

PLEASE STAND BY FOR THE MEETING
TO START.

>> GOOD AFTERNOON, EVERYONE. WE
ARE RIGHT AROUND TIME. THIS IS
SECRETARY BURNS-WALLACE. I AM
GOING TO WAIT JUST A SECOND AS
WE ARE MISSING ONE COMMISSIONER.
AS FAR AS WE KNOW, SHE WILL BE
JOINING US. SO, JUST BECAUSE OF
TECHNOLOGY, GIVE US ANOTHER
MINUTE OR TWO, AND THEN WE WILL
OFFICIALLY START OUR MEETING.
AND I BELIEVE WE ARE
BROADCASTING. CAN SOMEONE
CONFIRM FROM MY TECHNICAL TEAM
THAT WE ARE LIVE.

>> YES, MA'AM, YOU'RE LIVE.

>> PERFECT, THANK YOU.

>> CAN I SHARE MY SCREEN,
PLEASE.

>> COURTNEY FITZGERALD NEEDS TO
SHARE HER SCREEN. SHE'S DRIVING
THE POWERPOINT AND
PRESENTATIONS. THANKS,
EVERYONE, FOR YOUR PATIENCE. IN
OUR TECHNICAL AGE, SOME THINGS
BECOME EASIER AND SOME THINGS
BECOME MORE COMPLICATED. THERE
WE GO. ALL RIGHT. WE ARE AT

THE TOP OF THE HOUR.
COMMISSIONER GARCIA WAS
SCHEDULED TO JOIN US, SO I
ASSUME SHE JUST MAY BE RUNNING A
BIT BEHIND OR HITTING A
TECHNICAL SNAG. GOOD MORNING,
AGAIN. THIS IS SECRETARY
BURNS-WALLACE, CHAIR OF HCC. I
WOULD LIKE TO CALL THE FEBRUARY
24th MEETING OF THE HEALTH CARE
COMMISSION TO ORDER TO DO A
QUICK -- BECAUSE WE ARE VIRTUAL
TODAY, AND WE HAVE THOSE THAT
ARE WATCHING AND LISTENING
THROUGH VARIOUS MECHANISMS, I
WILL REMIND ALL COMMISSIONERS,
AS YOU START TO SPEAK -- OR, ALL
PARTICIPANTS, PLEASE TRY TO
REMEMBER TO INTRODUCE YOURSELF
AS YOU SPEAK AND I WILL ALSO TRY
TO HELP AS I'M CALLING ON
INDIVIDUALS TO GIVE NAMES, SO
THAT THOSE THAT ARE LISTENING
CAN FOLLOW THE CONVERSATION
ACCORDINGLY. AS I STATED, DOING
A QUICK ROLL CALL. WE HAVE
COMMISSIONER DECHANT,
COMMISSIONER SCHMIDT,
COMMISSIONER CASTILLO, AND

MYSELF, COMMISSIONER
BURNS-WALLACE. AT THIS TIME,
COMMISSIONER GARCIA HAS NOT
JOINED US, AND SO WE WILL KEEP
AN EYE ON THAT AND ANNOUNCE IF
SHE IS ABLE TO JOIN FOR THOSE
THAT ARE LISTENING.

ALL RIGHT. OF COURSE, AS
ALWAYS, WE HAVE MEMBERS OF THE
EMPLOYEE STATE HEALTH TEAM ON.
WILL OUR COLLEAGUES FROM SEGAL
BE JOINING? ARE THEY JUST NOT
VISIBLE TO ME? OKAY. PERFECT.

>> MADAM SECRETARY, I JUST GOT
HER PROMOTED FOR YA.

>> THANK YOU SO MUCH.

COMMISSIONER GARCIA IS COMING.
SHE WAS IN THE WRONG "ROOM" FOR
VERSION OF AN ATTENDEE. SHE
WILL BE COMING IN MOMENTARILY.
I DO SEE OUR COLLEAGUES FROM
SEGAL ARE JOINING US VIRTUALLY
FROM SUNNY ATLANTA, I BELIEVE IT
IS.

>> IT'S 70 HERE. IT'S NICE.

>> WELL, I'M SURE IT WON'T LAST.

>> ALL RIGHT.

>> WE HAD BEAUTIFUL WEATHER
YESTERDAY HERE.

>> WE DID. IT WAS GORGEOUS.

YOU KNOW, IN THE SPIRIT OF
HEALTHY AND MOVING, I GOT OUT
AND WALKED, LIKE, OUTSIDE AND
JUST WALKED THE NEIGHBORHOOD.

ALL RIGHT. AS WE ARE WAITING
FOR COMMISSIONER GARCIA TO JOIN,
I DO WANT TO WAIT JUST ANOTHER
MINUTE. AS I SAID, THEY HAVE
PROMOTED HER TO -- THERE SHE IS.

ALL RIGHT. COMMISSIONER GARCIA,
WELCOME. I UNDERSTAND WE HAD
YOU TECHNICALLY IN THE WRONG
ROOM. WE APOLOGIZE FOR THAT.

>> I THOUGHT MAYBE IT WAS ME,
BUT I COULD HEAR YOU ALL ALONG
AND I'M HERE.

>> NO, NOT YOU AT ALL.

>> OKAY.

>> JUST A TECHNICAL HICCUP.

THANK YOU FOR JOINING. I DID
WANT TO WAIT BECAUSE OUR FIRST
ITEM ON THE AGENDA, AND YOU ALL
SHOULD HAVE -- YOU ALL RECEIVED
YOUR MATERIALS PREVIOUSLY AND,
AS ALWAYS, WE'LL WALK THROUGH
THOSE AND TRY TO STICK TO THE
AGENDA. AND I WILL, AS ALWAYS,
COMMISSIONERS, YOU KNOW, PLEASE

CHIME IN. I WILL KEEP MY EYES
ON EVERYONE TO SEE HANDS RAISED
OR THINGS LIKE THAT. BUT IF I
MISS YOU, PLEASE DON'T HESITATE.
IT IS MORE SO OF BALANCING THE
TECHNOLOGY AND LOOKING AT
MULTIPLE SCREENS THAN ANYTHING.
SO, WITH THAT, LET'S MOVE INTO
OUR AGENDA. AS ALWAYS, WE HAVE
A ROBUST AGENDA. GREAT STUFF
GOING ON. STUFF WE NEED TO TALK
ABOUT, RUN THROUGH, ASK
QUESTIONS AROUND. THE FIRST
ITEM IS THE APPROVAL OF THE
MINUTES. WE ACTUALLY HAVE TWO
SETS OF MINUTES SINCE OUR LAST
MEETING. SO, WE'LL START WITH
THE DECEMBER 14th MEETING
MINUTES, AND I WILL ENTERTAIN A
MOTION.

>> THIS IS COMMISSIONER GARCIA.

I MOVE THAT WE ACCEPT THE
MINUTES AS PRESENTED FROM
DECEMBER 14th.

>> OKAY. IS THERE A SECOND?

>> THIS IS STEVE DECHANT,
SECOND.

>> ANY CHANGES ON THE MINUTES?

>> MADAM CHAIR, THIS IS VICKI

SCHMIDT. A TYPO ON THE BOTTOM OF PAGE 1. THE LAST PARAGRAPH, I THINK IT SHOULD BE SEHP INSTEAD OF THE SEHBP.

>> WE WILL TAKE A LOOK. SEHBP WHEN WE ARE TALKING ABOUT THE FULL BENEFITS PLAN. I'M TRYING TO PULL UP THE MINUTES AS WE SPEAK, SO I'M LOOKING AT THE SAME PAGE.

>> I THINK WE OUGHT TO BE CONSISTENT. IT'S TALKING ABOUT JANET STANEK LISTS HERE AS SEHP DIRECTOR. ON PAGE 8, WE LIST ROBERTS AS SEHP, SENIOR MANAGER OF OPERATIONS. I THINK IT OUGHT TO BE CONSISTENT. I WILL TAKE A LOOK AT THAT. I WILL TRY TO BE CONSISTENT. I KNOW MANY TIMES WHEN THE B IS THERE, THEY'RE TALKING ABOUT BOTH SIDES OF THE PLAN, NOT JUST THE HEALTH PLAN AND -- JANET, CORRECT ME IF I'M WRONG, THE SELF-INSURANCE FUND.

>> THAT'S WHEN THE B COMES IN, YES.

>> WE NEED TO MAKE SURE WE'RE USING IT CONSISTENTLY ALL THE WAY THROUGH. WE'LL LOOK BACK

THROUGH THOSE MINUTES AND MAKE
THAT CONSISTENT, COMMISSIONER
SCHMIDT.

ARE THERE ANY OTHER UPDATES OR
CORRECTIONS IN THE MINUTES?

SORRY. THE DECEMBER 14th
MINUTES?

ALL RIGHT. SEEING NONE. ALL
THOSE IN FAVOR OF APPROVING THE
MINUTES WITH THE SUGGEST
EDIT/CLEANUP AS PROPOSED BY
COMMISSIONER SCHMIDT, PLEASE SAY
AYE.

>> AYE.

>> OPPOSED? ALL RIGHT. THOSE
MINUTES PASS. ALL RIGHT. THEN
YOU HAVE A SET OF MINUTES FROM
FEBRUARY. MUCH SHORTER SET OF
MINUTES. THIS WAS A MEETING
THAT WAS CALLED FOR OUR SPECIAL
LEGAL MATTER MEETING ON FEBRUARY
16th AND THERE ARE MINUTES FROM
THE OPEN PORTIONS OF THAT
MEETING, AND I WILL ENTERTAIN A
MOTION.

>> THIS IS STEVE DECHANT, I MOVE
THEY BE APPROVED.

>> AND THANK YOU, STEVE. IS
THERE A SECOND?

>> XIMENA GARCIA. I SECOND.

>> ALL RIGHT. I HAVE A FIRST
AND A SECOND. THAT'S FOR THE
FEBRUARY 16th MINUTES. ANY
EDITS OR QUESTIONS? I APOLOGIZE
YOU ALL. I'M LOOKING AT
DIFFERENT SCREEN. I'M TRYING TO
FOLLOW ALONG. ANY EDITS THAT
NEED TO BE CHANGED? ALL RIGHT.
HEARING NONE, ALL THOSE IN FAVOR
OF APPROVING THE FEBRUARY 16th
MINUTES AS PRESENTED, SAY AYE.

>> AYE.

>> ANY OPPOSED?

>> ALL RIGHT. PERFECT.

WE WILL MOVE ON TO OUR NEXT
AGENDA ITEM. THAT IS -- A FEW
MEETINGS AGO WE REDID OUR ORDER
A LITTLE BIT. OLD BUSINESS AND
AGENDA ITEM 2 IN THE PACKET OF
MATERIAL. REMEMBER, THESE ARE
FOLLOW-UP ITEMS. EITHER THEY
CAME OUT DIRECTLY OF THE LAST
FULL MEETING OF DECEMBER 14th OR
MAY HAVE BEEN SUBSEQUENT
QUESTIONS AND WHAT WE'VE BEEN
WORKING TO DO IS MAKE SURE, AS
THOSE QUESTIONS CAME UP, THAT
THOSE ARE EMAILED OUT TO ALL

COMMISSIONERS, DOESN'T MATTER
WHICH COMMISSIONER ASKED, WE TRY
TO MAKE SURE WE'RE PASSING THE
INFORMATION ACROSS ALL
COMMISSIONERS. THIS IS JUST A
COMMISSIONER.

>> I'M HAVING A BAD CONNECTION.

>> OH, OKAY. DEANGELA?

>> YES. ARE YOU THERE? JANET,
ARE YOU THERE?

>> CAN YOU SEE ME?

>> YES.

>> CAN YOU HEAR ME?

>> WE CAN.

>> I'M GOING TO GO MOVE ROOMS.
THERE'S SOMETHING WRONG WITH OUR
WIRELESS. I'M GOING TO WALK
DOWN THE HALL.

OKAY. I'M GOOD. KEEP GOING.

I'M GOING TO GO MY OFFICE.

>> NO PROBLEM. AGAIN, THANK YOU
FOR EVERYONE'S PATIENCE WITH THE
TECHNOLOGY.

>> SORRY.

>> FOR ITEM NUMBER 2, THESE ARE
THE FOLLOW-UP QUESTIONS.

>> DID YOU CALL ON ME FOR THE
NEXT ITEM?

>> NOT YET. HOLD ON JUST A

SECOND. ARE THERE ANY FOLLOW-UP QUESTIONS FROM COMMISSIONERS? AGAIN, THESE ARE MORE FOLLOW-UP TO PREVIOUS QUESTIONS, BUT WE JUST WANT TO MAKE SURE WE STOP A MOMENT AND INCLUDE THEM IN THE PACKET FOR FULL TRANSPARENCY OF WHAT HAS BEEN COMMUNICATED SINCE OUR LAST MEETING. ANY QUESTIONS TO THE ITEM NUMBER 2, THE FOLLOW-UP ITEMS FROM THE PREVIOUS MEETING? OR ANY OUTSTANDING QUESTIONS FROM THOSE THAT WE NEED TO PULL BACK THROUGH OR TO ADDRESS? WE'RE WORKING ON IT. COMMISSIONERS, PLEASE CONTINUE. I APPRECIATIVE THOSE OF YOU WHO ARE GIVING FEASIBILITY, TO ME OR JANET. WE'RE STILL WORKING ON OUR COMMUNICATION FLOW AND HOPING THIS IS HELPING US GET INFORMATION. PLEASE BEAR WITH US. ALL RIGHT. WE ARE READY FOR ITEM 3. THIS IS COVID-19 AND THE STATE EMPLOYEE HEALTH PLAN UPDATE, AND IT LOOKS LIKE WE HAVE TWO ITEMS THERE. ONE IS MEMBER ROBERTS AND THE OTHER IS

VARIOUS OTHER COVID-19-RELATED
UPDATES. JANET, ARE YOU GUYS
BACK ON AND READY?

>> YES. PAUL WILL GIVE THE
UPDATE NOW.

>> ALL RIGHT. PAUL, IT'S ALL
YOURS.

ARE YOU GUYS MUTED?

>> CAN YOU HEAR ME NOW?

>> WE CAN.

>> ALL RIGHT. EXCELLENT.

COURTNEY, CAN YOU FLIP THAT TO
THE NEXT SLIDE?

>> THIS IS THE OUTLINE OF THE
MEMBER BENEFITS FOR COVID-19.
THIS IS WHAT WE HAVE POSTED ON
OUR WEBSITE, AND WE CONTINUE,
PER THE GUIDELINES, WE'VE
EXTENDED THAT THROUGH MARCH 31st
OF 2021. BEYOND THAT, WE'LL
WAIT AND SEE IF THAT'S WHAT WE
DECIDE TO DO OR NOT. GO TO THE
NEXT SLIDE, PLEASE. AND THIS IS
AN OUTLINE OF THE ADDITIONAL
TESTING AREAS THAT WE HAVE FOR
PEOPLE, FOR COVID-19, WITH BOTH
KDHE AND MARATHON HEALTH WHICH
IS THE HEALTHQUEST HEALTH CENTER
FOR EMPLOYEES, COVERED SPOUSES

AND CHILDREN. AGAIN, THIS IS
POSTED. THIS IS OUT THERE ON
OUR WEBSITE. WE'RE JUST TRYING
TO INFORM EVERYBODY ABOUT IT.
COURTNEY? WE'RE STILL WORKING
WITH BLUE CROSS AND AETNA ON A
REGULAR BASIS TO IDENTIFY ALL
THE COVID-19 CLAIMS, AND WE'RE
STILL TRYING TO MAKE SURE WE
VALIDATE THAT THE COST-SHARE FOR
OUR MEMBERS REMAINS EXACTLY WHAT
IT SHOULD BE GIVEN, YOU KNOW,
THE PROPER CIRCUMSTANCES SHOULD
BE 100% COVERED FOR THE
DIAGNOSTIC SERVICES, TESTING,
ET CETERA. AND, WE'RE STILL
LOOKING FOR TRENDS, AND WE'LL
COVER THAT MORE, AND SOME OF THE
CLAIM EXPENSES AS IT RELATES TO
RETURNING CLOSER TO NORMAL OR
NOT. BECAUSE WE HAVE HAD SOME
BOUNCES UP AND DOWN GIVEN, YOU
KNOW, THE INCREASE OR DECREASE
IN THE CURRENT COVID-19
SITUATIONS. COURTNEY? AND SO
THIS IS THE SUMMARY TO DATE
THROUGH DECEMBER. WE TYPICALLY
GET THE MONTH-END REPORTS FROM
BOTH AETNA AND BLUE CROSS AROUND

THIS WEEK OF EVERY MONTH. THIS ONE IS THROUGH DECEMBER. AND FOR DECEMBER, WE'VE HAD JUST OVER 35, 700 UNIQUE CLAIMS AND SOME OF THOSE CLAIMS COULD BE THE SAME PERSON A SECOND TIME. SO, JUST WANT TO MAKE SURE THAT WE CLARIFY THAT. AND THIS SHOWS THE NEARLY 15 MILLION IN BILLED CHARGES, THE PAID AMOUNT IS JUST OVER 8 MILLION, CONTRACT WRITE-OFFS WITH PROVIDERS IS JUST UNDER 6.5 MILLION FOR THE TOTAL, AND YOU'LL SEE THIS IS ALL THE BENEFIT OF COVID-19 WHERE THE MEMBERS HAD NO RESPONSIBILITY. AND THEN LISTED IN THE BOTTOM HALF OF THE SLIDE, WE ONCE AGAIN OUTLINE, AND THIS IS PART OF OUR CONTINUAL EFFORT, AGAIN, THROUGH SOME GUIDANCE WITH SOME HELP FROM THE INSURANCE DEPARTMENT, WE'VE GONE BACK TO EAT IN A AND BLUE CROSS AND LOOKED AT SPECIFIC CLAIMANTS AND SERVICES AND TRIED TO IDENTIFY SAME-DAY SERVICES THAT WERE RELATED TO COVID THAT MAY HAVE INADVERTENTLY, BASED ON THE

WAY THEY WERE FILED BY THE PROVIDER, MAY HAVE APPLIED COST-SHARES TO MEMBERS. SO WE'VE GONE BACK AND LOOKED AT THOSE. THROUGH DECEMBER, THERE WERE 116 OF THOSE CLAIMS AND 99 OF THEM ACTUALLY GOT REPROCESSED AND CORRECTED SO THAT THE MEMBERS DID NOT HAVE A COST-SHARE, RESULTING IN A SAVINGS TO OUR MEMBERS OF ABOUT \$11,402. THEN THE NUMBER OF CLAIMS THAT WE'VE HAD -- THE NUMBER OF CLAIMS WE'VE HAD AS FAR AS THE -- OKAY. AS FAR AS THE MEMBER'S COST SHARE WITH NO AFFILIATED WITH COVID-19-RELATED SERVICES WAS 17. WE'VE IDENTIFIED THOSE. COURTNEY, NEXT SLIDE? I THINK THAT'S IT ON THE COVID-19. IF THERE'S ANY QUESTIONS, I'LL BE HAPPY TO ANSWER THEM.

>> COMMISSIONER --

>> THANK YOU, MADAM CHAIR.

VICKI SCHMIDT. I HAVE A COUPLE OF QUESTIONS ON THE COVID-19 TESTING PARTNERSHIP WITH MARATHON. THERE'S -- THE LAST

BULLET POINT ON IN SLIDE SAYS
TESTING IS AVAILABLE BY
APPOINTMENT ONLY MONDAY THROUGH
FRIDAY. ARE THOSE APPOINTMENTS
SAME-DAY APPOINTMENTS?

>> TYPICALLY, THEY ARE. THAT'S
A GOOD QUESTION. TYPICALLY,
THEY ARE. SOMETIMES THEY'RE NOT
AVAILABLE THE SAME DAY, BUT MOST
TIMES THEY ARE. I CAN SPEAK
FROM PERSONAL EXPERIENCE. I HAD
A SAME-DAY APPOINTMENT. I
CALLED AND GOT AN APPOINTMENT AT
9:00 IN THE MORNING, AND I WAS
TESTED JUST BEFORE 11:00 THAT
MORNING. SO, WITHIN TWO HOURS.

>> DO YOU THINK WE CAN VERIFY
WITH MARATHON THAT THAT IS WHAT
THEY'RE DOING, IF THEY'RE TRYING
TO GET THE COVID TESTING IN THE
SAME DAY?

>> THEY ARE. THE DOCTOR DID
SHARE THAT WITH ME. IT JUST
DOESN'T ALWAYS HAPPEN, JUST
BASED ON THE WORKLOAD OR PATIENT
LOAD. SOMETIMES IT GETS PUSHED
TO THE NEXT DAY. OR, IF
SOMEBODY CALLS AND IT'S LATER IN
THE EVENING, THEY MAY PUSH THEM

TO THE NEXT MORNING FOR IT OR
CLOSER TO THE EVENING. ALMOST
IN ALL SITUATIONS, IT GETS DONE
IN THE SAME DAY.

>> OKAY. AND THEN I DON'T THINK
THAT'S BEEN OUR EXPERIENCE HERE
AT THE DEPARTMENT WITH OUR
EMPLOYEES.

>> OKAY. SO, UM, FOR WHAT IT'S
WORTH.

THEN ON THE COVID-19 CLAIMS
DATA, I WAS WONDERING, THE TOTAL
NUMBER OF UNIQUE CLAIMS IS AT
35,729 AND I APPRECIATE THE
FOOTNOTE THAT COULD BE THE SAME
MEMBER RECEIVING MULTIPLE TEST.
DO WE HAVE THE NUMBER ON UNIQUE
PATIENTS THAT NUMBER REPRESENTS?

>> I CAN PROBABLY GET THAT FOR
YOU. I DO NOT HAVE THAT HANDY
NOW.

>> OKAY. I WOULD APPRECIATE
THAT BECAUSE I AGREE. I MEAN,
THERE ARE CERTAINLY TIMES WHEN,
ESPECIALLY WHEN THE PANDEMIC
STRETCHING INTO ALMOST A YEAR
NOW, THERE ARE CERTAINLY TIMES
WHERE -- WHERE EMPLOYEES HAVE
BEEN TESTED MORE THAN ONCE.

THERE'S NOTHING WRONG WITH THAT.

I APPLAUD THAT. I JUST THINK IT
WOULD BE INTERESTING TO KNOW HOW
MANY OF OUR EMPLOYEES HAVE
ACTUALLY -- INDIVIDUAL EMPLOYEES
HAVE ACTUALLY HAD ONE OR MORE
COVID TESTS. SO --

>> I'LL SEE WHAT I CAN PULL FOR
YA.

>> THANK YOU SO MUCH. THANK
YOU.

>> COMMISSIONERS, OTHER
QUESTIONS ABOUT THE COVID-19
INFORMATION SO FAR?

>> I'M SORRY, MADAM CHAIR. I
DID HAVE ONE OTHER QUESTION.

>> GO AHEAD.

>> IN THE MINUTES FROM LAST
TIME -- WELL, IN DECEMBER, THE
DECEMBER MINUTES, I THINK I HAD
ASKED FOR AN UPDATE ON COVID
VACCINES AT EVERY MEETING, AND I
WAS WONDERING, I DIDN'T SEE THAT
SOMEWHERE ELSE ON THE AGENDA.
IF IT'S COMING UP SOMEWHERE
ELSE, LET ME KNOW AND I'LL SAVE
MY QUESTION.

>> I DON'T KNOW THAT IT IS. I
DON'T KNOW THAT THE STATE

EMPLOYEE HEALTH PLAN HAS BEEN INVOLVED DIRECTLY AND STATE EMPLOYEE VACCINATIONS. RIGHT NOW, BECAUSE THE STATE IS IN THE WAY THAT WE ARE PHASING THROUGH, THAT HAS ALL BEEN RUN THROUGH THE DEPARTMENT OF ADMINISTRATION AND KDHE DIRECTLY AND THE STATE EMPLOYEE HEALTH PLAN IS NOT INVOLVED AT THIS STAGE. AND THAT'S BECAUSE WE'RE STILL IN A VERY EARLY PHASE WITH A LIMITED NUMBER THAT ARE BEING VACCINATED. SO, I DON'T KNOW IF, JANET, IF THERE'S AN UPDATE THAT'S ACTUALLY IN YOUR -- IN YOUR DECK OTHERWISE.

>> THERE IS NOT.

>> RIGHT NOW THEY ARE NOT -- I SAY THIS AS I AM SWITCHING MY HAT SLIGHTLY IN THAT WE ARE STILL AT THE STAGE WHERE IT IS ACTUALLY ALMOST COMPLETELY CONTROLLED BY KDHE BECAUSE OF THE -- HOW THE VACCINE IS COMING INTO THE STATE. SO THE HEALTH PLAN AND THE PROVIDERS AND ALL OF THEM ARE NOT A PART OF THE CURRENT ROLLOUT, BUT WHEN THEY

DO COME, I THINK THAT WOULD BE A PART OF THE UPDATE.

>> YEAH. I WOULD JUST ADD THAT ALL OUR VENDORS, OUR CARRIERS, UM, AND THEY'RE CVS/CAREMARK, MARATHON, WHENEVER THEY GIVE US INFORMATION ON WHAT THEIR COMPANIES ARE PREPARED TO DO OR ARE DOING, I'VE BEEN PASSING THAT ON TO ASHLEY GOSS AT KDHE. THEY HAVE ALL THE INFORMATION AND ALL THE OPTIONS THAT MAY BE AVAILABLE FOR DISTRIBUTION, SHOULD THEY WANT TO EXPLORE THAT WITH THOSE VENDORS. OTHER THAN THAT, THE HEALTH PLAN IS NOT REALLY INVOLVED AT THIS POINT.

>> THIS IS VICKI SCHMIDT AGAIN. WHAT I WOULD LIKE TO KNOW IS BY AGENCIES, I DO BELIEVE THERE ARE AGENCIES THAT ARE ARRANGING FOR THE EMPLOYEES THAT DESIRE TO BE IMMUNIZED, THAT MEET THE CRITERIA, WE ARE IMMUNIZING PEOPLE -- STATE EMPLOYEES THAT DESIRE THAT. I GUESS I WOULD LIKE TO KNOW THE NUMBERS BY AGENCY.

>> SO, A COUPLE OF THINGS HERE.

COMMISSIONERS, AGAIN, I'M GOING TO SWITCH MY HAT TO THE DEPARTMENT OF ADMINISTRATION. I'M GOING TO ASK YOU ACTUALLY TAKE THAT QUESTION DIRECTLY TO THE GOVERNOR'S OFFICE AND KDHE IS THAT IS NOT HERE WITH THE HCC. RIGHT NOW ALL OF THOSE NUMBERS ARE BEING HELD THROUGH KDHE AND THE GOVERNOR'S OFFICE WITH THE PLAN THAT WAS PRESENTED TO VACCINATE STATE EMPLOYEES DURING THESE EARLY PHASES. SO, WE CAN CHAIR THAT OR A LEVEL OF THAT, BUT PART OF THAT IS NOT -- AGAIN, THIS IS WHY I'M ASKING YOU TO TAKE THAT REQUEST THROUGH THAT MECHANISM, BECAUSE IT IS NOT A HEALTH PLAN OR AN HCC MATTER. BUT WE CAN PROVIDE SOME OF THE BACKGROUND OF HOW THAT ROLLOUT HAPPENED AND WHAT HAS BEEN PROVIDED, -- PROVIDED. THAT'S NOT OUT OF THE STATE EMPLOYEE HEALTH PLAN.

>> THIS IS VICKI SCHMIDT AGAIN.

THE REASON I'M ASKING THAT SQE BECAUSE I KNOW COMMISSIONER DECHANT HAD BROUGHT UP EARLIER,

AGAIN, AT THE MEETING IN
DECEMBER, I KNOW THAT
COMMISSIONER DECHANT HAD -- WING
COMMISSIONER DECHANT HAD BROUGHT
UP THE POSSIBILITY OF AWARDING
POINTS, HEALTH QUEST POINTS FOR
COVID VACCINATIONS AND I KNOW WE
HAD SAID WE WOULD EVALUATE THAT
AT A LATER TIME -- OR WE
WOULD -- WE WOULD CONTINUE TO --
WE WOULD -- WE WOULD TAKE IT
UNDER ADVISEMENT, I GUESS. WE
WEREN'T SHUTTING THE DOOR ON
THAT. SO, THAT'S WHAT I WAS
TRYING TO TIE THAT INTO. SHOULD
WE BE TALKING ABOUT THAT?
BECAUSE, WITHOUT ANY NUMBERS, I
DON'T KNOW HOW WE KNOW WE'RE NOT
AT A TIPPING POINT ABOUT THAT.
>> AGAIN, I WILL SAY -- BECAUSE
AS A STATE WE ARE STILL IN PHASE
TWO AND THERE IS STILL A VERY
LIMITED DISTRIBUTION AND THIS
INFORMATION IS PUSHED OUT BY
KDHE, WHAT I WILL SAY IS THAT IN
THE GOVERNOR'S PLAN, STATE
EMPLOYEES ARE FULLY LISTED FOR
VACCINATIONS UNDER PHASE 3. AS
THE STATE MOVES INTO PHASE 3,

THAT IS THE CATEGORY FOR ALL STATE EMPLOYEES; THAT WE'D BE WORKING TO GET THEM VACCINATED, AND THAT'S WHERE, LIKE, THE STATE EMPLOYEE HEALTH PLAN MAY COME INTO PLAY AND COULD BE A GREAT TIME FOR US TO HAVE THAT CONVERSATION. RIGHT NOW WE DON'T HAVE CLEAR INDICATIONS AS TO WHEN THE STATE WILL BE MOVING INTO PHASE 3 BUT SOME OF THAT INFORMATION IS SHIFTING FROM KDHE AS THEY'RE LEARNING ABOUT NEW VACCINES COMING INTO THE STATE. SO, I WILL SAY THAT, YES, THIS IS ONE OF THE POINTS THAT WE CAN DEFINITELY PUT A PIN IN AND MAKE SURE WE COME BACK. BUT PHASE 3 IS THE DESIGNATED STATE EMPLOYEE PHASE FOR BROAD STATE EMPLOYEE VACCINATIONS PER THE GOVERNOR'S PLAN THAT SHE WROTE OUT BACK IN JANUARY. DOES THAT HELP, COMMISSIONER SCHMIDT?

>> SURE. I JUST WANT TO MAKE SURE WE DON'T LOSE TRACK OF THAT ON THE UPDATES.

>> PERFECT.

>> THANK YOU.

>> UH-HUH. ALL RIGHT. IS IT
JANET? OR IS PAUL CONTINUING?
>> NO. I'LL CONTINUE. YOU WENT
TOO FAR. JUST AN UPDATE. I
THINK ALL THE COMMISSIONERS
GOT -- WE SENT AN UPDATE TO YOU
ON THE CHANGES THAT WERE MADE
RECENTLY FOR FLEXIBLE SPENDING
ACCOUNTS IN THE PLAN THAT WENT
OUT SO THEY UNDERSTOOD THE RULES
OF THE ABILITY TO EXTEND OUT
THEIR BALANCES AND WHAT THAT
MEANT. SO, THAT'S THE ONLY
OTHER COVID-19-RELATED CHANGE WE
WANTED TO MAKE SURE WAS RECORDED
AND SEE IF YOU HAVE QUESTIONS ON
THAT AS WELL.
ANY QUESTIONS ON THE FLEX
SPENDING?
>> THANK YOU.
>> ALL RIGHT. AND WE WILL NOTE
IN THE MINUTES TO MAKE SURE THAT
WE BRING VACCINATIONS BACK UP
UNDER THE COVID-19 FUTURE
UPDATES. MAKE SURE YOU MAKE
THAT NOTE IN THE MINUTES FOR ME.
PERFECT. RULE AND REGULATION
CHANGE REGARDING THE 30-DAY
WAITING MINUTE. JANET, I THINK

YOU MIGHT HAVE -- IS THERE AN
UPDATE HERE? OR IS IT STILL
SITTING WITH THE AG'S OFFICE?
>> YEAH, THE UPDATE IS IT WAS
SITTING WITH THE AG OFFICE AND
LATE LAST EVENING, AND A
WORKDAY, I GUESS, WE GOT A NOTE
THAT THE AG'S OFFICE NOW WANTS
TO TALK TO OUR ATTORNEYS ABOUT
SOME QUESTIONS AND CONCERNS THEY
HAVE ABOUT WHAT'S IN THERE AND
HOW SOME OF THE STATUTES WERE
REFERRED TO. AND SO OUR
ATTORNEYS RIGHT NOW ARE WORKING
ON MEETING WITH THE AG'S OFFICE.
AND THAT'S JUST A SLIGHT CHANGE
FROM WHAT'S ON THAT DOCUMENT,
WHICH WAS SENT AHEAD OF,
OBVIOUSLY, LAST NIGHT'S UPDATE.
SO IT'S STILL IN THE PROCESS,
BUT IT LOOKS LIKE IT'S MOVING
ALONG A LITTLE FURTHER NOW THAT
WE'VE GOT ANOTHER RESPONSE.
THAT WAS REALLY THE UPDATE.
THAT'S ALL I KNOW AT THIS POINT.
>> KEEP US POSTED IF THERE ARE
ANY PARTICULAR, YOU KNOW, MAJOR
ISSUES OR QUESTIONS THAT COME
OUT OF THE AG'S OFFICE WITH

LEGAL COUNSEL, I THINK EVERYONE
WOULD LIKE TO KNOW ABOUT THOSE
OR BE INFORMED OF THEM, EVEN IF
IT'S IN BETWEEN THE TWO
MEETINGS, IF THAT MAKES SENSE.

>> ANY COMMENTS OR QUESTIONS?

THIS IS STANDARD. I AM MOVING
THROUGH ABOUT THREE OR FOUR
OTHER REGULATION CHANGES WITH
SOME OF MY OTHER HATS, AND IT
TAKES A LONG TIME. ONCE THE AG
OFFICE STARTS ASKING QUESTIONS,
IT'S CLOSER TO THE END BECAUSE
THEY'RE FINALIZING IT AND TRYING
TO GET IT READY. HOPEFULLY THIS
IS AN INDICATION THAT WE ARE
CLOSE TO MOVING THIS THROUGH.
APPRECIATE KEEPING US POSTED ON
THAT. ALL RIGHT. LET'S MOVE
INTO OUR REPORT SECTION AND OUR
FIRST REPORT COMES FROM THE
EMPLOYEE ADVISORY COMMITTEE.

CAN WE WELCOME PRESIDENT NATALIE
YOZA FOR TWO ITEMS. NATALIE?

>> HI. THIS IS NATALIE. I AM
PRESIDENT OF THE EMPLOYEE
ADVISORY COMMITTEE, AND WE ARE A
COMMITTEE OF 18 ACTIVE STATE
EMPLOYEES AND THREE RETIRED

MEMBERS. AND THE HEALTH CARE COMMISSION ESTABLISHED IT TO HELP DEVELOP POLICY RELATED TO THE HEALTH PLANS. AND WE MET IN JANUARY TO GET OUR YEAR KICKED OFF, AND ONE OF THE FIRST THINGS WE DID WAS ELECTION OF OFFICERS. I WAS RE-ELECTED. IT WILL BE MY SECOND TERM AS PRESIDENT OF THE EAC. I'M LOOKING FORWARD TO FINISH UP THE INITIATIVES WE STARTED LAST YEAR. HANNAH RICH IS VICE PRESIDENT. SHE'S A HUMAN RESOURCE SPECIALIST AT WICHITA STATE UNIVERSITY. SHE WAS INVOLVED LAST YEAR, BOTH ON THE SUBCOMMITTEE TO HELP DEVELOP THE SURVEY. BUT, ALSO, SHE WORKED ON A SUBCOMMITTEE. IF YOU'LL LET ME HAND OVER FOR A MINUTE TO HANNAH SO YOU CAN GET USED TO WHO SHE IS AND GET USED TO THE UP-AND-COMING LEADERSHIP IN THE EAC.

>> HELLO, EVERYONE. THANK YOU SO MUCH, NATALIE. AS NATALIE SAID, MY NAME IS HANNAH RICH. I SERVE AT WICHITA STATE UNIVERSITY AS HUMAN RESOURCES

SPECIALIST IN LEAVE
ADMINISTRATION. I'VE BEEN IN HR
FOR SEVEN YEARS WITH A LOT OF
FOCUS DURING THAT TIME IN
BENEFITS. THIS IS MY THIRD YEAR
IN THE EAC AND I'M EXCITED FROM
ALL THE WORK AND HEARING WHAT
JANET AND HER TEAM HAVE IN STORE
FOR US. I'M REALLY EXCITED TO
SEE HOW WE CAN MOVE FORWARD AND
CONTINUE IMPACTING FOR STATE OF
KANSAS EMPLOYEES.

>> THANKS, HANNAH. I DIDN'T SEE
THE SECRETARY ON. COURTNEY
MARSH IS ONE OF OUR NEW MEMBERS.
SHE STEPPED UP AND WILLING TO
SERVE AS SECRETARY THIS YEAR.
SHE'S AN OB/GYN AT THE KU
MEDICAL CENTER. THE OTHER
REPORT FROM JANUARY -- OR MORE
AS TO WHAT WE'RE UP TO RIGHT
NOW. LAST YEAR WITH THE EAC, AN
INITIATIVE WAS TO SEEK AN
AMENDMENT TO THE STATUTE THAT
ESTABLISHES THE MEMBER OF THE
HEALTH CARE COMMISSION RELATED
TO THE EMPLOYEE MEMBER AND THE
RETIREE MEMBER. BECAUSE OF THE
HISTORY OF THE STATE WORKFORCE,

THOSE WERE LIMITED TO CLASSIFIED EMPLOYEES AND WE WERE THINKING OF A CHANGE TO OPEN IT UP SO UNCLASSIFIED EMPLOYEES OR RETIREES WOULD ALSO BE ELIGIBLE TO SERVE. AND THAT IS HAPPENING RIGHT NOW THROUGH LEGISLATIVE SESSION. HOUSE BILL 2218 IS GETTING A HEARING LATER THIS AFTERNOON, AND I'LL BE ABLE TO SWITCH OVER AND PROVIDE ORAL TESTIMONY IN SUPPORT OF THAT BILL ON BEHALF OF THE EAC. AND THEN THE BILLS SB140 ON THE SENATE SIDE. WE DON'T HAVE A HEARING BUT LOOKING FORWARD TO THAT AS WE MOVE THROUGH SESSION. THEN THE LAST THING RELATED TO THE JANUARY MEETING IS IF COURTNEY CAN HELP ME OUT WITH THE POWERPOINT SLIDES RELATED TO THE SURVEY RESULTS. WE'RE JUST GOING TO TAKE A COUPLE OF MINUTES TO SHARE A HIGH-LEVEL VIEW OF SOME OF THE INFORMATION THAT WE RECEIVED FROM THE SURVEY. AS YOU KNOW, LAST YEAR, THE EMPLOYEE ADVISORY COMMITTEE WORKED THE HEALTH PLAN AND HIRED

THE DOCKING INSTITUTE OF PUBLIC AFFAIRS TO DESIGN AND ADMINISTER AN ONLINE SURVEY THAT FOCUSED PRIMARILY ON THE HEALTH BENEFITS, AND THEN THE HEALTH WELLNESS PROGRAM. THAT SURVEY WAS OPEN FOR ABOUT A MONTH IN NOVEMBER AND DECEMBER TO CORRESPOND WITH THE END OF THE OPEN ENROLLMENT PERIOD, AND INVITATIONS AND PROMPTS WERE SENT TO OVER 42,000 PEOPLE WHEN YOU COUNT THE ACTIVE STATE EMPLOYEES AND OUR RETIREE MEMBERS. AT THE JANUARY MEETING, WE RECEIVED FROM DOCKING INSTITUTE, A VERY LONG AND DETAILED REPORT ON THOSE SURVEY RESULTS, AND THAT REPORT ALSO CONTAINS ALL OF THE COMMENTS THAT EMPLOYEES PROVIDED IN THE TEXT BOX IN THE SURVEY. FOR THE FOLKS THAT TOOK ADVANTAGE OF THAT OPPORTUNITY, WE HAVE ALL THAT INFORMATION TO REVIEW. TODAY WE'RE JUST GOING TO HIGHLIGHT SOME INFORMATION. SO WE HAD A 17% RESPONSE RATE,

WHICH THE DOCKING INSTITUTE SAID WAS REALLY SOLID FOR AN ONLINE SURVEY WITH, YOU KNOW, INVITATIONS. AND SO WE FEEL REALLY GOOD ABOUT THAT. 69% OF THE FOLKS THAT WERE RE-ENROLLING IN THE HEALTH PLAN DIDN'T CONSIDER SWITCHING TO A NEW PLAN IN THE ENROLLMENT PERIOD. SO, THERE ARE A VARIETY OF WAYS THAT THAT MIGHT IMPACT COMMUNICATIONS OR HOW YOU GO ABOUT GIVING INFORMATION TO EMPLOYEES AS THEY'RE GOING THROUGH THE OPEN ENROLLMENT PERIOD. AND WE ALSO GOT REALLY POSITIVE RESULTS ABOUT HOW CONFIDENT EMPLOYEES ARE ABOUT WHICH PLAN THEY'RE SELECTING. SO, 94% OF EMPLOYEES WERE CONFIDENT THAT THEY SELECTED THE RIGHT PLAN FOR THEIR NEEDS. THAT'S ANOTHER SORT OF GOOD, POSITIVE THING THAT CAN BE IMPLEMENTED IN A VARIETY OF WAYS THROUGH HOW THE HEALTH PLAN WORKS.

SO, ONE OF THE FOCUSES WAS ON THE FEATURES OF DIFFERENT HEALTH PLANS. EMPLOYEES WERE ASKED TO

RATE CERTAIN FEATURES OF THE PLANS. FOR THE ACTIVE EMPLOYEES, THE FEATURES THAT RECEIVED THE HIGHEST SATISFACTION RATINGS WERE FOR THE HAS AND HRA ACCOUNTS AND, ALSO, THE PREMIUMS, THE PLAN FEATURES WITH THE HIGHEST SATISFACTION. LOWEST SATISFACTION WAS OUT-OF-POCKET MAXIMUM AND THE PLANNED DEDUCTIBLES. THEN WHEN EMPLOYEES WERE ASKED, OKAY, OF ALL THESE FEATURES, WHICH ONES ARE MOST IMPORTANT TO YOU? THEY LISTED PREMIUM, OUT-OF-POCKET MAXIMUM AND DEDUCTIBLE AS THE MOST IMPORTANT PLAN FEATURES. THAT'S IMPORTANT TO KNOW THAT THIS WAS TRUE ACROSS ALL OF THE PLANS; THAT THERE WAS NO STATISTICAL DIFFERENCE BETWEEN THE PEOPLE RESPONDING FROM PLAN A OR PLAN C. THIS IS DATA THAT CAN BE USED SORT OF AS A BROAD OVERARCHING WAY THAT YOU THINK ABOUT PLAN DESIGN. ACTIVE EMPLOYEES ARE ALSO OVERWHELMINGLY PREFERRING EMAIL

COMMUNICATIONS RELATED TO THE HEALTH PLAN.

MOVING TO THE RETIREE RESPONSES, THEY WERE ALSO ASKED TO RATE THEIR PLAN FEATURES. AND LESS THAN 13% WERE DISSATISFIED OR VERY DISSATISFIED WITH ANY OF THE FEATURES. SO, A VERY SMALL NUMBER OF THE RESPONDENTS LISTED ANYTHING IN THE DISSATISFIED CATEGORIES, WHICH IS ANOTHER REALLY POSITIVE SIGN ABOUT WHAT BENEFITS ARE BEING OFFERED. THE HIGHEST SATISFACTION CAME WITH THE COST TO ACCESS A PRIMARY CARE DOCTOR OR SPECIALIST. THE LOWEST WAS THE OUT-OF-POCKET MAX AND PREMIUM. WHEN ASKED WHAT WAS MOST IMPORTANT, IT WAS THE OUT-OF-POCKET MAX AND THE COST TO SEE THE PRIMARY PHYSICIAN. IT'S NOT TOO SURPRISING, BUT OUR RETIREES WERE ASKING FOR MORE THAN JUST EMAIL. A LOT OF THEM PREFERRED SOME DIRECT MAIL COMMUNICATIONS RELATED TO THE HEALTH PLAN. NOW WE'LL MOVE FROM THE PLAN TO THE HEALTH QUEST PROGRAM. THEY WERE ASKED

WHICH HEALTH QUEST ACTIVITIES WERE MOST VALUABLE TO THEM. THEIR RESPONSE WAS THE PREVENTIVE EXAMS. THEY WERE ALSO ONE OF THE MOST POPULAR ACTIVITIES, THE WELLNESS ASSESSMENTS RATED THE HIGHEST BY THE RESPONDENTS AND THE PREVENTIVE EXAMS. THIS DOVETAILS WITH THE CHANGES AND ADDITIONS THAT THE HEALTH CARE COMMISSION MADE. WE ADDED THINGS IN LIKE CREDITS FOR MAMMOGRAMS AND THINGS LIKE THAT. I THINK THAT REALLY WORKS NICELY WITH WHAT THE SURVEY RESULTS SAID WERE IMPORTANT ASPECTS OF THE PLAN. WHEN WE WERE TRYING TO IDENTIFY WHY SOME EMPLOYEES ARE NOT PARTICIPATING IN THE HEALTH QUEST PROGRAM, WE ALSO GOT REALLY INTERESTING INFORMATION ABOUT A PERCEPTION GAP AS TO HOW BURDENSOME IT IS TO PARTICIPATE. SO, FOR EMPLOYEES THAT HAVE PARTICIPATED, DONE AN ACTIVITY, THEY RATED IT AT A LOWER LEVEL OF EFFORT TO COMPLETE THAN THOSE

EMPLOYEES THAT HAD NEVER PARTICIPATED IN THE ACTIVITY. SO, THAT OPENS UP A REALLY POSITIVE COMMUNICATION AREA WHERE WE CAN START TO CHIP AWAY AT THAT IDEA THAT A LOT OF THESE ACTIVITIES ARE TOO BURDENSOME. 70% OF THE RESPONDENTS LISTED FINANCIAL INCENTIVES AS THE PRIMARY BENEFIT TO THE HEALTH QUEST PROGRAM. SO, AS WE LOOK FORWARD TO MAINTAIN THAT HIGH LEVEL OF PARTICIPATION IN IT, I THINK THAT THE FINANCIAL INCENTIVES ARE GOING TO BE AN IMPORTANT COMPONENT TO THAT. AND THEN ANOTHER AREA OF INTEREST ON THE SURVEY WAS WHETHER OUR NUMBERS WITH A DISABILITY OR CHRONIC CONDITION BELIEVE THOSE HEALTH QUEST ACTIVITIES AVAILABLE WERE ACCESSIBLE TO THEM. OF THOSE MEMBERS, 16% INDICATED THERE WERE BARRIERS TO EARNING CREDIT AND THAT FUNNELED DOWN INTO THE WELLNESS CHALLENGES AND THE BIOMETRIC SCREENINGS. AND I KNOW, HAVING TALKED TO JANET AT

THE HEALTH PLAN, THEY ARE
ALREADY TAKING THAT DATA AND
MAKING CHANGES AND TRYING TO
WORK IN ORDER TO MAKE THOSE
WELLNESS CHALLENGES AND THINGS
MORE ACCESSIBLE. I'M SURE WE'LL
CONTINUE THAT DIALOGUE. THEN,
AS WE LOOK TO THE FUTURE, IN
JANUARY, WE ESTABLISHED A
SUBCOMMITTEE TO REVIEW THE
SURVEY RESULTS AND BRING THAT
BACK TO THE EAC TO MINE THROUGH
ALL THE DATA AND PICK WHAT
POLICIES SHOULD STEM FROM IT.
SO, HANNAH, OUR VICE PRESIDENT
THAT YOU JUST MET, WILL CHAIR
THAT SUBCOMMITTEE. WE WILL WORK
CLOSELY WITH THE HEALTH PLAN AS
WE DEVELOP THOSE POLICY
OBJECTIVES, AND I THINK THAT
YOU, AS THE HCC, WILL START
SEEING THOSE AS WE MOVE INTO A
DISCUSSION ABOUT PLAN DESIGN AND
TRYING TO FOCUS ON, OKAY, WELL,
THE SURVEY IDENTIFIED THESE AS
POLICY PRIORITIES, SO TRYING TO
HAVE A CONVERSATION AROUND WHAT
WE CAN IDENTIFY FROM THE SURVEY.
I WILL STAND FOR QUESTIONS.

>> SO, COMMISSIONERS, YOU'VE
HEARD THE REPORT. FIRST, I WANT
TO SAY, AND I KNOW THAT
COMMISSIONERS WILL AGREE WITH
ME. JUST, YOU KNOW, THE EAC AND
THE COMMITMENT TO DOING THIS
WORK AND FINDING A WAY TO GET
MORE VOICES TO THE TABLE AND
BRING FEEDBACK FORWARD, I KNOW
THAT IS SOMETHING THAT WAS
EXPRESSED EARLY ON WHEN I CAME
ON AND OTHER COMMISSIONERS HAD
EXPRESSED IT AS WELL. I JUST
WANT TO THANK YOU FOR LEADING.
I KNOW YOU ALSO HAVE WORK YOU
WANT TO DO AROUND IT. I THINK
IT'S IMPORTANT JUST TO GIVE THAT
THANKS BECAUSE YOU'RE HELPING TO
REALLY BRING A -- THE VOICE OF
THE EMPLOYEES TO COMMISSIONERS
AS WE THINK ABOUT PRIORITIES AND
THINGS GOING FORWARD. SO,
COMMISSIONERS, COMMENTS OR
QUESTIONS FOR NATALIE AROUND THE
SURVEY? COMMISSIONER SCHMIDT.
>> THANK YOU. MADAM CHAIR.
VICKI SCHMIDT. SO, I ACTUALLY
PRINTED OFF ALL OF THE COMMENTS,
AND, NATALIE, I WANT TO TELL YOU

THAT YOU AND THE EAC, I SECOND
WHAT SECRETARY BURNS-WALLACE
JUST SAID ABOUT THE WORK THAT'S
BEEN PUT INTO TRYING TO HELP US
IDENTIFY. I GUESS I WAS -- I
DON'T KNOW WHETHER -- I HATE TO
USE THE TERM "DISAPPOINTMENT"
BECAUSE I THINK THAT'S A TERM
THAT PARENTS USE WITH CHILDREN
THAT ILLICIT A NEGATIVE
RESPONSE. I WAS DISAPPOINTED AT
THE OPEN-BOX DIALOGUE RESPONSES.
FOR ANY OF YOU THAT -- THEY ARE
CATEGORIZED BY THE FIRST INITIAL
OF THE COMMENT. SO, ALL OF THE
I THINKS ARE UNDER THE Is. THE
DO AWAY ARE UNDER THE Ds.
THAT'S NO MATTER WHAT THE
SUBJECT IS. I HAVE HAD A
CONVERSATION WITH JANET STANEK,
AND I DO WANT TO THANK HER SO
MUCH FOR THE COMMUNICATION THAT
WE'VE HAD AND ALL THE QUESTIONS
AND THINGS THAT -- THE THINGS
WE'VE BEEN ABLE TO TALK ABOUT.
IT'S MY UNDERSTANDING THERE IS
SOME WORK BEING DONE TO TRY TO
REIN IN, IF YOU WILL, PUTTING
ALL THE HEALTH QUEST COMMENTS

TOGETHER, PUTTING ALL THE
MARATHON COMMENTS TOGETHER, PUT
THE OUT-OF-POCKET EXPENSES
TOGETHER, THINGS LIKE THAT.
THERE ARE A -- THERE ARE -- ARE
A FEW POSITIVE COMMENTS. I HAVE
POINTED THOSE OUT WITH RED TABS
BUT A MAJORITY OF THESE ARE
NEGATIVE TOWARD THE PLAN IN SOME
WAY. I ALSO KNOW THAT THE SAME
PERSON CAN PUT THE SAME NEGATIVE
COMMENT DOWN IN BOXES THAT
DIDN'T APPLY TO THAT. BUT I'M
HOPING THAT WE WILL GET -- AND
THERE ARE SOME THINGS IN HERE
THAT WE'VE ALREADY DONE. I
THINK, NATALIE, YOU MIGHT HAVE
MENTIONED THAT; LIKE, GIVING
HEALTH QUEST POINTS FOR
MAMMOGRAMS AND SOME THINGS LIKE
THAT THAT HEALTH QUEST HAD
ALREADY DONE. OBVIOUSLY, WE
HADN'T COMMUNICATED THAT YET, OR
WE NEED TO HAMMER THAT HOME
AGAIN. I REALLY THINK THERE IS
A LOT OF INCREDIBLE INFORMATION
IN THIS SURVEY. THE RAW DATA,
IT'S ALWAYS EXCITING TO SEE THE
RAW DATA, BUT IT'S A LITTLE BIT

DIFFICULT TO GET YOUR HANDS ALL
THE WAY AROUND IT WHEN THE RAW
DATA ISN'T ORGANIZED AT ALL IN
THE CATEGORIES. SO, I WILL LOOK
FOR -- I HOPE THAT IS SOMETHING
THAT YOU ALL ARE GOING TO WORK
ON AND HELP US DEFINE THAT A
LITTLE MORE. I WILL REALLY BE
LOOKING FORWARD TO SEEING MORE
INFORMATION GLEANED OUT OF THIS
SURVEY. THANK YOU VERY MUCH,
NATALIE, FOR ALL OF YOUR WORK ON
THAT.

>> I WILL SHARE WITH THE
COMMISSIONERS, I ENCOURAGED THEM
TO USE THE TECHNIQUES THAT WE
USE IN HIGHER ED WHEN YOU'RE
GOING THROUGH SURVEYS. YOU
BASICALLY BUCKET, LIKE YOU ARE
SAYING COMMISSIONER, YOU BUCKET
THE OPEN-ENDED RESPONSES. THEN
YOU KIND OF CODE THEM AND GLEAN
THEM. IT'S A RESEARCH
TECHNIQUE. BUT IT ALLOWS YOU TO
BUCKET THEM AND THEN START TO
PULL OUT THE THREADS OF TREND
AND ALSO SEE HOW MANY TIMES A
PARTICULAR THREAD WAS REPEATED.
AND SO I KNOW THAT -- I THINK

JANET'S TEAM IS DOING A LITTLE BIT OF THAT WORK AND THE EAC IS DOING A LITTLE BIT OF IT. STAY TUNED. I KNOW THEY WANTED TO GET IT TO OUR HANDS. THEY'RE DIGESTING AND IT WORKING THROUGH IT. THERE WILL BE MORE COMING BACK FROM BOTH GROUPS. JUST TO MY FELLOW COMMISSIONERS, YOU KNOW, ONE OF THE THINGS THAT I -- YOU KNOW, JUST FROM THAT SHORT SNIPPET THAT EVEN NATALIE JUST SHARED AND COMMISSIONER SCHMIDT READ THROUGH, YOU KNOW, AS WE CONTINUE THE CONVERSATIONS OVER THE NEXT FEW MONTHS IN THINKING ABOUT THE PLAN AND PRIORITIES, YOU KNOW, THINKING ABOUT HOW WE HEARD, YOU KNOW, SOME OF THE THINGS THAT -- YOU KNOW, WHERE THERE'S THE HIGHEST LEVEL OF SATISFACTION, YOU KNOW, OR THE LOWEST LEVEL OF SATISFACTION. WE KNOW AS WE UNDERSTAND PLAN DESIGN THAT THOSE ARE LEVERS THAT WE CAN LOOK AT AS WE THINK STRATEGICALLY ABOUT WHAT IS NEXT FOR THE PLAN. AS WE CONTINUE TO

UNDERSTAND MORE OF THAT SURVEY,
I HOPE THAT HELPS INFORM US AS
WE THINK ABOUT OUR STRATEGY
GOING FORWARD. I HOPE THAT'S A
WAY WE CAN USE THIS WHERE WE ARE
BEING RESPONSIVE. UM, YOU KNOW,
WE SAW THAT, LIKE, PREMIUMS WERE
VERY IMPORTANT, YOU KNOW, TO THE
RESPONDES TO THE SURVEY, BUT
THEY ALSO HAD A GOOD LEVEL OF
SATISFACTION WITH THOSE BUT, YOU
KNOW, A LOWER LEVEL OF
SATISFACTION WITH THE
OUT-OF-POCKETS. YOU KNOW,
THAT'S NOT EVERY PERSON OR
SITUATION BUT THAT'S A LITTLE
BIT OF A SNIPPET. YOU SAW THE
RETIREE POPULATION, VERY
DIFFERENT NEEDS AND INTERESTS.
I'M HOPING THAT ALSO GIVES US
INSIGHT AS WE'RE THINKING ABOUT
MOVING DIFFERENT LEVERS GOING
FORWARD IN OUR PLAN
CONVERSATIONS. ANY OTHER
COMMENTS OR QUESTIONS? KNOWING
THAT WE WILL SEE SOME OF THIS
AGAIN AND THEY'LL BE BRINGING
MORE BACK TO US BUT ANY OTHER
QUESTIONS OR COMMENTS RIGHT NOW?

ALL RIGHT. AGAIN, THANK YOU FOR
THAT WORK. ONE MORE ITEM?
TYPICALLY THE HEALTH CARE
COMMISSION MAKES APPOINTMENTS
FOR EAC MEMBERSHIP IN DECEMBER.
WE HAD ONE ACTIVE EMPLOYEE
MEMBER WHO DID NOT ENROLL IN THE
HEALTH PLAN AND BECAME
INELIGIBLE FOR MEMBERSHIP. WE
DIDN'T FIND OUT ABOUT IT UNTIL
TOO LATE. WE ALSO HAD ONE
RETIREE MEMBER WHO'S JUST BEEN A
FORCE, A LONG-TERM MEMBER WITH
LOTS OF KNOWLEDGE AND WITH COVID
AND ALL SORTS OF STUFF GOING ON,
IT BECAME TOO MUCH FOR HER TO
CONTINUE PARTICIPATION THIS
YEAR. SO WE'VE BROUGHT FORTH
TWO MEMBERS -- POTENTIAL MEMBERS
TO REPLACE THEM. DREW CAMPBELL
IS A PLAN C PARTICIPANT AND SHE
HAS MANY YEARS IN THE DEPARTMENT
OF ADMINISTRATION PERSONAL
SERVICES A FAMILIARITY WITH THE
STATE BENEFITS AND BENEFIT
MANAGERS ACROSS STATE AGENCIES.
A SUBCOMMITTEE RECOMMENDED HER
TO REPLACE THAT ONE MEMBER THAT
COULDN'T REMAIN ON THE COMMITTEE

MORELAND FITZSIMMONS WAS A
RETIREE THAT WAS ACTUALLY OUR
ALTERNATE WHEN WE MADE THE
RECOMMENDATIONS IN DECEMBER. HE
RESIDES IN JOHNSON COUNTY AND
USING AETNA WHICH BRINGS A
DIFFERENT PERSPECTIVE TO OUR
RETIREE GROUP. THE EAC WOULD
RECOMMEND MOVING DREW CAMPBELL
INTO THE ACTIVE EMPLOYEE SPOT
THAT WAS VACATED AND TO MOVE
KEITH FITZSIMMONS INTO THE
RETIREE SPOT.

>> COMMISSIONERS, I WILL
ENTERTAIN A MOTION. AS ALWAYS,
OPPORTUNITY FOR DISCUSSION. BUT
I WILL ENTERTAIN A MOTION AT
THIS TIME.

>> THIS IS STEVE. GO AHEAD,
VICKI.

>> VICKI SCHMIDT, SO MOVED.

>> A SECOND. CAN I TAKE YOU AS
A SECOND, STEVE?

>> CERTAINLY.

>> PERFECT. DISCUSSION
COMMISSIONERS, ANY QUESTIONS FOR
NATALIE AT THIS TIME?

>> MADAM CHAIR, MAYBE NOT SO
MUCH A QUESTION AS A POINT OF

CLASSIFICATION. SO, IN THE REPORT, THE LAST SENTENCE, A SPREADSHEET OF THE APPLICANTS IS INCLUDED FOR YOUR REVIEW. I DIDN'T FIND THAT IN THE APPENDIX OR ANYWHERE. I DON'T REALLY NEED IT. I'M JUST SAYING, I DON'T THINK WE HAVE THAT.

>> THAT SHOULD HAVE BEEN SENT SEPARATELY BECAUSE IT HAS SOME PRIVATE INFORMATION. WHEN THEY SENT THE ORIGINAL PACKET, WHEN WE DID THE DECEMBER ONE, THERE WAS A SEPARATE SPEED SHEET THAT HAD ALL THE PARTICIPANTS, BECAUSE IT HAS THEIR PLAN.

JANET, CAN WE MAKE SURE WE FOLLOW UP AND MAKE SURE WE GET THAT SEPARATE SPREADSHEET. THE COMMISSIONERS SHOULD HAVE THAT.

>> YES. WE MISSED THAT, SORRY, IN OUR REVIEW OF THE PACKET.

>> THAT GOES JUST TO COMMISSIONERS. IT'S NOT A PUBLIC PIECE BECAUSE IT DOES HAVE PLAN-SPECIFIC REFERENCE INFORMATION SO YOU CAN SEE THE CONFIGURATION OF THE ENTIRE COMMITTEE. THANK YOU,

COMMISSIONER SCHMIDT. ANY OTHER
QUESTIONS? CONCERNS?
DISCUSSION?

ALL THOSE IN FAVOR SAY AYE.

AYE? ANY OPPOSED? WELCOME TO
YOUR NEW OFFICERS. THANK YOU
ALL FOR STEPPING IN TO THOSE
ROLES. YOU HAVE DAY JOBS. WE
RECOGNIZE THAT STANDING IN THESE
ROLES DOES TAKE SOME OF YOUR
TIME APPRECIATE TO HELP BRING
VOICE TO THIS COMMISSION. WITH
THAT, THANK YOU FOR THE EAC. SO
WE WILL WRAP UP ITEM 5. I
BELIEVE WE'RE READY TO MOVE TO
ITEM 6 FOR FINANCIAL REPORTING.
CAN YOU SEE ME AND HEAR ME?

>> YES.

>> ALL RIGHT. GOOD. HOPEFULLY,
YOU KNOW, WE'RE SLOWLY STARTING
TO GET ACCUSTOMED TO THE NEW
FINANCIAL UPDATE, THE LAYOUT.
SO, I FEEL LIKE, YOU KNOW, WE'VE
BEEN THROUGH IT A COUPLE OF
TIMES. HOPEFULLY THINGS ARE
GETTING CLEANER AND SMOOTHER.
AT THE TOP, THIS JUST SHOWS THE
EXPERIENCE FOR -- NOW WE HAVE A
FUEL YEAR, SO TWO MORE MONTHS

FROM LAST TIME. 12 MONTHS OF DATA. AND, YOU KNOW, THE KEY THINGS TO FOCUS ON TO ME IS THAT RESERVE BALANCE. WE BUDGETED \$50.3 MILLION. WE ENDED THE YEAR AT 69 MILLION. SO, A POSITIVE YEAR FINANCIALLY TO THE TUNE OF ABOUT \$19 MILLION. WE'VE TALKED ABOUT THIS THROUGH THE PAST UPDATES, THAT MOST OF THIS IS DUE TO COVID-19, THE DELAY OF MEDICAL SERVICES, YOU KNOW, DENTAL CARE. SO YOU CAN SEE THOSE ARE REALLY THE BIG-TICKET ITEMS ON WHY WE HAVE THE GAIN THAT WE DO. SPEAKING SPECIFICALLY TO THE MOST RECENT TWO MONTHS, NOVEMBER AND DECEMBER ARE TYPICALLY HIGHER. WE DO SEASONALLY PROJECT OUR-MONTH-OLD CLAIMS PROJECTIONS, BUT THERE WAS ANOTHER SPIKE IN LATE FALL WITH COVID. AND SO WE SAW A SIGNIFICANT GAIN IN MEDICAL AND, ACTUALLY, WE SAW A LITTLE BIT OF GAIN ON THE PHARMACY SIDE, TOO. FINANCIALLY, IT'S ABOUT \$5 MILLION --

(AUDIO DIFFICULTIES) >> OLD ON.

WE'RE GETTING FEEDBACK. CAN I
ASK EVERYONE EXCEPT FOR PATRICK
TO MUTE MICS UNTIL YOU'RE
SPEAKING. THAT WOULD BE GREAT.

>> ANY QUESTIONS ABOUT HOW WE
ENDED THE YEAR? NO. OKAY. SO
THE NEXT SECTION IS --.

>> I HAVE A QUESTION.

>> PATRICK, I DON'T KNOW IF YOU
CAN SEE EVERYONE. I BELIEVE
COMMISSIONER SCHMIDT RAISED HER
HAND. I DON'T KNOW WHAT YOUR
VIEW IS, BUT I CAN SEE.

>> VICKI SCHMIDT. I WOULD JUST
LIKE SOME MORE OF YOUR THOUGHTS
ABOUT THAT RESERVE BALANCE. 19
MILLION MORE THAN PROJECTED IS
MORE THAN SIGNIFICANT. WHAT ARE
YOUR -- WHAT IS YOUR CONSULTING
ADVICE ABOUT THAT KIND OF A
SURPLUS BALANCE?

>> WELL, WE WILL SPREAD IT OUT.
THAT'S WHY IT'S A 4.5 NUMBER FOR
THE NEXT FEW YEARS. IF YOU WANT
TOPPED -- WANTED TO PULL THAT
OUT --

>> I'M SORRY.

>> I DIDN'T HEAR YOU. IT WASN'T

VERY LOUD.

>> CAN YOU HEAR ME NOW? YES. I JUST COMMENTED IT HOLDS DOWN FUTURE PREMIUMS. THAT MIGHT BE A 6% NUMBER OR HIGHER, BUT 4.5 BECAUSE WE'RE BASICALLY USING THAT BALANCE TO NORMALIZE THE PREMIUMS OVER THE NEXT FEW YEARS.

>> THIS IS VICKI SCHMIDT AGAIN. WE WERE USING THAT 4.5% NUMBER WHEN WE WERE PROJECTING A \$50 MILLION BALANCE. SO, WITH \$69 MILLION BALANCE, THEN THAT MUST -- THAT WOULD SAY TO ME THAT EITHER YOU NEED TO PULL ONE OF THE OTHER LEVERS DOWN.

>> WELL, 19 MILLION OVER A \$400 MILLION PROGRAM IS, YOU KNOW, A PERCENT AND A HALF, OR TWO AND A HALF PERCENT. WHAT HAPPENED IN THE PROJECTION, TOO, WE DID EXTEND IT OUT ANOTHER YEAR. WE HAD ANOTHER YEAR OF TREND OUT THERE WE HAD TO COVER.

>> YOU MAY WANT TO GO TO A DIFFERENT PAGE. KEN, WE MIGHT WANT HER TO SCROLL, JUST TO KIND OF GO TO A DIFFERENT PAGE AS

WELL TO TALK A LITTLE BIT MORE ABOUT THE 4.5 AND WHAT NOT. THIS WAS AN UNUSUAL YEAR FOR ALL OF OUR CLIENTS. SO, YOU KNOW, WE'RE SEEING GAINS ACROSS THE BOARD. WE DON'T THINK THAT THAT IS GOING TO CONTINUE. SO, YOU KNOW, PART OF THE PROJECTION, IT'S NOT LIKE WE'RE TAKING AT A BASELINE AND JUST ROUGHLY TRENDING. WE HAD CLAIMS VOLUME AND WHAT GET BACK TO A NORMAL CLAIMS TREND.

OTHER QUESTIONS? OKAY.

>> YEAH, SO THE NEXT SECTION IS ENROLLMENT. THE ENROLLMENT CONTINUES TO TRICKLE DOWN. LAST TIME WE WERE, YOU KNOW, .4% LOWER THAN PROJECTED, AND NOW WE'RE AT .6 SO THE LAST TWO MONTHS, ENROLLMENTS DROPPED OFF A LITTLE BIT BUT NOTHING MAJOR HERE.

THE NEXT IS A SNAPSHOT OF THE OUR POST OPEN ENROLLMENT SHOWS ALL THE ENROLLMENT BY PLAN AND GROUP. WE HAVE OUR MEDICAL TOLLS NOW HERE AT THE BOTTOM.

COBRA IS SOMETHING WE'VE TALKED

ABOUT IN THE PAST. IT STILL STAYS AT THAT 300 LEVEL, SO NOT A BIG CHANGE THERE. THE NEXT SECTION SHOWS THE THREE-YEAR PROJECTION SUMMARY. WE'VE COMPLETED 2020, WE'VE EXTENDED THIS OUT AN EXTRA YEAR, SO YOU'LL SEE NOW WE'RE PROJECTING OUT 2024, AND WE'RE ALSO SOLVING FOR THAT RESERVE BALANCE TO 2024. WHEN YOU EXTEND THAT AN EXTRA YEAR BECAUSE THE 4.5% IS SLIGHTLY LOWER THAN THE UNDERLYING COST TREND, ANYTIME YOU EXTEND THAT OUT MORE YEARS, IT DOES BUMP UP YOUR PERCENTAGE. SO, YOU KNOW, AS I INITIALLY SAID THAT WE HAD \$5 MILLION IN GAINS SINCE THE LAST TIME WE SPOKE, WELL, THAT'S OFF-SET SOMEWHAT EXTENDING IT OUT TO THAT NEXT YEAR. ANYTHING ELSE TO ADD.

>> IF YOU LOOK AT THE 2021 YEAR AND THE GAIN LOSS ON THAT ONE, IT KIND OF LOOKS LIKE A BIGGER GAIN AND DE APPRECIATE. IT'S A 53-WEEK PAYMENT CYCLE. WE GOT AN EXTRA WEEK JUST BY THE NATURE

OF, YOU KNOW, THE NUMBER OF FRIDAYS OR MONDAYS, WHATEVER THE PAYMENT DAYS ARE, I CAN'T REMEMBER. THERE'S ONE EXTRA WEEK. THAT'S WHY IT'S OUT THERE.

THAT AFFECTS THE MEDICAL AND DENTAL NUMBERS. IT DOESN'T AFFECT THE PHARMACY.

>> COMMISSIONERS, QUESTIONS? I APOLOGIZE. I'M LOOKING DOWN AT THE REPORT AS I THINK SOME OF YOU ARE, SO I'M TRYING TO LOOK BACK UP TO MAKE SURE I'M NOT MISSING QUESTIONS.

OKAY.

>> NEXT PAGE. RESERVE CALCULATION.

>> THE FIRST PARAGRAPH JUST OUTLINES THE METHODOLOGY THAT WE'RE USING, SO NOTHING'S CHANGED HERE. TO GET TO OUR TARGET. THE HIGH-LEVEL PROJECTION AND THEN YOU CAN SEE LAST COLUMN, THE TABLE THAT OUR TARGET AT THE END OF 2024 IS THE 60.8 MILLION AND, AT THE CURRENT PROJECTIONS, WE NEED A 4.5% INCREASE TO GET US THERE. THEN

THE LAST SECTION SHOWS --

>> I'M SORRY, PATRICK.

COMMISSIONER SCHMIDT. YOU'RE ON
MUTE, VICKI.

>> SORRY. THANK YOU, MADAM
CHAIR. ON THE -- ON PAGE 2, I
BELIEVE, UNDER ENROLLMENT. DO
YOU ACCOUNT FOR THE 0.6% DECLINE
IN THE FIGURES ON PAGE 4 UNDER
THE FUNDING?

>> WE USE THE LATEST ENROLLMENT
TO PROJECT. WHATEVER IT DROPPED
AT IS THE CURRENT ENROLLMENT
LEVEL AND ROLL THAT FORWARD AT
THE CURRENT RATE. SO, YES, WE
DID.

>> SO, YES, YOU DID TAKE THE .6%
ALL THE WAY THROUGH THE
PROJECTIONS?

>> WE TOOK THE MOST CURRENT --
THE CURRENT LEVEL AND ROLLED IT
FORWARD AT THAT LEVEL. SO IT
DOESN'T GO .6 DOWN EACH YEAR,
BUT, YEAH.

>> WELL, WHAT DO YOU MEAN IT
DOESN'T GO --

>> I DON'T ASSUME THAT 2023
WOULD HAVE A .6 DROP. 2023, I
WOULD ASSUME THE SAME AS 2022

AND THE SAME AS 2021. WE DON'T
CHANGE THE ENROLLMENT
PROJECTIONS GOING FORWARD.

>> THE ANSWER IS YOU DON'T
DECREASE IT BY .6% EVERY YEAR?

>> NO. WE TOOK INTO ACCOUNT THE
INITIAL .6.

>> I KNOW YOU'RE THE EXPERTS,
AND I CERTAINLY RESPECT THAT,
BUT I GUESS I DON'T UNDERSTAND
THAT WHEN IT SAYS THAT
CONSISTENT ON PAGE 2 YOUR WORDS
ARE CONSISTENT WITH PRIOR YEARS.
OVERALL ENROLLMENT CONTINUES TO
DECLINE. I'M WONDERING WHY,
THEN, YOU DON'T TAKE THAT INTO
ACCOUNT?

>> WE'VE JUST NEVER DONE IT. I
MEAN, AN ENROLLMENT PROJECTION
IS TYPICALLY A STATE PROJECTION.
WE USUALLY GET OUR NUMBERS FROM
THE STATE AND A WHAT THEY THINK
THEIR ENROLLMENT WILL BE, HEAD
COUNT, STAFFING PLAN, ALL THAT
STUFF. TRADITIONALLY, FOR YOUR
PLAN, FOREVER, PRIOR TO OUR
TIME, IT'S, LIKE, THE LATEST
ENROLLMENT AND USE THAT GOING
FORWARD. WE CAN PUT IT IN

THERE. IT'S NOT GOING TO
DEVIATE MUCH. IT MEANS CLAIMS
WILL COME OUT AND RESERVE WILL
BE DIFFERENT AND FUNDING LOWER.
IT WILL ALL BALANCE. IT WON'T
BE A BIG SWING IF WE ASSUMED IT
WAS GOING TO GO DOWN. I DON'T
KNOW IF THERE WILL BE A BIG
HIRING. ONCE COVID IS OVER, ARE
YOU GOING TO HIRE PEOPLE? WILL
IT GO UP. I HAVE OTHER STATES
WHERE GOVERNMENT'S GOTTEN
BIGGER. THEY'VE GOTTEN
INCREASES. SO, WE'RE HAPPY TO
USE WHATEVER THE STATE THINKS
THE ENROLLMENT LEVEL WILL BE,
BUT IT'S NOT FOR ME TO SAY
YOU'RE GOING TO DECREASE .6%
EACH YEAR.

>> OKAY.

>> MAYBE WE CAN TALK ABOUT THAT
OFF-LINE.

>> THANK YOU.

>> OTHER QUESTIONS? OKAY.

>> I THINK IF WE WERE DOING A
PENSION EVALUATION, I DON'T
THINK THE PENSION PEOPLE WOULD
BE ASSUMING IT WOULD GO DOWN
OVER TIME. YEAH, WE CAN TALK

ABOUT IT.

>> OKAY. THE NEXT TABLES ARE SENSITIVITY ANALYSIS. THIS GOT EXTENDED OUT TO 2024 AS WELL. SO, IT SHOWS THE RED LINE, WHAT THE ENDING CASH BALANCE WOULD BE UNDER THE CURRENT FUNDING SCENARIOS. IF WE HIT THE EXPECTED TRENDS. ALSO, THE TRENDS 2% HIGHER OR 2% LOWER. AS THAT COMPOUNDS, IF WE'RE 2% HIGHER THAN EXPECTED OVER TIME, YOU CAN SEE THAT AT THE END OF 2024, THE FUND WOULD HAVE A NEGATIVE POSITION. IT'S MORE OF AN ILLUSTRATION THAN ANYTHING BUT THAT'S HOW SENSITIVE THE PLAN IS TO MEDICAL TREND. AND THEN THE NEXT SECTION IS JUST OUR ASSUMPTIONS AND NOTHING'S REALLY CHANGED FROM -- IN THE LETTER FROM PRIOR VERSIONS. AND THEN IF YOU WANT, ALL THE NUMBERS BROKEN OUT BY THE DIFFERENT GROUPS. WE HAVE IT HERE. I KNOW THERE WAS REQUEST TO CARVE OUT MARATHON. THAT HAS ITS OWN LINE ITEM THIS TIME AROUND. THAT GOT PULLED OUT OF

THE OTHER CONTRACT FEES.

>> THIS IS MORE DETAIL THAN WHAT WE HAD IN THE TABLES BEFORE.

>> WE DID HAVE THE BUDGET. WE HAVE THAT FOR 2020 AND A NEW ONE FOR 2021.

>> THANK YOU, MADAM CHAIR.

VICKI SCHMIDT. ON PAGE 7, I

THINK YOU KIND OF BREEZED BY IT.

I HAD A COUPLE OF QUESTIONS. ON THE INVESTMENT EARNINGS, I GUESS I WAS WONDERING, UNDER OTHER ASSUMPTIONS ON PAGE 7.

>> UH-HUH.

>> UM, SO WHAT I WAS WONDERING IS THAT, IT'S MY UNDERSTANDING FROM A PREVIOUS MEETING, AT LEAST I FOUND A NOTE ABOUT IT, BUT I DON'T KNOW THAT MY NOTES ARE 100% CORRECT, SO I'LL ADMIT THAT. I THOUGHT WE TALKED ABOUT THAT THE -- THE BALANCES -- THE RESERVE BALANCES ARE INVESTED IN THE PMIB, IS THAT CORRECT? OR DID I WRITE THAT DOWN WRONG?

>> I DON'T KNOW WHERE THE INVESTING IS.

>> THAT'S CORRECT. IT'S THE POOLED MONEY FUND.

>> RIGHT.

>> OKAY. SO, THE ASSUMPTIONS THAT YOU MADE, WHICH I DON'T DISH MEAN, I DON'T KNOW WHERE WE COULD HAVE GIVEN YOU, I DON'T KNOW. INVESTMENT EARNINGS AT 00%. I LOOKED AT THE RATES. THE CURRENT IS .08% AND LAST MONTH IT WAS .09%. IS .05% AN AVERAGE THAT YOU'VE TAKEN OVER THE YEARS? OR IS THAT A FIGURE WE HAVE GIVEN YOU TO USE? OVER TWO YEARS, IT'S A .10%. I KNOW THAT ISN'T A LARGE DIFFERENCE IN THE PERCENTAGES, BUT I KNOW THAT 69 MILLION IS A LOT OF MONEY, SO I'M JUST CURIOUS AS IF THE INVESTMENT -- IF THE INVESTMENT EARNINGS THAT YOU'VE ESTIMATED, IF WE'VE GIVEN YOU THAT FIGURE OR USING PMIB NUMBERS OR WHAT YOU WERE USING?

>> WE WERE GIVEN THAT NUMBER.

>> OKAY.

>> IT CAME FROM THE PLAN.

>> WE WERE USING SOMETHING ELSE FOR A LONG TIME, AND I THINK THEY JUST RECENTLY TOOK A FRESH LOOK AT IT. SO THE .05 IS

RELATIVELY NEW. BUT IT WASN'T
THAT MUCH DIFFERENT FROM BEFORE.

>> WE WOULDN'T EVEN HAVE A LINE
ITEM FOR IT. IT'S SO
NEGLIGIBLE. IT'S LIKE \$30,000
OR SOMETHING. IT DOESN'T EVEN
PLAY INTO IT. THERE'S SO MANY
OTHERABLES. -- OTHER VARIABLES.

>> IT ALSO TAKES ME BACK TO
DISCUSSIONS WHEN I WITH AS
SENATOR. YOU KNOW, EVERYBODY
NEEDED A NEW LAPTOP CASE FOR IT
WHEN WE TRADED COMPUTERS. YOU
KNOW, IT WAS ONLY GOING TO BE
\$25. WELL, \$25 TIMES 165 ADDS
UP. I DON'T KNOW. I GUESS IT'S
THE CONSERVATIVE IN ME THAT I
THINK \$30,000 IS \$30,000. YOU
KNOW, ANYWAY, OKAY. THANK YOU.

I APPRECIATIVE J- -- I

APPRECIATE THAT. I'LL TRY TO
FIGURE OUT WHERE THE .05% CAME
FROM. JUST TO CLARIFY, IT DID
COME FROM THE POOLED MONEY.
THEY TELL US WHAT IT IS.

>> YES, JANET.

>> MAYBE I DON'T UNDERSTAND WHAT
YOU'RE ASKING.

>> OKAY. I JUST WANTED TO MAKE

SURE I WAS UNDERSTANDING
PROPERLY.

>> YES, THAT'S WHAT I'M TRYING
TO FIGURE OUT; DID WE GIVE IT TO
THEM, BY WE, THE SEHP OR THE
PMIB.

>> THEY GIVE IT TO US. THEY
TELL US. THAT'S HOW IT WORKS ON
THAT PARTICULAR ITEM.

>> THANK YOU, JANET. THANK YOU.

>> WE DID LOOK AT THE EMERGING
JANUARY DATA AND, I MEAN, OUT OF
THE GATE, IT'S PRETTY CONSISTENT
WITH WHAT WE'RE SHOWING FOR
JANUARY. I THINK THE MONTHLY
THAT WE DO ALL THE SEASONALITY
AND ALL THAT IS FAIRLY CLOSE.

WE'LL SEE AS FEBRUARY EMERGES
WHAT IT LOOKS LIKE.

>> OTHER QUESTIONS,
COMMISSIONERS?

>> OKAY.

>> OKAY.

>> I THINK THAT'S ALL WE HAVE
RIGHT NOW, UNLESS YOU WANT US TO
GO THROUGH ALL THE DETAILS OF
THE REPORT. COMMISSIONER
SCHMIDT?

>> COMMISSIONER SCHMIDT?

>> ONE OTHER QUESTION ON PAGE --
WELL, I DON'T KNOW WHAT PAGE.
ON THE BUDGET VERSUS ACTUAL --
LET'S JUST TAKE JANUARY -- THE
ONE THAT SAYS JANUARY 2020,
FEBRUARY 2020, MARCH 2020. ON
THE -- FIRST OF ALL, THANK YOU
VERY MUCH FOR SPLITTING OUT THE
MARATHON COSTS. I REALLY
APPRECIATE THAT. FOR THE MONTH
OF JANUARY, THAT'S ALSO CARRIED
OVER THROUGHOUT THE YEAR. THEN
THE ACTUAL WAS 162,909. I THINK
THOSE WERE DISTRIBUTED TO
EVERYBODY, THE INVOICES ON
MARATHON. IT'S NEITHER HERE NOR
THERE. WHAT IS THAT DIFFERENCE
THAT WE INITIALLY BUDGETED
VERSUS WHAT WE ACTUALLY HAVE?
BECAUSE, WHEN I LOOK AT THE
INVOICES, I MEAN, MY GOODNESS,
THEY'RE CHARGING US FOR THEIR
RENT, THEY'RE CHARGING US FOR
THE MEDICATIONS THAT THEY'RE
DISPENSING, THEY'RE CHARGING US
FOR JANITORIAL SERVICES, THEY'RE
CHARGING US FOR THEIR INTERNET
SERVICES AND THEY'RE CHARGING US
FOR EVERY VACCINE THAT'S GIVEN.

AND, YOU KNOW, THEN WE'RE ALSO
PAYING THE MONTHLY INSTALLMENT
FEE ON THE HEALTH SERVICES
AGREEMENT. SO, WHAT DID WE
ANTICIPATE FOR THE DIFFERENCE IN
THAT 208,000 IN JANUARY TO
162,000? WHAT WERE WE
ANTICIPATING IN THE BUDGETED
AMOUNT?

>> I CAN ANSWER THAT.

>> SO, YOU KNOW, THE STAFF GIVES
US AN ANNUAL AMOUNT THAT THEY
EXPECT TO PAY FOR THE CONTRACT,
AND WE -- WE JUST SPLIT IT
UNIFORMLY THROUGHOUT THE YEAR,
AND THEN, AS THE ACTUALS COME
IN, YOU KNOW, THEY VARY BASED ON
UTILIZATION AND DIFFERENT
THINGS. YOU KNOW, THERE'S
PROBABLY SOME MONTHS WHERE IT'S
A LITTLE BIT HIGHER AND SOME
MONTHS IT'S LOWER. IN TOTAL, IT
WAS ABOUT 300,000 UNDER WHAT WAS
ORIGINALLY PROJECTED.

>> I GUESS THE QUESTION -- WE
GET THE BUDGET FROM -- I MEAN,
THE PLAN ESTIMATES WHAT THEY
THINK IT WILL BE PRIOR TO THE
YEAR AND I THINK THEY ESTIMATED

A \$2.5 MILLION NUMBER. DID
COVID SLOW DOWN BILLING FOR IT,
SOMETHING? I DON'T KNOW THE
EXACT ANSWER FOR THAT. I MEAN,
WE USED THE BUDGET FROM THE
STATE.

>> THIS IS JANET. THERE'S A
CONTRACT THAT INCLUDES ALL OF
THE THINGS THAT WE ARE TO BE
CHARGED. BUT IT CAN BE VARIABLE
DEPENDING ON WHAT IS GOING ON.
AND SO I THINK IT'S JUST A
MATTER OF WHAT WE THINK IT COULD
BE. WE CAN'T GUESS, LIKE, IN
OUR OWN MINDS WHAT MIGHT HAPPEN
IN FEBRUARY, WHATEVER. WE KIND
OF USE IT EVENLY, AS HE SAID.
THEN WHEN THE ACTUAL COMES IN,
IT'S EITHER UP OR DOWN A.

>> THAT NUMBER IS 2.4 BEING USED
FOR 2021.

>> STUDENT: YEAH.

>> THAT'S RIGHT.

>> STUDENT: DID THAT ANSWER
YOUR QUESTION, COMMISSIONER
SCHMIDT?

>> NO, BUT I UNDERSTAND WHAT
THEY'RE SAYING. I UNDERSTAND
WHAT THE OVERALL THING IS. THEY

JUST DIVIDE IT BY 12. I HAVE
ADDITIONAL QUESTIONS THAT I'LL
SAVE FOR THE MARATHON
DISCUSSION. THANK YOU.

>> OTHER QUESTIONS FROM OUR
COMMISSIONERS FOR OUR FINANCIAL
TEAM BEFORE WE CONCLUDE THIS
PART?

THANK YOU TO OUR COLLEAGUES AT
SEGAL. OUR LAST ITEM IS OUR
DIRECTOR, JANET, DIRECTOR'S
REPORT.

>> OKAY. I'LL TRY TO KEEP THIS
QUICK. I HAD YOU HAD A CHANCE
TO LOOK AT IT. THE SECRETARY
AND I HAVE DISCUSSED KIND OF
KEEPING YOU UPDATED ON
EVERYTHING THAT'S GOING NONA
MORE THOROUGH MANNER. WE ARE
WORKING ON THE PLAN DESIGN FOR
2022. WE HAVE A NUMBER OF RPFs
WE'RE WORKING ON. OBVIOUSLY, WE
TALKED ABOUT THE EAC SURVEY
FOLLOW-UP PROCESS. I'LL JUST
SHARE A FEW OF THE FISCAL NOTE
RESPONSES WE'VE HAD RELATED TO
HEALTH AND THE PLAN. AND THEN
TALK A LITTLE BIT ABOUT THE WORK
WE'VE BEEN DOING TO STRENGTHEN

OUR RELATIONSHIP WITH MARATHON.

SO, NEXT SLIDE. ON THE KEY --

THE ACTIVITIES FOR PLAN DESIGN.

WE WILL START EARLY, OF COURSE.

WE HAVE PULLED OUT HISTORIC

GUIDING PRINCIPLES AND A DESIGN

MEETING THAT WE WANT TO GET ON

THE CALENDAR HOPEFULLY FOR

MARCH, LATER ON WHEN SHE SPEAKS.

IF YOU REMEMBER, FOR THOSE THAT

WERE ON AND THOSE NOT ON THE

COMMISSIONER, PROBABLY A GOOD

REFRESHER TO LOOK AT THE SEGAL

PLAN IN COMPARISON PRESENTED IN

APRIL OF 2020 OR WAS DONE IN

APRIL OF '20 SHOWED OUR PLAN

COMPARED TO OTHER PLANS EITHER

IN THE STATE OR BOOK A BUSINESS

AND WE FOUND IT VERY HELPFUL.

WE'RE KIND OF PULLING

INFORMATION OUT OF THAT TO SEE

HOW OUR CO-PAYS LOOK AND SO

FORTH. THE RFPs. OBVIOUSLY,

THAT'S PART OF THE PLAN DESIGN.

SOME OF IT IS THE DESIGN BUT

SOME OF IT IS ALSO, WHAT WILL WE

INCLUDE IN OFFERINGS TO

MEMBERSHIP. WHAT NEW PERHAPS

AND OPPORTUNITIES MIGHT THERE

BE? WE'VE TALKED ABOUT SMOKING
SESSIONATION A LITTLE BIT,
DIABETES MANAGEMENT. WE'RE
LOOKING INTO PROGRAMS LIKE THAT
AS VENDORS APPROACH US OR WE
SEEK INFORMATION OUT ON THOSE
PROGRAMS. WE'RE DRILLING INTO
DATA WITH CARRIERS ON CHRONIC
CONDITIONS TO REVIEW THEM TO SEE
IF WE'RE DOING EVERYTHING OR
EVERYTHING POSSIBLE TO
INCORPORATE SOMETHING INTO THE
PLAN DESIGN TO HELP THOSE
MEMBERS, TO HELP THE PLAN AND
THE MEMBERS AS FAR AS COST SHARE
AND WELLNESS AND SO FORTH.
WE'RE US ISSING THE PLAN CHOICE
ENROLLMENT. THAT WAS GONE OVER
WHEN WE DID THE OPEN ENROLLMENT
REVIEW WITH YOU, BUT, YOU KNOW,
WHAT'S DRIVING PEOPLE TO CERTAIN
PLANS? AND WHAT COULD WE DO
DIFFERENT MAYBE? SHOULD WE HAVE
AS MANY PLANS? THAT WILL BE,
OBVIOUSLY, BE A DISCUSSION FOR
THE HCC. THE EMPLOYEE AND
EMPLOYER COST-SHARE. I MEAN, BY
VIRTUE OF THE DISCUSSION ON THE
RESERVE, WHAT DO WE THINK IS A

GOOD RESERVE. THERE'S THE PLAN
FLUCTUATION RATE, 5.5%. THAT
KIND OF GETS US TO A BASE. WHAT
CAN WE DO FROM THERE. WE WILL
DISCUSS THAT. WHEN WE GET INTO
MODELLING THE NEW NUMBERS AND SO
FORTH. THE EAC SURVEY, WE'RE
DOING LIKEWISE, IN A NATALIE IS
DOING. OUR OWN PEOPLE ARE
TAKING PIECES AND PARTS OF THE
SURVEY TRYING TO PUT INTO THE
BUCKETS, AS THE SECRETARY SAID.
THE COMMENTS, LIKE THEMES AND
SEEING TWEAKING WE CAN DO. WE
ARE HAVING COLLABORATIVE
MEETINGS INVITING THE VENDORS
INTO THE MIX TO SEE WHAT OTHERS
ARE DOING, WHAT OTHER PLAN
DESIGN OPPORTUNITIES THEY'RE
SEEING THAT WE MIGHT THINK ABOUT
DOING. MAYBE WE HAVE A DESIGN
WE DON'T WANT TO DO ANY MORE,
IT'S NOT MAKING SENSE. THAT'S
THE OTHER DISCUSSION. THEN THE
NEW ACTUARIAL PROJECTIONS, WHICH
YOU'VE SEEN THAT YOU VOTED IN
DECEMBER WITH A THREE PLUS ONE
YEAR INSTEAD OF 10 YEAR WHICH
LED TO THIS FALSE SENSE OF

SECURITY ABOUT WHAT WE COULD
HAVE IN THE PLAN FOR RESERVE.
NOW WE HAVE MORE REALTIME.
WE'LL BE MODELING OFF OF THAT.
SO, THAT'S WHERE WE'RE AT.
WE'RE VERY BUSY WITH THAT DESIGN
CONSIDERATION DISCUSSION. THE
RFPs, THIS IS A DOUBLE REPORT,
BECAUSE YOU SEE THAT IN OUR TWO
DOCUMENTS YOU HAVE, WHICH SHOWS
YOU THE RPFs, TIME SENSITIVITY,
TOO, YOU ALL REVIEWING THEM AND
WHETHER THEY IMPACT OPEN
ENROLLMENT AND SO FORTH. WE
STARTED A NEGOTIATION WITH
LONG-TERM CARE AND, OBVIOUSLY,
AWAY WILL PRESENT THAT TODAY.
STAFF REVIEW AND RESPONSES ON
COBRA. WE STARTED NEGOTIATIONS
WITH THOSE VENDORS STARTING
FRIDAY. THE DENTAL, WE'VE
RECEIVED BIDS. THE RFP HAS BEEN
POSTED. WE'RE MOVING FORWARD ON
THOSE. WE'VE SAID ENOUGH ON THE
EAC AND WORKING WITH NATALIE AND
HER GROUP ON THAT. FISCAL
NOTES. I DON'T KNOW HOW MUCH
YOU GUYS ALL FOLLOW HOW MANY
FISCAL NOTES GO ON, BUT AN

INTERESTING PROCESS. THIS ISN'T ALL OF THEM BUT IT'S A LOT OF THEM. A LOT OF RELATED TO WORKERS' COMP THIS YEAR, MENTAL HEALTH, CESSATION, BREAST CANCER SCREENING, ALL KINDS OF THINGS, DISABILITY AND SO FORTH. WE HAVE TO GET A LOT OF OUR VENDORS TO HELP US WITH THE FINANCIAL CALCULATIONS AND PROJECTIONS, WHICH IS VERY DIFFICULT AT TIMES. OUR TEAM DOES A GREAT JOB USING THE DATA WE HAVE AND DOING A PROJECTION. SO, JUST TO TELL YOU THAT'S MORE INFORMATIVE THAN SOME OF THE OTHER WORK THE SEHP DOES. NEXT. UM, THIS WAS A STUDY THAT WAS DONE RECENTLY BY GEORGETOWN. A FRIEND OF MINE AT THE KANSAS HEALTH INSTITUTE ASKED IF WE WOULD BE WILLING TO TALK TO HER COLLEAGUE AT GEORGETOWN STUDYING STATE HEALTH INSURANCE PLANS. THEY DID A 50-STATE SURVEY, SO MIKE AND I PARTICIPATED IN FILLING A FORM OUT AND THEN GETTING A ONE-ON-ONE WITH THE LEADERS FROM GEORGETOWN ON THIS THAT WE'RE

STUDYING THIS. AND IN THAT, WE WERE IDENTIFIED AS ONE OF THE MOST TOP 10 INNOVATIVE, OUT OF THE 50 STATES WITHIN THE COST CONTAINMENT INITIATIVES. THEY WANTED MORE INFORMATION ON OUR WELLNESS PROGRAM. THAT WAS A LOT OF IT. THEY OFFER PREMIUM DISCOUNTS AND SO FORTH. THE FOCUS OF THE STUDY IS RELATED TO OUR EFFORTS ON COST CONTAINMENT, RELATIVE SUCCESS OF THESE INITIATIVES, THE COST-SHARING WE HAVE BETWEEN THE MEMBER AND THE PLAN. AND, YOU KNOW, THEY'RE TRYING TO SEE WHAT MIGHT BE HELPFUL TO OTHER STATES. SO I JUST WANTED TO TELL YOU THAT A LOT OF THE COMPLEX DISCUSSION WE HAVE ON THE DISCUSSION -- DESIGN. IT REALLY IS NOTEWORTHY. THEY VIEW OUR PLAN AS INNOVATIVE. WE WILL BE INCLUDED IN THE PLAN'S STUDY. WE'LL SHARE THAT WITH YOU. WE HAVE NOT -- NOT HEARD BACK. >> STAFF SHOULD BE GIVEN A PAT ON THE BACK AND THE COMMISSIONER OUGHT TO PAT ITSELF ON THE BACK,

TOO, IN REGARDS TO THIS ELEMENT
YOU'RE SPEAKING ABOUT. IT
DIDN'T HAPPEN IN A DAY, MONTH,
YEAR. YOU KNOW, IT TOOK YEARS.
THE OTHER COMMENT I WANTED TO
MAKE IS THAT I SUGGEST THIS BE
SHARED WITH MEMBERS. YOU KNOW,
SO OFTEN, HERE WE ARE RANKED
AMONG THE TOP 10 IN TERMS OF
INNOVATIVE AND COST CONTAINMENT,
I URGE WE ROLL THAT OUT TO THE
MEMBERSHIP AS WELL; THAT THE
KANSAS PLAN IS A -- IN THE TOP
10 IN THOSE AREAS.

>> WE WILL -- I AGREE WITH YOU.
AND I WILL LEAVE THAT UP TO THE
SECRETARY HOW THAT SHOULD BE
DONE. WE WERE WAITING FOR THE
STUDY TO BE COMPLETE. MAYBE
AFTER WE GET IT MIGHT BE A
BETTER TIME. THAT WILL BE
TOTALLY UP TO YOU ALL.

>> OKAY. THANK YOU FOR YOUR
COMMENT. THANK YOU. NEXT
SLIDE. IN THE SPIRIT OF SAVING
YOU ALL SOME TIME.

SO I SAW THAT THE GOVERNOR JUST
PUT THIS ANNOUNCEMENT OUT NOT TO
THE STATE EMPLOYEES BUT TO THE

STATE. YOU MIGHT HAVE SEEN IT.
UNDER PRESIDENT BIDEN THERE'S A
SPECIAL ENROLLMENT PERIOD. THIS
IS THE SECOND ONE. THEY DID ONE
EARLY ON WHEN COVID-19 OCCURRED.
IT ALLOWS PEOPLE -- THIS ISN'T
REALLY RELATED TO THE PLAN, ONLY
TO TELL YOU ALL IT'S AN
OPPORTUNITY FOR PEOPLE WHO DON'T
HAVE COVERAGE TO GO GET COVERAGE
FEBRUARY 15th AND MAY 15th. WE
ARE, YOU KNOW, AWARE OF THIS AND
TALKED TO OUR CARRIERS ABOUT IT.
BUT IT'S GOOD FOR THE UNITED
STATES. THAT MUST BE IT.
QUESTIONS? I ON THE SEE ANY.
>> THANK YOU. COMMISSIONERS, I
ALSO WANT TO CONTINUE TO STOP
AND SAY REMEMBER, SINCE THE
FIRST OF THE YEAR, WE'VE KIND
OF -- I GUESS WE STARTED WITH
OUR DECEMBER MEETING, WE CHANGED
THIS FORMAT A LITTLE BIT, RIGHT,
AND TRIED TO INFUSE THE
DIRECTOR'S REPORT TO GIVE SOME
BROADER OVERVIEW OF SOME OF THE
OTHER THINGS THAT THEY'RE DOING
THAT MAY NOT COME UP AS AN
ACTION ITEM PER SE OR MAY NOT BE

SOMETHING THAT'S IN FRONT OF US
YET, BUT THAT WE SEE SOME OF THE
STUFF THAT'S COMING DOWN THE
ROAD. PLEASE CONTINUE TO
PROVIDE FEEDBACK ON IF THAT'S
WORKING OR IF YOU'RE GETTING THE
RIGHT LEVEL OF INFORMATION,
BECAUSE I THINK THAT WE JUST
CONTINUE TO REFINE IT IN THAT
WAY AND TRY TO INCORPORATE MORE
ITEMS IN THERE AS RELEVANT AND
AS WE FIND THAT THAT IS OR IS
NOT BEING COMMUNICATED
EFFECTIVELY. SO, PLEASE, PLEASE
CONTINUE TO PROVIDE THAT FOR US.
ALL RIGHT. I'M SORRY. I THINK
I WAS ON MUTE.

>> OKAY. THANKS. WE THOUGHT WE
LOST YOU.

>> NO, IT WAS ME. DID YOU ALL
HEAR ME AT ALL? NOPE. GREAT.

I WAS SO PROLIFIC AND --

(CHUCKLES) I WAS REMINDING THE
COMMISSIONERS THAT WE CHANGED
THIS FORMAT IN DECEMBER. AND TO
CONTINUE TO GIVE FEEDBACK. THE
GOAL IS TO MAKE SURE YOU'RE
GETTING THE RIGHT LEVEL OF
INFORMATION, AND EVEN KIND OF,

LIKE, PUTTING THINGS IN FRONT OF
US BEFORE A DECISION. PLEASE
CONTINUE TO GIVE FEEDBACK IF
YOU'RE FEELING LIKE YOU'RE
GETTING THE RIGHT INFORMATION OR
THE RIGHT LEVEL OF INFORMATION.
THE DIRECTOR'S REPORT WILL GIVE
AWARENESS. WITHOUT YOUR
FEEDBACK ON WHAT IS COMING
THROUGH AND WHAT IS COMING BACK
OR WHAT YOUR NEED, YOU KNOW, THE
STAFF, YOU KNOW, NEEDS THAT
ADJUSTMENT TO CONTINUE TO FEED
YOU INFORMATION. AND, AS WE
IDENTIFY NEW THINGS, OR THINGS
WE WANT PURSUED ON A MORE
REGULAR BASIS, IT'S A GREAT
PLACE FOR THAT TO SIT SO THAT
YOU KNOW THE DIRECTOR ALWAYS
TOUCH ON THOSE THINGS. I'LL
MENTION HERE THAT WHAT I HAVE
ASKED IS TO, BASED ON THE
MEETING THAT WE HAD LAST WEEK
CONCERNING LITIGATION, THAT I'VE
ASKED THE TEAM TO DO AN
EXTENSIVE DEEP DIVE WITH BOTH
OUR CURRENT LEGAL OFFICE BUT OUR
PREVIOUS LEGAL OFFICE DURING THE
TRANSITION BETWEEN THE TWO

AGENCIES TO ENSURE THAT THIS COMMISSION IS MADE AWARE OF ANY LITIGATION THAT MAY BE OUT THERE AND TO ENSURE THAT BECOMES A PART OF THE STANDING DIRECTORS' MEETING SO THAT, IN THIS CASE, IF IT'S SITTING DORMANT FOR A WHILE, IT'S A STANDING NOTE THAT THE DIRECTOR WILL MAKE SURE THERE'S AN AWARENESS UNTIL THERE IS ACTION OR ACTIVITY. THAT IS SOMETHING THAT CAME TO OUR ATTENTION.

BUT THOSE ARE THE TYPES OF THINGS AS WE IDENTIFY THEM OR WE NEED THEM WE NEED TO MAKE SURE THAT WE'RE STICKING THEM SOME PLACE SO THERE'S A PLACE HOLDER SO IT DOESN'T GET LOST IN TRANSITION OR LOST IN SHUFFLING OF STAFF OR THINGS OF THAT NATURE. SO, THAT'S JUST ONE EXAMPLE. BUT I HOPE IF THERE ARE OTHERS COMMISSIONERS WANT AND NEED, WE'RE EXPRESSING THOSE AND BRINGING THOSE BACK TO THE STATE EMPLOYEE HEALTH PLAN. WE'RE MOVING OUT OF REPORTS AND INTO NEW BUSINESS. ITEM NUMBER

8 IS CONTRACT RECOMMENDATIONS.

IT LOOKS LIKE WE HAVE

MULTIPLE -- THREE CONTRACTS.

SO, I WILL TURN IT BACK OVER TO

THE STAFF TO WALK US THROUGH THE

CONTRACT RECOMMENDATIONS.

>> THIS IS MIKE MICHAEL WITH THE

PLAN. WE WILL TALK ABOUT THE

LONG-TERM CARE CONTRACT. WITHIN

THE STATUTES THERE'S A

REQUIREMENT THAT THE HEALTH CARE

COMMISSION, YOU KNOW, WOULD

OFFER LONG-TERM CARE INSURANCE

TO THE EMPLOYEES AND THEIR

SPOUSES AND I THINK THAT'S IN

PLACE SINCE 1996. SO, ON THE

FIRST SLIDE, JUST AN OVERVIEW.

I THINK MOST OF YOU ARE AWARE OF

THE WHAT THE LONG-TERM CARE

INSURANCE PROVIDERS. IT'S

ASSISTANCE TO A PERSON WHO MAY

NEED ASSISTANCE WITH BASIC

ACTIVITIES OF DAILY LIVING,

EATING, BATHING, DRESSING AND

SEVERAL OTHER ACTIVITIES ARE

ASSOCIATED WITH THAT DEFINITION,

WHICH IS ON THE SLIDE. I WON'T

READ IT ALL TO YOU. MOVING ON

TO THE NEXT SLIDE AND KIND OF

OUR RFP TIMELINE. THIS IS PART OF OUR NEW PROCESS. THE RFP WAS PROVIDED TO THE COMMISSIONERS FOR COMMENT. THAT HAPPENED BACK IN LATE OCTOBER. WE PREPARED THAT TO BE POSTED FOR PUBLIC BID. THEN THE BID WAS POSTED IN THE THIRD WEEK OF NOVEMBER AND CLOSED ON DECEMBER 17th OF 2020. ON OUR NEXT SLIDE, IT TALKS ABOUT THE BIDS THAT WE RECEIVED, AND WE RECEIVED ONE BID, AND IT WAS FROM THE INCUMBENT AXIA PARTNERS LLC. THE TEAM HAD SEVERAL COMMUNICATIONS WITH AXIA, HAD A FINALIST MEETING WITH THE GROUP ON FEBRUARY 10th OF THIS YEAR TO DISCUSS QUESTIONS AND TOPICS RELATED TO THE BID. AND, FROM THAT PART OF THE EVALUATION AFTER THE NEXT SLIDE -- SO PART OF THAT EVALUATION WAS, YOU KNOW, AFTER THAT ANALYSIS AND ALL THAT INFORMATION WAS GATHERED, IT WAS RECOMMENDED TO THE COMMISSION NOT TO AWARD A CONTRACT FOR THIS PARTICULAR RFP AND FOR SOME OF THE FOLLOWING REASONS. THERE

WERE QUESTIONS WITH THE
RELATIONSHIP THAT AXIA HAD WITH
WHO THEY PARTNERED WITH THAT
ACTUALLY OFFERED THE LONG-TERM
CARE POLICIES, WHICH WAS LIFE
SECURE. WE'VE SEEN A SHIFT AWAY
FROM THE THE TRADITIONAL
LONG-TERM CARE INSURANCE.
REALLY, WHAT WE'RE STARTING TO
SEE IS LIFE INSURANCE WITH A
LONG-TERM CARE RIDER PAP SHIFT
FROM THE GROUP OF LONG-TERM CARE
THAT WE USED TO BE ABLE TO
PROVIDE AND EVEN CURRENTLY FOR
THE INDIVIDUAL POLICIES. THEN
RELATED BACK TO THE FIRST BULLET
POINT ON LIABILITY CONCERNS WITH
THE STATE. WE COULDN'T GET THE
RELATIONSHIP FIRMED UP TO
PROVIDE THE PROTECTIONS THAT THE
STATE WOULD NEED WITH LIFE
SECURE AS AXIA'S PARENT AND
COULDN'T GET TO THAT FINISH
LINE. WE HAD DISCUSSIONS
INTERNALLY ABOUT ALL OF THOSE
ISSUES WITH THE TEAM, WITH
LEGAL. SO THE RECOMMENDATION
THAT THE STAFF WOULD MAKE TO THE
COMMISSION FOR CONSIDERATION IS

THAT THE HEALTH CARE COMMISSION
EXTEND THE CURRENT CONTRACT WITH
AXIA PARTNERS FOR ONE YEAR,
ALLOW SOME TIME FOR EVALUATION
OF THOSE STATUTES THAT REQUIRE
THE HEALTH PLAN TO OFFER THE
LONG-TERM CARE COVERAGE.
BECAUSE WE HAVE SEEN A REDUCTION
IN THOSE COMPANIES THAT ARE
OFFERING LONG-TERM CARE PRODUCTS
OUT THERE. ONE OF THE MAIN
BENEFITS OF THE LONG-TERM CARE
OFFERED THROUGH THE HEALTH PLAN
FOR MEMBERS IS ON INITIAL
ENROLLMENT, SO ESPECIALLY FOR
OUR NEW HIRES, THAT THEY CAN GET
A SIMPLIFIED UNDERWRITING, FOR
THOSE INDIVIDUALS. EVERYBODY
WAS ELIGIBLE FOR THE SIMPLIFIED
UNDERWRITING. NOW, IF SOMEBODY
DIDN'T TAKE ADVANTAGE OF THAT,
BUT THEY CAN STILL ENROLL BUT GO
THROUGH THE MORE LENGTHY
UNDERWRITING PROCESS. THAT'S
THE BIGGEST BENEFIT OFFERING
THAT THROUGH THE HEALTH PLAN.
SO WHAT WE WOULD RECOMMEND IS
THAT THE CONTRACT FOR AXIA PARTS
FOR ONE YEAR, EVALUATE THE

STATUTES TO OFFERING THE
LONG-TERM CARE COVERAGE AND THE
STATUTES THAT COMMISSIONERS
WANTED TO REVIEW THOSE AND/OR OR
REBID THIS CONTRACT IN 2022.

WE'LL SAY UNDER THE CURRENT
CONTRACT, THOSE LIABILITY
CONCERNS ARE ADDRESSED. WE HAVE
THE APPROPRIATE DOCUMENTATION
AND PAPERWORK IN PLACE AS WE
HAVE HISTORICALLY FOR THAT
CONTRACT. SO WE DO NOT HAVE
THAT ISSUE EVEN THOUGH THE
COMPANY'S THE SAME, ALL THOSE
PARENTS THAT ARE AFFILIATED WITH
THAT BID CAME TO THE TABLE TO
PROTECT THE INTEREST OF THE
STATE. ! WITH THAT, I WILL
STAND FOR QUESTIONS.

>> THE WAY YOU DESCRIBED IT IS
IS A LITTLE CONFUSING, RIGHT.
SO, JUST AS A POINT OF
CLARIFICATION OR MAYBE
DESCRIBING IT AGAIN. THE
CURRENT PLAN THAT WE HAVE
UNDER -- APPARENTLY, EVEN THOUGH
IT'S WITH THE SAME VENDOR, THEY
THEN USE A THIRD PARTY TO
DELIVER THIS. UNDER OUR CURRENT

CONTRACT, ALL PARTIES WERE AT THE TABLE, SO WE DON'T HAVE THE SAME -- SAME CONCERN OF LIABILITY. AS WE WENT INTO THE NEW RFP, WHEN THEY BID AGAINST THE NEW RFP, IT'S JUST THEM AND THE THIRD PARTY WOULDN'T COME TO THAT TABLE AND THAT'S AN AREA OF ISSUE FOR THE CONCERN TO ACTUALLY AWARD UNDER THE NEW RFP, WHICH, EVEN THOUGH IT'S THE SAME COMPANY, THERE IS A DIFFERENCE BETWEEN WHAT IS CURRENTLY NEGOTIATED VERSUS WHAT THEY WERE -- WHAT CAME IN UNDER A NEW RFP. AM I UNDERSTANDING THAT CORRECTLY?

>> YES, YOU UNDERSTOOD IT CORRECTLY.

>> YES.

>> OKAY. THAT'S ONE ASPECT.

SECONDLY, CAN YOU SPEAK A LITTLE BIT MORE TO, AS I UNDERSTAND IT, AND I WAS TRYING TO UNDERSTAND AND DO SOME RESEARCH AND BACKGROUND TO UNDERSTAND THE LONG-TERM CARE COVERAGE, WOULD WHEN THIS STATUTE WAS INSTITUTED, IT WAS CLEAR AND

SAID, BASICALLY, THE PLAN WILL OFFER LONG-TERM CARE COVERAGE. MY UNDERSTANDING IS OVER THE YEARS, SEEING HOW THE STATUTE IS NOW A NUMBER OF YEARS OLD, THAT LONG-TERM CARE COVERAGE ITSELF HAS JUST CHANGED IN THE INDUSTRY. AND SO IT'S THAT WHAT THE STATUTE ALMOST SAYS WE NEED TO OFFER ISN'T QUITE AVAILABLE OR NOT AVAILABLE -- I GUESS MY QUESTION IS, IS THERE SOMETHING DIFFERENT WE SHOULD BE OFFERING OR COULD STILL BE OFFERING BUT IT MAY LOOK -- OR NOT? I DON'T KNOW. I THINK THAT'S THE PLACE THAT I ALSO HAVE A QUESTION. THAT'S THE OTHER PIECE I'M A LITTLE BIT UNCLEAR. I'VE LOOKED AT THE STATUTE. IT SAYS WE MUST OFFER, LIKE, THIS TYPE OF LONG-TERM COVERAGE. MY UNDERSTANDING IS THAT THE MARKET HAS CHANGED AND THAT IS NOT EXACTLY WHAT'S OFFERED NOW. GO AHEAD, MIKE.

>> YES. THAT'S TRUE. THE MARKET'S CHANGED. EVEN THE LAST GO-AROUND IT'S HARD TO GET A

LONG-TERM CARE POLICY.
CURRENTLY THEY'RE UNDERWRITTEN
AS INDIVIDUAL POLICIES. YOU CAN
STILL GET A TRADITIONAL WHERE
YOU HAVE A FIXED MONTHLY AMOUNT
WITH AN ELIMINATION PERIOD
BEFORE THOSE BENEFITS START.
ALSO, WE HAVE THE OFFERING OF
THE LIFE INSURANCE THAT REALLY
HAS A LONG-TERM CARE RIDER TO
IT. SO THERE'S A MARKET. IT'S
VERY, VERY REDUCED COMPARED TO
WHEN THE STATUTE WAS FIRST
IMPLEMENTED.

>> COMMISSIONER SCHMIDT.

>> THANK YOU, MADAM CHAIR.

VICKI SCHMIDT. YEAH, I WOULD
AGREE. THE MARKET HAS CHANGED
DRAMATICALLY, EVEN IN THE LAST
FIVE YEARS. YOU KNOW, WE --
THERE'S -- THE NATIONAL
ASSOCIATION OF INSURANCE
COMMISSIONERS HAS AN
EXECUTIVE -- A WORKING GROUP
THAT IS -- THEIR ONLY GOAL IS TO
STUDY LONG-TERM CARE. AND THE
COMMISSIONERS HAVE TO BE ON IT.
WE CAN'T DELEGATE SOMEONE TO
TAKE OUR PLACE ON IT. THAT'S

HOW IMPORTANT IT HAS BECOME TO THE INSURANCE COMMISSIONERS THROUGHOUT THE UNITED STATES. WHAT WE'RE FINDING IS THAT, NUMBER ONE, THE POLICIES THAT WERE WRITTEN EVEN IN THE EARLY 2000s, MAYBE EVEN 2005 ARE NOT WRITTEN ANY MORE. YOU CAN'T FIND ANYONE TO WRITE THE POLICY. I THINK PROBABLY LIKE THE STATUTE DESCRIBES. THERE'S ALL KIND OF RBOs OUT THERE, REDUCED BENEFIT OPTIONS, WHERE IF YOU WANT TO KEEP PAYING THE SAME PREMIUM YOU'VE PAID FOR 20 YEARS, THEN YOU'RE GOING TO HAVE TO ACCEPT A REDUCED PREMIUM -- YOU WILL HAVE TO ACCEPT A REDUCED BENEFIT OPTION. MAYBE, LIKE Mr. MICHAEL SAID, A LONGER PERIOD BEFORE YOU CAN ACCESS IT. YOU KNOW, BEFORE YOU BECOME ELIGIBLE TO ACCESS IT. OR IT'S A SHORTER TIME FRAME. IT'S NOT TWO YEARS ANY MORE. IT'S A LESSER TIME FRAME. I MEAN, THERE'S A WHOLE BUNCH OF THINGS GOING ON IN THAT SPACE. NOT THE LEAST OF WHICH IS TRYING TO KEEP

COMPANIES FINANCIALLY SOLVENT SO
THEY DON'T GO UNDER BECAUSE OF
THE, YOU KNOW, PEOPLE ARE LIVING
LONGER, UM, WHO WOULD HAVE
THOUGHT THAT THE PRICE OF --
THAT THE ONE-MONTH PRICE TO STAY
IN A FACILITY WOULD BE WHAT IT
IS TODAY. IT JUST ISN'T
FEASIBLE. UM, THANK YOU FOR THE
CLARIFICATION, MADAM SECRETARY,
ON THAT LIABILITY CONCERN FOR
THE STATE. I DIDN'T EXACTLY
UNDERSTAND THAT. I APPRECIATE
THAT CLASSIFICATION. IF IT IS
EXTENDED ONE YEAR, WHAT IS THE
TIME PERIOD FOR THAT ONE YEAR
RUN OUT? WHAT WOULD THAT EXTEND
THIS CONTRACT TO?

>> THAT WOULD EXTEND IT THROUGH
THE CALENDAR YEAR 2022.

>> OKAY. SO, IF LEGISLATIVE
ACTION WERE NEEDED TO CLEAN UP
THE STATUTES OR TO MAKE THE
STATUTES MORE ALIGNED WITH WHAT
WE BELIEVE THAT WE COULD OFFER,
EITHER WITH -- I THINK YOU WERE
TALKING ABOUT A LIFE INSURANCE
CLAIM WITH AN OPTIONAL BENEFIT
ON IT, SOMETHING LIKE THAT, THAT

WOULD GIVE US NEXT YEAR -- NEXT
LEGISLATIVE SESSION, THEN, TO
FORMULATE THAT. YOU KNOW, I'M A
LITTLE SURPRISED THAT YOU GOT
ONE BITE ON THE RFP. SO -- AND
THEN HOW MANY CONTRACTS -- HOW
MANY YEARS COULD THE CURRENT
CONTRACT BE EXTENDED?

>> IT IS WRITTEN AS LONG AS THE
COMMISSION AND THE CONTRACTING
PARTY MUTUALLY AGREE IT CAN BE
EXTENDED.

>> AND SO HAVE THEY AGREED TO --
HAVE THEY MUTUALLY AGREED TO --
HAVE THEY AGREED WITH US TO
EXTEND IT FOR A YEAR THROUGH
2022?

>> THEY ARE AMENABLE TO THAT.

>> SAME AS IT IS TODAY. NO
CHANGE.

>> OKAY. OKAY. WELL, I
PERSONALLY THINK THAT'S THE BEST
OPTION WE HAVE, TO EXTEND THE
CURRENT CONTRACT FOR A YEAR AND
THEN LET US GET OUR DUCKS IN A
ROW WITH WHAT -- YOU KNOW, WHAT
WE MIGHT WANT TO HAVE OUT THERE
AS AN OFFERING. I THINK THAT'S
ABOUT THE BEST WE COULD DO AT

THIS JUNCTURE. YOU HATE TO BE
IN VIOLATION OF STATE LAW AND
NOT HAVE ONE. THAT ISN'T
ATTRACTIVE TO ME. SO, UM, IF
YOU'RE READY, I WOULD MAKE THAT
MOTION TO EXTEND IT -- EXTEND
THE CURRENT CONTRACT FOR A
ONE-YEAR PERIOD ENDING IN
DECEMBER 31st OF 2022.

>> ALL RIGHT. I WILL ACCEPT
THAT MOTION. IS THERE A SECOND.

>> THIS IS XIMENA. I SECOND.

>> IS EVERYONE CLEAR IN
UNDERSTANDING? I KNOW IT'S A
LITTLE BIT CONFUSING BECAUSE
THERE'S MULTIPLE THINGS GOING ON
HERE. IT GIVES US THE TIME TO
CLEAN THIS UP IN THIS SPACE.

ANY ADDITIONAL DISCUSSION?

>> QUESTION I'VE GOT. WILL WE
KNOW IN FEBRUARY OF NEXT YEAR
WHETHER OR NOT WE'RE GOING TO BE
ABLE TO EFFECT THE STATUTE
CHANGES THAT WOULD BE NECESSARY?

I'M NOT SURE THE TIMING IS GOING
TO BE GOOD ENOUGH TO KNOW
WHETHER OR NOT WE'RE GOING TO BE
ABLE TO GET DOWN THAT ROAD IN
THE '22 LEGISLATIVE SESSION.

>> I THINK WE SHOULD HAVE PLENTY OF TIME. I THINK ONE OF THE THINGS THAT -- AND PLEASE, JANET, CORRECT ME IF I'M WRONG. IF YOU LOOK AT ALL OF OUR CONTRACTS FOR ANY GIVEN YEAR, LIKE THIS ONE, IT DOESN'T ACTUALLY EXPIRE UNTIL DECEMBER. WHAT THE PLAN STAFF HAS TRIED TO DO THIS YEAR IS SPREADING OUT THE RFPs SO THEY WEREN'T JAMMED UP AT THE SAME TIME. SO THERE IS A LITTLE BIT OF ROOM. THIS IS ONE OF THE ONES THEY PUSHED OUT IN THAT EARLIER GROUP. I THINK WE CAN TEST THE WATERS EARLY ON WITH THE LEGISLATORS AND TO TRY TO GET IT TEED UP TO MAKE SURE THAT IT'S IN A GOOD PLACE. I THINK, AT THE END OF THE DAY, IF WE CAN MAKE THE CASE, IT'S NOT LIKE WE'RE TRYING TO GET RID OF SOMETHING, EXCEPT WE JUST NEED TO DELIVER IT DIFFERENTLY AND FIND THE RIGHT LEGISLATIVE SUPPORT. COMMISSIONER SCHMIDT HAS A LOT OF FRIENDS IN THE BUILDING THAT WE CAN REACH OUT TO THAT I THINK

WILL ASSIST. PLEASE, JANET,
CORRECT ME IF I'M WRONG. I
THINK WE WILL BE OKAY ON TIMING;
BEING ABLE TO GET IT THROUGH
NEXT SESSION AND STILL HAVE
ENOUGH TIME TO TAKE A NECESSARY
COURSE OF ACTION.

>> OKAY. THANK YOU. WE'LL
FOLLOW UP THIS MEETING WITH THE
LEGAL TEAM, START THAT PROCESS
NOW SO WE'RE PREPARED AND READY
TO GO.

>> COMMISSIONER SCHMIDT?

>> YES, YOU KNOW, THIS IS A YEAR
THAT ANY LEGISLATION THAT IS
INTRODUCED THIS YEAR IS CARRIED
OVER FOR NEXT YEAR IF IT'S NOT
KILLED IN THE SENATE OR THE
HOUSE. YOU KNOW, EVEN THOUGH
THE FILING DEADLINES HAVE PASSED
IN MOST COMMITTEES, YOU CAN
STILL INTRODUCE BILLS IN EXEMPT
COMMITTEES IN THE LEGISLATURE.
SO, IF THE LEGAL STAFF AND SEHP
STAFF WERE ABLE TO GET SOME
THOUGHTS TOGETHER ON IT, YOU
KNOW, I MEAN, IT'S NEVER TOO
LATE UNTIL THEY DO SINE DIE. TO
COMMISSIONER DECHANT'S POINT

THAT, YOU KNOW, ARE WE SURE WE CAN GET THIS DONE IN A SESSION? I MEAN, I DON'T KNOW. BUT, YOU KNOW, WE COULD START ON IT, UM, THIS YEAR YET, UM, BECAUSE, UM, YOU KNOW, YOU'RE -- YOU'RE ABOUT HALFWAY THROUGH THE SESSION, THEORETICAL, A LITTLE LESS THAN HALFWAY THROUGH. YOU COULD START ON IT NOW IF YOU WANTED TO GET A JUMP START INTO IT.

>> ALL RIGHT. WE CAN ASK THE TEAM TO EXPLORE WITH PUBLIC AFFAIRS AND LEGAL. IF WE DO GET MOVEMENT BETWEEN NOW AND OUR NEXT MEETING, UM, YOU KNOW, TO JUST KEEP THE COMMISSIONERS INFORMED. THEN IF SOMETHING HAPPENS, WE CAN GET A FORMAL UPDATE AT THE NEXT MEETING. ALL RIGHT. WITH THAT THERE IS A STANDING MOTIONS THAT HAS BEEN ACCEPTED AND SECONDED TO EXTEND FOR ANOTHER YEAR AND EVALUATE STEPS THAT BETTER ALIGN THIS IS WHAT IS AVAILABLE AND NEEDS TO BE OFFERED. SO WE WOULD BE EXTENDING THE CURRENT CONTRACT. EVERYTHING WOULD STAY THE SAME,

INCLUDING THE CURRENT COVERAGE
AND LIABILITIES AND CONCERNS
ADDRESSING THOSE CONCERNS WITH
THE STATE. ANY ADDITIONAL
DISCUSSION BEFORE WE MOVE TO A
VOTE?

ALL THOSE IN FAVOR SAY AYE?

AYE.

>> OPPOSED? THAT PASSES. NEXT
CONTRACT. WELLNESS CONSULTING
CONTRACT. DISCONTINUATION
RECOMMENDATION. JANET?

>> YES, THE SECRETARY TOUCHED ON
A MINUTE A MINUTE AGO THAT I WAS
GOING TO. THAT IS THAT WE HEARD
THE CONCERNS, ESPECIALLY WHEN I
FIRST CAME ON BOARD, UM, IN THIS
ROLE, UM, THAT THE -- SOMETIMES
THE COMMISSION IS, YOU KNOW,
INUNDATED WITH THESE RFPs AND
DON'T HAVE ENOUGH TIME. WE HAVE
REALLY BEEN THOUGHTFUL ABOUT
TRYING TO SPACING THESE OUT, AND
GETTING KIND OF CHECKED OFF THE
LIST MAYBE WHAT WE COULD THAT
WASN'T EVEN EITHER ENROLLMENT
DEPENDENT OR WAS, YOU KNOW, JUST
SOMETHING THAT WE OUGHT TO BRING
FORWARD NOW. THE NEXT TWO

CONTRACTS I'M GOING TO DISCUSS
ARE THE WELLNESS AND THEN THE
MARATHON CLINIC. SO, WELLNESS
CONSULTING HAS BEEN A SERVICE
THAT C BIZ, A FINANCIAL
INSTITUTION. THEY HAVE A BRANCH
THAT'S DONE WELLNESS CONSULTING
WITH THIS PLAN. GOOD PEOPLE.
IT'S A RELATIVELY SMALL
CONTRACT. THEY HAVE WORKED ON
MISCELLANEOUS PROJECTS AND SO
FORTH. AS TIME HAS GONE ON AND
THE WELLNESS PROGRAM HAS REALLY
GROWN AND EVOLVED, WE'VE HAD
SEGAL MORE INVOLVED WITH HELPING
US WITH SOME OF THE THINGS
RELATED TO THAT; THAT THIS
SERVICE COULD DO. IT BECAME
KIND OF -- EVEN THOUGH THEY DID
GREAT WORK AND THEY'RE GOOD
PEOPLE, A REDUNDANT SERVICE.
REALIZING THAT IT EXPIRES IN
DECEMBER, UM, WE DON'T REALLY,
IN OUR VIEW, NEED AN ADDITIONAL
WELLNESS CONSULTANT AT THIS
POINT. AND, BECAUSE IT'S AN RFP
YOU WOULD HAVE BEEN EXPECTING,
WE'RE TRYING TO BRING IT FORWARD
EARLY TO TAKE IT OFF THE LIST

AND RECOMMEND THAT WE NOT GO OUT
FOR BID FOR ANOTHER WELLNESS
CONSULTING CONTRACT.

SO, I'LL STOP THERE AND SEE IF
THERE ARE QUESTIONS.

>> COMMISSIONER DECHANT.

>> JANET, THIS IS STEVE DECHANT.

IS THERE A PERSON OR PEOPLE ON
STAFF THAT ARE STAFFING THE
WELLNESS PROGRAM AND SUPPORTING
IT AND CAN YOU TALK TO THAT A
LITTLE BIT, PLEASE.

>> YES. PAUL, OUR SENIOR
MANAGER, IS OVER THE WELLNESS
PROGRAM. THEN WE HAVE A
WELLNESS COORDINATOR ON SITE,
VICTORIA. THEN SURNER PROVIDES
US WITH TWO DEDICATED, ON-SITE
WELLNESS PEOPLE. THAT'S BEEN A
PART OF THAT CONTRACT FOREVER.
THEN WE HAVE THE WHOLE SURNER
TEAM THAT'S BEEN INVOLVED IN IT.
SO, YES, WE HAVE PEOPLE ALREADY
INVOLVED IN IT. WE ALSO USE
SEGAL TO HELP US WITH THE POINTS
ALLOCATION, CALCS AND THAT TYPE
OF THING. AGAIN, IT'S A NICE
SERVICE IF YOU DON'T HAVE ALL
THESE OTHER SERVICES THAT WE

HAVE, BUT WE JUST HAPPEN TO HAVE
A LOT OF SERVICES.

>> JUST A COUPLE OF COMMENTS.

>> SURE.

>> I -- WHEN READING THE
MATERIAL THAT WE HAD BEFORE US
FOR TODAY'S MEETING AND
REFLECTING UPON COMMENTS AND
SOME DISCUSSION OF PAST
MEETINGS, ACCURATE OR
INACCURATE, I'VE GOTTEN A SENSE
THAT WELLNESS IS A FLUFF, WINDOW
DRESSING AND WE OUGHT TO QUIT
WASTING OUR TIME. MAYBE THAT'S
AN INACCURATE SENSE, BUT THAT'S
THE SENSE I'VE GOTTEN. I JUST
WANT TO SAY THAT I THINK THAT
WELLNESS IS VALUABLE. I THINK,
JANET, YOU'VE PROBABLY MADE SOME
GOOD POINTS IN REGARDS TO C-BIZ
GIVEN THE STAFF INVOLVEMENT WITH
TURNER, SEGAL, ET CETERA.
THAT'S JUST KIND OF THE THOUGHTS
THAT WENT THROUGH MY HEAD AS I,
AGAIN, LOOKED AT THE AGENDA AND
CONSIDERED SOME PAST COMMENTS
AND DISCUSSION. I'M HIGHLY
SUPPORTIVE OF WELLNESS. I THINK
IT'S VALUABLE. I'M GLAD WE'VE

GOT AT LEAST A PROPOSED SCHEDULE
TO DO A DEEP DIVE ON WELLNESS IN
MAY.

>> WITH C-BIZ, ALSO, THEY DID
SOME COMMUNICATIONS FOR US EARLY
ON. LAST JULY, WHEN THE
SECRETARY PROVIDED WITH US A
FULL-TIME POSITION TO DO
COMMUNICATIONS, THAT IS ALSO
WORK THAT WAS TAKEN OFF THEIR
HANDS. WE NO LONGER NEEDED
THEM. I AGREE, WHILE THIS IS
IMPORTANT, YOU KNOW, IT ALL
DEPENDS ON -- YOU KNOW, WE WILL
TALK ABOUT THE SURVEY RESULTS
AND SO FORTH. YOU HAVE TO LOOK
AT THAT SURVEY. THERE WERE
PEOPLE ALL WEIGHED IN AND GREAT.
IT'S 7,000 PLUS PEOPLE, UM, OUT
OF THE, YOU KNOW, 83,000 THAT IN
OUR WHOLE PROGRAM. WE WANT TO
RESPOND TO THOSE THINGS. WE
HAVE TO BE CAREFUL ABOUT WHETHER
IT'S VALUABLE OR NOT. I THINK
OUR DEEP DIVE -- THAT'S THE MAIN
PURPOSE OF THAT, RIGHT.

>> OKAY. THANK YOU.

>> I SEE COMMISSIONER SCHMIDT'S
HAND. I WILL SAY THAT,

COMMISSIONER DECHANT, I ASKED
LOTS OF QUESTIONS WHEN I FIRST
SAW THIS AS WELL, BECAUSE I
WANTED TO MAKE SURE WE WEREN'T
LOSING SOMETHING. WHEN YOU READ
SOMETHING LIKE THAT, YOU FEEL
LIKE YOU'RE LOSING SOMETHING AND
UNDERSTANDING WHAT OTHER
SERVICES WE HAVE AROUND THE
ANALYSIS AND SUPPORT AND
EVALUATION OF OUR WELLNESS
PROGRAM. THEY PROVIDE
INFORMATION INTO OUR WELLNESS
PROGRAM. BECAUSE WE HAVE
MULTIPLE, THEN IT'S IMPORTANT.
I WOULD SAY TO THE
COMMISSIONERS, THOUGH, THESE ARE
IMPORTANT PIECES LIKE WHEN OTHER
RPFs COME UP. WHEN WE HAVE THE
RFP FOR FINANCIAL SERVICES
WRITTEN INTO THAT RFP IS A PIECE
WHERE SEGAL DOES WHERE THERE'S A
COMPONENT THEY DO ASSESSMENT OR
ANALYSIS OF EVALUATION RIGHT.
WHEN THE TERM COMES UP FOR THE
WELLNESS PROGRAM MAKING SURE
THAT WE'RE CLEAR ABOUT THE
SUPPORT SERVICES. I THINK
THERE'S WAYS WE CAN CONTINUE TO

ENSURE THAT THIS LEVEL OF, YOU
KNOW, ANALYSIS AND OVERSIGHT AND
INPUT HAPPENS AROUND THE
WELLNESS PROGRAM AND WE HAVE
OTHER -- BOTH PARTNERS, AS WELL
AS WHEN THE TIME COMES, RFPs TO
MAKE SURE THEY'RE THERE WITHOUT
NECESSARILY POTENTIALLY HAVING
ANOTHER CONTRACT OR ANOTHER
VENDOR. COMMISSIONER SCHMIDT, I
SAW YOUR HAND.

>> VICKI SCHMIDT. I GUESS, YOU
KNOW, IN OVER TWO YEARS ON
THE -- ON THE HEALTH CARE
COMMISSION, I'VE NEVER HEARD OF
ANYTHING THAT C-BIZ HAS DONE FOR
US.

>> WELL, I DON'T KNOW THAT WE
WOULD HAVE CALLED IT OUT. NOW,
AGAIN, THEY WEIGHED IN ON
THINGS, LIKE, FOR EXAMPLE, UM, A
REGULATION WHETHER YOU CAN
MANDATE PEOPLE TO DO A PERSONAL
HEALTH ASSESSMENT. THEY'VE
CAUTIONED US ON WHAT WE CAN
MANDATE AND CAN'T. THEY'VE
HELPED US ON CERTAIN RFPs. I
MEAN, I WASN'T HERE. MIKE AND
PAUL ARE IN THE ROOM WITH ME. I

DON'T KNOW WE WOULD HAVE CALLED
THEM OUT AS A -- WELL, C-BIZ DID
THIS -- IT'S A SMALLER ENTITY
AND THEY'VE BEEN LIKE AN ADJUNCT
TO OUR STAFF. I DON'T KNOW HOW
ELSE TO DESCRIBE IT. AND, I
GUESS THE ONLY OTHER PLACE YOU
WOULD HAVE SEEN IT WAS ON THAT
CONTRACT LIST THAT THEY EXISTED.
BUT I DON'T HAVE ANY MORE TO ADD
THAT. I GUESS I'LL JUST POINT
THAT OUT. BACK TO WHAT YOU WANT
TO HEAR ABOUT. I'LL BE HAPPY TO
MAKE SURE WE'RE INCORPORATING
WHEN OUR VENDORS ARE WORKING ON
DIFFERENT PROJECTS WITH US GOING
FORWARD TO.

>> VICKI SCHMIDT AGAIN. I THINK
THAT WOULD BE GREAT. I WOULD
APPRECIATE THAT. I GUESS, YOU
KNOW, PART OF MY -- PART OF MY
QUESTIONING IS SO -- I THINK
THAT CONTRACT WAS 20,000
SOMETHING, RIGHT, 20,400. WHAT
WILL THEY BE DOING FOR US?
THEY'RE UNDER CONTRACT FOR THIS
YEAR. WE'RE PAYING THEM THIS
CALENDAR YEAR.

>> RIGHT.

>> WHAT WILL THEY BE DOING FOR US? I WOULD THINK THAT THEY WOULD BE SOMEBODY THAT COULD HELP WITH THE -- I MEAN, I WOULD LIKE TO HEAR C-BIZ'S EVALUATION OF THE UNIVERSITY STUDY TO SEE WHAT COMMENTS THEY WOULD HAVE TO ADD TO THAT STUDY. WHAT ARE THEY GOING TO DO FOR US FOR \$20,000 FOR THE REST OF THE YEAR?

>> HERE'S PAUL. HE WORKS WITH THEM.

>> THAT'S A GOOD QUESTION. ACTUALLY, TO GIVE YOU AN IDEA WHAT WE DO WITH C-BIZ FOR THAT CONTRACT. NORMALLY IT ENTAILS ABOUT ONE MEETING A MONTH THAT WE GO THROUGH WITH THEM. THEY DO GIVE US UPDATES ON FEDERAL REGS. THEY'VE HELPED US WITH THE ACCESSIBILITY ISSUES AND SOME OF THOSE THINGS RELATED TO THE HEALTH AND WELLNESS PROGRAM. THEY SUGGEST DIFFERENT INITIATIVES, HOW THE STRENGTHEN THE PLAN. THEY SHARED WITH US INITIATIVES USED BY OTHER COMPANIES THEY'VE WORKED WITH

AND GUIDED US IN THOSE AREAS.
THEY'VE BEEN A GOOD SUPPORT AND
SUPPORT TO MY HEALTH QUEST
COORDINATOR. WE DO ANTICIPATE
FOR THE NEXT NINE OR TEN MONTHS
THAT THEY WILL HELP US WITH BOTH
THE SURVEY AND PIECES OF DEEP
DIVE YOU WILL BE LOOKING AT IN
MAY.

>> OKAY. WELL, I WOULD
APPRECIATE KNOWING, AS JANET HAD
STATED BEFORE, JUST KNOWING WHEN
THEY'RE INVOLVED AND WHAT THEIR
INVOLVEMENT IS. I JUST THINK
IT'S IMPORTANT TO KNOW IF WE'RE
SPENDING MONEY, WHAT WE'RE --
WHAT WE'RE GETTING FOR IT. SO
THANK YOU.

>> ALL RIGHT. ALL RIGHT.

>> THANKS FOR THE QUESTIONS.
UNDERSTAND.

>> AT THIS TIME, WE DON'T HAVE
TO TAKE ACTION JUST YET BUT I
WILL ENTERTAIN A MOTION IF
SOMEONE IS SO MOVED.

>> I MOVE THAT WE ALLOW THE
CONTRACT WITH C-BIZ TO EXPIRE ON
DECEMBER 31, 2021 AND NOT HAVE
AN RFP RELEASED TO CONTINUE

SERVICES.

>> MOTION ON THE FLOOR. IS
THERE A SECOND?

>> THIS IS XIMENA. I SECOND.

>> ALL RIGHT. I HAVE A FIRST
AND A SECOND. ANY ADDITIONAL
DISCUSSION?

WE WILL FINISH OUT OUR CURRENT
CONTRACT WITH C-BIZ AND NOT
RELEASE A NEW RFP FOR THESE
CONSULTING SERVICES GOING
FORWARD. WITH THAT MOTION, IT
HAS BEEN SECONDED. ALL THOSE IN
A FAVOR PLEASE SAY AYE.

>> AYE.

>> ANY OPPOSED? ALL RIGHT.

THAT MOTION HAS PASSED.

AND NOW WE HAVE THE THIRD OF THE
CONTRACT RECOMMENDATIONS AND
THIS IS FOR MARATHON CONTRACT
EXTENSION RECOMMENDATION.

JANET, THIS IS ONE OF YOURS AS
WELL.

>> JUST BACKGROUND. I WAS -- I
HAD TO DO A DOUBLE TAKE WHEN I
SAW IT EXPIRED AT THE END OF
THIS YEAR. JUST ON MY KNOWLEDGE
OF HOW THE START DATE HAD
OCCURRED AND WHAT NOT. I JUST

WANT TO GO BACK OVER SOME OF THE
DISCUSSION ON -- OR THE
RATIONALE FOR THE RECOMMENDATION
TODAY. I KNOW THERE'S GOING TO
BE A LOT OF DISCUSSION. YOU
KNOW, WE MAINTAIN THAT CONTRACT
WITH MARATHON TO OPERATE THE
HEALTH QUEST CENTER. IT OPENED
ALL EMPLOYEES, SPOUSES,
DEPENDENT CHILDREN OVER 2 AND
COVERED BY THE INSURANCE PLAN.
THE IMPLEMENTATION AND OPENING
OF THAT CENTER -- YOU ALL KNOW
THIS PROBABLY BETTER THAN ME,
DIDN'T TAKE EFFECT UNTIL MAY OF
19. THEY DIDN'T FIND SPACE AND
LOGISTICAL THINGS. IT REALLY
OPENED IN MAY OF '19. THAT'S
WHY I WAS A LITTLE SURPRISED. I
GUESS THAT WAS THE ANSWER TO IT
WAS EXPIRING IN DECEMBER. SO,
THE CENTER HAD BEEN, YOU KNOW,
PICKING UP SOME STEAM AND THEN
THE IDEA WAS TO GROW AND MARKET
AND IT SO FORTH AND THEN, YOU
KNOW, OF COURSE, COVID
NEGATIVELY IMPACTED THE CENTER,
LIKE IT DID EVERYTHING ELSE.
SO, IN SAYING THAT, WE WANTED TO

TALK ABOUT NOT DOING AN RFP AND KEEPING IN MIND ALL THE WORK YOU HAVE HEAD YOU, THE BODY OF WORK WE HAVE AS A COMMISSION AND EXTEND THROUGH DECEMBER 31 OF '22. NEXT SLIDE, PLEASE. SO, THE RATIONALE TO EXTEND WOULD BE THAT IT HASN'T BEEN IN PLACE LONG ENOUGH TO DETERMINE THE OVERALL VALUE AND OPPORTUNITY FOR THE MEMBERS OF THE HEALTH PLAN MEMBERS. WE HAVE HAD GREATER OPERATIONAL OVERSIGHT AND OPTIMIZATION OF SERVICES SINCE I'VE COME. WE'VE HAD HAD ADDITIONAL COLLABORATIVE OPPORTUNITIES WITH STATE AGENCIES WITH THE CENTER. YOU CAN SEE PEOPLE FOR COVID AND THE TESTING AND COLLABORATION ON FLU SHOTS. THEY ALSO SERVE AS BIOMETRIC SCREENING SITE FOR OUR WELLNESS PROGRAM AND SO FORTH. THE MEMBER CONVENIENCE AND COST SHARE IS ONE, ALSO, GOOD DRIVER FOR US TO CONSIDER EXPANDING UPON AND THE SATISFACTION RATING THEY RECEIVE IS 95.9 FOR THOSE THAT PARTICIPATE IN CARE THERE.

WE HAD ORIGINALLY TALKED ABOUT,
AND PRIOR TO MY COMING, THAT THE
GOAL WAS TO EXPAND OR CONSIDER
EXPANDING THE CLINIC ACROSS THE
STATE IN SOME FORM OF PROBABLY
BRICK-AND-MORTAR. BUT WITH
COVID AND THIS TELEMEDICINE IN
GENERAL TAKING OFF THROUGHOUT
THE COUNTRY, WE'VE BEEN TALKING
TO THEM ABOUT THE POSSIBILITY OF
STANDING SERVICES THROUGH
TELEMEDICINE TO SOME OF OUR
RURAL REGIONS, WHICH MIGHT
NEGATE THE NEED TO CONSIDER, IF
WE WERE GOING TO CONSIDER,
ANOTHER LOCATION. SO, WE'RE
PRETTY EXCITED ABOUT THAT
OPPORTUNITY. NEXT SLIDE.
THAT'S IT. ANYWAYS, I WANT TO
MAKE SURE. I THINK I COVERED
THE RECOMMENDATION AHEAD OF THE
RATIONALE. I'LL STOP THERE. I
KNOW WE'VE HAD A LOT OF
DISCUSSION ABOUT MARATHON, BUT
HAS IT REALLY BEEN IN PLACE LONG
ENOUGH? AND HAVE WE BEEN
COLLABORATING AND TIGHTLY
MANAGING AND NOW THAT THEY HAVE
NEW -- A NEW PHYSICIAN AND A NEW

REP THAT IS ENGAGING WITH US IN
A MUCH DIFFERENT WAY, COVID,
AGAIN, GOT IN THE WAY OF SOME OF
THE, WOULD ONE MORE YEAR HELP US
DECIDE WHETHER OR NOT THIS
VENTURE IS WHAT IT'S SET OUT TO
BE AND SHOULD WE CONTINUE? I'LL
STOP THERE. THANK YOU.

>> ALL RIGHT. COMMISSIONERS, I
HAVE LITTLE BIT OF BACKGROUND
NOISE, SO I APOLOGIZE.

COMMISSIONER, QUESTIONS?

>> COMMISSIONER SCHMIDT.

>> THANK YOU, MADAM CHAIR. THIS
IS VICKI SCHMIDT. WELL, I HAD
ASKED FOR SOME INFORMATION --
AND, AGAIN, I WANT TO SINCERELY
THANK JANET FOR THE DIALOGUE --
THE EMAIL DIALOGUE WE'VE BEEN
ABLE TO HAVE AND THE DIALOGUE
THAT WE'VE HAD REGARDING THIS.
I WENT BACK TO THE MINUTES, AND
THE MINUTES OF 12/ 14/2020. WE
DIDN'T WANT THE RFP GOING OUT
AND NEEDED MORE EVALUATION OF
IT. WELL, I DON'T THINK
EXTENDING IT A YEAR IS HOLDING
TO OUR WORD OF DOING SOME MORE
EVALUATION. I DID SOME BASIC

MATH NUMBERS. IT'S NOT HARD TO DO. IT'S SIMPLE DIVISION. BUT I HAD ASKED FOR -- IT'S IN YOUR PACKET OF THE FOLLOW-UP FROM THE MEETING ABOUT -- UNDER AGENDA ITEM NUMBER 2 AND THE HEALTH QUEST/HEALTH CENTER INFORMATION. I ASKED DATA ASSOCIATED WITH MARATHON'S MONTHLY CHARGES. FOR A ONE-YEAR PERIOD OF TIME, UM, MARATHON -- THE HEALTH PLAN, UM, SO, UM, OUR STATE EMPLOYEES AND THE STATE OF KANSAS SPENT \$2 MILLION -- OVER \$2 MILLION FOR MARATHON ALONE, JUST FOR THAT -- FOR THAT FACILITY. AND IF YOU -- AND THEN IF -- I JUST DID THE SIMPLE THING OF THE MONTHLY TOTAL DIVIDED BY THE NUMBER OF UNIQUE PATIENTS WITH ACTIVITY PER MONTH. HAVEN'T EVEN GOT TO THE PER YEAR BUT PER MONTH. AND I DO UNDERSTAND WE'VE BEEN IN COVID TIMES, BUT UM, YOU KNOW, I ALSO KNOW THAT EMPLOYEES HAVE BEEN ENCOURAGED TO USE MARATHON FOR TREATMENT AND THINGS. BUT IT RANGES FROM \$513.52 -- I'M SORRY \$510.68 PER PATIENT IN ONE

MONTH TO \$2784.60 PER PATIENT FOR THE MONTH OF MAY, 2020. SO, EVERY PATIENT THAT UTILIZED THAT SERVICE, IF YOU DO THE SIMPLE MATH, WE PAID \$2700 FOR THAT ONE PATIENT. THEN I THOUGHT, WELL, THAT DIDN'T EXACTLY SEEM FAIR TO DO IT THAT WAY. SO I WENT BACK AND ASKED FOR THE INFORMATION ON HOW MANY UNIQUE PATIENTS IN A ONE-YEAR PERIOD OF TIME. AND THE RESPONSE WAS THAT THEY WERE -- MARATHON WAS ABLE TO DO AD-HOC ANALYTICS AND DETERMINE THERE WERE AT LEAST 690 PATIENTS WHO HAD AT LEAST ONE IN-PERSON VISIT DURING THE TIME FRAME. IF YOU TAKE THE \$2 MILLION DIVIDED BY 690 PATIENTS, YOU COME OUT RIGHT AT \$3,000 A PATIENT. AND THAT IS JUST -- THAT IS -- THAT -- THOSE ARE BIG NUMBERS. I MEAN, THOSE ARE REALLY BIG NUMBERS. AND TO THINK -- YOU KNOW, I KNOW JANET HAS ALREADY TALKED ABOUT THIS A LITTLE BIT BUT, YOU KNOW, THIS -- THIS IS A SERVICE THAT PEOPLE IN THE TOPEKA AND SURRENDERING AREAS,

IF YOU LIVE IN WICHITA YOU'RE
NOT ACCESSING MARATHON. WHEN IT
WAS SOLD TO THE LEGISLATURE, I
WAS IN THE LEGISLATURE AT THE
TIME. I AM NOT ASHAMED TO SAY I
CARRIED THE WATER, QUOTE/UNQUOTE
FOR A STATE EMPLOYEE HEALTH
CLINIC. I THOUGHT IT WOULD BE
GREAT FOR STATE AGENCIES -- WHEN
A PERSON COMES TO WORK AND, YOU
KNOW, OH, MY THROAT IS A LITTLE
SCRATCHY. YOU KNOW, MAYBE I
HAVE STREP. MAN, JUST SEND THEM
DOWN TO THE HEALTH CLINIC AND,
YOU KNOW, GET IT TESTED. IF
NOT, THEN COME BACK TO WORK. IF
SO, THEN YOU AVERTED HOPEFULLY
EXPOSURE TO YOUR OTHER EMPLOYEES
AND, YOU KNOW, I'M -- I'M VERY
FAMILIAR -- I'M SOMEWHAT
FAMILIAR WITH OTHER CLINICS
INSIDE WORKPLACE ENVIRONMENTS,
AND THEY'RE VERY, VERY
SUCCESSFUL. BUT, MY EXPERIENCE
IN MY AGENCY IS THAT I SEND
SOMEONE TO MARATHON, OR THEY
COME IN AND THEY NEED TO BE SEEN
AND WE -- THEY CALL MARATHON --
WE CALL MARATHON AND WE CAN'T

THEM IN. YOU KNOW, 690 UNIQUE PATIENTS IN A YEAR'S TIME OUT OF THE STATE WORKFORCE IS NOT THAT MUCH. IN FACT, IT'S VERY SMALL IN THE PERCENTAGE OF IT. THE OTHER THING I'D SAY IS THAT, YOU KNOW, 690 PATIENTS, YOU KNOW, IT IS SET UP WITH THE MEDICATION THERAPY SO THAT IF YOU HAVE -- IF YOU'RE A HYPERTENSIVE PATIENT, YOU HAVE HIGH BLOOD PRESSURE, YOU CAN GO INTO MARATHON EVERY MONTH AND YOU CAN GET YOUR PRESCRIPTIONS WITH -- YOU DON'T PAY ANYTHING TO SEE THE DOCTOR -- OR TO SEE THE PA OR WHATEVER MIDDLELEVEL IS THERE AND DON'T PAY ANYTHING FOR THE MEDICATION IF IT'S A MEDICATION THEY CARRY. WELL, SO, IF A PATIENT DOESN'T GO TO MARATHON EVERY MONTH, UM, THEN THEY'RE OUT HERE, THEY'RE PAYING THEIR CO-PAYMENTS AND PAYING THEIR DOCTORS. UNDERSTAND THAT'S A CHOICE PEOPLE MAKE.

I -- I -- I COULD NOT SUPPORT EXTENDING THIS FOR A YEAR AT THIS KIND OF A COST TO THE STATE

OF KANSAS EMPLOYEE HEALTH PLAN.
I CAN APPRECIATE THAT THE LAST
SLIDE WAS ABOUT THE RATIONALE
THAT SEHP HAS GREATER FOCUS ON
OPERATIONAL OVERSIGHT,
OPTIMIZATION OF SERVICES AND
STRATEGIC PLANNING FOR THE
CENTER. I'D LIKE A LOT MORE
INFORMATION HOW THAT OPERATIONAL
OVERSIGHT IS HAPPENING. ARE
THEY GOING TO BE ABLE TO SEE
PATIENTS THAT CALL IN AT 9 IN
THE MORNING, BE SEEING THEM THAT
SAME DAY? IF IT'S THE NEXT DAY,
IT'S NOT REALLY AN ON-SITE
EMPLOYEE HEALTH CLINIC. THE
TELEMEDICINE HAS ME VERY MUCH
PERPLEXED BECAUSE I SEE CLAIMS
DATA HERE. AND I CAN SAY
WITHOUT A DOUBT, WITH 100%
CERTAINTY, THAT TELEMEDICINE
ACROSS THE STATE OF KANSAS HAS
EXPLODED, EXPLODED SINCE
FEBRUARY AND MARCH OF 2019 -- OR
2020, I'M SORRY, OF 2020. A
YEAR AGO. IT HAS JUST -- IT
IS -- IT HAS BEEN ASTRONOMICAL
WHAT TELEHEALTH HAS DONE IN
KANSAS. NOW ALL OF A SUDDEN

MARATHON SAYS, OH, WOW, WE CAN DO TELEHEALTH. THERE WAS NOTHING STOPPING THEM IN THE PAST NINE MONTHS TO DO THAT. IN ADDITION TO THAT, PROBABLY MORE IMPORTANTLY, IS THAT ANY EMPLOYEE OF BLUE CROSS BLUE SHIELD OF KANSAS, ANY EMPLOYEE HAS ACCESS TO TELEHEALTH RIGHT NOW. BOTH OF THOSE PLANS COVER TELEHEALTH SERVICE, BLUE CROSS BLUE SHIELD AND AETNA. THEY'RE ACTUALLY ADDING ABSOLUTELY NOTHING. THEY'RE ADDING MORE OF A COST BARRIER BY DOING THAT. I MEAN, WHY IN THE WORLD DIDN'T THEY -- WHY IN THE WORLD HAVEN'T THEY DONE THAT? AND THE SATISFACTION RATING, I CAN SEE WHERE THAT -- I MEAN, IF I CAN GO DOWN THERE AND BE TREATED FOR MY CHOLESTEROL OR HYPERTENSION OR EVEN THEY HAVE ANTIDEPRESSANTS, WHICH I NEVER THOUGHT WAS A GOOD IDEA AT MARATHON, YOU KNOW, IF I CAN GO DOWN THERE AND NOT PAY A DIME TO GET A PRESCRIPTION REFILLED, I'M GOING TO BE -- INCAN'T BELIEVE

IT'S NOT -- I CAN'T BELIEVE IT'S
NOT 100%. I -- I -- I --
SOMEBODY WOULD HAVE TO CONVINC
ME IN A BIG WAY THAT THIS IS
WORTH THE \$2 MILLION -- THE 2
MILLION PLUS WE SPEND. I THINK
WHAT THAT \$2 MILLION COULD DO
FOR MAXIMUM OUT-OF-POCKET
EXPENSES FOR OUR EMPLOYEES
ACROSS THE STATE, COULD DO FOR
PREMIUM REDUCTION ACROSS THE
STATE, UM, I MEAN, I THINK OF
ALL KINDS OF THINGS. I CANNOT
GET MYSELF TO THE POINT WHERE I
COULD VOTE TO EXTEND THE
CONTRACT. I THANK YOU VERY MUCH
FOR LETTING ME SHARE MY THOUGHTS
AND COMMENTS ON THIS. THANK
YOU.

>> OTHER COMMISSIONERS? ARE
THERE OTHER QUESTIONS? ALL
RIGHT, JANET, GO AHEAD.

>> I WANT TO JUST CLARIFY A
COUPLE OF POINTS. I
APPRECIATIVE -- APPRECIATE. I
WOULD HAVE TO RESEARCH THE
MEDICATION PIECE, THAT THEY'RE
GETTING IT FOR FREE. I HAVE TO
FIND THAT. THAT IS NOT MY

UNDERSTANDING, BUT I WILL FIND
OUT, OKAY.

>> THAT'S IN THE MEMO OF
UNDERSTANDING THAT WE SIGNED
WITH THEM. I SPECIFICALLY
REMEMBER. SO, IF IT'S CHANGED,
I DON'T KNOW ABOUT IT. I
BELIEVE IT WAS IN THE MEMO OF
UNDERSTANDING. JUST TO DIRECT
YOU WHERE TO LOOK.

>> YEAH. WHAT MIKE AND PAUL ARE
REMINDING, IT'S IN THE INITIAL
DOSE ONLY, NO REFILLS. SO, I
WILL DOUBLE, DOUBLE CHECK THAT
BUT THAT'S THE UNDERSTANDING.
THE COMMENTS HERE ABOUT
TELEMEDICINE ARE ON BEHALF OF
SOME PLANNING. WE'VE RAISED IT
WITH THEM. THE PRESIDENT OF
THEIR COMPANY CAME. THEY KNOW
THAT, YOU KNOW, FOR WHATEVER
REASON, THE VOLUME IS LOW.
THEIR GOAL IS ALWAYS TO GET MORE
CUSTOMERS IN THE DOOR, BE ABLE
TO, YOU KNOW, HELP. BUT WE
TALKED ABOUT TELEMEDICINE
BECAUSE, UM, AGAIN, YOU COULD
ALSO ARGUE THAT MAYBE THERE'S A
CLINIC EVERYWHERE, TOO, BUT THAT

WAS MORE OF OUR DOING. THEY
DIDN'T SAY, HEY, WE GOT THIS
GREAT IDEA. I JUST DON'T WANT
YOU TO THINK THEY PROPOSED
SOMETHING TO US. WE TALKED TO
THEM ABOUT THAT BEING AN OPTION
VERSUS A BRICK-AND-MORTAR AND
WOULD THAT PROVIDE MORE
SERVICES. SO I WANTED TO
CLARIFY THAT AS WELL. GO AHEAD.
GO AHEAD.

>> WELL, VICKI SCHMIDT. YOU
KNOW, I WOULD SUPPORT GETTING
MORE PEOPLE IN THE DOOR, BUT YOU
CAN'T GET MORE PEOPLE IN THE
DOOR IF YOU DON'T LET THEM
SCHEDULE APPOINTMENTS. IF YOU
DON'T LET THEM IN -- I MEAN, IF
IT'S TROUBLE TO GET AN
APPOINTMENT, THEN HOW CAN YOU
GET MORE PEOPLE IN THE DOOR?
BECAUSE WE ALREADY, ON THEIR
INVOICE -- LET ME LOOK BACK
HERE. YOU KNOW, WE ALREADY PAY
FOR THEIR -- LIKE, FOR EXAMPLE,
ON THE INVOICE JULY 1st OF 2020,
I COULDN'T BELIEVE THIS, THE
MONTHLY INSTALLMENT FEE ON THE
HEALTH SERVICES AGREEMENT WAS

\$172,000 AND WE GOT CREDIT FOR EIGHT DAYS WHEN THEY DIDN'T HAVE AN M.D. THERE IN JUNE. SO, I MEAN, IF THEY DON'T HAVE PERSONAL TO SEE PATIENTS, THEN I SURE KNOW THEY'RE NOT GOING TO BE SEEING PATIENTS. I MEAN, I DON'T WANT IT TO GO TO \$3 MILLION SO THEY CAN SEE 750 PATIENTS NEXT YEAR.

>> THE ONE THING THAT I WOULD SAY, AND SO JUST KIND OF AS I HAVE LOOKED AT THIS AND THOUGHT ABOUT IT. ONE THING, I WILL ASK THAT WE ALL PUT A VERY LARGE ASTERISK AROUND 2020. AND THERE'S JUST A REALITY AROUND IT. IT DOESN'T MEAN THAT I'M NECESSARILY BELIEVING THAT MARATHON IS WHERE IT NEEDS TO BE. 2020 WE ALL KNOW CREATED SOME REAL INTERESTING ISSUES WITH USAGE OF FACILITIES, OUR HEALTH CARE FACILITIES, PEOPLE'S ENGAGEMENT. ALSO, REMEMBERING THAT WHERE THIS IS LOCATED AND SITUATED AND WHAT WE DID AS A STATE WITH STATE EMPLOYEES FROM APRIL TO JUNE IN PARTICULAR, ALL

OF OUR STATE -- THE CAPITAL
COMPLEX, WHERE THE MARATHON IS
LOCATED, WAS ACTUALLY CLOSED FOR
A LARGE PORTION OF THAT TIME TO
ALL STATE EMPLOYEES. AND SO, I
JUST WANT TO MAKE SURE WE KEEP
THAT IN MIND AS WE LOOK AT THOSE
NUMBERS. I DON'T THINK THAT
MARATHON IS WHERE -- IF THIS IS
A PIES THAT WE BELIEVE -- A
PIECE THAT WE BELIEVE IS AN AD
TO OUR PLAN WHERE THE STATE WITH
THE LEVEL OF SERVICES THAT WOULD
BE BENEFICIAL. I DON'T KNOW
THAT I COMPLETELY AGREE WITH
COMMISSIONER SCHMIDT IN THAT I
ACTUALLY WOULD LIKE TO SEE -- TO
GIVE IT A BIT MORE TIME,
PARTICULARLY WITH THE OVERSIGHT
THAT WE NOW HAVE, TO SEE IF WE
ACTUALLY COULD STAND IT UP THE
WAY IT NEEDS TO BE AND
DELIVERING THE SERVICES FOR
STATE EMPLOYEES, ONLY BECAUSE I
KNOW HOW MANY I HAVE IN THAT
CAPITOL COMPLEX THAT CAN USE IT.
I WILL PUT IN A SELF-PLUG. IT
MAY NOT BE MARATHON AS THE
VENDOR, BUT THE IDEA AND THE

LONG TERM OF STILL HAVING A
CLINIC FOR EMPLOYEES THAT IS IN
THAT CAPITOL COMPLEX IS
SOMETHING THAT IS ATTRACTIVE TO
ME, JUST IN GENERAL, NOT
NECESSARILY VENDOR-SPECIFIC,
EVEN AS WE ARE STARTING
CONFIDENCES ABOUT THE RENOVATION
OF DOCKING, ONE OF THE
DISCUSSIONS WAS BEING ABLE TO
HAVE A FACILITY LIKE THIS
ACTUALLY IN SOME OF THAT COMMON
SPACE SO YOU'RE USING NOW,
INSTEAD, SAY, FOR INSTANCE,
HAVING TO PAY FOR A SPACE THAT
YOU'RE USING A SPACE OFFICE
SPACE TO DELIVER THOSE SERVICES
AND YOU MIGHT GET MORE EMPLOYEES
BECAUSE IT IS A STATE OFFICE
BUILDING AND SOMETHING THEY
PASS. MORE LONG TERM, I'M
NOT -- I REALLY -- I DON'T KNOW
I KNOW ENOUGH TO UNDERSTAND THIS
IS SOMETHING MORE SO OF IS IT A
MARATHON ISSUE? OR IS IT THAT
WE DON'T HAVE AS MUCH DEMAND FOR
AN ON-SITE HEALTH CLINIC?
THAT'S A PIECE I HAVE QUESTIONS
UNDERSTANDING OUR DATA OR OUR

USE OF OUR POPULATION OR THEIR
MOVEMENTS. SO, I'D JUST THROW
THAT OUT THERE TO SHARE AS WELL.
COMMISSIONER DECHANT.
>> THIS IS STEVE DECHANT.
VICKI, YOU MAKE SOME COMPELLING
ARGUMENTS AND MY REACTION WOULD
BE, IT SOUNDS LIKE WE OUGHT TO
GET RID OF IT. YOU'VE HAD
ACCESS TO INFORMATION THAT THE
REST OF US HAVEN'T. AND I HATE
THE IDEA OF SPENDING THE MONEY,
BUT THIS WAS DEVELOPED -- SEEP
AS A TREMENDOUS POTENTIAL
BENEFIT TO STATE EMPLOYEES IN
THIS PARTICULAR CASE RIGHT NOW
IN THE TOPEKA AREA. IT'S
STRIKING ME THAT MAYBE THERE WAS
LACK OF OVERSIGHT OR
INVOLVEMENT, WHETHER IT BE BY
SEHP STAFF OR THIS COMMISSION OR
WHATEVER PERSON, PEOPLE OR BODY,
AND, ALTHOUGH IT'S SIX MONTHS,
FIVE MONTHS AWAY BEFORE WE HAVE
A POTENTIAL SCHEDULED DEEP DIVE,
I WANT A DEEP DIVE TO BE ABLE TO
UNDERSTAND BETTER WHAT IS
HAPPENING BEFORE I MAKE A
DECISION THAT I THINK IS FAIRLY

MOMENTOUS AND THAT I'M CONCERNED
THAT WE'D BE THROWING, TO USE
THE OLD CLICHE THAT WE MIGHT BE
THROWING THE BABY OUT WITH THE
BATH WATER IF WE DON'T GIVE IT
OUR DUE DILIGENCE OF LOOKING
INTO IT OR HAVING INFORMATION
PROVIDED TO US THAT GIVES US AN
TOURNAMENT LOOK INTO IT. I
AGREE, WE MIGHT BE SPENDING
MONEY THAT ISN'T WELL SPENT AT
THE MOMENT, I'M RELUCTANT TO
TOSS IT OUT WITHOUT GIVING THAT
IT DEEP-DIVE LOOK.

>> APOLOGIZE. THIS IS SECRETARY
BURNS-WALLACE. THIS IS A
DECEMBER RENEWAL LIKE THE OTHER
CONTRACTS. WHERE'S OUR KIND OF
GO/NO-GO POINT IN TERMS OF WHERE
WOULD WE -- WHEN IS THE TIME
FRAME WE'D REALLY NEED TO GET AN
RFP OUT THE DOOR? ARE WE THERE?
DO WE HAVE A LITTLE BIT MORE
ROOM?

>> I'D SAY WE HAVE A LITTLE BIT
MORE ROOM MAYBE A FEW MONTHS.
AND, AGAIN, YOU KNOW, MAYBE THIS
WAS A WELL-INTENDED, JUST SO YOU
KNOW, TRYING TO NOT ADD MORE

WORK ON, BUT TO TELL YOU WHY
MAYBE NOT GOING OUT FOR RFP
WOULD HAVE BEEN THE
RECOMMENDATION, FULLY KNOWING
THAT YOU STILL MIGHT WANT US TO.
AND IT'S MAYBE NOT MORE ABOUT
KEEPING MARATHON, IT'S MAYBE
ABOUT WHAT YOU HAVE ALL SAID.
DO YOU WANT A CLINIC. IS THE
ORIGINAL INTENT BEING CARRIED
OUT. I WANT TO MAKE SURE THAT
MY COMMENTS ABOUT OVERSIGHT AT
THE CLINIC, UM, THINGS CHANGED
WITH THE CLINIC. IT EVOLVED.
THEY GOT DIFFERENT LEADERSHIP.
IN JULY, THEY GOT, WHICH WAS A
COUPLE MONTHS BEFORE I CAME, A
NEW REP AND ENGAGED MORE WITH
TRYING TO GET STAFFING
STABILIZED, WHICH THEY DID AND
SO FORTH. I WOULDN'T SAY
NECESSARILY NOT MANAGED. WE
HAVE A LOT MORE FOCUS ON IT NOW
AS A TEAM TRYING TO OPTIMIZE AND
IT CARRY OUT, IN LIGHT OF COVID,
THAT PUT A DAMPER ON IT. I
THINK IT BOILS DOWN TO CONCEPT
OF HAVING A HEALTH CLINIC. SO,
I'LL JUST LEAVE IT AT THAT.

BUT, YES, YOU HAVE SOME TIME.
WORST-CASE SCENARIO IS IF WE
DON'T GET THROUGH IT AND WE WANT
TO CONTINUE TO REVIEW IT, WE
COULD EXTEND IT. THAT'S UP TO
YOU. WE'RE PREPARED TO DO AN
RPF IF THAT IS THE
RECOMMENDATION AS WELL.

>> COMMISSIONER GARCIA, AND THEN
COMMISSIONER SCHMIDT.

>> UM, I JUST HAVE TWO KIND OF
COMMENTS. ONE IS, I THINK THE
IDEA OF A CLINIC IS AMAZING.
VICKI, I'M HAPPY TO HEAR THE
BACKGROUND BECAUSE I DON'T
REALLY UNDERSTAND WHO MARATHON
IS. BUT, I MEAN, IN MY
EXPERIENCE, IF YOU HAVE TO HAVE
A LOT OF OVERSIGHT OVER
SOMETHING, MAYBE IT'S NOT THE
RIGHT THING. RIGHT? TO ME, IF
THIS WAS MY CLINIC, I WOULD HAVE
BEEN SUPER EXCITED AND WHAT A
TIME TO TRY TO GET MORE PEOPLE
TO COME AND SO FORTH. I LIKE
THE IDEA OF THE CLINIC. I WOULD
SAY IT NEEDS A DIFFERENT COMPANY
OR WHATEVER MARATHON IS. THEN
THE OTHER THOUGHT I JUST HAD IS,

I WAS A PART OF THE TEAM THAT GOT THE TOPEKA HIGH CLINIC GOING. THAT'S ON-SITE. SOMETIMES IT SEEMS LIKE THOSE SORTS ON-SITE CLINICS, THEY HAVE A NETWORK -- I'M JUST WORKING, LIKE, WOULD IT MAKE SENSE TO APPROACH EITHER OF THOSE IN TERMS OF SOMETHING MORE INTERCONNECTED INSTEAD OF A STAND-ALONE THING. YOU KNOW, THAT'S A CONCEPT, A CLINIC IN A FACILITY. MAYBE THERE'S SOME ROOM FOR COLLABORATION TO GET, LIKE, A GOOD INSTITUTION RUN IT OR WHATEVER. ANYWAY, THOSE ARE JUST MY COMMENTS.

>> COMMISSIONER SCHMIDT.

>> THANK YOU, VICKI SCHMIDT.

WELL, I AGREE WITH DIRECTOR GARCIA. I THINK THAT STRUCTURALLY, TO ME, THIS IS JUST A LOSING PROPOSITION. I'M SORRY, I CAN'T THINK OF IT ANY OTHER WAY. IT'S A LOSING PROPOSITION. WE DON'T HAVE AN EXPECTATION TO METRICS WHICH WAS A MISTAKE WHEN WE SIGNED THIS CONTRACT. I MEAN, WHAT IS OUR

EXPECTATION FOR COST PER
TRANSACTION? I SURE HOPE IT
ISN'T \$3,000 A PATIENT -- OF A
UNIQUE PATIENT FOR A YEAR PERIOD
OF TIME. YOU KNOW, WE'RE NOT
DELIVERING BABIES OVER THERE.
(CHUCKLES) ? I CAN APPRECIATE
NEW LEADERSHIP IN JULY. WHEN I
LOOK AT THAT CHART THAT IS IN
OUR BOOK, NOT MUCH HAS CHANGED.
WE'VE HAD JULY, AUGUST,
SEPTEMBER, OCTOBER, NOVEMBER,
AND THESE PERIODS OF TIME YOU
KNOW, ACTUALLY, YOU KNOW,
JANUARY OF 2020 -- OR, YEAH,
JANUARY OF 2020 HAD 319
PATIENTS. WE'VE NOT COME NEAR
THAT AGAIN NOW. I UNDERSTAND
IT'S COVID. BUT I ALSO
UNDERSTAND, AGAIN, YOU KNOW,
SEEING MORE PATIENTS CAN BE A
GOAL, BUT WHEN YOU CAN'T GET A
PATIENT IN THERE, WHAT KIND OF
GOAL IS THAT? YOU KNOW, THAT
IS -- STRUCTURALLY -- I BELIEVE
WE HAVE THREE OPTIONS AND PLEASE
CORRECT ME IF I'M WRONG. WE
HAVE THREE OPTIONS AT THIS
JUNCTURE OR AT JUNCTURE IN A

COUPLE OF MONTHS, WHEREVER THAT
MAY BE. BUT, TO ME, THE THREE
OPTIONS ARE RENEW MARATHON FOR A
YEAR, GO OUT AND TRY TO BID
ANOTHER RFP, HOPEFULLY WITH
BETTER METRICS IN IT; OR, THREE,
JUST DISCONTINUE IT. I THINK
IF -- I THINK IF THE LEGISLATURE
KNEW HOW MUCH MARATHON COST FOR
690 IN A YEAR PERIOD OF TIME, I
WOULD HATE FOR THE -- I WOULD
HATE FOR THE LEGISLATURE TO GET
AHOLD OF THOSE NUMBERS BECAUSE
I -- I -- I FEAR FOR WHAT WOULD
HAPPEN WITH THAT -- WITH THOSE
METRICS. AND, YOU KNOW, AND I
THINK IF THE STATE EMPLOYEES
KNEW, ESPECIALLY THOSE THAT LIVE
OUTSIDE OF THE TOPEKA REGION,
AND I APPRECIATE THE FACT THAT
EMPLOYEES ARE WORKING AT HOME
THAT AREN'T IN THE CAPITOL
COMPLEX AND CERTAINLY WEREN'T IN
THE CAPITOL COMPLEX FOR A PERIOD
OF A COUPLE OF MONTHS IN EARLY
TO MID-2020. BUT OUR -- THAT
WORKFORCE -- THE MAJORITY, THEY
ALL LIVE WITHIN DRIVING DISTANCE
OF TOPEKA BECAUSE BEFORE THAT,

THEY WERE WORKING IN TOPEKA.
AND MARATHON DIDN'T SHUT DOWN, I
DON'T THINK. MARATHON NEVER
SHUT DOWN DURING COVID. STATE
EMPLOYEES STILL HAD ACCESS TO
THE STATE EMPLOYEE HEALTH CLINIC
AT MARATHON. SO, ANYWAY, THOSE
ARE JUST MY ADDITIONAL COMMENTS.
I'M GOING TO BE QUIET NOW, I
REALLY PROMISE.

>> I MEAN, I HEAR YOU, VICKI,
BUT I WANT TO BE CAREFUL.
BECAUSE WHEN YOU SAY THINGS
LIKE, IF THE LEGISLATORS SAW
THESE NUMBERS OR IF THE
EMPLOYEES SAW THESE NUMBERS, THE
INFORMATION IS AVAILABLE. NO
ONE IS HIDING ANYTHING. I DON'T
THINK YOU MEANT THAT BUT I WANT
TO BE CAREFUL IN THAT THIS IS
SOMETHING THAT HAS BEEN
IDENTIFIED AS WE KNOW IT IS AN
ISSUE THAT WE NEED TO LOOK INTO
MORE. AND I THINK THAT'S THE
PART OF THE POKING AT THIS AND
NOT JUST RUNNING OUT THE DOOR
AND SAYING, YOU KNOW, WE'RE
GOING TO RENEW OR STAND UP A
DIFFERENT RPP. I APPRECIATE

THIS GROUP IS WILLING TO FIGURE
OUT TO NEXT STEPS. I DO WANT TO
BE MINDFUL BECAUSE TO PLEASE
KNOW, AS WE LEARN THESE THINGS,
AS WE START TO START TO ASK
QUESTIONS, WE LEARN MORE. WE'RE
LEARNING MORE HOW OUR SERVICES
ARE WORKING. WE'RE ASKING THE
RIGHT QUESTIONS, AND THAT'S OUR
OVERSIGHTS SPACE. BUT I DON'T
WANT TO GIVE THE IMPRESSION THAT
THIS INFORMATION IS HIDDEN OR
WAS KEPT IN A CERTAIN WAY OR IS
NOT AVAILABLE TO, SAY, A
LEGISLATOR OR TO A PLAN
EMPLOYEE. YES, MA'AM.

>> WELL, THANK YOU, VICKI
SCHMIDT AGAIN. SO, I'VE ALREADY
BROKEN MY PROMISE. I WOULD LIKE
TO RESPOND THAT, I AM -- I -- I
AM NOT -- PLEASE DON'T
MISUNDERSTAND MY STATEMENT. I'M
NOT SAYING WE'RE HIDING
INFORMATION. BUT I CAN ALSO
TELL YOU THAT IT TOOK ME OVER A
MONTH TO GET THIS INFORMATION.
SO, IT IS NOT READILY AVAILABLE.
IT'S NOT ON THE WEBSITE ABOUT
HOW MUCH WE'VE SPENT AND HOW

MANY PATIENTS WE'VE SEEN.
>> AND I DON'T KNOW THAT IT
SHOULD BE BECAUSE THAT IS FOR
THE COMMISSION SO THAT WE HAVE
CONTEXT, SO THAT WE CAN
UNDERSTAND WHAT IT IS. THIS
ISN'T SOMETHING THAT'S EASY. I
MEAN, YOU CAN SEE AS WE CONTINUE
TO TALK ABOUT IT, THAT IT'S
ABOUT TAKING IT APART. IT'S NOT
JUST AS SIMPLE AS AS THERE'S ONE
PIECE OF DATA. THERE'S MULTIPLE
LAYERS HERE. IT IS AVAILABLE.
THAT'S PART OF THE CONVERSATIONS
AND THE QUESTIONING AND THE DEEP
DIVES THAT WE UNDERSTAND IT
BETTER, AND NOT JUST MARATHON
BUT THE LARGER CONCEPT OF THIS
IDEA OF A -- YOU KNOW, HAVING AN
ON-SITE CLINIC. I AGREE, NO,
IT'S NOT, LIKE, ON THE STATE
WEBSITE AND READILY AVAILABLE IN
THAT WAY, BUT IT'S NOT JUST
SIMPLE DATA WITHOUT CONTEXT
AROUND IT. THAT IS ONE OF THE
REASONS THAT, AS YOU ASK THOSE
QUESTIONS, THAT WE MAKE SURE
WE'RE SHARING THAT WITH ALL THE
COMMISSIONERS AND WE ARE PUTTING

THE INFORMATION OUT. ALSO
HAVING THESE CONVERSATIONS
AROUND IT SO WE'RE PUTTING
CONTEXT AROUND IT FOR THOSE THAT
AREN'T ENGAGING WITH IT ON A
REGULATE BASIS OR DON'T
UNDERSTAND WHAT PLAYS INTO OUR
CONVERSATIONS AND WHETHER IT'S
MARATHON OR OTHER EXPENSES
BECAUSE THEY ARE LAYERED, AND
ISN'T AS SIMPLE AS LAYING IT OUT
THERE COMPLETELY. I
APPRECIATIVE THE QUESTIONING AND
DOING THE DEEP DIVES TO SAY,
WHAT DOES THIS LOOK LIKE? WHAT
DOES THIS MEAN? WHAT ELSE DO WE
NEED TO ASK TO MAKE SURE WE'RE
DELIVERING ON WHAT THIS WAS
SUPPOSED TO BE OR WHAT THE
INTENT WITH US. FOR MANY OF US,
WE WEREN'T HERE WHEN THE INITIAL
INTENT STARTED. WE APPRECIATIVE
THE BACKGROUND. I KNOW STEVE
WAS PROBABLY AROUND WHEN IT
INITIALLY KICKED OFF, AND SO HAS
SOME IDEAS AROUND THE INITIAL
INTENT. BUT I AM HOPEFUL -- AND
I'M GLAD THAT, AGAIN, WE'VE DONE
THIS IN SUCH A WAY WE'RE NOT A

PRESSURE-POINT MOMENT, RIGHT.
THAT'S PART OF WHAT I -- THAT'S
WHY I ASKED THE QUESTION I DID.
WE DON'T HAVE TO MAKE ANY
DECISION TODAY, BUT IT GIVES US
THE OPPORTUNITY TO START THIS
CONVERSATION, TO COME BACK TO
IT, TO ASK A FEW MORE QUESTIONS
AND THEN TO MAKE A DECISION IN
THE NEAR FUTURE TO MAKE SURE WE
HAVE TIME DEPENDING ON WHAT THAT
MEANS AND WHAT THAT LOOKS LIKE.
SO I AM HOPEFUL THAT THAT HELPS
WITH THE INTENT OF WHAT, YOU
KNOW, ALL OF US WERE SAYING
ABOUT NOT BEING UNDER THE GUN.
LIKE, THIS DIDN'T COME TO US TO
MAKE THE DECISION TODAY, BUT WE
STILL HAVE TIME. SO, WHAT I'D
LIKE TO PROPOSE -- LET ME NOT BE
PRESUMPTUOUS, UNLESS SOMEONE
WANTS TO BRING A RECOMMENDATION,
ONE OF THE THINGS THAT I WOULD
PROPOSE IS GIVING US THAT TIME
AND THAT OPPORTUNITY TO DO A
LITTLE BIT MORE OF A DEEP DIVE
TO BE ABLE TO MAKE THE
DETERMINATION AROUND OPTIONS.
THERE ARE MULTIPLE OPTIONS

AVAILABLE AND CREATING A SPACE
WHERE WE CAN DO AN ADDITIONAL
DEEP DIVE AROUND THIS ISSUE,
HAVING A CLINIC AND MARATHON IN
THAT SPACE AND THEN GO FROM
THERE AND THEN BE ABLE TO BRING
IT BACK UP TO STILL BE ABLE TO
MAKE A RECOMMENDATION THAT
DOESN'T PUT THE PLAN AT RISK.

DOES THAT MAKE SENSE?

COMMISSIONER SCHMIDT.

>> MADAM CHAIR, VICKI SCHMIDT.

I WOULD LIKE TO BE PART OF THOSE
METRICS AND THOSE CONVERSATIONS
BECAUSE, YOU KNOW, WE DO HAVE
ACCESS AT THE DEPARTMENT TO
OTHER PLAN DATA, OBVIOUSLY
DEIDENTIFIED, BUT JUST METRICS.

I WOULD THINK THAT -- AND,
AGAIN, I CANNOT STRESS THIS
ENOUGH. I WANT TO THANK JANET
FOR ALWAYS, YOU KNOW, PASSING ON
THE QUESTIONS AND, YOU KNOW, AND
TRYING TO HELP -- HELP ME FIGURE
OUT WHAT I -- WHAT I THINK I
WANT. HER COMMUNICATION SKILLS
ARE SECOND TO NONE, AND SHE HAS
DONE SUCH A GREAT JOB WITH THAT.
BUT I DO THINK THAT, UM, THERE

IS A LOT OF, UM, YOU KNOW, WE
CAN TALK ABOUT HOW 2020 SHOULD
HAVE AN ASTERISK BY IT -- SHOULD
HAVE AN ASTERISK BY IT FOR A LOT
OF DIFFERENT REASONS. WE'VE
ALSO SEEN WHAT HAS HAPPENED IN
COMMERCIAL PLANS AS THE STATE
EMPLOYEE HEALTH PLAN FOR
COMPARISON'S SAKE AND STUFF YOU
KNOW, I HAVE NO PROBLEM KICKING
THE CAN THE DOWN THE ROAD, SO
THEY SAY, A COUPLE OF MONTHS.
MARATHON, AGAIN, THE -- THE --
THEY ARE JUST STRUCTURALLY TO ME
IT'S A LOSING PROPOSITION THE
WAY THAT WE HAVE STRUCTURED IT.
AND WHETHER THAT'S, YOU KNOW,
OUR FAULT FOR NOT HAVING -- NOT
HAVING EXPECTATIONS FOR
MARATHON, OR WHETHER IT'S A --
IT'S A CLINIC FAULT FOR NOT
DELIVERING, WHATEVER THAT IS, IT
IS A SAD SITUATION. SO ANYWAY,
I'M NOT GOING TO MAKE A MOTION
TO HAVE IT END ON DECEMBER 31st,
2020, BUT I WILL RESERVE THAT
RIGHT.

>> YOU MENTIONED, YOU KNOW,
BEING A PART OF THAT. THAT KIND

OF TAKES ME TO OUR NEXT AGENDA
ITEM, BUT I DON'T WANT TO MOVE
US YET. THE INTENT IS THE DEEP
DIVE TO BE THE COMMISSIONERS.
IT'S NOT THE STATE EMPLOYEE
HEALTH PLAN AND MARATHON DOING A
DEEP DIVE BUT FOR THE
COMMISSIONERS TO BE ABLE TO HAVE
AN OPPORTUNITY TO DO A DEEP DIVE
WHERE WE'RE FOCUSED ON NOTHING
BUT UNDERSTANDING THE CLINIC AND
ALL OF THE PIECES OF IT AND THE
FINANCES AND THE STRUCTURES AND
ALL OF THAT. AND THAT ACTUALLY
IS PART OF THE NEXT AGENDA ITEM,
WHICH IS MINE, THAT I WOULD LIKE
TO PROPOSE. I DON'T WANT TO
JUMP THERE YET IF THERE IS MORE
DISCUSSION ON THIS POINT BEFORE
WE SHIFT THERE.

COMMISSIONER DECHANT AND THEN
JANET.

OH, YOU'RE ON MUTE, STEVE.

>> THANK YOU. WHAT YOU'RE
SAYING IN TERMS OF HOLDING OFF A
SHORT TIME FOR THE DEEP DIVE, I
GET THE IMPRESSION MAYBE WE'LL
BE MOVING UP THAT SOONER THAN
JULY. I'M NOT SURE THAT'S WHAT

YOU INTENDED. THAT'S WHAT I
WANTED TO GET AT, HAVE AN
OPPORTUNITY TO LOOK AT IT VERY
CLOSELY. I'LL REMIND YOU, MADAM
CHAIRMAN, I HAVE ANOTHER MEETING
THAT STARTED A FEW MINUTES AGO.
I'LL PROBABLY BE SIGNING OUT AS
SOON AS WE'RE FINISHED WITH THIS
DISCUSSION. LOOKING AT THE
AGENDA, I THINK I CAN TOUCH BASE
WITH JANET OR YOU AND GET MAYBE
FILLED ON WHAT I MIGHT MISS FOR
THE FINAL 10 OR 15 MINUTES.

>> NOT A PROBLEM. THANK YOU,
COMMISSIONER DECHANT. JANET.

>> THANKS FOR THE FEEDBACK.

THIS IS A GREAT DISCUSSION. I
LOOKING FORWARD TO THE DEEP
DIVE. I JUST WANT YOU TO KNOW
THAT I KNOW THE METRICS ARE
VALUE-BASED AND SO FORTH. WE
HAVE A NUMBER OF PERFORMANCE
GUARANTEES THAT INCLUDE A LOT OF
CLINICAL OUTCOMES WITH THEM AS
WELL. I WANT TO MAKE SURE YOU
KNOW THERE WERE EXPECTATIONS OF
THE CLINIC AND HOW THEY WOULD
PERFORM. WE PLANNED TO GO
THROUGH THAT AS PART OF THE

DEEP-DIVE REVIEW WITH YOU ALL.
WE MEET WITH THEM MONTHLY TO GO
THROUGH THIS TYPE OF THINGS.
PGs, PERFORMANCE GUARANTEES ARE
SOMETHING WE DID A REVIEW OF IN
SEPTEMBER. THE DEEP DIVE WILL
BE GOOD FOR ALL OF US. HOW IS
THAT?

>> ALL RIGHT. IF THE
COMMISSIONERS ARE COMFORTABLE,
I'D LIKE TO MOVE US TO THE LAST
OUTLINED ITEM. WE STILL HAVE
TWO MORE ITEMS. ONE IS MINE IN
TERMS OF MEETING CALENDAR AND
THE LAST IS TO OPEN IT UP IF
COMMISSIONERS HAVE ANY OTHER
ISSUES.

>> THE MEETING CALENDAR IS GREAT
IDEA. I THINK WE OUGHT TO SET
UP MEETINGS FOR
OCTOBER/NOVEMBER. YOU LEFT
THOSE MONTHS OPEN.

>> THAT'S SUPPOSED TO BE FUNNY.
YOU ALL TAKE CARE.

>> OH, THANK YOU. ALL RIGHT.
TO WRAP THIS LAST LISTED ITEM ON
OUR AGENDA IS WHAT I AM
PROPOSING AS KIND OF A MEETING
CALENDAR. AND SO WHAT WE'RE

TRYING TO DO -- AND, AGAIN,
COMMISSIONERS, FEEDBACK, THIS IS
WHERE YOU NEED YOU. YOU KNOW,
WE HAVE MULTIPLE THINGS STACKED,
HEARING JUST OVER THE PERIODS OF
TIME OF MAKING SURE WE HAVE TIME
TO UNDERSTAND WHEN THINGS ARE
COMING UP THAT WE'RE NOT COMING
INTO MEETINGS AGAINST THE -- YOU
KNOW, UP AGAINST THE GUN AND NOT
HAVING ENOUGH TIME OR NOT
KNOWING WHAT'S COMING NEXT. I
WORKED WITH THE STAFF TO TAKE A
STAB AT WHAT THINGS DO WE NEED
TO ACCOMPLISH AT WHAT MEETINGS,
FOR EXAMPLE, OF OUR STANDING
MEETINGS THAT ARE TYPICALLY ON
THE BOOKS? AND, COUPLED WITH
THAT, WHAT ARE SOME OF THE
THINGS THAT WE KNOW THAT WE HAD
ALREADY IDENTIFIED FROM PREVIOUS
CONVERSATIONS THAT WE NEEDED TO
DO MORE OF THAT DEEP-DIVE
STRATEGY MEETING TO DO SOME OF
THE BACKGROUND, KIND OF LIKE WE
DID WITH THE RESERVE? THEN WE
TOOK AT SHOT AT TRYING TO MAP
THIS OUT TO BE ABLE TO SAY, HOW
COULD WE LINE THIS UP,

REMEMBERING THAT OUR STRATEGY
SESSIONS ARE REALLY DESIGNED TO
BE THE ONES WHERE WE ARE TALKING
STRATEGY TO UNDERSTAND A
PARTICULAR PIECE OF THE PLAN, OF
THE PLAN, NOT DECISION MAKING.
WE WILL MAKE NO DECISIONS IF
THOSE MEETINGS OR ANYTHING OF
THAT NATURE. IT'S WHAT WE DID
WHEN WE TOOK APART AND HAVE
ALMOST AN
INFORMATIONAL/STRATEGIC
CONVERSATION ABOUT UNDERSTANDING
WHAT THE RESERVE IS. ANY
DECISIONS ABOUT THE LEVEL OF THE
RESERVE OR THE TRIGGERS FOR THE
RESERVE WILL ALWAYS HAPPEN IN AN
OPEN MEETING, BUT THAT STRATEGY
MEETING ALLOWS US TO REALLY KIND
OF DO THE DEEP DIVE OF
UNDERSTANDING THE COMPONENTS AND
PIECES TO BE BETTER INFORMED AS
WE HAVE TO MAKE CERTAIN
DECISIONS. SO, WHAT WE HAVE PUT
TOGETHER HERE, AS YOU LOOK
THROUGH IT, THIS JUST GAVE YOU,
AGAIN, IN THE MONTHS THAT WE
HAVE OUR MEETINGS THAT ARE
ALREADY CALENDARED WE LISTED THE

THINGS TYPICALLY IN THOSE MEETINGS. THEN WE TOOK A STAB AT GRABBING THE THINGS WE WANTED TO DO A DEEP DIVE WITH. OF COURSE, WITH PLAN DESIGN AND OUR DECISION COMING UP IN JUNE, TRYING TO TAKE SOME TIME IN MARCH AND MAY TO DO MORE OF THAT DEEP DIVE ON PLAN DESIGN OF UNDERSTANDING THE LEVERS AND THE TRIGGERS IN RELATIONSHIP TO THE PLAN. COMMISSIONER DECHANT HAD TALKED ABOUT THIS IDEA OF HAVING, YOU KNOW, KIND OF A GUIDING STRATEGY OR A GUIDING PRINCIPLE TO SAY, HERE ARE THE THINGS WE'RE STRIVING FOR WITH OUR PLAN DECISIONS AND BEING ABLE TO TALK THROUGH SOME OF THAT AND PUT THAT AROUND OUR DECISIONS. WE'VE TALKED ABOUT DOING A MODEL THAT'S NOT ONE YEAR BUT MAYBE TWO TO THREE YEARS AND PLAYING THROUGH THAT. OTHER THINGS THAT HAVE COME UP INCLUDE THE WELLNESS PROGRAM ITSELF, AS WELL AS WHAT WE JUST TALKED ABOUT, THE CLINIC AND THE HEALTH QUEST HEALTH CENTER.

JUST BASED ON WHAT IS IN FRONT
OF YOU, I WOULD, OF COURSE,
PROPOSE TO FLOP THE WELLNESS
PROGRAM WITH THE HEALTH QUEST
CENTER IF WE WERE TO DO THIS SO
WE COULD HAVE THAT CONSIDERATION
SOONER RATHER THAN LATER IN CASE
WE HAVE TO TAKE PROCUREMENT
ACTION, THEN WE CAN STILL DO
THAT IF WE NEED TO PUT OUT AN
RFP OR WHATEVER WE DECIDE AND
GIVING US MORE TEEM AND NOT
LEAVING THAT DEEP DIVE UNTIL
JULY. WITH THE WELLNESS PROGRAM
DEEP DIVE, IT MIGHT HAVE BEEN
EARLIER ON. I KNOW THERE WERE
PLAN IMPLICATIONS. IF WE WERE
TO DO THAT IN JULY, PLEASE
CORRECT ME IF THAT STILL GIVES
US -- IF THERE'S THINGS THAT --
YOU KNOW, MAJOR CHANGES OR
THINGS THAT WE -- THAT IN
THAT -- AGAIN, CHANGES WOULD NOT
HAPPEN AT THE STRATEGY MEETING
BUT IF THERE ARE THINGS WE LEARN
THAT WOULD COME FORTH IN THE
SEPTEMBER MEETING THAT
COMMISSIONERS WANT TO PROPOSE OR
ANYTHING OF THAT NATURE, I'M NOT

SURE ON THAT TIMING AND IF THAT PUTS US AT DISADVANTAGE WITH THE WELLNESS PROGRAM. I'LL STOP NOW. I WILL ASK COMMISSIONERS, JUST REACTIONS OR THOUGHTS, OR IS THIS -- DOES THIS HELP?

>> THIS IS XIMENA GARCIA. I

LIKE IT A LOT. IT'S NICE TO BE ABLE TO KNOW A TIMELINE LIKE THIS. SO, IT'S GREAT.

>> OTHER COMMISSIONERS?

COMMENTS? ARE COMMISSIONERS COMFORTABLE WITH US MOVING FORWARD IN THIS WAY? AND WE HAVE THE ABILITY TO ADJUST OR ADD OR DO WHATEVER WE NEED TO IN THE IN-BETWEEN. AS THE CHAIR, I'M TRYING TO BE RESPONSIVE TO HAVE YOU FEEL INFORMED AND READY TO MAKE DECISIONS AND KNOW WHAT'S COMING.

IS THERE ANY OBJECTIONS TO US STARTING TO GO DOWN THIS ROAD AND TAKE THIS APPROACH? AND, AGAIN, WE CAN COME BACK-TO- -- COME BACK TO IT IF IT'S NOT WORKING.

>> COMMISSIONER SCHMIDT.

>> I WOULD JUST SAY THAT, YOU

KNOW, I DON'T KNOW THAT MAY -- I
MEAN, I THINK MAY ALMOST MIGHT
BE TOO LATE TO HAVE THE DEEP
DIVE ON THE MARATHON -- OR THE
CLINIC. BECAUSE IF YOU WERE PUT
TOGETHER AN RFP, I WOULD TAKE
YOU A COUPLE OF MONTHS, I
ASSUME, TO GET THE RFP OUT ON
THE STREETS. I MEAN, I'M ALMOST
WONDERING IF -- I WOULD DEFER TO
JANET. BUT I -- I THINK THAT,
YOU KNOW, FOR ME PERSONALLY, I
MEAN, I WOULDN'T MIND HAVING,
YOU KNOW, AN EXTRA MEETING AT
THE END OF MARCH OR THE
BEGINNING OF APRIL OR SOMETHING
TO DO THE DEEP DIVE SO THAT WE
MAKE SURE WE DON'T MISS THE
DEADLINE. I MEAN, I DON'T LIKE
TO BACK INTO THE CONTRACT LIKE
THAT.

>> UNDERSTAND. I UNDERSTAND.
AND YOU ARE RIGHT THAT THERE ARE
IMPLICATIONS THAT IF YOU WERE TO
DO AN RFP, AND IF YOU WERE TO
SELECT ANOTHER VENDOR, YOU'RE
GOING TO HAVE A LOSS OF TIME OR
TRANSITION POTENTIALLY IN THAT
CIRCUMSTANCE. SO, IT'S

SOMETHING WE DEFINITELY CAN LOOK AT.

ANY OTHER THOUGHTS? -- THOUGHTS?
AFTER WE DO OUR ITEM NUMBER 10, WHICH IS ANY NEW ITEMS, I WILL COME BACK AND ASK US TO -- WE'RE GOING TO -- WELL, ACTUALLY, BECAUSE I DON'T HAVE COMMISSIONER DECHANT ON HERE, WE'LL CHECK CALENDARS. WHAT THE TEAM WILL BE ASKING YOU FOR BECAUSE COMMISSIONER DECHANT ISN'T HERE, WE'LL BE PROBABLY ASKING FOR ONE TO TWO DATES IN MARCH, AS WELL AS WE NEED TO GO AHEAD AND GET OUR APRIL DATE FOR OUR COMMISSION MEETING AS WELL. WE WILL REACH OUT AND GET AVAILABLE DATES, AND THEN WE WILL PUBLISH THOSE DATES OUTWARDLY TO THE GROUP. IT CAN BE A CRAPSHOOT WITHOUT HAVING ALL OF US LOOKING AT OUR CALENDARS TOGETHER. PLEASE KNOW THAT THE STAFF WILL BE REACHING OUT FOR TWO POTENTIAL DATES IN MARCH AND THAT WILL GIVE US ULTIMATE FLEXIBILITY IF WE NEED IT, THEN WE'LL NEED TO SCHEDULE

OUR REGULAR APRIL MEETINGS.
THEY'LL LOOK FOR DATES. WE'LL
LOOK AT ADDITIONAL DATES IN
APRIL AND MAY. THE TEAM MIGHT
BE ASKING FOR A MULTIPLE OF
DATES THAT MIGHT BE VIABLE SO WE
KNOW WHAT TYPE OF FLEXIBILITY
WITH THAT. WITH THAT, THANK YOU
FOR YOUR PATIENCE AS WE CONTINUE
TO DO THIS IN -- AND TRYING TO
FIGURE OUT WAYS TO MAKE THESE
DECISIONS IN AN INFORMED FASHION
FOR YOU ALL. APPRECIATE YOUR
PATIENCE AROUND THIS. ALL
RIGHT. WITH THAT, OUR LAST
AGENDA ITEM IS INTRODUCTION OF
ANY NEW ITEMS. ARE THERE ANY
NEW ITEMS THAT THE COMMISSION --
THIS IS A TIME IN WHICH IF
THERE'S AN ITEM YOU WOULD LIKE
TO SEE COME FORWARD IN THE
FUTURE, PARTICULARLY IF THERE'S
RESEARCH OR BACKGROUND THAT WE
NEED TO DO TO BRING THAT ITEM TO
THE FOREFRONT, UM, AS ALWAYS,
THE TEAM WILL GO THROUGH ANY
FOLLOW-UP OR ACTION ITEMS FROM
THINGS THAT WERE DISCUSSED
TODAY, BUT THIS IS AN

OPPORTUNITY FOR OTHER NEW ITEMS
THAT MAY NEED TO BE INTRODUCED
INTO OUR CONVERSATION. SO, I
OPEN IT UP TO THE COMMISSIONERS.
>> VICKI SCHMIDT. JUST IN OUR
DEEP -- I DON'T KNOW WHETHER IT
SHOULD GO INTO THE ITEMS THAT
I'D LIKE TO SEE, OR IF IT GOES
INTO THE DEEP DIVE ON THE HEALTH
CLINIC, BUT I'D LIKE TO KNOW
WHAT THEIR STAFFING IS AND WHAT
THEIR EXPECTATION IS FOR
STAFFING AND HOW MANY PATIENTS
THEY DO SEE A DAY. AND I DO
THINK IT'S ALWAYS IMPORTANT TO
KNOW THAT THE UNIQUE PATIENTS
VERSUS THE TOTAL PATIENTS.
BECAUSE I THINK THAT'S A --
THAT'S A -- THOSE ARE NUMBERS
THAT, UM, ARE IMPORTANT. UM,
SO, ANYWAY. IF WE CAN POSSIBLY
GET THAT. BECAUSE, WELL, THE
ANSWER BEFORE WAS THEY MIGHT NOT
HAVE THE METRICS TO DO THAT.
>> I THINK IT WILL BE HELPFUL AS
WE START TO PREPARE FOR THAT
DEEP DIVE AND MAYBE ASK JANET
AND TEAM BEFORE THAT IF THERE IS
ANY QUESTIONS LIKE THAT THAT WE

CAN FUNNEL THEM TO THEM TO SEE
WHAT THEY HAVE OR ADD. I KNOW
THEY HAVE LOOR STUFF ALREADY,
BUT THIS COULD JUST HELP THEM
FRAME ANY QUESTIONS WE MIGHT
HAVE ADDITIONALLY.

ANY OTHER NEW ITEMS OR ANY OTHER
FOLLOW-UP ITEMS THAT
COMMISSIONERS WOULD LIKE TO
BRING TO THE FOREFRONT? ALL
RIGHT. I SAW JANET AND THEN
COMMISSIONER SCHMIDT. GO AHEAD,
COMMISSIONER SCHMIDT. SHE
YELLED IT TO YOU.

>> I APPRECIATE STARTING AT
1:00. A 12:30 START WOULD BE
BETTER. I'VE GOT A WHOLE
AFTERNOON OF EMAILS BEFORE I CAN
GO HOME. I APPRECIATE AN
EARLIER START AND EVEN 12 OR
12:30 WOULD BE GREAT FOR ME.
BUT, I THINK THIS HAS BEEN NICE
SO THANK YOU.

>> GOOD. WE WILL KEEP THAT IN
MIND AS WE'RE ASKING FOR DATES.
THAT'S THE LAST ITEM, REALLY, AS
A REMINDER, COMMISSIONERS, THAT
THE TEAM WILL BE REACHING OUT TO
YOU FOR DATES ACROSS THE NEXT

FEW MONTHS. WE MIGHT SEE IF WE
CAN START EARLIER TO OPEN UP OUR
AFTERNOONS. AS ALWAYS, WE
APPRECIATIVE YOU PATIENCE AS WE
GET THE DATES. WE WILL PUBLISH
THE DATES ONCE WE GET THEM
CONFIRMED. WE AREN'T ANNOUNCING
THE APRIL DATE AT THIS MEETING.

WITH THAT, IS THERE ANYTHING
ELSE -- JANET, YES, MA'AM.

>> SORRY. I DON'T WANT TO STEP
OUT OF BOUNDS, BUT I BELIEVE WE
WERE GOING TO LOOK AT A
FOLLOW-UP MEETING TO THE
FEBRUARY 16th SPECIAL MEETING
THAT WE HAD. AND THERE ARE TWO
TIMES PROPOSED, AND I BELIEVE
COMMISSIONERS WERE QUERIED ABOUT
THEIR AVAILABILITY, SO I'LL TURN
IT OVER TO YOU.

>> THANK YOU SO MUCH FOR THAT
PROMPT. YES, COMMISSIONERS, WE
DO NEED TO HAVE A FOLLOW-UP
MEETING PER OUR MOST RECENT
MEETING. WHAT HAS BEEN PROPOSED
IS MONDAY -- IS THAT MARCH 1st.

I BELIEVE THAT IS MARCH 1st.

OH, WOW. MONDAY, MARCH 1st.

TWO TIMES PROPOSED 1 TO 2 OR 3

TO 4. ALL COMMISSIONERS, THOSE
WERE VIABLE. I'D LIKE TO TAKE
THE EARLIER TIME, IF
COMMISSIONERS DON'T MIND, IF
ANYBODY HAS A CONFLICT. MONDAY,
MARCH 1st FROM 1 TO 2. CHECK
REALLY QUICKLY. BOTH WERE
AVAILABLE. I FIGURED WE'D GRAB
THE EARLIER ONE FOR SAFETY. ALL
RIGHT. YES, COMMISSIONER
SCHMIDT.

>> JUST ONE SMALL REQUEST. THAT
EVERYBODY BRING A SWEET TREAT,
CUPCAKE OR SOMETHING THAT DAY,
BECAUSE THAT -- MARCH 1st IS THE
150th ANNIVERSARY OF THE KANSAS
INSURANCE DEPARTMENT. SO, I'M
JUST SAYING, BRING YOUR TREATS.
I WOULD FURNISH THEM IF WE WERE
GOING TO MEET IN PERSON. MAYBE
I CAN GET THEM TO YOU. I DON'T
KNOW. ANYWAY. IT'S A BIG DAY
FOR US. 150 YEARS.

>> WONDERFUL. THANK YOU ALL FOR
AGREEING TO MEET WITH US ON YOUR
ANNIVERSARY. I'M SURE YOU HAVE
A DAY FULL OF PACKED FUN
CELEBRATING. WE APPRECIATE THE
HOUR. VARIOUS MEMBERS WILL JOIN

US, INCLUDING OUR LEGAL COUNSEL,
AS THIS IS A LITIGATION ISSUE.

WE WILL PUBLISH THIS ON REGULAR
PLACES FOR PUBLIC NOTICE BUT,
AGAIN, FOR ANY LITIGATION
MATTERS, WE WILL POTENTIALLY
MOVE INTO EXECUTIVE SESSION, IF
NEEDED. IF ANYONE HAS

QUESTIONS, PLEASE DON'T HESITATE
TO REACH OUT TO US IN THE IN
BETWEEN. WE'RE SCHEDULED FOR
MARCH 1st FROM 1:00 TO 2:00 AND
JOINING A CELEBRATION WITH THE
INSURANCE DEPARTMENT FOR THEIR
150th. SO, WITH THAT, IS THERE
ANYTHING ELSE I FORGOT.

>> THANK YOU VERY MUCH.

>> MAYBE WE SHOULD BE SENDING
YOU A CAKE.

>> THAT'S WHAT I WAS THINKING.

>> DANG IT.

(LAUGHTER).

>> ALL RIGHT. WITH THAT,
COMMISSIONERS, I WANT TO, AGAIN,
SAY THANK YOU FOR YOUR TIME AND
YOUR COMMITMENT. FOR ALL THOSE
LISTENERS THAT HUNG WITH US, WE
WILL CONTINUE THIS WORK. WITH
THAT, I WOULD LIKE TO CALL THE

FEBRUARY 24th MEETING OF THE
HEALTH CARE COMMISSION TO A
CLOSE. THANK YOU. SEE YOU NEXT
MONDAY.

>> THANK YOU.

>> BYE-BYE.