HAVEN'T PERFORMED AND ENGAGED AT THE LEVEL WE SHOULD. SO TO YOUR POINT, OUR MAKING AN INVESTMENT. THERE'S MORE WE COULD BE DOING, WHETHER THAT'S PROGRAMS, IF THERE'S OTHER EFFICIENCIES THAT YOU GUYS FIND AND TO THE POINT THAT, YOU KNOW, JANET HAS MADE AND HOLLY AND THE TEAM. I THINK PARTICULARLY IN THE LAST FOUR TO SIX MONTHS, THERE'S BEEN SOME AMAZING PROGRESS WITH TANGIBLE ACTIONS TO TRY TO DRIVE MORE ENGAGEMENT, REACH MORE PEOPLE SO THAT, YOU KNOW, THE NEXT TIME WE HAVE A CONVERSATION, IT'S A LOT EASIER TO DEFEND. OKAY, WE'RE GETTING A GREAT RETURN ON THIS INVESTMENT. >> SPEAKING OF THAT RETURN, SO NOW I'M GLAD YOU DIDN'T DO THE DRUM ROLL, THINKING OF THAT RETURN, YOU HAD SAID -- I THINK IN RESPONSE TO SOME DIALOGUE WITH MR. DECHANT, YOU SAID IT'S MORE EXPENSIVE IF THEY USED MARATHON BUT WHAT COSTS ARE YOU ATTRIBUTING TO THE PATIENTS THAT USE MARATHON? >> YEAH. LIKE I WOULD NOT SIT HERE AND TELL YOU TO DATE, WE JUST DREW A LINE RIGHT NOW, IT'S GOING TO BE HARD ON A PURE ECONOMIC BASIS TO SAY YOU'VE GOTTEN SORT OF CLEAR GROSS DOLLARS NORTH OF A \$2 # MILLION RETURN ON THAT. WE CAN TALK ABOUT NON DIRECT ECONOMICS, WHAT'S THE VALUE OF TIME SAVED, WHAT'S THE TIME OF EMPLOYEE EXPERIENCE AND ENGAGEMENT LEVELS. SOMEONE THAT'S BEEN IN THE E.R. 15 TIMES AND HAS BEEN IN CONTACT WITH SOMEONE OR TAKES THE MEDICATION IN THE WAY THAT IT'S BEEN RECOMMENDED, YOU'RE NOT GOING TO SEE THAT SAVINGS THE NEXT DAY. PART OF THIS IS ARE WE ON THE RIGHT TRAJECTORY? ARE YOU SEEING LIKE THE INDICATORS THAT WOULD SUGGEST WE'RE GOING TO GET WHERE YOU WANT TO BE? >> ANY OTHER QUESTIONS FROM THE COMMISSIONERS? THE ONE THING THAT I WOULD ASK THE COMMISSIONERS TO DO AS WE KNOW THIS IS STILL AN ONGOING CONVERSATION AND DIALOGUE AND PARTNERSHIP IS AS WE REFLECT ON THIS PRESENTATION, THIS CONVERSATION AND ALSO SOME OF THE MORE RECENT MATERIAL THAT WE'RE CIRCULATED AT THE END OF LAST WEEK AROUND THE MONTHLY REPORTS, COMMISSIONERS, I JUST ASK YOU IF YOU HAVE OTHER FOLLOWUP QUESTIONS OR THOUGHTS THAT COME AFTER THIS OF I WANT TO HEAR A LITTLE BIT MORE ABOUT THAT, I JUST ASK YOU THAT WE BRING THOSE BACK AGAIN AND SHARE IT WITH JANET AND THE TEAM. IT'S STILL A DIALOGUE. I DON'T WANT THIS TO BE THE END OF THE CONVERSATION BECAUSE WE ARE IN A

CONTRACT. WE ARE IN A PARTNERSHIP. AND WE KNOW IF WE CAN DO THIS RIGHT, IT CONTINUES TO HELP OUR EMPLOYEES ON A DAY-TO-DAY BASIS. SO PLEASE, TAKE A STEP BACK FROM IT, REFLECT ON WHAT YOU HEARD TODAY, THE MATERIALS WE'VE RECEIVED MORE RECENTLY AND SEE IF THERE ARE ADDITIONAL QUESTIONS OR THINGS THAT WE FEEL WE STILL WANT TO BE ADDRESSED OR HAVE A BETTER UNDERSTANDING OF. OKAY? ALL RIGHT. WITH THAT, THANK YOU SO MUCH, JEFF, AND YOUR TEAM FOR JOINING US AND BEING HERE. >> THANK YOU. >> PLEASURE. THANK YOU. >> ALL RIGHT. COMMISSIONERS, ARE YOU DOING OKAY? DO YOU NEED A SEVEN MINUTE BREAK? >> YES, PLEASE. >> ALL RIGHT. COMMISSIONERS, AND FOR THOSE LISTENING IN, WE'RE GOING TO TAKE ABOUT -- WE'LL COME BACK AT TEN AFTER. THANK YOU, COMMISSIONERS. >> ALL RIGHT, COMMISSIONERS. WE'RE GOING TO COME BACK. THANK YOU SO MUCH FOR TAKING A QUICK BREAK AND THANK YOU FOR THE CONVERSATION. AS ALWAYS, IMPORTANT AND FOR OUR MEMBERS TO HEAR AS WE'RE LOOKING AT THE RESOURCES THAT ARE SUPPORTING THEM AND PROVIDING OPPORTUNITIES TO THEM. SO WITH THAT WE'RE GOING TO KEEP MOVING THROUGH OUR REPORTS AND OUR NEXT ONE IS OUR FINANCIAL REPORT AND OUR COLLEAGUES FROM SEGAL, I BELIEVE ARE JOINING US ELECTRONICALLY. >> WE ARE. WE'RE HERE. EVERYBODY HEAR US OKAY? >> WE CAN. CAN YOU ALL INTRODUCE YOURSELF? WHO IS WITH YOU? >> THIS IS KEN VIEIRA. YOU'RE MUTED, PATRICK. >> AND I'M PATRICK KLEIN. >> ALL RIGHT. YOU WANT ME TO GET STARTED AND GO THROUGH THE REPORT? >> THAT WOULD BE GREAT. IF YOU COULD SPEAK UP JUST A LITTLE BIT. >> ALL RIGHT. I CAN NEVER TELL. YEAH. SO IN THE REPORT, I GUESS WE HAVE THE NORMAL QUARTERLY REPORT THAT WE DO NOW, THE LETTER THAT EXPLAINS IN DETAIL ALL THE DIFFERENT COMPONENTS OF THE PROJECTION, THE ASSUMPTIONS, THE QUARTERLY CHANGE, WHAT IMPACT IT HAS FROM LAST TIME, ET CETERA. NOW THAT WE'RE IN A NEW YEAR, THERE'S THE COMPARISON TO THE 2021 BUDGET NUMBERS AND PROBABLY GOING FORWARD, WE WILL AND WE LEFT IT IN THERE. IN GENERAL, I'LL LET PATRICK GO THROUGH THE DETAILS OF THE LETTER BUT THE QUARTER IN GENERAL WAS NOT MUCH DIFFERENT OF AN EXPECTATION. WE HAD A SLIGHT UPTICK IN MEDICAL AND PHARMACY CLAIMS AND DENTAL, OF COURSE, KEPT IT LOWER THAN NORM, STILL NOT RUNNING BACK TO NORMAL LEVELS YET. >> EXCUSE ME, KEN. >> YEP. >> IT WOULD BE HELPFUL TO ME IF YOU COULD MAYBE LET US KNOW WHAT PAGE OF YOUR REPORT YOU MIGHT BE LOOKING AT OR REFERRING TO AS WE MOVE THROUGH. >> ABSOLUTELY. LET'S GO TO PAGE ONE OF THE REPORT. THERE'S A LETTER AND A TABLE THERE. IT SHOWS JANUARY 2021 TO MARCH 2021. THAT'S REALLY THE

EXPERIENCE. WE'VE SEEN THE COME-OUT VERSUS WHAT WE BUDGED LAST TIME. LATER IN THE REPORT WE DO THE SAME NUMBERS BY MONTH. BUT IN GENERAL, WE HAD A LITTLE BIT MORE REVENUE. THERE'S SOME TIMING ON IT BUT WE HAVE A LITTLE GAIN ON REVENUE. WE HAD A SLIGHT 1% LOSS ON MEDICAL, PHARMACY DEFINITELY KICKED UP A LITTLE BIT WHICH WE'VE SEEN THE TICK-UP FOR ALL OF OUR CLIENTS AND I KNOW THAT APRIL HAS TICKED UP ON PHARMACY AS WELL. SO PHARMACY IS RUNNING A LITTLE HIGHER. DENTAL IS STILL LOW. THIS IS 7% LOW FOR THE FIRST QUARTER SO IT'S STILL RUNNING UNDER. I DON'T THINK THAT'S BACK TO FULL STEAM YET. WE DID HAVE SOME TIMING ISSUES ON CONTRACT FEES WHICH WILL HIT IN APRIL. SO THAT SHOWS A GAIN. BOTTOM LINE IS THERE'S REALLY -- THERE'S NO PROGRAM EXPENDITURE OVERALL. IT'S EXACTLY WHERE IT WOULD BE IN TOTAL BUT THERE'S A LOT OF MOVING PARTS BETWEEN THE TWO. WE ACTUALLY PROJECT THIS FORWARD, I'LL LET PATRICK GET TO THAT BUT OUR PREMIUM BEFORE WAS 4.5% THE THREE YEARS AND NOW I BELIEVE IT'S 4.6%. IT WENT UP SLIGHTLY JUST DUE TO THE SLIGHT UPTICK IN THE MEDICAL PHARMACY CLAIMS. >> ONE SECOND. >> SO THIS PAGE, I'M NOT FAMILIAR WITH THE NEXT TO THE LAST SENTENCE. THE 1.1 MILLION GAIN IN CONTRACT FEES. LINE IS DELAYED PAYMENT FOR HOLMS MURPHY. >> THAT'S NATURALLY SLIM. >> OH, NATURALLY SLIM, MY FAVORITE. I KNOW NOW WHY YOU DIDN'T SAY NATURALLY SLIM. THANK YOU. >> THAT'S PAIR PARENT COMPANY. THAT'S A PAYMENT THAT'S GOING TO BE MADE AND IT'S CLOSE TO A MILLION DOLLARS THAT WILL BE MADE IN APRIL. >> THAT'S ABOUT SIX MONTHS' WORTH, RIGHT? >> APPROXIMATELY, YEAH. IT'S ABOUT A \$2 MILLION BUDGET. >> THANK YOU. >> YEP. >> I'M BACK. MY INTERNET IS ACTING UP. DID YOU JUST GO THROUGH THE FIRST TABLE OR -- >> I DID. YEP. IT'S GOOD TIMING. I JUST SAID YOU CAN COME UP AND CONTINUE. >> SORRY ABOUT THAT. YEAH. SO THE NEXT TABLE, NEXT SECTION WE HAVE IS THE ENROLLMENT SO THE PROJECTED IS, YOU KNOW, OUR ORIGINAL 2021 AVERAGE MONTHLY ENROLLMENT. THAT'S COMPARED TO THE ACTUAL AVERAGE THROUGH MARCH. YOU CAN SEE THAT WE'RE 2% LOWER OR .2% LOWER THAN EXPECTED. ONLY .1% LOWER ON ACTIVE AND IT'S REALLY THE RETIREES WHO ARE DRIVING THAT BUT IT'S STILL A PRETTY SMALL PERCENTAGE DIFFERENCE. THEN THE NEXT TABLE SHOWS A SNAP SHOT OF THE CONTRACTS. WE DO HAVE INFORMATION THROUGH APRIL OF 2021 AND AS YOU CAN SEE, YOU KNOW, NO SURPRISE YOUR PLANS A AND C ARE WHERE MOST MEMBERS ARE ON THE ACTIVE SIDE. PLAN N HAS ABOUT 3,000 LIVES BUT THIS IS KIND OF MORE FOR INFORMATIONAL PURPOSES. >> IT ALSO PROVIDES THE BASIS FOR THE PROJECTION, RIGHT? THIS IS LIKE THE CURRENT SNAP SHOT

WHERE WE START FROM. IF WE MOVE INTO THE THREE-YEAR PROJECTION TABLE, THIS SHOWS FULL YEAR, YOU KNOW, CLAIMS REVENUE BY THE MAJOR SERVICE CATEGORIES AND IF YOU LOOK AT THE RESERVE BALANCE LINE, WHEN WE COMPARE IT TO LAST TIME, THAT WAS ABOUT \$.3 MILLION HIGHER THAN IN THE LAST REPORT. LIKE KEN MENTIONED, YOU KNOW, MEDICAL CLAIMS AND PHARMACY CLAIMS WERE A LITTLE BIT HIGHER AND THOSE HAVE AN IMPACT ON FUTURE PROJECTIONS WHEN WE'RE DOING OUR ACTUARIAL RATES AND PROJECTIONS. THAT'S WHY THIS IS A LITTLE BIT LOWER. THEN THAT KIND OF CARRIES ON TO CALENDAR YEAR 2022-2023-2024. JUST THE UNDERLYING CLAIMS PROJECTION ON THE PER CAPITA BASIS IS A LITTLE HIGHER. LIKE KEN MENTIONED, MOST OF THAT GAIN WAS A TIMING ISSUE SO IT WAS A LITTLE BIT MISLEADING. ANY QUESTIONS ON THAT? I THINK WE SHOULD HAVE TOUCHED ON IT LAST TIME. 2021 IS A UNIQUE YEAR. THERE'S 53 PAYMENTS PER MEDICAL AND DENTAL SO THOSE GET PAID WEEKLY. SO EVERY SO OFTEN, WE DO HAVE BASED ON A CALENDAR, WE DO HAVE A 53-WEEK OR A 53-PAYMENT YEAR. IF YOU JUST KIND OF COMPARE THE MEDICAL CLAIMS YEAR OVER YEAR, ESPECIALLY LIKE 21 AND 22, IF YOU LOOK AT THOSE SIDE BY SIDE, YOU MAY SAY, WHY IS IT SUCH A LOW INCREASE IN 2022? THAT'S BECAUSE YOU HAVE 53 PAYMENTS IN 2021. SO WE CAPTURED THAT LEVEL OF DETAIL BUT I JUST WANTED TO HIGHLIGHT IT. >> THAT LEADS INTO THE FUNDING AND RESERVES. >> YEAH. SO THE LAST TABLE HERE, FOR OUR THREE-YEAR PROJECTION, THIS SHOWS YOUR RESERVE TARGET SO WE'RE STILL AT THAT 60.8 LIKE LAST TIME. NO CHANGE THERE. AS I MENTIONED, I KNOW LAST TIME WE WERE AT 4% FOR THAT FUNDING RATE INCREASE WE'RE SOLVING FOR. NOW IT'S 4.6. SO NOT MUCH OF A CHANGE. WE'RE STILL ON TRACK BUT THAT'S WHAT THIS TABLE SHOWS HERE. AND THEN THIS TABLE IS THE SENSITIVITY ANALYSIS. AS YOU CAN SEE, THE REDDISH ORANGE LINE, THAT'S THE EXPECTED TREND. THAT'S WHERE WE THINK WE'RE GOING TO END UP BUT IF CLAIMS DO TREND 2% HIGHER OR 2% LOWER YEAR AFTER YEAR AFTER YEAR, THIS SHOWS THE IMPACT. ON THE HIGH SIDE, IT'S IN 2024 IF WE HAD FAVORABLE CLAIMS, THE FUND BALANCE COULD GET UP TO \$137 MILLION. AND IF THEY WERE ADVERSE, THEN WE WOULD BE IN THE HOLE \$18 MILLION. >> ANY QUESTIONS, COMMISSIONERS, SO FAR? I THINK WE'RE GETTING A LITTLE MORE USED TO IT AFTER A FEW MORE MEETINGS. >> THE REST OF THE LETTER IS A LOT OF THE ASSUMPTIONS, ALL THE DIFFERENT COMPONENTS IN THERE. WE'LL MOVE FORWARD, I GUESS. >> THE ONLY OTHER THING THAT WE KIND OF TALKED ABOUT EARLIER IN THE MEETING, THIS IS ON -- THIS IS PAGE 130 OF THE MATERIALS AND WE RAN AHEAD AND RAN ALL THE PLAN DESIGN POTENTIAL CHANGES THAT WERE

REQUESTED SO YOU CAN SEE THE IMPACT FOR EACH PLAN, ALL THE DIFFERENT CHANGES AND WE DO CONSIDER THE PROBABILITY OF SOMEBODY HITTING AN OUT OF POCKET MAX, THAT ALL GOES INTO THIS SO THE NUMBERS ARE THERE SO YOU CAN SEE ALL THE DIFFERENT LEVERS THAT YOU COULD POSSIBLY PULL. >> THIS IS BUILT INTO THE MODEL SO YOU CAN CHECK THE BOXES AND ROLL THROUGH AND ALL OF THAT. WE'VE ADDED THIS. >> AS PREVIOUSLY DISCUSSED, COMMISSIONERS, WE WILL HOLD A MEETING IN MAY WHERE WE WILL IN A PUBLIC FORUM KIND OF WORK WITH MODELLING, CHANGING DIFFERENT LEVERS AND LOOKING AT THE IMPACT OF THAT IN PREPARATION FOR OUR JUNE MEETING. I THINK THIS IS JUST A FROZEN SNAP SHOT OF SOME OF THAT WORK. >> THANK YOU. WE RECEIVED -- THROUGH A PROCESS AT THE INSURANCE DEPARTMENT, I WAS TOLD ABOUT -- I WANT TO TALK ABOUT -- I HATE THAT ECHO. SORRY. CAN -- PATRICK, CAN YOU MUTE BECAUSE WE'RE GETTING FEEDBACK IN THE ROOM. >> OKAY. SORRY ABOUT THAT. I WAS -- SO IN THE PROCESS OF SOMETHING THAT HAPPENED AT THE OFFICE, I WAS TOLD ABOUT AN RX AUDIT AND I GUESS I'M PERPLEXED BY SOME OF THE NUMBERS I'M SEEING IN THIS REPORT COMPARED TO THAT AND LET ME TRY TO EXPLAIN. THIS -- WELL, FIRST OF ALL, THIS SAYS IT WAS PRESENTED TO THE STATE OF KANSAS MARCH 26 OF 2021. I WANT TO HAVE A DIFFERENT DISCUSSION WHY THIS AUDIT IS AND WHY WE DOEN KNOW ABOUT IT AND WHO COMMISSIONED IT AND WHO PAID FOR IT AND WHERE IN THE WORLD DID IT COME FROM? BUT MY POINT, MY QUESTION NOW IS THAT THIS PILLAR RX HAS A -- IN THE AUDIT FINDINGS OR IN THE AUDIT, IT SAYS THAT IN CALENDAR YEAR 2018 THAT THE STATE EMPLOYEE HEALTH PLAN PAID A NET OF \$82,350,774.57. THE POINT IS 82 MILLION. IN COUNTER TO THE 2019, WE PAID \$81.8 MILLION. YET ON PAGE 123 OF YOUR DOCUMENT, IT SAYS THAT IN CALENDAR YEAR 2020, WE PAID 75.8 MILLION. YET YOU'RE PROJECTING AN INCREASE OF -- I THINK IT'S 8.5% INCREASE IN PHARMACY CLAIMS FOR ALL YEARS. BUT THE STATISTICS, AT LEAST COMPARED FROM -- AND I GUESS I AM A NUMBERS GIRL BUT THE NUMBERS DON'T MATCH UP. SO WE'RE GOING FROM 82 TO 81 TO 75 MILLION AND THEN YOU'RE PROJECTING OVER AN 8% INCREASE IN PHARMACY CLAIMS WHEN WE HAVEN'T HAD AN INCREASE IN 2018, 2019 OR 2020. CAN YOU HELP ME FIGURE THAT OUT? >> I DON'T HAVE THE PRIOR NUMBERS IN FRONT OF ME, BUT I MEAN, OUR 2020 NUMBERS, THAT WAS ALL AFTER THE PROCUREMENT, RIGHT? YOU HAD THE PROCUREMENT IMPACT. THAT WOULD HAVE REDUCED IT. HOW WE DO THE PROJECTION IS WE REDUCE THE NET BASED NUMBER BY THE PROCUREMENT RESULTS AND THEN WE TREND IT AT 8.5%. THAT'S THE METHOD OF IT. I KNOW EACH YEAR THERE'S A MARKET CHECK. I DON'T

KNOW IF THAT REPORT TOOK INTO ACCOUNT THE RE-BATES AND STUFF THAT WERE COMING IN. I DON'T HAVE THE REPORT YOU'RE MENTIONING. I HAVEN'T SEEN THAT AUDIT. >> DO YOUR NUMBERS INCLUDE REBATES? >> OUR DO INCLUDE REBATES, YES. >> SO THAT WOULD TREND THE WRONG DIRECTION THEN. IF YOUR NUMBERS ARE INCLUDING REBATES -- I MEAN, IF THEIR NUMBERS DIDN'T INCLUDE RE-BATES, THAT WOULD BE THE WRONG DIRECTION. IF THE PILLAR RX DID NOT INCLUDE RE-BATES, THAT WOULD BE THE OPPOSITE OF WHAT I THINK WOULD BE HAPPENING. >> I MEAN, I DON'T UNDERSTAND THE QUESTION. I MEAN, THE PILLAR RX IS SHOWING IT'S GONE DOWN? IS THAT WHAT IT IS? WE HAVE -- PATRICK, CAN YOU PULL UP 18 AND 19? I DON'T HAVE IT IN FRONT OF ME. WE'RE HAPPY TO DO A TREND ANALYSIS IN THAT BUT THE 8.5% IS ACTUALLY -- WE'RE AT A LOSS ON PHARMACIES RIGHT NOW. WE'RE TRENDING HIGHER THAN 8.5%. IT'S LAST QUARTER WE HAD -- WE'RE USING 8.5% AND WE MISSED BY 5%. WE HAD A BIG QUARTER. SOME OF THAT IS BECAUSE OF THE REBATE. WAS IT LAST YEAR AT THIS POINT IN TIME WE GOT THAT REBATE SETTLEMENT? >> YEAH. THE LAST TWO YEARS WE'VE -- CARE MARK HAS WRITTEN A CHECK BECAUSE THEY HAVEN'T MET THE GUARANTEES FOR THEIR REBATES AND DISCOUNTS AND ALL OF THAT. AND, YOU KNOW, LIKE KEN SAID, WE ARE USING THE PROCUREMENT AND ANTICIPATED SAVINGS SO IF YOU LOOK AT OUR REPORT, THE UNDERLYING TREND IS 8.5% BUT THE EXPECTATION OF COST ISN'T 8.5%. I THINK IT'S 81 MILLION, 22 OVER 21, RIGHT? THAT'S MUCH LESS THAN 8%. SO WE ARE TAKING THAT INTO CONSIDERATION. I'M TRYING TO PULL UP THIS FILE. >> DO YOU SHOW 81.8 MILLION IN 2019? >> I'M PULLING IT UP RIGHT NOW. >> WE SHOULD HAVE THE BUDGET VERSUS ACTUAL LAST TIME, HUH, PATRICK? >> WE CAN'T UNDERSTAND WHAT YOU'RE SAYING. >> WE SHOULD HAVE THE BUDGET VERSUS ACTUAL FROM LAST TIME'S REPORT FOR 2019 SO THAT WE HAVE THE ACTUAL NUMBER IN THERE. I GUESS IN GENERAL, IS THE QUESTION YOU THINK WE SHOULD USE A NEGATIVE TREND? 8.5% IS INDUSTRY NORMS. THAT'S WHAT OUR SURVEYS ALL SAY. WE'RE ACTUALLY RUNNING HIGHER THAN THAT. WE CAN GO BACK AND LOOK AT 17, 18, 19 AND ALL OF THAT. WE HAVE PROCUREMENT RESULTS, WE COULD DO A SUMMARY REPORT. IF I COULD SEE THE REPORTS, WE COULD RECONCILE FOR YOU. DO YOU HAVE THE NUMBER FOR -- >> NO. I MEAN, MY NETWORK IS HAVING ISSUES. >> THE FOLLOWUP ITEM FOR THE PLAN IS TO JUST SUMMARIZE COMMISSIONER SCHMIDT TO LOOK AT THE ACTUALS ACROSS PHARMACY FOR THE LAST THREE YEARS? >> I JUST WANT TO MAKE SURE THEY'RE DOING WHAT -- >> YES. 18, 19, 20. >> YEAH. CALENDAR YEAR. >> AND TO ENSURE THAT THEY ALSO HAVE THE AUDIT REPORT THAT YOU ARE REFERENCING IN

COMPARISON? IS THAT THE QUESTION? >> THE SAME REPORT THAT YOU SENT TO ME. THAT'S WHAT I'M REFERENCING, YES. >> SO 2019 I'M ACTUALLY SHOWING 77.9 MILLION ACTUAL. >> OKAY. SO I THINK WHAT THEY'RE SAYING IS THAT THEY'LL SHARE WITH YOU THIS REPORT AND IF YOU CAN HELP ME RECONCILE THE NUMBERS, I WOULD REALLY APPRECIATE IT. >> HAPPY TO. >> WE COULD DO THAT AS A FOLLOWUP ITEM. >> GOT IT? >> UH-HUH. >> THEN AT SOME POINT, I DO WANT TO TALK ABOUT WHAT THIS IS. >> GOT IT. >> IF WE CAN. >> JANET, CAN YOU ADDRESS THAT IN YOUR TIME FOR YOUR REPORT TIME? ANY OTHER QUESTIONS ON THE FINANCIAL REPORTS FOR OUR COLLEAGUES AT SEGAL? ANY OTHER FOLLOWUPS FOR THEM? ALL RIGHT. HEARING NONE, THANK YOU, KEN AND PATRICK. >> THANKS. JANET, WE WILL -- THIS IS ACTUALLY YOUR REPORT, THE DIRECTOR'S REPORT. CAN YOU SPEAK IN THE MIC? >> THE REPORTS YOU'RE TALKING ABOUT ARE PART OF REGULAR AUDITS THAT GO ON THROUGH ALL COMPONENTS OF THE HEALTH PLAN. JENNIFER, CAN YOU SPEAK TO PILLAR SELECTION TO DO THE AUDIT AND WHAT IT COVERS AND HOW OFTEN WE DO THEM? >> SURE. AUDIT FIRM IS CTI WAS THE COMPANY WE WERE DOING BUSINESS WITH AND THEY HAD HIRED PILLAR AS THEIR SUB CONTRACTOR AND WHEN THEY BROUGHT IT FORWARD TO THE COMMISSION, IT WAS CTI CLAIM TECHNOLOGIES, INCORPORATED, WITH PILLAR DOING THE PHARMACY PROGRAM. AND THE AUDITS ARE DOING YEARLY. WE HAD A LITTLE BIT OF A HICCUP WHEN OUR PRIOR AUDITOR, THEIR PERSON THAT WAS DOING PHARMACY LEFT AND SO THERE WAS A BIT OF A DELAY SO THE AUDIT REPORT THAT JANET IS REFERENCING IS ACTUALLY FOR TWO YEARS BECAUSE WE WERE USING THAT TO CATCH UP. WE WERE ACTUALLY DOING CALENDAR YEAR 2018 AND 2019. LAST YEAR, YOU ELECTED TO GO WITH SAGE BRUSH AS THE NEW AUDITOR FOR THE STATE EMPLOYEE HEALTH PLAN AND THEY HAVE BEGUN AUDITS THIS YEAR ON 2020. >> SO THE ROLE OF THE COMMISSION HAS BEEN TO APPROVE THE AUDITOR, THE OPERATIONAL COMPONENT HAS BEEN THE PLANS AND THEN WE HEAR BACK THE INFORMATION AND THOSE ARE POSTED ON THE HHC SITE OR OUR SITE? >> STATE EMPLOYEES HEALTH PLAN SITE AND I SENT THAT AUDIT TO COURTNEY RECENTLY TO BE POSTED. WE DID JUST GET THAT FINALIZED. >> I'LL STOP THERE. >> GO AHEAD, COMMISSIONER. >> YEAH. SO I GUESS, YOU KNOW, IT'S NO SECRET THAT I HAVE A GREAT INTEREST IN THE PHARMACY PROGRAM AND THE PBM CONTRACT AND I -- I HAD NO IDEA WE DID THESE -- I KNOW WE DO AN AUDITOR CONTRACT EVERY YEAR BUT NEVER HAS ANYONE MENTIONED THAT WE DO A PHARMACY AUDIT SO CVS EVERY YEAR AND WE GET ALL THE INFORMATION ON IT. SO THE FACT THAT I HAD TO FIND OUT FROM A PERSON FILING A COMPLAINT WITH

MY DEPARTMENT THAT THIS WAS OUT HERE, WOULD THIS HAVE BEEN SHARED WITH US AS COMMISSIONERS? I SHOULD SAY, WOULD IT BE SHARED WITH ME? I'M ANXIOUS TO HEAR ABOUT THESE THINGS. >> HISTORICALLY WE DO TALK ABOUT WHAT'S BEEN SHARED AND WHEN WITH RELATION TO THE AUDITS THAT HAVE BEEN DONE. >> YEAH. THIS IS MIKE. SO HISTORICALLY WHAT HAS BEEN BROUGHT FORWARD TO THE COMMISSION WOULD BE THE FINDINGS, IF THERE WERE MONEYS DUE FROM THE AUDITOR AGAINST THE COMMISSION, WHETHER THAT'S BLUE CROSS, AETNA, DELTA, CARE MARK IS WHAT WAS BROUGHT FORWARD. THE FULL REPORT WAS HISTORICALLY NOT PROVIDED TO THE COMMISSION. THEY JUST HAD CHOSEN THAT PARTICULAR COMMISSION HAD CHOSEN JUST TO GET KIND OF THE BOTTOM LINE INFORMATION. THAT ALSO FUNNELED UP THROUGH WHICH I THINK SEGAL MENTIONED BEFORE WHEN THERE'S A LARGER AMOUNT THAT'S BEEN RECOUPED, WHETHER IT'S THROUGH THE REBATE OR THE AUDITS, IF IT'S SIGNIFICANT. THE ACTUARY IS MIXING THAT. >> SO THERE WAS MONEY TO BE REIMBURSED TO THE STATE OUT OF THIS AUDIT SO WERE WE GOING TO BE TOLD ABOUT THIS EVENTUALLY THEN? IS THAT WHAT YOUR REMARKS ARE? >> THE FINAL COPY? YEAH. WE HAVE NOT RECEIVED THE FUNDS YET, JENNIFER JUST SAID. >> I'M SORRY. I DIDN'T UNDERSTAND. >> JENNIFER JUST RELAYED THAT THE FUNDS HAVE NOT BEEN RECEIVED YET. FROM THE FINDINGS. >> SO THE -- SO IT'S NOT JUST THE RESULTS OF THE AUDIT THAT THE COMMISSIONER WOULD BE INFORMED ABOUT. IT WOULD BE WHEN THE FUNDS ARE RECEIVED BY THE -- FROM THE AUDIT THEN WE WOULD BE NOTIFIED ABOUT THE FUNDS COMING OUR WAY? >> YES. HISTORICALLY, THAT IS TRUE. [INAUDIBLE] >> IN THIS AUDIT, IT'S NOT -- [INAUDIBLE] >> ALSO THERE WAS A REBATE GUARANTEE. [INAUDIBLE] >> CALENDAR YEAR 18 AND CALENDAR YEAR 19. I'VE BEEN HERE. NOT 18. I WASN'T HERE 18. JUST 19. >> WHEN WAS THIS ONE COMPLETED? >> JUST IN MARCH. >> RIGHT. THEY SAID THERE WAS A TWO-YEAR DELAY. NORMALLY THEY WOULD BE ANNUAL AND BECAUSE OF THAT, THIS COVERS THOSE TWO YEARS. SO 20 SHOULD BE GOING ON NOW, CORRECT? AND WE MOVE TO A NEW AUDIT COMPANY. >> I GUESS MY QUESTION IS, THIS WAS -- IT SAYS IT WAS PRESENTED TO THE STATE OF KANSAS ON MARCH 26 OF 2021. SO MY QUESTION IS, WERE THEY GOING TO RECEIVE THIS AND I GUESS THE ANSWER IS NO. WERE WE GOING TO RECEIVE THIS AT THE HEALTH CARE COMMISSION AS AN AUDIT ON CVS CARE MARK AND THE ANSWER WAS NO. WE WOULD JUST BE TOLD WHEN THE SHORTFALLS WOULD BE REFUNDED TO THE -- TO THE PLAN. IS THAT -- >> I GUESS IT'S A NEW DAY AND NEW DAY FOR ME HERE SO MY FIRST RODEO. I THINK THE COMMISSION NEEDS TO KNOW HOW MUCH THEY WANT TO SEE. AND IF YOU

WANT TO SEE WHOLE AUDITD, THEN I GUESS THAT'S A DISCUSSION. THAT WAS NOT PART OF MY THOUGHT PROCESS TO BE HONEST WITH YOU SO IT'S A GOOD QUESTION. IT'S NOT BECAUSE OF PHARMACY BUT LET'S TALK ABOUT AUDITS. DO YOU WANT TO SEE THE AUDITS? >> I THINK -- >> I'M ASKING. >> I THINK SO IF WE TAKE A PAUSE MOMENT FOR IT, RIGHT? >> THERE IS A SPACE THAT I BELIEVE AND WE HAVE DEMONSTRATED THIS OVER THE LAST YEAR OR SO THAT THIS COMMISSION IS A LITTLE BIT MORE ENGAGED IN INFORMATION SETTING. I THINK IN THE PAST HISTORICALLY WHEN THE AUDITS CAME IN, THE PLAN TEAM HAS REVIEWED THOSE, PULLED INFORMATION OUT AND BROUGHT INFORMATION FORWARD. BUT WE HAVE ALREADY DETERMINED, I THINK, FROM THE PATTERN OF THE WORK WE'VE BEEN DOING THAT WE WANT A LITTLE BIT MORE OF THAT TO THE COMMISSIONERS. SO AT THE SAME TIME, IT'S ALSO, I THINK, FOR MY COMMISSIONERS THINKING ABOUT BALANCE BECAUSE IN THAT SAME BREATH, WE IN SOME MOMENTS ARE INUNDATED WITH INFORMATION. SO THIS IS A GOOD PIECE OF INFORMATION THAT FOR ME, I WOULD LIKE -- I WOULD RECOMMEND WE SEE IT IN TWO FORMS. ONE, I DO LIKE THE IDEA OF A SUMMARY FORM WHERE I'M GETTING SOMETHING THAT'S MORE ABBREVIATED SAYING THE AUDITS HAVE COME BACK. THERE'S NOTHING HERE OR WE EXPECT THIS. THEN BEING ABLE TO SEE THE AUDITS ARE LOCATED HERE AND IF YOU HAVE DEEP DIVE, YOU HAVE ACCESS TO THEM SO WE ARE ABLE TO HELP MANAGE THAT INFORMATION. BUT I DON'T KNOW. I'M OPEN TO OTHER COMMISSIONERS IN TERMS OF PARTICULARLY I THINK IF THERE'S AN ISSUE IN AN AUDIT THAT THE TEAM WANTS TO BRING FORWARD, I WOULD SUSPECT THAT WOULD HIT THE AGENDA BUT IF IT'S PRETTY STANDARD TO SAY IT CAME BACK CLEAN BUT NOTIFYING THAT THE AUDIT HAS BEEN COMPLETED AND RECEIVED AND THEN MAKING IT AVAILABLE IF WE WANT TO DO A DEEP DIVE COULD BE A WAY TO MAKE SURE WE'RE NOT MISSING THAT. NOW, THAT PARTICULAR AUDIT AS YOU MENTIONED WAS DATED MARCH 26. THE PLAN GOT IT NOT QUITE A MONTH AGO AND THIS WOULD HAVE BEEN OUR FIRST MEETING AFTER BUT THAT WOULD BE EASY ENOUGH FOR US TO EVEN BE NOTIFIED AS THOSE ARE ROLLING JUST AS WE ARE WITH OTHER INFORMATION. WE DON'T NECESSARILY HAVE TO WAIT UNTIL A MEETING TO KNOW THAT INFORMATION IS AVAILABLE UNLESS -- BUT IF IT IS A NECESSARY AGENDA ITEM THAT NEEDS SOB DISCUSSED, IT WOULD NEED TO HELP OR SHOULD HIT THE NEXT AVAILABLE MEETING. >> THIS IS STEVE. DIRECT ANSWER TO YOUR QUESTION, YOU WANT TO SEE THE AUDIT, MY ANSWER IS NO, ESSENTIALLY, MOST OF THE TIME. I LIKE THE IDEA OF HOW YOU PUT IT. I WOULD LIKE TO SEE THE SUMMARY AND IF IT'S JUST A CLEAN AUDIT, NO

REMARKABLE FINDINGS, BUT I LIKE THE IDEA THERE'S A LINK OR WHATEVER IF YOU WANT TO LOOK AT IT OR LIKE ON THE REVERSE IF THERE'S SOME FINDINGS, I WANT TO READ MORE THAN MAYBE A SENTENCE OR TWO THAT THE SUMMARY GIVES, THEN I WOULD HAVE THE OPPORTUNITY TO DO THAT. I THINK THE POINT YOU RAISE -- WELL, IT MAKES ME THINK, IN A BODY SUCH AS THIS, I'M NOT SURE WHERE THE LINE SHOULD BE BETWEEN HOW MUCH INFORMATION AND HOW MUCH RELIANCE ON STAFF, WHERE IT SHOULD BE. I THINK THAT PROBABLY CHANGES AND THAT BECOMES THEN THE TASK OF THE STAFF TO READ THE CHANGE BUT THAT CHANGES AS THE MEMBERSHIP CHANGES. THAT'S NEITHER POSITIVE OR NEGATIVE. IT JUST IS. MYSELF, I TEND TO LEAN MORE TOWARDS RELYING ON STAFF FOR GOOD, ACCURATE SUMMARIES AND ALSO TO BE SHARP ENOUGH OR ON TOP OF IT ENOUGH TO RECOGNIZE MAYBE AS THINGS ARE CHANGING OR HERE'S SOMETHING EVEN THOUGH WE DON'T NORMALLY PUT IT FORTH TO THE COMMISSION THAT IN THIS DAY AND AGE, AT LEAST, THAT DRAW ATTENTION OR WHATEVER KIND OF THING. BUT I TEND TO LEAN TOWARDS LESS DETAIL AND MORE SUMMARY FOR OVERSIGHT AND THEN -- AND I MAKE THE COMMENT, I FIND MYSELF SWIMMING SOMETIMES UNDERWATER WHEN THERE'S SO MUCH INFORMATION, I DON'T KNOW WHAT TO LOOK FOR, WHERE TO SPEND MY TIME LOOKING FOR IT. I WILL SAY, JANET, AND THIS ISN'T A CRITICISM BUT I HAVE TO GO BACK AND LOOK AT THAT EMAIL CLOSER FROM THURSDAY OR FRIDAY, BUT AS I HIT IT, I CLICKED ALL THESE DIFFERENT TABS, I WAS -- YOU KNOW, MAYBE I MISSED SOME WORDS THAT YOU SAID BUT I WAS THINKING MY GOSH. I HAVE NOT GOT THE TIME TO LOOK AT ALL THIS STUFF AND I'M NOT SURE THAT I WOULD UNDERSTAND IT IF I DID. NOW, THAT WAS INCUMBENT ON ME TO GET BACK AND SAY THAT TO YOU. I DO THINK I NEED TO STOP TALKING AND JUST SAY I TENDING TO MORE FOR SUMMARIZATION FROM STAFF AND I FOLLOW THROUGH IF I WISH TO FOLLOW THROUGH. >> THIS BOARD HAS A FIDUCIARY RESPONSIBILITY AND SO I TAKE THAT VERY SERIOUSLY AND MAYBE MORE SERIOUSLY THAN I SHOULD. BUT -- >> I'M NOT SAYING YOU'RE WRONG. >> NO. I UNDERSTAND THAT. I UNDERSTAND THAT. AND I KNOW THAT I SPEND -- I WOULD HATE TO TELL YOU HOW MUCH TIME I SPEND GOING THROUGH HTTC STUFF. THAT'S A POSITION OF MINE AND I WANT TO BE REPRESENTATIVE TO THE STATE EMPLOYEES THAT HAVE ENTRUSTED US TO MAKE SURE THAT THEIR HEALTH CARE DOLLARS THEY'RE SPENDING ON PREMIUMS ARE BEING WELL SPENT. YOU KNOW, WE HAD A LOT OF DISCUSSIONS ABOUT CVS CARE MARK IN OUR -- BEFORE WE AWARDED THE CONTRACT. AND I DIDN'T VOTE FOR THAT PERFECT AND I DON'T REGRET THAT VOTE, ESPECIALLY AFTER SEEING SOME THINGS IN THIS AUDIT. I THINK

THAT WHEN WE HAVE -- AND I CANNOT REMEMBER RIGHT NOW WHETHER -- WELL, IT WOULD HAVE BEEN 19 WE AWARDED THAT CONTRACT. NOT 20. >> IT WAS 19. IT WAS AWARDED RIGHT BEFORE I CAME IN. >> RIGHT BEFORE YOU STARTED. IT WAS THE MEETING BEFORE I STARTED SO IT WAS LIKE -- PROBABLY EITHER APRIL OR JUNE MEETING IN 19. >> RIGHT. PROBABLY JUNE BECAUSE I THINK WE HAD SOME OTHER QUESTIONS AND WE CONTINUED TO KICK THE CAN DOWN THE ROAD, SO TO SPEAK. BUT YOU KNOW -- AND I CAN APPRECIATE THE FACT THIS IS AN AUDIT FOR 18 AND 19 AND THAT, YOU KNOW -- BUT THIS TYPE OF AN AUDIT IN 18 FOR BEFORE WE MADE THE DECISION IN 19 WOULD HAVE BEEN HELPFUL. YOU KNOW, I WANT TO THINK THAT CVS CARE MARK IS PAYING CLAIMS APPROPRIATELY. I WANT TO THINK ANY PBM IS PAYING FUNDS APPROPRIATELY. BUT THEY'VE MADE THE SAME MISTAKES OVER AND OVER AND OVER AGAIN. SOMETIMES THEY HAVE SHORTED THEMSELVES AND SOMETIMES THEY'VE SHORTED US. AND THEY HAVE SHORTED US ENOUGH THAT THEY'RE MAKING A PAYMENT TO US. AND YOU KNOW, ON RETAIL GENERICS, FOR ONE-YEAR PERIOD OF TIME, THEY OVERCHARGED US BY 1.5 MILLION DOLLARS. THAT IS REAL MONEY TO THE PLAN. SO ANYWAY, I GUESS I APPRECIATE WHAT YOU'VE SAID AND, YOU KNOW, I'LL GO WITH WHAT YOU'VE SAID BUT I THINK WE OUGHT TO BE KNOWING WHEN THE AUDITS ARE OUT THERE AND THEN GIVE ME THAT LINK AND I'LL DIVE DOWN INTO IT AND I'LL DO THE DEEP DIVE AND SPEND MY SUNDAY AFTERNOONS DOING THAT. BUT THANK YOU FOR THE TIME AND I DO APPRECIATE -- AND I DO APPRECIATE THE RAPID RESPONSE. I REALLY WANT TO GIVE A SHOUTOUT TO BOTH JANET AND COURTNEY. YOU KNOW, WHENEVER I ASK YOU A QUESTION OR WHENEVER I -- I WANT MORE INFORMATION AND I CAN'T FIND IT, I CAN RELATE TO THAT VERY WELL. I WANT TO REALLY TELL YOU HOW -- WHAT GREAT PEOPLE THEY ARE TO ALWAYS GET THE INFORMATION TO ME AS QUICKLY AS THEY CAN AND USUALLY THAT'S VERY QUICKLY. IF NOT, THEY FOLLOW UP WITH ME AND TELL ME, WE'RE WORKING ON IT AND WE'RE GOING TO GET IT TO YOU. I REALLY APPRECIATE THAT VERY MUCH SO IT'S NOT A CRITICISM OF THE STAFF. I JUST THINK IF WE HIRE AN AUDIT COMPANY, BUT I TAKE MY FIDUCIARY RESPONSIBILITY DIFFERENT THAN SOME. >> I THINK THERE'S A WAY FOR TO US HELP MANAGE THAT SITUATION SO PART OF IT IS, I SIMILAR TO WHAT WE DID AS WE TRIED TO REFINE THE RFP INFORMATION, YOU KNOW, TRYING TO SET UP A TEAMS OR A SHARE POINT SLIDE WHERE YOU CAN GO BACK AND REFERENCE STUFF, WHETHER BY DATE OR TOPIC BUT IT COULD BE NICE TO HAVE EVEN IN A LOCATION THE LIST OF THE VARIOUS AUDITS OR ANY GIVEN YEAR AND WHEN THEY ARE COMPLETED SO THAT IT'S JUST LIKE ONE SUMMARY LIST THAT'S ONE OF THE THINGS AS WE THINK ABOUT

JUST DOING THE DUE DILIGENCE AROUND RFP PREPARATION AND THINGS OF THAT NATURE, MAKING SURE THAT ONE OF THE THINGS THAT WAS TAKEN INTO CONSIDERATION AS WE ARE LOOKING FOR THAT, IF WE HAVE THE INFORMATION AROUND PREVIOUS AUDITS THAT THAT SHOULD BE SOMETHING THAT IS PART OF THAT CONSIDERATION. THAT'S SOMETHING THAT COULD BE EASILY BUILT INTO AS A CHECK POINT FOR AN RFP TO MAKE SURE THAT'S IN PLACE. >> WE'LL TAKE THAT AS A FOLLOWUP AND GET YOU THE LIST OF AUDITS TO REFRESH EVERYBODY ON. THE SAGE BRUSH ENGAGEMENT IS A STARTING POINT AND THEN GOING FORWARD, WORKING ON THE SUMMARIES AND MAKE SURE WE GET IN A BETTER RHYTHM ON THIS. THANK YOU FOR ALL YOUR INPUT. >> WE DO HAVE A LITTLE BIT OF CONTROL OVER LIKE WHICH THINGS ARE AUDITED, TOO, CORRECT? SO THAT COULD BE SOMETHING JUST AS WE LOOK AT IT, IF THERE'S ANYTHING THAT WE FEEL LIKE IS OR ISN'T OR SHOULD BE AUDITED MORE FREQUENTLY. ALL RIGHT, JANET. [INAUDIBLE] WE'VE GOT THE RFP STANDARDS. THIS WOULD NOT BE COMING FORWARD TODAY. [INAUDIBLE] >> SORRY. BLUE BUTTON. HARD STOP EDITS TO ASSIST WITH ACCIDENTAL WAIVES AND SO FORTH WHICH ARE SOME THINGS WE EN COUNT HE WERE. ON THE WELLNESS PROGRAM, WE ARE DOING THE NEW MEMBER CAMPAIGN, PARTNERING WITH H.R., DOING SOME MORE PERSONALIZED OUTREACH TO NEW EMPLOYEES SO THAT THEY CAN LEARN ABOUT AND ENROLL IN THE WELLNESS PROGRAM EARLY ON. WE'RE DOING AN AGENCY CAMPAIGN WITH THE DEPARTMENT OF ADMINISTRATION. WE'RE PLANNING AN INAUGURAL 5K FUN RUN AND PHYSICAL ACTIVITY CHALLENGE AND THEN MARATHON, WE TOUCHED ON THIS. THEY'VE BEEN WORKING AND COLLABORATING WITH US AND CERNER ON BIO METRIC SCREENING AND HEALTH COACHING AND HOW WE MIGHT PUT THE HEALTH COACHING IN THE WELLNESS POINT. AND LASTLY, WE ALREADY TOUCHED ON THE 30-DAY REGS. WE HAD IN PROGRESS THE 2218 WHICH IS WHAT NATALIE TALKED ABOUT TODAY AND THAT'S MOVING FORWARD WHICH WE'LL ADD TWO LEGISLATORS TO OUR COMMISSION. WE DO HAVE A COUPLE OF KLRD REQUESTS OR A PANDA STUDY AND SMOKING CESSATION STUDY AND ON A FEDERAL LEVEL, WE MOVED FORWARD WITH INCREASE IN DEPENDENT CARE. NO FEDERAL LEGISLATIVE ACTIVITIES COME OUT, JUST SOUN IT'S OPTIONAL WHETHER WE WANT TO MOVE FORWARD AND CHANGE THOSE THINGS RELATED TO FSA. WE MOVE FORWARD AFTER I TALK TO THE SECRETARY ABOUT THE DEPENDENT CARE AND WE'RE WAITING CLARITY AND DETAIL ON THE ROBE RA SUBSIDIES WHICH I THINK SOME OF YOU ARE FAMILIAR WITH WHICH WOULD RESULT IN THE EMPLOYER PICKING UP THE TAB FOR COBRA, DEPENDING ON WHERE THIS PERSON IS IN THEIR JOURNEY AND

BEING IN COBRA HOW MANY MONTHS OR WHATEVER BUT BEING REIMBURSED BY THE FEDERAL GOVERNMENT SO IT'S A VERY FLUID THING RIGHT NOW AND WE DON'T HAVE ANY DETAIL, BUT YOU WILL. THAT IS MY REPORT. ANY QUESTIONS? >> QUESTIONS FOR JANET? THANK YOU, MADAM CHAIR. >> SO ON THE KANSAS LEGISLATURE RESEARCH REQUEST, THE PANDA AND SMOKING CESSATION, ARE THOSE PILOT PROJECTS OR RESEARCH? WE'RE ON THE TEST -- WE'RE THE TEST TRACK. >> IT'S INTERESTING BECAUSE THEY ARE DUE JANUARY 22 AND THEY WEREN'T REALLY VOTED ON AND DIDN'T MOVE FORWARD IN LEGISLATION SO IT'S -- JENNIFER, COMPARATIVELY IT'S A LITTLE BIT OF A DIFFERENT REQUEST, CORRECT, THE WAY BECAUSE IT'S NOT -- >> YES, BECAUSE THE BILL DIDN'T ACTUALLY PASS. SO YOU'RE CORRECT THAT WE ARE THE PILOT TRACK WHEN A BILL PASSES FOR A NEW MANDATED BENEFIT, THE STATE EMPLOYEE HEALTH PLAN WILL TEST IT FOR A YEAR AND PROVIDE A REPORT BACK TO US. IN THIS CASE, THESE BILLS DIDN'T ACTUALLY PASS BUT THERE WAS A REQUEST MADE THROUGH KLRD FOR THE STATE TO PROVIDE SOME ADDITIONAL RESEARCH ON POTENTIAL COSTS AND BENEFIT OF THE PARTICULAR PROGRAM. >> SO -- >> SO IF THOSE SERVICES ARE NOT CURRENTLY COVERED, IS THAT CORRECT? >> SMOKING CESSATION IS CURRENTLY COVERED UNDER THE AFFORDABLE CARE ACT. THIS DOES EXPAND THE COVERAGE TO ALLOW FOR A FULL 12 MONTHS OF PRESCRIPTION DRUG COVERAGE SO THERE WILL BE SOME WORK WE'LL NEED TO DO TO ESTIMATE SOME OF THE POTENTIAL COSTS. PANS AND PANDA, I DON'T BELIEVE IT'S CURRENTLY COVERED TODAY. >> NO. >> BUT WE WOULD WORK WITH BLUE CROSS AND AETNA AND JANET CAN PROBABLY PROVIDE MORE DETAIL ON THAT. >> WE DID RESPOND TO FISCAL NOTES ON BOTH OF THESE TOPICS AND THEY'RE EXPANDED VERSION INITIALLY. YOU KNOW, LIKE WE GOT BARRAGED WITH A BUNCH OF PHYSICAL NOTES RELATED TO WORK COMP AND WHATEVER, MEANING WITH THESE TWO, SOMEHOW THEY MADE THEIR WAY NOW INTO THE NEW PROCESS. WE WILL DO OUR JOB AND GET THEM THE INFORMATION THEY NEED. >> IT'S SOMEWHAT OF AN EXPANDED FISCAL NOTE IS WHAT THEY'RE ASKING FOR? >> >> WE DID ONE ON PKU AND AUTISM BUT THOSE BILLS PASSED. >> THEY REFERENCED THE REPORT ON PKU. >> WHAT IS PANS? >> IT'S A VERY -- >> IT'S A PEDIATRIC DISORDER. WE CAN GET THAT FOR YOU. I DON'T REMEMBER THE EXACT -- >> THAT'S CLOSE ENOUGH. THE ONLY THING I COULD RELATE TO WAS A PANDA BEAR AND THAT'S -- I KNEW IT WASN'T THAT. >> MADAM CHAIR, I THINK JUSTIN MC FARLAND SAT THROUGH THE PRESENTATION FOR PANDA. IF YOU WOULD LET HIM SPEAK. >> WHAT'S THE ACRONYM? >> IT'S NOT THE NUTRITIONAL SUPPLEMENT ISSUE. INSTEAD, IT'S A NEUROLOGICAL OR VIRAL CONDITION IN

CHILDREN THAT ESSENTIALLY CAUSES LIKE SUDDEN ONSET OCD. IT'S KIND OF A NEWER DIAGNOSIS. >> IT'S PEDIATRIC ACUTE ONSET NEURO PSYCHIATRIC SYNDROME AND IT'S WHAT JEFF IS DESCRIBING, OBSESSIVE COMPULSIVE DISORDER AND SO FORTH. A VERY LIMITED POPULATION GETS IT BUT THERE'S SOME PUSH FOR THIS AND I THINK THIS IS NOT THE FIRST YEAR THIS HAS BEEN PROPOSED. I MIGHT HAVE KNOWN THAT, COMMISSIONER SCHMIDT. >> IN THIS CASE, SOUNDS LIKE THE DIFFERENCE IS USUALLY WE'RE DOING THIS ON SOMETHING THAT'S PASSED OR IN THIS CASE, IS ALMOST THEY'RE ASKING FOR KIND OF A PROJECTION FOR FUTURE INFORMATION? >> YEAH. THE SESSION STARTED OR ABOUT STARTED. JANUARY 22 IS THE DATE WE WERE GIVEN. WE WERE GIVEN THAT LENGTH OF TIME TO GET EVERYTHING READY. >> VICKI SCHMIDT AGAIN BUT IS THE REQUEST FOR THE COSTS TO THE -- OR THE LIKE COST TO THE STATE EMPLOYEE HEALTH PLAN IN THE TEST TRACK OR IS THE STUDY THAT THEY WANT YOU TO DO OR THE NUMBERS THAT THEY'RE LOOKING FOR STATEWIDE? BECAUSE THAT CHANGES A LOT OF THE -- >> STATEWIDE. THEY'RE LOOKING FOR US. THEY'RE ASKING US WHAT THE IMPACT WILL BE FOR THE HEALTH PLAN BUT THEY'RE ALSO ASKING IF WE CAN PROVIDE SOME OF THE ECONOMIC IMPACT, SOME OF THE SOCIAL IMPACTS THAT WOULD AFFECT THE COMMUNITY AS A WHOLE. IT DOES HAVE A STATEWIDE ELEMENT TO IT. >> I GUESS I DON'T WANT TO VOLUNTEER THE INSURANCE DEPARTMENT TO DO MORE WORK BUT I WOULD JUST SAY THAT AETNA AND BLUE CROSS AREN'T THE ONLY PROVIDERS WHERE YOU WOULD NEED TO GLEAN THAT INFORMATION FROM. FOR THE MAP PORTAL. THEY USED TO ADMINISTER PRIOR TO TASK BEING REWARDED -- THEY MAIN EXPERIENCED AN EXPERIENCED ACCOUNT TEAM, EXCELLENT CUSTOMER SERVICE AND THE BID WAS COMPETITIVE. THEREFORE, WE ARE RECOMMENDING THAT THE COMMISSION CONSIDER AWARDED THE CONTRACT FOR THE NEXT THREE-YEAR PERIOD BEGINNING IN JANUARY FOR COBRA ADMINISTRATION. >> COMMISSIONERS, I WILL ENTERTAIN A MOTION REMEMBERING THAT AS I ACCEPT THAT MOTION THEN WE CAN OPEN IT UP FOR DISCUSSION AND QUESTIONS AS WELL. SO -- IF SOMEONE IS READY TO MAKE A MOTION. >> THIS IS STEVE DECHANT, I MOVE WE FOLLOW THE STAFF RECOMMENDATION IN AWARDED TO ITDIUM, THE THREE-YEAR CONTRACT AS PRESENTED. >> SECOND? >> AND OPEN FOR DISCUSSION AMONG COMMISSIONERS AND/OR JANET OR TEAM CAN ANSWER ADDITIONAL QUESTIONS. I TAKE IT, JANET, NOT DISCUSSING DISCOVERY OR SURANCY WAS A COST FACTOR AT LOOKING AT THE CONTRACT COSTS CHART -- >> IT WAS PART OF IT, YEAH. >> AND MOST INSTANCES I WOULD THINK LIKE AS YOU ALL LOOK AT THE EVALUATIONS, COST IS ONE FACTOR, ONE SOME OF THE OTHERS COULD HAVE BEEN

SIMILAR BUT ALSO A DECIDING FACTOR. THE TEAM SPENDS HOURS AND HOURS LOOKING AT THESE THINGS AND IT'S SO BIG TO BRING HERE, EVERY DETAIL WHAT THE DISCUSSIONS AND DECISIONS ARE. IT'S NOT JUST ONE MEETING, IT'S MANY, MANY MEETINGS, MANY BACK AND FORTH WITH LEGAL, BACK AND FORTH WITH THE VENDORS, ETC., BUT YOU KNOW THE REASONS ARE WHAT THEY ARE, CUSTOMER SERVICE IN THIS CASE AND PRICE PROBABLY, AND FAMILIARITY WITH ITEDIUM, THEY ARE COLLABORATIVE, AND FELT GOOD ABOUT THEIR BID. >> ANY OTHER QUESTIONS OR DISCUSSIONS, COMMISSIONER? ALL RIGHT. WE HAVE A MOTION ON THE FLOOR TO ACCEPT THE RECOMMENDATION FOR ITEDIUM AWARDED THE CONTRACT FOR THE NEXT THREE-YEAR PERIOD FOR JANUARY 2021-22, ALL THOSE IN FAVOR SAY AYE. OPPOSED? ALL RIGHT. PASSES UNANIMOUSLY. NEXT CONTRACT CONVERSATION IS DENTAL BENEFIT CONTRACT. >> OK. WELL, DETAILS STARTS ON 163. YOU KNOW WHAT DENTAL SERVICES ARE PROVIDED. R.F.P. TIMELINE WAS FEBRUARY 18TH. TWO BIDS WERE RECEIVED, BLUE CROSS AND BLUE SHIELD OF KANSAS, AND DELTA DENTAL. A FINAL MEETING WITH BOTH COMPANIES AND COMMUNICATIONS TO ADDRESS VARIOUS QUESTIONS AND PARTS OF THE BID, THIS WAS A BIG DISCUSSION AND A LOT OF DATA POINTS. YOU CAN SEE ON PAGE 165 THE TYPES OF THINGS THAT WERE CONSIDERED IN THE BID EVALUATION, WHETHER OR NOT A COMPANY COULD ADMINISTER A PROGRAM THE SIZE OF OURS, OUR HEALTH PLAN, WHAT SERVICES THE NETWORK AVAILABILITY, CLAIMS COST, REPORTING CAPABILITIES, AND CUSTOMER SERVICE AGAIN ALWAYS BEING CONSIDERED. YOU WILL SEE THAT THE COST EVALUATION, I'LL GET INTO A LITTLE MORE DETAIL, ON PAGE 166. DELTA AND BLUE CROSS ACTUALLY DON'T SHOW THAT MUCH OF A DIFFERENCE BUT I'LL GET INTO SOME DETAIL ON THAT. THE MAP OF NETWORK PROVIDERS AS WELL AS A DESCRIPTION OF THOSE REGIONS ARE ON 167 AND 168. THAT SHOWS ACTUALLY EACH VENDOR NETWORK AND IT'S A SUBSET OF THEIR BROADER NETWORK AND ON BLUE CROSS'S NETWORK, THEY HAVE A BROADER NETWORK BUT JOHNSON AND -- AND 169, INCLUDED FOR THE DENTAL BENEFIT ARE LISTED THERE AGAIN, AND EXPANDED WITH THE CLAIMSCLAIMS, WHAT KIND OF BENEFIT BOOKLET IS PROVIDED, ETC. PAGE 170, PER MEMBER PER MONTH CONTRACT COST IS LISTED. THERE'S AN AVERAGE MONTHLY ENROLLMENTS OF 45,700 MEMBERS, ACTIVE EMPLOYEES AND RETIREES. CURRENT PRICE IS 1.06 PER MEMBER, PER EMPLOYEE PER MONTH. BLUE CROSS SHOWED A PEPM OF 1.99. DELTA STUCK WITH THE 1.09. DELTA IS THE CURRENT VENDOR AND HAS BEEN. AFTER MUCH THOUGHT AND DISCUSSION, RECOMMENDATION IS THAT THE PLAN GO WITH DELTA DENTAL. I WOULD NOTE THAT BLUE CROSS AND BLUE SHIELD

OFFERED A MORE COMPETITIVE BID THAN THEY DID THREE YEARS AGO, AND THE DIFFERENCE IN COSTS BETWEEN BLUE CROSS AND BLUE SHIELD AND DELTA WAS NEGLIGIBLE BUT WE ARE RECOMMENDING DELTA DENTAL AND THE REASONS AND THE CONSIDERATIONS KEY TO THAT IN ADDITION TO SOME OTHER THINGS IS DELTA INCUMBENT, THEY HAVE ADMINISTERED THE PLAN FOR MANY YEARS, SINCE 1996, PROVIDED EXCELLENT CUSTOMER SERVICE. DURING COVID THEY ACTUALLY REDUCED VOLUNTARILY THE PER EMPLOYEE PER MONTH FEE TO THE PLAN. THEIR ONLY FOCUS AT DELTA IS ON THE DELIVERY OF DENTAL COVERAGE SERVICES, INCLUDING WELLNESS PROGRAMS THAT ALIGN WITH THE WELLNESS PROGRAM THAT WE HAVE, AND THAT WAS A TOPIC THAT SPARKED OUR INTEREST THIS YEAR. NETWORK IS ALREADY IN PLACE FOR THE MEMBERS, MEANING THERE'S NO MEMBER DISRUPTION THAT YOU MIGHT HAVE IF YOU SWITCHED VENDORS, IT'S A FACTOR THAT WAS CONSIDERED. I MENTIONED THE PER EMPLOYEE PER MONTH FEE WAS LOWER FOR DELTA, AND DELTA MAINTAINS STRONG DISCOUNTS ACROSS KANSAS. SO, THEREFORE WE ARE RECOMMENDING TO THE COMMISSION TODAY THAT DELTA BE AWARDED THE CONTRACT FOR THE NEXT THREE YEARS EFFECTIVE JANUARY 1ST OF 2022. >> THANK YOU, JANET. COMMISSIONERS, I WILL ENTERTAIN A MOTION. [INAUDIBLE] >> MOTION ON THE MOTION. IS THERE A SECOND? >> STEVE DECHANT, SECOND. >> A MOTION AND A SECOND. COMMISSIONERS, WE ARE OPEN FOR DISCUSSION AND QUESTIONS TO JANET AND TEAM AROUND THIS RECOMMENDATION. ALL RIGHT. HEARING NONE, SEEING NONE, ALL RIGHT. CLOSING DISCUSSION. ALL THOSE IN FAVOR OF ACCEPTING THE RECOMMENDATION OF DELTA DENTAL AWARDED THE CONTRACT FOR THE NEXT THREE-YEAR PERIOD BEGINNING JANUARY 1, 2022, FOR OUR DENTAL CONTRACT, PLEASE SAY AYE. OPPOSED? ALL RIGHT. THAT PASSES. THANK YOU VERY MUCH. >> THANK YOU. >> ALL RIGHT. OUR NEXT CONVERSATION IS ACTUALLY A BEGINNING OF A CONVERSATION THAT I THINK WILL CARRY OVER AS WE HAVE OUR PROPOSED MAY MEETING AROUND MODELLING. BUT WANTED TO MAKE SURE THIS CAME OUT OF A CONVERSATION WITH THE COMMISSIONERS, TAKING OPPORTUNITY IN THIS OPEN MEETING TO START OUR CONVERSATION AROUND THE PLAN, THE PLAN YEAR DESIGN PRIORITY. ONE OF THE THINGS WE HAVE TALKED ABOUT BEFORE AND COMMISSIONER DECHANT I THINK HAS VOICED THIS SO VERY WELL A FEW TIMES BEING I THINK THE LONG STANDING MEMBER OF THIS COMMITTEE OF SAYING WHAT ARE THE PRIORITIES, WHAT ARE THOSE DRIVERS THAT WE NEED TO BE THINKING ABOUT THAT'S REALLY THOSE GUIDING PRINCIPLES AROUND, YOU KNOW, WHAT WE WANT TO SEE OUT OF THE PLAN, IF WE THINK ABOUT THE LANGUAGE

THAT NATALIE HIGHLIGHTED EARLIER THAT THE LEGISLATORS ADDED ABOUT, YOU KNOW, KIND OF BALANCING THAT AFFORDABILITY AND THE NATURE OF THE PLAN AND THINGS OF THAT NATURE, OF MAKING SURE THAT WE ARE TAKING AN INTENTIONAL MOMENT TO REALLY HAVE THAT DISCUSSION AS A COMMISSION SO THAT WE DON'T JUST JUMP IMMEDIATELY INTO THE MODELLING AND THE NUMBERS BUT WE ARE ALSO TALKING IN A MORE HOLISTIC WAY AROUND WHAT SOME OF THOSE PRIORITIES ARE, WHAT ARE SOME OF THOSE DRIVERS THAT AGAIN WE MAY START THE CONVERSATION HERE BUT THAT WILL ALSO BLEED OVER INTO OUR CONVERSATION AND OUR NEXT MEETING IN MAY WHEN WE ARE LOOKING AT THOSE NUMBERS. SO, THIS IS REAL A PLACE HOLDER ON THE AGENDA TO ALLOW US TO TALK A LITTLE BIT MORE IN THE PUBLIC FORUM AROUND SOME OF THE THINGS THAT WE SEE AS PRIORITIES AND TALKING THROUGH AS WE THINK ABOUT AND MOVING INTO THE MODELLING SESSION. I THINK FOR ME TO KIND OF KICK US OFF, YOU KNOW, AFFORDABILITY IS A WORD WE HEAR AND IT IS AN IMPORTANT PIECE BECAUSE IT'S AN IMPACT AND A DRIVER FOR OUR EMPLOYEES, AND HEARING THE FEEDBACK OF THE E.A.C. EARLIER AROUND THE THINGS THAT THEY SEE AND THAT THE EMPLOYEES ARE BRINGING VOICE TO IS AN IMPORTANT THING BUT I HOPE WE WILL KEEP IN MIND AROUND AS WE THINK ABOUT, YOU KNOW, CHANGE TO THE PLAN OR IMPACT TO THE PLAN AND GAVE VOICE THE IMPACT OUT OF POCKET, AND THE DEDUCTIBLE AND PREMIUM, BUT REALLY THAT AS THEY TALKED A LOT, AS HANNAH, APOLOGIZE FOR HANNAH'S NAME, I WAS WRITING NOTES AND THINKING ABOUT WHEN SHE WAS SAYING THAT MOST IMPACTFUL AND STARTED WITH THE OUT OF POCKET, RIGHT, AND WHAT DOES THAT MEAN WHEN WE THINK ABOUT OVERALL, YOU KNOW, AFFORDABILITY AND HOW IT IMPACTS, YOU KNOW, THE EMPLOYEES, HOW THEY MOVE THROUGH THE PLAN, AND AS SHE RIGHTFULLY MENTIONED AND ALSO THINKING ABOUT IT MORE HOLISTICALLY, NOT JUST A YEAR OR, YOU KNOW, KICKING A CAN DOWN THE ROAD, BUT TRYING TO THINK ABOUT IT IN ACROSS A PERIOD OF TIME AND THIS YEAR, MULTIPLE YEARS OUT, AND FOR ME, ONE OF THE DRIVERS OF WHAT DOES AND WHAT CAN AFFORDABILITY MEAN AND WHAT LEVERS DO WE HAVE AT OUR DISPOSAL THAT GIVE US A RICHNESS AND VARIETY IN OUR PLAN TO ADDRESS THINGS, BUT ALSO THEN TAKE INTO ACCOUNT THOSE REAL OUT OF POCKET THINGS THAT AN EMPLOYEE FEELS ON A DAY-TO-DAY BASIS, OR WORRIES ABOUT EVEN IF THEY AREN'T UTILIZING ON A REGULAR BASIS LIKE THAT ANXIETY THAT SHE MENTIONED AROUND THAT OUT OF POCKET THAT'S LOOMING. SO -- I WILL OPEN IT UP, COMMISSIONERS, IT'S MORE OF JUST A LITTLE BIT OF DIALOGUE AND DISCUSSION OF TALKING THROUGH AND THINKING ABOUT

SOME OF THOSE PRIORITIES THAT WILL HELP INFORM OUR FUTURE MODELLING AND CONVERSATION. SO -- COMMISSIONERS. COMMISSIONERS DECHANT, I KNOW YOU HAVE THOUGHT ABOUT THIS. >> I DIDN'T TAKE A LOOK AT MY NOTES THE LAST TIME WE TALKED ABOUT THIS, BUT, I'M SORRY. FOR ME WELLNESS AND I THINK THAT THIS PLAN HAS HAD FOR A NUMBER OF YEARS AN EMPHASIS ON WELLNESS AND I WOULD HOPE WE WOULD CONTINUE THAT. I THINK HOW WE GET THERE, HOW WE DEAL WITH IT CAN HAPPEN IN DIFFERENT WAYS. CURRENTLY, LIKE THEM OR NOT, I THINK THAT AN EMPHASIS ON MIGRATING, OR INCENTIVISING PEOPLE MIGRATING TO PLAN C IS A PART OF THAT. AND WE CAN -- WE CAN DISCUSS WHY I THINK THAT, OR HOW WE MAY DIFFER ON THAT. ALSO, THE HEALTH CLINIC I THINK IS A PART OF THAT. IT MAY NOT BE, NEITHER ONE OF THOSE THINGS MAY BE SEEN THAT WAY ON THE SURFACE OR FACE VALUE, BUT I THINK THAT THEY ARE PART OF THAT. AND THOSE ARE JUST TWO EXAMPLES. I THINK OUTSIDE OF THE THINGS THAT WE CALL HEALTHQUEST AND WELLNESS AND THOSE THINGS. I MAY BE WRONG, AND I WOULD STAND CORRECTED IF I AM, BUT I BELIEVE THAT WE ARE -- WE CURRENTLY SUBSIDIZE SOME TIERS OF OUR PLAN AND HAD INTENTIONALLY MOVED AWAY FROM DOING THAT ABOUT FOUR YEARS AGO, AND HAVE MOVED BACK INTO THAT. AND FOR ME THAT FEELS LIKE THE ROLLER COASTER KIND OF THING THAT I -- THAT I HAVE RAISED THIS ISSUE, THE REASON I'VE RAISED THIS ISSUE. AND IF WE ARE GOING TO CONTINUE, AND OF COURSE, DIFFERENT MEMBERSHIP OF THIS COMMISSION WILL, MAY WELL GO DIFFERENT DIRECTIONS, BUT AS FAR AS KIND OF CHARTING A COURSE AND SAYING HERE IS WHERE WE ARE ADDED, DO WE WANT TO CONTINUE THAT, SUBSIDIZING VERSUS BASICALLY EACH TIER PAYS ITS OWN WAY KIND OF THING. THOSE ARE TWO THINGS AND I'LL STOP THERE AND HOPING THERE WILL BE MORE COMMENTS. PROBABLY HAVE MORE THOUGHTS COME TO MIND AS MAYBE THERE IS SOME ADDITIONAL COMMENTS. NO, THERE IS ONE MORE. AND I THINK THAT WE ARE DOING A GOOD JOB OF BEING MORE TRANSPARENT. THIS OTHER THOUGHT COMES FROM ONE OF MY QUESTIONS OF NATALIE THAT I THINK -- I'M NOT SURE WHAT PEOPLE THINK. THERE ARE THE ONES OF LESSER COST OUT OF MY POCKET, AND I'M AT A DIFFERENT PLACE NOW AS MEDICARE ELIGIBLE RETIREE, NOT THAT LONG AGO I WAS A MEDICARE INELIGIBLE RETIREE, AND SO FACE THOSE THINGS TO A MULTIPLIED DEGREE SINCE I WAS PAYING 100% OF MY HEALTH INSURANCE, THAT OUT OF POCKETS AND DEDUCTIBLES AND CO-INSURANCE AND THOSE THINGS ARE IMPORTANT. I RECOGNIZE THAT. BUT I ALSO HAVE TO RECOGNIZE THAT IF I -- IF I SEEK LOWERING THOSE, THAT SOMEBODY IS GOING TO PAY FOR THE COST INCURRED BY MY PLAN, AND SOMEHOW THAT WE, I GUESS

REQUEST OF CONTINUING TRANSPARENCY AND DOING THINGS, BUT PUSHING THE INFORMATION OUT TO THE PLAN MEMBERS, THAT THERE IS A COST WITH THOSE KINDS OF THINGS. YES, WE WOULD LIKE TO LOWER THE OUT OF POCKETS, YES LOWER THE DEDUCTIBLE, LOWER THE CO-INSURANCE. HOW MUCH ARE YOU WILLING TO PAY FOR THOSE KINDS OF THINGS IS THE REVERSE, IS THE OTHER SIDE OF THE TEETER TOTTER ON THOSE KINDS OF THINGS. AND WITH THAT, I'LL REST. >> VICKI SCHMIDT, I HAVE A COUPLE OF THOUGHTS. I DID VISIT WITH SOME STATE EMPLOYEES ON THE H.S.A. PLANS AND THE QUESTION OF INCENTIVISING MOVING FROM PLAN A TO PLAN C, WHAT DOES THAT LOOK LIKE ON THE HIGH DEDUCTIBLE PLAN ON H.S.A. AND THESE ARE THINGS, IT MAY BE A REQUEST FOR INFORMATION AS WE START TALKING ABOUT PLAN DESIGN, IS THAT NO ONE CAN REMEMBER EXACTLY SO I'LL PUT THAT OUT THERE, BUT IN THE BEGINNING OF THE H.S.A. PLANS IT SEEMED TO SOME OF THE INDIVIDUALS I SPOKE WITH THAT THE STATE ALMOST PAID TWICE AS MUCH AS NOW INTO THE H.S.A. PLAN, TO INCENTIVIZE PEOPLE AND I WOULD LIKE TO SEE THE FIGURES, FROM THE INCEPTION UNTIL NOW, WHAT DOES THE STATE PUT IN AND WHAT ARE THEY PUTTING IN NOW. BECAUSE I THINK THAT IS A DISINCENTIVE TO DO THAT. AND ONE OF THE EMPLOYEES SAID MY KIDS ARE GONE NOW, MY HUSBAND HAS HIS OWN INSURANCE AND REALLY, THERE'S NO, AND I'VE GOT MY, YOU KNOW, I HAVE MY H.S.A. DRAWING MONEY AND SET UP. SO, REALLY, NOW I ALMOST SHOULD GO BACK ON PLAN A BECAUSE AT WHATEVER THE, YOU KNOW, \$80 OR \$90 A MONTH, AT THE STAGE OF MY LIFE. SO TO YOUR POINT -- I THINK -- I WOULD LIKE TO HAVE THAT. THEN SHE ALSO, WELL, ONE PERSON, I GUESS, ALSO TALKED ABOUT THE HEALTHQUEST DOLLARS, AND ONE YEAR SHE EARNED 96 POINTS AND \$96 TO PUT IN THE H.S.A. NOW WE HAVE CAPPED THAT AT 50. AND WHAT POINT IN HISTORY DID WE CAP THAT OUT AND NOW AT \$50 ONLY IS THE MAXIMUM YOU CAN PUT IN FROM HEALTHQUEST POINTS INTO -- INTO YOUR H.S.A. SO, THAT -- THAT'S MY QUESTIONS ON H.S.A. I THINK OFTEN TIMES WE, I DON'T WANT TO SAY OFTEN TIMES, I, I TEND TO FOCUS ON MORE ON PLAN A, ON WHAT THAT COST IS FOR EMPLOYEES THAN I DO H.S.A. ALSO REALIZING, CERTAINLY, HAVING THE REALIZATION THAT FOR SOME PEOPLE A HIGH DEDUCTIBLE PLAN WILL NEVER BE -- WILL NEVER BE DESIRABLE FOR THEM IN THEIR CURRENT SITUATION. SO, ANYWAY. THAT'S ONE THING. I KNOW THE EMPLOYEE RAISES HAVE BEEN REMOVED FROM THE BUDGET PROCESS, AT LEAST THROUGH THE MEGA BILL, THROUGH THE BILL THE GOVERNOR SIGNED, THE BUDGET BILL SIGNED INTO LAW THERE WERE NO EMPLOYEE RAISES IN THAT. I DON'T KNOW WHAT THE LEGISLATURE HAS PLANNED FOR EMPLOYEE RAISES, HOPEFULLY BY THE TIME WE

GET TO THE NEXT MEETING WE WILL KNOW THAT, BUT I THINK THE E.A.C. SPOKE ABOUT THAT, EVEN IF YOU GOT, OR EVEN WITH A 2% -- 2.5% RAISE, WHICH IS WHAT WAS CONTEMPLATED BY THE GOVERNOR'S BUDGET, IF WE INCREASE THE PREMIUMS 4.6% OR 4.7%, OR WHATEVER THAT IS, YOU KNOW, HOW DOES THAT -- HOW IS THAT? THAT'S NOT EVEN CONSIDERING IF NO RAISES ARE GIVEN TO STATE EMPLOYEES THIS YEAR, I THINK WE JUST WANT TO BE COGNIZANT OF THAT AS WE GO ALONG. THE LAST THING I WANT TO ASK ABOUT, I WAS A LITTLE SURPRISED IN THE, IN HOUSE BILL 2218 TO READ ABOUT THE RESERVE BALANCE LANGUAGE IN THERE, AND I DON'T HAVE THE BILL, I HAVE THE -- THE CONFERENCE COMMITTEE REPORT AS PUT OUT BY LEGISLATIVE RESEARCH. FOR ANY RESERVE BALANCE OVER 10.0% OF AVERAGE PLAN EXPENSES FOR THE THREE PRECEDING PLAN YEARS, THE COMMISSION WOULD BE REQUIRED TO PROVIDE RECOMMENDATIONS FOR REDUCING RESERVES, MINIMIZING INCREASES TO EMPLOYEE CONTRIBUTIONS OR COST SHARING REQUIREMENTS. SO I THINK I WOULD LIKE -- YOU KNOW, I KNOW THE BILL DOES NOT GO INTO EFFECT UNTIL JULY 1ST, AND I UNDERSTAND THAT. BUT I THINK THAT THAT LANGUAGE IS A LITTLE PLUNKY TO ME AND A LITTLE ODD. THIS IS COMMISSIONER BURNS WALLACE. WE DON'T DISAGREE AND WE WERE TRYING TO GET IT UNCLUNKY ONCE WE SAW IT. SO WE -- I THINK ALL OF US WILL WELCOME AN OPPORTUNITY WITH YOUR KNOWLEDGE OF HOW THIS WORKS, IF THERE'S A WAY TO HELP US GET IT A LITTLE BIT MORE, GET CLARITY SO IT'S VERY CLEAR AS TO -- >> I GUESS MAYBE WE -- I DON'T KNOW WHO -- I DIDN'T FOLLOW THIS BILL AS CLOSELY, I WAS KIND OF CONCENTRATING ON THE INSURANCE DEPARTMENT BILL, WHICH ARE STILL IN PLAY, BY THE WAY, THANK YOU VERY MUCH. I -- I DON'T WANT TO FLY IN THE FACE OF THE LEGISLATURE, EVEN ON THIS NEXT ROUND BECAUSE I KNOW HOW DANGEROUS THAT CAN BE SOMETIMES. IT CAN HAVE OTHER EFFECTS THAT WE PROBABLY WOULD NOT WANT. SO WHAT WOULD -- IF WE THINK WE UNDERSTAND IT, WHAT WOULD THAT LOOK LIKE ON A RESERVES, ON THE PAST THREE YEARS OF CLAIMS HISTORY, WHAT IT -- AND I THINK WHEN -- WHEN WE FIRST SAW THE LANGUAGE WHEN MY TEAM REACHED OUT, YOU KNOW, I WAS TRYING TO UNDERSTAND, OK, WHAT IS -- WHAT ARE WE AFTER HERE, RIGHT, LIKE WHAT IS THE INTENT, AND I THINK PART OF IT WHEN YOU GO BACK TO EVEN TALKING ABOUT LIKE THE MARATHON, LIKE WHAT'S THE INTENT WAS REALLY TO MAKE SURE THAT THERE WAS A DIALOGUE OR A CONVERSATION OR A MOMENT WHERE WE ARE ALWAYS LOOKING AT THAT, GOING BACK TO THE FIRST LANGUAGE IN THE BILL OF AFFORDABILITY IN THE BALANCE, SOME MARKER IN THERE THAT PERIODICALLY THERE WAS A CHECK TO MAKE SURE THE RESERVE BALANCE WAS NOT TOO FAR OUT

OR, YOU KNOW, GROWING TOO MUCH, AND THAT IT WAS LOOKED AT IN RELATIONSHIP TO, YOU KNOW, WHAT THE OVERALL PLAN WAS AND THAT THAT WAS -- AND IN THAT, BECAUSE I SAID WELL, LET'S SAY IN ANY GIVEN YEAR, LIKE THE COVID YEAR OR SOMETHING ELSE HAPPENS, IT'S OUT OF WHACK OR DURING THE THREE-YEAR PERIOD OF TIME AS LONG AS WE CAN TALK ABOUT WHAT IT IS, WHAT THAT PLAN IS, HOW IT'S BEEN USED AND WHAT IT'S GOING FORWARD, IT SEEMED LIKE THE LANGUAGE WAS SAYING AN ACTION MUST BE TAKEN BUT THERE NEEDS TO BE THAT ANALYSIS DONE AND RECOMMENDATIONS AROUND HOW DO WE ENSURE THERE IS A GOOD BALANCE IN THAT RESERVE TO THINKING ABOUT THE OVERALL AFFORDABILITY OF THE PLAN. SO, YOU KNOW, ACTUALLY, AND JOHN MIGHT BE ABLE TO HELP ME, BECAUSE THE ORIGINAL LANGUAGE EVEN, WAS A LITTLE DIFFERENT THAN THAT, AND EVERY SINGLE YEAR AND WE TALKED ABOUT THE FACT THAT SOMETIMES IT'S HARDER IN THE PLAN IN THE RESERVE TO LOOK AT AN INDIVIDUAL YEAR BECAUSE YOU CAN GET THE VARIANCES AND THE TRENDS ARE REALLY IMPORTANT WITH THIS, AND THE LANGUAGE CHANGED A LITTLE BIT AND MODIFIED IN THE FINAL VERSION WHEN IT CAME OUT OF CONFERENCING WAS, YOU KNOW, EVERY 2 TO 3 YEARS OR SOMETHING OF THAT NATURE, THREE. I DON'T KNOW IF THAT HELPS -- SO FOR ME THE LANGUAGE WAS ONE IN WHICH IT WAS, OR THE INTENT OF WHAT WE HEARD WAS THIS IDEA THAT THERE WAS THIS INTENTIONAL MOMENT OF LOOKING AT THE RESERVE AND MAKING SURE THAT THE COMMISSION IS IT'S IN BALANCE AND NEVER GETTING TOO FAR ABOVE OR IF IT IS, THAT IT'S PURPOSEFUL, AND THAT WHAT BALANCE AND THAT AFFORDABILITY IS PART OF THE CONVERSATION. I DON'T KNOW THAT JOHN WAS IN, JANET WAS IN SOME OF THE CONVERSATIONS ONCE THE LANGUAGE WAS INTRODUCED. >> YOU ARE DOING WHAT THE INTENT OF THAT IS, IF THERE IS MONEY THERE, YOU ARE DOING WHAT'S BEST, YOU ARE TRYING TO BALANCE BY EVEN DOING THE MODELLING WITH WHAT'S BEST FOR REDUCING THE I AM FACT ON THE EMPLOYEES AND THE STATE AND WHAT NOT. SO, YOU KNOW, I -- I GUESS IF WE DID AN EXERCISE AND SAID OK, RIGHT NOW IF IT WAS THE TIME WE WERE SUPPOSED TO DO THAT REPORT, WE COULD DO THAT AND SHOW YOU WHAT IT WOULD LOOK LIKE AND THEN I THINK IT WOULD LEAD BACK TO KIND OF THIS MODELLING OF OK, WELL, WE HAVE EXCESS, MAYBE, BUT WHAT IF YOU HAVE -- ONE THING THAT DOESN'T ADDRESS, WHAT IF IT'S THE OPPOSITE. DO THEY NOW REPORT ON THAT, IT GOES BOTH WAYS AND THAT WAS MISSED. BUT, AGAIN, WE WILL COMPLY WITH THE REPORT AND THEN HAVE THAT DISCUSSION. SO I -- I PERSONALLY WAS NOT LOSING TOO MUCH SLEEP OVER IT, WE WILL DO THE RIGHT THING AND DO THE MATH AND

SAY OK, HERE IS WHAT YOU HAVE IN FRONT OF YOU, OK. SO, WE COULD DO AN EXERCISE IF THAT HELPS. >> VICKI SCHMIDT AGAIN. I THINK WHAT IS THE NUMBER ON THE PAST THREE YEARS ROLLING BALANCE, 10% OF THE CLAIMS, YOU KNOW, YOU KNOW, I -- I DO AGREE THAT LIKE A COVID YEAR CAN BE A LITTLE BIT DIFFERENT YEAR, AND CERTAINLY WE HAVE SEEN THAT IT IS A DIFFERENT YEAR, BUT I DO THINK BY HAVING THREE YEARS ROLLING AVERAGE, THAT'S KIND OF LIKE SOME OF THINGS WE DO WITH CROPS AND YOU KNOW, IT'S A ROLLING AVERAGE ON VALUATION. SO ANYWAY, I DO THINK THAT WE NEED TO, I THINK THAT EVEN THOUGH -- WELL, AND WHO KNOWS. YOU KNOW, AND I GUESS -- I WOULD MAKE A -- I KNOW IN THE PAST WE HAVE HAD ISSUES IN 2019, WE HAD ISSUES GETTING TO, ON THE -- ON, I'LL -- I WON'T NAME, WE HAD ISSUES GETTING TO AGREEMENT AND CONSENSUS ON A CONTRACT THAT WAS -- THAT WE NEEDED, WE THOUGHT WE NEEDED TO HAVE DONE BY ABOUT THE FIRST OF JULY, AND WE HAD A LOT OF DISCUSSION ON THAT, AND ENDED UP HAVING ANOTHER MEETING. I GUESS MY LAST QUESTION WOULD BE THAT YOU KNOW, WITH -- WITH LEGISLATORS COMING ON THIS COMMISSION IN JULY 1ST, YOU KNOW, IS IT -- WOULD IT BEHOOVE US TO NOT MAKE FINAL DETERMINATIONS ON NEXT YEAR'S PLAN YEAR UNTIL THEY COME ON BOARD AND DO THAT, THE FIRST PART OF JULY? OR ARE WE -- ARE YOU PLANNING ON DOING THIS BEFORE THEY COME ON, BECAUSE. >> WE PLAN TO HAVE THE JUNE MEETING TO MAKE THE PLAN DECISIONS IN JUNE. >> I DO NOT THINK THAT IS WISE. >> SO NOTED. >> JUST MY -- I DON'T THINK THAT'S WISE. BUT ANYWAY, OK. >> UH-HUH. >> THAT'S MY LAUNDRY LIST. SO THANK YOU. >> COMMISSIONER CASTILLO, ANY ADDITIONAL THOUGHTS? OK. >> MADAM CHAIR, I WANT TO SECOND WHAT I HEARD OF YOUR COMMENTS WHEN YOU OPENED THIS TICKLEMENT, THIS ITEM. I HAVE NO DISAGREEMENT WITH ANYTHING I HEARD YOU SAY, AND WOULD SUPPORT IT. >> ONE OF THE THINGS THAT I THINK, I THINK IN COMMISSIONER SCHMIDT BROUGHT THIS UP AROUND THE PLAN A, PLAN C, YOU KNOW, IT'S INTERESTING. I KNOW AND AS SHE WAS ASKING FOR SOME OF THOSE, THE KIND OF BACKGROUND DATA INFO THAT THERE MAY HAVE BEEN THE LEAN AT ONE POINT IN TIME. I DON'T KNOW OF THAT I'VE -- MAYBE SOME OF THIS INFORMATION WILL HELP, I DON'T KNOW THAT, I SIT IN A PLACE NOW WHERE I FEEL LIKE OUR PLAN LEANS IN ONE, YOU KNOW, A OVER C OR C OVER A. I THINK FROM THINGS THAT WE HAVE HEARD OVER THE LAST YEAR AND SEEN, I REALLY DO LIKE THE IDEA OF ENSURING OUR PLAN IS ROBUST, THAT THERE ARE OPTIONS. AND NOT NECESSARILY LEANING ONE OVER THE OTHER, PER SE, OF MAKING EACH AS STRONG AS THEY CAN BE IN THEIR SPACE, RIGHT. SO, YOU KNOW, FOR A HIGH DEDUCTIBLE PLAN, WHAT

ARE THE THINGS THAT YOU KNOW, WE, I MIGHT TO LOOK AT AND TWEAK. LIKE LAST YEAR, IF YOU REMEMBER, FOR THE COMMISSIONERS WHO ARE HERE, BE MADE SOME PLAN DESIGN CHANGE, SOME VERY SPECIFIC TO PLAN A, WE DID NOT DO THE EQUIVALENT TO PLAN C BECAUSE FOR THAT PLAN THAT DIDN'T, I DON'T WANT TO SAY MAKE SENSE, BUT IT WAS NOT APPLICABLE, IF THAT'S THE RIGHT WAY TO THINK ABOUT IT. AND THERE WAS SOMETHING THAT WAS VERY DISTINCT IN PLAN A AROUND, I'M LOOKING AT MIKE, IT WAS THE THREE -- TRYING TO REMEMBER, IT WAS LIKE THE THREE TIER DEDUCTIBLE THAT WE SAID OK, WE ARE GOING TO -- AND IT HAD MORPHED OVER TIME AND USED TO BE TWO AND PUSHED IT BACK TOGETHER OR, YOU KNOW, WITH THAT HISTORY. LIKE I HOPE THAT AS WE THINK ABOUT IT THAT WE LOOK AT IT AND THINK, I DON'T KNOW IF THE WORD IS VARIETY, BUT THIS IDEA OF, YOU KNOW, FOR SOME PEOPLE PLAN C IS THAT PLAN AND FOR SOME PEOPLE PLAN A IS, AND ENSURING THAT IN EACH OF THOSE THAT THEY ARE ROBUST AND STRONG PLANS FOR WHO THAT MATCHES ON TO, AND BEING NOT TO MAKE CERTAIN DECISIONS THAT MAKE ONE MORE ATTRACTIVE THAN THE OTHER IF IT'S NOT APPROPRIATE. THAT'S JUST ME. BECAUSE I THINK I'M LIKE, FOR THOSE WHO NEED THAT PLAN YOU WANT THAT PLAN TO BE ROBUST. YOU WANT THAT, YOU KNOW, ARE THERE THINGS THAT WE CAN DO IN THAT PLAN AND NOT NECESSARILY, WE DON'T NEED TO BE BLANKET ACROSS IF THIS ISN'T A TRIGGER THAT ACTUALLY MAKES A DIFFERENCE IN PLAN C BUT COULD MAKE A DIFFERENCE IN A OR VICE VERSA, RIGHT? AND SO THAT'S, AND I THINK AS WE GET INTO MORE OF THE MODELLING, SOME OF THAT MAY PLAY OUT OR LOOKING AT SOME OTHER DATA THAT COULD PLAY OUT IN A MORE CONCRETE WAY. BUT I LIKE THE IDEA OF THE VARIETY OF MAKING SURE THAT WE'VE LOOKED AT MAXIMIZING OR LEVERAGING THE PIECES THAT MAKE EACH OF THE PLAN DIFFERENCES STRONG FOR EACH OF HE IS THO NEED OR WANT THAT TYPE OF PLAN, SO -- >> PART OF MY SUPPORT OF PLAN C, AND I AGREE, IT'S NOT -- PLAN C IS NOT FOR EVERYBODY. BUT MY PERSONAL EXPERIENCE WAS I DIDN'T DISCOVER AND EVALUATE WELL ENOUGH THE, IF NOTHING ELSE, THE ECONOMIC ADVANTAGES OF PLAN C UNTIL FELLOW COMMISSIONER AT THAT TIME POINTED OUT SOME THINGS AND HERE I WAS PAYING 100% OF MY PREMIUM, NO -- NO ASSISTANCE FROM THE STATE PLAN GOING TO H.S.A., BUT WHEN I DID THAT EVALUATION, WORSE CASE SCENARIO WAS THAT I WOULD SPEND NO MORE MONEY ON PLAN C THAN IN PLAN A, AND BETTER CASE SCENARIO I WOULD SAVE MONEY. SO, AND THAT'S NOT GOING TO BE THE CASE FOR EVERYBODY, BUT I THINK THAT IT'S THE POTENTIAL CASE FOR A LOT OF PEOPLE, AND YET I THINK LIKE MYSELF I WAS RELUCTANT TO MOVE THAT DIRECTION

BECAUSE I HAD AN ASSUMPTION, OR PRECONCEIVED NOTION. AND SO I THINK THAT WE WOULD BE DOING SOME FOLKS, NOT A FAVOR, WE WOULD BE PROMOTING SOMETHING THAT MAY BE WELL TO THEIR ADVANTAGE. AND I TALK ABOUT WELLNESS WITH PLAN C, IS THAT FROM A WELLNESS STANDPOINT, IF I'M GOING TO BE RESPONSIBLE UP FRONT FOR A NUMBER OF COSTS, IT'S LIKELY THAT I'M GOING TO TAKE MORE TIME TO DO MY DUE DILIGENCE IN MAKING GOOD DECISIONS AND SO I'M NOT TALKING ABOUT AVOIDING, BUT GOOD DECISIONS. BEING GOOD FOR THE INDIVIDUAL ECONOMICALLY, GOOD HEALTH-WISE, THEY'LL BE MORE VESTED AND INVESTED, AND YET OFFERING A GOOD PLAN A FOR THE FOLKS WHERE IT'S BEST TO HAVE PLAN A. I DON'T KNOW IF THAT MEANS WE CAN REASONABLY EXPECT A 50/50, WHAT WE ARE CLOSE TO NOW, MAYBE IT WILL BE 75% PLAN C, 25 A, I HAVE NO IDEA, BUT ON THAT ECONOMIC POTENTIAL FOR FOLKS AS WELL AS BECOMING BETTER STEWARDS OF OUR OWN HEALTHCARE DECISIONS PLAN C TENDS TO BRING OUT IN PEOPLE BECAUSE THEY HAVE THE ECONOMIC INCENTIVES TO DO SO. >> I THINK THAT ALSO SPEAKS TO JUST, YOU KNOW, KIND OF SOMETHING THAT'S LARGER THAN OUR PLAN DECISIONS AROUND HOW DO WE CONTINUE TO MAKE THE INFORMATION AND THE RESOURCES AVAILABLE IN TERMS OF THE COMMUNICATION THAT'S COMING OUT, THE UNDERSTANDING THE DIFFERENCES BETWEEN THE PLAN, LIKE HOW DO WE CONTINUE TO WORK BOTH WITH OUR OWN INTERNAL RESOURCES AND ALSO WITH OUR PARTNERS TO BE ABLE TO HELP STATE EMPLOYEES, AND I THINK THAT'S SOMEWHAT THE E.A.C. WAS TALKING ABOUT THERE ARE SOME THINGS THEY PULLED OUT OF THE SURVEY THAT THEY ARE WORKING WITH JANET AND TEAM ON THAT ARE NOT ABOUT PLAN DESIGN BUT YOU COULD CLEARLY HERE ECHOED, PEOPLE BELIEVE THEY NEED X, Y AND Z. WELL, WE DO HAVE X, Y AND Z, THAT'S NOT A PLAN ISSUE, THAT'S COMMUNICATION AND GETTING PEOPLE THE RIGHT RESOURCES ISSUE, SO I THINK THAT'S STILL A KEY COMPONENT WHEN WE TALK ABOUT THE PRIORITY, IT'S SOMETHING WE SHOULD NOT LOSE, THAT IT IS IMPERATIVE THAT WE ARE CONTINUING TO PUT AN EMPHASIS ON ENSURING THAT PEOPLE ARE GETTING THE RIGHT INFORMATION AND THAT THEY ARE MAKING THOSE CHOICES AND THAT THEY ARE INFORMED AND THINKING OF NEW AND CREATIVE AND BETTER WAYS SO THAT EMPLOYEES ARE MAKING, YOU KNOW, ONCE WE MAKE THE PLAN DESIGN, YOU KNOW, DECISIONS, WHATEVER THAT LOOKS LIKE, ARE WE HELPING THEM MAKE THE BEST CHOICES BASED ON THE INFORMATION. SO -- THANK YOU FOR THAT. >> AND IF I MAY, COMMENT ON THE REPORT, FIRST DUE IN JULY TO THE LEGISLATURE. >> NO, THE -- THE -- >> THE BILL YOU ARE TALKING ABOUT. >> BILL GOES INTO EFFECT JULY 1ST. I DON'T KNOW IF IT

SPECIFIES -- >> REGARDLESS, IT SEEMS TO ME, ALTHOUGH I'M NOT YET 100% SOLD ON THE THREE YEARS WE ARE DOING VERSUS THE FIVE YEAR PROJECTION, IT SEEMS IT'S READILY APPARENT LOOKING AT OUR PROJECTIONS IN A THREE-YEAR BASIS, WHAT WE ARE INTENDING TO DO AT THE END OF THREE YEARS. WE ARE GOING TO BE TARGETED AND ACTUAL BY THE PROJECTIONS THAT WE ARE LOOKING FORWARD TO. ALSO LOOKING BACK THREE YEARS, IT WOULD NOT BE DIFFICULT TO SEE THAT WE WERE -- I DON'T KNOW IF DANGEROUS IS THE RIGHT, BUT WE WERE WELL UNDER, NOT WELL, POORLY UNDERFUNDED IN THE RESERVE BASED ON SOME THINGS THAT HAD HIT, AND SOUGHT TO MITIGATE TREMENDOUS INCREASES TO THE MEMBERS IN PREMIUM INCREASES AND SAW OUR WAY GETTING OUT, THAT WE WERE UNDERFUNDED. I HOPE YOU ARE RIGHT, JANET, THAT IT'S NOT ANYTHING WORTH LOSING SLEEP OVER. A LITTLE CONCERNED, WE HAVE ACCEPTED, I ASSUME WE ACCEPT UNANIMOUSLY THAT THE 12.5% TOTAL, THE RIGHT NUMBER? OF TARGET RESERVE? >> 7.5. >> YEAH, WELL. >> 13%. >> COMBINATION. >> I WAS TALKING ABOUT THE COMBINATION. >> 13%, A REASONABLE AND ACCURATE AND 10% CITED CONCERNS ME A LITTLE BIT THERE. I GUESS -- >> I HAVE ONE COMMENT ON IT, WHEN THEY SAY RESERVE, IF THAT INCLUDES THE IBNR. MAYBE THE 7.5 IS, MAYBE THAT'S AN NEW LINE ITEM. IBNR IS A STANDARD FUNDING COMPONENT, MAYBE IT'S THE 5.5 WHAT YOU ARE REFERRING TO, YOU KNOW. >> OK. >> THIS IS VICKI. I DON'T THINK IT'S THAT, IT'S 10%, PERIOD. >> THAT'S WHAT I EXPECT. >> IF IT'S GOING TO BE 10 -- PROBABLY CHANGE THE 13 TO 10 IF IT'S GOING TO BE, BASICALLY WE ARE GOING TO BE, WE ARE GOING TO BE ALWAYS OVER, RIGHT, IF WE HIT OUR NUMBERS? >> RIGHT, THAT'S WHAT I'M ASKING FOR, THE NUMBERS, IF IT WAS THE STRAIGHT 10 AS OPPOSED TO YOUR 13. BUT IT DOES SAY, YOU KNOW, I MEAN, THE LANGUAGE DOES TALK ABOUT AVERAGE PLAN EXPENSES FOR THE THREE PRECEDING PLAN YEARS. IT'S DIFFERENT THAN THE IBNR, THAT'S LOOKING BACKWARDS AND NOT LOOKING FORWARDS. >> AND THE EXPENSES ARE GOING TO CONTINUE TO RISE IN THE LOOKING FORWARD, VERSUS LOOKING BACK WHERE THEY WILL HAVE BEEN LOWER BY WHATEVER AMOUNT YEAR TO YEAR. >> I THINK WHAT COMMISSIONER, OR I THINK BOTH, YOU KNOW, RUN IT AND LET'S SEE WHAT IT LOOKS LIKE, IF WE HAVE TO, YOU KNOW, DO THAT TODAY JUST TO GIVE US SOME SENSE OF UNDERSTANDING OF HOW THIS -- YEAH. >> THE IMPORTANCE OF COMPLYING WITH WHAT THE INTENT IS, I DON'T WANT TO SAY I'M NOT LOSING SLEEP, I THINK WE WILL DO THE RIGHT THING AND FOLLOW THROUGH AND DO THE REPORT AND BRING IT HERE FOR DISCUSSION IS ALL I MEANT. >> THIS IS VICKI SCHMIDT AGAIN. I WOULD -- I THINK MY NAME MUST BE VICKI SCHMIDT AGAIN. I

THINK IT'S WITH A HYPHEN. THANK YOU, THANK YOU, I MAY HAVE GOTTEN MARRIED, THIS MEETING HAS LASTED SO LONG. BUT I -- I THINK, THOUGH, THAT HAVING ONE GOOD THING, SILVER LINING, GLASS HALF FULL, GOOD HAVING LEGISLATORS ON THIS COMMISSION TO HAVE AN UNDERSTANDING OF THIS PROCESS, I THINK IS VERY IMPORTANT, AND YOU KNOW, I'LL TRY TO FIGURE OUT MAYBE WHOSE AMENDMENT THIS WAS AND TRY TO HAVE A CONVERSATION, AND MAYBE YOU HAVE DONE THAT, I DON'T KNOW. YEAH, WE CAN FIND THAT OUT, ANYWAY, THANK YOU. >> COMMISSIONERS, ALSO AS I SAID, THE BEGINNING OF OUR CONVERSATION AS WE MOVE INTO A SESSION IN MAY THAT WE WILL BE SCHEDULING AROUND MODELLING SO WE'LL COME BACK TO SOME OF THE PRIORITY AREAS AS WE START TO DO SOME OF THAT, AND I BELIEVE THE STAFF MAY BE FOLLOWING UP WITH US AS WELL JUST IN PREPARATION FOR THAT MODELLING SESSION TO MAKE SURE THAT THEY ARE PULLING IN CERTAIN THINGS THAT WE MIGHT WANT TO SEE THAT IS DRIVEN BY THE CONVERSATION TODAY. SO -- PLEASE STAY TUNED WITH THAT. WE ARE ON OUR LAST AGENDA ITEM. IF I'M LOOKING AT THE AGENDA CORRECTLY. YES, THANK YOU FOR STAYING WITH US, ALWAYS GOOD WORK THAT WE ARE DOING WHEN WE COME TOGETHER. AND SO THIS LAST PIECE ACTUALLY HAS SOME IMPACT ON THE PLAN YEAR AS WELL IN A DIFFERENT WAY, HOWEVER. THESE ARE NEW PLAN DESIGN OPTIONS OR PROGRAMS THAT COULD BE PUT IN PLACE FOR PLAN YEAR 2022, AND I THINK JANET, YOU ARE GOING TO WALK THROUGH THIS. ONE OF THE THINGS I WANT TO REMIND THE COMMISSIONERS AND WE HAD A PIECE OF THIS CONVERSATION OFF LINE BUT IN THIS PUBLIC SPACE IS THAT THESE ARE THINGS THAT THE PLAN STAFF ARE BRINGING FORWARD BASED ON OUR DATA AND THINKING ABOUT AGAIN HOW DO WE CONTINUE TO MAKE THIS PLAN ROBUST AND THE CONSIDERATION FOR US IS AGAIN TODAY IT'S JUST THINK ABOUT ANY OF THESE THINGS THINGS WE WANT TO PURSUE, WE DON'T HAVE TO MAKE A DETERMINATION IN THE SENSE OF EVEN IF SAYING WE DO A LITTLE BIT MORE RESEARCH OR EVEN STANDING UP AN R.F.P. FOR ANY OF THESE ITEMS DOES NOT MEAN WE HAVE TO AWARD. DOES NOT MEAN WE HAVE TO ENACT IT FOR 2022, BUT IF IT IS SOMETHING OF INTEREST, ALLOWING THE STAFF TO MOVE FORWARD WITH DOING THE RESEARCH, PULLING THE INFORMATION POTENTIALLY TAKING IT TO R.F.P. TO SEE WHAT THIS COULD LOOK LIKE AS A BENEFIT TO THE PLAN. SO, I JUST WANT TO GIVE THAT BACKDROP. DIFFERENT THAN THE GROUPING WE TALKED ABOUT EARLIER, MAKING THE AWARDS AND THE CONTRACT FEES, DO WE TO PURSUE THESE AS POTENTIAL ENHANCEMENTS TO THE CURRENT PLAN. >> JANET. >> THIS IS FOLLOW-UP, LIKE THE SECRETARY SAID, SOME OF THE OFF LINE

DISCUSSION WE HAD AS A TEAM. THE TEAM WORKS VERY HARD WITH THE VENDORS TRYING TO FIND OUT, WE HAVE WORKED WITH THE VARIOUS VENDORS OR PARTNERS LIKE BLUE CROSS, AND WHAT IS OUT THERE, AND OTHERS, AND TO ENHANCE OUR PLAN. WE CAN ALWAYS DO NOTHING, BUT BECAUSE OF OUR WELLNESS TIE-IN, TOO, IT'S IMPORTANT, AND ALREADY SOME THINGS THAT ARE BUILT IN RELATED TO SOME WELLNESS ACTIVITY. WE WANTED TO BRING THESE FORWARD. FIRST BEING THE DISEASE MANAGEMENT PROGRAM RELATED TO HIGH LEVEL, WHY WOULD YOU HAVE A DISEASE MANAGEMENT PROGRAM AND THOSE ARE DESCRIBED ON 178 AND 79, THE COMPONENTS OF THOSE, YOU IDENTIFIED THE POPULATION AND SO FORTH. YOU ALL ASKED ME FOR SOME COMPARATIVE DATA WHEN WITH YOU DISCUSSED THIS LAST, USING SOME OF MARKET RESEARCH AND WHAT SEGAL OFFERED LAST YEAR, 82% OF PRIVATE EMPLOYERS WITH 5,000 HOR OR MORE EMPLOYEES OFFER DISEASE MANagements PROGRAMS. IT'S NOTHING NEW OR DIFFERENT. THEN SOME FEATURES THAT COULD BE CONSIDERED WHEN CONSIDERING OF DISEASE MANAGEMENT PROGRAM ON PAGE 180, AND THEN ON 181, COMPARATIVE GRAPH AMONG EMPLOYERS OFFERING THESE KINDS OF PROGRAMS, WHAT PERCENT OFF THE PROGRAMS FOR SPECIFIC CHRONIC CONDITIONS, SO BACK PAIN, EMPHYSEMA, CANCER, DEPRESSION AND SO FORTH. YOU'LL SEE DIABETES AS THE MOST PREVALENT AND YOU ARE PROBABLY NOT SURPRISED BY THAT. AND THAT SORT DATA THERE, AND THE MOST CURRENT I COULD FIND WAS FROM RAND FROM 2012, AND TRY TO GET SOME CONTEXT. SO ON THE DIABETES MANAGEMENT PROGRAM WHICH IS THE FIRST ONE FOR YOU TO CONSIDER US GOING FURTHER WITH, 182 GIVES SOME STATISTICS, AND THE SOURCE DATA BEING NORTHEAST BUSINESS GROUP ON HEALTH. HALF OF U.S. EMPLOYERS WITH 50 OR MORE OFFER A TYPE OF DIABETES PROGRAM, AND EMPLOYERS THAT INVEST IN DIABETIC MANAGEMENT PROGRAMS AND AGGRESSIVE WAY ENJOY AN AVERAGE OF \$4 PER EMPLOYEE, PER DOLLAR SPENT RETURN ON INVESTMENT, EXCUSE ME. AND THEN YOU CAN SEE WHAT THE RESULTS FROM SUCCESSFUL DIABETES MANagements PROGRAMS ARE, INCLUDING AVOIDANCE OF DIABETIC BLINDNESS, FOOT CARE, AMPUTATIONS, BLOOD PRESSURE CONTROL, KIDNEY FAILURE, ETC. SO ON 183 WE SHOW YOU WHAT WE CURRENTLY DO IN THE PLAN, WHICH IS AGAIN I HAD TALKED TO YOU ALL ABOUT WHERE DIABETES FALLS ON OUR CLAIMANT RANK AND COST RANK, DIRECT CORRELATION, WE WENT THROUGH SOME OF THIS AND THE CURRENT PLAN BENEFITS INCLUDE HEALTH COACHING, DISCOUNTED SUPPLIES FOR PEOPLE ON PLAN A AND WELLNESS PROGRAM, A DIABETIC PREVENTION MODULE. SO I WOULD SAY THE OPPORTUNITY

IN THE PLAN'S OPINION, DIABETES SEEMS TO BE THE ONE THAT WE WOULD WANT TO MOST HAVE YOU ALL CONSIDER US, MAYBE MOVING FORWARD IN AN R.F.P. ON. EITHER TODAY OR A FUTURE TIME. YOU WANT ME TO KEEP ROLLING ON THE REST OF THESE? >> JANET, CAN YOU THEN FOR KSZ J JUST FOR CONVERSATION SAKE, YOU MENTIONED WHAT'S IN THE CURRENT PLAN BENEFIT INCLUDED. WHAT DOES A DIABETES MANAGEMENT, AND WHEN YOU BID PEOPLE GIVE YOU DIFFERENT COMPONENTS. WHAT DOES IT LOOK LIKE, LIKE -- IS IT A DIFFERENT LEVEL OF SERVICES, IS IT MORE ENHANCED OF WHAT WE HAVE, LIKE WHAT -- WHAT IS A MODEL TYPE OF A DIABETES MANAGEMENT PROGRAM LOOK LIKE OR WHAT WOULD WE BE OFFERING? >> WE MIGHT EXPAND, FOR EXAMPLE, THE BENEFITS THE PLAN A PEOPLE GET ON DIABETIC SUPPLIES TO ALL THE OTHER PLANS. THAT MIGHT BE A SIMPLE ONE. CLINICAL AREA, PAGE 182, OFFER DISCOUNTS ON SOME OF THE EXAMS OR FREE EXAMS TO SOME OF THE THINGS THAT WOULD LEAD TO BLOOD PRESSURE AND SO FORTH. I'M GOING TO CALL UPON PAUL FOR A MINUTE BECAUSE PAUL HAS BEEN DOING SOME OF THE LEGWORK ON THIS, IF YOU DON'T MIND TO ADD TO MY COMMENTS QUICKLY. >> SURE. DIABETES MANAGEMENT PROGRAM THAT WE WOULD PROBABLY ASK FOR AN R.F.P. ON, IT WOULD BE TWO FACETTED. ONE, WHAT JANET JUST TALKED ABOUT. REMOVAL OF COST BARRIERS IN THE CURRENT PLAN FOR PEOPLE IN THE CATEGORY, THE ENTIRE IDEA IF WE REMOVE COST BARRIERS, WE ARE GOING TO SEE IMMEDIATE SUCCESS AND IMMEDIATE RESULTS AS, FROM ANY OF THE PLANS WE HAVE. WE HAVE SOME OF THOSE COST BARRIERS REMOVED ON A FEW THINGS UNDER PLAN A RIGHT NOW, BECAUSE OF THE PRESCRIPTION AREA. BUT MOVING THEM INTO GLOBAL COST BARRIER REMOVAL WOULD AUTOMATICALLY PROBABLY SEE SOME ADVANTAGEOUS RESULTS FOR OUR PLAN. THE SECOND PART WOULD BE A PROACTIVE VOLUNTARY MANAGEMENT PROGRAM WHERE MEMBERS WOULD THEN ENTER THE PROGRAM WITH EXTRA REWARDS BUILT IN, AND EXTRA BENEFITS FOR LACK OF A BETTER WORD THAT WOULD GIVE THEM A LOT MORE ENHANCED VALUES AND RETURNS IF THEY CHOOSE TO PARTICIPATE IN THE PROGRAM, AND WE WOULD INCENTIVIZE THEM TO DO SO BY GIVING THEM THOSE ADDITIONAL REWARDS. AND IT WOULD HELP WITH COMPLIANCE, OFFER SOME WAY OF MONITORING AND MEASURING THE VALUE OF THE DIABETES MEASUREMENT PROGRAM. JANET IS SHOWING THE AVERAGE RETURN IS 4-1 ON THE INVESTMENTS IN A MANAGEMENT PROGRAM. IF YOU ARE SPENDING \$1,000 ON A DIABETES MANAGEMENT PROGRAM TO HAVE IT IN, YOU'LL SEE TYPICALLY BETWEEN 4 AND \$5,000 AS A RETURN PROVIDED YOU GET THE PEOPLE IN THE PROGRAM. OUR GOAL WOULD BE TO GET THEM IN THE PROGRAM

ON A VOLUNTARY BASIS BY INCENTIVISING THAT, AND THAT WOULD BE OUR EFFORT ON THE DIABETES. >> QUESTIONS FROM OTHER COMMISSIONERS? I WANTED TO MAKE SURE I HAD AN UNDERSTANDING OF WHAT THAT MEANT, WHAT THAT LOOKED LIKE. COMMISSIONER SCHMIDT. >> HI, VICKI SCHMIDT, AND AGAIN, I THINK THAT IS -- I LIKE THAT IDEA. WHAT I LIKE MOST IS MONITORING AND MEASURING OUTCOMES BECAUSE WE DON'T HAVE THAT IN SOME OF THE OTHER MILLION DOLLARS CONTRACTS THAT WE HAVE. >> CORRECT. I WOULD AGREE WITH THAT, AND DIABETES MANAGEMENT PROGRAM, MONITORING AND MEASURING, NOT ONLY OUTCOMES BY COMPLIANCE IN THE PROGRAM IS IMPORTANT. SO, TYPICALLY IN A DIABETES MANAGEMENT PROGRAM, OR ANY OF THESE OTHER ONES THAT JANET WILL TALK TO YOU ABOUT, WHEN WE DO A PROGRAM LIKE THAT, THE COMPLIANCE PORTION IS MEMBERS ESSENTIALLY SIGNS AN AGREEMENT OR A CONTRACT THAT SAYS I'M GOING TO DO THESE THINGS OR I'M NOT GOING TO BE IN THE PROGRAM. SO THEY PARTICIPATE UNTIL THEY DON'T AND THEN THEY ARE OUT OF THE PROGRAM. SO WE DON'T THEN PAY FOR THEM, WE DON'T CONTINUALLY PAY FOR THEM IF THEY ARE NOT COMPLIANT. DON'T THROW MONEY IN WITH THE IDEA. AGAIN ON THE DIABETES, WHERE IT BECOMES MORE ROBUST IS WE BUILD A LOT OF BENEFIT INTO THE HEALTH PROGRAM AS IT IS TODAY BY REMOVING COST BARRIERS. A COUPLE FREE VISITS A YEAR FOR THE DIABETIC TO GO TO HIS OR HER DOCTOR, YOU KNOW, REMOVING THE COST SHARE FOR THE INTEREST, THE LAB SERVICES, THINGS LIKE THAT. THAT MAKES THE DIABETES PROGRAM ALREADY ADVANTAGEOUS TO SUBPOENA SOMEBODY AND THEN OFFER THEM THE OPPORTUNITY TO GET INTO A MUCH STRONGER, MORE COMPLIANT COUNSELING MANAGEMENT PROGRAM THAT KEEPS THEM ON TRACK. EVERYONE KNOWS COMPLIANCE WITH DIABETES IS THE MOST SUCCESS YOU CAN ACHIEVE. ALL RIGHT. NEXT ONE IS HEART HEALTH. GIVE YOU SOME STATISTICS THERE. DIRECTLY FROM THE C.D.C. HOW MUCH IS SPENT PER YEAR IN MEDICAL EXPENSES, RISK FACTORS, AND WHAT HAPPENS TO PEOPLE WITH RISK FACTORS WITH CARDIOVASCULAR DISEASE. 27% OF ALL EMPLOYERS OFFER HEALTH SCREENING PROGRAMS AND SCREENING MORE AND MORE FOR THOSE RISK FACTORS FOR CARDIOVASCULAR DISEASE, INCLUDING OBESITY, POOR DIET, ETC. APPROXIMATELY 19% OF EMPLOYERS OFFER CARDIOVASCULAR MANAGEMENT ASSISTANCE TO EMPLOYEES, AND MULTIPLE METHODS THERE TO YOUR QUESTION, ON OUR CURRENT DESIGN, CARDIOVASCULAR DISEASE IS THE NUMBER SIX, HOWEVER THE NUMBER ONE COST RANK TO 19 AND 20. SURPRISE AGAIN, CORRELATION BETWEEN OBESITY AND DIABETES. CURRENT PLAN BENEFITS INCLUDE HEALTH COACHING AND A WELLNESS

PROGRAM MODULE IN THE HEALTHQUEST PROGRAM RELATED TO CARDIOVASCULAR DISEASE PREVENTION. SO, I CAN'T REALLY ANSWER EXACTLY WHAT A CARDIOVASCULAR PROGRAM WOULD LOOK LIKE BUT WITH THAT BEING THE NUMBER ONE COST THAT IS THE DRIVER TO SAY SHOULD WE BE DOING SOMETHING MORE THAN WE ARE DOING TODAY. SO, IF WE WERE TO EXPLORE, WE WOULD WANT TO HEAR BACK. OBVIOUSLY WE HAVE HEARD FROM SOME VENDORS MARKETING AND HAVE NOT REALLY DUG IN, BECAUSE WE WERE NOT IN POSITION TO. BUT SHOULD WE BE DOING MORE, NOT JUST FOR THE WELLNESS OF OUR EMPLOYEES BUT THE FACT IT'S COSTING THE PLAN THE MOST MONEY EVERY YEAR. SO I'LL STOP THERE FOR A MINUTE. >> STEVE DECHANT, A COUPLE COMMENTS. SEEMS THE DIABETES MANAGEMENT PROGRAM, 4 TO 1 RETURN IS A NO BRAINER. JUST IN TERMS OF THE ECONOMICS, BUT I THINK AGAIN, HAVING MADE MY COMMENTS AND BEING SUPPORTIVE OF WELLNESS, THAT'S EXACTLY WHAT IT IS. I, ALTHOUGH DON'T HAVE THE OVERWHELMING 4-1 TYPE OF THING ON THE CARDIOVASCULAR, MY GUESS IS THERE IS CERTAINLY A GOOD RETURN AS WELL. THE OTHER THOUGHT, THOUGH, THAT'S GOING THROUGH MY MIND IS WOULD WE WANT TO DO A COUPLE OF THESE THINGS ALL AT ONCE BECAUSE THEN HOW DO WE SEPARATE OUT THE DIFFERENT IMPACTS THEY HAVE HAD, GIVEN WHAT'S HERE IN HEART DISEASE, DIABETES IS A SIGNIFICANT CONTRIBUTING FACTOR. WE MAY SEE LESS CARDIOVASCULAR THINGS IF WE HAD A DIABETES MANAGEMENT PROGRAM. SO MY THINKING OUT LOUD, MAYBE WE GO FOR THE DIABETES AS THE FIRST ONE TO SEEK, ROLL OUT, THINKING WE ARE GOING TO DO IT, AND ALLOW SOME TIME, I COULD PROBABLY ALSO ARGUE THE OTHER SIDE SAYING IF THERE'S THAT KIND OF IMPACT, OUGHT TO DO THEM BOTH. BUT THEN WE PROBABLY WOULD BE LEFT, AND I AGREE, IT'S GOOD TO SEE THE MONITORING AND MEASUREMENT ASPECT, I DON'T KNOW IF WE WOULD BE ABLE TO SEGREGATE OUT WHAT'S ATTRIBUTABLE TO DIABETES MANAGEMENT VERSUS ATTRIBUTABLE TO CARDIOVASCULAR KINDS OF STUFF. SO, A LITTLE THINKING OUT LOUD THERE. >> COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR, VICKI SCHMIDT. I DO THINK THAT WE HAVE -- I HAVE NO IDEA WHAT WE ARE TALKING ABOUT ON THE COST SIDE OF THESE THINGS AND I WOULD LIKE TO INVESTIGATE ONE AT A TIME, OR AT LEAST IF I'M GOING TO CHOOSE BETWEEN, IF I'M GOING TO INVESTIGATE ONE OVER THE OTHER, I THINK THE DIABETES IS BY YOUR GRAPH, EVEN THOUGH IT'S 2012 INFORMATION, I DOUBT IT'S CHANGED VERY MUCH OR IT COULD HAVE EXPANDED I GUESS MORE, BUT I WOULD THINK UNTIL WE KNOW THE COST AND SOME OF OF THE OTHER THINGS THAT WE WOULD NEED TO KNOW TO MAKE A DECISION, I THINK THAT YOU WALK

BEFORE YOU RUN AND YOU KNOW, THAT WOULD -- I WOULD SUPPORT LOOKING AT THE DIABETES FOR GOING OUT FOR AN R.F.P. TO SEE WHAT'S OUT THERE, AND I APPRECIATE THE FACT THE SECRETARY HAS SAID IN THE END WE MAY DECIDE THAT IT IS, THAT WE DON'T HAVE THE FUNDS AT THIS TIME TO DO THAT. BUT I WOULD THINK THAT -- >> I KNOW THAT THERE ARE TWO MORE IN THIS SPACE, BUT THESE TWO ARE A CERTAIN TYPE -- >> DISEASE MANAGEMENT. LIFESTYLE IS ABOUT -- DRUG ABUSE, FITNESS, SMOKING, TIE BACK TO DIABETES, HEART DISEASE, WHAT NOT AND THE OTHER -- >> AIR AMBULANCE. >> AIR AMBULANCE IS DIFFERENT, I WANT TO HOLD THAT ONE, AND COMMISSIONERS, I DON'T KNOW THAT WE HAVE TO HAVE A FORMAL VOTE BECAUSE WE ARE NOT LIKE MOVING INTO CONTRACT. IF WE ARE COMFORTABLE ASKING THE PLAN STAFF TO MOVE FORWARD WITH LIKE AGGRESSIVELY RESEARCHING AND PUTTING IT AROUND A DIABETES MANAGEMENT PROGRAM, I THINK ALONG THE WAY IF YOU HAVE OTHER RESEARCH IN THESE OTHER AREAS, IT COULD BE HELPFUL OR CONTINUE TO INFORM THE CONVERSATION OR ENHANCE IT, THEN WE DO SO. ABOUT YOU IF EVERYONE IS COMFORTABLE WITH MAKING THAT RECOMMENDATION FOR THEM, BECAUSE IF WE CAN DO IT AND IF IT IS SOMETHING THAT WE WOULD LIKE TO PURSUE ONE, I THINK WHAT THE PLAN STAFF WAS SAYING THERE COULD BE POTENTIAL TO HAVE IT IN PLACE FOR THE 2022 PLAN YEAR, AND SO THAT MIGHT BE MORE AGGRESSIVE THAN WE WANT TO BE, BUT ALLOWING THEM TO AT LEAST START TO DO THAT RESEARCH TO SEE IF THAT'S VIABLE, IF EVERYONE IS COMFORTABLE WITH IT. WE'LL HAVE THEM KICK OFF ON THE DIABETIC -- >> SO DO THE R. F.P. THEN? >> DO THE RESEARCH AND PUSH THAT OUT SO WE CAN SEE WHAT THIS LOOKS LIKE, WHAT IT LOOKS LIKE FOR OUR PLAN TO MAKE NECESSARY TO DETERMINATIONS AND AGAIN, IT'S STILL AT THE COMMISSION DISCRETION, AS A REMINDER, THE R.F.P. IS DRAFTED, WE WILL SEE IT PRIOR TO HITTING THE STREET LIKE THE OTHER ONES THIS PAST YEAR, SO MAKING SURE WE ARE HAVING OUR EYES TOWARDS THOSE THINGS LIKE LOOKING FOR THOSE METRICS AND ACCOUNTABILITY AND WHAT WE ARE LOOKING FOR IN THOSE PROPOSALS. >> AND THE OUTCOMES AND THE COMPANIES THAT OFFER THE PROGRAMS DO A GOOD JOB, AND THIS IS A LITTLE MORE TANGIBLE. YOU CAN REALLY FEEL IT. SO THAT WILL BE GOOD. THANK YOU. >> AND THEN -- YES, COMMISSIONER SCHMIDT. >> THANK YOU, VICKI SCHMIDT. BUT I -- I AM A LITTLE CURIOUS ABOUT THE, ON THE LIFESTYLE PICKING ONE THING OUT ON THE SMOKING CESSATION. I BELIEVE THAT IN KANSAS THE MEDICAID PLAN NOW PAYS FOR UNLIMITED "TRIES," IN A YEAR PERIOD OF TIME, AS OPPOSED TO ONE TRY IN A 12-MONTH PERIOD OF TIME. SOMEBODY CAN DOUBLE CHECK THAT FOR ME, BUT I'M

PRETTY SURE THAT'S TRUE. I WOULD LIKE TO SEE IF THERE'S AN ESTIMATE ON COST OF -- ON THE LIMIT -- I'M NOT EXACTLY SURE WHAT OUR LIMITATION IS ON OUR HEALTHCARE PLAN RIGHT NOW, BUT I WOULD LIKE TO HEAR MORE ABOUT WHAT THE LIMITATION IS ON THE HEALTHCARE PLAN, AND THAT WOULD NOT REQUIRE AN R.F.P., THIS IS JUST A PLAN CHANGE, SO WE HAVE SOME TIME TO INVESTIGATE THAT, BUT I WOULD LIKE TO KNOW WHAT DOES OUR PLAN SPECIFICALLY SAY ABOUT THE AMOUNT OF TRIES AND THEN WHAT -- AND SIMILAR TO THE DIABETIC ONE AND DECREASING THE CO-PAYMENT SHARES OF EITHER OVER-THE-COUNTER OR PRESCRIPTION MEDICATIONS MADE, OVER-THE-COUNTER NOW, ANYWAY -- LIKE TO SEE SOME STATISTICS ON THAT BEFORE WE JUST GO AWAY FROM THAT ON THE LIFESTYLE. >> AND GET SOME DATA ON THAT. WE HAVE TO RESPOND TO A FISCAL NOTE ON SMOKING CESSATION, AND DID CONTACT US ABOUT THAT. DO YOU HAVE SOMETHING TO SAY? >> JUST TO ADD, ALMOST ALL TOBACCO CESSATION PRODUCTS ARE AT NO COST NOW UNDER OUR STATE EMPLOYEE HEALTH PLAN. ALMOST EVERY ONE IS AT NO COST UNDER THE A.C.A. GUIDELINES. SO, I WANT TO MAKE SURE YOU ARE AWARE OF THAT. WE CAN COME BACK TO THE COMMISSION WITH THE NUMBERS ON HOW MANY PEOPLE ARE IN THE TOBACCO CESSATION PROGRAM THAT WE HAVE NOW AND WHAT THAT MIGHT LOOK LIKE AS WELL AS SOME COST FACTORS AS IT RELATES TO A PROGRAM PRETTY EASILY. >> ARE THEY LIMITED IN THE AMOUNT OF TRIES THEY HAVE? BY THE A.C.A.? >> ALLOW UP TO THREE A YEAR, THREE TRIES A YEAR. >> OK. >> SO, WE ARE PRETTY -- WE ARE ACTUALLY VERY LIBERAL IN OUR COVERAGE. >> OK. >> WE'LL BRING BACK LIKE THE SUMMARY. >> YOU ARE RIGHT, I DIDN'T KNOW -- I WAS ASKING WHETHER IT'S ONE TIME, TWO TIMES. >> YOU'LL HAVE THE WHOLE PICTURE. APPRECIATE THAT, THANKS, PAUL. >> THE AIR AMBULANCE COVERAGE, THAT, TO ME IS, IT'S A DIFFERENT BUCKET. >> THAT IS JUST ANOTHER, WHAT ELSE ARE WE NOT OFFERING OUR EMPLOYEES THAT OTHERS MIGHT BE. WE WERE APPROACHED BY -- THERE IS A PURCHASING ARM, VISITED US ABOUT THIS KIND OF COVERAGE. OBVIOUSLY WE ARE NOT LOCKED INTO ANYTHING, BUT IT'S A VOLUNTARY BENEFIT J JUST LIKE THE CATASTROPHIC OR LONG-TERM CARE. WE DID MEET, AND FOLLOW-UP FROM A MEETING WITH COMMISSIONER SCHMIDT AND HER TEAM ABOUT SOME OF THE TRIALS AND TRIBULATIONS WITH PEOPLE GETTING SURPRISE BILLS AND WHATNOT AND WE ARE AWARE OF THAT. BUT THIS IS SIMPLY BACK TO ROBUST PLAN, DO WE WANT, WHAT ELSE COULD WE BE DOING, WE ARE JUST THROWING THIS OUT FOR ANOTHER CONSIDERATION. IT WOULD BE OF NO COST TO THE PLAN, IT WOULD BE ON THE MEMBER. YOU KNOW, OBVIOUSLY HAVE TO BUILD IT INTO THE

ENROLLMENT PORTAL AND WHATNOT. OTHER THAN THAT, THAT'S IT. SO, I'LL LEAVE IT AT THAT ON THE VOLUNTARY BENEFIT. >> COMMISSIONER SCHMIDT. >> I'M A HARD NO ON THAT, AND WE CAN GO INTO IT, BUT IT'S GETTING LATE. BUT THE NO SURPRISES BILLING ACT, THAT WILL CHANGE THIS, YOU KNOW, AS WE TALKED ABOUT BRIEFLY AND YOU KNOW, YOU CAN HAVE A CONTRACT WITH ONE AIR AMBULANCE, YOU HAVE AN ACCIDENT SOMEWHERE OUT IN KANSAS, I DON'T CARE WHERE IT IS, AND YOU KNOW, IT'S NOT LIKE YOU HAVE A, HAVE SOMETHING ON YOU THAT SAYS I HAVE A CONTRACT WITH COMPANY B, AND THEN COMPANY E COMES TO PICK YOU UP AND THEN PEOPLE CALL US AND SAY WELL, GOSH, I HAVE A CONTRACT BUT YEAH, BUT THE WRONG COMPANY CAME TO PICK YOU UP. SO, IT IS - IT IS -- I THINK NO SURPRISE BILLING ACT WILL CHANGE THIS DRAMATICALLY, AND I WOULD NOT WANT TO MISLEAD OUR EMPLOYEES THAT THEY HAVE AIR AMBULANCE COVERAGE EVEN WITH THE VOLUNTARY OFFERING. WE CAN -- THOSE CONTRACTURAL AGREEMENTS ARE AVAILABLE TO ANY EMPLOYEE WHO WANTS TO DO THAT ON THEIR OWN. I DON'T THINK THE STATE OF KANSAS NEEDS TO PUT A SEAL OF APPROVAL ON IT. >> I DO NOT HAVE AS MUCH BACKGROUND ON THE NO SURPRISE BILLING ACT. SO AS THAT, YOU KNOW, COMES TO THE FOREFRONT, IT MIGHT JUST BE HELPFUL FOR US AGAIN IN THE SPIRIT OF MAKING SURE INFORMATION IS OUT THERE AND THAT ALSO HELPS PEOPLE KNOW WHAT THEY CAN AND CANNOT, OR SHOULD OR SHOULD NOT BE, QUESTIONS THEY SHOULD BE ASKING. I DON'T HAVE AS MUCH BACKGROUND IN THAT SPACE BUT GOOD TO KNOW THAT IMPACTS THINGS LIKE THIS, AND MAKING SURE WHEN APPROPRIATE OUR EMPLOYEES KNOW THAT SOMETHING LIKE THAT IMPACTS THEM AND THESE TYPES OF CHOICES AS WELL. >> AND FOLLOW-UP AND JUST PROVIDE ONE PAGER ON THE SURPRISE BILLING ACT AND THEN TALK ABOUT MAYBE A LITTLE BIT MORE, I DON'T KNOW THAT WE HAVE DONE ANY KIND OF EDUCATION, BUT IT'S A GOOD POINT, AND IT COULD BE SOMETHING WE PROMOTE KIND OF LIKE BE CAREFUL IF YOU GO OUT OF NETWORK, YOU MIGHT GET A COST, RIGHT. SO, SIMILAR TO THAT. IT'S A GOOD POINT, GOOD FEEDBACK. ALL RIGHT, WELL, I'M TAKING AWAY THAT WE ARE GOING TO DO A FORMAL R.F.P. FOR DIABETES, LEARN FROM THAT, SEE IF IT TRICKLES OFF INTO ANY OTHER DISEASE STATES. AND BRING THAT BACK TO THE COMMISSION. OK. GIVE US SOME TIME ON THAT, AND THANKS FOR LISTENING, AND APPRECIATE ANY OTHER INPUT. Y'ALL HAVE ANY OTHER PLAN DESIGN OPTIONS WE WANT TO TRY TO GIVE TO OUR EMPLOYEES GOING FORWARD OR MEMBERS GOING FORWARD. >> ALL RIGHT, COMMISSIONERS. WE HAVE COME TO THE END OF THE AGENDA, A COUPLE OF HOUSEKEEPING ITEMS. OUR NEXT, WELL, WE ARE

ANNOUNCING A NEW SCHEDULED MEETING FOR MAY 21, LOOKS LIKE IT WILL BE AT 2:30, MAKE SURE IT'S PUT OUT. IT WILL BE A PUBLIC MEETING WHERE WE WILL CONTINUE THE PLAN DESIGN CONVERSATION AND DO SOME PUBLIC MODELLING. AND THE STAFF WILL BE IN TOUCH IN PREPARATION FOR THAT TO MAKE SURE THEY ARE READY TO HELP US TO WALK THROUGH THE CONVERSATION. THAT WILL BE AGAIN PUBLIC MEETING, ON PUBLIC SQUARE AND PEOPLE CAN LISTEN AS WALKING THROUGH THAT. AS MENTIONED EARLIER, JANET WILL SHARE INFORMATION OF BEING IN FRONT OF WITH THE RULES AND REG COMMITTEE, I THINK SHE'S WITH THEM ON MAY 3RD, BUT THE PUBLIC HEARING IS SCHEDULED FOR JUNE 17TH. WE'LL MAKE SURE EACH COMMISSIONER HAS THAT INFORMATION IN CASE YOU WANT TO JOIN AROUND THE 30-DAY RULE CHANGE. AND THE LAST DATE WE HAVE TENTATIVELY SET IS JUNE 18TH, STARTING AT 12:30 FOR OUR NEXT COMMISSION MEETING. SO THAT'S -- THAT'S ON THE CALENDAR, SO -- BUT AS WE GET A LITTLE BIT CLOSER IF WE NEED TO SHIFT THAT OR SHIFT THAT BACK OR ANYTHING CHANGES, BUT THAT ONE IS TENTATIVELY ON THE CALENDAR FOR OUR NEXT FULL REGULARLY SCHEDULED MEETING. ANY OTHER HOUSEKEEPING ITEMS THAT I MENTIONED? COMMISSIONER SCHMIDT. >> I HAVE TWO QUICK THINGS. ONE, I REALLY APPRECIATE THE START AT 1:00 INSTEAD OF 1:30, BECAUSE IT WOULD NOW BE 20 TO 6:00 IF WE STARTED AT 1:30, SO BIG THANK YOU TO STAFF FOR PUTTING THE PAGE NUMBERS ON THERE CONSECUTIVELY, I'M ON PAGE 147, I'M ON PAGE -- BECAUSE BEFORE SOMETIMES I WAS NOT FOLLOWING WHERE YOU WERE AND SO I - - EVEN THOUGH THEY ARE IN SIZE TWO FONT, I DO APPRECIATE THEM. >> WE ARE GETTING THERE. OOF AN OTHER COMMISSIONERS. >> OTHER COMMISSIONERS. >> ALL RIGHT, THANK YOU TO THE COMMISSIONERS, THE STAFF, AND TO OUR HOST, CAPERS FOR THOSE WHO ARE LISTENING IN OR WATCHING THE CAPERS ALLOWS US TO USE THEIR BOARD ROOM AND LIVESTREAM FROM HERE, SO WE DO APPRECIATE THEIR HOSTING US. WITH THAT, WE WILL SEE YOU ALL IN MAY.