

I SERVED ON THIS COMMISSION FOR 12 YEARS SO IT'S NICE TO BE BACK AMONG FRIENDS. >> AND COMMISSIONER PRAGER IS SITTING IN THE ROLE THAT WAS HAVE A DATED. >> MY NAME IS REBECCA GASTON, A STATE EMPLOYEE REPRESENTATIVE AND PARTICIPANT IN THE STATE EMPLOYEE HEALTH PLAN AS EMPLOYEE AND AS A SPOUSE, SO SEVEN YEARS I THINK. SO I CURRENTLY WORK AT THE DEPARTMENT FOR CHILDREN AND FAMILIES. >> WELCOME TO BOTH COMMISSIONERS. COMMISSIONER GASTIN IS REPLACING COMMISSIONER JOSE CASTILLO. WE WANT TO THANK HIM FOR HIS YEAR OF SERVICE THIS PAST YEAR. WELCOME BOTH OF THE COMMISSIONERS. I WOULD LIKE TO JUST MAKE A NOTE THAT ALL OF OUR COMMISSIONERS HAVE JOINED US NOW SINCE JULY 1 HAVE GONE THROUGH AN ORIENTATION THROUGH STATE EMPLOYEE HEALTH PLAN AND HCC. AS WE KNOW THE INFORMATION THAT WE COVER IS RICH, AND ALWAYS EVOLVING, SO WE WANT -- WE DID DO ONBOARDING BECAUSE THAT WAS A RECOMMENDATION MADE BY COMMISSIONERS PRIOR TO. WE WILL DO CONTINUOUS INFORMATION AND PUSHING AND COMMUNICATION AS OUR NEW COMMISSIONERS COME UP TO SPEED. I WOULD ENCOURAGE IF YOU HAVE QUESTIONS TO PLEASE ASK. BUT WE AS THOSE WHO HAVE BEEN SITTING ON THE COMMISSION FOR LITTLE BIT LONGER SAY THAT THERE ARE TIMES WHEN YOU KNOW NEW COMMISSIONERS MAY ASK A QUESTION BUT IT'S HELPFUL FOR ALL OF US BECAUSE THERE IS SO MUCH INFORMATION THAT WE COVER. SO WITH THAT, I AM GOING TO MOVE US INTO OUR AGENDA. I WANT TO MAKE SURE AND DOUBLE CHECK BECAUSE I SEE TECHNICAL ACTIONS GOING. ARE WE -- NO PROBLEM. I WANT TO DOUBLE CHECK THAT WE'RE LIVE AND BROADCASTING. OKAY, PERFECT. OKAY. THANK YOU. THEY'RE WORKING ON THE CAMERAS, SO WITH THAT -- BEFORE I MOVE US INTO APPROVAL OF THE MINUTES, WHICH IS OUR FIRST ORDER, LET'S DO QUICK ROLL CALL. COMMISSIONER VICKI SCHMIDT. COMMISSIONER SANDY PRAYINGER. >> PRESENT. >> COMMISSIONER REBECCA GASTIN. >> HERE. >> OUR COMMISSION -- ALL COMMISSIONERS ARE PRESENT. ALL RIGHT. SO OUR FIRST ORDER OF BUSINESS IS THE APPROVAL OF THE

MINUTES. YOU ALL -- WE ARE APPROVING TWO SETS OF MINUTES. I BELIEVE YOU ALL HAVE A CHANCE TO REVIEW THERE WERE RECOMMENDATIONS, A LOT OF RECOMMENDATIONS ON THE JUNE 18th MINUTES. AND WE DISCUSSED AT THE LAST MEETING THEY CAME OUT UNDER SEPARATE COVER AHEAD OF THE MEETING, SO EVERYONE SHOULD HAVE HAD A CHANCE TO REVIEW THOSE UPDATES, AND THEN YOU ALSO HAVE THE JULY 23rd MINUTES. I DO WANT TO JUST MAKE A NOTE OF AGAIN WE ARE WORKING TO TIGHTEN UP THE PROCESS FOR THE DRAFTING OF THE MINUTES AND THAT REVIEW WITH JANET AND HER TEAM. THANK YOU, COMMISSIONER SCHMIDT, IN PARTICULAR BY CONTINUING TO PROVIDE THAT INFORMATION. SO WE CONTINUE TO WORK ON THAT AND TRY TO CONTINUE TO MAKE THAT STRONGER. I WILL ENTERTAIN A MOTION, LET'S DO THEM SEPARATELY IN CASE THERE IS ANY DISCUSSION FOR THE JUNE 18th MINUTES. OKAY. MOTION TO APPROVE THE JUNE 18th MINUTES. >> VICKI SCHMIDT, SO MOVED. >> AND I SEE MOTION FROM COMMISSIONER SCHMIDT AND COMMISSIONER DECK ANT. CAN I TAKE THAT AS A SECOND? DISCUSSION, COMMISSIONER MCGINN YOU HAVE A QUESTION. >> YES, THANK YOU. . >> IS IT SUPPOSED TO BE A GENERAL CONVERSATION BASED ON THE AUDIO OR WILL IT HAVE LIKE MORE FACTUAL DETAIL? SO JUST AN EXAMPLE ON PAGE NINE ON THE -- >> JUNE 18th MINUTES, UH-HUH. >> UNDER SECRETARY BURNS-WALLACE IT SAYS THE PLAN HAS PUSHED MORE FOR THE STATE, FIRST WHAT IS MY QUESTION, BUT WOULD LIKE THAT THE STATE CONTRIBUTIONS HIGHER. I'M JUST TRYING TO UNDERSTAND ARE WE TRYING TO GET A SPECIFIC CONTEXT OF WHAT IT IS WE'RE TALKING ABOUT? ARE THESE LIKE CONVERSATIONS? BECAUSE I WAS -- I'LL HAVE THE SAME COMMENTS ON NEXT MONTH BUT WE ARE WE GOING TO BE CONVERSATIONAL OR ARE WE GOING TO BE THIS WAS WHAT WAS ASKED, THIS IS WHAT WAS SAID? >> SO AS WE WENT BACK AND AS I SAID MEETING WITH JANET, WE LOOKED BACK OVER THE LAST YEAR AND A HALF. PREVIOUSLY THE WAY THE MINUTES WERE TAKEN THESE ARE KIND OF I THINK A COMBINATION OF KIND OF SUMMARY AND CONVERSATIONAL

NOW. PREVIOUSLY THERE WAS THE STYLE OF MINUTES WAS MORE IT HAD A COVER THAT HAD ALL OF THE MORE LIKE HIGH LEVEL DECISION POINTS THAT WERE MADE AND THERE WAS THE ACTUAL TRANSCRIPT. AND SO WE LOOKED AT BOTH WAYS TO SEE WHICH ONE KIND OF BETTER CAPTURES AND ENSURES IT IS AS ACCURATE AS POSSIBLE BECAUSE I THINK THE WAY IT SITS NOW WE MAY BE MISSING THINGS OR AGAIN THERE IS -- CAN BE INFERENCES IN THERE. SO WE'RE LOOKING AT POTENTIALLY GOING MAYBE CLOSER BACK TO THE OLD MODEL WHERE WE CAN PULL THE TRANSCRIPT. THERE HAS TO BE SOME CLEANUP BECAUSE SOMETIMES WITH THE TRANSCRIPT THERE IS EDITS OR THINGS IN TERMS OF WORDS NOT CATCHING. BUT MAYBE DOING MORE OF THAT SUMMARY THAT USED TO BE ON TOP THAT SAYS LIKE ALL OF THE DEFINITIVE DECISIONS OR ACTION ITEMS ARE OUTLINES, AND THEN THERE IS THE ACTUAL TRANSCRIPT. SO THAT IS A DIFFERENT WAY WE PROBABLY SWITCH, MAYBE NOT QUITE A YEAR AGO, I THINK TO THIS STYLE. SO JANET, I DON'T KNOW IF YOU WANT TO ADD -- >> THOSE ARE THE DISCUSSIONS. I GUESS I WOULD ASK WHAT RECOMMENDATION YOU HAVE, IS THERE A PREFERENCE MAYBE, BECAUSE I'M NOT AS USED TO THE CONVERSATIONAL STYLE, EITHER. AND SO THAT'S WHY THE SECRETARY AND I HAVE BEEN DISCUSSING WHAT WE COULD DO AND I CONVERSED WITH MIKE AND THE TEAM, AND FOR AUDIO SOMEONE TRANSCRIBED THE MINUTES VERBATIM AND THAT WAS UNDER THE COVER. I THINK IT PROBABLY SHOULD BE A DECISION I WOULD RECOMMEND THAT THE ACC GIVES US FEEDBACK ON SO WE CAN GET WHAT YOU WANT HERE SO IT CAPTURES EVERYTHING CORRECTLY. >> A DELAY TIME BECAUSE I DIDN'T GIVE YOU THIS INPUT UNTIL NOW, BUT THERE IS LIKE RUN TOGETHER WORDS AND STUFF LIKE THAT. I WOULD -- I DON'T PREFER CONVERSATIONAL STYLE. I THINK THAT THE TRANSCRIPT SHOULD BE SOMETHING THAT YOU GO BACK TO USE TO VERIFY WHAT WAS SAID. SO THAT'S JUST MY PREFERENCE, AND LEAVE IT UP TO THE BODY, BUT I THINK -- BECAUSE I GO BACK TO THE ONE COMMENT YOU HAD, IS THE HCC HAS PUSHED FOR MORE, AND I'LL TRY TO SEE WHAT ELSE, WHAT IS MORE? THAT'S ALL. SO I THINK IF WE

COULD CAPTURE THE ACTUAL CONTEXT OF WHAT THE COMMISSION IS TRYING TO DO WOULD BE HELPFUL TO ME. THANK YOU. >> COMMENTS, COMMISSIONER SCHMIDT? >> THANK YOU, MADAM CHAIR. VICKY SCHMIDT. YOU STILL WANT US TO IDENTIFY OURSELVES EVERY TIME SINCE WE'RE BROADCASTING? >> I DON'T THINK THE TRANSCRIPT IS A GOOD IDEA AT ALL BECAUSE NO STATE EMPLOYEE -- I DON'T THINK ANYONE OTHER THAN SOMEONE LIKE US THAT WANTS TO MAKE SURE THE MINUTES ARE ACCURATE WOULD ACTUALLY GO THROUGH AND READ THE TRANSCRIPT THE TRANSCRIPT OF THE MEETING LASTING FOUR AND FIVE HOURS IS INCREDIBLY LONG. AND TOO MANY WORDS AND I WOULD NOT -- I DON'T FAVOR THE TRANSCRIPT IDEA. BUT I DO AGREE WITH COMMISSIONER MCGINN THAT -- AND I KNOW ON PAGE NINE THE BOOK I THINK IT WAS TO LOOK AND I DID SENT THAT TO COURTNEY EARLIER AS A CORRECTION TO THAT. BUT I DO THINK THAT THE MINUTES -- I THINK THE MINUTES OUGHT TO BE COMPLETE SENTENCES. I THINK THEY SHOULD NOT HAVE RUN ON WORDS. THEY SHOULD BE EASY TO READ, AND I THINK THAT - - I MEAN LOTS OF WAYS TO TAKE MINUTES, AND WE CAN GET INTO THAT BUT I DON'T THINK THAT'S OUR JOB AS COMMISSIONERS, I GUESS MAYBE IT IS OUR JOB NOW, BUT I JUST THINK WE NEED A SET OF MINUTES THAT ARE READABLE AND ACCURATE AND REFLECT WHAT HAPPENED AT THE MEETING. AND HOWEVER WE GET TO THAT WITHOUT GOING TO A TRANSCRIPT IS WHAT I WOULD SUPPORT. THANK YOU. >> OTHER COMMENTS? >> YES. >> COMMISSIONER DECHANT. >> STEVE DECHANT. I KIND OF LIKE WHAT WE HAVE BEEN DOING. I DON'T KNOW IF THIS IS -- TO BE CALLED CONVERSATIONAL OR NOT, BUT READING TRANSCRIPTS IS ONEROUS, AND EVEN THE LITTLE BIT THAT WE HAD IN OUR PACKET TODAY TRYING TO READ AND UNDERSTAND WHO IS TALKING FOR SURE WHAT'S BEING STATED WHEN SOMEBODY IS HAVING DIFFICULTY UNDERSTANDING THE WORDS THAT ARE BEING RAPIDLY ENUNCIATED. SO I THINK THE SUMMARY YOU GAVE, I WOULD AGREE, I SORT OF LIKE WHAT WE'VE BEEN DOING. I WOULD ALSO VENTURE TO GUESS THAT NONE OF US ARE GOING TO BE 100% SATISFIED NOD MATTER

WHAT THE MINUTES LOOK LIKE. MAYBE I SHOULDN'T SAY NONE OF ALL OF US WILL NEVER BE SATISFIED BECAUSE WE ALL GOT INDIVIDUAL DIFFERENT PREFERENCES. AS FAR AS MY OWN, I'M FAIRLY COMFORTABLE WITH HOW THESE ARE BEING PRESENTED TO US. >> MADAM SECRETARY. >> SANDY PRAGER. I AGREE WITH THE GENERAL SENTIMENT THAT THE MINUTES OUGHT TO REFLECT WHATEVER IS IN THE MINUTES SHOULD REFLECT WHATEVER DECISIONS ARE BEING MADE AT THAT MEETING, BECAUSE THAT'S WHAT PEOPLE ARE GOING TO BE INTERESTED IN, WHATEVER THE DECISION WAS THEY'RE GOING TO BE INTERESTED IN GOING BACK AND BEING ABLE TO JUSTIFY IT. AND SO JUST TO BE COMPLETE ENOUGH TO MAKE SURE -- IT REFLECTS THE ACTION THAT WAS TAKEN DURING THE MEETING, BUT I ALSO THINK READING TRANSCRIPTS CAN BE TEDIOUS AND LONG. >> COMMISSIONERS, DO YOU FEEL THAT THE SET THAT WE HAVE HERE NEEDS ADDITIONAL ROUND OF CLEAN UP BEFORE YOU'RE READY TO APPROVE? THERE IS AN OPEN MOTION ON THE FLOOR FOR THE JUNE 18th MINUTES. >> I'M GOOD WITH THEM AS THEY ARE. >> OKAY. ANY ADDITIONAL DISCUSSION? HEARING NONE, I WILL TAKE A VOTE FOR THE JUNE 18th MINUTES. ALL THOSE IN FAVOR OF APPROVAL SAY AYE. OPPOSED. ALL RIGHT. WE ALSO HAVE THE JULY 23rd MINUTES. I WILL ENTERTAIN A MOTION FOR APPROVAL. >> VICKI SCHMIDT. I WOULD IN ORDER TO GET THE QUESTIONS STAGE I'LL MOVE TO -- FOR APPROVAL. I THINK THERE IS ONLY THREE OF US THAT CAN -- WELL, FOUR OF US THAT EVEN APPROVE THEM. >> ALL RIGHT. THERE IS A MOTION ON THE FLOOR. DO I HAVE A SECOND? SECOND? COMMISSIONER MCGINN, AND DISCUSSION. AND AGAIN THESE I'M GOING TO ASSUME THERE ARE SOME EDITS HERE. ARE THERE PARTICULAR COMMENTS, COMMISSIONER SCHMIDT? >> THANK YOU, MADAM CHAIR. VICKI SCHMIDT. I HAD ASSUMED THAT THE CORRECTIONS THAT I SENT TO COURTNEY WOULD BE INCORPORATED IN THERE. >> I'M SORRY, THEY'RE ON WHAT? OKAY. I DON'T HAVE -- >> THANK YOU. ALL RIGHT. >> THERE WERE SOME MINOR EDITS SUBMITTED BY COMMISSIONER SCHMIDT THAT HAVE BEEN INCORPORATED. ARE THERE -- WE CAN SCROLL THROUGH THEM IF

NECESSARY. COMMISSIONERS ANY OTHER COMMENTS OR QUESTIONS? AND AGAIN SO NOTED. WE WILL WORK ON STRENGTHENING THE FORMAT OF THESE. SEEING NONE, I'M GOING TO CALL THE QUESTION. ALL THOSE IN FAVOR OF APPROVAL THE JULY 23rd MINUTES SAY AYE. OPPOSED. ALL RIGHT. THEY ARE APPROVED. THANK YOU, COMMISSIONERS. ALL RIGHT. WE ARE MOVING TO THE EMPLOYEE ADVISORY COMMITTEE UPDATE. THE SECOND ITEM. AND HANNAH RICH, IS HANNAH ONLINE? OR IS SHE HERE? >> YES, I AM HERE. GOOD MORNING. GOOD AFTERNOON. >> GOOD AFTERNOON. HANNAH IS THE -- YOU ARE THE VICE PRESIDENT OF THE EAC, CORRECT? >> THAT'S CORRECT. >> ALL RIGHT. AND SO MANY OF YOU KNOW NATALIE YOZA IS THE PRESIDENT OF THE EAC AND WANT TO CONGRATULATION HER BABY BOY WAS BORN HEALTHY AND HAPPY AND THEY ARE DOING WELL AND I THINK NATALIE WILL BE COMING BACK SOON BUT ALSO WANT TO THANK HANNAH AS SHE HAS STEPPED IN AND DONE A GREAT JOB DURING THIS TIME PERIOD TAKING ON STEPPING IN TO THAT ROLE. SO HANNAH WE WILL TURN IT OVER TO YOU FOR UPDATE FROM THE EAC. >> GREAT. THANK YOU SO MUCH. YES, MY NAME IS HANNAH RICH, SHE, HER, AND I SERVE AT WICHITA STATE UNIVERSITY, AND VICE PRESIDENT OF THE EMPLOYEE ADVISORY COMMITTEE. SO WE HAD OUR SUMMER MEETING ACTUALLY JUST THIS PAST THURSDAY, SO JUST A COUPLE DAYS AGO. WE HAD KIND OF OUR MAIN ACTION ITEM FOR THAT IS WE ARE LOOKING INTO MEMBERSHIP FOR THE 2022 YEAR. WE FORMED THE SUBCOMMITTEE FOR MEMBERSHIP THAT IS GOING TO BE CHAIRED BY ALEXANDRA BROTHERSY. AND FOR NEWER COMMISSIONERS THE EAC BY LAWS WERE UPDATED IN FEBRUARY OF 2020 TO INCLUDE TERM LIMITS, SO AS OF 2020, WE HAVE EACH MEMBER OF THE COMMITTEE IS LIMITED TO THREE TERMS OF THREE YEARS EACH. THAT WENT INTO PRACTICE AT THE END OF LAST YEAR, SO IN 2021 WE HAD I BELIEVE 11 NEW COMMITTEE MEMBERS, SO WE HAD A VERY BIG TURNOVER YEAR. THIS YEAR WE ARE GOING BACK TO HOPEFULLY A MORE NORMAL AMOUNT OF TURNOVER SO WE HAVE THREE MEMBERS, ALEXANDRA BLAZE AND BRANDT

BARBER WHOSE THIRD TERM IS COMING TO THE END, SO THIS WILL BE THEIR LAST YEAR. WE WANT TO THANK THEM FOR NINE YEARS OF PEACE, OF SERVICE TO THE EAC AND THE HEALTHCARE COMMISSION AND THE STATE EMPLOYEE HEALTH PLAN, WILL BE VERY SAD TO SEE THEM GO BUT THEY HAVE ALL AGREED TO BE PART OF THE SUBCOMMITTEE, AS WELL, SO THEY WILL BE CONTINUING TO HELP SHAPE THE FUTURE OF THE EAC. SO THAT SUBCOMMITTEE HAS BEEN FORMED. I BELIEVE WE HAVE FIVE SEATS THAT WILL BE -- FIVE PEOPLES WHOSE TERMS ARE UP, SO ASSUMING ALL FIVE OF THOSE MEMBERS REAPPLIES WE WOULD JUST BE LOOKING AT THE THREE NEW MEMBERS FOR NEXT YEAR, ALTHOUGH WE DON'T KNOW YET WHAT THAT IS GOING TO LOOK LIKE. SO MORE TO COME THERE. WE WILL BE MEETING ON NOVEMBER 10th TO REVIEW THE SUBCOMMITTEE'S RECOMMENDATIONS AND MAKE A FULL COMMITTEE RECOMMENDATION TO THE HCC. THE OTHER PRIMARY ITEM THAT WE DISCUSSED AT OUR MEETING ON THURSDAY OF LAST WEEK IS REGARDING THE MARATHON CLINIC THAT HEALTHQUEST HEALTH CENTER IN TOPEKA, AND WE WERE ASKED TO HAVE A LITTLE BIT OF DISCUSSION. WE DID NOT MAKE ANY FORMAL RECOMMENDATIONS, BUT MORE JUST PROVIDING INFORMAL FEEDBACK TO THE HCC. SO THROUGHOUT THE COURSE OF OUR CONVERSATION, THERE WERE SEVERAL THINGS THAT WERE BROUGHT UP, ESSENTIALLY JANET GAVE US A REALLY GREAT TIGHT CONCISE PRESENTATION ABOUT THE HISTORY AND MODEL AND CURRENT OPERATIONS OF THE MARATHON CLINIC AND IDENTIFIED KIND OF THREE OPTIONS MOVING FORWARD. SO IT WAS TO EXTEND MARATHON'S CONTRACT BY A YEAR, AND ISSUE A NEW RFP FOR SERVICES STARTING IN 2022. ALLOW THE CURRENT CONTRACT TO EXPIRE AND STILL ISSUE THAT RFP LEADING TO POTENTIALLY A COUPLE MONTHS OF NON-SERVICE OF THAT CLINIC AND THE THIRD BEING ON TO ALLOW TO EXPIRE AND NOTTISH A A RFP. SO WHAT THE MARATHON CLINIC MEANS TO A LOT OF US ON THE EAC IS IT'S A PLACE IN TOPEKA. A LOT OF US ARE NOT LOCATED IN THE CAPITAL SO WE DO HAVE MUCH LESS ACCESS TO IT. THERE ARE A FEW PEOPLE WHO SHARED A

LOT OF POSITIVE FEEDBACK ABOUT IT, AND THE MEMBERS WHO WERE NOT IN THE TOPEKA METRO AREA ALL EXPRESSED A REALLY CONSENSUS THAT IF TELEHEALTH SERVICES WERE TO BE MADE AVAILABLE TO ALL STATE EMPLOYEES THAT IT WOULD BE A REALLY PHENOMENAL BENEFIT. WITH RECOGNITION THAT YOU KNOW YOU CAN'T GET YOUR FLU SHOT VIA TELEHEALTH OR THINGS LIKE THAT, BUT THAT THERE ARE CERTAINLY SOME OPTIONS THAT COULD BE BENEFICIAL TO STATE EMPLOYEES. AND JANET PROVIDED US WITH THE MOST UP TO DATE NUMBERS OF THE CLINIC'S OPERATING CAPACITY, SO THE GOAL FOR THE CLINIC'S OPERATIONS WAS TO BE IN YEAR THREE AT 60% OF CAPACITY, AS FAR AS INDIVIDUAL VISITS, NOT NECESSARILY PATIENTS, BECAUSE SINCE IT IS A POPULATION LEVEL HEALTH CLINIC OBVIOUSLY THERE ARE A LOT OF CIRCUMSTANCES WHERE ONE PERSON IS GOING TO MAKE MULTIPLE VISITS THROUGHOUT THE YEAR AS PART OF THEIR WELLNESS JOURNEY. AND SO YEAR THREE WOULD BE -- YEAR TWO WOULD BE 2022, I'M SORRY, 2021, AND THEY ARE CURRENTLY AT OVER 80% OF THOSE VISITS BEING UTILIZED. SO EVEN THOUGH THE ROI ON A PER VISIT OR PER PATIENT BASIS DOESN'T NECESSARILY LOOK GREAT, THERE ARE A LOT OF BENEFITS AND A LOT OF VALUE THAT WE SEE TO IT. SO AGAIN THIS IS NOT A FORMAL RECOMMENDATION, BUT THERE WAS A CONSENSUS THAT MARATHONS CONTRACT BE -- IF IT WERE TO BE EXTENDED FOR AN ADDITIONAL YEAR THAT WOULD ALLOW BOTH THOSE WHO ALREADY DEPEND ON THAT BENEFIT TO CONTINUE UTILIZING IT AND A POSSIBLE REVISITING OF THE TERMS OF THAT CONTRACT TO POTENTIALLY EXPAND THOSE TELEHEALTH SERVICES TO ALLOW MORE STATE EMPLOYEES TO HAVE ACCESS TO IT AND EXPAND THAT BENEFIT. SO THAT WAS KIND OF THE FLAVOR OF OUR DISCUSSION WITH THAT. ESSENTIALLY KIND OF A FEELING THAT GIVEN THE FIRST -- WHAT YEARS WERE THE FIRST TWO YEARS OF THE CLINIC'S EXISTENCE THAT IT POSSIBLY DIDN'T GET TOTALLY FAIR SHAKE IN TERMS OF UTILIZATION FROM STATE EMPLOYEES. AND THOSE ARE THE UPDATES THAT WE HAVE. LIKE I SAID WE'LL BE MEETING AGAIN IN NOVEMBER. THAT WILL JUST BE OUR RECOMMENDATIONS FOR

NEXT YEAR'S COMMITTEE, BUT WORK CONTINUES ON OTHER SUBCOMMITTEES AS WE MOVE FORWARD. >> THANK YOU, HANNAH. QUESTIONS FROM THE COMMISSIONER INS FOR HANNAH. COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. I APPRECIATE THAT. I WAS WONDERING DID YOU OR THE COMMITTEE OR THE EAC GO BACK AND LOOK AT THE STATE EMPLOYEE HEALTH PLAN AND HEALTHQUEST SURVEY WITH REGARDS TO MARATHON? >> WE DID A BIT, YES. AND THERE ARE SOME -- I DON'T BELIEVE THERE WERE ANY QUALITATIVE QUESTIONS ABOUT IT, I'M SORRY, ANY QUANTITATIVE QUESTIONS ABOUT IT. IT WAS I BELIEVE ONLY THE OPEN-ENDED QUESTIONS THAT OFFERED THAT. >> WELL, I DID GO BACK THROUGH. I HAVE A HUGE NOTEBOOK IN FRONT OF ME WITH ALL OF THE -- I'M PROBABLY THE ONLY PERSON THAT IS -- WELL, I WON'T SAY THAT. I DID GO THROUGH THE ENTIRE BOOK OF COMMENTS AT ONE POINT, AND I REVISITED THAT OVER THE WEEKEND. THERE ARE SEVERAL COMMENTS IN HERE ABOUT MARATHON HEALTH THAT ARE NOT FAVORITE, THAT WHEN THE EAC -- WHEN WE DID THE STUDY, I DON'T KNOW, I DON'T THINK THE NEW COMMISSIONERS HAVE ACCESS OR HAVE THIS NOTEBOOK, BUT I DO KNOW THAT SEHP YOU HAD -- AT 1. SEHP WAS GOING TO UNDERTAKE ORGANIZING THE COMMENTS BETTER FOR US, OTHER THAN JUST FIRST LINE OF THE COMMENTS. IS THAT -- IS THAT TRUE? >> I DON'T -- I KNOW WE HAD -- OKAY. MY MEMORY SAYS WE HAD A DISCUSSION ABOUT THAT BECAUSE FOR NEW COMMISSIONERS, IT'S ORGANIZED IN THE THINGS BY THE FIRST LETTER OF THE COMMENT THAT WAS MADE IN THE FREESTYLE. SO WISH, WISH, WISH ARE ALL THINGS ABOUT VARIOUS THINGS ABOUT -- THAT THE SURVEY ASKED ABOUT. ANYWAY, I WOULD JUST SAY THAT THERE WERE SOME COMMENTS ABOUT MARATHON THAT REALLY WEREN'T THAT FAVORITE IN THESE COMMENTS, AND I JUST WONDERED IF ANYBODY HAD TAKEN THE TIME TO GO BACK THROUGH THOSE. I HAVE SOME OF THOSE MARKED IF ANYONE IS INTERESTED IN IT, BUT APPRECIATE YOU BRINGING THIS INFORMATION TO US. THANK YOU, HANNAH. >> THANK YOU. >> COMMISSIONER MCGINN. >> HOW DO WE GET -- HOW DO WE GET

THAT INFORMATION? OR IS THIS GOING TO THE ONLINE SITE OF OUR EMPLOYEE? >> DID YOU GUYS GET -- WHO GOT THAT? >> SO THE SURVEY FROM THE -- THE SURVEY RESULTS WERE -- CAN YOU SAY WHERE THEY WERE PUBLISHED AND WHERE THEY WERE CIRCULATED? >> YEAH, THEY WERE SURVEYED -- RESULTS WERE PUBLISHED TO ALL OF THE COMMISSIONERS. THIS WAS AGAIN IN JANUARY, OKAY, SO WE CAN GET THEM TO THE NEW COMMISSIONERS. WHAT YOU GOT FROM ME WITH PACKET OF INFORMATION ABOUT THE CLINIC WAS THE RESULTS OF THE SURVEY FROM THE EAC. I DID NOT GO THROUGH THOUGH COMMISSIONER SCHMIDT, I CAN'T SEE YOU, I'M SO SORRY, AND PULL OUT THE EVERY COMMENT THAT WAS WRITTEN, BUT I GAVE YOU THE INFORMATION IN YOUR MARATHON NOTEBOOK. DO YOU RECALL SEEING IT THERE? >> YES, THANKS. >> WE NEED TO MAKE SURE THAT THE NEW COMMISSIONERS RECEIVE -- BECAUSE THE SURVEY WAS BROADER THAN THE CLINIC, OF COURSE, AND SO COMMISSIONER SCHMIDT IDENTIFIED THERE WERE SOME PIECES IN THE OPEN-ENDED QUESTIONS THAT ADDRESSED THAT, BUT IN GENERAL WE ALSO NEED TO MAKE SURE ALL OF THE COMMISSIONERS RECEIVE THAT FULL SURVEY, BECAUSE IT WAS A LARGER SURVEY OF EMPLOYEES. SO WITH LOTS OF GOOD INFORMATION. OTHER QUESTIONS OR COMMENTS FOR OUR VP OF THE EAC? THANK SO MUCH, HANNAH. WE APPRECIATE THE EAC AND ALL THE WORK YOU CONTINUE TO DO. AND WE WILL CONTINUE TO MAKE SURE THAT WE ARE PROMOTING THE OPPORTUNITIES FOR EMPLOYEES TO APPLY AS SHE MENTIONED THAT WILL BE COMING UP THIS FALL, AND WE GOT A LARGE NUMBER OF RESPONSES LAST YEAR. SO I HOPE THAT WE CAN CONTINUE THAT MOMENTUM AND GET SOME GREAT CANDIDATES FOR OPEN SEATS. WITH THAT, WE'LL MOVE TO ITEM NUMBER THREE, AND COMMISSIONERS IF YOU'RE FOLLOWING ALONG IN YOUR NOTEBOOK WE'RE AT TAB NUMBER THREE. THE TABS MATCH THE NUMEROUS ITEMS AND MATERIALS, AND SO IT'S -- THE STATE EMPLOYEE HEALTH PLAN DIRECTOR'S REPORT AND JANET I'LL TURN IT OVER TO YOU TO WALK US THROUGH THE REPORT. >> THIS IS JANET SKINNER, DIRECTOR. I'M GOING TO TRY TO BE

BRIEF SO THERE ARE TIME FOR QUESTIONS. MY DIRECT REPORT AGAIN STARTS ON PAGE 30 WITH THE LIST OF KEY ACTIVITIES THAT WE HAVE BEEN WORKING ON AT THE HEALTH PLAN AND I'LL GO INTO DETAIL ON SOME OF THEM. I WON'T READ ALL OF THEM TO YOU. THERE IS A COVID VACCINE INCENTIVE UPDATE FOR YOU AS YOU KNOW, THE COMMISSION APPROVED POINTS THROUGH THE WELLNESS PROGRAM OR CREDITS. AND AS OF THE 13th, YOU CAN SEE THE NUMBERS HAVE SLIGHTLY INCREASED SINCE THE LAST TIME WE REPORTED THIS. WE ALSO HAVE HAD SINCE THE CREDIT WAS OFFERED 310 NEWLY ACTIVATED HEALTHQUEST MEMBERS. SO THAT'S JUST INFORMATIONAL TO LET YOU KNOW HOW THAT IS MOVING ALONG. BASED ON DISCUSSIONS STARTING ON PAGE 32, THAT HAVE OCCURRED IN THIS COMMITTEE, THERE IS A LIST AND THE PROGRESS REPORT BASICALLY OF THE AUDITS THAT WE ARE UNDERGOING. AS YOU KNOW OUR AUDITS ARE POSTED ON OUR WEBSITE, AND I WILL -- IT WILL BE THE FIRST TRYING TO BRING BACK AT LEAST THE EXECUTIVE SUMMARY WHAT WE LANDED ON FOR THE COMMISSIONERS WHEN WE FINALIZE AN AUDIT. YOU CAN SEE RIGHT NOW THERE ARE A NUMBER OF THEM UNDERWAY. AND OUR -- WE'RE ABOUT TO EMBARK ON OUR FIRST EVER WELLNESS PROGRAM AUDIT, AS WELL. I HAD TALKED ABOUT THE NO SURPRISE ACT LEGISLATION. I JUST BRING THAT TO YOU AS AN UPDATE BECAUSE THERE ARE SOME FEDERAL LEGISLATIVE IMPACTS THAT WILL HAVE ON OUR PLAN, NOT NECESSARILY ANYTHING WE DO BUT IT WILL IMPACT OUR MEMBERS. AND WHAT THEY WILL RECEIVE. AGAIN, THIS LEGISLATION IS A PROTECTION FOR MEMBERS AGAINST ANY OUT OF STATE -- EXCUSE ME OUT OF NETWORK SURPRISE BILLING, COST SHARING, ET CETERA. WE WILL HAVE TO UPDATE COMPONENTS OF OUR DOCUMENT FOR THE PLAN, AS WELL AS SOME COMMUNICATIONS AND WE'LL BE WORKING ON THEM AS WE GET MORE INFORMATION. WE ARE IN CLOSE CONTACT WITH SEEING ALL, OUR CONSULTANT AND AETNA AND BLUE CROSS, AND WE'LL KEEP YOU POSTED. WE'LL ALSO BE NOTIFYING OUR HR LEADER COMMUNITY ABOUT THIS AS MORE INFORMATION ARISES. THE LAST ITEM IN THERE IS AN UPDATE.

YOU MAY OR MAY NOT BE AWARE OF IT, WITHIN OUR SEGAL CONTRACT WE HAVE A MARKET CHECK. THIS IS DONE EVERY OTHER PLAN YEAR BASICALLY, AND IT'S A MID CONTRACT, SO END OF YEAR THREE. WE HAVE THE CONTRACT CHECK WHERE THEY GO IN, SEGAL DOES AND REVIEW OUR PHARMACY BENEFIT MANAGER ON OUR PRICING, AND BASICALLY WE COMPARE WHAT OUR PRICING THAT WE CONTRACTED FOR LOOKS LIKE IF WE WERE DOING IT IN PRESENT DAY. AND THEN WE GO BACK AND WE RENEGOTIATE WITH AND FOR THE REMAINDER STARTING SEPTEMBER 1st THROUGH THE END OF THE CONTRACT WHICH WILL BE DECEMBER 31st OF '22 WE WILL SAVE \$11.3 MILLION BASED ON THE FINDINGS. WE PREVIOUSLY REPORTED WHEN WE DID THE REPORT ON UNDERSTANDING THE PLAN RESERVE THAT PART OF OUR FUNDING THERE WAS AN ADDITIONAL ROUGHLY \$4 MILLION THAT CAME FROM THE LAST MARKET CHECK, SO THIS WILL BE IN ADDITION TO. YOU CAN SEE THE FINDINGS FROM THAT MARKET CHECK. THAT'S REALLY FOR INFORMATION AND EDUCATION FOR YOU ALL. AND WITH THAT I WILL ENTERTAIN ANY QUESTIONS THAT YOU MAY HAVE FOR ME OR MY TEAM TODAY. THANK YOU. >> COMMISSIONERS, QUESTIONS FOR THE DIRECTOR. COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. VICKI SCHMIDT. JANET, I WAS WONDERING ON PAGE THREE ON THE NO SPRUCES ACT HAD A COUPLE QUESTIONS ABOUT WHERE IT SAYS VARIOUS COMPONENTS OF THE PLAN DOCUMENT WILL NEED TO BE UPDATED TO MEET THE REQUIREMENTS OF THE BILL. WHO IS GOING TO BE DOING THOSE UPDATES? WILL THAT -- WILL THAT BE SEGAL OR WILL THAT BE THE PLAN? >> SEGAL WILL WORK WITH US ON THOSE UPDATES. WE WILL HAVE TO ADOPT LANGUAGE THAT PROBABLY WILL BE PRETTY STANDARD LANGUAGE THAT MOST PLANS WILL HAVE TO ADOPT. A NOTE ON THE PLAN UPDATE IN GENERAL WE NEED A PLAN UPDATE DONE FORMALLY. WE TYPICALLY HAVE DONE THAT THROUGH GETTING INPUT FROM OUR VARIOUS LIKE ACTUARY AND WE UPDATED IT. IN THE RFP FOR THE NEW ACADEMIC CHEW AIR ALL WE WILL THEM DO THE UPDATE FOR US. >> SO ARE WE PLANNING ADDITIONAL MONIES TODAY FOR THAT UPDATE TO

WORK WITH SEGAL NOW? >> NO. >> ON THE GUIDANCE, WHERE IT SAYS THAT YOU'LL REMAIN IN CLOSE CONTACT WITH SEGAL AND OUR INSURERS ON THIS MATTER AND THE CHANGES IT IMPACT, SO WHO IS GOING TO BE SUGGESTING THE CHANGES? WILL THAT BE SEGAL OR OUR INSURER? >> THE FEDERAL GOVERNMENT WILL BE THE FIRST STARTING POINT THAT OUR INSURANCE COMPANIES WILL BE THE SECOND. AND THEN SEGAL WILL JUST TIE THE LOOSE ENDS WITH MAKING SURE WE COVER WITH OUR LEGAL LANGUAGE THAT WE'RE COVERING THAT. SO THAT WILL BE HOW IT -- I SEE IT PLAYING OUT RIGHT NOW. YOU KNOW HOW FEDERAL LEGISLATION GOES, THOUGH. COULD BE MIDNIGHT, DECEMBER 31st AND THEY MIGHT DELAY IT AGAIN, I DON'T KNOW. BUT THAT'S THE PLAN RIGHT NOW UNLESS THERE'S ANOTHER RECOMMENDATION. >> OKAY. I JUST WAS CURIOUS ON THE PROCESS. THANK YOU. >> THANKS. >> MADAM CHAIR -- >> PLEASE IDENTIFY YOURSELF. >> I'M CURIOUS HAVE THEY FINISHED THEIR RULES AND REGULARS AT THE FEDERAL LEVEL? BECAUSE THAT PROCESS TAKES SOMETIMES -- >> THIS IS SUPPOSED TO BE THE FINAL REG, YES. >> OKAY. IN EFFECT JANUARY 1st OF '22. OTHER QUESTIONS, COMMISSIONERS? ALL RIGHT. THANK YOU, JANET. COMMISSIONERS WE ARE ON AGENDA ITEM NUMBER FOUR, OUR FINANCIAL REPORT. FOR OUR NEW COMMISSIONERS THIS IS -- THIS WILL BE FOR ALL OF OUR NEW COMMISSIONERS THAT JOINED SINCE JULY 1. THIS IS FIRST TIME YOU HEARD THE FINANCIAL REPORT FROM SEGAL. WHEN WE MET IN JULY WE FOREGO THIS PARTICULAR REPORT BECAUSE WE WERE DOING ABBREVIATED MEETING. SO AS EACH OF YOU WENT THROUGH ORIENTATION, I KNOW THAT WALKED YOU THROUGH A LITTLE BIT OF WHAT THE FINANCIAL LOOKS LIKE, BUT THIS IS PART OF THE MEETING MATERIALS. THERE IS ALSO LETTER THAT WAS RECEIVED FROM SEGAL ON '86 IN RESPONSE TO FOLLOW UP QUESTIONS FROM THE JULY MEETING, COPY OF THAT LETTER IS ACTUALLY IN APPENDIX. AND SEGAL WILL SAY ON THE LINE -- THEY'LL WALK US THROUGH THEIR FINANCIAL REPORT AND THEN THEY WILL SAY ON THE LINE AFTERWARDS TO ANSWER ANY QUESTIONS ABOUT THE FINANCIAL REPORT. SO WHO DO I HAVE

ON THE LINE FROM SEGAL? IS KEN WITH US? >> THIS IS KEN. PATRICK IS ON, AS WELL. >> HI, KEN AND PATRICK. CAN YOU ALL INTRODUCE YOURSELVES AS WE DO HAVE OVER HALF OF OUR COMMISSIONERS ARE NEW WITH JUST YOUR NAMES AND YOUR TITLES. >> SURE. I'M KEN SENIOR VICE PRESIDENT WITH SEGAL. I'VE BEEN WITH THE COMPANY SINCE 2012. PATRICK YOUR VIDEO IS NOT ON. I DON'T KNOW IF YOU -- >> YEAH, CAN YOU HEAR ME? >> WE CAN -- YOU ARE SLIGHTLY MUTED AND THERE IS A THUMPING COMING THROUGH WITH YOURS. PATRICK IT SOUNDS LIKE YOU'RE A LITTLE BIT CLEARER BUT GO AHEAD PATRICK. >> SO I CLICKED ON -- I'M SHARING MY WEB CAM. I'M NOT SURE WHY IT'S BLACKING OUT. I KNOW I'VE DONE THIS A MILLION TIMES ON THIS COMPUTER, NEVER HAD THIS ISSUE SO I'M NOT SURE. BUT ANYWAY MY NAME IS PATRICK KLEIN, VICE PRESIDENT AT SEGAL, AND WORK WITH KEN ON A LOT OF OUR STATE GOVERNMENT ACCOUNTS. >> ALL RIGHT. >> JUST TO SEE IF IT WORKS BETTER. >> CAN YOU HEAR ME BETTER? >> KEEP TALKING, KEN. >> CAN YOU HEAR ME BETTER? >> YES. THANK YOU. >> OKAY. I'LL DO THAT. I GUESS THE MIC IS NOT WORKING RIGHT OR SOMETHING. SO I GUESS IN GENERAL WE HAVE BEEN DOING THE FINANCIAL UPDATES AND WE UPDATED WITH THREATEN AND THE LAST TIME WAS TWO MONTHS AGO WE HAVE TWO MORE MONTHS OF DATA AND WE ALSO HAD AT THE LAST MEETING, TWO MEETINGS AGO YOU DID A BUNCH OF PLAN CHANGES AND CONTRIBUTION CHANGES IMPACTED THE FINANCIALS. SO I'M GOING TO LET PATRICK WALK THROUGH THE LETTER AND THE DETAILS OF IT, AND I GUESS SINCE THERE ARE NEW COMMISSIONERS PLEASE TELL US AT ANY POINT IN TIME, JUST STOP US AND ASK QUESTIONS ALONG THE WAY. >> COMMISSIONERS BECAUSE THEY CAN'T QUITE SEE US, I WILL LOOK AROUND AND TRY TO KEEP EYE CONTACT IN CASE THERE ARE QUESTIONS AS THEY GO ALONG. GO AHEAD, KEN. >> ALL RIGHT. SO THANK YOU. AS KEN MENTIONED, SO WE HAVE DATA THROUGH JULY. WE'VE ALSO INCORPORATED ALL THE CHANGES THAT WERE AGREED UPON FOR 2022, PLAN CHANGES AS WELL AS FUNDING CHANGES. ALSO THERE WAS A REQUEST TO ADD 2025,

SO THIS IS MULTI-YEAR PROJECTION. LAST VERSION WE WERE THROUGH 2024 AND NOW WE'RE OUT THROUGH 2025. SO IF WE STARTED AT PAGE 36 OF THE PACKET, THE FIRST SECTION HIGHLIGHTS THE YEAR-TO-DATE ACTUAL EXPERIENCE AGAINST THE ORIGINAL BUDGET. SO THROUGH JULY THERE IS ROUGHLY \$1 MILLION GAIN ON THE REVENUE SIDE. THAT'S ABOUT .4%. AND THEN \$3 MILLION ON THE EXPENSE SIDE THAT COMES OUT TO 1.1%. SO THE TOTAL LOSS THROUGH JULY IS \$2 MILLION. AND IF YOU RECALL IN THE LAST REPORT FOR THE COMMISSIONERS THERE WERE PRESENT WE HAD A SLIGHT GAIN THROUGH MAY. AND THE REASON WHY SOME OF THAT FLIPPED IS REALLY UPTICK IN EXPERIENCE. WE SAW IN THE MEDICAL AND PHARMACY CLAIMS FOR JUNE AND JULY. AND THEN AS ALWAYS, THERE IS MORE DETAIL THAT CAN BE FOUND IN THE 2021 MONTHLY VARIANCE REPORT THAT STARTS ON PAGE 47 OF THE PACKET. >> JUST SO -- FOR ALL THE NEW COMMISSIONERS WE DID MAKE A MONTHLY ROLL OUT OF THIS. I THINK WE ENDED PROBABLY 40 YEARS AGO IN THE CONTRACT, SO EVERY MONTH YOU CAN SEE WHAT THE EXPECTED LEVELS ARE. SO WE DO SEASON ADJUSTED SO WE EXPECT HIGHER CLAIMS TOWARDS THE END OF THE YEAR. SOMETIMES WE HAVE A LITTLE BIT MORE GAIN THERE BECAUSE WE'RE MORE CONSERVATIVE THE END OF THE YEAR. SO YOU CAN SEE THOSE BACK ON THE FOLLOWING PAGES, PHARMACY TENDS TO PICK UP TOWARDS THE END OF THE YEAR EVEN MORE SO. SORRY, I DIDN'T MEAN TO JUMP IN. >> YOU'RE GOOD. SO MOVING TO PAGE 37, THERE IS A SECTION ON ENROLLMENT. AND THIS SHOWS HOW THE ENROLLMENT HAS CHANGED FROM THE BEGINNING OF THE PROJECTION TO NOW. SO AS YOU CAN SEE, THE ENROLLMENT HAS DECLINED .7% OVERALL. AND THAT DECLINING HEAD COUNT DOES IMPACT FUTURE PROJECTIONS, BUT IT LOWERS BOTH THE CLAIMS AND THE REVENUE EXPECTED SIMULTANEOUSLY. SO NOT A HUGE NET IMPACT. AND THEN THE BOTTOM TABLE SHOWS THE ENROLLMENT FOR JULY. THAT'S THE MOST CURRENT ENROLLMENT WE HAVE. THAT'S THE BASIS OF THE FUTURE PROJECTIONS. AND WE BROKEN IT OUT BY PLAN AND BY GROUP JUST FOR REFERENCE SO WE KNOW WHERE ALL THE

CONTRACT STANDS. >> WE HAD DECREASED ENROLLMENT THE LAST COUPLE YEARS BUT IN THE PROJECTIONS WE REALLY USE A SNAPSHOT OF WHAT THE CURRENT LEVEL IS. LIKE PATRICK SAID THEY DO KIND OF MOVE TOGETHER A LITTLE BIT ALTHOUGH AS WE DECLINE THE PREMIUM GOES AWAY FASTER THAN THE PAID CLAIMS. SO THAT IS A SHUN WE COULD MODIFY IF YOU WANTED TO OVERTIME TO MAKE IT SLOW DECREASE, BUT LIKE PATRICK SAID DOESN'T A HUGE IMPACT ON THE NUMBERS. >> SO IF THERE IS NO QUESTIONS WE CAN MOVE ON TO PAGE 38 OF THE PACKET. THIS IS THE MULTI-YEAR PROJECTION. AND SO THE TABLE SHOWS PROJECTION SHUN BROKEN UP BY THE MAJOR CATEGORIES AND AGAIN WE'RE NOW THROUGH 2025. IT'S RELATIVELY SMALL, RIGHT? AND WE DID -- WE HAVE SEEN DENTAL CLAIMS ACTUALLY IMPROVE, SO KIND OF AN OFFSETTING IMPACT THERE. BUT REALLY TUG ABOUTEST DIFFERENCE FROM THE LAST REPORT HAS TO DO WITH THE MAJOR CHANGES THAT WERE AGREED UPON IN 2022, SO THERE WAS CHANGES THROUGH TO THE FUNDING AND PLAN DESIGN CHANGES. AND SO AS YOU CAN SEE ON THAT BOTTOM LINE FOR CY 2022 THAT PROJECTED RESERVE BALANCE IS SITTING JUST UNDER \$52 MILLION. AND LAST TIME IN THIS SAME REPORT WE WERE AT \$65.5 MILLION. SO THAT'S ABOUT A \$13.5 MILLION DROP. GRANTED WE WERE ABOVE OUR RESERVE TARGET, SO THERE IS MONEY TO LAY WITH THERE BUT IT DOES HAVE AN IMPACT ON FUTURE NUMBERS THAT WE SHOW. AND THEN JANET MENTIONED A MARKET CHECK THAT WAS JUST COMPLETED FOR THE PHARMACY CONTRACT, SO IN THE NEXT PROJECTION WANT TO MAKE SURE THAT WE MAKE THOSE SAVINGS THEN. ANY QUESTIONS THERE? >> THIS IS REBECCA. I WANTED TO ASK YOU WHAT IS THE TARGET BALANCE RANGE THAT WE'RE GENERALLY LOOKING FOR? >> ALL RIGHT. THAT'S A GREAT QUESTION BECAUSE THAT'S OUR NEXT SECTION. YOU'RE TALKING ABOUT THE RESERVE TARGET I ASSUME? >> YES. >> OKAY, YES. IF WE MOVE TO PAGE 39 OF THE PACKET, SO THIS IS OUR FUNDING AND RESERVE PAGE. CURRENTLY WE'RE PROJECTING -- TARGETING 13% OF THE PROJECTED SELF INSURED CLAIMS. AND THAT'S REALLY A COMBINATION OF TWO PIECES. GOT 7.5% FOR

THE IBNR, AND THEN 5.5% FOR CLAIMS FLUCTUATION PIECE. DOES THAT ANSWER YOUR QUESTION? >> WOULD IT BE POSSIBLE TO ANSWER IN REAL NUMBERS? >> OH, SURE. SO IT DOES -- IN THE TABLE BELOW -- TRYING TO THINK. ONE, TWO, THREE, FOUR -- THE FOURTH LINE SHOWS THE TARGET RESERVE. SO DOES VARY BY YEAR. SO IF YOU'RE LOOKING AT FY 22, IT'S \$54.1 MILLION. >> THE TOP LINE OF THAT CHART IS ALL THE COMPONENTS THAT IS USED FOR THE CALCULATION AND THE SECOND LINE IS FOR YOUR RESERVE, THE 7 1/2 PERCENT. THE THIRD LINE IS 5.5% AND THE FOURTH LINE IS THE TOTAL. THE GOAL IS TO BALANCE THE RESERVE AND THE CASH BALANCE, TO THIS LEVEL, AT THE END OF THE PERIOD. SO WHEN WE DID THIS LAST QUARTER WE ACTUALLY BALANCED IT TO THE END OF 2024, NOW THAT WE HAVE ANOTHER YEAR WE BALANCED IT TO 2025. THAT'S KIND OF WHY YOU KIND OF GO MORE NEGATIVE AND LITTLE BIT POSITIVE AT THE END TO MAKE IT UP. >> THANK YOU. >> ONE OF THE THINGS TO NOTE IS WE ACTUALLY WILL HAVE -- COME BACK TO THIS, A GREAT POINT, THIS DISCUSSION AROUND THE RESERVE AND THE TARGET BALANCES. WE HAVE SLATED FOR THE OCTOBER MEETING TO DISCUSS HB 2218 WHICH IS AT COMMISSIONER DECHANT REQUEST, AND FOLLOWING UP ON OUR JUNE 18th HCC MEETING WHERE THERE IS LANGUAGE IN HB 2218 THAT TALKS ABOUT LOOKING AT OUR BALANCES OVERALL AND RESERVE BALANCES IN RELATIONSHIP TO A TARGET AMOUNT. AND UNDERSTANDING WHERE WE ARE FROM THAT. AND SO WE WILL COME BACK TO THIS AND IN BETWEEN FOR OUR NEWER COMMISSIONERS TO MAKE SURE YOU HAVE ALL THE BACKGROUND INFORMATION. SO THAT WE CAN HAVE A ROBUST CONVERSATION AT THE OCTOBER MEETING. BUT IT IS SLATED FOR A FUTURE CONVERSATION, AS WELL. THIS IS A PIECE OF THAT BACKGROUND. >> SO THE LAST -- >> PATRICK ONE MORE SECOND. COMMISSIONER -- >> BRENDA, MAYBE THIS ISN'T THE A PEPPERY AT TIME BUT I'M STILL STRUGGLING IN TRYING TO FIGURE OUT WHAT MEDICARE IN THE STATE EMPLOYEE PLAN HAVE TO DO WITH EACH OTHER. >> JANET. >> THE STATE PLAN IS FUNDED BY THE MEMBERS, BASICALLY IN THE STATE IT'S

COMBINED MEDICARE IS PAID FOR BY THE MEMBER 100%. WE JUST ADMINISTER THAT FOR THEM. >> LIKE ANYTHING TO ADD TO THAT? >> ARE YOU ASKING JUST IN GENERAL WHERE THAT COMES INTO THIS? >> MIKE, PLEASE. >> STATE EMPLOYEE HEALTH PLAN, SO WHERE THE STATE EMPLOYEE HEALTH PLAN IS INVOLVED WITH MEDICARE OR THE TWO CONTRACTS THAT THE COMMISSION WILL REVIEW TODAY, ONE IS THE MEDICARE ADVANTAGE PLANS AND THE OTHER IS THE MEDICARE US-P PLANS AND THOSE ARE FULLY INSURED PRODUCTS WITH THE ABOUT MEMBERS PAY 100% OF THAT PREMIUM. WE WORK AS A PASS THROUGH FOR THAT PREMIUM BACK TO THE COMPANY WHO ADMINISTERED THE CLAIMS. SO THAT'S THE INVOLVEMENT THAT THE STATE EMPLOYEE HEALTH PLAN HAS WITH MEDICARE. DOES THAT HELP? OKAY, THANKS. >> ANY OTHER QUESTIONS COMMISSIONERS? >> YEAH, I WOULD JUST CORRECT ME IF I'M WRONG BUT THE ADVANTAGE TO THE PEOPLE ELIGIBLE FOR MEDICARE YOU'RE GROUPING THEM TOGETHER, THEY HAVE AN OPPORTUNITY TO GET A MORE AFFORDABLE PLAN DOING IT THIS WAY VERSUS JUST GOING OUT AND SHOPPING ON THEIR OWN. >> I BELIEVE THAT'S CORRECT. >> ANYMORE QUESTIONS OR COMMENTS, COMMISSIONERS? >> IT WAS LIKE WHY ARE WE DOING THAT? SO THEN HOW DO WE KNOW WHAT THE PRIVATE MARKET BUY AN INDIVIDUAL VERSUS A GROUP IS WHAT YOU'RE SAYING ON THE ADVANTAGE AND THE SUP, IS THAT CORRECT? HOW DO WE KNOW WHAT THOSE RATES ARE? >> MIKE, GO AHEAD. >> MIKE MICHAEL AGAIN. STATE EMPLOYEE HEALTH PLAN, THROUGH THE RFP PROCESS THE QUESTIONS ARE ASKED OF THE COMPANIES, AND THEY BRING THOSE RATES ARE REALLY TO THE ADVANTAGE OF THE GROUP AS COMMISSIONER PRESENT POINTED OUT. ALL THE RATES ARE FILED WITH THE CANCELS INSURANCE DEPARTMENT BY THOSE PLANS, SO OUR MEMBERS DO GET A GOOD RATE BY OFFERING THAT, PLUS ONE OF THE OTHER BENEFITS IS THE MEMBERS HAVE THE ABILITY TO KNOW THAT THE STATE THE COMMISSION HAS REVIEWED THOSE AND APPROVED IT IN A ONE STOP SHOP FOR THOSE MEMBERS THAT ELECT TO DO THAT. THE MAJORITY OF OUR ENROLLMENT IS IN OUR MEDICARE

SUPPLEMENT PLANS. NOT HAD A LARGE UPTAKE IN OUR MEDICARE ADVANTAGE PLANS, CLOSER TO 8,000 IN MEDICARE SUP PLANS, SO -- >> SO IF I WANTED TO LOOK AT THOSE IT WOULD BE WITH YOU OR WITH THE INSURANCE COMMISSIONER? FOR A REPORT ON THE INDIVIDUAL VERSUS WHAT THE GROUP IS? >> WE HAVE BROUGHT THE RATES FOR THOSE PLANS TODAY FOR THE EMPLOYEES. NOT THE -- >> ONE OF THE OTHER BENEFITS THAT OUR MEMBERS SEE WHEN YOU GO TO THE PRIVATE MARKET THOSE ARE AGE BANDED AND SO AS A GROUP YOU MAY PAY A LITTLE BIT MORE AS YOU ENTER THAT AT AGE 65, BUT MOST FOLKS THEN YOU PAY LESS AS YOU GO FORWARD THAN YOU WOULD ON THE PRIVATE MARKET. SO THAT IS ANOTHER POSITIVE FOR THAT MEMBERSHIP. >> TO CLARIFY ONE OF THE QUESTIONS WAS IS TO BE ABLE TO RECEIVE THAT INFORMATION WHERE IS THE BEST PLACE? DO WE -- CAN WE PROVIDE THAT OR IS THERE A BETTER SOURCE? >> I WOULD DEFER TO COMMISSIONER SCHMIDT. >> THIS IS VICKI SCHMIDT. YOU KNOW, I GUESS YOU JUST GOT THROUGH SAYING MR. MICHAEL THAT THAT IS IN THE RFP PROCESS THAT YOU HAVE THOSE RATES. I THINK THAT'S -- >> NOT THE PUBLIC RATES. THOSE WERE QUESTIONS THAT ARE ASKED DURING RFP PROCESS AS FAR AS THE RATES FOR OUR MEMBERS, WE DO NOT HAVE ALL OF THE RATES THAT THE KANSAS INSURANCE DEPARTMENT WOULD HAVE FOR ALL THOSE PRODUCTS. >> SO I GUESS VICKI SCHMIDT AGAIN, SO I GUESS THAT BRINGS THE FOREFRONT THEN IF YOU'RE SUPPOSED TO BE - - IF THE PROCUREMENT PROCESS IS SUPPOSED TO BE COMPARING THAT, HOW CAN YOU COMPARE THAT IF YOU HAVEN'T ASKED THE INSURANCE DEPARTMENT OR ANYBODY ELSE FOR THOSE RATES? >> WE'RE PROBABLY BASING IT ON OUR PREVIOUS CONTRACTS AND SO FORTH. SO WE'RE NOT CROSS-REFERENCING THE QUESTION. HE'S TALKING ABOUT THAT WE ASKED BECAUSE THEY KNOW THEY HAVE TO FILE WITH THE INSURANCE COMMISSIONER. SO I DON'T HAVE AN ANSWER FOR YOU. I WOULD SUGGEST THE INSURANCE COMMISSION IS WHERE YOU WOULD GET THE RATES FOR THE INDIVIDUAL THAT ARE CURRENTLY FILED. I CAN'T TELL YOU WHAT THE RATES ARE GOING TO BE FOR 1/1/22, BECAUSE I

DON'T KNOW WHEN THOSE -- THEY SET THOSE FOR THE INDIVIDUALS. I REALLY DON'T. SO THAT WILL HAVE TO BE A FOLLOW UP FROM US. >> WE WOULD BE HAPPY TO SUPPLY THOSE RATES TO THE COMMISSION. >> THANK YOU. IT'S REALLY THE INDIVIDUAL. WE'VE BEEN IN THAT SITUATION THAT IS DOING THEIR OWN SHOPPING, SO THEY CAN COMPARE WHAT THEY WOULD BE ELIGIBLE FOR AND IT'S GOING TO BE DIFFERENT BASED ON WHAT THEY WOULD -- WHAT KIND OF POLICY THEY WANT VERSUS WHAT THEY'RE ABLE TO GET AT THE STATE. SO THE INDIVIDUAL MAKING -- GOING OUT SHOPPING THEY'RE ELIGIBLE TO BE PART OF THE STATE PLAN AS A RETIREE, BUT THEY MAY CHOOSE NOT TO BE. THEY MAY FIND -- THEY MAY HAVE AN OPPORTUNITY FOR A BETTER DEAL, SO I THINK IT'S PRETTY HARD TO MAKE ANY KIND OF A GENERAL STATEMENT ABOUT IT BECAUSE EVERYBODY IS GOING TO BE -- EACH INDIVIDUAL IS GOING TO BE SHOPPING FOR WHAT'S BEST FOR THEM. IT'S JUST GREAT WE HAVE AN OPPORTUNITY THROUGH THE STATE PLAN TO POOL THOSE PEOPLE AND OFFER SOMETHING THAT PROBABLY IN MANY CASES IS GOING TO BE BETTER THAN THEY CAN GET IN THE OPEN MARKET. >> ANY OTHER COMMENTS, COMMISSIONERS? >> THANK YOU. I GUESS NUMBER ONE IS HOW DO EMPLOYEES MAKING THAT DECISION KNOW ABOUT THIS MEDICARE OPTION? BECAUSE I CAN GUARANTEE YOU THEY ALL DON'T KNOW THAT. I HAPPEN TO BE ONE OF THOSE THAT DID NOT KNOW THAT. AND NUMBER TWO IS YOU KNOW I WOULD BE INTERESTED IN, YOU KNOW, IS IT ONE COMPANY? IS IT TWO COMPANIES? IS IT THREE COMPANIES? THAT WE'RE COMPARING. AND I'M A LITTLE CONCERNED TO HEAR THAT THE AMOUNTS ARE FROM PREVIOUS REPORTS, BECAUSE THOSE RATES I BELIEVE ARE DUE OCTOBER 1 THIS YEAR. THAT WAY EVERY SINGLE YEAR. >> SO I'M GOING TO -- COMMISSIONERS TEAM, I'M GOING TO ASK THAT WE HOLD THIS PIECE. I WANT US TO CLOSE THE FINANCIAL AND AS WE MOVE INTO THOSE CONTRACTS IT WOULD BE HELPFUL TO PUT THEM IN THAT FRAME AND ANSWER THAT AND IF THERE ARE OTHER QUESTIONS TO BE ABLE TO ADDRESS IT. >> THAT'S FINE. >> THANK YOU. ANY OTHER QUESTIONS FOR SEGAL? WE ARE --

THEY'RE WALKING US THROUGH, WE'RE ON PAGE 39, AND PATRICK I'M GOING TO KICK IT BACK OVER TO YOU AS YOU WALK US THROUGH THE LAST FEW PAGES. AND THEN WE WILL MOVE FORWARD. >> THANK YOU. SO I THINK WE HIT ON 39, AND HIT THE MAJOR POINTS. I JUST WANT TO SAY THAT IF WE WERE LOOKING AT THIS BEFORE, WE WERE 4.7, THAT WAS THE MAGIC FUNDING TARGET THAT WE HAD. AND THAT WAS BEFORE ANY CHANGES WERE MADE IN 2022. SO NOW WE'RE AT 7.5 AND I WANTED TO STEP EVERYONE THROUGH HOW WE'RE GOING FROM 4.7 TO 7.5. SO FIRST IN 2022, WE HAD 4.7 FOR EMPLOYER AND EMPLOYEES, SO NOW THAT IS FIVE AND ZERO, SO REALLY IT'S NEGATIVE 2% FOR SOME OF THE SPOUSAL TIERS BUT WE SHOW ZERO THERE. I HAVE A FOOTNOTE. BUT THAT ALONE IS WORTH 1.5% AND THEN WE HAVE A PLAN CHANGE SO BENEFIT ENHANCEMENT FOR ALL THE PLANS. THAT'S A 2.2% INCREASE. AND EXTENDING IT OUT TO 2025 THAT WAS WORTH 1%, SMOOTHING OUT THAT CHANGE OVER ANOTHER YEAR. AND THEN THE EXPERIENCE WAS WORTH .2%. THAT IS .2% INCREASE. THE UPTICK IN THE MEDICAL AND PHARMACY. >> THAT WAS A NEGATIVE, RIGHT? INSTEAD OF A ADDED? RIGHT? 1%, OR WHATEVER, THAT'S A NEGATIVE PULLED IT BACK DOWN. >> YEAH. EXACTLY. >> OKAY. SO THAT'S ALL THE STUFF. AND NEXT PAGE WE GO THROUGH WHAT WOULD HAPPEN UNDER VARIOUS TREND SCENARIOS. IF YOU'RE 2% HIGHER ON TREND FOR NEXT FOUR YEARS, AND 2% LOWER THERE IS THE BIG RANGE WHICH OBVIOUSLY IT'S A CUMULATIVE NUMBER. WE CAN GIVE YOU A FEEL FOR A BIG NUMBER CAN SWING THE DOLLAR VALUE SIGNIFICANTLY OVER TIME. AND THE LAST FEW PAGES ARE REALLY ALL OUR DIFFERENT ASSUMPTIONS IN THE MODEL. SO WE WRITE UP ALL THE DIFFERENT ASSUMPTIONS SO YOU CAN WALK THROUGH ALL OF THOSE. THE ATTACHMENTS ARE DETAILED FOR DIRECTIONS, MONTHLY VARIANCE REPORT SO YOU CAN SEE THE FLOW THAT COMES OUT, WHAT TO EXPECT. DID I MISS ANYTHING, PATRICK? DID YOU HAVE OTHER STUFF YOU WANTED TO TALK ABOUT? >> THAT'S IT. >> COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. THANK YOU FOR THAT PRESENTATION. BACK

ON PAGE 36, I WANTED TO MAKE SURE YOU DIDN'T COVER IT IN YOUR ORAL REMARKS. BUT ON PAGE 36, I KNOW THAT IN THE PAST I'VE REQUESTED THAT WE HAVE THAT CONTRACT FEES BROKEN DOWN AND IT'S STILL NOT BROKEN DOWN ON THIS TABLE, EVEN THOUGH I UNDERSTAND THIS IS A PROJECTION SUMMARY. I THINK THOSE CONTRACT FEES ARE IMPORTANT. AND I GUESS FOR ME THOSE CONTRACT FEES ALSO BRING UP ANOTHER ISSUE FOR ME. YOU KNOW, WE HAVE REQUIRED CONTRACTS AND AMENDMENTS THAT -- AND THE AMENDMENTS, THIS IS -- LET ME BE VERY CLEAR BEFORE I START DOWN THIS ROAD. THIS IS NOT A SHOT AT THE CURRENT ADMINISTRATION AND NOT A SHOT AT ANY OF THE SECRETARIES OF ADMINISTRATION. I'M JUST TRYING TO UNDERSTAND THINGS. THE AMENDMENTS WITH SEGAL WOULD BE INCLUDED IN THAT CONTRACT FEES, I ASSUME. AND IT LOOKS LIKE AFTER RECEIVING DOCUMENTATION THAT AMENDMENTS HAVE BEEN ENTERED INTO BY CERTAINLY PREVIOUS SECRETARY OF ADMINISTRATIONS AND YOU KNOW BY THE CURRENT SECRETARY OF ADMINISTRATION. BUT NEVER HAD ANY INPUT OR ANY EVEN AGREEMENT FROM THE HEALTHCARE COMMISSION TO ENTER INTO THOSE AMENDMENTS. YOU KNOW, THE REQUESTS COME FORWARD AND I'VE PROBABLY BEEN A PART OF REQUESTING SOME OF THOSE -- THAT ADDITIONAL INFORMATION, BUT I HAD NO CLUE UNTIL WE SAW SOME OF THE AMENDMENTS WITH THE SEGAL CONTRACT THAT THERE WERE EXTRA CHARGES THAT WERE GOING TO BE INCURRED IN ASKING THOSE THINGS. FOR EXAMPLE, AMENDMENT NUMBER EIGHT IS A BENCHMARKING STUDY AND I HAD NO CLUE THAT HCC THAT THE STATE EMPLOYEE HEALTH PLAN WOULD BE CHARGED \$25,000 FOR THAT. I ASSUME THAT THAT WAS INCLUDED IN THE \$22,000 A MONTH THAT WE PAY SEGAL. AND SO THERE WAS NO AWARENESS THAT THAT WAS GOING TO COST THAT. I REALLY HAVE DONE A LOT OF THINKING ABOUT THIS, AND I BELIEVE THAT THE HCC SHOULD BE CONSULTED ON ANY AMENDMENTS TO ANY CONTRACTS THAT THE SEHP ENTERS INTO, AND I THINK THAT WE ACTUALLY NEED TO AN INDEPENDENT ATTORNEY FOR THESE SERVICES, AND I WOULD SUGGEST THAT

WE CONTRACT, THE HCC CONTRACT FOR THESE SERVICES JUST LIKE OTHER BOARDS AND COMMISSIONS DO, AND I'M FAMILIAR WITH THAT ON OTHER LEVELS, AND I THINK WE OUGHT TO DO THAT. SO HAVING SAID ALL THAT, I DO HAVE A MOTION THAT I WOULD LIKE TO MAKE. I WOULD LIKE TO MOVE THAT THE HCC OPEN DISCUSSIONS WITH THE KANSAS ATTORNEY GENERAL TO OFFER INDEPENDENT COUNSEL TO THE HEALTHCARE COMMISSION. THE ATTORNEY GENERAL'S OFFICE HAS A LEGAL OPINION AND GOVERNMENT COUNSEL DIVISION THAT WOULD BE APPROPRIATE FOR HANDLING THE JOB AT HAND. AGAIN, THIS IS NOT A NEGATIVE REFLECTION ON THE COUNCIL OF THE DEPARTMENT OF ADMINISTRATION. HOWEVER, THE DEPARTMENT OF ADMINISTRATION COUNSEL DOES DIRECTLY REPORT TO ONE COMMISSIONER. THE HCC NOW HAS SEVEN MEMBERS, TWO FROM THE LEGISLATURE, ONE STATEWIDE ELECTED OFFICIAL AND ONE IS A GOVERNOR'S CABINET MEMBER. COLLECTIVELY WE ARE AN INDEPENDENT AGENCY THAT DESERVES INDEPENDENT COUNSEL. THE AG OFFICE HAS OPEN MEETINGS AND THE TYPE OF GENERAL COUNSEL EXPERTISE THAT WE NEED. AND I WOULD LIKE TO MOVE AGAIN THAT WE -- THE MOTION WOULD BE THAT WE OPEN -- HCC OPENS DISCUSSIONS WITH KANSAS ATTORNEY GENERAL TO OFFER INDEPENDENT COUNSEL TO THE HEALTHCARE COMMISSION. >> THERE IS A MOTION ON THE FLOOR. IS THERE A SECOND? >> I WILL SECOND IT FOR THE SAKE OF DISCUSSION. >> IT IS SECONDED, AND NOW WE ARE IN DISCUSSION. COMMISSIONERS. >> COMMISSIONER GASTIN. >> MY QUESTION WOULD BE IF WE WANT INDEPENDENT COUNSEL, NOT SAYING -- IF WE WANT INDEPENDENT COUNSEL WHY NOT HIRE A PRIVATE ATTORNEY INSTEAD OF USING A GOVERNMENT AGENCY? >> IS THAT QUESTION TO ME? OKAY, VICKI SCHMIDT. I THINK IT'S BECAUSE KANSAS ATTORNEY GENERAL'S OFFICE DOES PROVIDE THAT COUNSEL TO MANY BOARDS AND COMMISSIONS ALREADY. THIS IS A HEALTHCARE COMMISSION. WE ARE A COMMISSION. I THINK THE ATTORNEY GENERAL DOES THAT. THE MOTION IS TO ENTER DISCUSSIONS WITH THE KANSAS ATTORNEY GENERAL'S OFFICE. IF WE DECIDE WE WANT TO GO TO A PRIVATE ATTORNEY

OR PRIVATE FIRM TO DO THAT I THINK THAT IS PERFECTLY FINE. BUT I WOULD START WITH A DISCUSSION WITH THE ATTORNEY GENERAL'S OFFICE, BECAUSE WE DON'T HAVE INDEPENDENT COUNSEL ON THIS BOARD. YOU DO NOT HAVE -- I CANNOT -- YOU DON'T HAVE AS A COMMISSION, I UNDERSTAND YOU ARE AN ATTORNEY, SO YOU KNOW, YOU WOULD HAVE THAT EXPERTISE, BUT I DON'T HAVE THAT EXPERTISE AND I -- I THINK THAT WE NEED AN INDEPENDENT COUNSEL TO THE HEALTHCARE COMMISSION. >> COMMISSIONER IN SCHMIDT YOU KNOW WHICH COUNSEL AND BOARDS THE ATTORNEY GENERAL PROVIDES THAT COUNSEL TO? >> I KNOW THEY PROVIDE TO THE BOARD OF PHARMACY, I THINK THEY DO THE BOARD OF HEALING ARTS. THEY PROVIDE TO MOST OF THE BOARDS THAT PROFESSIONAL BOARDS, CERTAINLY. I KNOW THEY DO TO THE EMERGENCY SERVICES BOARD. I MEAN THEY PROVIDE IT TO -- OH, TRAUMA ADVISORY COUNCIL, WAS MISSING MY WORDS. THE ADVISORY COMMITTEE ON TRAUMA. THEY PROVIDE IT TO COUNTLESS -- THAT'S PART OF THEIR JOB AS THE ATTORNEY GENERAL. >> THANK YOU. >> COMMISSIONERS, OTHER COMMISSIONERS? COMMENTS? COMMISSIONER DECHANT. >> STEVE DECHANT, COMMENT. THIS STRIKES ME AS A PRETTY BROAD QUESTION OR SUGGESTION WITH THE MOTION. I'M FEELING BLINDSIDED, AND I'M FEELING LIKE I -- WHAT I WOULD RATHER SEE IS REFER THIS TO ANOTHER MEETING WHERE MORE INFORMATION CAN BE GATHERED TO HAVE TO REVIEW AHEAD OF TIME, AND I'M NOT SURE WHO WOULD BE GATHERING THAT, WHETHER IT WOULD COME FROM YOU AND YOUR OFFICE, VICKI, AND OR FROM THE SEHP. >> WELL -- >> I'M FEELING LIKE WE'VE GOT LARGE AGENDA AS IT IS, AND FOR ME THERE NEEDS TO BE A GOOD DEAL OF TIME AND DISCUSSION OR AT LEAST TIME AND REVIEW FOR ME TO LOOK AT THE ISSUE AND BE ABLE TO LOOK AT WHY WE OUGHT TO CONSIDER OR SHOULDN'T CONSIDER. AND I KNOW THAT YOUR MOTION IS TO I THINK EXPLORE OR CONSIDER, TO ME THAT SAYS WE'RE WANTING TO DO THAT. WE'RE JUST WANTING TO DECIDE WHETHER OR NOT THE ATTORNEY GENERAL OFFICE OR STAY WITH A PRIVATE ATTORNEY. SO I WOULD RATHER WE DEFER THIS

ISSUE, AND COMMIT TO COMING BACK TO IT BUT WITH SOME BACKGROUND INFORMATION TO REVIEW BEFORE WE GO INTO DISCUSSION. >> OTHER COMMISSIONERS? COMMISSIONER GASTON. >> CAN I MAKE A COMMENT? >> YES. >> I FEEL LIKE IF WE'RE HAVING THE DISCUSSION ABOUT THE ATTORNEY GENERAL OR EVEN ATTORNEYS AT ALL WE'RE MAYBE SKIPPING THE STEP OF WHAT DO WE FEEL THAT WE NEED THEM FOR? AND SO I THINK THAT'S WHERE WE SHOULD START IF WE WANT TO HAVE THAT DISCUSSION. >> THIS IS SANDY PRAGER. I WAS GOING TO MAKE THE SAME COMMENT. I THINK WE SHOULD EXPLORE HOW OFTEN WE MIGHT WANT TO RELY ON SOME LEGAL COUNSEL FOR THESE CHANGES, AND CERTAINLY NOT HAVE IN THE MOTION A RECOMMENDATION THAT WE LOOK AT THE ATTORNEY GENERAL OR OTHER OPTIONS. I THINK WE SHOULD KEEP IT WHEN THE TIME COMES, WE SHOULD KEEP IT OPEN TO A MORE GENERAL DISCUSSION AND -- BUT I DEFINITELY THINK IF WE'RE GOING TO EXPLORE THIS, WE SHOULD BE THINKING ABOUT -- WE SHOULD ASK THE EMPLOYEES HEALTH PLAN TO LOOK AT WHERE MIGHT IT BE APPROPRIATE FOR US TO HAVE THIS KIND OF LEGAL REVIEW AND HOW OFTEN MIGHT THAT COME UP. >> COMMISSIONER SCHMIDT. >> THANK YOU. WELL, I GUESS I KIND OF WOULD LIKE TO ASK WE HAVE THE FIDUCIARY RESPONSIBILITY FOR THE EXPENDITURE OF MONEY AND YET IN NO TIME THAT I'VE BEEN ON THIS HCC HAVE WE EVER BEEN TOLD ABOUT AMENDMENTS THAT ARE ENTERED INTO THAT ARE LEGAL CONTRACTS WITH OUR CONTRACTORS. THAT IS SPENDING THE STATE EMPLOYEE HEALTH PLAN MONEY. SO SPENDING THE MONEY OF OUR EMPLOYEES AND SPENDING QUITE FRANKLY TAX DOLLARS FROM THIS STATE GENERAL FUND THAT ARE COMING IN TO DO THIS. I MEAN I DON'T THINK THAT'S RESPONSIBLE. THAT IS -- THAT HAS COME ABOUT IN THE CONTRACT IN LOOKING AT CONTRACTS WITH SEGAL AND LOOKING AT WHAT WE PAID SEGAL AND WHAT THOSE -- WHAT THOSE SERVICES WERE FOR. SO WHEN YOU -- WHEN I READ THAT YOU KNOW WE'VE DONE A BENCHMARKING STUDY AND IT COST US \$25,000, I DON'T KNOW, MAYBE LEGISLATIVE RESEARCH COULD HAVE DONE THAT BENCHMARKING STUDY. I DON'T KNOW.

THEY HAVE ACCESS TO ALL KINDS OF STATES AND THINGS LIKE THAT. WE PAID \$25,000 OF HARD-EARNED STATE MOMMY MONEY AND TAX DOLLARS TO DO THAT STUDY. AND WE NEVER KNEW WHAT WE WERE ASKING HERE. SO YOU HAVE NO REPRESENTATION BY A COUNSEL ON THIS COMMISSION. SO I MEAN, I'M HAPPY WITH IF YOU WANT TO TAKE IT UP LATER OR WHATEVER, I'M SORRY THAT IT'S BLINDSIDED, BUT I DON'T CONSIDER IT BLINDSIDING. I'VE READ THE INFORMATION, AND THESE ARE THE CONCLUSIONS I'VE DRAWN. IF SOME OF YOU HAVE DRAWN DIFFERENT CONCLUSIONS ABOUT THE SPENDING OF MONEY THAT YOU DIDN'T KNOW ABOUT, I WOULD BE -- I WOULD WELCOME THAT DISCUSSION AT ANY TIME, WHETHER THAT'S AT THIS MEETING OR AT ANOTHER MEETING. I CAN APPRECIATE THE FACT THAT IT'S A LONG AND LENGTHY AGENDA. I ASKED FOR THESE MEETINGS TO START IN THE MORNING AND GO ALL DAY IF WE NEEDED TO SO WE'RE NOT RUNNING UP AGAINST 5:00, BUT YOU KNOW WE STARTED AT 1:30. SO THANK YOU. >>

COMMISSIONER LANDWEHR. >> IS A SUBSTITUTE MOTION IN ORDER? >> YES. >> I GUESS YOU KNOW I KIND OF UNDERSTAND WHERE SHE IS COMING FROM. I ALSO UNDERSTAND WHAT I HEARD FROM THE OTHER COMMISSIONERS AND BEING RELATIVELY NEW TO THIS, I WOULD LIKE TO PUT IT OFF TO OUR NEXT MEETING, AND HAVE INFORMATION GATHERED AND PERHAPS THAT'S VISITING WITH COMMISSIONER SCHMIDT AND FINDING OUT YOU KNOW EXACTLY KIND OF WHAT HER CONCERNS ARE, AND THEN ANY OTHER INPUT THAT OTHER COMMISSIONERS WOULD HAVE AND TAKE IT UP AT OUR NEXT MEETING. THAT WOULD BE MY MOTION. >> THERE IS THE A SUBSTITUTE MOTION ON THE FLOOR. >> SUBSTITUTE MOTION. >> SUBSTITUTE MOTION ON THE FLOOR. >> I'M SORRY. >> DO I NEED A SECOND FOR SUBSTITUTE. >> THEY DO THAT IN THE LEGISLATURE. >> THANK YOU. COMMISSIONER SCHMIDT. >> THANK YOU. YOU KNOW, I THINK PART OF THAT DISCUSSION OUGHT TO BE THEN HAVING THE ATTORNEY GENERAL PRESENT TO US ABOUT SERVICES THAT THEY MIGHT OFFER. >> DISCUSSION, OTHER ADDITIONAL DISCUSSION? COMMISSIONER IN MCGINN. >> I

THINK IF WE WANT TO THAT FIRST CONVERSATION ABOUT DO WE NEED AN ATTORNEY, HOW MUCH TIME DO WE THINK WE NEED FROM THE ATTORNEY, THEN THAT WOULD BE THE PLACE TO START. AND THEN ONCE WE -- IF WE AGREE THAT WE NEED AN ATTORNEY, THEN THAT WOULD BE THE POINT WHEN YOU MIGHT HAVE THE ATTORNEY GENERAL AND OTHERS PRESENT ABOUT WHAT SERVICES THEY OFFER. >> COMMISSIONER McGINN. >> I WOULD LIKE A LIST OF WHAT ARE THE SERVICES, BECAUSE WHAT YOU'RE SAYING, SERVICES THAT WE WANT, SO WE CAN ALL UNDERSTAND WHY WE WOULD EVEN BE LOOKING AT HIRING SOMEONE. >> ANY ADDITIONAL DISCUSSION? COMMISSIONER LANDWEHR. >> BRENDA LANDWEHR. I GUESS ALONG WITH THAT IS THAT YOU KNOW WHOMEVER WE'RE GOING TO HAVE KIND OF GATHER SOME OF THIS INFORMATION, COULD GET IN CONTACT WITH THE AG'S OFFICE AND FIND OUT WHAT SERVICES THEY ARE PROVIDING TO OTHER FOLKS AND MAYBE WE CAN LOOK AT WHAT SOME OF OUR OTHER COMMISSIONS HAVE DONE OUT THERE. >> SO THERE IS A SUBSTITUTE MOTION ON THE FLOOR TO MOVE THIS TO OUR FUTURE MEETING, NEXT MEETING, WITH SOME GATHERED INFORMATION THAT CAN BE DISTRIBUTED AS WE TRY TO DO PRIOR TO, THAT WOULD INCLUDE WHAT THE NEEDS MIGHT BE, WHAT KIND OF SERVICES WE HAVE, FREQUENCY OF USE, AS WELL AS WHAT MAY BE AVAILABLE AS PART OF -- THIS IS THE DISCUSSION, CORRECT? COMMISSIONER PRAGER. >> I THINK WE WANT TO KEEP IT VERY GENERIC AT THIS POINT, GATHER THAT INFORMATION BEFORE WE START LOOKING TO EXPAND IT TO POTENTIALLY WHO WE MIGHT WANT TO HIRE, LIKE THE ATTORNEY GENERAL. I THINK WE NEED TO BE LOOKING MORE SPECIFICALLY AT EXACTLY WHAT IT IS WE NEED INFORMATION FOR BEFORE WE GO BEYOND THAT. >> COMMISSIONER McGINN? >> JUST TO CLARIFY THAT THAT WOULD BE THE OCTOBER MEETING, THAT WOULD BE CORRECT. >> YES, IT WOULD BE THE OCTOBER MEETING. ANY ADDITIONAL DISCUSSION ON THE SUBSTITUTE MOTION? HEARING NONE, I WILL CLOSE THAT. WE'LL TAKE A VOTE ON THE SUBSTITUTE MOTION. COMMISSIONER LANDWEHR. >> I'M LEARNING YOUR RULES AND NOT OUR RULES, BUT IN OUR RULES

THE PERSON THAT MAKES THE MOTION IS ALSO THE ONE THAT CLOSES. >> WHAT I WILL SAY IS THAT WE TRY TO FOLLOW THE RULES ACCORDINGLY, AND WE KIND OF SLIDE. >> I TRY TO FOLLOW ROBERTS RULES OF ORDERS. I'M NOT 100% EXPERT ON THAT. USUALLY WE KEEP IT SIMPLE LIKE YES AND NO, SO -- >> WAIT UNTIL YOU DO IT -- >> SENATOR MCGINN. >> THE OTHER CHAMBER IT DEPENDS ON IF YOU'RE IN COMMITTEE AND IN COMMITTEE THE CHAIR WOULD MAKE THAT DECISION, SO -- AND NOT MAKE THE CLOSE. I YIELD BACK TO THE -- >> COMMISSIONER -- >> EITHER WAY IS CORRECT. >> HEARING NO ADDITIONAL DISCUSSION, I WILL CALL FOR THE VOTE ON THE SUBSTITUTE MOTION. ALL OF THOSE IN FAVOR SAY AYE. OPPOSED. THE SUBSTITUTE MOTION PASSES. SO IT STANDS, CORRECT? ALL RIGHT. I WILL AS THE CHAIR I WILL ASK THAT THE STATE EMPLOYEE HEALTH PLAN STAFF GATHERS INFORMATION. COMMISSIONERS WHAT I WILL ASK IS WE TRY TO YOU KNOW FULFILL THE SPIRIT OF GETTING AS MUCH INFORMATION AS POSSIBLE. IF THERE ARE SOME PARTICULAR THINGS OR ITEMS YOU GUYS LISTED OFF A FEW, AND THE TEAM I KNOW HAS CAPTURED THOSE BUT AS THEY PULL THE INFORMATION IF THERE ARE SPECIFIC THINGS YOU WANT IN PREPARATION FOR THE DISCUSSION PLEASE SEND THOSE TO JANUARY IT AND SHE WILL MAKE SURE IT IS INCLUDED IN THE BACKGROUND MATERIALS. AGAIN, WE WILL DO OUR BEST TO MAYBE TRY TO CIRCULATE THESE A LITTLE BIT EARLIER SO IF THERE ARE ADDITIONAL QUESTIONS OR INFORMATION THAT NEEDS TO BE PULLED IN PREPARATION WE HAVE A LITTLE BIT OF TIME BETWEEN NOW AND OCTOBER THAT WE CAN MAKE IT AS ROBUST AS POSSIBLE. THANK YOU, COMMISSIONERS FOR THAT. WE HAVE WRAPPED UP FINANCIAL AND WE'RE MOVING -- OH, I'M SORRY JANET. >> I'M SORRY IT'S NOT CALLED OUT LARGER, ON PAGE 47, SEGAL DID START ADDING THEIR FEES TO THE NOTE ON THEM TO THE BOTTOM OF THE PAGE. THEY'RE PAID OUT OF A SEPARATE FUND. AND THROUGH JULY WE PAID THEM 159600. \$159,600. THESE ARE THE ADMINISTRATIVE COSTS AND THOSE ARE NOT INCORPORATED INTO PROJECTIONS, SO THIS WAS THE WAY WE

CAME UP WITH TO TRY TO HAVE IT ILLUSTRATED FOR YOU. SO WE ARE WITH RESPECT TO YOUR REQUEST ADDING THAT ON THERE. IF YOU WANT TO SEE IT DIFFERENTLY WE'LL HAVE TO AN OFF LINE DISCUSSION OR SOMETHING, BUT THAT IS THE FEES AND THAT'S HOW WE'LL PUT THEM ON UNLESS WE HEAR OTHERWISE. I WOULD ALSO NOTICE AND COVER THIS IN THE DISCUSSION BUT THE -- I KNOW THIS IS JUST SPECIFIC TO THE DISCUSSION ON THE ACTUARIAL CONTRACT, BUT YOU MAY RECALL THAT WE ADDED A NUMBER OF THE SERVICES WE PAID EXTRA FOR INTO THE NEW RFP, SO YOU SHOULD NOT SEE AS MANY SPECIAL PROJECTS RELATED TO ACTUARIAL IN THE NEXT CONTRACT WITH WHOEVER THE VENDOR IS, BECAUSE WE BOTH AMEND, THAT'S ALSO WHY THE COSTS OF THE BIDS THAT YOU RECEIVED ARE HIGHER ALL THE WAY ACROSS THE BOARD BY ALL BIDDERS. >>

COMMISSIONER SCHMIDT THERE WAS A COMMENT. >> JUST A COMMENT. VICKI SCHMIDT. WHAT I'M LOOKING FOR IS ON PAGE 36, UNDER THE CONTRACT FEES, NOT JUST TO HAVE CONTRACT FEES, TO HAVE THE FEES DELINEATED OUT. >> WE'LL MOVE IT THERE THEN. >> THANK YOU. >> IT WILL JUST BE AN ADD ONTO THAT BUT IT WON'T BE INCORPORATED LIKE ADDITIONAL, WITH MONIES THAT ARE THERE. THANK YOU. >> WELL -- >> MADAM CHAIR. >> VICKI SCHMIDT. IT'S NOT -- I'M NOT JUST TALKING ABOUT THE SEGAL FEES. I MEAN, TALKING ABOUT CONTRACTS THAT WE HAVE. IT'S NOT END AT SEGAL. WE CAN TAKE THAT OFF LINE AND I'LL VISIT WITH YOU. >> OKAY. >> SORRY. >> NO, IT'S OKAY. THANK YOU, JANET. >> THANK YOU. >> ALL RIGHT.

COMMISSIONERS WE ARE INTO OUR AGENDA ITEM NUMBER FIVE. WE HAVE FOUR TOTAL, TWO THAT YOU'RE HEARING FOR FIRST TIME, MEDICARE ADVANTAGE AND MEDICARE SUPPLEMENT AND TWO THAT WE BROUGHT BACK FROM OUR JULY 23rd MEETING. ACT CONTRACTS, AND THE HEALTH CENTER, BOTH WHICH HAVE ADDITIONAL INFORMATION COMMISSIONERS YOU HAVE A POWERPOINT. SHE WILL WALK US THROUGH IT AND PROVIDE THE RECOMMENDATION THAT IS MADE BY STAFF, JUST WALKING THROUGH THE PROCESS FOR NEWER COMMISSIONERS. AND WE WILL OPEN IT UP FOR DISCUSSION AFTER SHE HAS WALKED US

THROUGH. WE WILL START WITH THE MEDICARE ADVANTAGE CONTRACT AND JANET I'LL TURN IT OVER TO YOU. >> THE OVERVIEW STARTS ON PAGE 60, AND COMMISSIONER LANDWEHR THIS WILL ANSWER SOME OF YOUR QUESTIONS. THAT DISCUSSION THAT -- THE DISCUSSION ON WHERE THIS IS ADVERTISED. THIS IS PROMOTED THROUGHOUT ALL RETIREES, THROUGHOUT THE PLAN, THE MEMBERS, FORMER MEMBERS. IT'S IN OUR -- WE HAVE OPEN ENROLLMENT, A SEPARATE BOOK. WE HAVE A SEPARATE PROMOTION THAT GOES ON AND SO FORTH. THAT IS HOW PEOPLE LEARN THAT THE STATE HAS A PLAN FOR MEDICARE THAT. PARTICULAR OVERVIEW PAGE JUST DESCRIBES HOW IT WORKS, WHAT IT IS, AND THAT ROUGHLY AS MIKE NOTED THERE ARE ABOUT 820 AT ANY GIVEN TIME ROUGHLY 800 MEMBERS ENROLLED IN THE STATE'S MA PLANS. ON PAGE 61, THE RFP PROCESS AND DATES ARE OUTLINED. TO YOUR QUESTION ON PAGE 60, HOW MANY BIDDERS, WE HAD TWO BIDDERS. IT GOES OUT TO ANYBODY THAT WANTS TO BID. WE RECEIVED TWO ONLY. NEAT AND HUMAN IN A, AETNA IS THE INCUMBENT AND PROVIDED THAT FOR MANY YEARS TO US. THE PART D STANDARD PART D PRESCRIPTION COVERAGE IS ALSO 80% OF OUR CURRENT MEMBERS PRESCRIBE -- SUBSCRIBE TO THAT OPTION. EACH BIDDER HAS ADDITIONAL OFFERINGS AND OPTIONS FOR MEMBERS TO COMMISSIONER PREGAR'S POINT IT'S A VERY PERSONAL DECISION AND NOT ONE SIZE FITS ALL COST. ENHANCED PHARMACY BENEFIT COVERAGE, WHAT WE NOTED ON THIS FOR THE RECORD IS THAT THE VENDORS ARE PROVIDING MORE SOCIOECONOMIC AND FOCUSING ON OFFERINGS LIKE THAT. >> CUSTOMER SERVICEABILITY TO PROCESS CLAIMS AND SO FORTH, AND HELP MEMBERS THE MEDICARE AGE AND ABOVE ARE A MAIN CONCERN. THE CONSIDERATIONS ON 64 FOR THOSE THAT ARE NEW, THE HCC HAS TYPICALLY PROMOTED HAVING A LOT OF CHOICE FOR OUR MEMBERS TO CHOOSE FROM VERSUS JUST ONE OPTION. WE TRIED TO PUT SIDE BY SIDE THE RATES QUOTED WITH STANDARD PART D PRESCRIPTION, AND AETNA IS BLUE. HUMAN IN A IS GREEN AND THE PART D COVERAGE IN THE MIDDLE. YOU WILL SEE THE COMPARATIVE RATES. OVER THREE

YEARS, ACCEPT FOR HUMANA COULD NOT PROVIDE US WITH A RATE PROJECTION FOR '24. THEY ONLY GAVE US HOW THEY WOULD COME UP WITH IT. SO WE'RE ONLY COMPARING APPLES TO APPLES FOR TWO YEARS, '22 AND '23. AETNA PROVIDED SUPERIOR CUSTOMER SERVICE COVERAGE TO THE MEMBERS FOR SEVERAL YEARS. THE MEMBER PAYS 100%. WE TALKED ABOUT THAT EARLIER WHICH IS A MAJOR CONSIDERATION FOR THE MEMBER. NEAT IS OFFERING MEMBERS A CHOICE OF THREE PLANS, INCLUDING LOW COST MEDICARE ADVANTAGE PART D OPTION, AND THREE YEAR GUARANTEE, AND I WOULD NOTE THAT THEY IN THE BEST AND FINAL CAME DOWN 20% OVER THREE YEARS, OVER THE THREE YEARS OF THE CONTRACT. \$20 ON RATE. THEY OFFERS ELITE REPLACEMENT BENEFIT WITH RICHER BENEFITS AND SLIGHTLY HIGHER COST. HUMANA HAD NO RATE GUARANTEES ORGAN TAKE FOR '24. HUMANA PREFERRED TO REPLACE WITH A NEW PLAN WHICH WAS AN ALTERNATIVE PLAN WITH THREE YEARS OF RATE GUARANTEES. YOU CAN TAKE A LOOK AT HUMANA ALTERNATIVE PLAN. THE CAVEAT WITH HUMANA WAS IF WE WENT WITH THAT PLAN, THERE COULD BE NO OTHER PLANS OFFERED BY THEM. YOU HAD TO GO WITH THAT PLAN ONLY. IN SAYING THAT YOU CAN SEE SOME OF THOSE COSTS AND SERVICES THAT WERE OFFERED. BASED ON CURRENT ENROLLMENT AND IN DISCUSSIONS WITH NEAT WE ARE RECOMMENDING OFFERING TWO VERSUS THE THREE PLANS THAT WE OFFERED TODAY, FREEDOM AND ELITE, THROUGH AETNA, ELIMINATING THE LIBERTY PLAN. THESE PLANS WOULD BE OFFERED. I HAVE A QUESTION. STEVE. CAN YOU TALK A LITTLE BIT MORE ABOUT WHY YOU DECIDED TO GO WITH THE TWO PLANS RATHER THAN THREE. THERE'S A FAIRLY BIG MONEY DIFFERENCE BETWEEN THE FREEDOM AND THE ELITE ALTERNATIVE. CAN YOU SAY A LITTLE BIT MORE ABOUT THAT. PART IS BASED ON SIXER FOR -- KIND OF LIKE A HIGH-DEDUCTIBLE. YOU GO ONE OR THE OTHER. MIKE OR JENNIFER, DO YOU HAVE ANYTHING TO ADD TO THAT? JENNIFER, PLEASE IDENTIFY YOURSELF AS WELL AS PLEASE MAKE SURE YOUR MIC IS ON AND YOU'RE SPEAKING INTO IT. JENNIFER -- [INDISTINGUISHABLE] SO WE PICKED THE LOW-

COST PLAN BECAUSE THERE WAS SOMETHING WE HAD REALLY WORKED HARD TO GET A PROGRAM THAT WAS VERY AFFORDABLE FOR MEMBERS. SO THAT'S THE KIND OF CHOICE WE WERE LOOKING TO PROMOTE BY RECOMMENDING THE TWO. OKAY, THANK YOU. FOLLOWUP QUESTION ON THE -- SO IT WILL BE THE ELITE ALTERNATIVE WILL BE THE SECOND OPTION, NOT THE ELITE ITSELF, BUT THE ELITE ALTERNATIVE. DO WE NOT HAVE A PRICE ON THE ELITE ALTERNATIVE? WE'RE GOING TO DO THE ELITE, AND THERE'S -- I'M SORRY, I'M LOOKING IN THE WRONG COLUMN. MY ERROR. IT IS, YOU'RE RIGHT. AND SO THEN THE ETNA PART D WOULD BE THE SAME PRICE FOR THE ELITE ALTERNATIVE AS IT IS FOR THE ELITE PLAN, THE 22816, IS THAT CORRECT? WE'RE OFFERING THE STANDARD RATE. THE STANDARD RATE. YEAH. WE'RE NOT DOING -- SORRY, WE'RE NOT OFFERING THE ALTERNATIVE. THEY OFFERED AN ALTERNATIVE PLAN. WE ARE RECOMMENDING THEY OFFER THE FREEDOM AND THE ELITE ITSELF. DOES THAT MAKE SENSE? EITHER I MISRED OR MISUNDERSTOOD, OKAY. AT LEAST FOR NOW MY FINAL QUESTION. SO HUMA DOES NOT OFFER A PART D? OR AM I MISSING SOMETHING AGAIN? I REALIZE YOU'RE NOT RECOMMENDING HUMANA BUT -- [INDISTINGUISHABLE] YEAH, WHAT DID YOU JUST CORRECT? OKAY, GOT Y. YEAH, THE HUMANA QUESTION WAS DID THEY NOT OFFICER A PART D? IT MAY BE MUTE IF WE GO WITH THAT, BUT JUST CURIOUS. OH! SO THE PRICES WE SEE UNDER EACH COMPANY'S COLUMN FOR THE VARIOUS YEARS, IS THEIR COVERAGE INCLUDING PART D? IS THAT WHAT YOU SAYING? OKAY, YES, THANK YOU. I TOOK THAT ORANGE COLOR OR WHATEVER IT IS AS A SEPARATE PRICE -- AS AN ADDITION TO. AS AN AUDITION TO AND THAT'S NOT. GOT Y. YOU WERE JUST GIVING POINT OF COMPARISON. YEAH. ON THE PART OF THE VENDOR. BY ADDING IN THE PART D, THE DRUG RATES OR DID I MISUNDERSTOOD WHAT YOU SAID? WHAT'S BEING ADDED INTO ONE RATE? LET ME BACK UP. I DON'T SEE MEDICARE GO DOWN ON HARDLY ANYTHING. GO AHEAD. WHAT WE'RE SHOWING IN THE YELLOW COLUMN IS THE CURRENT MEDICARE ADVANTAGE WITH THE STANDARD PART D, MONTHLY

RATE, THAT THE MEMBER WOULD PAY. THEN MOVING TO THE RIGHT IN THE COLUMNS, AND THEN HUMANA. THAT DOES INCLUDE THE STANDARD PART D WITH THE MEDICARE ADVANTAGE PLAN. SO ETNA HAS COME BACK AND REDUCE THAT FEE FOR THE MEMBERSHIP SUBSTANTIALLY COMPARED TO WHERE WE'RE AT TODAY. >> OKAY, AGAIN, I'M CONFUSED. I APOLOGIZE. IN THE YELLOW OR GOLD, WHATEVER WE WANT TO CALL THAT. IF I UNDERSTOOD YOU THAT WAS WITH THE STANDARD PART D? CORRECT. AND NOW IF WE LOOK AT 22 THAT RATE GOES DOWN TO PACEICALLY \$95 WITH THE STANDARD PART D IN IT. CORRECT. SO THERE'S NO CHANGE IN WHAT'S THERE, BUT YOU'RE SAYING THERE WAS ALMOST \$55, \$65 DROP? YES. IN THEIR ORIGINAL PROPOSAL THAT PRICE WAS 11482 AND IN THEIR BEST AND FINAL, AFTER CONVERSATIONS, THEY CAME BACK AND REDUCED THAT BY AN ADDITIONAL \$20 TO THE 9482 FOR PLAN YEAR 22. >> OKAY, SO WE'RE GOING TO COME IN WITH THE MEDICARE FREEDOM BECAUSE BASICALLY PAGE 67'S COMPLETELY WRONG, SO IT'S MEDICARE FREEDOM AND THEN IT'S THE MEDICARE ELITE, LIBERTY OR ALTERNATIVE, CORRECT? >> THE LIBERTY WILL GO AWAY AND THE ALTERNATIVE WE'RE RECOMMENDING. THAT'S THE ERROR ON PAGE 67. >> ALL RIGHT, THANK YOU. >> OTHER QUESTIONS, COMMISSIONERS? COMMISSIONER PRAGER. >> SANDY PRAGER, ARE THEY LOOKING AT DRUG USAGE? IS THAT ONE WAY THEY CAME BACK WITH THE LOWER COST BECAUSE OF GENERAL COST -- THEIR COST, TO PROVIDE THAT BENEFIT. >> I WOULD GUESS. I DON'T KNOW THAT ANSWER RIGHT THIS MINUTE. I WOULD SUSPECT AS THEY GET MORE MEDICARE ADVANTAGE CUSTOMERS IT'S LIKE -- ECONOMIES FAIL. >> IT'S STILL A SMALLER PIECE, THE MEDICARE ADVANTAGE IS, YEAH. >> YES. >> COMMISSIONER SHE MYTH. >> THANK YOU, MADAM CHAIR. YOU'RE UNDER A FORM LAIR ON THIS PLAN. SO I CAN'T SEE -- >> IT'S A QUESTION. >> YES, UH-HUH. >> SO THEY CAN CONTROL THAT SIGNIFICANTLY THROUGH THE FORM LAIR OFFERINGS. SO THE HIGH DEDUCTIBLE OR THE HIGH-COST DRUGS ARE JUST NOT ON THE FORMULARY. IF YOU'RE GOING TO COVER GENERICS ONLY YOU CAN DO SOMETHING LIKE THAT. >>

THEY ALSO NOTED IT WAS A PARTNERSHIP WITH US. THEY HAVE BEEN A LONG-STANDING CONTRACTOR WITH US AS WELL, SO TAKE IT FOR WHAT IT'S WORTH. PROBABLY SOME MERIT THERE, BUT, THANK YOU. OTHER COMMENTS? COMMISSIONERS? >> I APOLOGIZER. BRENDA HERE. THAT RAISES A RED QUESTION FOR ME THAT WHEN THESE INDIVIDUALS ARE MAKING THIS DECISION TO GO WITH THE STATE'S NEGOTIATED RATE WITH ETNA, ARE WE ACTUALLY LOOKING AT WHAT THEIR MEDICATIONS ARE THAT THEY HAVE BEEN PUT ON THE RIGHT PLAN? IT'S ALL IN THE GENERIC THAT MIGHT NOT WORK FOR A LOT OF THESE SENIORS. >> WE WOULDN'T DECIDE THAT FOR THEM, BUT WE HAVE A CALL FULL OF RETIREES THAT MANS AND TAKES QUESTIONS FROM PEOPLE TO HELP THEM ENROLL THEIR TEMPORARY WORKERS. PEOPLE THAT COME BACK AND PEOPLE THAT RETIRED FROM THE PLAN. WE CAN KNOCK THEM TO REPRESENTATIVES. THEY WOULD HAVE TO GO THROUGH THEIR PERSONAL LITANY OF WHAT THEIR HEALTH PROBLEMS ARE AND MEDS AND TO BE DIRECTED AND TO TRY TO COME UP WITH A RECOMMENDATION FOR THEIR PLAN, SO THE HEALTH PLAN WOULD NOT DO THAT, BUT WE WOULD HAVE HELP FOR THEM TO GET THERE. >> SO WHAT DO YOU MEAN THAT WE HAVE RETIREES THAT COME BACK TO HELP WITH THIS? >> IN THE CALL CENTER, THE PLAN, OPEN ENROLLMENT STARTS. IF THEY HAVE QUESTIONS AND WHAT NOT WE PLUG THEM INTO THE RIGHT CONTACT AT THE INSURANCE COMPANY AND SO FORTH TO GO OVER THEIR PERSONAL SITUATION AND TRY TO HELP THEM PICK THE RIGHT PLAN. THERE'S SHIK THAT CAN HELP WITH SOME OF THESE QUESTIONS. >> YOU REALLY DON'T WANT TO BRING SHIK UP WITH ME. >> OKAY. >> THESE RETIREES. WE'RE GOING TO GET TO THAT IN JUST A MINUTE. ARE THE RETIREES THEN LICENSED INSURANCE AGENT? THEY'RE THERE TO GET PEOPLE ENROLLED WITH WHAT HELP THEY NEED TO UNDERSTAND WHAT THE PLAN OPTIONS ARE AND SO FORTH. THEY'RE NOT INSURANCE AGENTS. >> BUT THEIR GIVING ADVICE ON THIS -- >> THEY'RE NOT GIVING ADVICE. >> I CAN GIVE YOU NAME AFTER NAME AFTER NAME AND IT WAS THE RIGHT-HAND OF A PREVIOUS INSURANCE COMMISSIONER HAD IT HAPPEN TO HER MOM WHERE

PEOPLE WITH SHIK TELL SOMEONE, NO, DON'T GO WITH THAT. YOU GO WITH THIS PLAN OVER HERE. LICENSED AGENTS CAN DO THAT. AS A LICENSED AGENT IF YOU CALL INTO AN AGENT'S OFFICE AND THE RECEPTIONIST MAKES THAT ADVICE GUESS WHAT, THEY'VE JUST VIOLATED THE LAW BECAUSE THEY'RE NOT LICENSED. I'M REAL CONCERNED ABOUT THE ASSURETY THAT WE HAVE THAT WE DON'T HAVE NON-LICENSED INDIVIDUALS THAT ARE LICENSED FOR INSURANCE IN THE STATE OF KANSAS TALKING WITH THESE INDIVIDUALS SO THEY ARE MAKING THE RIGHT DECISION BECAUSE IT'S REAL EASY WHEN YOU DON'T HAVE TO FALL UNDER RULES AND REGS AND LAWS. TO GIVE A LOT OF UNSOLICITED ADVICE THAT'S NOT ACCURATE, AND WHAT'S THE CONSEQUENCE? THE PERSON YOU'RE TRYING TO PROVIDE THE POLICY TO MAY NOT GET THE RIGHT POLICY. A LITTLE DISCLAIMER ON HOW DO I KNOW THIS? BECAUSE THAT'S A PART OF A BUSINESS THAT MY HUSBAND AND SON DO. I'VE NEVER DONE MEDICARE. IT'S NOT A CONNICK FOR ME. MEDICARE'S VERY CONFUSING TO BEGIN WITH, AND THEN TRYING TO DECIDE. WHAT MEDICARE SCRIPT DO YOU DO? WHAT INSURANCE FITS YOU? WHO HAS YOUR DOCTORS. WHO DOESN'T HAVE YOUR DOCTORS. BLAH BLAH BLAH BLAH. I'M JUST REALLY CONCERNED WHAT WE'RE DOING OUT THERE, HAVING NON-LICENSED INDIVIDUALS ON THIS. >> I CONTINUE REINFORCE TO TURN IT OVER TO ETNA TO HANDLE THAT DISCUSSION. WE ARE NOT PROMOTING INSURANCE PRODUCTS. WE ARE SIMPLY EXPLAINING THINGS AND HELPING THEM UNDERSTAND WHAT THE STATE HAS TO OFFER JUST LIKE WE DO FOR MEDICAL PLANS FOR OUR STATE EMPLOYEES, SO WE'RE NOT VIOLATING ANYTHING RELATED TO FACILITATING THE DISCUSSIONS. UNDERSTAND WHERE YOU'RE COMING FROM, THOUGH. >> I THINK IF THIS INFORMATION WAS GIVEN, AND YOU HAVE I HAD THE SAME DISCUSSION. I DON'T KNOW IF I'VE HEARD BACK YET ON IT WHAT MISINFORMATION BEING GIVEN TO EMPLOYEES MAKING DECISIONS. AGAIN, THEY'RE NOT LICENSED AGENTS, SO THEY MAY NOT KNOW. IN ALL FAIRNESS TO THEM THEY MAY NOT KNOW THAT THEY'RE VIOLATING THE LAW. I'M NOT SAYING THEY'RE INTENTIONALLY,

BUT I DON'T BELIEVE THEY WERE. THEY CONTINUE HAVE TO KNOW THE PRODUCT. IT IS A DIFFERENT LICENSE FOR A MEDICARE AGENT THAN IT IS FOR ANOTHER. >> THE FREEDOM AND HE HEAT PLANS WILL BE OFFERED WITH THE INCLUDED STANDARD PART D OPTION. AND IT WOULD BE AWARDED AS A THREE-YEAR PERIOD CONTRACT BEGINNING JANUARY 1ST, 12022. COMMISSIONERS, IS THERE ANY ADDITIONAL DISCUSSION? HEARING NONE. WILL CALL THE VOTE. ALL THOSE IN FAVOR OF THE RECOMMENDATION, THE MOTION, SAY AYE. ANY OPPOSED. VICK KEY SHE MYTH VOTES NO AND WISHES TO BE RECORDED. THAT IS SO NOTED. 5B, WE ARE MOVING TO THE MEDICARE SUPPLEMENT CONTRACT RECOMMENDATION. JANET? >> THE RFP DATES AND OUTLINE ARE ON PAGE 73. IN THIS CASE WE ONLY RECEIVED ONE BID. THAT BIDDER WAS BLUE CROSS OF KANSAS WHO'S THE INCUMBENT, AND WE DID HOLD A HEATING WITH THE VENDOR, THE BID EVALUATION CRITERIA CAN BE FOUND ON PAGE 75. THE RATE PROPOSAL IS ON PAGE 76. THE NOTE THAT THE RATES IN '23 WILL BE HELD NOT TO EXCEED 6% OVER '22 RATES AND 24 WILL LIKE WISE NOT INCREASE OVER 6% OVER 23 RATES. ON THE OUTLINE YOU CAN SEE THAT THE CURRENT RATES ARE IN YELLOW, AND THE VARIOUS OPTIONS THAT ARE THERE. I WOULD NOTE WITH THE SELECT OPTIONS MEMBERS SAVE BY AGREEING TO USE A SELECT NETWORK OF HOSPITALS OR NON-EMERGENCY SERVICES, AND THE EMERGENCY SERVICES OBVIOUSLY ARE COVERED IN ANY HOSPITAL IF IT'S A TRUE EMERGENCY. YOU CAN SEE THE RATE QUOTES ARE THERE FOR '2 AND THEN YOU CAN SEE I READ YOU THEY WILL BE HELD AT NO MORE THAN 6% FOR THE SUBSEQUENT YEARS. OUR CONSIDERATIONS ARE ON PAGE 77. I WON'T READ THEM BECAUSE YOU CAN SEE THAT. I WOULD NOTE DURING THE BEST AND FINAL OFFER THEY REDUCED THEIR INCREASE FROM 6%-5% ON THE BEST AND FINAL OFFER. SO ON PAGE 78 FOR VARIOUS REASONS LISTED, BLUE CROSS IS THE INCUMBENT. WE ARE RECOMMENDING THAT THEY BE AWARDED THE CONTRACT AGAIN STARTING IN JANUARY OF 2022. THANK YOU. >> QUESTIONS, COMMISSIONERS, COMMENTS? COMMISSIONER DECHANT AND COMMISSIONER LANDWEHR. >>

GO AHEAD. >> OKAY, JUST TO CLARIFY FOR MYSELF. THE CONSIDERATION OF 6% OF 5%, IS THAT RELATIVE OR RELATED TO THE TWO NOTES ON PAGE 76 ABOUT THE NOT TO EXCEED? >> IT SHOULD HAVE HAD 5%. APOLOGIES. >> OKAY, THOSE WILL BE LIMITED TO 5% INCREASES EACH YEAR. JUST A TONGUE IN CHEEK. BID ON THIS AND REDUCE RATES TREMENDOUSLY LIKE THEY DID FOR THE MEDICARE ADVANTAGE? THAT'S IT. >> BRENDA LANDWEHR, SO IS IT RIGHT TO ASSUME THAT THESE RATES ARE THE BOTTOM RATE SO IT WOULD STILL RAISE BECAUSE SUPPLEMENTS DO RAISE BASED ON YOUR INCOME? IS THIS INCOME RELATED? >> NOT THE STATE. >> NOT INCOME. >> SO SOMEONE COULD MAKE A COUPLE HUNDRED THOUSAND DOLLARS A YEAR, AND THIS COULD BE THEIR RATES. >> IT'S BASIC MEDICARE PLAN. >> A SUPPLEMENT IS BASED ON INCOME >> IN THIS CASE THAT'S THE RATE. >> THANK YOU. >> THANK YOU. >> OTHER QUESTIONS, COMMISSIONERS? COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. VICKI SCHMIDT. I WANTED TO FOLLOW UP ON THE QUESTIONS THAT HAVE BEEN IN THE PREVIOUS DISCUSSION WHEN WE TALKED ABOUT EARLIER. SO THIS IS A FULLY-ENSURED PLAN. THIS SEHP MID SUPPLEMENT IS A FULLY-ENSURED PLAN. THEY DO FILE WITH THE INSURANCE DEPARTMENT AND WE DO LOOK AT THEM AND REVIEW THEM FOR RATE COMPLIANCE, BUT YOU CAN'T REALLY COMPARE IT TO THE PRIVATE MARKET BECAUSE IT'S NOT APPLES TO APPLES. THE PRIVATE MARKET HAS ATTAINED AGE AND ISSUED AGE, AND SO THEY'RE NOT COMMUNITY RATED. THIS PLAN IS A COMMUNITY-RATED. WE DO PUBLISH ALL OF THE PRIVATE MARKET RATES ON OUR WEBSITE, AND THERE'S EVEN A COMPARISON TOOL FOR THE PRIVATE MARKET. THE RATES DO CHANGE ONCE A YEAR, BUT IT DEPENDS ON THE COMPANY AS TO WHEN THEY FILE THE RATES. IT'S NOT A HARD AND FAST TIME. HIGHWAY ANYWAY, FOR ANYONE INTERESTED IN THAT ADDITIONAL INFORMATION. THANK YOU. >> THANK YOU, COMMISSIONER SCHMIDT. ANY OTHER ADDITIONAL QUESTIONS? I WILL ENTERTAIN A MOTION. IS THERE A SECOND? COMMISSIONER PRAGER SECONDS. ANY ADDITIONAL DISCUSSION,

COMMISSIONERS? HEARING NONE. I WILL CALL FOR THE VOTE. ALL THOSE IN FAVOR SAY YEAH R AYE. OPPOSED. VICKI SCHMIDT VOTES NO AND WISHES TO BE RECORDED. SO NOTED. THANK YOU, COMMISSIONERS. COMMISSIONERS, CAN WE TAKE ABOUT AN EIGHT OR SO-MINUTE BREAK AND COME BACK AT 3:30. JUST WANT TO BE MINDFUL OF SITTING AND PEOPLE NEEDING TO MOVE FOR JUST A MINUTE. SO COMMISSIONERS, WE WILL TAKE A SHORT BREAK AND COME BACK AT 3:30. >> THANK YOU FOR THAT QUICK BREAK. AND SO WE WILL KEEP MOVING THROUGH OUR AGENDA. WE ARE ON AGENDA ITEM 5C. THIS IS ACTUARY CONTRACT. IN JULY THERE WERE A NUMBER OF QUESTIONS AND FOLLOWS UP, SO JANET, I TURN IT BACK OVER TO YOU TO WALK US THROUGH. >> THANK YOU, JANET STANEK. COMMISSIONER SCHMIDT REFERENCED A DOCUMENT THAT SEE GAL HAD SUBMITTED. SECRETARY BURNS -- I WAS ABLE TO PROVIDE MR. GASHTON AND MR. PRAGER AS A PREPARATION FOR THIS MEETING KNOWING THIS TOPIC WAS GOING TO BE DISCUSSED AND HOPEFULLY VOTED UPON TODAY. THE RECOMMENDATION IN THE PACKET STARTS ON PAGE 81. IT IS THE SAME RECOMMENDATION AND PACKET THAT YOU SAW IN THE JULY MEETING, AND THE ADDITIONAL AND SUPPORT OF INFORMATION REQUESTED, PARTICULARLY LISTED AND OUTLINED BY COMMISSIONER SCHMIDT WAS RESPONDED TO IN GREAT DETAIL BY SEE GAL IN THAT -- EXCUSE ME, THE LETTER FROM AUGUST 6TH THAT YOU ALL RECEIVED. SO I WILL JUMP TO THE RECOMMENDATION PAGE ON 90, AND ONCE AGAIN STATE THAT THE PLAN IS RECOMMENDING THAT SEGALL BE AWARDED THE CONTRACT FOR THREE MORE YEARS FOR ALL THE REASONS STATED IN JULY AND RESTATING TODAY. THANK YOU. >> JANET, QUICK QUESTION. THE LETTER IS IN APPENDIX B? IS THAT THE RIGHT PLACE? >> SECOND. COURTNEY, HELP ME OUT. PAGE 188. >> YES, 188. >> YOU RECEIVED IT AUGUST 6TH. IT'S DATED AUGUST 5TH. SORRY, QUESTIONS, COMMISSIONERS? THE RECOMMENDATION FOR THE ACTUARIAL CONTRACT IS FOR RENEWAL OF SEGALL FOR A THREE-YEAR CONTRACT. QUESTIONS, COMMISSIONERS? I WILL ENTERTAIN A MOTION. THE MOTION IS

MOVED BY COMMISSIONER PRAGER. IS THERE A SECOND?
SECOND IS BY COMMISSIONER DECHANT, AND NOW WE ARE OPEN
FOR DISCUSSION, COMMISSIONERS. >> THE QUESTION I HAD IS
THERE ASSUMPTION THAT THE LOWEST BID IS TAKEN BY
PROCUREMENT PROCEDURES? THE ITEMS THAT WERE IN THE
PACKET, I SAW THAT REFERENCED, AND I KNOW THERE CAN BE
EXCEPTIONS. CAN SOMEONE SPEAK TO THAT, PLEASE? >> THAT
IS NOTES THE CASE. >> SO, OKAY. >> THERE'S NO STATE
REQUIREMENT THAT SAYS YOU MUST TAKE THE LOWEST BIDDER,
NO. >> MY MISUNDERSTANDING. THANK YOU. >> WE ARE IN
DISCUSSION. THERE'S A MOTION ON THE TABLE. WE ARE IN
DISCUSSION. ALL RIGHT. HEARING NONE, I WILL CALL FOR THE
VOTE. ALL THOSE IN FAVOR OF THE MOTION TO APPROVE THE
SEGALL AS ACTUARIAL CONTRACT STARTING JANUARY 2022 SAY
AAYE. OPPOSED. >> MADAM CHAIR? >> COMMISSIONER
SCHMIDT. >> THANK YOU, MADAM CHAIR. I VOTE NO, AND I'D
LIKE TO EXPLAIN MY VOTE AND HAVE IT INCLUDED IN THE
RECORD. >> SO, GO AHEAD. >> I VOTE NO ON THE MOTION TO
AWARD THE CONSULTANCY CONTRACT TO SEGALL. I'VE STATED
MULTIPLE OCCASIONS TOWARD CONTRACTS AND THIS PROPOSED
AWARD DECISION ALSO FLAWED. I INCORPORATE THOSE
PREVIOUS CONCERNS INTO THIS EXPLANATION. BUT I ALSO VOTE
NO BECAUSE I DON'T BELIEVE THIS IS A GOOD CONTRACT FOR
THE STATE. SEGALL IS NEARLY DOUBLING ITS RATE FOR
SERVICES THAT HAVE NOT BEEN MET WITH SATISFACTION.
FURTHER, IT SEEM THAT IS SOME OF THE SERVICES THAT THE
STATE SHOULD HAVE EXPECTED FOR THE \$22,800 PER MONTH
RATE AGREED TO IN THE 2015 CONTRACT WERE LATER
CONSIDERED, QUOTE, SPECIAL PROJECTS. THESE SPECIAL
PROJECTS WERE BILLED SEPARATELY. THE CONTRACT STATED
THAT THE SPECIAL PROJECT RATE WOULD BE \$334 PER HOUR, BUT
THEN SEGALL CHARGES MORE THAN THAT. FOR EXAMPLE,
AMENDMENT NUMBER 6, WHICH WAS FOR A 2018 RESPONSE TO
HHS ON MENTAL HEALTH, COST SEHP AN ADDITIONAL \$20,000 AT
\$400 PER HOUR. SECRETARY BURNS-WALLACE ENTERED INTO
AMENDMENT SEVEN TO BRING THE TOTAL TO \$100,000, ALSO AT

\$400 PER HOUR. I'M ALSO CURIOUS IF MY COMMISSIONERS BENCHMARK STUDY COST ANOTHER \$20,000. ALSO AT \$400 AN HOUR. AMENDMENT 9 IS ANOTHER MENTAL HEALTH PARODY COMPLIANCE AMENDMENT ALSO AT \$400 PER HOUR, AND NOT TO EXCEED \$110,000. I DON'T RECALL THE HCC BEING INFORMED THE CONTRACT WAS SEEKING AN ADDITIONAL \$120,000. ESPECIALLY FOR WORK THAT WE, AS A COMMISSION, HAVEN'T SEEN. IF SEGALLS AWARDED THE CONTRACT HOW MUCH WILL IT END UP -- IT SEEMS LIKELY THAT IF A COMMISSIONER HAD BEEN A PART OF THE BIDS WHEN THEY CAME IN AND HAD A SEATED HCC, AT THE NEGOTIATING TABLE, WE WOULD HAVE HAD BETTER OPTIONS IN FRONT OF US TODAY. I RESPECTFULLY VOTE NO AND SUBMIT THOSE REMARKS TO BE PART OF THE MINUTES. THANK YOU, MADAM CHAIR. >> THANK YOU, COMMISSIONER SCHMIDT. THE CONTRACT IS ARRIVED. WE ARE IN ITEM 5D, WHICH IS THE HEALTH CENTER RECOMMENDATION. THIS AGAIN, COMMISSIONERS, IS ONE OF THE ITEMS THAT WE SAW AT THE JULY 23RD MEETING. ADDITIONAL INFORMATION HAS BEEN SUBMITTED. AND MARATHON IS ALSO ON THE LINE IF THERE ARE ADDITIONAL QUESTIONS. JANET, I'LL TURN IT OVER TO YOU TO WALK US THROUGH AND TO PROVIDE THE RECOMMENDATION TO THE COMMISSIONERS. >> I BELIEVE MARATHON IS HERE IN THE ROOM. >> PRESENCE IN THE ROOM. I AM -- CORRECT, THANK YOU. >> SO THE ADDITIONAL INFORMATION THAT THE SECRETARY JUST REFERENCED, OR THE CHAIR JUST REFERENCED, WAS THE NOTEBOOK INFORMATION ON MARATHON. YOU WERE HAND DELIVERED OR FEDEXED. THAT MATERIAL, HOPEFULLY YOU GOT A CHANCE TO READ IT. SO EVERYONE'S FULLY INFORMED. THE NEW COMMISSIONERS HAD A BRIEF UPDATE. COMMISSIONER GASHTON AND COMMISSIONER PRAGER, JUST ABOUT THIS TOPIC BEING ON. WHERE WE'RE AT WITH IT AND IT WAS ORIGINALLY PROPOSED IN FEBRUARY. I DON'T REALLY FEEL, UNLESS COMMISSION WANTS, THE NEEDING THERE THROUGH ALL OF WHAT'S IN YOUR DOCUMENTS AGAIN IN YOUR PACKET BECAUSE WE'VE REVIEWED THEM AND THEN YOU HAVE THE SUPPLEMENTAL INFORMATION. I WOULD SAY THAT THE EA C-NOTED THE

PERCENTAGE OF VISITS, THE LATEST UPDATE WE HAVE PROGRESSED TO 464 EMPLOYEE VISITS. 26 SPOUSE TO MONTH OF JULY, TO SEE AN UPTICK THERE, IN DEPENDENTS, FOR A TOTAL OF 521. THAT IS THE HIGHEST NUMBER OF CLINIC VISITS WE'VE HAD AND, AGAIN, I ATTRIBUTED THAT TO SOME OF THAT AT LEAST FOR THE STATE EMPLOYEES COMING BACK TO WORK AND SOME LEVEL OF NORMALCY WITH COVID FOR A WHILE IN THE VACCINE AND WHAT NOT. I GUESS WED TALKED AND ON PAGE 107 IS THE OPTIONS. THE FIRST OPTION IS THE ONE THAT WE RECOMMENDED. IN FEBRUARY, BUT THERE IS A CAVEAT THERE IN THAT IF BY GO AHEAD AND DON'T ISSUE AN RFP AND DECIDE TO EXTENDED THE CONTRACT AN ADDITIONAL YEAR, WHICH WOULD GIVE THE CLINIC A FULL THREE YEARS OF THE ORANGES, THAT WE GO TO MARATHON AND RENEGOTIATE THE COST TERMS OF THE CONTRACT. IF WE GO TO NUMBER TWO CONTRACT COULD EXPIRE. WE WOULD ISSUE A NEW RFP. WE COULD, JUST AS AN OPTION. THAT WOULD LEAVE A GAP IN SERVICE. THE SECRETARY TALKED ABOUT THAT LAST MEETING, AND WE WOULD JUST PICK UP THE LEASE SPACE. WE'D BE PAYING FOR SPACE THAT'S NOT OCCUPIED UNTIL WE GOT A NEW VENDOR IF WE DECIDE TO GO ON. THE THIRD OPTION, AND MY PAGE CUT OUT, AND I APOLOGIZE. IT'S CUT OUT THERE. THE TRICK OF POWERPOINT, THAT IS TO DISCONTINUE THE CLINIC. THAT'S THE THIRD OPTION. THAT WOULD RESULT IN THE -- ASSUMING THE LEASE FOR JANUARY AND FEBRUARY, AND THAT'S BECAUSE OF THE TERM OF THE CONTRACT WE HAVE WITH THEIR ON THIS. I HAVE OUTLINED THE COST PER THE COMMISSIONER'S REQUEST. THE SEHP, HOWEVER, IS RECOMMENDING OPTION ONE AND THAT WE EXTENDED THE CONTRACT AS WE ORIGINALLY PROPOSED IN FEBRUARY OF THIS YEAR. THANK YOU. >> QUESTIONS, COMMISSIONERS? COMMISSIONER SCHMIDT? >> I HAVE A COUPLE QUESTIONS. VICKI SCHMIDT. I'M CURIOUS, OPTION NUMBER TWO, THE COST IS \$61,510. WHY IS THAT A COST IF THE CONTRACT EXPIRES AND THEN YOU ISSUE AN RFP FOR A NEW VENDOR, WHY IS THE COST \$61,000 TO DO THAT? THE SPACE. SO WHAT WE'RE SAYING IS WE WOULD ISSUE AN RFP, NOT KNOWING

WHETHER OR NOT WE WOULD -- YOU CAN ISSUE AN RFP AND NOT CONTRACT WITH ANYONE. YOU COULD FIND THE TERMS UNSATISFACTORY AND NOT CONTRACT D WHAT YOU'RE SAYING IS WHAT OPTION TWO, NOT YOU -- >> IT AS WE HAVE THAT SPACE. YOU'RE RIGHT. THERE PROBABLY IS ANOTHER OPTION THAT WE'D HAVE TO -- IF WE WANTED THAT SPACE TO BE WHERE THE CLINIC GOES AGAIN, THAT'S WHAT IT WOULD BE. IF NOT IF WE SIT THERE OUT IN SPACE WHILE WE WAIT AND SEE IF WE GET AN RFP AND SOMEBODY ELSE COMES ALONG. IT WOULD BE THE 9,960 LIKE AS IN OPTION 3 BECAUSE WE DO WELL IN JANUARY AND FEBRUARY IF THAT'S VACATED. >> I WANT TO BE CLEAR THAT I'VE HEARD CONFLICTING STATEMENTS ABOUT THAT RENT, BUT THE SEHP IS RESPONSIBLE FOR THAT RENT THROUGH -- WELL, ALWAYS, BUT -- >> IT'S A PASS-THROUGH. MARATHON IS CONTRACTED FOR THAT SPACE WITH THE LANDOWNER, WITH THE COMPLEX OWNER. THEY PAY THAT RENT, BUT THE -- IT WOULD REVERT BACK TO US IF THEIR CONTRACT ENDS BEFORE THE THREE-YEAR CONTRACT. >> SO THE BOTTOM LINE IS WE'RE ACTUALLY PAYING THE RENT FOR THAT SPACE. >> THROUGH PASS THROUGH. >> WE PAY THE TELEPHONE. WE PAY -- >> WE PAY ALL THOSE SERVICES. >> THEY HAVE NO OUTLET FOR THAT. ALSO WOULD LIKE TO KNOW RECEIVED A LETTER IN THE MAIL DATED JULY 28TH, 2021 FROM DR.-- AND I WAS WONDERING WHO REQUESTED THAT LETTER? >> I TALKED TO SEGALL ABOUT ROI AND COST, AND I HAVE TALK TOED HER BEFORE. SHE'S THEIR NATIONAL MEDICAL DIRECTOR AND ASKED ME IF IT WOULD BE HELPFUL TO PUT THAT IN WRITING AND I TOLD HER YES. I REQUESTED THAT. >> DID WE PAY \$400 AN HOUR FOR HER TO DROP THAT. >> NO, WE DIDN'T PAY ANYTHING FOR HER TO DRAFT IT. >> NO, WE DIDN'T. >> TAKE AN HOUR TO DRAFT THAT LETTER. IT'S KIND OF HEARSAY WHAT'S IN THAT -- IN MY OPINION, IT'S A LOT OF HEARSAY IN THAT LETTER. AND I WISH THAT I WOULD BE ABLE TO ASK HER QUESTIONS. YOU KNOW, NUMBER SEVEN SAYS SIGNIFICANT SAVINGS CAN BE GENERATED FOR THE EMPLOYER BY DISPENSING GENERIC DRUGS, AND THEN IT GOES ON TO SOMETHING. BUT AS I UNDERSTOOD IT

MARATHON IS A ONE-TIME FILL. IT'S NOT THAT THEY'RE DISPENSING GENERIC DRUGS TO OUR MEMBERS NONSTOP. AND SHE TALKS ABOUT ONE YEAR IS TOO SHORT OF A TIME FOR AN ROI CALCULATION. IT'S NOT JUST BEEN A YEAR. THAT'S BEEN OPEN TWO YEARS NOW. SO IT'S NOT JUST A YEAR. AND I ALSO -- THIS WAS ONE OF MY FAVORITE. MARATHON HEALTH IS DOING AS GOOD AS JOB AS ANY OTHER CLING CLINIC CARRIER WOULD UNDER SUCH CIRCUMSTANCES. WELL, WHAT IS SHE COMPARING THAT TO? YOU CAN'T MAKE A STATEMENT LIKE THAT AND LEAVE IT OUT THERE AND NOT HAVE ANY COMPARISON? >> SHE'S COMPARING IT TO COVID. >> WHAT CLINIC CARRIER IS SHE TALKING ABOUT? SHE TALKING ABOUT ONE WHERE WE PAY A SET FEE NO MATTER IF ONE PATIENT IS SEEN OR 1,000? SHE DOESN'T GIVE US ANY INFORMATION ABOUT WHAT HER COMPARISON IS. HER COMPARTTIVE MODEL IS NOT IN HERE. >> I'M NOT SURE. SEGALL IS ON THE LINE, BUT I'M NOT SURE SHE'S PART OF THAT GROUP. THEY WERE OPEN TO ENTERTAINING OTHER QUESTIONS TODAY. I DON'T KNOW IF THAT'S A CALL OUT TO SEGAL THERE, ANSWER THOSE QUESTIONS OR SAVE THEM FOR LATER. >> I DON'T -- VICKI SCHMIDT AGAIN. I DON'T CARE WHAT SGALL SAYS ABOUT THAT, QUITE FRANKLY. THEY PUT IT IN A LETTER, SO WE SHOULD HAVE BACKUP ON THAT. AND LASTLY ON THIS LETTER. I WOULD JUST SAY THAT IT SAYS BECAUSE OF THE ONGOING PANDEMIC AND ITS UNCERTAIN NATURE STAFFING ADJUSTMENT COULD BE MADE AT EXISTING MARATHON CLINIC TO REDUCE THE STAFF UNTIL THE PATIENT VOLUME SURGES AGAIN. DR. THE DOCTOR CONTACT MARATHON ABOUT THAT? OR IS THAT JUST THE STATEMENT THAT, AGAIN, DOESN'T HAVE ANY RELEVANCE TO THE SITUATION? >> WELL, THEY WOULDN'T CONTACT THEM ON OUR BEHALF. THEY'RE PROVIDING THAT US TO HAVE THE DISCUSSION, AND THUS THE CONTRACT RENEGOTIATION. I HAD THAT DISCUSSION WITH THEIR ON THIS ABOUT IF THIS CONTINUED THAT WE WOULD BE LOOKING FOR A CONTRACT RENEGOTIATION AND THAT WOULD BE PART OF IT, YES. >> THAT'S NOT WHAT THIS SAYS. IT'S TALKING ABOUT STAFFING ADJUSTMENTS, AND I DON'T THINK A PERSON AT SEGALL CAN -- WHEN THERE'S NO

RELATIONSHIP BETWEEN SEGALL AND THEIR ON THIS. >> THEY ARE ADVISING ME OF THAT, ME OF THE PLAN, AND THAT THAT WOULD BE AN OPTION TO TALK TO MARATHON ABOUT AS FAR AS RENEGOTIATING THE TERMS OF THE CONTRACT. BUT THE VOLUMES ARE UP, SO THAT COULD BE A MOOT POINT RIGHT NOW EITHER WAY. >> OKAY, WELL, I'LL MOVE ON AND I'LL STOP AFTER THIS NEXT ONE, I PROMISE. SO ONE OF THE THINGS -- I'M NOT GOING TO PROMISE I'M STOPPING FOR GOOD. DON'T GET ALL EXCITED HERE. DON'T GET THE POPCORN OUT, OR MAYBE DO. WE'VE HAD QUITE THE DISCUSSION ABOUT TELEMEDICINE AND MARATHON CLINIC. AND MARATHON HAS, I WOULD SAY, COMMITTED, U I DON'T KNOW, BUT HAS GIVEN OVER TO THE PACT THAT THEY WOULD START INCREASING THEIR TELEHEALTH VISITS BECAUSE THERE IS CONCERN ABOUT THE LOCATION OF MARATHON ONLY HELPING OR ONLY SEEING PEOPLE IN THIS VICINITY UNLESS FROM RURAL PARTS OF OUR STATE AND STUFF. SO I ACTUALLY HAD MY STAFF PULL TELEMEDICINE VISITS BY MONTH. WE CAN GET A THAT OFF THE DATA, AND THESE ARE INCURRED BUT NOT REPORTED, SO IBNR CLAIMS ARE NOT INCLUDED. SO, AND KDHE HAS NOT VALIDATED THE 2021 CLAIMS YET. SO I DON'T HAVE 2021 DATA. BUT, AND, AGAIN, THIS DOES NOT INCLUDE MEDICARE, MEDICAID, SELF-FUNDED OR SEHP CLAIMS. I WANT TO BE CLEAR WHAT THESE NUMBERS. THESE ARE THE COMMERCIAL PLANS, NOT INCLUDING THE FULLY-FUNDED PLANS OR SELF-FUNDED PLAN. SO I'M NOT GOING TO REDO ALL THE NUMBERS, BUT TO ME HAIR ON THIS HAD THE OPPORTUNITY TO DO TELEHEALTH LONG AGO WHEN COVID HIT, AND THEY -- THERE WAS NO INCENTIVE TO DO THAT WHEN YOU GET PAID THE SAME AMOUNT TO NOT DO TELEHEALTH IN MY OPINION. SO TELEMEDICINE VISITS BY THE MONTH. IN FEBRUARY 2020, TELEMEDICINE VISITS WERE 1,847. IN MARCH OF 202 IT JUMPED OVER 22,000. AND IN APRIL IT WAS OVER 73,000 TELEHEALTH VISITS IN KANSAS THROUGH THE KS DATA. IT STAYED UP THERE AT 50,000 IN MAY. CURRENT IN DECEMBER OF 2020 IT WAS RIGHT AT 30,000. SO THE TOTAL OF TELEMEDICINE VISITS IN TOTALITY IN THE YEAR 2020 WAS OVER 396,000. COMPARE THAT TO 2019

BEFORE COVID WAS 12,000. SO, YOU KNOW, MARATHON HAD THE OPPORTUNITY AND DIDN'T TAKE ADVANTAGE OF IT. NOW THAT WE'RE TALKING ABOUT -- NOW THAT THIS DISCUSSION HAS BEEN OCCURRING, NOW ALL OF A SUDDEN WE'RE INTERESTED IN TELEHEALTH. I STILL CAN'T GET OVER THE NUMBERS THAT WE PAID. I KNOW IT'S COVID. I KNOW ALL THE THINGS, BUT UNIQUE PATIENTS MAY OF 2020, WE PAID \$2,784 FOR PATIENT THAT IS VISITED MARATHON. I KNOW COMMISSIONER CASTILE IS NOT HERE, AND THANK HIM VERY MUCH FOR THE SERVICE HE DID GIVE TO THE HEALTHCARE COMMISSION, BUT HE ENSTATED AT THE LAST MEETING THAT JUST DOESN'T SEEM TO BE A GOOD RETURN ON THE INVESTMENT. WITH THAT I APPRECIATE THE TIME YOU'VE GIVEN ME. AND IF YOU DO WANT TO SEE -- I THINK THOSE TELEHEALTH NUMBERS, QUITE FRANKLY, ARE FASCINATING IN GENERAL ABOUT WHAT HAPPENED DURING COVID WITH TELL LET HELP. IF ANYBODY WANTS THOSE, LET ME KNOW. THANK YOU, MADAM CHAIR. APPRECIATE THE OPPORTUNITY. >>

COMMISSIONER HILLARY CLINTON GINN. >> THANK YOU. SO WE'RE GOING TO BE DECIDING ONE, TWO OR THREE TODAY. AND ON NUMBER ONE THE ASTERISK AT THE BOTTOM IS CONSIDER RENEGOTIATING THE CONTRACT IF EXTENDED. AND THEN I GO TO PAGE 108 AND LOOKS LIKE -- WELL, THIS IS THE RATIONAL. I WOULD LIKE TO KNOW WHAT IT IS WE'RE GOING TO CONSIDER THE RENEGOTIATE AND HAVE THAT CONVERSATION BECAUSE ONE AREA THAT I'M MOST CONCERNED ABOUT IS THE FACT THAT THE WAY THE MODEL HAS BEEN IS THAT WE SERVE PEOPLE WITHIN THE 30-MILE RADIUS, AND ALL STATE EMPLOYEES ARE PAYING FOR THIS PLAN. AND NOT ALL STATE EMPLOYEES ARE HAVING THE OPPORTUNITY TO HAVE THE -- SOME OF THE SAME SERVICES. I GUESS I'D LIKE TO KNOW IF STAFF HAS SOME IDEAS FOR RECONSIDERING THE CONTRACT IF EXTENDED. IF THEY HAVE ANY IDEAS FURTHER. >> YES. >> I'M GOING TO GO BACK TO THE TELEHEALTH DISCUSSION, AND I STATED THIS IN A PREVIOUS MEETING. THAT WAS MORE OF OUR DISCUSSION TO -- IN COLLABORATING WITH MARATHON, ON OUR END VERSES THEIRS BECAUSE IT HAD BEEN LIMITED EVEN THOUGH IT'S NOT

INTENDED TO BE LIMITED. IT'S OPEN TO ALL STATE EMPLOYEES IN THE PLAN. REALISTICALLY IT'S IN TOP TOP ON KANSAS AVENUE. HOW DO WE GET IT OUT THERE FARTHER? THE PILOT SAID, DO IT, LOOK AT ANOTHER BRICK AND MORTAR FACILITY SOMEWHERE ELSE. WITH TELEMEDICINE TAKING OFF WITH THE DEGREE COMMISSIONER SCHMIDT TALKED ABOUT. ONE OPTION WOULD BE TO OPEN THAT CLINIC UP AND RAMP UP SO THEY COULD RESOURCE IT APPRECIATELY FOR TELEHEALTH SERVICES TO BE ALL ACROSS THE STATE. THAT'S HOW YOU WOULD POTENTIALLY GET THAT SERVICE ACCESSIBLE TO MORE MEMBERS WHO ARE PAYING FOR THE PLAN. THAT IS WHAT THE EAC REP, HANNAH RICH, NOTED AS WELL THAT THEY FOUND VERY ATTRACTIVE. THAT'S ONE THING WE WOULD RENEGOTIATE THAT. WE RENEGOTIATE ABOUT STRATEGICALLY PLANNING WITH THEM. THE SECOND THING WE WOULD LOOK AT THE COSTS AND WE WOULD GO DOWN THE LIST, AND WE WOULD USE OUR ACTUARY SEGALL. THE DOCTOR WOULD BE HELPING US LOOK AT COSTS LINE BY LINE. IT WOULD BE A GIVE AND TAKE, AND WE WOULD RENEGOTIATE ANYWHERE FROM MONTHLY FEES TO SERVICES OFFERED OR WHATEVER YOU WANT TO -- WHEREVER YOU WANT TO DO. WE WOULD SOMEHOW, THE GOAL WOULD BE, TO REDUCE THAT RATE TO MAKE IT MORE PALATABLE AND GO FROM THERE. TELEHEALTH IS OUR FIRST IDEA. NOT MARATHON. US ASKING THEM. WE WANT YOU TO DO THIS AT THE RATE YOU DO FOR THE BRICK AND MORTAR FOR ALL MEMBERS, AND THE SECOND WOULD BE, AND WE'RE GOING TO RENEGOTIATE YOUR COST IF WE EXTENDED THIS CONTRACT. >> SO IT'S MY UNDERSTANDING THAT THE ORIGINAL FOCUS WAS THE 30-MILE RADIUS, AND THAT'S WHAT THEY ARE GOING TO FOCUS ON IS WHAT I THOUGHT I HEARD FROM SOME CONVERSATIONS I'VE HAD WITH - - >> THAT WAS IN THE ORIGINAL PLAN, UH-HUH, AND IT WASN'T THEM FOCUSING. IT WAS WHAT WE SAID TO THEM HERE'S WHAT END'S GOING TO BE. WE ESTIMATE IT TO BE THIS MANY PEOPLE BECAUSE THIS MANY PEOPLE REALISTICALLY LIVE OR WORK IN THAT 30-MILE RADIUS. THAT'S CORRECT. >> THERE WAS NO WAY FOR US TO HAVE SOME KIND OF A TWO-STEP CHARGE FOR

INSURANCE FOR THOSE PEOPLE OUTSIDE OF THE 30-MILE RADIUS? >> THIS SOMEONE FROM THE 30-MILE RADIUS CAME IN AND SEEN AND TREATED AT THE SAME RATE. >> SO THAT WOULD BE ONE THING I WOULD LIKE FOR US TO LOOK AT, AND THEN THE OTHER HAS TO DO WITH THE SERVICES THAT MARATHON PROVIDES. I THINK THAT THERE NEEDS TO BE A LOT OF DISCUSSION ABOUT THAT. THE CONVERSATION IN THE SHORT PERIOD OF TIME I'VE BEEN HERE ABOUT WHAT THEY SHOULD LOOK LIKE AND WHAT THE LEGISLATION THAT WAS PASSED IN, I THINK, '17, IN '17, AND THERE ARE SOME THAT HAVE IN THEIR HEAD THAT THIS WAS AN URGENT CARE FACILITY SO OUR EMPLOYEES DO LIVE CLOSE TO THE CAPITAL COMPLEX HAVE AN OPPORTUNITY INSTEAD OF TAKING A LOT OF TIME OFF WORK THAT THEY COULD JUST RUN OVER TO THE CLINIC, EVEN SOME OF US HAD THIS IDEA THAT EVEN LEGISLATORS THAT LIVE HERE FIVE MONTHS OUT OF THE YEAR WOULD HAVE AN OPPORTUNITY TO USE IT, AND THAT IT SOUNDS TO ME LIKE IT'S DESIGNED MORE LIKE AN FQAC WHERE WE'RE TRYING TO PROVIDE WALK-IN SERVICES FOR PEOPLE THAT PERHAPS WON'T SEE CARE SO WE CAN PROVIDE A LOT OF SERVICES IN THAT WALK-IN FACILITY. AND WE TALKED A LITTLE BIT ABOUT BEHAVIORAL HEALTH. AND WE TALKED ABOUT, WHETHER IT'S CHIROPRACTOR OR PT, EXPANDING THAT SERVICE, AND I DON'T THINK, AND MAYBE I'M ONE OF THE ONLY ONES THAT THAT'S WHAT THAT WAS DESIGNED TO BE. THAT WE WERE PROVIDING ALL THESE SERVICES THAT YOU HAVE AT A SAFE CLINIC. I NEED TO KNOW IF THAT'S THE WILL OF THE COMMISSION. IF THAT'S THE DESIGN WE WANT TO BE IS LIKE A SAFETY-NET CLINIC, EVEN THOUGH HERE WE HAVE GRACE MED BACK IN WICHITA. WE HAVE HEALTH MINISTRIES. SO WE HAVE THOSE SERVICES. I JUST WANT TO KNOW THAT'S WHAT WE WANT TO LOOK LIKE HERE IN THE NEXT ONE TO THREE YEARS. IF WE WANT TO LOOK LIKE A FQAC OR LOOK LIKE AN URGENT-CARE FACILITY THAT HELPS PEOPLE GET TO THE RIGHT PROVIDER IN THEIR COMMUNITY. SO I JUST WANTED TO SHARE THAT SO THAT I KNOW EXACTLY WHICH WAY WE'RE GOING TO BE GOING DOWN THE ROAD. THANK YOU. COMMISSIONER PRAGER. >>

THANK YOU, SANDY PRAGER. I'VE LOOKED THROUGH AS MUCH OF THE MATERIALS AS I'VE BEEN ABLE TO SINCE RECEIVING THE APPOINTMENT, AND NUMBER ONE, IT WOULDN'T BE THE SAME AS AN FQHC BECAUSE THESE ARE MANY THAT DON'T HAVE INSURANCE AND THESE ARE STATE EMPLOYEES WHO HAVE INSURANCE. THE GOAL, AS I UNDERSTAND IN READING THE MATERIALS, IS THAT IT'S TO, YOU KNOW, YOU'RE HERE IN TOPEKA. WE WANT OUR STATE EMPLOYEES TO GET THE CARE THEY NEED AS QUICKLY AS POSSIBLE, SO THEY DON'T HAVE TO TAKE A WHOLE DAY OFF. SO TO THEIR MEDICAL PROVIDER, A WALK-IN CLINIC RIGHT NOW, WITH COVID, I THINK, MOST PLACES WOULD TELL YOU IT'S JUST NOT PRACTICAL. YOU, AT THE VERY LEAST, WHEN I GO TO MY DOCTOR I HAVE TO CALL IN AHEAD OF TIME AND MAKE SURE THEY UNDERSTAND I'M EITHER -- I'VE BEEN VACCINATED OR I'M -- I'VE HAD A NEGATIVE TEST. I HAVEN'T BEEN TRAVELING OUTSIDE THE STATE. YOU'VE ALL HAD THE -- THEY GO THROUGH ALL THOSE QUESTIONS. SO WHICH I THINK IS IMPORTANT RIGHT NOW, ESPECIALLY, BUT I ALSO THINK THAT THE NUMBERS BEING DOWN, AND THIS IS REFLECTED IN SOME OF THE MATERIALS. PEOPLE DON'T WANT TO GO TO MEDICAL PROVIDERS RIGHT NOW. IT MAKES THEM NERVOUS TO GO TO A DOCTOR'S OFFICE BECAUSE THEY DON'T KNOW WHO ELSE HAS BEEN THERE. WHY HOSPITALS TELL PEOPLE DON'T COME UNLESS AN EMERGENCY. WE DON'T WANT TO SEE YOU. A LOT OF POSITIONS ARE OPERATING WITH ZOOM CALLS. ALMOST LIKE A TELEMEDICINE CALL, WITH THEIR EXISTING PATIENTS, BECAUSE THEY DON'T WANT THEM COMING IN. BUT GOING FORWARD I FULLY SUPPORT, I THINK THE IDEA OF TELEMEDICINE AND GETTING IT STATEWIDE IS ABSOLUTELY A GREAT IDEA FOR MANY REASONS. NUMBER ONE, MAKING SURE PEOPLE GET THE CARE AS QUICKLY AS POSSIBLE. AND I THINK -- I KNOW THE NUMBERS HAVEN'T BEEN WHAT FOLKS WANTED THEM TO BE WITH MARATHON, BUT I THINK GOING FORWARD AS HOPEFULLY, WE BRING THE PANDEMIC MORE UNDER CONTROL, THAT WE'LL BE ABLE TO SEE THE NUMBERS INCREASE. I THINK IT'S A VALUABLE SERVICE. OBVIOUSLY IT WAS SET UP -- THE 30-MILE RADIUS WAS

PARTLY TOO TO FACILITATE THE EASE OF THE CLINIC GETTING MEDICAL RECORDS, AND NOT TRYING TO EXPAND THE NEED TO HAVE MEDICAL RECORDS STATEWIDE SO THAT THE FOCUS WAS ON THAT 30-MILE RADIUS JUST FOR FACILITATING THE EASE OF GETTING MEDICAL RECORDS IF I'M NOT MISTAKEN. IS THAT -- [INDISTINGUISHABLE] >> OKAY, SO, BUT -- SO I THINK IF PEOPLE DON'T UNDERSTAND THAT WHEN THEY COME TO TOPEKA THEY HAVE AN OPPORTUNITY TO USE IT. I THINK PERHAPS BETTER OUTREACH AND COMMUNICATION STATEWIDE THAT THIS IS SOMETHING HERE IN TOPEKA. IT IS AVAILABLE FOR STATE EMPLOYEES, STATEWIDE, NOT JUST PEOPLE WHO WORK HERE PEOPLE IN OUTREACH AND EDUCATION AND PUBLIC LISTY ABOUT IT FOR STATE EMPLOYEES WOULD BE CRITICALLY IMPORTANT. SO THAT PIECE, ALONG WITH THE EXPANSION OF TELEMEDICINE, I THINK, IS SOMETHING WE REALLY SHOULD FOCUS ON FOR THE NEXT YEAR. >> IF I CAN TAKE JUST A SECOND. I DON'T WANT TO LOSE THE PIECE THAT COMMISSIONER MCGINN JUST MENTIONED ABOUT CONTINUING TO ALSO THAT IDEA OF THINKING ABOUT GOING FORWARD IN TERMS OF MAKING SURE -- BECAUSE I DO THINK BASED ON A -- CAN'T REMEMBER ONE OF THE CONVERSATIONS WE HAD. THERE WAS THE LEGISLATION. THERE WAS THE INTENT AND WHAT WAS PUT INTO THE CONTRACT AND ALL OF THAT MAY OR MAY NOT HAVE COMPLETELY LINED UP. I THINK WHATEVER STEP WE TAKE NEXT IT MAY NOT BE THE IMMEDIATE STEP, BUT PART OF THE CONVERSATION HAS TO BE ABOUT UNDERSTANDING IF WE KEEP A CLINIC, WHICH I FULLY HOPE THAT WE DO, THAT I UNDERSTAND WHAT WE DO WANT IT TO BE IN THE FUTURE AND HOW IT IS BEST SERVING AND LEARNING FROM WHAT DID HAPPEN OVER THESE FIRST TWO OR THREE YEARS, AND THEN WHERE WE ARE AS A STATE AND WHERE OUR EMPLOYEES ARE. I JUST DON'T WANT TO LOSE THAT POINT OF NO THER WHAT OUR DECISION I THINK THAT'S STILL PART OF A MORE LONGER, STRATEGIC CONVERSATION TO UNDERSTAND WHAT TO WE WANT THIS FACILITY TO DO AND BE IN TERMS OF THE SERVICES AND WHAT IT'S DELIVERING. COMMISSIONER SCHMIDT, THANK YOU. >> I'D LIKE TO FOLLOW UP ON A COUPLE

PIECES OF THAT. THIS WAS ORIGINALLY DESIGNED AS A PILOT PROGRAM, AND THE PILOT PROGRAM, YOU CAN LEARN A LOT FROM PILOT PROGRAM. THAT'S WHY PEOPLE CALL THEM PILOT PROGRAMS, RIGHT. YOU DO A PILOT PROGRAM. YOU GET THE INFORMATION YOU WANT FROM IT, AND THEN YOU SOMETIMES CONTINUE AND DO -- AND EXPAND IT OUT OR DO OTHER THINGS. OR SOMETIMES YOU CHANGE DIRECTION, AND I THINK THAT'S -- MADAM COMMISSIONER, YOU SAID THAT IN THE LAST MEETING THAT MAYBE THIS ISN'T THE MODEL THAT WE WANT GOING FORWARD. MAYBE WE WANT THE CLINIC TO LOOK LIKE SOMETHING ELSE. MAYBE THIS ISN'T THE VENDOR THAT WE NEED IF WE CHANGE THE LOOK OF IT. I WOULD LIKE TO SAY THAT THERE ARE OTHER MODELS, IF YOU WILL, OUT THERE. ONE OF OUR BIG INSURERS HAS A MODEL HERE IN TOPEKA AND ACTUALLY THROUGHOUT THE STATE THAT DOES FUNCTION MORE AS AN URGENT-CARE TYPE THING WHERE YOU'LL SEE -- YOU'LL SEE THAT PROVIDER AND GET TAKEN CARE OF BY THE NEXT PROVIDER THAT CAN PROVIDE THAT MORE SPECIALIZED CARE. IF WE RENEW THIS CONTRACT WE'RE NOT GOING TO HAVE THE OPTION TO DO SOME THINGS LIKE THAT, BUT I REALLY WANTED TO FOCUS IN ON THE TELEHEALTH PORTION. WE'RE ALL TALKING LIKE WE DON'T HAVE TELL LET HEALTH BENEFITS RIGHT NOW. AND BOTH ETNA AND BLUE CROSS BLUE SHIELD HAVE TELEHEALTH BENEFITS. >> PAUL, WILL YOU SUMMARIZE THE TELEHEALTH OPTIONS OUR MEMBERS HAVE, PLEASE? PAUL ROBERTS. >> PAUL ROBERTS, STATE EMPLOYEE HEALTH PLAN. YEAH, BLUE CROSS OFFERS A TELEHEALTH SERVICE THROUGH AMWELL AS A SEPARATE TELEHEALTH SERVICE. ETNA OFFERS A PROGRAM CALLED TELEDOC. BOTH SERVICES ARE AUGMENTED RIGHT NOW TO COMMISSIONER SCHMIDT'S COMMENT EARLIER BY TELEHEALTH SERVICES BY A WIDE ARRAY OF CLINICS AND FAMILY PRACTICES, BECAUSE WE ALL HAD TO ADAPT IN THE LAST YEAR AND A HALF, SO SO WE'RE SEEING THE SAME TREND. >> AND IT'S \$10 FOR A TELEHEALTH VISIT. IS IT A \$10 EMPLOYEE-COST SHARE FOR TELEDOC ON AMWELL? REALLY WHEN MARATHON TALKS ABOUT EXPANDING TELEHEALTH IT'S A DUPLICATIVE SERVICE THAT WE

ALREADY HAVE. WE HAVEN'T PUBLICIZED THAT WITH OUR STATE EMPLOYEES. YES, IT'S A \$10 COPAY AS OPPOSED TO A NO-DOLLAR COPAY. IS IT WORTH \$2.3 MILLION? THAT'S A BIG QUESTION FOR ME. I'VE BEEN -- I KNOW CAPERS ENTERED INTO A PROGRAM -- I DON'T KNOW, AN AGREEMENT, A PROGRAM WITH MARATHON HEALTH, FOR WEIGHT MANAGEMENT. WELL, YOU KNOW, I DIDN'T VOTE FOR THE NATURALLY SLIM CONTRACTOR, THE WONDER WELL OR WHATEVER IT'S CALLED NOW. WONDER WONDER. ECAN ONLY THINK WONDER BREAD. WE'RE PAYING ALMOST \$3 MILLION TO NATURALLY SLIM TO RUN A WAIT THING, AND THEN WE HAVE MARATHON AT OVER \$2 MILLION A YEAR THAT COULD RUN A WEIGHT THING. I MEAN, NONE -- THESE ARE DUPLICATIVE SERVICES THAT ARE HARD-WORKING STATE EMPLOYEES ARE PAYING FOR OVER AND OVER AGAIN. SO THANK YOU, MADAM CHAIR. >> COMMENTS, COMMISSIONERS. COMMISSIONER DECHAT. >> AS THE ONLY CURRENT MEMBER WHO WAS HERE WHEN WE BEGAN THE PROCESS, AND I WOULD ASK MIKE OR JENNIFER OR ANY OF THE IF I SPEAK INACCURATELY. I WOULD DRAW ATTENTION TO THE TITLE. THAT IS HEALTH QUEST HEALTH CENTER RECOMMENDATION THAT REGARDLESS OF LOVER INTENT MAY HAVE BEEN IN ANYBODY'S MIND OR BODY OR LEGISLATURE THROUGH THE PROCESS OF SEEKING AN IBF. AND THAT NOT WORKING BECAUSE THERE COULDN'T BE A NEGOTIATION TO THE PROCESS. WHEN THEN THE CHAIR OF THE ACC CAME BACK SAYING, IS THIS BODY INTERESTED IN PURSUING A CLINIC? THE COMMISSION SAID, YES, WE ARE. WE SAW THAT THERE WAS A BENEFIT, OR WE FELT THERE WOULD BE A BENEFIT, AND I DREW ATTENTION TO THE TITLE, HEALTHQUEST HEALTH CENTER, SO IT'S VERY MUCH WELLNESS ORIENTED. THOSE OF YOU WHO HAVE HEARD ME SPEAK FROM TIME TO TIME I'M VERY SUPPORTIVE OF THE WELLNESS CONCEPT AND THINGS WE DO IN REGARDS TO WELLNESS. NOT NECESSARILY THAT IT HAS TO BE THE SLIM, CERTAIN WEIGHT LOSS, BUT INCLUDE THINGS THAT DO WEIGHT LOSS AND ET CETERA. I THINK PROBABLY DIFFERENT FROM THAT, WHAT MAY HAVE BEEN THE INTENT OF A BODY OR SOME PEOPLE AT LEAST, THAT IT WAS WELLNESS ORIENTED. AND SO THAT'S, AS

I SEE IT, WAS THE INTENT THEN. NOW, IF WE DON'T, IF THIS BODY DOES NOT WANT TO CONTINUE THAT ORIENTATION BUT WANTS TO CONTINUE HAVING A CLINIC-BODY NAME, WE CERTAINLY CAN MAKE THAT CHANGE, BUT THAT'S WHERE WE CAME FROM. WHAT I REGRET IS WE HAVE DEALT WITH COVID AND OPINIONS MAY VARY, BUT WE HAVE NOT HAD AN OPPORTUNITY TO GET A GOOD JUDGE OF THIS PILOT BECAUSE OF THE IMPACTS OF COVID AND NOT KNOWING HOW IT SKEWED THINGS IN WHATEVER DIRECTION OR DIRECTIONS. OR HOW IT BROUGHT TO A STOP OR STAND STILL OR SLOWED DOWN THINGS THAT MIGHT HAVE HAPPENED. I'M CONCERNED THAT, ASSUMING WE DECIDE TO GO FORWARD FOR ANOTHER YEAR, WE'RE NOT GOING TO BE A WHOLE LOT BETTER OFF BECAUSE WE'RE ALMOST NOW INTO ABOUT THE THIRD OR FOURTH OR WHATEVER MONTH OF A RESTART AND WE'LL BE CONSIDERING, ASSUMING WE WANT TO CONTINUE, AN RFP IN LESS THAN A YEAR FROM NOW. SO WE'RE GOING TO BE -- I WOULD IMAGINE, TALKING ABOUT SOME OF THE SAME THINGS. NOT ENOUGH TIME. BUT AT THE VERY LEAST, I DO FEEL WE'VE GOT TO GIVE THIS THING THE BEST SHOT, AND ALTHOUGH IN MY MIND IT'S AN IMPERFECT BEST SHOT BUT TO GO ANOTHER YEAR AND MAKE SOME MODIFICATIONS, FINE, BUT I THINK WE'VE GOT TO MAKE THOSE RAPIDLY BE CLEAR SO THE VENDOR CAN MAKE THE ADJUSTMENTS AND SEEK TO ACHIEVE WHATEVER WE'RE SEEKING TO ACHIEVE AND GIVE US A GOOD BASIS UPON WHICH TO MEASURE AND DETERMINE DO WE WANT TO CONTINUE IT ALL? AND IF SO ARE WE CONTINUING DOWN THAT TRACK OR A DIFFERENT TRACK? AS FAR AS HISTORY, MIKE, GENERAL IF HE RECOLLECTS WAS I PRETTY MUCH ON TARGET? WHY WE CHOSE TO MAKE THAT MOVE ABOUT THREE AND A HALF, FOUR YEARS AGO? THANK YOU. >> OTHER COMMENTS, COMMISSIONERS. COMMISSIONER LANDWEHR. >> WE'RE GOING BACK TO THE COMMENT THAT IS WERE MADE IN OUR LAST MEETING BY COMMISSIONER SCHMIDT, AND SHE POINTED OUT WHAT THE COST PER SERVICE IS. I GET THAT. I THINK WE'VE GOT AN ACCUMULATIVE OF HISTORY, NOT JUST ONE-YEAR OF HISTORY. AND THE OTHER PIECE WAS THAT WAS A CONCERN TO

ME THAT I THINK HAS TO BE TALKED ABOUT BEFORE WE ADVANCE FORWARD, IS THE NUMBER OF BENCHMARKS THAT I AM REQUIRED TO MEET WITH MAYBE A DIFFERENT TERM THAN BENCHMARKS, AND THAT THEY'RE ONLY REACHING HALF OF THOSE. THOSE ARE THE THINGS YOU PAY ATTENTION TO WHEN YOU'RE DEALING WITH A PILOT. I'VE DONE SEVERAL PILOTS OVER THE YEARS AS A LEGISLATOR. AND IT'S ABOUT COMING IN WITH CORRECTIVE ACTION PLANS AND TWEAKING IT AND MAKING IT BETTER. I THINK WE WOULD BE DOING A DISSERVICE NOT ONLY TO THE PEOPLE OF KANSAS, BUT THE EMPLOYEES ON THE STATE INSURANCE PLAN IF WE JUST DID AN EXTENSION, AN AUTOMATIC EXTENSION, AND SO THAT'S ONE OF THE MAJOR CONCERNS THAT I HAVE IN GOING INTO THIS. I DON'T KNOW IF MARATHON HAS ANY SKIN IN THE GAME AND IF THEY DO, WHAT'S IT LOOK LIKE? WHEN I LOOK AT SKIN IN THE GAME, IS IT THE SAME THE WAY THEY LOOK AT SKIN IN THE GAME? I UNDERSTAND THEY CAN'T BE AT FQHC, BUT I COULD TELL YOU THERE WAS HEAVY DEBATE FROM BOTH SIDES WHEN THIS WAS DISCUSSED IN LEGISLATIVE COMMITTEES IN THE APPROPRIATIONS THAT THIS WAS TO PROVIDE FOR SOME IMMEDIATE CARE, BEING CLOSE TO THE CAPITAL, YOU KNOW, IF YOU COULDN'T GET INTO YOUR REGULAR DOCTOR, OKAY, MAYBE YOUR DOCTOR'S A WEEK OUT AND DON'T WANT TO WAIT, OKAY, YOU HAVE THIS OPTION, BUT I DON'T BELIEVE IT WAS EVER SET UP TO BE THE FULL CLINIC FOR STATE EMPLOYEES ANYWHERE IN A PART OF THE STATE. THERE WAS A DISCUSSION OF OPENING UP BRICK AND MORTARS ACROSS THE STATE. NOW WE'RE TALKING ABOUT TELEHEALTH. IT GOES BACK TO A COMMENT THAT SENATOR SCHMIDT JUST MADE.

COMMISSIONER -- [LAUGHTER] SHE'S STILL SENATOR. IT'S \$10. IF YOU USE, AND I COULD BE WRONG, BUT I THINK I'M PRETTY ACCURATE ON THIS, TELEDOC HAS A FLAT \$49 FEE FOR MOST CALLS. SO \$10 IS A PRETTY GOOD DEAL. SO I THINK THERE'S JUST -- I'M NOT -- I AM NOT COMFORTABLE JUST SAYING WE WILL EXTENDED THIS WITHOUT SOME, I THINK SOME MASSIVE DISCUSSIONS WITH MARATHON. I DON'T KNOW HOW MUCH OF THAT BECAUSE THIS PROCESS HERE'S SOMEWHAT NEW TO ME. I

KNOW IN CONTRACTUAL DISCUSSIONS AND STUFF IT'S NOT ALWAYS DONE, EVERYTHING OUT IN FRONT OF THE PUBLIC, AND FOR A VERY GOOD REASON FOR THAT. SO I DON'T KNOW HOW WE PROCEED ON THAT, MADAM CHAIR, BUT I THINK WE'VE GOT MORE DUE DILIGENCE TO DO BEFORE WE SAY WE'RE GOING TO EXTENDED IT, EVEN IF IT'S FOR ONE YEAR. >> COMMISSIONER PRAGER. >> SANDY PRAGER. LET ME ASK STAFF. THE NUMBER ONE OPTION HERE AS AN ASTERISK THAT SAYS CONSIDER RENEGOTIATING THE CONTRACT IF EXTENDED. SOME OF THE DISCUSSION WE'VE HAD TODAY IS SOMETHING THAT YOU WOULD TAKE BACK TO THEM. I AGREE WITH WHAT THE COMMISSIONER HAS SAID THAT, I THINK, WE BROUGHT UP SOME GOOD POINTS, AND TO COMMISSIONER SCHMIDT'S COMMENTS ABOUT TELEMEDICINE. MAY BE OFFERING IT, EXTENDING IT, BUT THE FACT IT IS AVAILABLE. IT MAY NOT BE AS IMPORTANT. I STILL THINK THE MAIN THOUGH CAN YOU OF THE CLINIC IS THE 0-MILE RADIUS. THIS IS ABOUT SERVING THE VAST MAJORITY OF STATE EMPLOYEES WHO LIVE HERE, WHO WE THINK THE CLINIC CAN PROVIDE AN EASY ACCESS FOR -- YOU KNOW, YOU'RE HAVING AN ISSUE WITH THE -- YOU THINK YOU HAVE THE FLU. YOU WANT TO GET IN TO SEE SOMEBODY AND WANT TO GET SOME MEDICATION. THOSE KINDS OF EASIER VISITS, BUT I THINK LET'S -- AND THE NUMBERS, I KNOW, DON'T LOOK GOOD, AND THAT'S PARTLY BECAUSE OF COVID. BUT LET'S REDEFINE WHAT THOSE BENCHMARKS ARE GOING TO BE IF THE CONTRACT IS EXTENDED. AND LOOK AT SAYING WE NEED TO INCREASE THOSE. HOW DO WE GET MORE STATE EMPLOYEES TO BE AWARE THIS IS AVAILABLE AND TO UTILIZE THE SERVICES? MAKE IT MORE STREET? I DON'T KNOW. BUT -- MAKE IT MORE CONVENIENT? I DON'T KNOW. I'M IN FAVOR OF GOING WITH NUMBER ONE AS LONG AS WE'RE GOING TO RENEGOTIATE SOME OF THOSE ISSUES TO MAKE SURE IT'S MEETING THE NEEDS OF OUR STATE EMPLOYEES. >> I DIDN'T KNOW, JUST TO RESPOND. >> JANET, COMMISSIONER SCHMIDT. >> I WANTED TO MAKE SURE. TO RESPOND YOU SAID YOU ASKED STAFF. THE INTENT WAS TO GO BACK AND RENEGOTIATE THE TERMS OF THE CONTRACT RELATED

TO COST AND PERFORMANCE COMBINES AND WHAT NOT, RELATED TO CHANGING THE ENTIRE DESIGN OF THE CLINIC. FIRST OF ALL WE'D HAVE TO SEE WHAT'S THEIR WILLINGNESS OR DESIRE TO DO THAT IF THIS WAS THE MODEL THEY WERE PROPOSED AND WHAT DOES THAT TAKE? AND RELATED TO TELEHEALTH THAT WOULD HAVE TO BE A PROMOTIONAL CAMPAIGN. SO THE IDEA WAS TO DO JUST THAT. NOW, TO THE COMMISSIONER'S COMMENTS ABOUT WHAT WE WANT IT TO DO AND ALL OF THAT. IF THAT'S GOING TO BE, AGAIN, A MAJOR REDESIGN OF THE SERVICES, PEOPLE THAT ARE ALREADY GOING THERE FOR AND WHAT NOT, THAT'S GOING TO BE A LONGER DISCUSSION, AND IT'S DOABLE, WE JUST NEED TO KNOW THAT INFORMATION PROBABLY SOONER THAN LATER. BECAUSE THERE'S TIME SENSITIVE ON THAT SPACE, AGAIN. THANK YOU. >> COMMISSIONER SCHMIDT. >> THANK YOU. I WOULD JUST SAY, I'VE NEVER BEEN ON THE PROCUREMENT NEGOTIATING COMMITTEE, AND NEITHER HAVE ANY OF MY FELLOW COMMISSIONERS HERE, BUT TALK ABOUT LOSING YOUR NEGOTIATING POWER. WE WANT TO PAY YOU LESS AND WANT MORE PERFORMANCE GUARANTEES. THEY'RE \$2.3 MILLION DOWN THE ROAD FOR A YEAR EXTENSION. >> THE YEAR WOULD BE -- WE WOULDN'T RENEGOTIATE -- WE'D RENEGOTIATE THE EXTENSION. >> THE CONTRACT IS UP DECEMBER OF 2021. >> IT IS. THE IDEA, JUST TO BE CLEAR, IF I WASN'T CLEAR, WE WOULD, INSTEAD OF ISSUING AN RFP AND GOING OVER BID OR LETTING IT RUN OUT, WE WOULD OFFER AN EXTENSION, BUT IT WOULD BE WITH ALL NEW TERMS RELATED TO A NEW PRICE AND WHAT NOT. I JUST WANT TO BE CLEAR IT WASN'T UNDER THE SAME TERMS FINANCIALLY OR OTHERWISE. IT WOULD BE TO OPEN THE DISCUSSION WITH THEM AND RENEGOTIATE THE CONTRACT. >> RENEGOTIATE THE ONE-YEAR EXTENSION TERMS. >> CORRECT. THE ONE-YEAR ONLY. GO UP FOR IN THE SPRING OF '22. THAT'S CORRECT. >> COMMISSIONER SCHMIDT. >> VICKI SCHMIDT. I STILL HOLD YOU -- MARATHON'S SITTING HERE LISTENING TO ALL OF THIS. WE ARE LOSING OUR NEGOTIATING POWER MORE AND MORE WITH EVERY TIME WE TALK, BUT I GUESS FROM MY

PERSPECTIVE I ALSO WANT TO POINT OUT THAT YOU RENEW THIS CONTRACT FOR A YEAR. THE STATE EMPLOYEE HEALTH PLAN, THE STATE EMPLOYEES, ARE ON THE HOOK FOR A THREE-YEAR LEASE ON THAT SPACE. SO YOU DON'T END THIS CONTRACT IN DECEMBER 2021 YOU'RE ON THE HOOK. WE HAVE NOW PUT EMPLOYEES ON THE HOOK FOR \$62,000 A YEAR FOR TWO MORE YEARS. SO I MEAN, ALL THESE THINGS ARE CHA- WHICH I THINK. I GUESS -- CHA-CHING, I GUESS I REPRESENT STATE EMPLOYEES. PEOPLE THAT WORK WITH ME IN THE OFFICE WOULD NOT BE EXCITED TO BE PAYING THAT. WE HAVE DANCED AROUND THIS FOR A LONG, LONG TIME, AND NOW LIKE SO MANY THINGS THAT THE HCC DOES, WE'RE SITTING HERE TODAY, AND IT'S A MAKE THE DECISION TODAY-TYPE THING BECAUSE THIS IS ALMOST SEPTEMBER 1ST. AND WE'RE LOOKING AT A DECEMBER OF 2021 DEADLINE. >> THIS WAS BROUGHT FORWARD IN FEBRUARY TO THE COMMISSION. >> AND I -- JANET, YOU ARE EXACTLY RIGHT. IT WAS. BUT WE'VE NOT BEEN ABLE TO REACH A DECISION OR A CONSENSUS, AND WE'VE HAD COMMISSIONERS CHANGE IN AND OUT. WE HAVE FOUR PEOPLE SITTING AROUND THIS TABLE TODAY THAT HAVE ONLY -- TWO OF THEM, THIS IS THEIR FIRST MEETING, AND TWO OF THEM THIS IS THEIR SECOND MEETING. SO IT HAS BEEN A TREMENDOUS, REVOLVING DOOR, AND IT'S BEEN DIFFICULT. I WISH I WOULD HAVE MADE A MOTION AT THE LAST MEETING. I DEFERRED THINKING WE'D HAVE MORE PEOPLE BE ABLE TO -- WE'LL BRING TWO COMMISSIONERS ALONG WITH MORE INFORMATION, BUT THEN LOW AND BEHOLD THE EMPLOYER REPRESENTATIVE GETS REPLACED AND SO DOES A PUBLIC MEMBER TO MOVE US OFF I WOULD LIKE -- >> ONE THING, IF YOU HOLD FOR JUST A MINUTE, COMMISSIONER. ONE THING I WOULD SAY JUST SWITCHING MY HAT, JUST AS A SLIGHT POINT, RECOGNIZING COMMISSIONER SCHMIDT SAID IF WE WERE TO EXTENDED THAT THERE IS. WE WOULD HAVE THAT PROPERTY. ONE OF THE THINGS I WILL SAY IS THAT AS A STATE WE STILL WORK WITH SPACE CONSTRAINTS, AND THERE IS POTENTIAL THERE THAT IF THAT WAS THE CASE AND AFTER YEAR WE NEED TO MOVE OUT OF THAT PROPERTY. THERE ARE OTHER OPTIONS

WITHIN THE STATE'S HOLDINGS AND NEED FOR THAT SPACE THAT HAS BEEN REMODELED AND COULD BE USED IN OTHER WAYS. SO THAT'S ME SWITCHING HATS. I APOLOGIZE, BUT JUST WANTING TO GIVE A LITTLE BIT OF THAT CONTEXT, AND WE DO DO THAT FREQUENTLY, THE SPACE THAT -- THE COMMISSIONER MIGHT ACTUALLY REMEMBER THIS. THE SPACE THAT THE CURRENT STATE HEALTH PLAN IS IN WAS VACATED WHEN THE INSURANCE DEPARTMENT MOVED TO THEIR NEW SPACE AND WE ACTUALLY ASSUMED THE REST OF THE LEASE MOVED THE EMPLOYEE HEALTH PLAN IN THERE AND BASED ON THEIR NEEDS EXTENDED THAT SPACE. THERE ARE SOME OPTIONS WITH THAT. I WANTED TO GIVE THAT CAVEAT. I WOULD ASK WE DO HAVE REPRESENTATIVES FROM MARATHON IN THE ROOM. COMMISSIONERS, WOULD YOU LIKE TO HEAR FROM THEM? ANYONE OPPOSED TO HEARING FROM THEM? >> I AM OPPOSED TO HEARING FROM THEM. WHAT ARE WE GOING TO ASK THEM? EVERYONE ELSE WANTS TO, I'M GAME WITH THAT, BUT I HAVE A LOT OF QUESTIONS FOR THEM. ARE WE HAVING DINNER? >> COMMISSIONER LANDWEHR. >> THANK YOU, MADAM CHAIR. I FEEL UNCOMFORTABLE MAKING A DECISION FOR AN EXTENSION WITHOUT US KNOWING WHAT THE RENEGOTIATIONS IS. I THINK THAT MARATHON HAD THE OPPORTUNITY LAST MONTH. THEY'VE HAD THE OPPORTUNITY TODAY. I DO BELIEVE THE CEO IS VIRTUAL WITH US AS WELL TO HAVE HEARD THE CONCERNS AND THE QUESTIONS THAT THIS COMMISSION HAS LAID OUT THE LAST TWO MEETINGS. AND AS I SAID AT THE LAST MEETING THIS IS THEIR OPPORTUNITY TO COME FORTH. AND TELL US HOW WOULD THEY IMPROVE IT? HOW WOULD THEY MAKE IT BETTER BECAUSE THEY'VE HEARD OUR CONCERNS. I'M VERY CONCERNED THAT EVEN WE CAN KEEP USING COVID AS AN EXCUSE FOR THINGS, BUT COVID DIDN'T STOP EVERYTHING THAT WAS IN THOSE BENCHMARKS. SO HOW DO WE ADDRESS THAT? HOW DO WE GET THAT QUARANTINE UP FRONT? SO SO I DON'T THINK -- HOW DO WE GET THAT GUARANTEE UP FRONT? I'M NOT SAYING WE THROW THE BABY OUT WITH THE BATH WATER, BUT WE NEED TO KNOW THE FACTS BEFORE WE CAN SAY ONE WAY OR THE OTHER. THIS IS THE

SECOND TIME I'VE ENTERED IN THIS CONVERSATION, AND TRYING TO ABSORB THESE MATERIALS. I HAVE MET WITH MARATHON, AND I DON'T FEEL COMFORTABLE GOING EITHER WAY WITH IT. WE HAVE TO KNOW WHAT IS THE RENEGOTIATIONS, AND I THINK MARATHON'S HEARD IT ALL HERE TODAY, AND IF THEY HAVEN'T THEY KNOW THEY CAN COME BACK AND GET CLARIFICATIONS FROM COMMISSIONERS TO ASK, OKAY, WHAT DID REPRESENTATIVE LANDWEHR MEAN WHEN SHE SAID THIS? AND THE POWERS THAT BE, JANET AND OTHERS S TO HAMMER THOSE THINGS OUT. AND THAT'S WHAT COMES BACK TO THIS I DON'T THINK IT'S RIGHT FOR US TO SAY YEA OR NAY TODAY. I THINK MARATHON CAN PROBABLY GO BACK TO THE LANDLORD OF THE BUILDING AND SEE IF THEY CAN'T NEGOTIATE A ONE-YEAR LEASE. I DON'T THINK THERE'S ANYTHING THAT SAYS IT'S A THREE-YEAR LEASE. THAT IT HAS TO BE A THREE-YEAR LEASE. SO THAT WOULD BE ANOTHER POSSIBILITY. THAT'S WHY I DON'T THINK THAT A DECISION CAN BE MADE TODAY IF WE SEE THE IFS AND QUESTIONS OUT THERE GET SOME ANSWERS TO THEM. >> COMMISSIONER GASTON. >> MADAM CHAIR, CAN WE GO AHEAD AND ASK MARATHON TOO? >> A MEMBER FROM MARATHON BE WILLING TO ADDRESS THE COMMISSION? >> MY NAME IS LARRY MORESEY, I AM THE VICE PRESIDENT OF GOVERNMENT AFFAIRS FOR MARATHON HEALTH. I'M A FORMER ELECTED OFFICIAL. I WAS THE MAYOR OF ROCKFORD, ILLINOIS. WHEN I LEFT OFFICE IN 2017 I JOINED MARATHON HEALTH IN MY CURRENT CAPACITY. ON THE LINE ATTENDING VIRTUALLY, I BELIEVE, STILL IS OUR CEO, DR. JEFF WELLS. I BELIEVE HE'S FAMILIAR WITH SOME OF THE MEMBERS OF THE COMMISSION. HE WOULD, I THINK, JEFF IF YOU'RE THERE, IF YOU'D LIKE TO SAY A FEW WORDS AND RESPOND TO SOME OF THE COMMENTS AND QUESTIONS. >> CAN YOU GUYS HEAR ME OKAY? >> WE CAN, THANK YOU. >> GREAT. AGAIN, JEFF LOWE, EXECUTIVE OFFICER FOR MARATHON HEALTH. WAS PRESENT WITH SOME OF YOU AT THE APRIL MEETING AND APPRECIATE THE OPPORTUNITY TO JOIN YOU TODAY. JUST VERY BRIEFLY BY WAY OF BACKGROUND. I'M A PRIMARY CARE PHYSICIAN BY TRAINING, AND THEN AFTER SPENDING SOME TIME

WORKING FOR THE STATE OF INDIANA DOING PUBLIC POLICY WAS AN EMPLOYEE THERE FOR A FEW YEARS LEADING THE MEDICAID PROGRAM, JOINED A PARTNER TO START THIS COMPANY. MAYBE JUST HAVING HEARD THE CONVERSATION I'D OFFER A COUPLE QUICK THOUGHTS AND BE HAPPY TO TAKE ANY QUESTIONS THAT'S VALUABLE TO THE COMMISSION. OUR CORE PHILOSOPHY, CORE VALUES AND HOW WE TEND TO PARTNER WITH ORGANIZATIONS IS TO TRULY LIVE UP TO THIS CONCEPT OR TERM OF PARTNERSHIP. SO I RECOGNIZE THAT THERE'S BEEN SOME EVOLUTION IN TERMS OF WHAT THE POTENTIAL, INITIAL INTENT WAS WITH THE LEGISLATION PASSED AND SORT OF THIS COMMISSION AS THINGS HAVE EVOLVED AND CHANGED. AND THEN EVEN MORE SO OVER THE LAST 18 MONTHS JUST IN THE CIRCUMSTANCES WE'VE ALL LIVED THROUGH, AND SO WE REALLY TRY TO PRIDE OURSELVES ON BEING FLEXIBLE AND ADAPTABLE AND WOULD FIND IT REALLY IMPORTANT TO SORT OF WORK WITH THE COMMISSION, WORK WITH THE ADMINISTRATION, IF WE HAVE THE OPPORTUNITY TO CONTINUE TO MOVE FORWARD AND SORT OF LIVING UP TO WHAT THE FUTURE VISION SHOULD BE. NOT NECESSARILY WHAT IT WAS INITIALLY IF IT'S APPROPRIATE TO EVOLVE OR ADAPT OR CHANGE. MAYBE THE SECOND COMMENT WOULD BE OF ALL THE MATERIALS THAT YOU'VE REVIEWED TODAY, THE ONE THAT I SORT OF KEYED IN ON WAS JUST LOOKING AT THE OVERALL KIND OF HEALTH PLAN FOCUS. I THINK AS A STATE THE PLAN WILL SPEND APPROXIMATELY \$400 MILLION IN THIS CALENDAR YEAR, AND THAT'S GROWING AT SORT OF APPROACHING 6% A YEAR, WHICH MEANS THAT WOULD BE INCREMENTAL \$11 MILLION NEXT YEAR. \$24 MILLION THE FOLLOWING YEAR. AND SO I THINK TO COMMISSIONER DECHANT'S COMMENTS WE REALLY DO SEE OURSELF SORT OF PHILOSOPHICALLY FOCUSED MUCH MORE ON HOW DO WE HELP ULTIMATELY MANAGE DOWN THE COST OF HEALTHCARE FOR STATE EMPLOYEES, FOR THEIR FAMILY MEMBERS AND ULTIMATELY FOR TAXPAYERS. AND THE WAY THAT WE BELIEVE YOU CAN GO ABOUT DOING THAT MOST EFFECTIVELY IS FOCUSING ON WELLNESS AND OVERALL LIFESTYLE AND IN PARTICULAR THE

CHRONIC CONDITIONS THAT DISPROPORTIONATELY CAUSE CHALLENGES FOR INDIVIDUALS AND HIGHER HEALTHCARE COSTS. SO I WOULD URGE THE COMMISSION TO AT LEAST CONSIDER TO NOT NECESSARILY THINK TOO NARROWLY ABOUT AN URGENT CARE OFFERING. I THINK THAT'S A KEY COMPONENT, LIKE QUICK ACCESS AND CONVENIENCE AND MAKING THAT WORK WELL WITH STATE EMPLOYEES IS VERY IMPORTANT. BUT IN OUR EXPERIENCE I THINK IF WE REALLY WANT TO GET AT MANAGING THE OVERALL HEALTH AND WELL BEING OF STATE EMPLOYEES AND THEIR FAMILIES, AND ULTIMATELY LOWER THE COST OF HEALTHCARE WE WANT TO SORT OF HAVE A LITTLE BIT OF A BROADER VIEW ON THAT. AND SO I THINK WE ALSO RECOGNIZE THE IMPORTANCE OF CHOICE FOR ALL PATIENTS AND ALL MEMBERS IN THIS CASE, AND SO I THINK IF YOU LOOK AT THE TOTALITY OF WHAT YOU'RE MAKING AVAILABLE TO MEMBERS, SORT OF ALLOCATING MAYBE A HALF OF A PERCENT OF THE TOTAL, LIKE GROSS DOLLARS INVESTED, AND THEN JUST PROVIDING MORE OPTIONS AND MORE CHOICE FOR MEMBERS. AND WHETHER THE ON-SITE HEALTH CENTER IN TOPEKA WORKS AND IS A GOOD FIT, GREAT, OR EXPAND TELEMEDICINE ACCESS TO ALL STATE EMPLOYEES. THAT'S SOMETHING WHERE I THINK WE CAN JUST SEE -- I THINK THE CONCLUSION THAT I WOULD URGE YOU TO CONSIDER IS THAT FOR THOSE THAT HAVE ENGAGED, FOR PROBABLY THE 2,000 PLUS OR MINUS THAT HAVE ENGAGED, WE TEND TO SEE THE MODEL WORKING. AND IF YOU LOOK AT SORT OF THE INDIVIDUALS AND COMPARE THEM TO INDIVIDUALS THAT DIDN'T USE MARATHON HEALTH WE CAN DRAW CONCLUSION THAT THERE'S A 20% LOWER COST OF CARE. WHERE THE BIGGEST HEAD WIN HAS BEEN AND TAKE ACCOUNTABILITY AND FALLEN SHORT IS ON DRIVING ENGAGEMENT. AND SO IF WE CAN GET MORE PEOPLE TO USE THE SERVICE I THINK YOU'LL SEE AN INCREASE IN ALL OF THE OUTCOMES WE WOULD HOPE TO SEE, HEALTH IMPROVEMENT, GREAT SATISFACTION AND COST SAVINGS. AND THEN MAYBE TO SHARE ONE COMMENT. WE BELIEVE THAT WE'RE ACCOUNTABLE, AND I WOULD PROBABLY ARGUE MORE ACCOUNTABLE THAN OTHER HEALTHCARE

PROVIDERS ACROSS THE STATE. WE PUT OUR FEES AT RISK, AND SO IF WE -- THE NEXT 30 DAYS WE'LL RUN THE ANALYSIS FOR LAST YEAR. SO I THINK IT WAS COMMISSIONER LANDWEHR WHO MADE THE POINT. IF WE DON'T LIVE UP AND ACHIEVE THE PERFORMANCE STANDARDS WE WILL WRITE A CHECK BACK TO THE STATE. AND THAT WILL COME OUT OF OUR POCKET, AND WE THINK THAT'S THE APPROPRIATE INCENTIVE TO HAVE. AND I DON'T THINK THAT'S THE CASE FOR NECESSARILY ALL PROVIDERS. WE ACTUALLY APPRECIATE THE CHANCE TO HAVE THESE CONVERSATIONS AND HAVE THIS LEVEL OF TRANSPARENCY AND VISIBILITY INTO THE IMPACT ON THE INVESTMENT YOU'RE MAKING WITH MARATHON HEALTH. MAYBE I WOULD CLOSE BY SAYING, YOU KNOW, MAYBE IT DOESN'T MAKE SENSE TO TRY TO BRING THIS TO RESOLUTION TODAY, AND WE WOULD BE HAPPY TO WORK WITH JANET AND OTHERS FROM THE ADMINISTRATION ON ANY OF THE DETAILS. THAT BEING SAID I THINK ONE EASY OUTCOME WOULD BE TO SAY IF WE EXTENDED THE RELATIONSHIP FOR ONE YEAR AND HAD THE CHANCE TO REALLY PROVE OUT WHETHER THE MODEL WORKS AND GIVE YOU ANOTHER ENOUGH INFORMATION TO DETERMINE WHAT THE LONG-TERM STRATEGY IS THAT WE WOULD BE WILLING TO DO THAT INSIDE THE CURRENT INCOMES. I THINK WE PROPOSED OR THE CONTRACTS HAD THE 5% INCREASE, AND I'M HAPPY TO SHARE WITH YOU TODAY. WE'D BE HAPPY TO WAIVE THAT AND HOLD OUR FEES FLAT FOR ONE YEAR AND GIVE YOU CERTAINTY AND PREDICT. WE'D MAINTAIN OUR FEES BEING AT RISK TIED TO PERFORMANCE STANDARDS, AND WHAT WE'VE OFFERED GOBBING BACK TO JANUARY OR FEBRUARY OF THIS YEAR IS EXPANDING THAT 30-MILE RADIUS, JUST TO PROVIDE ONE MORE OPTION TO MEMBERS ACROSS THE ENTIRE STATE, AND THAT YOU'RE MAKING A FIXED INVESTMENT TODAY THAT'S BEEN WELL HIGHLIGHTED. SO IF WE CAN ENGAGE EVEN MORE BETTERS TO DRIVE BETTER RESULTS THAT'S IN THE INTEREST OF THE STATE. AND WE'D BE HAPPY TO DO THAT. THE ONLY POINT WE'D MAKE IS IF ENGAGEMENT BEGINS TO INCREASE SIGNIFICANTLY. AT SOME POINT WE COULD RUN UP AGAINST THE CAPACITY LIMITATIONS AND NEED TO REVISIT AND MAKE SURE

HOW WE'RE PROVIDING A REALLY GOOD SERVICE AND PEOPLE CAN GET SEEN QUICKLY. BUT AT LEAST IN THE FORESEEABLE NEAR TERM I DON'T THINK THAT WE FORSEE THAT TO BE A REALITY, AND WE COULD CERTAINLY WORK TOGETHER AS A PARTNER TO FIGURE OUT HOW TO MAKE SURE THAT IT MADE SENSE LONGER TERM AS WE CONTINUE TO RAMP UP ENGAGEMENT. WITH THAT I'LL PAUSE, AGAIN, THANK YOU AND HAPPY TO ADDRESS ANY QUESTIONS. >> ANY QUESTIONS, COMMISSIONERS? IF COMMISSIONER SCHMIDT. >> THANK YOU, THANK YOU, DOCTORS. I WANT TO MAKE SURE I UNDERSTAND WHAT ONE OF YOUR COMMENTS WAS. YOU'RE PROPOSING THAT THE 2-POINT -- LET ME LOOK AT IT JUST SO I DON'T -- \$2.3 MILLION CONTRACT. YOU WOULD FOREGO A 5% INCREASE IF WE GIVE YOU THAT 2.3 MILLION FOR ANOTHER YEAR. IS THAT CORRECT? >> YES, I'D BE WILLING TO COMMIT TO THAT TODAY. THE MAIN REASON I WANT TO TRY TO BRING THIS TO RESOLUTION QUICKLY IS THE HIGHEST RISK OUTCOME, I BELIEVE, FOR THE STATE, AND CERTAINLY FOR OUR ORGANIZATION, IS THAT UNCERTAINTY FOR OUR CLINICAL TEAM INCREASES THE RISK THEY CHOOSE TO LEAVE THE ORGANIZATION AND GO WORK SOMEWHERE ELSE. I FEEL AN OBLIGATION TO OUR TEAM AND ULTIMATELY THE PATIENT THAT IS THEY SERVE TO TRY TO BRING SORT OF CERTAINTY AND CLARITY AS QUICKLY AS POSSIBLE. AND THAT'S WHY I WANT TO GIVE YOU AS MUCH CERTAINTY AND CLARITY TODAY AS POSSIBLE. >> SO ON THAT -- BACK IN APRIL OF 2020, WHEN YOUR CLINIC SAW 63 UNIQUE PATIENTS, AND WE PAID WHATEVER \$2.3 MILLION DIVIDED BY 12 WAS. WAS THERE ANY THOUGHT TO COME BACK TO THE STATE AND SAY, MAN, WE'RE NOT -- WE ARE -- WE'RE NOT SEEING YOU. YOUR CLINIC WOULDN'T SEE PATIENTS THAT THOUGHT THEY MIGHT BE COVID POSITIVE. EVEN THOUGH YOU ARE A MEDICAL CLINIC. SO WAS THERE ANY THOUGHT COMING TO THE STATE AND SAYING, YOU KNOW WHAT, WE'RE ONLY SEEING 63 PATIENTS, UNIQUE PATIENTS, IN A MONTH, PERIOD OF TIME, AND THERE IS -- WE GAVE YOU THE STATE HAD GIVEN YOU A GUARANTEE OF WHATEVER 2.3 DIVIDED BY 12 FOR THAT MONTH.

THESE NUMBERS JUST DON'T LIE, AND I UNDERSTAND ROI AND POPULATION HEALTH BASE. I THINK THAT'S AN INCREDIBLE OFFER AND NOT IN A GOOD WAY, TO SAY, OH, WE WON'T INCREASE YOU FOR 5% IF YOU RENEW THE CONTRACT FOR A YEAR. I AM BLOWN AWAY BY THAT. THANK YOU. >> ANY OTHER QUESTIONS, COMMISSIONERS? OKAY, THANK YOU. >> THANK YOU. MADAM CHAIR, I'D LIKE TO MAKE A MOTION. EXHIBITIONER SCHMIDT. >> I MOVE THAT THE HEALTHCARE COMMISSION NON-RENEW THE MARATHON HEALTH CENTER CONTRACT AND TERMINATE THE LEASE. THE ON-SITE HEALTH CLINIC WAS A PILOT PROJECT THAT'S NOT SHOWN TO BE SUCCESSFUL AT DELIVERING COST-EFFECTIVE CARE TO A LARGE NUMBER OF STATE EMPLOYEES. QUITE SIMPLY AT MORE THAN \$2.9 MILLION A YEAR THE STATE SHOULD RECEIVE FAR GREATER BENEFITS THAN WE HAVE RECEIVED. CONTINUING TO SPEND MONEY ON THIS PROJECT WITH THE VENDOR IS THE WRONG MOVE. STRUCTURALLY THE COST FOR SUBSIDIZING MARATHON'S EMPLOYEES AND PAYING FOR OVERHEAD COST JUST DOESN'T MAKE SENSE. I RECOGNIZE THAT ONE OF THE OPTIONS PRESENTED BY THE SEHP STAFF IS TO EXTENDED THE MARATHON CONTRACT AND TRY TO RENEGOTIATE. I EMPHASIZE TRY BECAUSE WE HEARD THEY WOULDN'T INCREASE IT BY 5%. HOWEVER, I THINK THAT IS A FLAWED STRATEGY AND WISHFUL THINKING THAT THE PROJECT WILL BE WORTH THE COST. WE NEED TO CONSIDER OTHER VENDORS AND INCLUDE TELEHEALTH. THE CONTRACT SUP AND IT SHOULD NOT BE RENEWED. AND I WILL SUBMIT THESE REMARKS TO COURTNEY AS A MOTION. >> THERE'S A MOTION ON THE FLOOR. IS THERE A SECOND? NOT HEARING A SECOND. THE MOTION DOES NOT GO FORWARD. ANY OTHER MOTIONS? COMMISSIONER LANDWEHR. >> THANK YOU, MADAM CHAIR. I KNOW WE'RE RUNNING UP AGAINST A DEADLINE AND I UNDERSTAND THE CONCERN ABOUT HIS EMPLOYEES BEING CONCERNED WHETHER THEY HAVE A JOB OR DON'T HAVE A JOB BY THE END OF THE YEAR. I WOULD FEEL MORE COMFORTABLE TO SEE WHAT THE NEGOTIATIONS THAT HE'S MENTIONED TODAY, WHAT OUR STAFF HAS HEARD THE CONCERNS FROM US UX AND COME BACK TO US AT THE NEXT MEETING SO

THAT WE KNOW WHAT IT IS THAT WE'RE VOTING ON BY CAN SAY ALL WE WANT TO TODAY, BUT UNTIL IT'S IN WRITING AND IT'S AGREED UPON, IT'S NOT SOLID. SO I GUESS, AND I'M NOT QUITE SURE HOW TO WORD THAT MOTION. IT'S NOT SOMETHING I HAD PREPARED, BUT THAT WE COME BACK AT THE NEXT MEETING AND BE IN BETWEEN THAT AND MARATHON, OUR STAFF, WHOM EVER NEEDS TO BE AT THE TABLE, NEGOTIATES WHAT WOULD A ONE-YEAR LOOK LIKE. AND LOOKING AT A ONE-YEAR LEASE EXTENSE. NOT A THREE-YEAR LEASE EXTENSION. THAT AND THAT WOULD BE MY MOTION. >> THERE'S A MOTION ON THE TABLE FROM COMMISSIONER LANDWEHR. A SECOND BY COMMISSIONER McGINN. DISCUSSION, COMMISSIONERS? >> THIS IS STEVE DECHEENT. NEXT MEETING, WHAT I'D LIKE TO SUGGEST, IS WE HAVE A SPECIAL MEETING IN SEPTEMBER, WHICH WOULD ADDRESS THE NEED TO ACT QUICKLY AS WELL AS GIVING TIME TO NEGOTIATE AND FOR US THEN TO HEAR THE TERMS OF THE NEGOTIATION THAT IS WOULD HAVE OCCURRED. I HOPE WOULD ALSO ADDRESS ISSUE OF RETENTION OF EMPLOYEES TO SOME DEGREE AS WELL. IF THE, IF THIS WOULD BE OF WILLING TO DO A SPECIAL MEETING. WE'VE GOT A -- WE'RE GOING TO HAVE DISCUSSION ABOUT MAYBE A MEETING IN SEPTEMBER. MAYBE COMBINE IT ALTHOUGH I THINK THAT'S ONLY ABOUT TWO WEEKS AWAY. THAT MAY BE TOO SHORT. I WOULD SUGGEST A MEETING IN SEPTEMBER TO DEAL WITH IT. >> IF THE MAKER OF THE MOTION ACCEPTS THAT AS A FRIENDLY AMENDMENT. THE NEXT MEETING, BUT IT COULD BE A SPECIAL MEETING SPECIFICALLY. >> IT COULD BE, BUT I'D LIKE TO SEE, THE NEXT MEETING WOULD BE SEPTEMBER 9TH. SO IT WOULD BE -- I WANT AT LEAST TO SEE 30 DAYS IN THERE TO BE WELL ET HAVE HAD OUT. I'D HAVE TO BE WITHIN 30 DAYS. AND THEN JUST BE REAL CAREFUL ABOUT GIVING US SEVERAL DATES BECAUSE WE ALREADY RAN UP AGAINST THE STATE FAIR ISSUE. A LOT OF THE LEGISLATIVE INTERIM COMMITTEES ARE STARTING TO GEAR UP AS WELL AND TRYING TO JUGGLE SCHEDULES. >> CORRECT. THERE IS A MOTION ON THE FLOOR. WE ARE IN DISCUSSION. COMMISSIONER McGINN AND COMMISSIONER PRAGER. >> I AGREE WITH THIS

MOTION, AND I AGREE TO TRY TO GET TO THIS AS QUICK AS POSSIBLE, AND SO SOMEHOW WE HAVE TO COORDINATE WITH STAFF AND MAKE SURE WE DO IT PROPERLY, OUR QUESTIONS IN, QUESTIONS OUT, SO THAT EVERYTHING GETS THERE AND WE'RE NOT BRINGING UP NEW THINGS WHEN WE FINALLY HAVE TO MAKE A DECISION. MY REASON FOR EXTENDING THIS IS THE CONCERN I HAVE. WE DON'T KNOW WHAT THIS SECOND PHASE OF COVID IS GOING TO BE LIKE, AND I WOULD HATE TO SEE US SHUT DOWN SOMETHING THAT WE MAY NEED THIS NEXT COMING YEAR OR OUR EMPLOYEES COMPETE TESTING OR WHATEVER OTHER THINGS THAT THEY MIGHT NEED. AND THEN IN LISTENING TO THE FACT THAT WE HAVE STARTED A PATIENT-LEVEL OF PEOPLE THAT ARE STARTING TO GO IN AND GET SOME HEALTHCARE TAKEN CARE OF. I JUST HATE TO CUT THEM OFF AT THE KNEES AT THIS MEETING AND I'M HOPING WITH FURTHER DISCUSSION AND NEGOTIATION WE CAN WORK THIS OUT. AND IF WE CAN'T WE GAVE IT OUR BEST EFFORT TO TRY TO MAKE THIS WORK. SO THAT'S WHY I'M SUPPORTING THIS MOTION, AND THEN ALSO THE ISSUE OF STAFF, UNCERTAINTY AND THOSE KINDS OF THINGS. THAT'S PROBABLY A BIGGER CORPORATE DISCUSSION THAN AT MY LEVEL. SO, THANK YOU. >> THANK YOU, COMMISSIONER PRAGER. >> I'M GOING TO BORROW FROM COMMISSIONER LANDWEHR'S SUGGESTION EXPOSER A SUBSTITUTE MOTION. THERE HAVE BEEN SO MANY UNTEENSIES. I DON'T KNOW THAT WE WOULD BE ABLE TO EXTENDED THE CLINIC IF WE SOMEHOW DON'T DECIDE TODAY TO GO AHEAD AND EXTENDED AND GIVE OUR STAFF THE OPPORTUNITY TO NEGOTIATE ALL OF THE THINGS WE TALKED ABOUT, AND I'M WILLING TO GIVE IT ANOTHER YEAR, AND THAT'S ALL. BECAUSE OF THE COVID CONCERNS. BECAUSE OF THE FACT WE DO HAVE STATE EMPLOYEES THAT ARE BEGINNING TO USE IT AS A WAY TO PROMOTE WELLNESS. I THINK IT -- AND I THINK THE ISSUE OF CERTAINTY FOR THE STAFF DELAYING IT ANYMORE, I THINK, CREATES A REAL PROBLEM WITH KEEPING THOSE PROVIDERS EMPLOYED. SO I'D LIKE TO SEE US TO GO WITH OPTION ONE BASED ON EVERYTHING I I SAID TODAY. OUR STAFF AT THE STATE EMPLOYEE'S HEALTH PLAN KNOWS WHAT WE'VE

BEEN TALKING ABOUT. THEY KNOW WHERE OUR CONCERNS ARE. I DON'T THINK THEY'D WANT TO COME BACK TO US WITH A NEGOTIATED CONTRACT THAT DIDN'T EFFECTIVELY ADDRESS THOSE THINGS. I JUST SEE THIS POTENTIAL FOR CRATERING IF WE DON'T MAKE A DECISION, AND IT'S BEEN GOING ON SINCE FEBRUARY AS HAS BEEN POINTED OUT. I GUESS I'M OF THE FISHER CUT BAIT MENTALITY. I THINK IT'S -- SO THAT WOULD BE MY MOTION THAT WE TAKE OPTION ONE. THAT WE CONTINUE TO RENEGOTIATE THE CONTRACT BASED ON ALL OF THE CONCERNS THAT HAVE BEEN EXPRESSED TODAY. >> THERE'S A SUBSTITUTE MOTION ON THE FLOOR. IS THERE A SECOND? SUBSTITUTE MOTION HAS BEEN SECONDED. SUBSTITUTE MOTION IS IN DISCUSSION. COMMISSIONER LANDWEHR AND THEN COMMISSIONER SCHMIDT. >> BRENDA LANDWEHR, AND I UNDERSTAND WHERE COMMISSIONER PRAGER IS COMING FROM IN THERE'S A COMPROMISE WITH THIS. TO SAY TODAY WE'LL JUST DO THE EXTENSION AND SEE WHAT THE NEGOTIATIONS COME BACK, THEN ALL NEGOTIATING POWERS ARE ON ONE SIDE. I THINK IF WE WERE TO SEND THE MESSAGE THAT THERE'S A WILLINGNESS IF THERE IS GOOD NEGOTIATIONS BETWEEN NOW AND THE NEXT MEETING, WHETHER IT'S A SPECIAL MEETING THAT GETS CALLED WITHIN 30 DAYS OR WHATEVER, THAT THAT IS THE DATE A DECISION WILL BE MADE ONE WAY OR THE OTHER. I JUST DON'T FEEL COMFORTABLE SAYING, YEP, GO OUT THERE AND YOU GUYS NEGOTIATE BECAUSE IF I WAS IN MARATHON SHOES RIGHT NOW, I WOULD BE LOVING THIS MOTION, COMMISSIONER, BECAUSE WHAT HAVE I GOT LOSE? I DON'T REALLY HAVE TO NEGOTIATE. I'M NOT SAYING THAT'S WHAT THEY WOULD DO BECAUSE I THINK THEY HAVE STEPPED UP IN GOOD FAITH. OUR DECISION WILL HAPPEN NEXT MONTH, IT'S EITHER WE AGREE WITH WHAT THEY'VE COME BACK WITH, OUR STAFF AND MARATHON, OR WE SAY, NO, WE'RE OUT, ONE WAY OR THE OTHER. >> WHAT HAPPENED -- >> I WOULD BE MORE COMFORTABLE. >> EXCUSE ME. COMMISSIONER PRAGER AGAIN. CHANCE WITH THEN IF WE JUST, YOU KNOW, SOMEHOW -- RIGHT NOW YOU'RE SAYING THAT THE POTENTIAL THEN COULD BE THAT

WE WON'T RENEGOTIATE. WE WON'T SPINE A NEW AGREEMENT. SO THEN WHERE WE LOSING THE CLINIC ALL TOGETHER? WHAT HAPPENS THEN IF WE -- IF IT EXPIRES AT THE END OF THIS YEAR THERE'S NO TIME FRAME. THERE'S NO ABILITY FOR US TO GET SOMETHING UP AND RUNNING AGAIN, SO I GUESS I'M FEARFUL THAT IF WE DON'T TAKE OPTION MONEY WE DELAY, WE POTENTIALLY DECIDE -- WE DON'T HAVE THEM AT THE TABLE. THEY DON'T COME TO THE TABLE IN GOOD FAITH. AND A MAJORITY DECIDE TO CANCEL IT, THEN WE'VE LOST THE CLINIC. WE DON'T HAVE TIME TO GET SOMETHING UP AND RUNNING. A NEW PROVIDER THAT'S MY CONCERN. THERE'S A LEAP OF FAITH HERE THAT SOMEHOW I DO BELIEVE WE'RE GOING TO BE ABLE TO NEGOTIATE SOMETHING THAT'S GOING TO BE APPROPRIATE, AND IT'S ONLY GOING TO BE FOR ANOTHER YEAR ANYWAY. WE STILL HAVE, AS COMMISSIONER MCGINN POINTED OUT, WE STILL HAVE COVID. WE STILL HAVE THE DELTA VARIANT OUT THERE MAKING PEOPLE SICK. SO WE STILL HAVE SOME OF THOSE PROBLEMS THAT ARE LIMITATIONS IN TERMS OF ACCESSING THE CLINIC. THAT'S MY CONCERN. I WOULD HATE TO SEE THIS GO AWAY. I THINK IT'S BEGINNING TO SHOW SOME PROMISE THAT PEOPLE ARE USING IT, AND I THINK WE HAVE THE POTENTIAL FOR IF -- WHAT ARE WE GOING TO KNOW IN A MONTH FROM NOW THAT WE DON'T KNOW RIGHT NOW? AND I THINK THE NEGOTIATING WILL BE IN GOOD FAITH. WE KEEP IT FOR ANOTHER YEAR, AND IF, YOU KNOW, AT THAT POINT WE WILL HAVE HAD TIME TO FIGURE OUT WHAT WOULD WE PLACE IF WE AREN'T HAPPY -- I CAN'T BELIEVE WE WOULDN'T BE HAPPY WITH THE CONTRACT COMING FORWARD BECAUSE OF ALL OF THE COMMENTS THAT HAVE BEEN MADE, BUT THAT'S -- >> MY APOLOGIZES, COMMISSIONER SCHMIDT. AND COMMISSIONER DECHANT. >> THANK YOU, MADAM CHAIR. I CAN'T APPRECIATE THIS IS YOUR FIRST MEETING, COMMISSIONER PRAGER, AND THESE ARE THE FIRST TIME YOU'VE HEARD THESE CONCERNS, AND MARATHON HAS NOT COME TO, I DON'T BELIEVE MARATHON HAS CONTACTED THE STAFF AND SAID, HEY, THESE ARE IDEAS WE CAN HAVE TO RENEGOTIATE THIS CONTRACT. THIS IS END OF AUGUST. WE'RE TALKING ABOUT THIS AT THE END OF

FEBRUARY. THAT'S A LONG TURN. THE LEAP OF FAITH IS SOMETHING THAT I'M NOT ABLE TO SUPPORT, AND JUST, AGAIN, I WANT TO MAKE SURE THAT EVERYONE UNDERSTANDS US THAT WHEN WE'RE IN THE MIDDLE OF COVID, YOU HAD TO HAVE A NEGATIVE COVID TEST TO BE SEEN IN THE CLINIC. SO IF OUR HOPE IS THAT WITH ANOTHER WAVE OF COVID OR WHATEVER THE DELTA OR THE LANDA OR NEXT VARIANT IS, THAT THEY'RE GOING TO SEE PEOPLE. THEY DIDN'T SEE PEOPLE IN THE BEGINNING. THEY WOULDN'T SEE YOU WITH COVID, OR IF YOU EVEN WITH THE POSSIBILITY OF HAVING COVID. SO TO OPEN UP A -- I WON'T BE SUPPORTING THAT MOTION. >> COMMISSIONER DECHANT, I WANT TO MAKE SURE AND -- THINGS HAVE EVOLVED AND CHANGED OVER TIME. JUST WANTED TO MAKE SURE TO BRING THAT BACK. COMMISSIONER DECHANT. >> JUST A COMMENT TO NEGOTIATION OF COVERAGE. I THINK THAT MARATHON IS TERRIBLY, TERRIBLY SHORTSIGHTED, THAT IF THEY KNOW HOW CRITICAL TO A POTENTIAL EXTENSION OF A CONTRACT IN A YEAR FROM NOW, THAT I THINK THERE'S -- MAY WELL BE SOME PRETTY GOOD LEVERAGE. GRANTED WE WOULD GIVEN UP WHAT IS IN NORMAL NEGOTIATING POSITIONS OR LEVERAGE, BUT I ASSUME THEY WANT TO CONTINUE TO BE A CONTRACTOR. AND IF THEY DON'T NEGOTIATE WITH US IN GOOD FAITH I'M CERTAINLY NOT GOING TO BE AT ALL INTERESTED TO TALK ABOUT MARATHON IN A YEAR FROM NOW. AND I THINK THAT WOULD HAVE PRETTY GOOD LEVERAGE NOW. >> ALL RIGHT, THERE IS SUBSTITUTE MOTION ADDED ON THE FLOOR. IT HAS BEEN SECONDED. WE ARE IN DISCUSSION. IS THERE ANY DISCUSSION AROUND THE SUBSTITUTE MOTION WHICH IS TO APPROVE OPTION ONE, WHICH IS A ONE-YEAR EXTENSION, WITH A RENEGOTIATION. ANY ADDITIONAL DISCUSSION ON THE SUBSTITUTE COMMISSIONER LANDWEHR? >> THANK YOU, ADD MA'AM CHAIR. TO THE TAXPAYERS AND NOT BEING GOOD STEWARDS OF FUNDS. I DON'T BELIEVE THERE'S ANY ONE OF US IN THIS ROOM THAT WOULD SIGN A CONTRACT TODAY AND SAY WE'LL NEGOTIATE IT TOMORROW. I DON'T THINK THERE'S A BUSINESSPERSON IN THIS STATE THAT WOULD DO THAT. AND I WOULD BE UPSET IF I SAW

OUR STATE GO INTO A CONTRACT WITH -- WE'RE GOING TO SEE NEGOTIATIONS. THAT'S WHY I THINK THE COMPROMISE WITH WHERE COMMISSIONER PRAGER WAS AT IS THAT WE COME UP WITH -- IF STAFF CAN COME BACK WITH THE ANSWERS AND EVERYBODY THINKS IT'S A REALLY GOOD THING WE'RE LOOKING AT, THEN WE COULD COME BACK EARLIER. >> NOT SIGNED. >> PLEASE IDENTIFY YOURSELF. >> JANET STANEK, DIRECTOR OF THE PLAN. THE PLAN WAS TO COME UP AND NEGOTIATE BEFORE WE SIGN AND I AGREE. WE CAN'T COME TO TERMS THAT ARE ACCEPTABLE TO US, AND WE WOULD NOT SIGN, BUT WE WERE NOT GOING TO SIGN AND THEN HOPE AND NEGOTIATE AFTERWARDS. IF I THINK I HEARD YOU CORRECTLY. I WANTED TO CLARIFY THAT. MAYBE I MISUNDERSTOOD. >> YOU HEARD ME CORRECT. THIS IS PRETTY CLOSE TO DOING IT. AND I DON'T THINK THAT'S HOW WE DO PROCUREMENTS. I THINK AS COMMISSIONER SCHMIDT SAID, AND I WASN'T HERE. THIS IS MY SECOND MEETING. THIS HAS BEEN ON THE TABLE SINCE FEBRUARY. WHERE HAS THE NEGOTIATIONS BEEN? WHY HASN'T THERE ALREADY BEEN NEGOTIATIONS? WHY WERE WE TALKING ABOUT NEGOTIATIONS LASTER MONTH? NOW WE'RE TALKING ABOUT NEGOTIATIONS THIS MONTH. WHO STEPPED UP TO THE PLATE? NO SHOWING WHAT THEY WERE WILLING TO NEGOTIATE? WE HEARD THEY WOULD TODAY. DOCTORS CONCERN ON THEIR SIDE. WELL, THERE'S CONCERN ON MY SIDE IS, WELL, HOW DO I GO BACK AND EXPLAIN TO THIS PEOPLE THAT I APPROVED AN EXTENSION WITHOUT KNOWING WHAT WE'RE GOING TO NEGOTIATE. AND MAYBE 100% OF THE DETAILS CANNOT BE WORKED OUT, BUT I BET WE CAN GET TO 90%-95% OF THEM, AND KNOW WHAT WE'RE AGREEING TO NEXT MONTH WITH A YES OR NO VOTE. IT'S KIND OF A MODIFY OF WHERE COMMISSIONER PRAGER'S AT. WE SAY YEP, WE'RE GOING TO EXTENDED IT FOR A YEAR. >> COMMISSIONER SCHMIDT. >> THANK YOU, MADAM CHAIR. MADAM CHAIR, I WAS WONDERING IF THERE'S ONE OTHER THING THAT I COULD ASK FOR THEM BEFORE THE NEXT MEETING REGARDLESS OF THE OUTCOME OF THE MOTIONS. HOW MANY COVID TESTS HAVE BEEN DONE AT MARATHON? AND ARE THEY

BILLING FOR THOSE? ARE THEY BEING PAID SEPARATELY OR PAID FROM FEDERAL FUNDS IN ADDITION TO THE \$2.3 MILLION WE'RE PAYING THEM OR BILLING THE SEHP SEPARATELY FOR THOSE TESTS? HOW MUCH MONEY -- AND IF SO, HOW MUCH HAVE THEY BILLED US? THERE ARE FEDERAL FUNDS AVAILABLE TO PAY FOR COVID TESTING. IS MARATHON ACCESSING THE FEDERAL FUNDS IN ADDITION TO THE \$2.3 MILLION WE'RE PAYING THEM? >> THAT ARRANGEMENT IS BETWEEN KDHE AND MARATHON. THAT IS WHO MARATHON DOES THEIR TESTING THROUGH. >> WELL, I WANT CLARIFICATION ON THAT, WHICH, HOWEVER THAT IS. >> YOU WANT TO KNOW -- JUST WANT TO CLARIFY. COULD YOU RESTATE IT? >> YEAH, CERTAINLY, THANK YOU, JANET. I WANT TO KNOW HOW MANY COVID TESTS HAS MARATHON DONE. AND I WANT TO KNOW IF THERE'S ADDITIONAL CHARGES TO FEDERAL FUNDS OR TO KDHE OR SEHP FOR THE TESTING. >> I RECOGNIZE A MEMBER OF THE MARATHON LEADERSHIP TEAM IF YOU HAVE A DIRECT ANSWER TO THE QUESTION. >> I DO. THIS IS LARRY MORSEY. WE DO NOT GET ADDITIONAL REVENUE FROM THE STATE OR PARTNER FROM THE TESTING WE DO ON BEHALF OF THE STATE TO PROVIDE SERVICES TO THE TESTING OF THE STATE. COVID TESTING FOR THE STATE EMPLOYEES. >> THANK YOU. STILL WANT TO KNOW HOW MANY TESTS YOU'VE PERFORMED. WE WILL MAKE SURE THAT INFORMATION IS PULLED AS A FOLLOWUP. COMMISSIONER PRAGER. >> MADAM CHAIR, BASED ON OUR CONVERSATION I DON'T THINK COMMISSIONER LANDWEHR AND I ARE FAR APART. I'M GOING TO WITHDRAWAL MY MOTION. >> WITHDRAWAL THE SECOND? CORRECT. SO THE SUBSTITUTE MOTION HAS BEEN WITHDRAWN. THE MOTION BACK ON THE TABLE. THE ORIGINAL MOTION, IS TO -- FOR THE COMMISSION TO MEET AGAIN WITHIN 30 DAYS TO REVIEW -- AT LEAST 30 DAYS, TO REVIEW A POTENTIAL NEGOTIATION FOR THE POTENTIAL OF A ONE-YEAR EXTENSION OF THE HEALTH DEPARTMENT PLAN. AM I STATING THAT CORRECTLY, COMMISSIONER LANDWEHR. THAT IS ON THE TABLE. THAT HAS BEEN SECONDED. WE ARE BACK IN THAT DISCUSSION. THERE ANY OTHER DISCUSSION ON THAT MOTION? COMMISSIONER MCGINN. >> I WANT TO BE CLEAR I SHARED MY

CONCERNS ABOUT CUTTING EVERYTHING OFF TODAY, BUT I ALSO WANT TO BE CLEAR THAT IF ALL OUR CONVERSATION ISN'T CONSIDERED AND TAKEN SERIOUSLY I WILL NOT HAVE A PROBLEM OF CUTTING IT OFF WHEN WE NEED IT WITHIN 30 DAYS. >> ANY ADDITIONAL ADDITIONAL DISCUSSION? HEARING NONE. CALL FOR THE VOTE. ALL THOSE IN FAVOR OF THE MOTION SAY AYE. OPPOSED. VICKI SCHMIDT VOTES NO. WISHES TO BE RECORDED. >> SO NOTED. THANK YOU, COMMISSIONERS. ALL RIGHT, YES, COMMISSIONER LANDWEHR. >> I WOULD LIKE TO MAKE SURE THAT THE QUESTIONS AND THE CONCERNS THAT WE RAISED TODAY THAT STAFF MAKES SURE THAT THOSE ARE COMPILED INTO A LIST, AND WE ALL SEE THOSE, AND IF WE HAVE ADDITIONAL QUESTIONS THAT WE WANT THEM TO TALK ABOUT WITH MARATHON AND STAFF BETWEEN NOW AND THEN, THAT WE GET THAT TO STAFF AND MAKE SURE THAT THOSE ARE AVAILABLE, BUT WE ALL SEE WHAT THAT IS. >> SO NOTED. THANK YOU, COMMISSIONERS, WE HAVE A COUPLE MORE ITEMS, SO PLEASE BEAR WITH US. WE ARE MOVING INTO WHAT WE CONSIDER OUR OLD BUSINESS, WHICH IS OUR FOLLOWUP ITEMS, WHICH IS ITEM AGENDA ITEM SIX. YOU HAVE, REMEMBER, OR FOR MY NEWER COMMISSIONERS. WHAT WE TRY TO DO IS IF QUESTIONS ARE RAISED AT A PARTICULAR MEETING AND/OR IN BETWEEN WE ARE PUSHING THAT INFORMATION BACK OUT TO YOU, FOLLOWING UP ON THAT INFORMATION, BUT WE ALSO BRING IT HERE, BOTH FOR JUST A RECOGNITION OF THE FOLLOWUP, TRYING TO PUSH COMMUNICATION BETTER, BUT ALSO THERE ARE TIMES AND ITEMS IN WHICH WE WANT TO -- MAY NEED TO FOLLOW UP OR DISCUSSION. THERE ARE TWO ITEMS IN THIS FOLLOWUP PACKET THAT WE WANT TO SPEND A MOMENT ON. THEY WERE FOLLOWUP TO CONVERSATIONS AT OUR -- I WANT TO SAY OUR JULY MEETING. I'M REMEMBERING THEM BOTH CORRECTLY. NO, ACTUALLY, NOT BOTH OF THEM, BUT AT PREVIOUS MEETINGS, AND WANT TO STOP BRIEFLY FOR AN UPDATE AND TO MAKE SURE THERE ARE ANY ADDITIONAL QUESTIONS AS WE DID HAVE COMMISSIONER RAISE A QUESTION OR WANT TO MAKE SURE THAT WE STOPPED ON THIS AND DID NOT -- MANY TIMES WHEN

WE DO THE FOLLOWUP PACKETS I WILL ASK? ANYTHING ADDITIONAL IN THE FOLLOWUP? THERE ARE TWO ITEMS HERE WE WANT TO STOP ON AND SO THE FIRST BEING, THE FIRST ITEM IN THE PACKET WHICH IS OUR VISION PROVIDER NETWORK. THIS CONTRACT WAS AWARDED EARLIER THIS SUMMER TO THE PROVIDER AND THERE WERE, I BELIEVE, PLEASE CORRECT ME IF I'M WRONG. IT WAS REQUESTED TO HAVE UPDATES ON HOW THEY WERE BUILDING OUT THEIR PROVIDER NETWORK. THIS IS A WRITTEN UPDATE, JANET. >> I DON'T KNOW IF THERE'S ANYTHING ELSE TO OPEN IT UP AND SEE IF THERE'S ADDITIONAL QUESTIONS. >> I JUST NOTE THEY'RE AT 54% OF THEIR GOAL ON THE PG FOR NON-RURAL, AND THAT THEY ARE AT 100% OF THEIR GOAL IN ALL BUT THREE COUNTIES FOR THE RURAL RECRUITMENT, IN ADDITION TO THE NUMBERS YOU CAN SEE THERE. THEY'RE AT 100% OF THE GOAL ON THE RULE. >> ALL BUT THREE PROVIDERS. >> SO ALL BUT THREE -- >> COUNTIES, COUNTIES, SORRY. APOLOGIZE FOR THAT. >> ALL BUT THREE COUNTIES HAVE A PROVIDER NOW. BECAUSE WE HAD A MEETING IN OUR OFFICE THIS MORNING ON A DIFFERENT ISSUE WITH THE KANSAS OPTOMETRY ASSOCIATION, AND I ASKED HOW THINGS WERE GOING WITH THE VISAS, AND HE SAID, I DON'T THINK THEY'VE CONTACTED ANYONE. THEY HAVEN'T BEEN OUT CONTACTING PEOPLE IN THE RURAL AREAS ONLY RECEIVED TWO INQUIRIES, AND I'M PRETTY SURE I RECEIVED MORE INQUIRIES. THERE WAS AN OPTOMETRIST FROM JOHNSON COUNTY WHO HAS SEVERAL LOCATIONS IN JOHNSON COUNTY, AND NO ONE'S CONTACTED HIM YET. I JUST -- I HAVE A HARD TIME BELIEVING THOSE NUMBERS. I KNOW WE HAVE A PERFORMANCE GUARANTEE IN OCTOBER, I BELIEVE, THAT THEY HAVE TO MEET, SO I GUESS WE'LL STAY TUNED BECAUSE THAT WOULD -- THAT'S REMARKABLE TO ME IF THEY -- THOSE, YOU KNOW, I GUESS -- THOSE COUNTIES OUT IN WESTERN KANSAS ARE PRETTY BIG. YOU COULD MAYBE DRIVE AN HOUR AND A HALF IF YOU WERE IN ONE SIDE OF THE COUNTY AND THE PROVIDER WAS IN THE OTHER ONE. SO I GUESS WE'LL SEE WHAT HAPPENS. I DO APPRECIATE THE FOLLOWUP, JANET. >> I HAVE A DETAILED MAP AND

SPECIALS OF WHAT RURAL'S DEFINED AT AND MUCH MORE DETAILED FROM THEM. IT'S OPERATIONAL THINGS WE WORK WITH THEM EVERY WEEK. SO IF YOU WANT ALL THAT I CAN PROVIDE IT. I GUESS I HAVE TO TRUST THE VENDOR. THEY'LL HAVE TO, YOU KNOW, LIVE UP TO THEIR PGS, SO WE'RE TRUSTING THE DATA THEY'RE GIVING US. >> UNDERSTOOD, THANK YOU. >> THANK YOU, THANK YOU, UH-HUH. >> ANY OH QUESTIONS FROM COMMISSIONERS? >> ALL RIGHT, THE SECOND ITEMS IN A YOUR FOLLOWUP PACKET IS AROUND BARE YACHT RICK SURGERY, AND AROUND -- >> ADOLESCENT. >> BARE YACHT RICK SURGERY. THIS STEMMED FROM A COUPLE INQUIRY THAT IS CAME IN. WE MENTIONED IT AT THE LAST MEETING BECAUSE THE TEAM WAS WORKING TO GATHER INFORMATION TO GET A SENSE OF WHERE OUR PLAN WAS PATIENTIVE TO OTHER PLANS AND THINGS OF THAT NATURE IN PREPARATION FOR IF THERE WOULD BE A POTENTIAL RECOMMENDATION FOR US TO CONSIDER. SO THERE'S SOME INFORMATION HERE. THERE'S NO FORMAL RECOMMENDATION YET, BUT, JANET, YOU GIVE A LITTLE BIT OF THE HISTORY OF WHERE THIS CAME FROM, AND THEN WE CAN OPEN IT UP IF THE COMMISSIONERS HAVE OTHER QUESTIONS AND ALSO SHARE IF THERE'S THOUGHTS ABOUT WHAT YOU ALL HAVE LEARNED AND WHAT MAY BE COMING. >> THIS IS JANET, AND I KNOW COMMISSIONER SCHMIDT, YOU HAD SOMETHING THAT YOU WANTED TO SPEAK ABOUT ON THIS. ON PAGE 113 I WANTED TO CORRECT THE 2011 NUMBER. BARIATRIC SURGERY WAS TALKED ABOUT IN '11 AND DIDN'T TAKE OFF UNTIL 2014. THUS THE GRAPH. YOU ALL KNOW THAT WE ONLY OFFER THIS TO PATIENTS OVER 18. THE CRITERIA RELATED TO THE TYPE OF FACILITY OFFER. THAT LANGUAGE THERE WAS THE ORIGINAL. IT MUST BE DONE AT AN ACCREDITED FACILITY OR CENTER OF EXCELLENCE DESIGNATION CRITERIA AND SO FORTH. PAUL DID A LITTLE RESEARCH WITH BLUE CROSS AND ETNA RELATED TO THE TYPE OF EMPLOYEES IN THE REGION AND ETNA AS WELL THAT PROVIDE THIS FOR ADOLESCENCE. WE HAVE HAD ON PAGE 116 TWO INQUIRIES IN THE PAST SIX MONTHS REQUESTING APPEALS FOR CONSIDERATION, ET CETERA. THE CENTER OF EXCELLENCE

NATIONALLY IS THE CHILDREN'S HOSPITAL IN WASHINGTON. ADVENT HEALTH IN KANSAS CITY AREA IS CERTIFIED AS LEVEL-ONE BY THE AMERICAN COLLEGE SURGEONS. I'M NOT SURE IF THEY HAVE EQUAL CENTER OF EXCELLENCE. WE'D HAVE TO COMORE -- WE'D HAVE TO DO MORE HOMEWORK. DUE TO THE WEIGHT LOSS DRUG, PHENOMENON, THAT'S OUT THERE. AND BASICALLY OUR PLAN WAS TO, BASED ON INQUIRIES WE HAD, DO SOME HOMEWORK. FIND OUT IF WE'RE OUT OF THE NORM. IT'S BEEN SINCE '14 SINCE WE PUT THE PLAN IN PLACE. TO COME BACK AND RECOMMEND WE ADD THIS TO THE PLAN IN JANUARY FOR PLAN YEAR 20 IT'S '2. NOT RETROSPECTIVE, BUT GOING FORWARD. BUT WE WANT TO GET RIGHT INFORMATION. THIS WAS A SNAPSHOT IN RESPONSE TO THE QUESTION. THANKS. >> COMMISSIONER SCHMIDT. THANK YOU, THANK YOU, MADAM CHAIR. VICKI SCHMIDT. THERE ARE FIVE ADOLESCENT CENTERS APPROVED BY THE -- WHAT IS IT CALLED. QUALIFY IMPROVEMENT PROGRAM OR NBQSIP. CHILDREN'S MEDICAL CENTER IN D.C. MEDICAL CENTER IN HARTFORD, CONNECTICUT. NATIONWIDE CHILDREN'S HOSPITAL IN COLUMBUS, OHIO, AND MORGAN STANLEY CHILDREN'S HOSPITAL IN NEW YORK, NEW YORK. SO, AND IT IS TRUE THAT CHILDREN'S MERCY IS NOT A CENTER TODAY. I KNOW THAT THEY HAVE CONSIDERED PURSUING THAT DESIGNATION. THERE ARE MINIMUM REQUIREMENTS THAT ARE REQUIRED TO BE A BARIATRIC CENTER OF EXCELLENCE. THERE USED TO BE TWO KIND OF COMPETING PLACES. THE AMERICAN COLLEGE OF SURGEONS, AND THEN THE AMERICAN SOCIETY FOR MET BOATIC AND BARIATRIC SURGEON. THEY HAVE COMBINED FOR THAT ACCREDITATION. I APPRECIATE THE STAFF LOOKING INTO THIS. I LOOK FORWARD TO HAVING MORE DISCUSSION ABOUT THIS. I DO WANT TO MAKE CLEAR THAT MY INQUIRY IS NOT FOR A SIX-YEAR-OLD OR 10-YEAR-OLD OR 12-YEAR-OLD, MAINLY LOOKING AT THAT 16, 17 AND 18-YEAR-OLD POPULATION WHERE SOME WOULD SAY THOSE ARE YOUNG ADULTS. OTHERS WOULD SAY MAYBE NOT, BUT THE STATISTICAL RESULTS OF AN ADOLESCENT HAVING THAT LIFE-CHANGING SURGERY AT 16 OR 17 CAN REALLY CHANGE THEIR COMORBIDITIES FOR THE REST OF

THEIR LIFE, AND SO TO -- I JUST WANT -- I KNOW WE RECEIVED AN -- I NEVER KNOW WHETHER TO CALL THEM COMPLAINTS OR INQUIRY Z BECAUSE THERE'S A FINE LINE OF WHAT THE DEPARTMENT OF INSURANCE GETS. BUT WE HAVE HAD SOME INQUIRIES ABOUT 17 YEARS OLD AND 16 AND 17 YEARS OLD RECOMMENDING HAVING THE PROCEDURE RECOMMENDED AND THE STATE EMPLOYEE HEALTH PLAN NOT COVERING, AND CLEARLY I MEAN, I UNDERSTAND WHAT YOU -- I UNDERSTAND THE HISTORY OF THAT, BUT I DO APPRECIATE YOU -- I DO APPRECIATE THE STAFF LOOKING INTO THAT MORE, AND MAYBE COMING BACK WITH A RECOMMENDATION OR AT LEAST A DISCUSSION FOR THE - - FOR US HERE. SO THANK YOU, MADAM CHAIR. >> WE'LL MAKE SURE THAT IT IS ON A FUTURE AGENDA ITEM WHEN IT HAS FULL PACKET OF INFORMATION, WHETHER IT'S FOR DISCUSSION OR RECOMMENDATION OR CONSIDERATION OF POSSIBLE RECOMMENDATIONS. WHAT I WILL SAY IS THAT, AGAIN, BECAUSE THIS IS ONE THAT WE KNOW WILL BE COMING BACK, COMMISSIONERS READ THROUGH THE MATERIAL THAT'S HERE, AND IF YOU DO HAVE ADDITIONAL QUESTIONS AS THEY'RE STARTING TO PULL INFORMATION YOU CAN DEFINITELY RAISE IT FOR THE TEAM. COMMISSIONER PRAGER. SO, YES, PLEASE -- IF THERE ARE ADDITIONAL QUESTIONS HERE. ONE OF THE REASONS WHY IT WAS JUST PART OF THE FOLLOWUP PACKET FOR THIS PARTICULAR MEETING, I DON'T KNOW THAT THE TEAM WAS READY, AND THEY WERE STILL GATHERING THIS INFORMATION BECAUSE IT IS, I THINK, ONE OF THOSE AREAS THAT'S NOT AS WELL KNOWN OR THAT WE DON'T SEE AS MUCH OF, AND SO WANTING TO MAKE SURE THEY WERE PULLING ACCURATE INFORMATION. YES, COMMISSIONER PRAGAER. >> I'VE HAD A FRIEND WHOSE SON HAS GONE THROUGH THIS. IT'S, AND MY HUSBAND'S PRACTICE HAS DONE THESE, ALTHOUGH HE DIDN'T PARTICIPATE IN THEM. YOU TALK ABOUT A LAST RESORT. AND EVEN WITH THE SURGERY UNLESS YOU FOLLOW INCREDIBLY STRICT -- I JUST HATE IT BEING OUT THERE AS AN ALTERNATIVE FOR SOMEBODY BECAUSE, I MEAN, I'D RATHER HAVE THEM SPEND FROM 16-18 WHEN THEY MIGHT BE ELIGIBLE GOING THROUGH

EVERYTHING ELSE. THEY'RE GOING TO HAVE TO GO THROUGH TO EVEN GET IT APPROVED. LOSING WEIGHT. FOLLOWING STRICT, REALLY STRICT DIETS. I WAS SO IMPRESSED WITH THIS FAMILY WHOSE SON WHO DID GO THROUGH IT. HE WAS 16, BUT IT'S, WOW, I WOULDN'T WISH IT ON ANYBODY. IT'S NOT FUN. >> ONE OF THE THINGS I KNOW AS THEY WERE PULLING BACKGROUND, AND AS WE PULL THE PACKET TOGETHER. YOU MENTIONED IN OUR CURRENT RULES. IT SAYS ONE OF THE BULLET POINTS IS STRICT COMPLIANCE WITH PREAND POST-SURGERY. WHEN WE GET THE INFORMATION I'D LOVE FOR THE TEAM TO KIND OF FLUSH THAT OUT A LITTLE BIT BECAUSE MY UNDERSTANDING IS THAT THE ONES THAT ARE IN OUR -- THAT APPROVED IN OUR PROGRAM HAVE TO HAVE THAT PREAND POST, THAT SUPPORT, THAT HOLISTIC SUPPORT AROUND THAT INDIVIDUAL TO MAKE SURE THEY HAVE THE SERVICES ON BOTH SIDES, AND THAT IS PART OF THE PROGRAMS THAT GET APPROVED. AND SO I THINK, AGAIN, NOT KNOWING A LOT IN THIS PHASE AND JUST HEARING A LITTLE BIT MAKING SURE WE HAVE FULL INFORMATION WHEN WE DO GET TO THAT CONVERSATION, BUT WE WILL PUT IT ON A FUTURE AGENDA ITEM WITH FULL BACKGROUND. THANK YOU. ANY OTHER FOLLOWUP ITEMS THAT ARE ANY QUESTIONS FROM ANY COMMISSIONERS? COMMISSIONERS, TWO ITEMS TO ROUND US OUT BEFORE WE DO A LITTLE BIT OF ADMINISTRATIVE WORK OF PLAYING WITH CALENDARS AND LOOKING AT DATES. BUT WE DO HAVE TWO ITEM THAT IS WE NEED TO GET THROUGH. ONE OF THEM IS OUR NEXT ONE IS AGENDA ITEM SEVEN, AND THIS IS TO DISCUSS AND ADDRESS THE BID PROTEST. AND ITEM NUMBER EIGHT IS OUR DISCUSSION AROUND THE PROCUREMENT PROCESS. COMMISSIONERS, I AM GOING TO ASK THAT WE TAKE A QUICK BREAK AND COME BACK IN LITERAL ABOUT SEVEN MINUTES IF WE CAN, AND THEN WE WILL MOVE INTO ITEM NUMBER SEVEN, THE DISCUSSION OF THE BID PROTEST STATUS. WE WILL BE MOVING INTO EXECUTIVE SESSION, BUT WE WILL COME BACK INTO THE FULL MEETING AS WE WILL NEED TO TAKE A MOTION TO DO SO. WE WILL COME BACK IN ABOUT SEVEN MINUTES. THANK YOU, COMMISSIONERS. >>> THANK YOU

COMMISSIONERS FOR THAT QUICK BREAK. WE ARE ON AGENDA ITEM NUMBER SEVEN. AND THE COMMISSION , IT WAS MENTIONED AT THE JULY MEETING, THE COMMISSION DID RECEIVE A BID PROTEST ON JULY 15TH FROM ASI FLEX, HSA CENTRAL, AROUND THE HEALTH SAVINGS AND HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATION CONTRACT. AND TODAY WE HAVE INFORMATION FROM OUR LEGAL COUNCIL REGARDING THE BID PROTEST. WITH THAT I WILL ENTERTAIN A MOTION TO MOVE US TO EXECUTIVE SESSION. COMMISSIONER DECHANT. >> I MOVE THAT THE MEETING BEING HELD IN THE KAPERS BOARDROOM BE ASSESSED FOR SUNT TO KS FOR CONSULTATION WITH ATTORNEY FOR THE HEALTHCARE COMMISSION REGARDING THE OFFICIAL PROTEST OF EVT0007797. WHICH WOULD BE DEEMED PRIVILEGED IN THE ATTORNEY-CLIENT RELATIONSHIP AND JUSTIFICATION AND KSA75431982 BECAUSE THE DISCUSSION OF SUCH MATTERS IN AN OPEN MEETING WOULD WAIVE ATTORNEY-CLIENT PRIVILEGE. THAT THE HEALTHCARE MISSION RESUME THE OPEN MEETING AT THE KAPERS BOARDROOM, WHAT DO YOU RECOMMEND? >> 15 MINUTES. DO WE NEED LONGER THAN THAT? RIGHT? SAY 15 MINUTES. >> 0:35, AND AT THIS MOTION F ADOPTED BE RECORDED IN THE MINUTES AND OBTAINED IN THE PERMANENT RECORDS OF THE HEALTHCARE COMMISSION. >> I APOLOGIZE. THE CLOCK THAT I HAVE IS 5:19. THE CLOCKS IN THE ROOM ARE SLIGHTLY DIFFERENT, SO WE WILL USE THE OFFICIAL CLOCK AS WE'LL GO IN AT 5:20 AND COME OUT 15 MINUTES LATER AT 5:35. THANK YOU. AND THERE'S A MOTION ON THE FLOOR. THERE A SECOND? SECOND BY COMMISSIONER LANDWE HR. ALL THOSE IN FAVOR? ANY OPPOSED. WE ARE MOVING INTO EXECUTIVE SESSION. THE IT WILL TAKE IT DOWN. ALL MEMBERS WILL LEAVE THE ROOM EXCEPT FOR LEGAL COUNCIL. FOR THE PLAN, LEGAL COUNCIL FOR THE INSURANCE COMMISSIONER AND EXECUTIVE DIRECTOR.

Captions ended due to the meeting's extended time.