

You are connected to event:

SEHP

WE WILL CONTINUE TO EXPLORE MAKING THE MEETINGS AS SUCCESSFUL AS POSSIBLE.

APPRECIATE THAT. ALL RIGHT. WE WILL BEGIN TO MOVE THROUGH OUR AGENDA. THE FIRST ITEM IS THE APPROVAL OF THE MINUTES. THIS IS VICKI SCHMIDT. I DID LOOK THROUGH THE MINUTES. I EMAILED COURTNEY A RED-LINE VERSION OR CORRECTIONS TO THE MINUTES. YOU KNOW, I HATE TO BE TOO HARSH BECAUSE I DON'T WANT TO TAKE THE MINUTES, BUT THESE MINUTES WERE NOT GOOD. I MEAN, THESE MINUTES WERE TERRIBLE. I HATE TO BE --

BUT, YOU KNOW, ONCE WE TAKE A VOTE, IT NEEDS TO SAY THAT THE MOTION PASSED. ON SOME OF MY COMMENTS, THERE ARE DOT DOT DOTS IN THE MINUTES, THERE ARE THINGS THAT ARE MISSPELLED HERE. THERE ARE WORDS WHERE IT SHOULD HAVE BEEN THING, IT WAS THING.

SOMEBODY IS NOT PROOFING THESE MINUTES AND SOMEBODY IS NOT LOOKING AT THEM. I JUST THINK WE NEED TO DO IT. THESE ARE RECORDS FOR THE PUBLIC TO LOOK AT, WHICH IS IMPORTANT TO ME, AND SO I THINK WE NEED TO DO A BETTER JOB AT THE MINUTES.

THESE MIGHTS ARE RECORDED. IF THERE WAS A QUESTION, SOMEBODY COULD GO BACK AND LOOK AT THEM.

I WOULD MOVE THAT THE MINUTES ARE APPROVED AS SUBMITTED IN THE CORRECTED FORM.

>> ALL RIGHT. THERE'S A MOTION ON THE FLOOR FOR THE MINUTESING THAT WERE DISTRIBUTED AND RED LINED. THEY WERE RECOMMENDED BY COMMISSIONER SCHMIDT. IS THERE A SECOND?

>> I SECOND IT.

>> THERE IS A SECOND.

ADDITIONAL DISCUSSION. ONE, I WANT TO MAKE SURE WE GIVE COMMISSIONERS A MINUTE TO READ IT. I HAVE BEEN ON THE ROAD ALL MORNING, AND SO I'VE SEEN SOME OF IT, BUT I WANT TO TAKE A MINUTE JUST TO GET MY EYES ALL THE WAY THROUGH IT. ALSO, IF THERE ARE ANY OTHER ISSUES OR CORRECTIONS THAT SO NOTED.

>> MADAM CHAIR, THIS IS VICKI SCHMIDT. I WILL TAKE BACK MY MOTION. AND I WILL ASK THAT WE CONSIDER THESE MEETINGS AT THE NEXT MEETING. THAT WAY, EVERYONE HAS AN OPPORTUNITY.

THERE'S NO RUSH ON THE MINUTES, I DON'T BELIEVE, AND WE HAVE A MEETING IN A COUPLE OF WEEKS.

THAT WOULD GIVE OUR NEW COMMISSIONERS TIME TO LOOK AT THEM. I MEAN, THERE IS A TRANSCRIPTION CALLED OTTER FOR \$99 AND A PERSON CAN PUT IT ON THEIR PHONE AND SOMEBODY CAN GO BACK AND CORRECT IT. THEY CAN GO BACK AND CORRECT IT.

>> SO THAT'S A WITHDRAWAL OF THE MOTION?

>> I'LL WITHDRAW MY MOTION.

>> ALL RIGHT, COMMISSIONERS.

SO, GIVEN THAT THE CORRECTED VERSIONS OR THE RED-LINED VERSIONS WERE JUST DISTRIBUTED THIS MORNING, THE RECOMMENDATION ON THE TABLE IS TO JUST ROLL THESE OVER. AGAIN, WE'LL BE MEETING IN A FEW WEEKS AND WE CAN REVIEW BOTH SETS OF MINUTES AT THE APPROPRIATE TIME.

COMMISSIONERS, PLEASE, IF YOU HAVE THE OPPORTUNITY IF THERE'S OTHER CHANGES OR EDITS, PLEASE MAKE SURE YOU NOTE THAT. IS THERE ANY OBJECTION TO US ROLLING THESE MINUTES FORWARD?

SEEING NONE, I WON'T TAKE AN OFFICIAL VOTE. WE'LL PREPARE TO HAVE THESE MINUTES AND TODAY'S MINUTES AVAILABLE IN THE POCKET DISTRIBUTED BEFORE OUR AUGUST MEETING.

>> ALL RIGHT, COMMISSIONERS, FOLLOW-UP ITEMS. OLD BUSINESS AND FOLLOW-UP ITEMS FROM THE 6/18 PROCEEDINGS. FOR MY NEW COMMISSIONERS, WHAT WE TRY TO DODO -- WE'VE GOTTEN BETTER AT IT.

WE TRY TO SEND OUT RESPONSES OF THOSE PARTICULAR QUESTIONS AT MEETINGS. KIND OF LIKE AS A FOLLOW-UP TO THE MEETING.

QUESTIONS MIGHT COME UP BETWEEN THE MEETINGS ON A DIFFERENT TOPIC THAT MIGHT BE DISTRIBUTED IN A PACKET. WE ARE TRYING TO FIND DIFFERENT WAYS TO PUSH THE INFORMATION OUT. WHEN A QUESTION COMES UP THERE'S A CLEAN AND DOCUMENTED WAY THAT WE'RE MAKING SURE THOSE ANSWERS ARE HAPPENING. A LOT OF TIMES THE FOLLOW-UP QUESTIONS, SOMETIMES THERE WILL BE DISCUSSIONS, SOMETIMES THERE WON'T BE, BECAUSE THEY'RE A STRAIGHT FOLLOW-UP TO A PREVIOUS QUESTION, BUT WE HAVE SO FAR BEEN LEAVING IT AS A STANDING ITEM ON THE AGENDA JUST IN CASE THERE'S ADDITIONAL CLARIFICATIONS NEEDED. SO, THESE ARE THE FOLLOW-UP QUESTIONS THAT CAME OUT OF I THINK ALL OF THESE ACTION ITEMS OUT OF THE 6/18 MEETING. ANY ADDITIONAL QUESTIONS OR COMMENTS, COMMISSIONERS? ALL RIGHT. SEEING NONE.

>> ONE OF THE THINGS -- OH, ONE OF THE THINGS I NEED TO NOTE, SORRY, I'M LOOKING AT MY NOTES.

WE TALKED ABOUT AT THE JUNE 18th MEETING, WE ARE WORKING ON PULLING TOGETHER THE BACKGROUND INFORMATION ON THE PROCUREMENT PROCESS THAT THE STATE EMPLOYEE HEALTH PLAN HAS USED IN PARALLEL ALONG THE STATE PROCESS. BUT WE ARE PREPARING FOR A DISCUSSION AT THE AUGUST MEETING SO THAT WE CAN TALK THROUGH WHAT THAT HAS LOOKED LIKE, WHERE WE WANT IT TO BE SO THERE CAN BE AN AFFIRMATIVE DISCUSSION ON WHAT WE WANT THE PROCUREMENT PROCESS IS. IN THE STATUTE, THERE IS AN ALLOWANCE FOR AN EXCEPTION TO THE STATE PROCESS. THAT'S BEING WORKED ON. WE TALKED ABOUT THIS. LEGAL IS WORKING WITH THE STATE EMPLOYEE HEALTH PLAN PROCUREMENT AND THE GOAL IS THAT THAT DOCUMENT WILL CIRCULATE EVEN PRIOR TO THE AUGUST PACKET SO WE CAN COLLECT ANY ADDITIONAL QUESTIONS AND PUSH IT BACK OUT FOR THE AUGUST MEETING. IN TERMS OF THIS MEETING, WE DIDN'T HAVE ENOUGH TIME AND WE WERE TRYING TO MOVE THROUGH A FEW BUSINESS ITEMS AND KNEW THAT WE WERE PREPPING THAT ONE FOR THE AUGUST MEETING. THAT IS A FOLLOW-UP ITEM. THAT'S WHY I HAVE IT HERE IN OLD BUSINESS SO THAT THE COMMISSIONERS KNOW THAT IS STILL BEING WORKED ON IN PREPARATION FOR THAT DISCUSSION IN AUGUST. COMMISSIONER SCHMIDT.

>> THANK YOU, MADAM CHAIR. I WAS WONDERING, SO, I RECEIVED THIS FedEx PACT IN THE MAIL ON THE CONTRACT THAT I DIDN'T VOTE FOR, BUT WAS AWARDED AT THE LAST MEETING.

>> YES.

>> IT'S LABELED AS AN OFFICIAL PROTEST OF CONTRACT AWARD.

>> IT IS.

I DID NOT SEE THE NEW COMMISSIONERS COPIED ON THIS. I WAS WONDERING --

>> WELL, ACTUALLY, THIS FEELS A LOT LIKE THE LAWSUIT THAT WE HEARD ABOUT AT THE LAST -- I WAS WONDERING WHY -- I MEAN, DID THE NEW COMMISSIONERS RECEIVE THIS INFORMATION PRIOR TO THIS MEETING?

>> THEY HAVE NOT AND PART OF THAT IS COMMISSION BY THE TIME THAT WAS RECEIVED IN PREPARATION FOR THIS MEETING, WHAT'S HAPPENING IS A PROTEST IN THE PROCUREMENT PROCESS IS SOMETHING THAT IS PART OF THE STANDARD PROCESS. THERE'S ACTUALLY GUIDELINES THAT ACTUALLY OUTLINE HOW PROTESTS CAN HAPPEN, HOW MANY DAYS THAT PROTESTS CAN BE FILED, AND WHAT THE STEPS HAVE TO BE. SO THE STATE EMPLOYEE HEALTH PLAN STAFF RECEIVED THE PROTEST -- THEY RECEIVED IT WHEN WE RECEIVED IT IN TERMS OF THE SITTING COMMISSIONERS AND THEY ARE NOW WORKING WITH LEGAL TO ALL THE NECESSARY DOCUMENTS AND TO PREPARE IT. THEN THEY WILL CIRCULATE IT BACK OUT TO ALL THE COMMISSIONERS, INCLUDING THE NEW COMMISSIONERS, SO WE CAN DISCUSS IT AT THE AUGUST MEETING. THERE WASN'T ENOUGH TIME WHEN IT WAS RECEIVED IN PREPARATION FOR THIS MEETING. THEY WANT TO MAKE SURE THEY'VE DONE ALL THE NECESSARY STEPS. ONE OF THE THINGS I ASKED THEM TO DO WAS TO MAKE SURE, AS WE ARE OUTLINING WHAT WE HAD TALKED AND WHAT YOU HAD ASKED FOR IN TERMS OF RECOMMENDINGOUS OUTLINING THE OVERALL PROCUREMENT PROCESS THAT HAS BEEN FOLLOWED TO ACTUALLY INCLUDE THE PROTEST PROCESS WHICH MIRRORS THE STATE'S. WE WILL DISCUSS THAT. IF THAT'S HOW WE WANT TO HANDLE PROTESTS GOING FORWARD.

>> I GUESS I WOULD JUST SAY THAT, THAT'S VERY INTERESTING BECAUSE WE HAVE NEVER -- THIS HEALTH CARE COMMISSION HAS NEVER AFFIRMED OR REJECTED THE PROTEST PROCESS.

PROCESS. AS A SITTING COMMISSIONER THAT VOTED AGAINST THIS CONTRACT FOR THOSE VERY SAME REASONS, I GUESS I JUST WOULD LIKE -- WELL, FIRST OF ALL, I DON'T KNOW WHY THERE WASN'T TIME TO INCLUDE THIS IN THEIR PACKET TODAY. WE HAD TIME. THE MINUTES I SUBMITTED TO YOU YESTERDAY. WE HAD TIME TO TAKE THOSE AND DISTRIBUTE THOSE. I'M A LITTLE DISAPPOINTED THAT THEY DON'T HAVE THIS DOCUMENT. IT'S VERY INTERESTING READING IN THIS DOCUMENT ABOUT HOW, ALLEGEDLY, WE VIOLATED OUR OWN RULES. YOU KNOW, I'LL JUST CLOSE BY SAYING IT PUTS AN EXCLAMATION POINT ON THE PROCESS THAT WE DON'T HAVE, AND SO I AM CONCERNED AS A COMMISSIONER WHEN I GET A DOCUMENT AND, QUITE FRANKLY, AM CALLED OUT IN THE DOCUMENT, THEY MENTIONED MY CONCERNS ABOUT THE PROCESS, INCLUDING THE LACK OF INFORMATION THAT WAS PROVIDED TO THE COMMISSION BEFORE MAKING DECISIONS. SO, ANYWAY, I JUST THINK THAT THE NEW COMMISSIONERS SHOULD HAVE THIS DOCUMENT. I ALSO WOULD LIKE TO KNOW WHAT THE PROCESS WOULD BE -- I MEAN, I HAVEN'T HEARD ONE WORD OUT OF SEHP -- I WAS GONE THE WEEK BEFORE. THIS WAS LAYING ON MY DESK WHEN I GOT BACK MONDAY.

SO, WHAT IS THE PROCESS? I THINK WE ALSO -- THE LAWSUITS WE FOUND OURSELVES IN AND THE COMMISSIONERS KNEW NOTHING ABOUT PRIOR TO THE LAWSUIT COMING TO A HEAD, I THINK THAT THERE SHOULD HAVE BEEN -- I WOULD REQUEST --

I WOULD REQUEST THAT WHEN DOCUMENTS LIKE THIS LAND ON OUR DESK AND LAND IN BETWEEN MEETINGS, SEHP SHOULD TELL US JUST EXACTLY WHAT YOU SAID.

HEY, WE'RE LOOKING AT IT, AND WE'RE GOING TO THROUGH THE PROCESS. BECAUSE, YOU KNOW, I TOOK A LOT OF MY LEGAL TIME --

WITH MY LEGAL STAFF TO GO OVER SOME OF THESE THINGS AND TO ASK THEIR OPINION OF IT. SO, I JUST WOULD REQUEST THAT WE DON'T -- I DON'T LIKE SURPRISES. BUT WHEN I GET A SURPRISE, I WANT SOMEBODY TO FOLLOW UP QUICKLY AND TELL ME WHAT IT REALLY MEANS. THANK YOU.

>> NOT A PROBLEM.

>> THIS IS JANET STANEK. CAN I GET A POINT CLARIFICATION IN THIS PROCESS. BECAUSE WE DID MEET WITH OUR ATTORNEY THIS MORNING, AND THE TEAM IS GATHERING INFORMATION TO RESPOND TO THE LETTER. OUR PLAN WAS TO SHOW IT TO YOU AND WE PLANNED ON MAILING IT. SO, I WANT TO MAKE SURE THAT'S THE PROCESS THAT WE'RE GOING TO FOLLOW. THAT'S WHAT HAS BEEN DONE IN THE PAST.

THE LAST PROTEST WAS OVER THE CLINIC, I BELIEVE. I'M ASKING FOR CLARIFICATION.

>> VICKI SCHMIDT AGAIN. WELL, FROM MY PERSPECTIVE, WHEN I GET THIS AT MY DESK -- WHEN I AM MAILED THIS OR FedEx DELIVERS IT, I WOULD LIKE A COMMUNICATION TO SEHP TO SAY WE'RE AWARE OF IT. I'M THINKING, IS SHE AWARE OF THIS? RICHARD BEATTY, IT WAS MAILED TO HIM. I HAVE NO IDEA IF THEY GOT THEM OR NOT. YOU KNOW, IS SOMEBODY TAKING ACTION?

WAS IT MY DUTY TO SEND THIS TO YOU?

>> IT'S ADDRESSED TO ME.

>> THE LETTER IS ADDRESSED TO ME.

>> THE ONE I HAVE.

>> I'M SORRY. YOU'RE RIGHT.

SO, YES.

>> I APOLOGIZE.

>> I JUST WANT TO MAKE SURE I DIDN'T HAVE A RESPONSIBILITY TO PASS THAT ON TO SOMEBODY ELSE.

>> APPRECIATE IT.

>> AGAIN, AS WE CONTINUE TO WORK TOWARDS COMMUNICATION, AS WE CONTINUE TO WORK TOWARDS BEING CLEAR ON OUR PROCESSES, THAT'S ALL WORKING ON IN THAT VAIN.

IT'S ONE OUT OF OUR AGENDA ITEMS. COMMISSIONER SCHMIDT, YOU BROUGHT IT UP EARLIER BUT IS NOT A PROBLEM. IT'S SOMETHING WE'RE MOVING THERE. IT CAME IN LATER.

>> JANET, QUICK UPDATE FOR THE COMMISSIONERS FROM YOUR REPORT BEFORE WE MOVE INTO THE NEW BUSINESS.

>> YEAH, QUICKLY, I HAVE AN UPDATE OF ACTIVITIES IN THE SEHP. OUR STAFF TALKED ABOUT MEETINGS. NEW COMMISSIONER ORIENTATION, RFP AND NEGOTIATION STATUS, VENDOR COLLABORATION AND OPEN ENROLLMENT. DAY ONE COVERAGE FOR THE NEW COMMISSIONERS TO REMIND YOU BOTH THAT IS RELATED TO NEW EMPLOYEES BEING ABLE TO OBTAIN HEALTH CARE COVERAGE THE DAY THEY'RE HIRED.

WE'RE UP TO THE PUBLIC HEARING BEING RESCHEDULED TO SEPTEMBER 9th AT 11 A.M.

>> ONE THING HERE. SO, MY UNDERSTANDING IS THAT, FOR THAT MEETING, I JUST WANT TO MAKE SURE WE'RE ALL IN THE SAME PLACE FOR CLARIFYING. PLEASE STAND BY PWE'VE BEEN DOING LOTS OF MEETINGS WITH PEOPLE ABOUT IT.

OUR GOAL IS TO GET AN RFP OUT FOR THE WELLNESS PROGRAM IN NOVEMBER OF 2021.

>> WILL WE BE -- WILL YOU BE DISTRIBUTING THE PUBLIC COMMENTS SUBMITTED TO THE COMMISSIONERS IF THERE ARE ANY. SO FAR, WE'LL MAKE SURE. NO, SO FAR --

I DON'T ANTICIPATE. SOMETHING THAT WE DIDN'T CONTEMPLATE IS THE WAITING PERIOD -- WILL WE STILL HAVE A WAITING PERIOD FOR ADOPTED CHILDREN?

>> YES. WHEN YOU GO THROUGH THE PROCESS YOU HAVE TO DO THE FINANCIAL IMPLICATION. THAT'S SOMETHING THAT WE WANT TO CONSIDER IN THE FUTURE. WE WANT TO START DOING RESEARCH.

>> MY REQUEST WOULD BE THAT WE MAKE THAT CLEAR IN OUR COMMUNICATION FOR NEW EMPLOYEES.

>> OKAY.

>> THANK YOU. UNDER COLLABORATION, JUST TO LET YOU KNOW WHAT WE'VE BEEN DOING WITH SOME OF OUR VENDOR PARTNERS TO INVESTIGATE OBESITY, WEIGHT-MANAGEMENT PROGRAMS.

WE'VE DONE THE REWARDS PROGRAM REVIEW. WE'RE INTEGRATING WELLNESS DATA WITH WORK COMP DATA. THIS REPORT IS BREAKDOWN.

IT'S SPOUSES. THEN YOU CAN SEE THE TOTAL NUMBER OF MEMBERSHIP BELOW. THERE HAVE BEEN 206 DUALY ACTIVATED HEALTHQUEST MEMBERS. YOU THINK IT MIGHT BE SOMEWHAT RELATED. GOOD JOB WITH THAT. THIS YEAR IT WILL BE AN IMPORTANT PART OF THEIR WELLNESS. WE'LL TRY TO CONTINUE TO PROVIDE THAT INFORMATION RELATED. DO YOU MEAN WE WOULD SAY WE WANT TO SEE THE PROOF. I DON'T KNOW THAT A FULL THERE HASN'T BEEN EOC REQUIREMENT WITH -- WE CAN SHARE THAT WITH THE NEW COMMISSIONERS. SOME OF IT IS LEGAL AND SOME IS TOPICAL AROUND. SOME EMPLOYERS ARE REQUIRING OR MANDATING NOW THAT EMPLOYEES ARE -- AND I THINK

THERE'S PROBABLY MIXED VIEWS ON -- WELL, THE BELIEF IS THAT YOU DEFINITELY -- THIS IS SEPARATE FROM THE STATE EMPLOYEE HEALTH PLAN, AS A STATE, AS AN EMPLOYER, WE HAVE NOT MOVED TO MANDATORY VACCINATIONS.

>> I'M ASKING THE QUESTION, THE ANSWERS AREN'T NECESSARILY TRUE.

BUT WE CAN TALK ABOUT THIS LATER WHEN WE GET INTO THE WELLNESS PROGRAM. I WAS CURIOUS ABOUT --

PGA WHATEVER IT IS WICHITA PRO-AM. I WASN'T A PGA PLAYER.

>> WHAT?

(CHUCKLES) I THOUGHT IT VERY INTERESTING THAT IN ORDER TO PLAY YOU HAD TO STAY IN YOUR CAR TO PLAY IN THAT OR YOU HAD TO GO GET TESTED RIGHT BEFORE THE TOURNAMENT. I THINK IT'S INTERESTING THAT A BIG, PRIVATE COMPANY IS MAKING YOU DO THAT.

I'LL SAVE MY OTHER COMMENTS UNTIL LATER. THANK YOU

>> WE'VE WORKED WITH CERNER TO SEE WHAT OTHER EMPLOYERS WERE DOING. WERE THEY SELF-REPORT SOMETHING WE WERE TRYING TO INCENTIVIZE REQUIRING THAT YOU UPLOAD A CARD. I KNOW A COUPLE OF PROVIDERS IN TOPEKA, THEY WEREN'T ACTUALLY ISSUING CARDS.

YOU HAD TO GO OUT TO THEIR SITE TO DOWNLOAD THEIR CARD INFORMATION. I THINK AS WE MOVE FORWARD, WE'RE TRYING TO THINK ABOUT WAYS TO INCENTIVIZE EARLY ON. THAT SAID, THIS WAS INSTITUTED FOR THE 2021 PLAN YEAR ONLY. THIS IS NOT SOMETHING THAT IS STANDING GOING FORWARD. PART OF THAT WAS BECAUSE, YOU KNOW, IF IT GETS THE FULL APPROVAL, IF IT MOVES INTO A SIMILAR PROCESS, LIKE THE FLU SHOT, WHERE IT'S ACTUAL TRACKABLE ON THE BACK END. WE GET THE FLU SHOTS THROUGH THE SYSTEM. WHEN THIS MOVES INTO THOSE TYPES OF SYSTEMS, IT COULD VERY EASILY FALL INTO THE SAME -- IN FUTURE YEARS, FALL INTO THE SAME WAY WE COULD TRACK THE OTHER THINGS -- YOU KNOW, YOUR MAMMOGRAMS, FLU SHOTS AND THINGS LIKE THAT. RIGHT NOW BECAUSE IT'S PUBLIC MASS DISTRIBUTION, I THINK WE WERE TRYING TO FIGURE OUT WAYS TO REACH IT AND EASILY INCENTIVIZE AND TRY TO ACTIVATE. WE WAITED UP UNTIL JUNE WHEN WE HAD THE EEOC DETERMINATION. IT WAS STILL AN EMERGENCY-APPROVED VACCINE AND, YOU KNOW, THOSE TYPES OF THINGS.

>> THANK YOU, MADAM CHAIR. IN MY DISCUSSIONS WITH HEALTH CARE PROVIDERS ACROSS THE STATE AND IN OTHER STATES IS THEY'RE NOT MANDATORYING IT UNTIL THEY SEE FULL FDA APPROVAL. A LOT OF HEALTH CARE PROVIDERS, WHETHER IT'S AN EMPLOYEE OR EVEN WORKERS COMING INTO THEIR FACILITIES ARE REQUIRED TO HAVE CERTAIN THINGS.

OUR FIRST ITEM OF NEW BUSINESS IS OUR ACTUARIAL CONTRACT.

THANK YOU. I HAVE FOUR COMMISSIONERS. I'M ACTUALLY GOING TO TURN IT OVER TO JANET TO WALK US THROUGH.

>> THANK YOU. THE ACTUALLY CONSULTING CONTRACT, PAGE 31, FINANCIAL MANAGEMENT. IT HELPED WITH US THE PLAN DESIGN AND HEALTH MANAGEMENT ADVISORY SERVICES TO SUPPORT CLINICAL RESULTS, MEDICAL AND PHARMACEUTICAL TREND MANAGEMENT.

YOU'LL SEE ON PAGE 32 THE DATES THE RFP STARTED, WHEN IT WAS POSTED AND WHEN THE BID CLOSED.

THERE WERE FOUR BIDDERS, GALLAGHER AND OTHERS, AND SEGAL WHICH IS OUR CURRENT VENDOR FOR THE LAST SIX YEARS. WE HAD A FINAL MEETING WITH ALL FOUR OF THOSE COMPANIES LISTED WITH COMMUNICATION BACK AND FORTH TO DISCUSS VARIOUS PARTS OF THE BID. THE EVALUATION CRITERIA ARE ON PAGE 34 AT A HIGH LEVEL, WHETHER OR NOT THEY CAN PERFORM THE REQUIREMENTS, WHAT THEIR CLINICAL EXPERTISE IS TO WORK ON ALL ASPECTS OF OUR HEALTH PLAN.

AVAILABILITY OF THEIR STAFF, HOW MANY, HOW CLOSE, HOW STRETCHED THEY MIGHT BE, TIMELINE FOR PROJECTS NEEDING TO BE MET AND THEN REPORTING AND RESEARCH AND ANALYTIC CAPABILITY. ON PAGE 35, THEY'RE OUTLINED AND YOU WILL SEE AT THE BOTTOM THERE ARE MENTAL HEALTH PARITY -- AND BOTH ALL FEDERAL GOVERNMENT REQUIREMENTS THAT ARE REPORTING THAT WE HAVE TO DO THAT THE ACTUARIAL SERVICE ASSISTS US WITH. YOU WILL FIND THE RATES ON PAGE 36. OTHER THAN MONTHLY FEES, THE SPECIAL PROJECT GETS TRICKY BECAUSE WE HAD TO DO AN AVERAGE, BASICALLY, BASED ON HOW MANY HOURS WE USED FOR WHAT WERE CONSIDERED SPECIAL PROJECTS OVER THE LIFE OF THE CONTRACT. THAT AVERAGED ABOUT 297 HOURS AND DEPENDS ON WHAT THE VENDORS DETERMINED WHAT IS A SPECIAL PROJECT VERSUS WHAT IS INCORPORATED IN THE PROJECT. AT OUR BEST GUEST, YOU WILL SEE THE PRICES OUTLINED WITH THE TOTAL THREE-YEAR CONTRACT WITH AN ASTERISK BECAUSE OF THAT. AND HOURLY RATES FOR THOSE EXTRA ADDITIONAL -- DEPENDING ON WHAT LEVEL OF STAFF WOULD THEN WORK ON THE PROJECT. WE WOULD SAY THE FOLLOWING, THAT ALL OF THESE VENDORS -- ALL OF THE FINALISTS HAD A GOOD REPUTATION WITH TWO HAVING PREVIOUS WITH ACTUARIAL EXPERIENCE. THREE OUT OF THE FOUR FINALISTS HAD GOVERNMENTAL ACTUARIAL EXPERIENCE AT VICARIOUS LEVELS, SEGAL HAVING MORE EXPERIENCE WORKING WITH HEALTH PLANS SIMILARLY POSITIONED WITH THE STATE OF KANSAS. THREE OF FOUR OF THE FINALISTS AGREED TO ALL OF THE CONTRACT TERMS, ONE DID NOT, WHICH COULD LEAD TO ISSUES IN THE CONTRACTING PROCESS. AS OF RIGHT NOW, THEY WERE STILL GOING BACK AND FORTH WITH LEGAL ABOUT WANTING TO CHANGES THINGS THAT NO ONE ELSE DID. I WOULD SAY ON THIS RECOMMENDATION THAT WHEN I TOOK THIS POSITION ALMOST A YEAR AGO, THERE WERE A LOT OF CONCERNS ABOUT COMMUNICATIONS WITH THE VENDOR THAT WE WERE RECOMMENDING. I BELIEVE -- I APPRECIATE THAT SENSITIVITY IN RECOMMENDING THIS. I HAVE SEEN A VAST IMPROVEMENT WITH A LOT OF BACK AND FORTH AND CHANGES TO SOME REPORTS ASKED OF SEGAL. WE ARE RECOMMENDING AS SEGAL IS THE INCUMBENT, THEY HAVE PROVIDED THOSE SERVICES FOR THE HEALTH PLAN AS NOTED FOR SIX YEARS.

THEIR PUBLIC-SECTOR MARKETING TEAM PROVIDES CONSULTANTING TO 21 STATES. THEY HAVE A HUGE PROFESSIONAL STAFF WITH 155 ACTUARIES THAT ARE CREDENTIALLED IN 24 OFFICES THROUGHOUT THE U.S. THEY HAVE A VERY STRONG ANALYTICS PLATFORM AND THAT'S ALLOWED THE SEHP TO MODEL FINAL OPTIONS, ESTABLISH FUNDING OPTIONS. ANYTHING WE ASK THEM, NOT ONLY REPORT OR RESEARCH, I MIGHT ADD, WE DO HAVE THE SEHP AN EXCELLENT WORKING RELATIONSHIP WITH SEGAL. THEIR INDUSTRY AND KNOWLEDGE BASE IS HUGE, AND THEY'RE ALWAYS ABLE TO RESPOND TO US WITH INFORMATION, LEGISLATIVE ISSUES, ET CETERA.

THEIR MONTH-TO-MONTH PROJECTIONS HAVE SHOWN A HIGH LEVEL OF ACCURACY. THEY HAVE VERY STRONG CLINICAL EXPERTISE WITH FULL-TIME PHARMACIST, NURSES, ET CETERA. THIS HAS HAD PROVEN BENEFITS, HEALTHQUEST CLINIC, THE AUDIT FOR HHS AND THE WELLNESS PROGRAM. WITH

THREE NEW COMMISSIONERS, NOW TWO, BUT ONE MORE COMING ON BOARD. SO WE'RE KIND OF IN LIMBO. THE DECISION ON THE FUTURE OF THE ON-SITE CLINIC, WHICH WE'LL HAVE DISCUSSION ABOUT IN A LITTLE WHILE, HAVING SEGAL REMAIN THE ACTUARY WE BELIEVE WOULD POTENTIALLY BENEFIT THE HEALTH PLAN AS THEY HAVE A HISTORY OF OUR PLAN PROGRAMS AND IN PARTICULAR OVER THE LAST YEAR WITH ALL THE CHANGES. I'LL STOP THERE AND ENTERTAIN QUESTIONS OR COMMENTS.

>> QUESTIONS?

>> WELL, I HAVE -- I WANT TO GO BACK THROUGH SOME OF THAT. ON PAGE 32, ON THE RFP DATE. SO, YOU KNOW, AGAIN, I AM MOST UNHAPPY WITH THE PROCESS. I KNOW YOU ALL KNOW THAT. AND I'M SURE PEOPLE ARE TIRED OF ME TALKING ABOUT IT, BUT UNTIL IT CHANGES, YOU'RE GOING TO HAVE TO KEEP LISTENING TO ME, I GUESS, BECAUSE WHEN WERE THE QUESTIONS SUBMITTED? WHEN WERE THE ANSWERS SUBMITTED? WE KNOW NOTHING OF THE BACK AND FORTH YOU ALL DID. WHAT WAS THE TIMELINE FOR THAT? THE BIDDING CLOSED ON APRIL 15. WHEN DID THE QUESTION-AND-ANSWER PERIOD START?

>> THE BIDDING CLOSED APRIL 15th. WE THEN SCHEDULED MEETINGS WITH ALL OF THEM. I'D HAVE TO GO BACK THROUGH MY CALENDAR TO TELL YOU WHEN WE DID THAT AND THE QUESTIONS. I DON'T REMEMBER OFF THE TOP OF MY HEAD.

WE HAVE MULTIPLE MEETINGS. YET, THE COMMISSIONERS THAT ARE SITTING HERE, THAT YOU'RE ASKING TO MAKE A \$2 MILLION DECISION TODAY HAD NO PART OF THAT. I HAD NO IDEA WHAT THE QUESTIONS AND ANSWERS WERE THAT WERE BACK AND FORTH. ON THE NEXT PAGE, A FINALIST MEETING WAS HELD WITH ALL FOR COMPANIES. WHAT KIND OF MEETING? WHAT KIND OF COMMUNICATION? OUR TEAM WAS THERE?

>> WHO IS OUR TEAM?

>> THE MANAGEMENT TEAM. MOST OF WHICH IS IN HERE. WHO ARE THEY?

>> JANET STANEK, MIKE MICHAEL, JENNIFER FLORY. I CAN GET YOU THIS IN WRITING.

>> IS THAT IT?

>> NOPE.

>> PAUL ROBERTS. PETE NAGURNY.

>> IT DEPENDS ON WHAT MEETING.

I WOULD HAVE TO POLL THE CALENDAR DATES AND WHO THE ATTENDEES WERE TO GET YOU THAT INFORMATION, AND I'D LIKE TO ASK THAT I BE ABLE TO DO THAT SO YOU HAVE ACCURACY.

>> AGAIN, THERE WERE NO COMMISSIONERS INVOLVED?

>> NO, THERE WERE NOT.

>> ON PAGE 34, THE AVAILABILITY OF STAFF FOR MEETINGS AND PROJECT TIMELINES. YOU KNOW, WHEN WE WERE DO THE CONTRACT, WHICH I KNOW PREDATES YOU --



PREDATES THE CHAIR, BUT, YOU KNOW, I KNOW THAT -- I'VE TALK ABOUT THIS AT THE OTHER MEETINGS. WHEN WE WERE DOING A MULTI-MILLION DOLLAR CONTRACT, I HAD A LOT OF QUESTIONS ABOUT THAT CONTRACT, AND I ASKED TO MEET WITH SEGAL. THAT MEETING WAS PRE-COVID WHICH, YOU KNOW, I'LL GIVE EVERYBODY THAT. YOU KNOW, WE DID THAT OVER THE PHONE. IT WAS NOT A GOOD WAY TO COMMUNICATE. I WOULD SAY THAT THE AVAILABILITY OF STAFF FOR THAT MEETING WAS ABSOLUTELY ZERO. I WOULD GIVE THEM A ZERO OUT OF TEN. I THINK, YOU KNOW, KNOW, IT KIND OF GOES INTO THE BULLET POINT ON PAGE 39 THAT, YOU KNOW, THAT YOU HAVE AN EXCELLENT WORKING RELATIONSHIP WITH SEGAL.

NOBODY SURVEYED THE COMMISSIONERS HERE ABOUT WHAT THEIR RELATIONSHIP IS WITH SEGAL. THEY'RE AT ALL OF OUR MEETINGS. IT WOULD HAVE BEEN BETTER TO LET THE COMMISSIONERS WEIGH IN ON THE CURRENT VENDOR.

YOU KNOW, I MEAN, THEY'RE REPORTING TO US AS COMMISSIONERS. WE'RE MAKING THE DECISION. I THINK IT WOULD HAVE BEEN WORTHWHILE TO LET US KNOW.

ON PAGE 35, THE MENTAL HEALTH PARITY ANALYSIS OF OUR STATE EMPLOYEE HEALTH PLAN. WE JUST GOT SUED OVER PART OF THAT.

I'VE NEVER SEEN THAT REPORT.

>> THEY'RE TALKING ABOUT TWO DIFFERENT THINGS. MENTAL HEALTH PARITY IS SOMETHING WE'RE ASKING THEM TO DO. IT'S NOT DUE UNTIL AFTER JANUARY -- IT'S MANDATED IN JANUARY OF 2022.

>> LEGISLATIVE SUPPORT. I DIDN'T KNOW THEY GAVE US ANY LEGISLATIVE SUPPORT.

>> ALL THE TIME.

>>> GIVE ME AN EXAMPLE. EVEN THE RECENTLY TELEMEDICINE. WE HAD TO CONFIRM WHETHER COVID TELEMEDICINE BENEFITS NEEDED TO GIVEN.

>> WHEN WE SAY LEGISLATIVE, FEDERAL --

>> IT'S NOT STATE. WE ARE ANOTHER SUPPORT. WE HAVE THREE OR FOUR RIGHT NOW LEGISLATIVE REQUESTS COMING FROM CALRD. ONE IS ON NEUROLOGICAL DISORDERS.

THE SUBJECT MATTER AND THE AMOUNT OF INFORMATION THEY WANT RELATED TO THAT, RELATED TO HOW IT WOULD IMPACT OUR PLAN AND THAT TYPE OF THING, MENTAL HEALTH PARITY, WE'RE DOING -- WE USED THEM TO DO THAT RESEARCH FOR US BECAUSE WE CAN'T POSSIBLY DO IT WITHOUT THEIR ASSISTANCE.

>> IS THAT ON THEIR HOURLY RATE?

OR IS THAT INCLUDED?

>> FOR \$2 MILLION, I THINK IT OUGHT TO BE INCLUDED.

>> I WILL SAY THIS, I KNOW THAT'S BEEN AN ISSUE WITH THE OLD RFP AND WE BUILT INTO THIS RFP CERTAIN THINGS LIKE AN ASSESSMENT OF PLAN OR WHATEVER, THAT THEY BE INCLUDED IN THE PRICE. BUT SOME OF THESE FOR ALL THE VENDORS, SPECIFICALLY WHEN THEY RESPOND, WOULD BE AN ADDITIONAL SPECIAL PROJECT COST.

>> OKAY. WELL, THEN ON THE COSTS THEMSELVES, ARE THESE THEIR ACTUAL BIDS? OR ARE THESE A SUMMARY? THESE LOOK LIKE A SUMMARY TO ME.

>> THOSE ARE BIDS.

>> THE ACTUAL HOURLY RATE, BACK TO MY COMMENT ABOUT THAT, AND MAYBE I DIDN'T SAY IT AS ELOQUENTLY AS I SHOULD HAVE, PART OF IT WILL BE A GUESS BECAUSE WE DON'T KNOW HOW MANY SPECIAL PROJECTS WE'RE GOING TO HAVE COME UP. THE HOURLY RATE IS ON THE SPECIAL PROJECTS FOR THE TOTAL THREE-YEAR COST GETS A LITTLE TRICKY. IF YOU WANT TO GO TO THE MONTHLY FEES WHICH THEN TRANSFERS -- YEAR ONE, THE MONTHLY FEE AND THEN WHAT THE ANNUAL FEE IS, THAT IS AN ABSOLUTE COST THAT WE KNOW FOR SURE WILL OCCUR. THEN WE'VE DONE OUR ESTIMATE ON THE PROJECTED COSTS OF SPECIAL PROJECTS. SO THAT'S IT LOOKS LIKE IT DOES. THEN YOU CARRY IT DOWN FOR THE THREE-YEAR COSTS.

>> OKAY. I GUESS WHAT I'M STUNNED AT IS THAT WHAT YOU'RE TELLING MANY IS THAT THE MONTHLY FEES ON HERE FOR AON, GALLAGHER, LEWIS & ELLIS AND SEGAL, THAT WAS THEIR ORIGINAL BID? SO YOU DID NO NEGOTIATIONS ON THOSE BIDS?

>> I'M GOING TO CALL ON STAFF.

DO YOU REMEMBER IF THERE WERE ALTERATIONS. I'M NOT RECALLING IF THERE WAS ONE.

(INDISCERNIBLE)

>> -- ABOUT THEIR ABILITY TO PROVIDE SERVICES.

>> VICKI SCHMIDT AGAIN. THEIR BEST AND FINAL OFFER DID NOT CHANGE FROM THEIR ORIGINAL OFFER?

>> THAT I DON'T RECALL OFF THE TOP OF MY HEAD. I MEAN, YOU KNOW, MY RECOLLECTION IS, AND I THINK I -- I DIDN'T HAVE TIME TO FIND IT IN MY NOTEBOOK, BUT I HAVE, LIKE, 17 NOTEBOOKS OF THESE MEETINGS. WE ARE CURRENTLY PAYING \$22,000 A MONTH AND THEY ARE GOING TO \$41,000 A MONTH? THEY ARE ALMOST DOUBLING THEIR COSTS TO US. DO I UNDERSTAND THAT CORRECTLY?

>> THEY'RE GOING UP, YES.

>> NO. I KNOW IT'S GOING UP.

IS IT GOING FROM 22 TO 41? YOU ALL HAVE TOLD ME IN THE PAST THAT IT IS \$22,000 WE PAY SEGAL.

IS THAT CORRECT OR NOT? IF IT'S NOT, THEN SOMEONE HAS NOT BEEN TELLING THE TRUTH FOR MONTHS.

SO WE'RE GOING FROM 22 TO 41.

THIS IS THE FIRST TIME OF ME BEING ON THIS COMMISSION WHERE SEHP STAFF HAS EVER, EVER RECOMMENDED THE MOST EXPENSIVE BID. YOU ALWAYS GO WITH THE CHEAPEST BID, AND WE'VE HAD DISCUSSIONS ABOUT THAT.

>> AND I DON'T -- I GUESS WITH MY HISTORY HERE, I DON'T RECALL WEATHER -- I KNOW THIS TOPIC'S COME UP. I THINK WE TOOK INTO CONSIDERATION INTO A LOT OF THINGS WITH CHANGING VENDORS

AT THIS POINT AND THE DISRUPTION FACTOR AND ALL THAT IS GOING ON THAT WE NEED HELP FOR. WE'RE TALKING ABOUT CHANGING, SWITCHING ANALYTIC TOOLS, RAMPING UP AND DOING CONVERSIONS AND SO FORTH. RIGHT NOW, WITH EVERYTHING THAT IS GOING ON, THAT WE HAVE A FAMILIAR ACTUARY THAT IS FAMILIAR.

>> THEN WHY DID WE PUT IT OUT FOR RFP? I MEAN -- WE ARE MORE THAN DOUBLING THE COST. I MEAN, I CANNOT JUSTIFY THAT. I CANNOT JUSTIFY THIS. I MEAN, WHICH IS THE VENDOR WHO DID NOT AGREE TO ANY OF THE TERMS?

>> AON. THEY DID NOT AGREE TO 100% THEM.

>> WE USE LEWIS & ELLIS ALL THE TIME AT WORK. THEY'RE ONE OF OUR NUMBER-ONE ACTUARIALS.

>> THEY DON'T HAVE THE SCOPE.

>> WHY DIDN'T YOU TELL US.

>> HERE'S WHAT I'M DOING. AS I'VE BEEN HERE ALMOST A YEAR, I THINK THAT I'VE -- I'M TRYING TO WORK REALLY HARD RESPONDING TO COMMUNICATION SO THAT I BALANCE MY ROLE, MY TEAM'S ROLE IN DOING WHAT WE'RE SUPPOSED TO AND PROVIDING YOU AN OUTLINE THAT MAKES SENSE, AND I'M STRUGGLING WITH HOW MUCH -- DO YOU WANT THE WHOLE OPERATIONAL MANUAL? DO YOU WANT TO BE IN EVERY MEETING?

DO YOU WANT EVERYTHING THAT IS DONE? BECAUSE THAT WILL BE VERY DIFFICULT. SO, I TAKE YOUR FEEDBACK VERY SERIOUSLY, BUT I'M STRUGGLING WITH HOW MUCH IS ENOUGH EVER? YOU KNOW. SO, I'M NOT TRYING TO DRAW A LINE WITH THAT. I'M TRYING TO TAKE CARE AND FRAMING TO IT MAKE A RECOMMENDATION THAT YOU TRUST AND UNDERSTAND WHY IT WAS MADE.

SO, I WILL ADD MORE THINGS AS WE GET MORE FEEDBACK GOING FORWARD.

I HAVE EXPRESSED MY DESIRE TO KNOW THE QUESTIONS AND ANSWERS.

I MEAN, THIS COMMISSION OUGHT TO BE PART OF THE QUESTIONS SUBMITTED.

>> I'M NOT VOTING FOR A CONTRACT THAT GOES TO AN ASTRONOMICAL VALUE. I KNOW THAT WON'T SURPRISE YOU. I'M NOT VOTING FOR A CONTRACT LIKE THAT. I'LL JUST CONCLUDE WITH THAT.

>> ONE OF THE THINGS, AGAIN, TO FRAME THIS CONVERSATION, AND, AGAIN, OUR TIMING AND CONTINUE TO TRY TO GET WORK DONE AND STRENGTHEN OUR PROCESS IS THAT WE ARE MOVING INTO HAVING THAT CONVERSATION AROUND THE RFP PROCESS TO TRY TO, AGAIN, FIRM THIS UP. THERE'S A PIECE OF THIS THAT I WANT TO MAKE SURE --

COMMISSIONER, I WILL COME BACK TO YOU IN A MOMENT. UNDER THE CURRENT PROCESS, THE STAFF, IN CONJUNCTION WITH, YOU KNOW, EXPERTS WHEN NEEDED, THEY SERVE IN THE SAME ROLE

AS THE -- THE PROCUREMENT NEGOTIATION COMMITTEE THAT HANDLES ALL OF THIS BACK AND FORTH. WE GO INTO THIS PARTICULAR CONVERSATION AND THINKING ABOUT BROADER.

UNDERSTANDING WHETHER WE GET INTO THE Q&A BACK AND FORTH OR THINGS LIKE THAT, THAT, AT CERTAIN STAGES OF THE NEGOTIATION, WE JUST NEED TO THINK ABOUT, HOW DO WE SHARE THAT INFORMATION AND STILL IN THE PROCESS OF NEGOTIATION AND MAKING SURE WE'RE FIGURING OUT HOW BEST TO DO THAT? -- THAT SO WE ARE GETTING THE INFORMATION COMMISSIONERS FEEL COMFORTABLE WITH AND ALSO STILL HAVING THAT OPPORTUNITY TO NEGOTIATE AND ALSO PROTECTING INFORMATION DURING THAT PROCESS TO GET US TO THOSE POINTS. SO, IT'S MORE OF A BROADER STATEMENT FOR US TO KEEP IN MIND AS WE CONTINUE TO HAVE THESE CONVERSATIONS.

>> MY STATEMENT IS -- VICKI SCHMIDT AGAIN. YET, THE STAFF DOES NOT HAVE THE FIDUCIARY RESPONSIBILITY OF A \$2 MILLION VOTE. THE PEOPLE AROUND THIS TABLE DO. THE STAFF, YOU KNOW -- THE INFORMATION THAT I AM RECEIVING, THERE IS NOT NEARLY ENOUGH INFORMATION IN HERE FOR ME TO MAKE THAT DECISION.

>> THANK YOU, COMMISSIONER.

COMMISSIONER LANDWEHR.

>> COMMISSIONER LANDWEHR. I HAVE SEVERAL QUESTIONS JUST BEING NEW TO WHAT YOU'RE TALKING ABOUT. GOING BACK TO THE LEGISLATIVE SUPPORT. ANYTHING FROM THE LEGISLATIVE PERSPECTIVE, WHETHER IT'S FROM THE FEDS OR THE STATE, ET CETERA.

>> OR WE NEED CLARITY, LIKE THAT HAS TO BE FEDERALLY MANDATED IN JANUARY. WHAT DO WE NEED TO BE AWARE OF? THAT WOULD BE AN EXAMPLE OF SOMETHING WE WOULD DISCUSS WITH THE ACTUARY.

>> OKAY. THEN THE MENTAL HEALTH PARITY ANALYSIS. WHAT IS THAT ABOUT?

>> I'LL DO MY BEST TO TELL YOU THAT PLANS ARE REQUIRED TO MAKE SURE THEY'RE TREATING MENTAL HEALTH PATIENTS AND MENTAL HEALTH TREATMENT ON PAR WITH REGULAR MEDICAL AND THERE ARE AUDITS AND THINGS THAT NEED TO BE DONE. YOU HAVE TO REPORT TO THE FED. IT'S A SURPRISE AUDIT, BUT YOU BETTER HAVE ONE READY.

WE'VE BEEN WAITING TO DEVELOP THAT. WE WOULD HAVE THEIR EXPERTISE TO THAT AS WELL.

THAT'S NEW AS OF JANUARY '22.

>> SO THAT HAS NOTHING TO DO WITH TELEHEALTH?

>> NO, MY COMMENT ON THAT WAS RELATED TO COVID AND THE COVID BENEFIT EXTENSION, THERE WERE SOME REQUIREMENTS IN THAT TO PROVIDE TELEHEALTH FOR COVID FOR FREE, AND THOSE BENEFITS ARE EXPIRING, AND WE WANTED TO MAKE SURE THAT WE KNEW THE EXPIRATION DATE AND WHAT WAS IN LINE THERE AND SEGAL JUST CLARIFIED FOR US THAT WE HAVE EXTENDED IT TO OCTOBER.

>> THE EMERGENCY SITUATION HAS BEEN EXTENDED TO OCTOBER 18th BY THE FEDS. THE TELEMEDICINE IS NOT INCLUDED IN THAT. ONLY COVID RELATED VACCINATIONS AND COVID GUIDELINES.

>> WE NEED CLARITY ON THAT.

THAT'S OUR WORK WITH THEM. WE WOULD EXPECT THAT OUT OF ANY ACTUARY.

>> BRENDA LANDWEHR. I GUESS THE TELEMEDICINE, WHETHER IT'S IN THE TELEHEALTH OR THE TELE SIDE, HOW WOULD WE DO THAT. THAT PLAYS A BIG PART AND THE GUIDANCE THAT COMES DOWN --.

>> THE OTHER QUESTION I HAD IS, ARE THERE PERFORMANCE MEASURES IN THESE CONTRACTS?

>> YES, THERE ARE PERFORMS GUARANTEES IN EVERY ONE OF OUR CONTRACTS.

>> ARE THERE CLAWBACKS IF THEY DON'T PERFORM TO THOSE LEVELS?

>> THERE ARE.

>> WHENEVER CONVENIENT, I'D LIKE TO SEE THAT.

>> THAT WOULD BE A GOOD THING TO PUT IN THE ORIENTATION PACKET.

THANK YOU FOR PUTTING THAT UP.

>> THE ACTUARIAL, WHOEVER IT IS ALSO SOMETIMES PLAYS A ROLE IN OTHER CONTRACTS?

>> YES, THE PBM AND THEY HELPED US NEGOTIATE THE DENTAL CONTRACT, FOR EXAMPLE.

>> BRENDA LANDWEHR. ON THE SPECIAL PROJECTS, I'M ASSUMING THAT A LOT OF THOSE HAS TO DO KNOWING THE ISSUE GOING ON WITH -- IS THAT IT'S UP TO --

IT'S FOR THE STATE EMPLOYEES HEALTH INSURANCE TO TAKE A LOOK AT THIS AND -- THE BULK OF THE SPECIAL PROJECTS?

>> NO. LAST YEAR, THE SECRETARY BEFORE I CAME WANTED A COMPARATIVE ANALYSIS OF OUR HEALTH PLAN. THEY DID THAT.

THAT WAS A SPECIAL PROJECT AS WELL.

>> IF WE WANTED A PLAN REWRITTEN, THAT WOULD HAVE TO BE BUILT INTO THE RFP.

>> I THINK SOME OF IT WAS -- MY UNDERSTANDING IS THAT WE MADE SOME ADJUSTMENTS BEFORE THIS RFP WENT OUT TO TALK MORE BROADLY ABOUT SOME OF THOSE THINGS.

WHICH NOW MAY BE INCLUDED --

PROVIDED UNDER --

>> THANK YOU. THANK YOU, CAROLYN MCGINN. SO, IT SEEMS LIKE I HAVE MAYBE A CONVERSATION ON HOW MUCH IS THE SINGLE COST -- I'M JUST GUESSING. IT WAS MAYBE EARLY IN THE YEAR.

AND I DON'T KNOW IF 22 IS THE RIGHT NUMBER. IT'S THE NUMBER THAT WAS KIND OF IN MY HEAD AND YOU SAID THEY DID GO UP. WHAT I'D KIND OF LIKE TO KNOW IS WHAT ADDITIONAL SERVICES ARE THEY GOING TO PROVIDE THAT WARRANTS \$41,000 A MONTH? THEN, IN LOOKING AT THE OTHER

CONTRACTS THEY HAVE WITH OTHER STATES, ARE OTHER STATES, AND I KNOW THEIR PLANS ARE DIFFERENT THAN OURS, SO THEIR NEEDS WOULD BE DIFFERENT, BUT I WOULD BE CURIOUS, BUT I CAN'T DO MY MATH FROM 22 TO 41 BUT IT LOOKS LIKE A SIGNIFICANT PERCENTAGE INCREASE. DID THESE OTHER STATES HAVE SIMILAR INCREASES?

I'M JUST KIND OF CURIOUS WHAT WE WILL GET FOR THAT ADDITIONAL COST.

>> THE LAST CONTRACT WAS SIX YEARS AGO. IT'S THE NORMAL COST OF DOING BUSINESS, INFLATION.

BASED ON THE ACTIVITY, THEY'VE DONE A LOT OF ACTIVITIES AND IT COULD BE THEIR SUBJECTIVE OPINION THAT THEY'VE DONE THAT AMOUNT OF WORK AND WANT TO GET IT PAID FOR TO THE LEVEL THEY FEEL THEY NEED TO GET PAID. I DON'T KNOW THAT. THAT'S A COMMON VENDOR RESPONSE. WE NEEDED THAT THERE WERE THINGS WE BUILT IN, REPERATED THE PLAN. WE HAD ADDITIONAL SERVICES RELATED TO THE MARATHON HEALTH CLINIC AND EVALUATING THAT. WE ADDED SOME ADDITIONAL SERVICES AROUND BEING ABLE TO HELP US WITH THE WELLNESS PROGRAMS AND HAVING A SEPARATE CONTRACT FOR WELLNESS, A CONSULTANT, THOSE SERVICES THAT WE WANTED TO CONTINUE OUT OF THAT PRIOR CONTRACT. WE LOOKED AT SOME OF THE SPECIAL PROJECTS DONE IN THE PAST, FOR EXAMPLE, THE COMPARISON OF OUR STATE TO OTHERS. WE FELT THAT WAS SOMETHING THAT THE COMMISSION REALLY VALUED AND CONTINUED. SO WE INCLUDED THAT AS AN ONGOING SERVICE IN THE CONTRACT. SO THERE WERE A NUMBER OF ADDITIONAL SERVICES THAT WE HAD REQUIRED OVER THE COURSE OF THE SIX YEARS, THAT WE WENT AHEAD -- OH, ANOTHER ONE WAS THE PHARMACY BID CONTRACT EVALUATION. THAT'S AN EVALUATION THAT IS DONE BY SEGAL TO MAKE SURE OUR PBM CONTRACT STAYS ON POINT WITH WHAT NEW CONTRACTS IN THE MARKET ARE DOING, THAT MARKET CHECK IS ANOTHER SERVICE THAT WE HAD PREVIOUSLY PAID SEPARATELY FOR, AND NOW IT IS INCLUDED IN THE CONTRACT. SO, THOSE ARE SOME OF THE PROJECTS WE ADDED INTO THE CONTRACT.

>> MADAM CHAIR, I HAVE A QUESTION AS A NEW INDIVIDUAL. I RECOGNIZE MAYBE ABOUT 30% OF THE FOLKS OUT THERE, SO I DON'T KNOW WHO ARE THE STAFF. IS SEGAL PRESENT AT THESE MEETINGS?

>> SEGAL IS TYPICALLY PRESENT AT OUR MEETINGS. AGAIN, THEY'RE NOT TODAY, ONE, BECAUSE WE'RE TALKING ABOUT THE OTHER CONTRACTS AND WE DON'T HAVE A FINANCIAL REPORT. PRIOR TO COVID, THEY WERE ON SITE AND THEY TYPICALLY DIAL IN. PRIOR TO COVID, THEY WOULD BE AT THE MEETINGS.

>> THAT WOULD BE REQUIRED OF ANY ACTUARIAL, YOU KNOW, SERVICES.

AND THEN WHATEVER SERVICES --

AGAIN, ACROSS ANY OF THE --

WHENEVER AND HOWEVER THE STAFF NEEDS TO ACCESS IT. THE ONE THING I WOULD ADD, AND TO COMMISSIONER SCHMIDT'S POINT EARLIER, I KNOW THAT IN KIND OF THE FIRST SIX OR EIGHT MONTHS THAT I WAS HERE, I DIDN'T FEEL THAT THE FEEDBACK WAS AS COMMUNICATIVE AS I NEEDED IT TO BE.

AND I KNOW THEY KIND OF WORKED ON THAT. SO, FOR ME, I KNOW THEY HAVE A REALLY STRONG WORKING RELATIONSHIP WITH THE STAFF, BUT IT'S ONE OF THOSE THINGS THAT I WOULD SAY OVER THE LAST PROBABLY, YOU KNOW, 10-12 MONTHS I'VE SEEN A DIFFERENCE TO THE WAY THEY RESPOND TO THE COMMISSIONERS AS WELL. EARLY ON, IT FELT IT WAS NOT THAT RESPONSIVE. BUT, AGAIN, THEY WERE HIGHLY COMMUNICATIVE WITH THE STAFF.

>> VICKI SCHMIDT. I DON'T HAVE A DIRECT CONTRACT WITH SEGAL. I CAN'T CALL SEGAL.

>> THEIR COMMUNICATION CAME MORE CLEAR.

>> THAT ALL GOES TO STAFF. I CAN'T CALL UP SEGAL AND SAY --

>> WELL, I MEAN, IT COULD BE ARRANGED.

>> I WOULD DISAGREE THAT THE COMMUNICATION WITH THE COMMISSIONERS IS BETTER. THERE JUST ISN'T ANY. SO, I MEAN, ANYTHING WOULD BE BETTER, I GUESS. ANYWAY. OKAY. THANK YOU.

>> OTHER QUESTIONS OR COMMENTS, COMMISSIONERS? COMMISSIONERS, ARE WE READY TO ENTERTAIN A MOTION?

>> I HAVE A QUESTION. WHAT IS THE DUE DATE FOR THIS RESPONSE?

>> IT IS A BIT TIME SENSITIVE BECAUSE IF WE STAY WITH THEM, NOT SO MUCH. BUT IF WE END UP SWITCHING, THEN WE'VE GOT TO HAVE A HANDOFF PROCESS FROM THE OLD VENDOR TO THE NEW VENDOR, THERE ARE IT IMPLICATIONS AND THINGS LIKE THAT. SO I WOULDN'T THINK YOU WANT TO GET -- IF THEY'RE NOT THE SELECTED ONE, TOO MUCH FURTHER OUT THAN WE ARE RIGHT NOW. I MEAN, OR MAYBE SEPTEMBER.

>> I WAS JUST THINKING IF WE SUBMITTED OTHER QUESTIONS THAT WE MAY HAVE OR WHATEVER TO STAFF, IF WE CAN HAVE THOSE WITHIN TWO WEEKS BECAUSE WE'RE MEETING AGAIN?

>> WE'RE MEETING AUGUST 23rd.

IT'S ACTUALLY ABOUT A MONTH FROM RIGHT NOW. IT'S ACTUALLY ONE MONTH FROM NOW.

>> ANYWAY. WE HAVE ONE COMMISSIONER THAT HAS OFFICIALLY RESIGNED.

>> THAT CAN BE ENTERTAINED.

>> THANK YOU, MADAM CHAIR.

VICKI SCHMIDT AGAIN. YOU KNOW, THAT'S A GREAT POINT. THIS IS PART OF THE PROBLEM WITH THE WAY WE DO THESE -- WITH THE WAY WE AWARD THESE CONTRACTS. IS WE SIT HERE AND WE ARE UNDER A TIMELINE THAT IS UNREASONABLE BECAUSE WE -- YOU KNOW, I HAVE A LOT OF QUESTIONS. I WOULD HAVE LIKED TO SEE ALL THE QUESTIONS AND ANSWERS THAT WENT BACK AND FORTH IN AN RFP PROCESS. I CAN GUARANTEE I WON'T GET THAT NOW.

YOU AS A COMMISSIONER DON'T GET TO ASK THEM, WELL, WHAT ELSE --

YOU KNOW, WHAT ELSE -- WHAT THEY SAID THEY'RE GOING TO DO. I MEAN, I DON'T KNOW THAT. THIS IS PART OF THE PROBLEM WITH THIS WHOLE PROCESS, WHICH IS WHY I CONTINUE TO SAY, YOU KNOW, I MEAN, YOU KNOW, I HAVE A BIG EXPLANATION OF WHY I WOULD VOTE NO. I THINK IT'S IMPORTANT THAT YOU ALL HEAR THAT ABOUT SOME OF THE PROBLEMS THAT IS THIS INHERENT IN THE WAY WE DO THIS?

BECAUSE YOU ARE RESPONSIBLE FOR THE FIDUCIARY PART OF THIS BID AS A COMMISSIONER, AND, YET, YOU'RE COMING INTO THIS MEETING WITH SIX OR SEVEN PAGES ABOUT WHY YOU SHOULD AWARD A \$2 MILLION CONTRACT.

>> THIS IS AN ONGOING CONVERSATION. THERE IS SOMETHING I WILL REPEAT THAT SOME OF THIS IS ALSO IS A PIECE OF NOT JUST UNDERSTANDING THE PROCESS, BUT AS WE CONTINUE TO HAVE THIS CONVERSATION OF UNDERSTANDING AND RECOGNIZING HOW WE DO AND WANT TO CONTINUE TO USE THE EXPERTISE OF STAFF THAT WORK IN THIS STAFF. NOT TO SAY THEY ARE THE DECISION-MAKERS, BUT WE HAVE TO FIGURE OUT HOW DO WE LEVERAGE THEIR EXPERTISE AROUND KNOWING THE CONTRACTS, KNOWING THE PLANS AND CONTINUING TO REFINE THIS PROCESS SO THAT COMMISSIONERS FEEL COMFORTABLE THAT THEY HAVE THE INFORMATION THEY NEED TO MAKE A DECISION, BUT THAT WE ARE RELYING ON THE STAFF THAT HELPS TO DO THIS WORK AS WELL. AND THAT IS A PIECE OF THE LARGER CONVERSATION. WITH THAT, COMMISSIONERS, I WOULD ASK THAT WE TAKE THE QUESTIONS THAT WERE POSED HERE, WE WILL HAVE THE STAFF FOLLOW UP TO SEE IF THERE ARE ADDITIONAL QUESTIONS. WE WILL GET THOSE PREPARED, DISTRIBUTED ACCORDINGLY AND WE CAN PUT THIS BACK ON THE AGENT FOR THE AUGUST MEETING.

>> I THINK WHAT I HEARD Ms. STANEK SAY IS -- SHE SAID SEPTEMBER. WE'RE GOING TO MEET AUGUST 23rd. WE CAN EMAIL YOU ANY QUESTIONS WE HAVE IN THE MEANTIME?

>> YES. IS THERE -- THERE IS A PROCESS WE HAVE TO DO -- I MEAN WITH THERE, LIKE, AN OPEN MEETING VIOLATION? DO WE -- I'M JUST WONDERING WHAT THE PROCESS -- WE AS INDIVIDUALS CAN ASK QUESTIONS AND THEN CAN THEY REPLY TO ALL?

>> YES. WE TRY TO COMPILE THEM.

WE'RE GETTING BETTER. WE'LL SEND IT OUT IN BETWEEN AND AGAIN --. AGAIN, WE ARE FULLY -- WE DO HAVE AGAIN, WE ARE FULLY --

WE DO HAVE -- I'M GOING TO USE THE WRONG LANGUAGE. WE HAVE THE ABILITY TO LEVERAGE INTO EXECUTIVE SESSION IF IT IS A TRUE KIND OF NEGOTIATION-RELATED ISSUE, JUST LIKE WE USED IT EARLIER THIS YEAR WHEN WE HAD A LEGAL ISSUE THAT HAD TO BE DISCUSSED. SO, WE DO HAVE THAT AS WELL.



>> SO A QUORUM ON THIS COMMITTEE IS WHAT? FOUR?

>> FOUR.

>> FOUR.

>> OKAY. AND I'M NOT SUGGESTING THIS BUT IT'S JUST KIND OF A QUESTION. WHAT ARE THE RAMIFICATIONS? IS IT EVEN FEASIBLE THAT IF THE COMMISSIONERS DIDN'T FEEL COMFORTABLE MAKING THIS DECISION, EVEN COME JANUARY 24th, LOOKING AT ONE-YEAR EXTENSION?

>> WE CAN EXPLORE THAT. WE JUST DID FOR LONG-TERM CARE BECAUSE THERE WERE CHANGES COMING. YEP, THERE ARE INSTANCES AS A COMMISSION WE CAN -- IN MOST OF OUR CONTRACTS IT'S ALLOWABLE TO DO A ONE-YEAR EXTENSION AND THINGS OF THAT NATURE. YES, THERE ARE VARIATIONS THAT CAN BE CONSIDERED AS WELL.

>> COMMISSIONER SCHMIDT.

>> JUST TO BE CLEAR, THE QUESTIONS CANNOT BE QUESTIONS TO BIDDER AT THIS POINT OR DESIGN QUESTIONS. SO, WE'VE ALREADY MISSED A BIG PART --

>> MAYBE I'M -- MAYBE I'LL ASK YOU CLARIFY. ONE OF THE THINGS, REMEMBER WHAT WE TRIED TO DO IS MAKE SURE WE WERE GETTING THE RFPs TO THE COMMISSIONERS PRIOR TO THEM HITTING THE STREET SO WE HAD AN OPPORTUNITY TO MAKE SURE WE ARE SEEING THE THINGS IN THEM -- LIKE, WE UNDERSTAND WHAT THE COMPONENTS WERE. I KNOW A FEW PEOPLE SENT IN EDITS TO THE RFP TO MAKE SURE WE ARE CAPTURING. MAYBE WHEN YOU SAY "DESIGN," MAYBE YOU MEAN SOMETHING DIFFERENT.

>> YES. I MEAN, I CAN APPRECIATE THE FACT THAT YOU DO ALLOW THE COMMISSIONERS TO WEIGH IN ON THE RFP BEFORE IT GOES OUT THE DOOR. BUT MY -- MY EXPERIENCE IN THE RFP PROCESS IS THAT SOMETIMES THE PLAN DESIGN DOES CHANGE BY A BIDDER'S RESPONSE, AND THEN YOU CIRCULATE THAT BACK OUT TO ALL OF THE OTHER BIDDERS. IF A BIDDER'S GOING TO OFFER SOMETHING THAT WASN'T IN THAT INITIAL RFP, THEN THERE IS AN OPPORTUNITY FOR A DESIGN CHANGE TO HAPPEN OR THE NEGOTIATIONS TO HAPPEN, IS THAT NOT TRUE?

>> WELL, IN THE BEST AND FINAL, AND I'M TRYING TO THINKING OF ONE WHERE SOMETHING MIGHT GET ADDED, THAT'S ALL DONE. WHEN THE BEST AND FINAL COMES, IT'S THEIR BEST AND FINAL. I GUESS AT THAT POINT, AGAIN, IT GOES BACK TO WHO IS RECOMMENDING IT.

>> WHEN BEST AND FINAL COMES BACK TO US, WE'RE NOT NEGOTIATING AT ALL? I MEAN, WHEN -- I MEAN, THAT'S NOT MY HISTORY OF BEST AND FINAL. YOU KNOW, I MEAN, THERE'S ALWAYS

NEGOTIATION, AND, FROM MY TIME HORROR ON -- WE'RE NOT NEGOTIATING AT ALL. WE DIDN'T NEGOTIATE ON THE CVS. WE DIDN'T NEGOTIATE AT ALL ON MILLIONS OF DOLLARS A YEAR, OVER 20.

>> I CAN'T SPEAK TO THAT. I CAN SAY THERE'S NEGOTIATION GOING ON IN THE NUMBER AND MULTIPLE MEETINGS, LEGAL.

WHEN WE'RE CLARIFYING THINGS, EVEN WITH AON RIGHT NOW IN THE PROCESS, THERE'S A LOT OF BACK AND FORTH GOING ON ABOUT NEGOTIATING THE LANGUAGE, THE DESIGN PROCESS AND HOW WE WILL MANAGE THE CONTRACT. SO, I WOULD RESPECTFULLY TELL YOU THAT THERE IS NEGOTIATION. I DON'T KNOW THAT THERE'S A LOT OF -- WE WANT YOU TO BRING THAT NUMBER DOWN, YOU KNOW, 20%. YOU HAVE TO UNDERSTAND HOW THE PLAN WORKS, I GUESS, AS TO -- AND I GUESS NEGOTIATIONS ARE DEFINED BY ALL OF US DIFFERENTLY, YOU KNOW, DEPENDING ON WHAT YOU'RE LOOKING FOR. WE DON'T KNOW WHAT YOU DON'T KNOW AND WE DON'T KNOW WHAT YOU'RE LOOKING FOR.

>> I MEAN, I SPECIFICALLY ASKED, WHAT WAS THE ORIGINAL OFFER. I WAS TOLD IT WAS \$41,000 A MONTH.

SO, WE DIDN'T NEGOTIATE A DIME.

>> WELL, BUT I WOULD ARGUE THAT NEGOTIATION ISN'T ALSO ALL ABOUT THE DOLLAR AMOUNT AS MUCH AS WHAT IS IN THERE AND OTHER THINGS IN AND AROUND SERVICES.

>> WE DON'T HAVE THAT INFORMATION IN THE PACKET.

>> AGAIN, COMMISSIONERS, I WOULD ASK THAT -- IF THERE ARE QUESTIONS THAT WE WOULD LIKE TO BE ANSWERED IN RELATIONSHIP TO BIDS, RFP, BIDDERS AND THE RECOMMENDATION THAT WE WILL TAKE ANY THAT WAS DISCUSSED HERE THAT WE'RE NOT ANSWERING AS WELL AS AND JANET WILL REACH OUT THE COLLECT OTHERS AND WE MAKE SURE WE CIRCULATE AND PUT THIS BACK ON THE AGENDA.

>> SO -- VICKI SCHMIDT AGAIN.

WHEN THE QUESTIONS ARE ASKED, WILL THEY GO TO ALL FOUR?

>> DEPENDING ON THE QUESTIONS.

>> REMEMBER, WE HAVE A LOT MORE DETAIL ON THE BACK AND FORTH THAT'S GONE ON, TO YOUR POINT, THAT'S NOT IN HERE. AND MY GUESS IS WE WILL BE ABLE TO ANSWER YOUR QUESTIONS. BY THE MATERIAL WE HAVE AND BASED ON THE DISCUSSIONS WE'VE HAD WITH THE VENDORS. IF NOT, I GUESS I'LL CROSS THAT BRIDGE WHEN I GET THERE. I DON'T BELIEVE IT'S NOT LEGAL TO GO BACK AND GET A CLARIFICATION ON SOMETHING AT THIS POINT. IF PUSH CAME TO SHOVE, THAT'S WHAT WE WOULD DO.

MY HOPE IS THAT WE HAVE SUCH COMPREHENSIVE INFORMATION THAT WE HAVE COLLECTED IN OUR PROCESS THAT WE WILL BE ABLE TO ANSWER YOUR QUESTION. SO, I HOPE THAT HELPS.

COMMISSIONERS, WE WILL MOVE TO THE NEXT ITEM.

>> THANK YOU. I WAS ABLE TO BRING COMMISSIONER LANDWEHR UP TO SPEED BECAUSE I HAD A SMALL ORIENTATION SESSION WITH HER TODAY ABOUT MARATHON AND THAT WE HAD BROUGHT THIS PARTICULAR TOPIC TO THE FEBRUARY OF '21 MEETING. SO STARTING ON PAGE 41, WE ARE BACK TO ADDRESS THE MARATHON VENDOR -- IT'S REALLY THE MARATHON IS THE VENDOR FOR THE HEALTHQUEST CLINIC. WE GET IN THERE AND CALL IT MARATHON SOMETIMES. BECAUSE THE PROPOSAL IN FEBRUARY WAS TO EXTEND THE CONTRACT ONE MORE YEAR, AND THAT WOULD MEAN EXTENDING IT FROM --

THERE ARE REASONS FOR THAT THAT ARE OUTLINED. THIS IS VERY MUCH THE SAME PACKET THAT WAS PRESENTED IN FEBRUARY. THE GOALS OF THE STATE FOR OFFERING A WORK SITE CLINIC AND HEALTH CENTER ARE LISTED THERE. FIRST AND FOREMOST, BY THE TIME THIS WAS AN EMPLOYEE BENEFIT. IT WAS A BENEFIT. HOW IT MADE ITS WAY OUT OF THE COMMITTEE. OR THE DECISION TO STAND UP ON A CLINIC IS ON PAGE 43. THE HISTORY OF THE ANALYSIS THAT WAS DONE, AND HOW MANY MEMBERS. BECAUSE IT WAS A TRIAL THE FIRST THREE YEARS OF THE CONTRACT, THE ASSUMPTION WOULD BE THAT IT MADE SENSE THAT IT WOULD BE PEOPLE THAT WORKED BEEN 330 MILES.

THERE ARE OTHER MEMBERS. AND HOW MANY WERE EXPECTED TO UTILIZE THAT CLINIC. 50% OF THOSE IN YEAR ONE. BY YEAR THREE, A 60% UTILIZATION. THE HCC, THE HISTORY CONTINUES ON PAGE 45. IT'S ABOUT APPROVING MARATHON, WHAT THE COST WAS TO BUILD THAT AND OUR OBLIGATION.

I PUT A NOTE ON THERE. THE LEASE EXPIRES IN FEBRUARY OF '22 WITH THE OPTION OF A THREE-YEAR RENEWAL. MARATHON WILL GIVE NOTICE. THEY WILL GIVE NOTICE IN SEPTEMBER. THE LEAST DEFAULTS TO THE -- IF MARATHON EXITS EARLY. SERVICES PROVIDED ARE OUTLINED THERE. PRIMARY CARE CLINIC MINUS THE CHIROPRACTIC OR PHYSICAL THERAPY SERVICES. THE BENEFITS, AGAIN, PUBLISHED TO THE STATE. I'M DIGGING UP HISTORY BUT TRYING NOT TO INUNDATE. FOR PLAN A MEMBERS, THAT CLINIC IS FREE AND \$40 FOR ALL OTHER MEMBERS. SO, THE HEALTH CENTER VISIT SINCE INCEPTION, THE DATA IS ON PAGE 48, AND THIS WAS IN MAY OF --

THIS IS UPDATED FROM FEBRUARY.

HOW MANY UNIQUE PATIENTS THERE WERE AS AFTER 6/30- -- 6/30/21.

YOU WILL SEE AN UPTICK IN VISITS SINCE THE STATE HAS COME BACK TO WORK ON CAMPUS. SINCE HOURS HAVE BEEN EXTENDED TO EARLY MORNINGS AND LATER IN THE EVENINGS, THAT'S ROTATED THREE AND TWO DAYS A WEEK. THAT BREAKDOWN IS BY EMPLOYEE, SPOUSE AND CHILD. ON PAGE 50, YOU WILL SEE THE SAME DATA BROKEN DOWN, AGAIN, BY MEMBER CHOICE AND SO FORTH. SO, BEHAVIORAL HEALTH SUMMARY IS ON PAGE 52. GENERAL MENTAL HEALTH VISITS ARE INCREASING. IN FACT, I BELIEVE IT'S OUR NUMBER-ONE DIAGNOSIS FOR AN INCREASE IN THE HEALTH PLAN AND HEALTH PLANS IN GENERAL. YOU WILL SEE THAT MARATHON PROVIDES A LICENSED SOCIAL WORKER, CLINICAL SOCIAL WORKER THAT PROVIDES MENTAL HEALTH COACHING. THOSE NUMBERS CONTINUE

TO BE STEADY AND STABLE. OUR ROI DONE ON PAGE 53 DON'T ALWAYS COME IN THE FORM OF A DOLLAR. I KNOW THAT SOUNDS CONTRARY TO HOW WE THINK.

PRIMARY CARE CLINICS ARE BEYOND THAT. WE'RE COMING BACK TO --

WITH A SLIGHTLY DIFFERENT RECOMMENDATION -- ON PAGE 54, THE CONTRACT STARTED -- IT WAS SEPTEMBER OF '18 TO DECEMBER 31st OF '21 WHICH IS SEVERAL MONTHS AWAY, THE IMPLEMENTATION OF THAT PLAN SHOULD NOT START IN MAY OF '19. THEN COVID HIT IN MARCH OF '20, SO YOU BARELY GOT A YEAR, MAYBE, OUT OF THEM TO HOPEFULLY DEMONSTRATE -- OR THE TRY TO DEMONSTRATE, IT COULD BE A VALUE-ADD OR REACH THE OBJECTIVES THAT THE STATE SETS AT THE TIME THEY WANTED A CLINIC. CLINIC VOLUMES ARE STEADILY TRENDING UP SINCE COVID. THE RECOMMENDATION IN FEBRUARY WAS THAT WE EXTEND THE CONTRACT ANOTHER YEAR TO DECEMBER 31st OF '22 AND WE CONTINUE TO LOOK AT GROWING THE CLINIC AND ADVERTISING AND MAKING SURE EVERYONE KNOWS THAT EVERYONE IS ELIGIBLE FOR THAT CLINIC. AND THEN ISSUE AN RFP IN THE SPRING OF '22 THAT WOULD POTENTIALLY BE AWARDED TO WHOEVER RESPONDS TO THAT IN SEPTEMBER OF '22. THAT'S IF THE DESIRE IS TO HAVE A CLINIC. THE OTHER THING ON PAGE 55, AND THEN I'LL BE QUIET. THE RATIONALE.

I'VE TOUCHED ON A LOT OF THAT.

BUT I WOULD SAY THAT THE COST-SHARE SATISFACTION OF OUR MEMBERS, THE GOALS OF THE STATE, PARTNERSHIP WITH ADDITIONAL AGENCIES AND ORIGINAL PLAN COULD FOR AN ASSESSMENT FOR ANOTHER BRICK-AND-MORTAR CLINIC AFTER THE ORIGINAL TRIAL. WE HAVE TALKED TO YOU ALL IN FEBRUARY, AND I'LL JUST BRING THIS UP FOR THE NEW COMMISSIONERS AND REMIND EVERYBODY AGAIN. MARATHON AT THAT SAME RATE WITH NO ADDITIONAL COST TO THE STATE THROUGHOUT THE DATE SETS UP A PROGRAM FOR ALL EMPLOYEES TO GET THE BENEFIT OF MARATHON THAT ARE NOT IN TOPEKA MIGHT BE A BETTER OPPORTUNITY IF WE DECIDE TO KEEP MOVING FORWARD WITH THE CLINIC AND NOT NOT ANOTHER BRICK-AND-MORTAR CLINIC. WE BELIEVE IT DOABLE. THAT'S THE RECOMMENDATION: TO EXTEND AND ISSUE ANOTHER RFP IN THE SPRING.

THANK YOU.

>> THANK YOU, MADAM CHAIR.

BRENDA LANDWEHR. I GUESS AS I'M LOOKING AT THIS HERE -- SO, WE ARE OPERATING OFF A PROVISIO --

(INDISCERNIBLE) >> IT STARTED THAT WAY AND ENDED UP --

LEGISLATIVE PROCESS AND INTO THE -- SO, IT STARTED THERE.

BUT IT TRANSFERRED. AND SO IT NO LONGER WAS A LEGISLATIVE PROCESS, ALTHOUGH THE IDEA AND THE DIRECTIVE AND THE ORIGINAL THOUGHTS ON IT CAME FROM THAT.

THE STATE IS NOT PUTTING IN 2.7?

>> THAT COMES FROM THE PLAN. I MEAN, IT'S THE STATE, BUT IT'S THE PLAN.

>> RIGHT.

>> CORRECT. IT'S FROM THE PLAN, YEAH.

>> I VISITED WITH YOU YESTERDAY, BECAUSE THIS IS A CONCERN I'VE HAD. YOU KNOW, I DIDN'T SEE THIS REALLY PROMOTED EARLY ON.

I DON'T KNOW HOW MANY EMPLOYEES KNEW IT. YOU KNOW, IT EXISTED OUT THERE, YOU KNOW, THAT THERE'S BEEN A CONSTRAINT OF A 30-MILE RADIUS WHEN THE IDEA WAS, AND I WAS IN THOSE DISCUSSION, THAT IT WOULD BE ALL STATE EMPLOYEES, WHICH IS A BIG DEAL ESPECIALLY FROM JANUARY TO THE END OF MAY WHEN A LOT OF NEW EMPLOYEES SHOW UP IN THE TOPEKA AREA. YOU KNOW, I DID THE COVID DEAL. AS I LOOK AT THE 19 NUMBERS, I'M NOT SEEING A JUSTIFICATION --

>> AND I'M NOT -- AGAIN, I'M NEW. AND I WAS NOT HERE. BUT YOU LOOK AT THE ESTIMATES OF WHAT THEY THOUGHT CAPACITY WOULD BE, NO ONE EXPECTED IT TO BE MORE THAN 60% OF THAT ELIGIBLE POPULATION. THE ESTIMATE IN THE ORIGINAL RFP AND PLAN, I'M TRYING TO FIND THAT SLIDE.

SORRY ABOUT THAT.

>> 24%.

>> WHAT IS IT?

>> 24%.

>> IS THAT THE CORRECTED?

>> NO, THE CONNECTED WAS 15 --

>> REMEMBER, THIS IS YEAR ONE.

YEAR ONE GOT HIT WITH COVID.

YOU KNOW, YOU HAVE A LOT OF THINGS THAT WORKED AGAINST IT.

I WOULD SAY THAT 30-MILE RADIUS, AND WE'VE TRIED TO CLARIFY THAT AND WE'VE CONTINUED TO WORK ON THAT. IT'S ALWAYS BEEN OPEN TO ANYBODY THAT'S ON THE HEALTH PLAN MINUS THE RETIREES, PEOPLE WHO CONTRIBUTE TO THE HEALTH PLAN, NON-MEDICARE RETIREES. IT PROBABLY WASN'T PROMOTED AS MUCH I'M THINKING. WE PROBABLY WOULDN'T SEND A NOTE TO WESTERN CRANES. HOWEVER, IF YOU'RE IN THE TOPEKA AREA, YOU CAN USE.

ANY EMPLOYEE CAN USE THAT CLINIC. IT'S A MISNOMER THAT IT'S ONLY FOR PEOPLE WHO LIVE WITHIN 30 MILES. THAT'S NEVER BEEN TRUE OR THE CASE, BUT I PROBABLY AGREE IT NEVER WAS COMMUNICATED TO THE LEVEL THAT IT NEEDED TO BE -- OR COULD BE, COULD BE, I SHOULD SAY.

>> THAT'S RIGHT.

>> DURING THIS TIME, YOU'VE BEEN USING TELEMEDICINE, CORRECT?

>> WE HAVE.

>> SO, IT IS FEASIBLE THAT A STATE OF EMPLOYEE --

>> IT IS. IT IS.

>> THEY SAID IT WOULD BE A PILOT. THEN THE EXPANSION OF IT WOULD BE CONSIDERED AFTER THE FIRST THREE YEARS, WHICH IS ACTUALLY WHERE WE ARE. I THINK PART OF THE CONVERSATION IS I THINK THAT IT'S CLEAR, BECAUSE WE'VE BEEN TALKING ABOUT THIS FOR OVER A YEAR, THERE'S DEFINITELY CONCERN HOW WE GOT HERE AND WHERE WE SIT TODAY.

BUT IF WE -- IF WE ARE IN AGREEMENT THAT WE BELIEVE THAT WE NEED TO THINK ABOUT OUR TIMING OF WHEN DO WE ISSUE THAT RFP, WHICH THERE ARE A FEW OPTIONS IN THERE. I KNOW THE ONE THAT THE PLAN IS PROMOTING IS NEXT SPRING. BUT IF WE ISSUE THAT AND THEN JUST UNDERSTANDING OUR TRANSITION POINT IN RELATIONSHIP TO THAT AND THE IMPACT OF THAT, RIGHT? SO, I MEAN TWO QUESTIONS.

>> COMMISSIONER?

>> THANK YOU.

(INDISCERNIBLE)

>> PAGE 47. THIS IS VERBATIM WHAT WAS PUT OUT TO THE MEMBERS OF THE PLAN AND TO THE WHOLE STATE AT THE TIME.

>> WELL, I ACTUALLY NEGOTIATED THE DEAL.

>> DO YOU REMEMBER WHAT YOU WROTE, THEN?

>> NO, I DON'T. I WOULDN'T. I DO REMEMBER, THOUGH, WHAT WAS TALK ABOUT. WHAT WAS TALKED ABOUT IS THAT WE WOULD HAVE A WALK-IN CLINIC FOR ANYONE. I THINK ABOUT ALL THE PEOPLE, WHETHER THEY'RE VISITORS, LOBBYISTS, LEGISLATORS --

BECAUSE WE DON'T HAVE DOCTOR OF THE DAY ANY MORE. THOSE OF US THAT LIVED, YOU KNOW, A COUPLE OF HOUR DRIVE AWAY, WOULD LIKE TO HAVE THAT ACCESS AND BACK HERE IT WAS PROMOTED. BUT THEN I ALONG AT THE PIE CHART ABOUT THE PERCENT OF WALK-INS, THOSE ARE THE PERCENT OF PEOPLE WHO HAVE TO MAKE AN APPOINTMENT.

>> IT'S ON PAGE 51. I WANT TO QUALIFY SOMETHING THAT MARATHON QUALIFIES FOR US. MANY TIMES WHEN AN EMPLOYEE CALLS FOR AN APPOINTMENT, I WANT TO COME IN, THEY CAN COME IN RIGHT THEN.

BUT THEN A LOT OF TIMES THE EMPLOYEE SAYS, I CAN'T COME THEN. I'LL HAVE TO COME TOMORROW OR THE NEXT DAY. WE'RE ASKING THEM TO BE MORE SPECIFIC WHEN THAT HAPPENS. WALK JIP, AGAIN, I HATE TO KEEP BRINGING COVID UP, BUT YOU CAN'T NOT BRING IT UP. THERE WAS AN ISSUE WITH COVID. WE'VE DONE A LOT OF DISCUSSION WITH MARATHON ABOUT WALK-INS AND COVID HAS SUBSIDED, WE THINK, WE WANT TO BE VERY CLEAR THAT THEY ACCEPTANCE WALK-INS.

>> Reporter: I THINK THAT'S VERY IMPORTANT. WE HAVE A HIGH CONCENTRATION OF STATE EMPLOYEES HERE. I DON'T TREB NAME OF THE GENTLEMAN WHO I TOOK THERE, THAT WE PLANNED

EVERYTHING AND WHAT THE PROCESS WOULD BE FOR ALL OF YOU. AT THE TIME, THEY WERE LOOKING AT ANOTHER OPTION.

MAYBE A CONTRACT FOR LABS AND SO FORTH WITH SOMEONE ELSE. SO, I NEVER HEARD BACK FROM HIM. HE UNDERSTOOD BY THE TIME HE LEFT, HE KNEW THE WALK-IN CAPABILITY AND THE APPOINTMENT AND THE FACILITATION THAT THE PLAN WOULD DO FOR MARATHON.

>> I THINK THERE'S AN EMAIL HERE JUST FROM A COUPLE OF DAYS AGO THAT THERE WAS A HEALTH SCARE.

>> IN THE ROTUNDA?

>> SPONSORED BRING.

(INDISCERNIBLE)

>> THEN WE COULD HAVE EDUCATED PEOPLE ON THE SERVICES. I KNOW THAT THE FOLKS THAT GET TO GO THERE, IT AUTOMATICALLY GOES TO YOUR POINTS. I GOT TO DOWNLOAD A PIECE OF PAPER, HAVE MY DOCTOR FILL IT OUT. WHEN MY DENTIST APPOINTMENT, EYE DOCTOR APPOINTMENT, EVERYTHING ELSE IS SMOOTH.

>> WE DO THOSE HEALTH -- I DON'T KNOW HOW MANY IN THE ROTUNDA.

IT WAS A BIG HIT DOING THE HEALTH FAIR WHERE 242 PEOPLE SHOWED UP. RELATED TO MARATHON, THEY WERE THERE. I JUST WANT YOU TO KNOW THAT. AND THEY DID 21 BIOMETRIC SCREENINGS, THREE PHYSICALS GOT SCHEDULED, TWO OTHER PROVIDERS, I'M ASSUMING PROBABLY MAGNIFICENT VISITS, TWO VACCINATION VISITS WERE SCHEDULED AND TWO BEHAVIORAL HEALTH. THEY DID 11 BLOOD PRESSURE CHECKS. SO, I BRING THAT UP BECAUSE, ALTHOUGH, THEY WERE ONE OF THE BEST AT THE HEALTH CARE FAIR. WE CAN DO THAT. PAUL AND COURTNEY ARE LISTENING INTENTLY TO DO THAT.

THAT JUST CAME UP THIS WEEK.

>> I KNOW AS WE -- AS WE SCHEDULE SOME TIME, ALSO, TO TALK LATER IN THE NEXT MONTH OR SO ABOUT A WELLNESS PROGRAM.

FOR INSTANCE, THAT WASN'T MARATHON. THAT WAS THE LARGER PLAN. IT WAS A PLAN PUTTING UP MULTIPLE THINGS, MARATHON BEING ONE OF THEM. WE NEED TO UNDERSTAND THIS RFP AND THAT CONVERSATION IS ABOUT THAT ON SITE CLINIC AND THE VENDORS PROVIDING IT, WHICH IS MARATHON, WHICH WE DO HAVE THE ABILITY TO EVALUATE OR CHANGE GOING FORWARD.

>> CAN I JUST CLARIFY BACK TO MY FIRST QUESTION. I'M TRYING TO DO SOME RESEARCH, TOO. IT SEEMS LIKE THERE'S A BLOCKAGE OF THE ABILITY OF OTHER PEOPLE TO BE ABLE TO USE IT. I KNOW IT'S WHETHER OR NOT WE WANT TO CONTINUE WITH THESE FOLKS OR NOT. BUT TO ME, SOMEWHERE IN THIS PLAN, IN SOMEBODY'S MIND, IT'S A LIMITING FACTOR. I DON'T KNOW WHERE THIS 30 MILES THING CAME, BUT I THINK THAT'S THE FEELING OUT THERE.

>> COMMISSIONER SCHMIDT.

>> WHEN YOU SAY ANYBODY, YOU'RE TALKING ABOUT ALL STATE EMPLOYEES? YOU'RE NOT TALKING ABOUT HUMANS, LIKE SEASONAL STAFF OR ANY OF THAT KIND OF STAFF?

>> ANYBODY ON THE PLAN, STATE EMPLOYEES.

>> VICKI SCHMIDT. I HAVE SOME SIGNIFICANT CONCERNS ABOUT EITHER ONE OF THE RECOMMENDATIONS. I THINK THE THIRD RECOMMENDATION COULD BE CONTRACT IN 2021. THAT'S AN OPTION TO NOT GO AHEAD WITH THE CONTRACT.

>> YOU MEAN, MEANING HAVE NO CLINIC AFTER DECEMBER 2021?

>> NO CLINIC. BECAUSE TO COMMISSIONER LANDWEHR'S QUESTION/COMMENT EARLIER. YOU KNOW, IT'S NOT SGF, BUT A PART OF THAT IS WHAT YOU PAY EVERY MONTH IN YOUR PREMIUM AS A STATE EMPLOYEE TO HAVE DISTURB YOU KNOW, AS A STATE EMPLOYEE WOULD ENTER. I MEAN, IT'S NOT ALL THE STATE'S PORTION OF THAT. THERE IS A COST TO THE EMPLOYEE. YOU KNOW, I KNOW -- I TALKED ABOUT THIS BEFORE. I ASKED FOR THE MONTHLY BILLING FROM MARATHON HEALTH FROM JANUARY OF 2020 TO JUNE OF -- WELL, ACTUALLY THROUGH APRIL OF 2021 AND DID MATH. I ASKED FOR THE UNIQUE PATIENTS THAT WERE SEEN. I KNOW IT WAS A COVID YEAR. I DON'T THINK YOU HAVE TO KEEP SAYING THAT. WE'VE BEEN THROUGH A YEAR OF COVID. WE ALL UNDERSTAND THAT. BUT THE COST PER PATIENT, EVEN IN JANUARY OF 2020, WAS \$510.68, THE COST FOR PATIENTS THAT WERE SEEN THERE. THAT WAS PROBABLY THE LOWEST COST. IT WENT UP TO \$2,784.60 IN MAY OF 2020. IT IS NOW IN APRIL OF 2021. IT'S AT 950.55 PER PATIENT THAT HAS BEEN SEEN --

PER UNIQUE PATIENT THAT HAS BEEN SEEN. YOU KNOW, YOU CAN GOOGLE IT. YOU CAN GOOGLE WHAT DOES PRIMARY CARE COST BY CPT CODES.

THEY'RE DIVIDED OUT INTO UNITS.

THE LOWEST ONE, I DON'T REMEMBER BUT THE HIGHEST ONE WAS AROUND \$85-95. THAT'S NOT A LOT OF TIMES WHAT THE INSURANCE PAYS.

LOOKING AT THAT, WE WOULD BE BETTER OFF AS A STATE EMPLOYEE HEALTH PLAN TO LET OUR EMPLOYEES GO TO OUR WALK-IN CLINICS FOR CARE. FOR \$40?

>> WELL, THAT'S HOW MUCH THE HEALTH CARE COMMISSION TO DECIDE. IF YOU WANT A WALK-IN CLINIC TO BE FREE? BECAUSE WE'RE PAYING \$186,000 A MONTH, A MONTH, FOR MARATHON TO BE OPEN, RIGHT NOW IN JUNE OF 2021, THE MONTHLY TOTAL IS \$186,000. WE PAY THEIR INTERNET, WE PAY THE PHYSICIAN CHARGES. I MEAN, I GOT TO TELL YOU I DON'T KNOW OF A PHYSICIAN'S OFFICE OUT THERE THAT WOULD HAVE LOVED TO HAVE A INSTEAD INCOME DURING COVID.

MARATHON COULD SEE ZERO PATIENTS IN A DAY AND HAVE THAT SAME INCOME. WE WERE TOLD THAT MARATHON, MARATHON ACTUALLY TOLD US, YOU HAD TO HAVE A NEGATIVE COVID BEFORE YOU COULD COME INTO MARATHON AT SOME POINT DURING COVID. THAT'S WHAT A HEALTH CENTER IS FOR, TO TREAT PATIENTS. YOU KNOW, TWO MORE POINTS. ONE IS THAT I DON'T THINK THE NEW COMMISSIONERS HAVE THIS, BUT -- AND I APOLOGIZE.

THERE ARE NO PAGE NUMBERS. WE WERE HANDED OUT THE MARATHON PERFORMANCE GUARANTEES SOME TIME BACK, AND OUT OF THE PERFORMANCE -- YOU KNOW, YOU ASKED THAT QUESTION ABOUT THE PREVIOUS CONTRACT -- WERE THERE PERFORMANCE GUARANTEES?

>> THEY MET ONLY 50% OF THEIR METRICS. I WOULD POINT OUT THAT A COUPLE OF THESE WERE ONES --



THEY WERE, WERE YOU OPEN ON TIME? YOU KNOW -- WELL, ANYWAY.

THOSE AREN'T CURRENT METRICS.

SO, THEY'RE MEETING LESS THAN 50% OF THEIR METRICS. YOU KNOW, AND, YES, WE WANT TO AWARD THEM A COMBINATION OF A CONTRACT? MY LAST POINT IS SOMETHING THAT DID NOT COME TO LIGHT UNTIL -- I DON'T KNOW WHO -- WELL, I'M SORRY. ONE MORE POINT BEFORE THAT. ON PAGE 43. THE SECRETARY OF ADMINISTRATION MET WITH THE LEGISLATIVE COMMITTEE TO PRESENT THE CLINIC FOR CONSIDERATION. THE CHAIR OF WAYS AND MEANS COMMITTEE IS SITTING WITH US TODAY AS A COMMISSIONER. DID YOU MEET WITH HER? DID THE SECRETARY OF ADMINISTRATION MEET WITH HER ON CONTINUING THE HCC AFTER THE IFB PROCESS DIDN'T GO FORWARD? I DON'T REMEMBER HER TALKING ABOUT THIS. I WAS ON WAYS AND MEANS AT THE TIME. I WAS NEVER AT A MEETING. WHAT LEGISLATIVE COMMITTEE DID THE SEHP MEET WITH?

>> MIKE, DO YOU RECALL?

>> THEY WENT OVER THE RESULTS OF THE IFB.

>> I CAN TRY TO FIND THAT OUT.

THIS IS ALL BASED ON HISTORICAL INFORMATION. SO, I CAN'T SPEAK TO IT EITHER.

>> OKAY. ON PAGE 45, I WAS SHOCKED AT THE LAST BULLET POINT; THAT THE MARATHON LEASE IS SOMETHING THAT THE STATE EMPLOYEE HEALTH PLAN IS RESPONSIBLE FOR BUT THE LEASE EXPIRES AFTER THE CONTRACT EXPIRES. SO, IF WE WERE NOT TO RENEW MARATHON AS OF JANUARY 1st OF DECEMBER 31st, THEN WE'RE STILL ON THE HOOK FOR TWO MONTHS OF LEASE PAYMENTS, THE STATE EMPLOYEE HEALTH PLAN. I'M TRYING TO FIGURE THIS OUT. SO, IF WE DID ONE OR THE OTHER OPTIONS AND EXTENDED THIS FOR A YEAR, THEN WE WOULD -- THEN WE WOULD HAVE TO UPTICK ONE OF THE THREE-YEAR RENEWALS AND LEAVE US HOLDING THE BAG AGAIN FOR A LEASE WHEN THERE'S NOBODY IN THAT SPACE.

>> THAT'S AN ASSUMPTION THAT --

ONE, THERE'S AN ASSUMPTION THERE THAT WE WOULD NOT HAVE ANY CLINIC IF WE WERE TO RFP THIS AND WE WERE TO REPLACE THE CURRENT -- THEN YOU'D HAVE THE POTENTIAL FOR THE NEXT VENDOR TO TAKE OVER THE SPACE THAT'S BEEN BUILT OUT FOR THE PURPOSE OF ON-SITE CLINIC.

>> THE TIMING DIDN'T MAKE ANY SENSE.

>> I CAN TELL YOU THERE'S A NUMBER OF LEASES AND CONTRACTS THAT DON'T ALWAYS LINE UP. YOU A POTENTIAL WITH A LEASE OR IF THINGS CHANGES THEY COULD SEE IF SOME OF THAT COULD BE MITIGATED.

WHEN IT WAS PREPARED, IT PROBABLY SHOULD HAVE ALIGNED A BIT BETTER, BUT IT DOESN'T MEAN THERE'S NOT A WAY TO TRY TO ADJUST THAT GOING FORWARD.

>> WELL, AS -- KEEPING THE STATE EMPLOYEES IN THE BACK OF MY MIND, THE STATE EMPLOYEES ARE ON THE HOOK FOR THAT IN SELF-FUNDED PLAN. CHIROPRACTIC SERVICES. I NEVER HEARD.

>> I THINK IT'S THE TERMINOLOGY.

IT'S MORE PHYSICAL THERAPY.

>> BIG DIFFERENCE.

I TOOK THE LANGUAGE VERBATIM.

WE TALKED ABOUT THIS.

>> I UNDERSTAND THAT. I MEAN, I'M JUST SAYING, IF WE PROVIDE CHIROPRACTIC THERAPY, I WANT TO HAVE THAT DISCUSSION. THE CLINIC HOURS HAVE BEEN CHANGED FOR EARLY MORNING AND LATE EVENING BUT THEY'VE NOT EXTENDED THEIR HOURS. THAT IS NOT HELPFUL TO ME AS AN EMPLOYER. I MEAN, FOR WHAT THEY'RE BEING PAID, I THINK THEY COULD BE OPEN A LITTLE BIT LONGER AND THEY COULD -- I MEAN, THEY SHOULD BE WILLING TO DO THAT. I THINK THAT THE -- I -- I COOPERATE LOOK A STATE EMPLOYEE IN THE EYE AND SAY THAT PAYING, YOU KNOW, \$1339.46 FOR THE AMOUNT OF EMPLOYEES THAT GO IN THERE ARE WORTH IT. WE ARE MUCH BETTER OFF PAYING SOMEWHERE ELSE AND NOT MEETING THEIR METRICS. YOU KNOW, I MEAN, MY -- MY VOTE IS TO DISCONTINUE THE CONTRACT AS OF 12/31 OF 2021. IT WAS A PILOT PROJECT. THEY HAD THE TELEMEDICINE. I DON'T THINK TELEMEDICINE IS AVAILABLE AT MARATHON.

>> IT IS.

>> OKAY. TO EXPAND THEIR SERVICES THROUGHOUT THE STATE --

I MEAN, THIS SAYS THE TELEMEDICINE OPPORTUNITY TO EXPAND THE SERVICE MAKES ME THINK THEY'RE NOT THROUGHOUT THE STATE.

>> THAT'S MY TERMINOLOGY. THAT GOES BACK TO PROMOTING THIS OUT INTO THE STATE FOR PEOPLE THAT AREN'T WITHIN THIS 30-MILE AND THAT MAY NOT HAVE AN OPPORTUNITY TO GET THEIR SCREENINGS AND WHAT NOT DONE AND WHAT COULD BE DONE BY TELEMEDICINE, WE WOULD PROMOTE THAT AND SET UP, YOU KNOW, THE RESOURCING AND THE PROGRAMS TO DO THAT IN A MUCH LARGER WAY, MAYBE DEPARTMENT OF CORRECTIONS, THINGS LIKE THAT.

TO SAY WE WILL OFFER IT ALL DAY LONG, EVERY DAY AND FOR EVERY EMPLOYEE, THEY HAVE TO PLAN.

THEY'RE WILLING TO DO IT, BUT THEY HAVE TO SET THE PLAN IN MOTION.

>> SO, WOULD THAT BE AN INCREASED COST?

>> NO.

>> BECAUSE TELEMEDICINE FROM THE CLAIMS WE SEE AT THE INSURANCE DEPARTMENT, TELEMEDICINE HAS EXPLODED DURING COVID. AND IF THE EXPLOSION HAS NOT TAKEN FROM MARATHON ON TELEHEALTH AS OF NOW, THEN -- I MEAN, THEY MISSED A BIG PART OF THE BOAT.

>> DO YOU HAVE THE TELEMEDICINE NUMBERS?

>> I DO. I JUST WANT YOU TO KNOW THAT IT HASN'T EXPLODED TO THE LEVEL YOU THOUGHT IT WOULD HAVE, I THINK.

>> WELL, WE'VE MET WITH OUR MAJOR HEALTH CARE CARRIERS AS A DEPARTMENT IN THE TOPEKA AREA, AND THAT'S NOT WHAT THEY'RE TELLING US AND THAT'S NOT WHAT THEIR CLAIMS DATA SHOW. NOW, WHETHER OR NOT THE STATE EMPLOYEES HAVEN'T DONE THE UPTAKE, I DON'T KNOW. BUT, ANYWAY, I JUST -- I -- I JUST THINK THAT, YOU KNOW, IT WAS A PILOT PROGRAM. THE STATE --

WHEN THE LEGISLATURE CONTEMPLATED, IT WAS CONTEMPLATED AT A PILOT PROJECT.

IF YOU CAN'T MEET 50% OF YOUR METRICS IN THREE YEARS, EVEN WITH COVID, THIS IS JUST THROWING -- THIS IS -- WHAT COULD \$2 MILLION IN THE STATE EMPLOYEE HEALTH PLAN DO FOR ALL THE EMPLOYEES, NOT JUST THE 136 THAT HAVE BEEN ABLE TO GO TO THE CLINIC?

>> THIS IS COMMISSIONER BURNS-WALLACE. I THINK, AS I LOOK THROUGH WHERE WE ARE, I GUESS I'M IN A DIFFERENT PLACE THAN DIFFERENT SCHMIDT IN RELATION TO HAVING AN ON-SITE CLINIC. I STILL BELIEVE THE REASON IT WAS STARTED, THE BENEFITS THAT ARE THERE FOR OUR STAFF, PARTICULARLY IF WE CAN CONTINUE TO BUILD ON WHAT'S THERE NOW, AS WELL AS TO TAP FURTHER INTO TELEMEDICINE, THAT THERE IS POTENTIAL. IT'S MORE THAN POTENTIAL. THE RETURN ON INVESTMENT FOR OUR EMPLOYEES AND HAVING AN ON-SITE CLINIC, UM, IS STILL SOMETHING I AM 100% IN SUPPORT OF. THE CURRENT PROVIDER THAT WE HAVE MAY NOT BE THE BEST FIT FOR WHERE WE ARE AND WHERE WE WANT TO GO, AND THAT IS WHY WE HAVE THE ABILITY, WHETHER IT'S AT THE END OF DECEMBER OR LATER NEXT YEAR, TO PUSH OUT AN RFP TO FIND A VENDOR THAT IS A BETTER MATCH AND/OR ALLOW -- BECAUSE THE CURRENT VENDOR IS COMPETE IF AN RFP IS OUT THERE AND MAKE THEIR CASE, BUT I'M NOT IN A PLACE WHERE I'M WILLING TO WALK AWAY FROM THE ON-SITE CLINIC. I DON'T KNOW THOSE ORIGINAL GOALS ARE GONE, AND THERE'S STILL THAT BENEFIT.

BOTH HERE IN THIS REGION, AS WELL AS ALL AROUND THE STATE.

ANY OTHER COMMENTS?

>> COMMISSIONER SCHMIDT?

>> I JUST WANTED TO FOLLOW UP WITH YOU, MADAM CHAIR THAT, YOU KNOW, WHEN YOU SAY AN ON-SITE CLINIC, WHAT IS YOUR DEFINITION?

A WALK-IN CLINIC AS IT WAS ORIGINALLYORIGINALLYORIGINALLY PROPOSED? OR IS IT AN ON SITE CLINIC FOR ALL THE ABOVE. HOW DO YOU DEFINE THAT?

I CAN'T LAY IT OUT. WHAT I GO BACK TO IS I FEEL THE REASON THESE CONVERSATIONS HAPPEN THAT THOSE NEEDS AND INTERESTS ARE STILL THERE TO BE MET. I THINK THAT'S WHERE WE HAVE THE OPPORTUNITY WITH AN RFP TO MAKE SURE THAT AS WE RE-ENVISION IT, IT ACTUALLY MATCHES ON WHAT WE NEED, LEARN FROM THE LAST THREE YEARS, TO SAY, AS WE GO FORWARD, WE NEED TO ENSURE IT IS DOING THIS. THAT IT IS DEFINED WITH THAT WALK-IN AND ON-SITE, WHAT NEEDS TO BE HERE AND WHAT DOESN'T NEED TO BE DUPLICATED IN THIS SPACE AND CAN BE BETTER SERVED IN A BETTER SPACE? IF TELEMEDICINE ALLOWS US TO TRULY REACH OUT AND LEVERAGING INTO THE RFP SAYING THIS WILL BE A KEY COMPONENT, THAT THOSE PARTNERS COME TO TABLE AND PROVIDE THE RESOURCE AND THEY SHOW THE PLAN FOR WHAT THAT COULD LOOK LIKE. FOR ME, I DON'T KNOW

THAT I HAVE ALL THE PIECES OR ANSWERS, BUT I DO THINK WHERE THIS CONVERSATION STARTED, THAT THE HEART OF WHERE THE CONVERSATION STARTED HASN'T GONE AWAY, THAT NEED HASN'T GONE AWAY. WE MAY NOT HAVE BEEN ABLE TO EXECUTE IT IN THE PILOT, BUT WITH THE PILOT, IT GIVES YOU THE OPPORTUNITY TO LEARN AND TO DO IT BETTER AND TO SAY WE'VE LEARNED WHAT WE BELIEVE THIS IS WHAT WE NEED TO BE IN THE WHAT NEXT ITERATION WOULD BE. I SAY FOR MYSELF, WHETHER IT'S THE VENDOR ITSELF, I AM NOT COMPLETELY READY TO WALK AWAY FROM THIS RESOURCE.

>> WOULD YOU ENVISION THAT RFP, THAT THE STATE EMPLOYEE HEALTH PLAN BEARS THE COST.

>> YOU KNOW, WE BENEFIT VERY WELL DURING COVID BEARING ALL THE COSTS.

>> THAT'S HOW EVERYTHING IS FUNDED ACROSS THE PLAN.

>> THANK YOU.

>> THANK YOU, MADAM CHAIR.

BRENDA LANDWEHR. SO, AS I LOOK THROUGH THIS, AND I'M TRYING TO MAKE SURE I'M FOLLOWING THE BOUNCING BALL HERE. I LOVE BEING THE NEW KID ON THE BLOCK.

THE HCC IS BASICALLY PAYING FOR ALL THE FIXED OVERHEAD COSTS, IS THAT CORRECT?

>> I THINK THE OVERHEAD COSTS ARE IN THE ORIGINAL CONTRACT.

>> MADAM CHAIR, BUT I DO NEED THAT INFORMATION. I MEAN, WE PAY THE INTERNET NO MATTER WHAT THE CHARGE IS, WE PAY THE TELEPHONES NO MATTER WHAT THE CHARGE IS, WE PAY -- SO, IT'S NOT A FIXED COST. IT'S FIXED EXPENSES THAT WE PAY, THE COST IS NOT FIXED. THERE'S A DIFFERENCE BETWEEN COST AND EXPENSES.

>> AND, AS PART OF --

>> THE SALARIES OF THE PHYSICIANS. SO ONE TIME WE GOT A LITTLE BIT OF A REFUND BECAUSE THE PHYSICIAN WENT ON VACATION.

>> THE PLAN CAN PROVIDE ALL THE BACKGROUND DOCUMENTS. WE'VE GOTTEN IT OVER TIME IN DIFFERENT PIECES. WE'VE DONE VERY DEEP DIVES AND HAD MARATHON ANSWER QUESTIONS. THERE ARE ADDITIONAL DOCUMENTS THAT THE PLAN CAN PROVIDE. YOU KNOW, THE MONTHLY, ALL THOSE TYPES OF THINGS.

THERE'S A PACKET OF INFORMATION.

>> OKAY. THIS IS A QUESTION, WHAT IS THE 2.7 PAYING FOR? ON THE TELEMEDICINE SIDE OF IT, WHO PROVIDES THE PLATFORM FOR THE TELEHEALTH? DO THEY HAVE THEIR OWN PLATFORM? AND THEN,

WHEN THE EMPLOYEES MAKE THEIR DECISION EVERY OPEN ENROLLMENT, DO THE EMPLOYEES REALIZE THIS IS A POTENTIAL BENEFIT OUT HERE IF THEY CHOOSE PLAN A, OF HAVING ZERO CO-PAY WHEN THEY WALK?

>> IT'S PUBLISHED. I MEAN, I COULD TELL YOU IT'S PUBLISHED AND IT'S REITERATED NOT JUST IN THE PLAN BUT ON NEW EMPLOYEES WHO ARE HIRED. THAT'S OUTSIDE OF OPEN ENROLLMENT. DO THEY REMEMBER IT, YOU KNOW, THAT'S ANOTHER STORY. YEAH, THEY'RE ABSOLUTELY AWARE OF THAT. AS WE DISCUSSED YESTERDAY, HEALTH CARE IS VERY COMPLICATED FOR ALL THESE FOLKS OUT HERE, IT'S ALSO COMPLICATED FOR THE CONSUMERS.

FOR A NEW EMPLOYEE TO LOOK AT THIS PLAN AND THIS PLAN AND PLAN WITH CONFUSING. THERE COULD BE A BIG BENEFIT, YOU KNOW, OF CHOOSING A PLAN A OVER B OR OTHERS. IF YOU HAVE THE EXPANSION CAPABILITIES ON THE TELEHEALTH.

>> YOU KNOW, THAT COULD BE HUGE.

IT'S WHY PEOPLE CHOOSE CERTAIN PLANS. I COULD CALL THE TELEDOC AND I PAY NO CO-PAY. THAT'S A BIG DEAL. YOU NEED TO KNOW THOSE KINDS OF THINGS GOING INTO IT. I DON'T THINK WE DO. I KNOW AT LEAST FROM THE LAS PERSPECTIVE. THEY'RE NOT SALESMEN. THEY DON'T KNOW WHAT TO TELL THE STAFF TO DO.

>> I NEED TO FOCUS ON THAT.

THIS WOULD BE A QUESTION FOR THE INSURANCE COMMISSIONER. AT WHAT POINT WOULD THEY CROSS THE LINE OF BECOMING INSURANCE SALESMEN.

I DON'T KNOW. IT CAN BE A FINE LINE.

>> I MEAN, THERE'S A LOT OF EDUCATION THAT'S DONE BY VARIOUS -- ACROSS THE STATE --

SOMETIMES IT'S HR DIRECTORS OR OTHERS THAT PROVIDE KIND OF THAT CLARIFICATION INFORMATION, THEY DO MULTIPLE SESSIONS AND THINGS LIKE THAT, PARTICULARLY WHEN IT GETS CLOSER TO OPEN ENROLLMENT AND ALL OF THAT. I THINK THAT'S -- I KNOW LAST YEAR WE CREATED A ROLE THAT WAS FOCUSED ON MARKETING AND COMMUNICATION JUST FOR THE PLAN SO WE WERE MORE STRATEGICALLY THINKING ABOUT HOW TO COMMUNICATE AND TO WHERE AND WHO AND WHEN. NOT FOR ONE PARTICULAR PROGRAM BUT OVERALL. IT'S NOT JUST EVEN MARATHON, IT'S NOT JUST THE DIFFERENT WELLNESS BENEFITS, THE VARIOUS PLANS AND UNDERSTANDING HOW THAT COMES TOGETHER.

WHAT IS KIND OF OUR DROP-DEAD DATE THAT THE COMMISSION HAS TO MAKE A DECISION ON WHETHER TO EXTEND OR NOT EXTEND ON THE CLINIC?

>> FROM MY PERSPECTIVE, AND I'LL LET JANET ANSWER. IT'S A QUESTION OF, IF WE ARE INTERESTED -- IF THE COMMISSION DECIDES THAT WE DO NOT WANT A CLINIC, THEN WE ALLOW IT TO EXPIRE, RIGHT? AND IF WE WERE TO DO THAT, I WOULD LIKE TO HAVE THAT DONE AS A FORMAL VOTE SO THAT IS ON THE RECORD. BECAUSE, AGAIN, WE WOULD WANT TO HAVE THAT CLEARLY IDENTIFIED. AND THAT

CAN BE DONE -- LIKE, AT THIS POINT, THIS CONTRACT ENDS IN DECEMBER, CORRECT? IF WE TAKE NO ACTION OR TAKE THE PROACTIVE ACTION TO SAY WE WANT THIS TO ENTIRE AND WE WON'T ISSUE AN ADDITIONAL RFP, ONCE WE DO THAT, WE ALLOW THIS TO EXPIRE AND THAT CLOSES. IF WE WERE STILL INTERESTED IN HAVING AN ON-SITE FACILITY HERE IN TOPEKA AND LOOKING AT ISSUING AN RFP, UNDERSTANDING THAT WHERE WE ARE IN THE YEAR, WE WOULD PROBABLY MOST LIKELY, AND THE TEAM COULD SPEAK PROBABLY MORE TO TIMING, THERE WILL PROBABLY BE A SLIGHT GAP IF THE CURRENT RFP PROCESS WAS RE-AWARDED, OF COURSE, A CONTINUATION WITH A NEW VENDOR.

THERE WOULD BE A SLIGHT GAP BETWEEN THE MARATHON PROVIDER AND THE NEW PROVIDER UNLESS YOU EXTENDED MARATHON FOR SOME PERIOD OF TIME, WHETHER IT'S THREE MONTHS, SIX MONTHS OR A YEAR. THAT COULD BE A POTENTIAL. OR WE COULD HAVE A GAP, RIGHT. I THINK WHAT THE STAFF WAS RECOMMENDING IS A FULL YEAR AND PUSHING THIS OUT TO GIVE THEM MORE TIME. WE DETERMINE WE'RE NOT GOING TO FORWARD WITH AN IN-SITE, WE MAKE THAT DETERMINATION, WE ALLOW THAT TO EXPIRE. IF WE ISSUE AN RFP, WHICH TAKES A LITTLE BIT OF TIME, THERE'S PROBABLY GOING TO BE A GAP BEFORE A NEW PROVIDER COULD STEP IN IF THE CURRENT PROVIDER WASN'T SELECTED IN THE NEW RFP PROCESS. WE NEED TO DETERMINE AS A COMMISSION IF WE WANTED A GAP THERE OR PREPARE FOR THAT TRANSITION PERIOD. OR A LONGER VERSION OF THAT IS WHAT THE PLAN STAFF HAS PROPOSED.

>> YEAH, I THINK WHAT WOULD BE HELPFUL IS BETWEEN NOW AND OUR NEXT MEETING, IF PERHAPS STAFF COULD LAY OUT THOSE DIFFERENT SCENARIOS. OKAY, IF WE DECIDED NEXT MONTH THAT WE WANT TO LOOK AT AN RFP PROCESS, IF WE WANT TO CLOSE THE CLINIC, IF WE WANT TO DO AN EXTENSION, SHOULD IT BE A YEAR? SHOULD WE LOOK AT THREE MONTH? SHOULD WE LOOK AT SIX MONTHS? ALL THE DIFFERENT SCENARIOS YOU MENTIONED THERE AND GIVE US THAT --

>> IT WOULD ALSO GIVE US -- FOR THE COMMISSIONERS THAT ARE HERE, WE'VE BEEN LOOKING AT THAT DATA REFERRING TO MARATHON FOR A YEAR. THERE'S A LOT OF OUR DATA THAT CAN BE PROVIDED TO PROVIDE A LITTLE BIT MORE BACKGROUND AS WELL.

>> WE DON'T WANT TO BE TOO INUNDATED BUT IT'S IMPORTANT TO MAKE SOME SIMILAR DECISIONS WE'RE USED TO MAKING.

>> CLARIFY WHAT YOU WANT LAID OUT, THE OPTIONS.

>> WHAT ARE THE DIFFERENT OPTIONS WE COULD LOOK AT? NOPE, WE DON'T RENEW IT. WE DO A THREE-MONTH, A SIX-MONTH EXTENSION. WHAT DOES THAT LOOK LIKE. WHAT'S THE PROCESS FOR A RFP? IF WE WANT TO PUT OUT AN RFP, HOW LONG DOES IT TAKE TO PUT THE RFP OUT THERE?

I HAVE NO IDEA WHAT THE TIMELINE LOOKS LIKE BECAUSE I HAVEN'T DONE IT.

>> IT'S A NUMBER OF MONTHS. HOW LONG DOES THIS TAKE? THAT GIVES US A BETTER IDEA OF WHAT TO DO.

>> COMMISSIONER MCGINN AND COMMISSIONER SCHMIDT.

>> SO, ON PAGE 45, THE MARATHON LEASE EXPIRES. MY QUESTION IS, THE LEASE EXPIRES. DOES THAT ALSO MEAN THEY'RE OBLIGATED TO STAY?

>> NO. AGAIN, ONE OF THE RISKS THAT WE TAKE IS THAT -- THEY'RE NERVOUS ALREADY. THEY KNOW THE COMMISSION IS NOT TOTALLY ON A DECISION POINT YET RELATED TO THEIR FUTURE. AND THAT'S THEIR PROBLEM TO FIX. THAT'S AN OBSERVATION.

>> OUR ACTION TODAY NEEDS TO BE MORE ABOUT THIS INFORMATION SO THAT WE DON'T SIGNAL A MESSAGE, A, WE'RE ABANDONING TODAY AND, YOU KNOW,

Piano

>> Is that coaching? Licensed clinical social worker. Does that help?

>> Maybe.

>> They coach and see people. They have visits with people. If they find it something beyond maybe they need something beyond what they, their expert icesese. Seven visit, eight visits.

>> Eight visits for a situation. But then a limited amount for a year

>> So does that EAP refer to marathon or marathon refer to EAP?

>> It works both way

>> Try to network -- once in the clinic, that's an option. But a plan C member we would have to have [indiscernible] and their situation may be something that -- we work with the EAP, and

>>CART Captioner: This speaker is further from the micro-only if.

>> It works both directions

>> And is there a limit to when the state employee can access the behavioral health at Marathon?

>> No.

>> It gets to the patients. Thank you. So commissioner, begin.

>> Well, are we going to need to do a motion to put this off. I think similar to before, we have you -- a few followup items. And making sure that [indiscernible] the commissioner some of the background data that we have seen over the last months. But to your request around -- and with follow up questions.

And add one or two that we can follow up on as well

>> I didn't know -- if we get to that point -- I don't think we need a formal motion. But it's the -- as informal as we can be. Imsay unless there's a -- I would say, unless there's a commissioner has a concern, we'll follow up with the requested pieces and then move this to our August agenda with that information. And commissioner --

>> I was just thinking -- on your website, the counseling areas -- anxiety, PTSD, and depression. I have a question back to Jennifer. I think -- trying to think of how this is said. If you went in, you say -- will said unlimited counseling. So a state employee, if they wanted to talk to a counselor every week, they could go and have that at Marathon?

>> If it was -- determined appropriate and the counselor felt the person needed that type of care, yes. A plan -- member would not have a cost share for that. The other plans though that would be subject [indiscernible]

>> All right

>> All other plans would have cost share. -- the member would have one or two a week, I [indiscernible] dollars for the sessions, until I meet my deductible

>> And this can be a discussion later. To me that all seems -- for me -- out of the scope of the clinic. I think that is more short-term, if you are still having problems you may need to be referred. I am just saying, thinking of a clinic, sometimes you can be helped by three sessions. But going on a year or two, you probably need to go outside of the clinic perspective.

>> And that would be the decision made by the counselor. If the counselor felt that the person needed more extensive services [off-mic]

>> Would I make the comment, on page 46. To say that similars would be provided. Not put -- when the contract was signed, this is what we agreed upon. And that is more of a comprehensive, holistic, not enough QHC or home -- when the decision came to talk, and we had their CEO, and the -- on the team on the HCC to respond to what you are talking about. They described their model -- described the model a holistic approach. They have the time and the other Ss. A walk-in clinic. And that's the statement I am making. As we think about whether we have a plan or if we want another one, we want to extend this one, this is kind of their model. And that's what was proposed that we wanted them to provide. And that probably came through the negotiation. If we get away from that model. They might not be [indiscernible] for us. And because I don't believe, and I don't know this, but for example a walk-in in clinic, not sure if that's -- that's why looking at other vendors or what you -- would be something you might want to do. They're not necessarily doing anything, from my perspective, wrong. Their volume is picking up and whatever. They're doing what this says, which is what we asked them to do. And agreed upon the contract. We can do all of this homework, but I want to make sure that it's a statement. So you understand you were there. You heard all the services you provide. You went to the walk-in clinic. [off-mic], because that's what you do.

>> In terms of what the commissioner talked about, she mentioned the [indiscernible]. It might be that the services provided are not enough.

You know maybe there's other things that need to be looked at. I am not going to speak for anybody else, but that's where I am coming from. I am not in a position to say yes or no today, but I need more information. I am hoping that even if we didn't sit here and lay down and ask the specific questions, I hope that you and your staff has figured out what we're wanting. If we missed a question. Because that happens a lot as we go through this process. And provide that information to help us make a knowledgeable decision when we do make this decision. Because we're not saying it's a bad idea. Because we were both involved in the concept that was originally talked about. We see the benefit. I



just think somewhere along the line it's gotten shortchanged, by who, I don't know. But if I was Marathon, I would be saying, okay, I have listened to them. I heard them. They want more, and what is that? And I would be bringing that to the table now.

>> Okay. Thank you.

>> Any other items in this case?

>> Commissioner Schmidt?

>> I don't want to lose fact into that the original conversation -- the [indiscernible] in the department of administration and what committee, and how that planned out. Because that, the clinic that I see today, I mean, I don't think that -- I ... I am fairly certain like 99.9999% certain that we didn't talk about dispensing of medications out of the clinic when the legislature contemplated this. I would have been on ways and means, no. I was on ways and means when we did that

>> I was on appropriations.

>> You might have talked about it in the house?

>> -- clarification. I am sorry, Madam. I talked with research. It happened in conference. And the discussion, the majority of the discussion, was on House side. You may have had those, and we did not. And they're still looking for any information in the minutes. So ...

>> Okay.

>> And I will say that as we bring this conversation back in August, one commissioner who is on vacation today, Commissioner McCan was on this side. He was the only one here at the time. And people also remember what came this way, not on that side. At times he added, when we heard about it, it was presented this way, and I think it also helps to provide some of that [indiscernible] context. And hopeful some of that as well. Commissioner Schmidt.

>> Thank you. I want to make sure they receive the invoice. Kind of like for the record, if you will. When we talked about the cost before. Any prescription they dispense, the state employee health plan paid for that 8100%. -- any vaccination, 100%. Marathon is out no money for these things, out of the monthly contract that we pay. So and I think that's -- that would not have been -- well, I will just leave it at that. I want the commissioners to have that kind of information

>> And understanding. Again, as we have those larger conversations, thinking about if we move forward with a plan, those are pieces of how you set it up in terms of [indiscernible] as to what may be in a different offer or different configuration as well. So I think that's the piece for me. There's some realities of how this happened, and there's some realities around what we may -- again, what we learned, our process, period of time -- across the period of time -- and what may be a benefit going forward. So keeping that. But we'll make sure that we get that information.

Is there anything else? Commissioner, I want to make sure that I am not missing anything. I don't want to close the conversation, but I want to make sure we grab it, and put some stuff back together, and [indiscernible] back out. Commissioner [Name?]?

>> I am re-affirming what the commissioner just said. What we said earlier, we can talk cost or expense. We want to know what is the entire cost within the contractual and anything above that. Whether it's Marathon is responsible own ACH is responsible. --

>> Commissioner [Name?]

>> How do you make that cost equitable to all state employees across the state. What I think I am hearing today, there's a certain hub that is benefiting at the expense of other people on the insurance plan.

>> Vick

>> Schmidt. I would say even with Telehealth they're not going to get prescription health coverage, not going to get zero cost. They're not going to get immunization at zero cost. If they're in the Telehealth world. So the inequity persists from outside the core.

>> All right, commissioners, we are -- [indiscernible] a couple things. We have talked about the August 23rd meeting. There was a slight shift in dates. We Manhattan to make sure everyone has the correct date. August 23rd from 3:00 p.m. to 5:00 p.m. We'll be back in the usual location in the [Name?] boardroom for the meeting. We'll be polling through [indiscernible] from today, as well as looking at the --

>> Is there parking down there? That's not metered or?

>> Yeah. We'll send the information.

>> Okay.

>> There's parking.

We'll direct you to.

>> -- and supplemental

>> Med advantage and med supplemental are scheduled to be on the August 23rd agenda, as well as the items we identified today. And the beginning of our conversation around the RFP process as well. So "[Laughter]

>> Commissioner?

>> Commissioner McGinn -- and Schmidt and [Name?]

>> I thought I heard you say that -- [Name?] -- we're going to get the ENC's input.

>> We'll reach out to get any information we can in relationship to it. It'll be a part of the information of the packet and they can usually give a standing report. We'll ask them that they be a part of delivering there, and the feedback as well

>> I thought I heard you say 3:00 p.m. to 5:00 p.m.

>> It is tentatively --

>> And the chair always gets to pick the time, I agree. But it seems to me we have a lot to discuss

>> We usually start at 1:00 p.m.

>> Was it --

>> We usually start at 1:00 p.m.

>> -- indicated that we have a shorter thing that day.

>> Oh, did we?

>> -- I am not blaming --

>> A conference call at 1:30. But I can have somebody from my staff do that. I could go -- I would just as soon meet in the morning, but that's just me.

>> If we go over, we can --

>> I want to make sure we have plenty of time.

>> When I saw that I was like, we usually try to start about 1:00 p.m., 1:30. Commissioners, set for August 23rd. We'll address the start time. Probably the usually time. 1:30. But we'll send a confirmation so all commissioners have it. And we're in the Capers boardroom. I did mention that we have the public hearing on rules and regulation changes. You should have seen this in the. Again, you are welcome to join either virtually or with me.

And so let us know if you have any questions for that. And that is for the Day 1 Regular Change.

And we are scheduled -- and so as I say, if you are not here, or want us to join virtually because we are scheduled to be together on the 10th, and this is one of our strategy meetings where we will do an E doc into the actual wellness program. Because that's one of the RFP things we'll need to issue. As we try to do this, for our new commissioners, we've been trying to do the deep dives to have strategic conversation and give you the background and understanding of the different aspects of the plan. So the opportunity of the deep dive in September is to really focus on the wellness program before we draft and launch that RFP in November that then would close later.

So this gives us an opportunity to talk about the design of the Wellness Program and what it looks like, and to have the deep understanding. And [indiscernible] these are strategy conversations. And then we bring the more decision conversation back to the October meeting about what we're going to do with the Wellness RFP and those types of things. But this helps us. We've been trying to do some of these around the plan design components to have more strategic conversations about updating the different levels of understanding. September 10th meeting is about the Wellness Program.

Overall. And right now that -- [indiscernible] expires June 30, 2022. And the goal is to get an RFP out by November. And that's why we're trying to start in September to have an informed conversation and understand what we want in it and that we're framing the RFP appropriately for what we want our Wellness Program to look like going forward.

We'll talk in August. The team will follow up with short surveys to gather some information as they try to prep materials for us. With that are there any -- I have multiple agendas in front of me, I apologize -- are there any other items?

Commissioner Smith and commissioner [Name?]

>> Vicky Schmidt. Thank you, Madam Chair. I would like to add a couple things to the agenda. I think the next meeting, if I am not mistaken. I have been contacted -- well, actually -- I will just leave it. I have been contacted about the -- we have a hard rule at HCC about bariatric surgery performed, you need to be 18 or above. Children's Mercy Performs about 40 -- bariatric surgeries a year, younger than 18. Not 4 or 5 year olds, but 15, 16, 17-year-olds, and I would like to have a discussion about that, and be able to hopefully have your staff research the -- pros and cons of doing that.

>> That is eventually something already in motion.

>> Oh, okay.

>> In that they are trying to collect the information we're using the [indiscernible] to see if we have understandings of what other plans may be doing, as well as the region, as well as legal, and also with local providers to understand kind of what the field is out there.

>> I don't think any of your local providers will be any help. It's done at children's Mercy. I don't consider them local, but it could be.

Okay. The other thing is, I have received a couple of e-mails from employees, state employee, not mine, by the way, we always talk about mine, but not mine. State employees that have -- visited eye care providers and asked about [indiscernible]. And I got feedback that said that the providers are not willing to contract with [indiscernible] for the contract they've been offered. And I know there's a -- I think -- I question now. I couldn't find the document. But I think that there's an incentive. Is it October or November for them to have a network like a huge number of each percentage network established?

>> There were performance guarantees for -- development

>> And they started before the contract started, right? That performance guarantee was for this year.

>> Yes.

>> -- [off-mic]

>> Yeah. Before, yes. Sorry, yes. Before. Yeah. I was thinking about --

>> That's okay. I thought it was an unusual performance guarantee to have. Anyway, I would like an update at the next meeting on how that's going. --

>> [indiscernible]

>> Because it was a big number, if I recall. Like 90. I shouldn't really say. It was a big number. They ought to be pretty far along if they are going to meet that by October, November, they ought to at least be started with that.

And I think that's all on my list. So thank you.

>> Okay. Commissioner [Name?]

>> My question is, some of the topics we have in August, when we have information sent out to us. And I am sitting there thinking, what does Medicare have to do with the state plan. So I am in the dark. And I would like -- informed in the advance

>> You will get a background piece. Some pieces coming early and then the actual packet. For the commission, any -- [indiscernible] comes out and you feel there is a lack or a hole, please reach out. You would be surprised. We talk about so many issues. If you have a question on it, and someone on the commission for a while might also have it, because there's so much information that we're consuming. Don't hesitate to ask, even if you get the packet, if there's something you need, or information, there's a gap here, can you provide, X, Y, Z. Dana is the point of contact, you can reach out to her. But as we ask for the pieces, she ensures it comes back to the others in case the others need this information

>> Yes. We'll get the Marathon stuff out. We have a lot put together. And as you have all on the committee, and seen, we'll pull that out. That will help you get ramped up for the meeting.

>> Commissioner [Name?]

>> I want to be clear. If we have questions for Janet, do we send them as individual or can we c c everybody? We cannot c c?

>> [indiscernible]

>> Our questions go to Janet? And then she'll just send back general answers?

>> The question and the answer usually

>> Yeah. And then sometimes Courtney gets contacted. But I would like you to send them to me directly. I work with Courtney on getting materials back out. So, yeah, get a hold of me

>> And he again, it comes from an individual member. And this meeting's packet is a little bit smaller. Sometimes the follow up packet, item No. 2, it is really thick -- item No. 2, it may be thick, because we make sure to answer and push them out, and we do it in realtime but we follow up. These are all questions asked since the last meeting. So that we're trying.

We're still working on that. We have gotten better at it, but it's making sure that we push the information back out. Again, if you are asking another commissioner if you might have the same question, and we want to make sure that we're following the [indiscernible] and guide that we're following the guide lines. And even more importantly, for the commissioners who have been around for a while, we -- have aing are conversation, in the meeting, and an issue would be brought up. It's not that something was wrong or bad but lack of information. Part of what we've been trying to do is make sure it gets pushed back out so that everyone sees it's part of records. To say, we actually do have that, and it may have not been communicated. Please send to Janet and she'll make sure it gets sent back

>> And I normally put in there, this question came up from the commissioner. Commissioner Schmidt or anybody to see [indiscernible] and I always say who it is from.

>> One more question. Commissioner Smith. Making me stress over here in the last couple hours.

>> Should we take the material out of here and let you have the notebook? [indiscernible] or get a new notebook every time? Should we turn our notebook in?

>> So what --

>> [indiscernible]

>> So we've done two sorts of things. We went almost completely electronic at a certain point, but then also printed materials that were needed because of size and scope. We have been traditionally taking them back. Once the materials that you receive in the notebook, they're now posted in public materials. From a recycling standpoint, you can leave the notebook and the materials and we'll recycle. But this information, is all public so no sense of having to keep it.

>> I like the hard copy. I just want to make sure you get your right notebook back

>> You are welcome to. And [indiscernible] get the right notebook back, and the team will provide one for you. And the prepackette, this is a bigger one. I think the commissioner [Name?] and [Name?] knows that sometimes that the packets are really, really thick. If you want a hard copy of the pact when it's [indiscernible] for you, we can provide that. Sometimes with our [indiscernible] it's easier for us to print them out and provide it. Just work with the team to -- how to communicate to get you the [indiscernible]

>> This is good, thank you.

>> I want to be clear. To commissioner Schmidt. The notices of the things and things are posted for the public. For all this material is in.

>> [off-mic]

>> I -- prior to the transition to D of A, the materials it were not posted until after the meeting. And I was not totally aware that people were discern getting this ahead of the meetings until recently. That's probably a miss on my part. Like I just didn't know. I actually have a question to legal about when we're required to post that information. There are times when people see information ahead of you all seeing information, and decisions in being -- not decisions made but recommendations. And it feels funny to me. I didn't know that until recently. So there you go.

>> So you asked a question and I had a discussion with [Name?] about. I want you to know that I looked into that as something further or?

>> From my perspective I think it's very, very hard if someone is following along in this meeting and doesn't have our materials. We're referring to page numbers. We're referring to documents. And some of the documents are very detailed. I think it is good for the general public. Remind me. I am not sure about the awarding of the bids. I mean, if you kept that page back and didn't -- I mean, I don't --

>>

[ Overlapping Speakers ]

>> Because it's not really the awarding of the bids, it's a recommendation

>> It is

>> Maybe the recommendation, my suggestion would be to leave the recommendation off. But I do think that it is valuable for the people trying to follow along to be able to look at the documents that we have.

>> So over the last year, yes, the answer is yes, including today's --

>> Okay --

[ Overlapping Speakers ]

>> -- way way you decide to go.

[ Overlapping Speakers ] I don't usually share the notebook with people. Maybe my staff. But, anyway.

>> Okay.

>> Thank you.

>> Commissioner [Name?]

>> Well, the way that we do this, as far as the chairs and the legislative process. The public will see that released the day of. It'll come out in the committing hearing, the staff and the members all have that. And that's how we control that. The public has it and can flip through with us.

>> Okay. Thank you.

>> [off-mic]

>> Yeah

>> And some of us are operating electronic [indiscernible].

>> Mm hmm.

>> Any other issues, commissioners?

>> Welcome once again to our new commissioners

>> Welcome to HCC.

>> Thank you.

>> We've been rockin' and rolling for --

>> What did I agree to? [Laughter]

>> You'll be saying that again

>> Thank you all. As the commissioners on the committee know, this is important work. We take it so very seriously. And we will debate and we'll have a conversation and push back and forth, but we know it's for the right reasons to make sure that we're delivering the best plan for our employees. From my heart to say thank you for participating for like pushing in and asking the questions and making sure we're doing these things, and we look forward to continuing that conversation. And we'll see you in about a month. With that, I close the HCC Meeting for July 23rd. Have a good weekend.

>> Thanks.

>> You too.