

>> GOOD AFTERNOON. THIS IS SECRETARY DEANGELA BURNS-WALLACE FROM THE EMPLOYEE HEALTHCARE COMMISSION. I WOULD LIKE TO CALL OUR SEPTEMBER 27TH MEETING TO ORDER. THANK YOU TO ALL THE COMMISSIONERS FOR JOINING US TODAY. WE DO HAVE ALL COMMISSIONERS PRESENT. WE HAVE SIX COMMISSIONERS IN THE ROOM AND COMMISSIONER PRAEGER IS ON-LINE. COMMISSIONER PRAEGER, ARE YOU THERE?

>> YES, MA'AM. CAN YOU HEAR ME?

>> WE CAN HEAR YOU LOUD AND CLEAR. JUST WANTED TO TEST THE TECHNOLOGY. SO WITH THAT, COMMISSIONERS, I AM GOING TO MOVE US INTO OUR AGENDA. THIS MEETING WAS AT THE REQUEST OF THE COMMISSION TO FOLLOW UP ON OUR ITEM OF THE MARATHON CONTRACT, AND SO, AS THE COMMISSIONERS KNOW, WE HAVE AN OCTOBER MEETING SET BUT WE WANTED TO DO THIS IN A CERTAIN TIME FRAME SO WE CALLED THIS SPECIAL MEETING SPECIFICALLY FOR IT. IT IS AN OPEN, PUBLIC MEETING, SO WE DO HAVE LISTENERS ON-LINE AS WELL AS LISTENERS IN THE ROOM WITH US AS WELL. WITH THAT, WE HAVE TRIED TO KEEP THE AGENDA DIRECT. WE DO HAVE THE MINUTES THAT WE CAN APPROVE. THE ONLY ITEM ON THE AGENDA TODAY IS THE CLINIC. AS A REMINDER, FOR MY COMMISSIONERS AT OUR OCTOBER 18TH MEETING, WE WILL HAVE A HEARTY AGENDA, INCLUDING SOME OF OUR FOLLOW-UP ITEMS, INCLUDING TALKING ABOUT OUR LEGAL COUNSEL OPTIONS, TALKING ABOUT OUR PROCUREMENT PROCESS AND FEEDBACK AND SURVEY RESULTS. WE ALSO WILL NEED TO TAKE UP AT THAT OCTOBER 18TH MEETING THE RULE AND REGULATION CHANGE FOR THE NO-WAIT PERIOD AND THEN WE HAD PUT ON THAT DISCUSSION ALSO WE WANTED TO BEGIN OUR TALKING ABOUT AND TRYING TO BETTER UNDERSTAND HB2218 AND SOME OF THE DISCUSSION THERE AROUND THE RESERVES AND THE BALANCE AND THE SPENDING AS OUTLINED IN HB2218, SO WE WILL HAVE A ROBUST OCTOBER MEETINGS. ALL OF THOSE ITEMS ARE THERE AND THE COMMISSIONERS WILL RECEIVE PACKETS PRIOR TO THAT MEETING, AS ALWAYS. WITH THAT, I'D LIKE TO MOVE US INTO THE AGENDA THAT IS IN FRONT OF US, WITH THE FIRST ITEM BEING THE APPROVAL OF THE MINUTES. THESE ARE THE AUGUST 23RD MINUTES. THE TEAM IS TRYING TO TIGHTEN UP THE MINUTES APPROACH AND SO THEY PRESENTED A NEW FORMAT FOR US TO SEE IF THIS WOULD BE HELPFUL AFTER OUR PREVIOUS DISCUSSIONS, SO PLEASE CONTINUE TO GIVE THEM FEEDBACK ON IT. AND WITH THAT, I WILL TAKE A MOTION TO APPROVE THE MINUTES.

>> SO MOVED.

>> IS THERE A SECOND?

>> I'LL SECOND.

>> DISCUSSION. ARE THERE EDITS OR CHANGES? COMMISSIONER SCHMIDT.

>> THANK YOU. I DO LIKE THIS FORMAT BETTER. I THINK IT'S EASIER TO FOLLOW ALONG. I HAVE ONE FOR SURE CHANGE AND ONE SUGGESTED CHANGE. ON PAGE 11, ON THE ACTION ITEM, I JUST, INSTEAD OF VICKI SCHMIDT, I THINK IT SHOULD JUST, FOR CONSISTENCY, SAY COMMISSIONER SCHMIDT, LIKES LIKE IT IS ON THE OTHER ONES. THE EXPLANATION OF VOTE SHOULD GO UNDERNEATH THE SECONDS COLUMN -- OR THE THIRD COLUMN UNDER THE ACTION, BECAUSE I THINK THAT THE EXPLANATION OF -
- I KIND OF WISH THE HEADERS WOULD BE ON ALL PAGES -

>> AS SOON AS YOU SAID THAT, I WAS LOOKING, SAYING, WHERE ARE THE HEADERS.

>> I THINK IT SHOULD GO UNDER THE ACTION ITEM BECAUSE IT IS ASSOCIATED WITH THE ACTION THAT WAS TAKEN.

>> OKAY. TAKE THAT UNDER ADVISEMENT. SO WITH THOSE TWO -- ONE EDIT AND THEN A MOVE OR A RECOMMENDATION, ARE THERE ANY OTHER EDITS, COMMISSIONERS? AND I, TOO, LIKE THE FLOW OF THIS. IT HELPS TO COOL THINGS OUT A LITTLE BIT BETTER, AND AGAIN, WE ALWAYS HAVE THE FULL TRANSCRIPT AVAILABLE AS WELL, BUT ANY OTHER EDITS TO THE MINUTES? ALL RIGHT. HEARING NONE, ALL THOSE IN FAVOR SAY AYE OF THE APPROVAL OF THE AUGUST 23RD MINUTES SAY AYE? OPPOSED? WITH THAT, THEY ARE ADMITTED WITH THOSE MINUTES. ONTO OUR BUSINESS OF THE DAY, THE MARATHON CONTRACT RECOMMENDATION. COMMISSIONERS, YOU DID RECEIVE A PACKET PRIOR TO THE MEETING BUT I AM GOING TO TURN IT OVER TO JANET TO WALK US THROUGH WHAT WE HAVE AND THEN WE WILL OPEN IT UP FOR THE CONTINUATION OF OUR PREVIOUS DISCUSSION.

>> OKAY. THANK YOU. HELLO, EVERYONE. THIS IS JANET STANEK, DIRECTOR OF THE STUDENT EMPLOYEE HEALTH PLAN. THIS IS FOLLOW-UP FROM THE ORIGINAL PRESENTATION THAT WAS MADE OR PROPOSAL TO EXTEND THE MARATHON CONTRACT, IN FEBRUARY OF THIS YEAR. THANKS FOR ALL THE FEEDBACK AND INPUT YOU'VE PROVIDED. I'M GOING TO KEEP MY REMARKS VERY SHORT TODAY AND ENTERTAIN QUESTIONS OR DISCUSSION WITHIN YOUR PACKET, SINCE WE'VE LAST MET, WE HAVE HAD THE ANNUAL REVIEW PROCESS FOR THE SECOND TIME NOW COVERING THE PERIOD MAY 1ST OF 20 TO APRIL 30 OF 2021, SO YOU'LL SEE EXCERPTS OF THAT IN YOUR PACKET. ALSO INCLUDED TODAY ARE UPDATED OUTCOMES, FINANCIAL, VOLUME AND ACTIVITY AND, OF COURSE, WHAT WE'RE HERE TO DISCUSS WAS THE CONCESSIONS THAT WE HAVE TALKED TO MARATHON ABOUT, IF WE EXTEND FOR ONE MORE YEAR. SO ON PAGE 23, YOU WILL SEE IN THE PERFORMANCE GUARANTEE, SORRY ABOUT THAT WHICH WAS PART OF THE ANNUAL REVIEW, AND YOU'RE GOING TO SEE WHERE THE MONEY COMES FROM AND SO FORTH. SO ON PAGE 25, REALLY, IS WHAT WE'VE PUT FIRST FOR YOUR REVIEW AND YOU'RE GOING TO SEE THAT THE INVESTMENT TO CONTINUE THE CONTRACT FOR ONE MORE YEAR, WHICH WOULD BE JANUARY 1ST THROUGH DECEMBER 31ST OF 2022, IF YOU SO APPROVE, THE ANNUAL FEE WOULD BE REDUCED BACK DOWN TO WHAT THE 200 -- EXCUSE ME, 2020 RATE WAS, RESULTING IN A SAVINGS OF \$212,478. MARATHON HAS OFFERED TO INCREASE THE BEHAVIORAL HEALTH F.T.E. BY ANOTHER HALF. THAT'S ONLY BEEN BUDGETED FOR A HALF A PERSON, AND THAT WOULD BE AT NO ADDITIONAL COST FOR \$89,000. THEN VIRTUAL SERVICES, WHICH WE TALKED ABOUT WITH THE TELE-HEALTH, WOULD BE EXPANDED THROUGHOUT THE STATE. WE WOULD DO A PROMOTION AND INVITE MORE PEOPLE TO TAKE ADVANTAGE OF THAT SERVICE UNDER THE SAME RATE, FREE FOR "A" MEMBERS AND THE REST, \$40 A VISIT. THE LEASE RENEWAL TERMS ARE THERE. THAT'S NEGOTIATED BETWEEN THE BUILDING MANAGER AND THE REAL ESTATE MANAGER AND MARATHON. IT'S A PASS-THROUGH COST FROM THE STATE. THEREFORE, THREE YEARS WAS BID IN CASE THE STATE WANTS TO TAKE ADVANTAGE OF THREE YEARS VERSUS ONE. BUT THE RATE WOULD GO TO 16-50 AND RESULT IN AN ANNUAL FEE OF 65,736 DOLLARS. SO BASICALLY, THE SUPPORTING DOCUMENTATION AND ALL OF THE THINGS I DESCRIBED A MOMENT AGO ARE BEHIND THAT FIRST PAGE ON 25, BUT THE CONCESSIONS THAT WERE MADE WERE 301,478 AND THE HEALTH PLAN IS ONCE AGAIN RECOMMENDING THAT THE COMMISSION CONSIDER EXTENDING THE LEASE WITH MARATHON ONE MORE YEAR. THAT WOULD MEAN IF WE DO, AND YOU ALL DECIDE ON A CLINIC TO CONTINUE AS PART OF THE ACCEPT ACCEPT, TWHEASTLED GO OUT FOR ANOTHER BID FOR ALL VENDORS IN APRIL OF 2022. THANK YOU.

>> THANK YOU. QUESTIONS OR DISCUSSIONS, COMMISSIONERS.

>> COMMISSIONER?

>> JANET, I DON'T HAVE THE PAGE FLIPPING THROUGH, BUT WE'RE WHERE IT TALKS ABOUT FINANCIAL SAVINGS -- OKAY. NOW I'M NOT PUTTING MY FINGER ON IT, BUT THERE'S -- THAT MAY WELL BE.

>> THERE'S A WHOLE SECTION ON FINANCIALS. SHE'S CORRECT. STARTING ON 42. I DON'T KNOW WHAT SPECIFIC SLIDE YOU'RE LOOKING AT.

>> I... WAS... I WAS CONFUSED AS TO HOW SOME OF THOSE NUMBERS ARE ARRIVED AT, AND SOME OF THE SAVINGS ARE BASED ON PROJECTIONS OF COSTS THAT DIDN'T OCCUR BECAUSE OF CONTACT BETWEEN -- BY EMPLOYEES WITH THE HEALTH CENTER. CAN YOU SPEAK TO THAT SOME MORE, PLEASE?

>> I DO HAVE MARATHON HERE AND -- WE DO, AND PRESENT ON THE PHONE, BUT I WOULD TELL YOU FROM MY HEALTHCARE BACKGROUND, POPULATION HEALTH MODEL, COST AVOIDANCE IS A VERY COMMON AND PREVALENT WAY TO MEASURE RETURN ON INVESTMENT. IT'S COST AVOIDANCE VERSUS PROJECTED AVOIDANCE OF COSTS THAT YOU WOULD NOT HAVE HAD HAD YOU GONE TO THE E.R. OR THE HIGH COST PROVIDER, FOR EXAMPLE, OR NOT BE ABLE TO HEAD YOUR CONDITION OFF AHEAD OF TIME. I CANNOT SPEAK SPECIFICALLY TO FORMULA, BUT I WOULD ASK HOLLY TO SPEAK TO THAT. HOLLY IS OUR REP. HOLLY IS ON LINE.

>> YES. CAN YOU HEAR ME?

>> YES.

>> AND I DON'T HAVE THE SPECIFIC DOCUMENT YOU'RE REFERENCING, BUT THAT IS CORRECT, IF YOU'RE LOOKING AT JUST AVOIDED COST, IT WOULD BE SERVICES THAT WERE PERFORMED AT THE HEALTH CENTER VERSUS THOSE THAT WOULD HAVE BEEN OUT INTO THE COMMUNITY.

>> HOLLY, THESE ARE THE SLIDES FROM THE RECENT ANNUAL REPORT WHERE WE HAVE SPEND BY CLINICAL CLASSIFICATION PER MEMBER PER COST OUTCOME BY ENGAGEMENT LEVEL, ET CETERA.

>> OKAY.

>> I'LL PULL THAT UP. 42. IT SHOULD BE FOR YOU AS WELL. GIVE JUST ONE SECOND.

>> THIS IS JOHN SWARTZ. I'M AN ANALYST WITH MARATHON HEALTH AND I HELPED PREPARE THIS ANALYSIS. I'M HAPPY TO ANSWER ANY QUESTIONS IF THAT WOULD BE HELPFUL. YOU CAN SEE A DISTINCT COST OF MEMBERS USING THE HEALTH CENTER, ENGAGED MEMBERS AS DIVIDE BY THE PERFORMANCE GUARANTEES, WHICH MEANS TWO OR MORE VISITS WITHIN THE CONTRACT YEAR WITH A PROVIDER. THEY HAVE ESSENTIALLY SIMILAR RISK SCORES BASED ON DEMOGRAPHIC AND CLAIMS INFORMATION, BUT BETWEEN A THOUSAND AND \$1,500 LOWER COST.

>> COMMISSIONER DECHANT, GO AHEAD.

>> THIS IS SCIENTIFICALLY GENERALLY ACCEPTABLE IN THE FIELD -- NOT ACCEPTABLE. GENERALLY ACCEPTED AS GOOD, ACCURATE, MEASURABLE KIND OF THINGS.

>> IT'S GENERALLY ACCEPTED IN THAT HAPPEN KIND OF MODEL AND IT'S WHAT THE CONTRACT THAT WAS EXECUTED CALLED FOR RELATED TO R.L.I.

>> SO ON 44, IS THE BOTTOM LINE, THIS TOTAL SAVINGS IS WHAT? 1.9, ALMOST 2 MILLION OVER THE FIRST TWO YEARS? IS THAT CORRECT? AM I LOOKING AT THAT OR UNDERSTANDING THAT CORRECTLY? USER VERSUS NON-USER –

>> IT'S 584,938 DOLLARS OUT OF THE SERVICE FEE FOR THE YEAR TWO WHICH WAS 1.9 MILLION. >> OKAY. IS SO IT WAS A SAVINGS OF 584 OUT OF THE 1.9?

>> THAT'S CORRECT.

>> I THINK THAT'S IT FOR NOW.

>> OTHER QUESTIONS, COMMISSIONERS? DISCUSSION? COMMISSIONER SCHMIDT?

>> THANK YOU. SO THESE -- WE'RE NOT DEALING WITH ACTUALS; WE'RE DEALING WITH ESTIMATES BASED ON CERTAIN CONDITIONS TREATING THOSE CONDITIONS. IT WOULDN'T BE THE HISTORY FOR -- SINCE MARATHON'S HAD THE CLINIC OPEN. IS THAT CORRECT?

>> JONATHAN, CAN YOU ANSWER THAT? I BELIEVE IT'S "YES," BUT I WANT TO MAKE SURE THE TIME SPAN IS THE CORRECT ONE. THIS IS JANET.

>> YEAH, JANET. THE PARTICULAR TIME FRAME FOR THIS ANALYSIS IS THE MOST RECENT COMPLETE CONTRACT YEAR, SO MAY 2020 THROUGH APRIL OF THIS YEAR.

>> SO THESE ARE ACTUAL COSTS. AND I DON'T KNOW IF WE CAN PULL THE SLIDE UP ON THE VIDEO CONFERENCE HERE SO WE CAN –

>> IS IT PAGE 44? OR PAGE 45?

>> THERE'S SORT OF A SEQUENCE HERE. I'M I'LL BE HAPPY TO WALK THROUGH ANY OF IT THAT WOULD BE USEFUL. THE PARTICULAR ONE WE'RE LOOKING AT NOW IS COMPARING ENGAGED NUMBERS WITH CHRONIC CONDITIONS VERSUS NON-ENGAGED FOR THE SAME CHRONIC CONDITIONS, AND YOU CAN SEE A 46% LOWER AVERAGE COST FOR THOSE MEMBERS WITH CHRONIC CONDITIONS AT THE HEALTH CENTER AT LEAST TWICE IN THE MOST RECENT YEAR. SO THE QUESTION IS, AGAIN, THESE ARE ACTUAL NUMBERS FOR –

>> YES.

>> WHEN I LOOK AT THIS CHART, IT DOESN'T GIVE ME YEARS, MONTHS, DATES, UNLESS I'M JUST NOT SEEING IT SOMEWHERE IN FINE PRINT.

>> THE YEAR IS THE ANNUAL -- HE CONFIRMED AND I MENTIONED THE ANNUAL REVIEW WAS FOR YEAR TWO. THAT'S APRIL -- EXCUSE ME, MAY 2020 THROUGH APRIL 2021 IS THE TIME FRAME WE'RE TALKING ABOUT. OKAY.

>> USING ACTUAL CLAIMS DATA FROM YOUR CARRIERS COMBINED WITH ENGAGEMENT DATA FROM OUR SYSTEM.

>> ALL RIGHT. THANK YOU.

>> ACTUAL COST FOR THOSE MEMBERS.

>> COMMISSIONER SCHMIDT.

>> THANK YOU, MADAM CHAIR. VICKI SCHMIDT. I'M JUST WONDERING, ON PAGE 25 ON THE LEASE RENEWAL TERMS, SO IS IT POSSIBLE TO EXTEND THE LEASE FOR ONLY ONE YEAR? BECAUSE I BELIEVE THAT I UNDERSTAND THE 1650 PER-SQUARE-FOOT VERSUS THE 15125 ON A THREE-YEAR TERM, ONE-YEAR MATERIAL OF 16-50. I THINK WHAT -- THE FIGURES YOU OUGHT TO BE LOOKING AT THAT I'M LOOKING AT IS THAT THE ANNUAL PASS-THROUGH TO THE HEALTHCARE COMMISSION IS 65,736 FOR A ONE-YEAR, BUT ON A THREE-YEAR, IT'S 60,000 PLUS 62,000 PLUS 64,000 ON A THREE-YEAR, AND IF WE'RE ONLY GOING TO RENEW MARATHON FOR ONE YEAR, I DON'T THINK WE OUGHT TO PUT ANOTHER HUNDRED AND -- OVER 125, 126, 127,000 ON -- AS A RISK BECAUSE WE DON'T KNOW WHAT WILL HAPPEN IN THE NEXT YEAR. I WOULD JUST MAKE THAT AN OBSERVATION. ON THE QUESTION SIDE, ON THAT SAME SLIDE, EXPAND VIRTUAL SERVICES ACROSS -- VIRTUAL SERVICES ACROSS STATE TELE-HEALTH AT NO ADDITIONAL COSTS, ARE THERE ANY PERFORMANCE GUARANTEES BUILT INTO THAT? ARE THERE ANY METRICS FOR PERFORMANCE GUARANTEES BUILT INTO THAT THAT YOUR STAFF HAS NEGOTIATED?

>> NO. WE DID NOT DO THAT. WE DIDN'T GHEAT FAR ALONG -- GET THAT FAR LONG. THAT'S A GOOD POINT. IF WE MOVE FORWARD -- BECAUSE WE DIDN'T KNOW THE OUTCOME, SO -- AND WE WOULD CONSIDER THAT, OBVIOUSLY, YES.

>> OKAY. ON SLIDE NUMBER 27, ON MARCH OF 21 WHERE IT SAYS EXTENDED HOURS IMPLEMENTED, I JUST WANT TO BE CLEAR THAT THERE WERE NO ADDITIONAL HOURS INCURRED BY MARATHON AT THAT POINT. THEY CHANGED THE HOURS. THEY'RE OPEN A LITTLE LATER, A FEW EVENINGS, BUT THEY'RE OPENING LATER IN THE DAY AND THEN THEY'RE OPENING A LITTLE EARLIER ON SOME DAYS AND THEY'RE CLOSING EARLIER, SO EXTENDED HOURS, I THINK THAT'S A LITTLE DECEIVING ON THE SLIDE. IT WAS A CHANGE IN THE HOURS BUT THE TOTAL AMOUNT OF HOURS IS STILL THE SAME. IS THAT CORRECT?

>> IT'S CORRECT, AND IT WAS MY ANSWER TO THAT, BUT YOU'RE CORRECT, I SHOULD HAVE PUT CHANGE IN HOURS.

>> OKAY. ON PAGE 30, ON THE ELIGIBLE MEMBERS, 16,501, THAT'S THAT 30-MILE RADIUS ALSO, AGAIN, RIGHT?

>> CORRECT.

>> AND SO THAT GRAPH SHOWS US THAT WE'VE COVERED RIGHT AROUND 15% FROM AUGUST OF 2020 TO AUGUST OF 2021. IS THAT RIGHT?

>> THIS IS 18 MONTHS WORTH OF ENGAGEMENT. THERE ARE SOME DIFFERENT TIME PERIODS NOTED AND ON THIS PARTICULAR SLIDE, IT'S THE LAST 18 MONTHS. WHAT IT DOES IS IT'S A ROLLING 18 MONTHS. IS EVEN THOUGH THAT SAYS AUGUST, IT'S FROM A POINT IN TIME OF 18 MONTHS.

>> HOW CAN AUGUST 2020 TO AUGUST 2021 BE 18 MONTHS?

>> JOHN, DO YOU WANT TO EXPLAIN THAT ROLLING MEASUREMENT LOOK-BACK?

>> SURE. SO THE GRAPH IS DEPICTING ACTUALLY 13 MONTHS IN TIME DURING AUGUST OF 2020 THROUGH AUGUST OF 2021. THE PERCENTAGES AND THE LINES ON THE GRAPH ARE SAYING WHAT PERCENT OF EMPLOYEE SPOUSES AND DEPENDENTS WERE ENGAGED WITHIN AN 18-MONTH LOOK-BACK PERIOD. DOES THAT MAKE SENSE?

>> I DON'T UNDERSTAND THAT.

>> SO IF WE TAKE THE 16% IN AUGUST 2021, THAT'S SAYING THAT 16% OF EMPLOYEES HAD A VISIT WITHIN THE LAST 18 MONTHS. RIGHT?

>> AT THAT POINT IN TIME.

>> THE TREND IS ONLY VISUALIZED OVER 13 MONTHS JUST IN TERMS OF WHAT WE PUT UP HERE ON THE GRAPH, BUT THE LOOK-BACK PERIOD THAT DEFINES ENGAGEMENT EXTENDS BACK 18 MONTHS.

>> OKAY. SO WE MIGHT DISAGREE WITH HOW THAT GRAPH LOOKS, BUT I WON'T -- I UNDERSTAND WHAT YOU'RE SAYING. MY POINT IS I'M GETTING A LOT MORE EMAILS SINCE MARCH OR SO FROM MARATHON AND I'M JUST SAYING IT HASN'T MOVED THE NUMBERS MAYBE ONE PERCENTAGE POINT. CLARIFY, TOO, ON THAT ONE, COMMISSIONER SCHMIDT, AND JOHN, THE ENGAGEMENT, AGAIN, IS DEFINED AS MEMBERS WITH TWO OR MORE VISITS. IS THAT CORRECT?

>> NO. THIS IS --

>> THIS IS JUST NUMBERS THAT WAS NOT ENGAGED. >> IT'S A LITTLE BIT BROADER THAN THE PERFORMANCE GUARANTEES.

>> OKAY. THANK YOU. MMM-HMM. THANKS.

>> ON PAGE 32, ARE YOU -- IT DOESN'T MATTER BECAUSE, I MEAN, IT'S TOO LATE TO DO IT NOW, BUT WOULD YOU HAVE BEEN ABLE TO BREAK OUT THAT WITHOUT THE LABS IN THE ENGAGED MEMBER, ENGAGEMENT PERCENTAGE? BECAUSE I THINK IF YOU JUST COME IN FOR A LAB, THAT'S A LITTLE DIFFERENT THAN HAVING AN ENGAGEMENT. I WAS WONDERING, JUST AN OBSERVATION. I DON'T KNOW WHY YOU WOULD HAVE INCLUDED THE LABS.

>> YES. WE CAN PULL THIS WITHOUT LAB USE, YES.

>> ON PAGE 33, I WANT TO MAKE SURE I UNDERSTAND THE BEHAVIORAL HEALTH SUMMARY, THAT.

>> WELL, WHY DON'T YOU TALK TO ME ABOUT WHAT THAT CHART ON PAGE 33 MEANS AS FAR AS THE NUMBER OF MEMBERS AND THE 42 AND THE 26, FOR EXAMPLE, IN MAY OF 2021.

>> 26 IS THE NUMBER OF UNIQUE PATIENTS USING BEHAVIORAL HEALTH SERVICES. 42 IS THE TOTAL NUMBER OF BEHAVIORAL HEALTH ENCOUNTERS IN THAT PERIOD. OKAY. SO BACK TO THAT SIDE OF THE 167,501 ELIGIBLE MEMBERS AT LEAST IN A 30-MILE RADIUS, ONLY 26 HAVE HAD -- ONLY 26 UNIQUE PATIENTS HAVE HAD A BEHAVIORAL HEALTH VISIT? UNIQUE NUMBERS?

>> WITHIN THE MOST OF MAY, THAT'S CORRECT.

>> OKAY. ALL RIGHT.

>> AND THEN I WANT TO MAKE SURE THAT I UNDERSTAND, ON PAGE 39, I'M JUST GOING TO USE THAT ONE BIO-METRIC RISK REDUCTION LDL, B.M.I.. I JUST WANT TO MAKE SURE THAT I UNDERSTOOD THAT THAT IS THE TRACKING WITHIN -- SO IF A MEMBER COMES IN F-A PERSON COMES IN AND HAS A BIO-METRIC SCREENING DONE THROUGH MARATHON AND THEN SEEKS ADDITIONAL SERVICES OR, YOU KNOW, HAS BEEN ALERTED TO A PROBLEM LIKE THEIR L.D.L. -- LIKE THEIR BIO-METRICS ARE NOT IN THE NORMAL RANGE, ARE YOU ABLE -- OR DOES THIS TRACK THE VISITS NOT ONLY TO MARATHON BUT

DOES IT INCLUDE VISITS TO OTHER HEALTHCARE PROVIDERS THROUGH THE MEDICAL DATA -- THROUGH THE HISTORY, OR DOES IT JUST INCLUDE THE PEOPLE THAT HAVE SOUGHT ADDITIONAL SERVICES THROUGH MARATHON?

>> SO THIS VIEW IS LOOKING AT ONLY THOSE MEMBERS WITH A PREVENTIVE VISIT WITH MARATHON HEALTH BUT THE BIO-METRIC RESULTS COULD HAVE COME FROM, YOU KNOW, A MASK BIO-METRIC SCREENING OR OTHER EVENT AND BEEN IMPORTED INTO OUR SYSTEM.

>> OKAY. JUST A COUPLE MORE ON PAGE 42, WHERE IT SAYS EMPLOYEES SPEND BY CLINICAL CLASSIFICATION, I'M NOT SURE WHAT IT MEANS BY THE HIGHLIGHTED AREA THAT SAYS S.E.H.P. CONSISTENT WITH MARATHON BOOK OF BUSINESS. THAT'S JANET'S COMMENT, AGAIN. THIS TRAIL OF WHERE OUR SPEND IS JUST A COMMENT THAT WE'RE VERY CONSISTENT WITH OTHER CLIENTS THAT MARATHON HAS, BUT NOT WITH OTHER -- NOT WITH OTHER -- WITH JUST COMPARING IT TO MARATHON BOOKS OF BUSINESS.

>> YES.

>> NOT WITH THE GENERAL WHAT WELLNESS PROGRAM --

>> WE GET THAT FROM CERNER.

>> CORRECT.

>> THANK YOU.

>> YEAH, THANK YOU. AND I JUST WANT TO MAKE SURE THAT I'VE UNDERSTOOD THE PERFORMANCE GUARANTEES. I'M A LITTLE DISAPPOINTED THAT WE DIDN'T NEGOTIATE MORE PERFORMANCE GUARANTEES IF WE'RE GOING TO CONTINUE TO EXTEND THIS CONTRACT A YEAR BECAUSE I THINK THAT THERE'S BEEN SOME CONCERN ABOUT THE PERFORMANCE GUARANTEES NOT MET, BUT I JUST WANT TO MAKE SURE THAT I HAVE UNDERSTOOD THAT SEVEN OUT OF 18 HAVE NOT BEEN MET AT THE -- AT THIS JUNCTURE IN TIME.

>> AT LEAST BY WHAT I'M LOOKING AT THE REFUND, BECAUSE -- AND LET ME -- THE MONEY IS -- OBVIOUSLY THE FINANCIAL SIDE OF THIS IS IMPORTANT TO ME BECAUSE WE HAVE A RESPONSIBILITY ON THE SPEND SIDE OF THIS EQUATION, BUT MORE IMPORTANT TO ME IS IF WE'RE CONSIDERING THIS PART OF OUR WELLNESS PROGRAM AND PART OF MAKING A DIFFERENCE IN SOMEONE'S LIVES OR A FAMILY'S LIFE, THAT SEVEN OUT OF 18 HAVE NOT BEEN MET AT THIS JUNCTURE IN TIME.

>> AND I WOULD JUST NOTE THAT IF WE DECIDE TO MOVE FORWARD, THAT WE HAD ALREADY STARTED DISCUSSING THINGS THAT WE WOULD WANT CHANGED. OBVIOUSLY I WAS NOT HERE WHEN THESE WERE DEVELOPED. SOME OF YOU WEREN'T. WE ALL LOOK AT IT DIFFERENTLY, BUT I WOULD AGREE THEY NEED TO BE ADDED AND IF WE MOVE FORWARD, WE NEED TO COME UP WITH DIFFERENT PERFORMANCE GUARANTEES TO YOUR POINT, SO I AGREE. BUT TODAY, WE'RE BEING ASKED TO APPROVE A CONTRACT FOR A ONE-YEAR EXTENSION WITHOUT THE ANY ADDITIONAL PERFORMANCE GUARANTEES BEING SUGGESTED. SO, I MEAN, WE ARE NOT GOING TO HAVE -- WE'RE NOT GOING TO HAVE A VERY GOOD PLACE TO NEGOTIATE FROM IF THIS COMMISSION EXTENDS IT FOR A YEAR AND THEN GOES TO THE TABLE AND SAID, HEY, WE WANT TO HAVE -- WE WANT TO HAVE A PERFORMANCE GUARANTEE ON TELE-HEALTH, WE WANT TO BEEF UP SOME OF THE ONES THAT YOU HAVEN'T MET. I MEAN, WE HAVE LOST OUR -- I MEAN, MINDING WAS THAT WE WERE GOING TO -- WASN'T JUST GOING

TO BE ON THE FINANCIAL SIDE OF THINGS, BUT THAT WE WERE GOING TO COME TO THIS MEETING WITH A PROPOSAL OF WHAT A NEW CONTRACT MIGHT LOOK LIKE WITH PERFORMANCE GUARANTEES AND THINGS LIKE THAT BEING MORE STRINGENT, MAYBE. THAT WAS MY TAKE-AWAY FROM THE LAST MEETING AND I COULD CERTAINLY BE WRONG, BUT ANYWAY, THAT'S ALL I HAVE TO SAY RIGHT NOW, SO THANK YOU, MADAM CHAIR.

>> COMMISSIONER SCHMIDT? COMMISSIONER –

>>> JUST TO ASK FOR CLARIFICATION. I THOUGHT PART OF THAT DISCUSSION LAST MONTH WAS THAT, GOING FORWARD, AS WE DEVELOP -- THIS IS TO GET US TO A POINT WHERE WE CAN HAVE A RATIONAL TIME FRAME FOR DEVELOPING A NEW R.F.P., WHICH WOULD GO OUT TO ALL VENDORS, AND AT THAT TIME, WE WOULD BE ABLE TO INCLUDE SOME OF THESE ADDITIONAL PERFORMANCE STANDARDS. THAT WAS MINDING. IS THAT CORRECT? THIS IS JANET. SO TIMING HERE IS REALLY A LITTLE BIT OF THE ISSUE. WE -- AGAIN, WE HAVE TALKED ABOUT AND HAVE SOME DRAFT CHANGES TO THE P.G.S. WE'VE EVEN TALKED TO SEIGLE, THE PHYSICIAN THAT HELPED DEVELOP THE FIRST SET OF P.G.S WITH MARATHON, THAT EVEN IF WE WENT ONE MORE YEAR, WE STILL PLAN ON TWEAKING IT. I'M NOT TRYING TO DISAGREE. I DO NOT THINK WE'VE LOST NEGOTIATING POWER BECAUSE MARATHON WANTS THIS PARTNERSHIP VERY MUCH AND WANTS TO HELP AND BE A GOOD PARTNER AND SAYING THAT, COMMISSIONER PRAEGER IS CORRECT, WE WOULD BE LOOKING AT A WHOLE NEW SET OF P.G.S BECAUSE IT WOULD BE GOING OUT TO -- WE'D KNOW WHAT WE USED THIS ROUND WITH THE EXPERIENCE WITH THE CLINIC, WE KNOW WHAT WOULD WORK, WHAT DIDN'T, WHAT WE MISSED, SO WE WOULD BE DEVELOPING NEW P.G.S, SO THAT'S CORRECT. THANK YOU, COMMISSIONER PRAEGER. SORRY, COMMISSIONER MCGINN.

>> I JUST HAVE SOME QUESTIONS THAT ARE MORE JUST CLARIFICATION. ON PAGE 32, I WAS JUST CURIOUS WHY, ON THE DEPARTMENT'S -- WHY THERE ISN'T ONE FOR LEGISLATIVE BRANCH.

>> I THINK WE SELECTED THE TOP 20 IN SIZE HERE AND ROLLED THE OTHERS INTO THE ALL OTHERS COLUMN AROUND THE MIDDLE THERE.

>> OKAY. I'D LIKE TO SEE THAT DIVIDED OUT JUST BECAUSE LEGISLATIVE BRANCHES ISN'T JUST LEGISLATORS; IT'S THE STAFF THAT WE HAVE AS WELL, SO JUST BE HELPFUL FOR ME. AND THEN ON PAGE 37, JUST, AGAIN, TRYING TO UNDERSTAND YOUR CHARTS, AM I READING THIS RIGHT, JUST GO DOWN TO UNDER OTHER RISKS, POOR SLEEP, AND IT'S A RED CATEGORY. DOES THAT MEAN THAT WHOEVER CAME IN REACHED A HUNDRED PERCENT OF THE BENCHMARK? OR DOES THAT MEAN SOMETHING ELSE?

>> THE COLOR CODING IS ACTUALLY IN REFERENCE TO MARATHON HEALTH BENCHMARKS AND OUR POPULATION, SO OUR AVERAGE PREVALENCE OF POOR SLEEP IS 42% AND STATE OF KANSAS EXCEEDS THAT AT 48%, SO IT'S RED. THOSE WITHIN 80 TO 99% ARE IN ABOUT THE BENCHMARK ARE IN ORANGE AND THOSE BELOW 80% ARE IN GREEN. SO IT'S SORT OF HOW MUCH DOES THE PREVALENT STAND OUT AGAINST OUR NORMS, BASICALLY.

>> THE COACHING ENGAGEMENT OR THE TOTAL ENGAGEMENT IS 57%. OKAY. I'M JUST TRYING TO FIGURE OUT. THAT MEANS THEY WERE SUCCESSFUL IN THAT CATEGORY. IS THAT WHAT THAT MEANS? THAT'S WHY IT'S RED?

>> NO. EXCUSE ME. THIS IS SANDY PRAEGER. IT'S SIMILAR TO SOME OF THE THINGS THAT OUR DOUGLAS COUNTY HEALTH DEPARTMENT EVALUATES ON HEALTH STATUS AND THIS MEANS THAT THEY DID NOT DO AS WELL. THAT'S WHY IT'S RED. AM I CORRECT? I MEAN, I THINK IT MEANS THEY'RE NOT PERFORMING AS WELL.

>> AND I THINK, RELATED TO THE SUCCESS, I'D LIKE YOU TO EXPLAIN WHAT -- LIKE IN THE FIRST COLUMN, THE 10.9% COACHING ENGAGEMENT, 22% TOTAL ENGAGEMENT, WHAT THAT MEANS FROM A SUCCESS PERSPECTIVE RELATED TO THE FIRST ONE. BAY CITY, FOR EXAMPLE.

>> SURE THING. THE MAIN PURPOSE OF THIS SLIDE REALLY IS TO SAY HERE WHERE THE MOST PREVALENT OR OUTSTANDING IN THE POPULATION, HOW DO WE PROGRAMMATICALLY ADDRESS THOSE. RIGHT? THE ENGAGEMENT PERCENTAGES ARE BASICALLY AS STATED, BUT KEEP IN MIND THAT THEY'RE GOING TO BE HIGHER FOR THE LIFESTYLE RISKS BECAUSE WE'RE RELYING ON ON OUR H.R.A. TO GATHER THAT INFORMATION AND WE TYPICALLY DO THAT THROUGH ENGAGEMENT AT THE HEALTH CENTER. WHEREAS SOME OF THE CHRONIC CONDITIONS ARE FROM CLAIMS AND THEREFORE WE DON'T HAVE TO SEE INDIVIDUALS IN ORDER TO UNDERSTAND THAT RISK. SO IT HAS TO BE TAKEN WITH A LITTLE BIT OF A GRAIN OF SALT, BUT YOU CAN SEE THE NUMBER THAT WE'VE ENGAGED IN EACH CATEGORY, BOTH IN HEALTH COACHING AND OVERALL TO SORT OF HELP UNDERSTAND HOW WE'RE ADDRESSING THAT RISK, BASICALLY.

>> SO WHAT IS SUCCESS? WELL, I THINK WHAT HE'S SAYING IS THAT 1.9% OF THE PEOPLE THAT WERE SCREENED OUT FOR OBESITY HAD A COACHING ENGAGEMENT (10.9 %MPLET.

>> SO 10.9 WAS THE SUCCESS.

>> MMM-HMM.

>> THAT'S THE SUCCESS CATEGORY.

>> OKAY. AND THEN ON PAGE 45, DOES -- SO THE ORANGE OBVIOUSLY MEANS -- LET'S SEE IF I GET THIS RIGHT. IS THE TOTAL POPULATION -- I MEAN THE GRAY IS THE TOTAL POPULATION?

>> THE GRAY IS THE POPULATION WITH NO VISITS TO THE HEALTH CENTER BUT AN IDENTIFIED CHRONIC CONDITION.

>> SO HOW DO WE GET THAT POPULATION? SO IF -- IS THAT BASED ON THE PEOPLE IN THE 30-MILE RADIUS? OR ALL EMPLOYEES ACROSS THE STATE?

>> IT'S CERTIFIED AS ELIGIBLE -- IDENTIFIED AS ELIGIBLE FOR THE HEALTH CENTER --

>> IT'S THE 30 MILES IS DEFINED.

>> EVERYONE THAT'S ON THE HEALTH PLAN WITHIN THE 30 MILES, THAT'S WHAT THAT IS. >> I JUST WANT TO MAKE SURE I UNDERSTAND THE POPULATION.

>> YES, YES.

>> IN THIS PARTICULAR SLIDE, CORRECT.

>> OKAY. THANK YOU. COMMISSIONER? COMMISSIONER SCHMIDT?

>> I DON'T UNDERSTAND THAT LAST EXPLANATION. THIS IS VICKI SCHMIDT. ON THE BOTTOM, LET'S JUST TAKE DIABETES. "N" IS SHAQUILLE TO 37, 1,130. I DON'T UNDERSTAND THAT, BECAUSE I THOUGHT I KNEW WHAT "N" WAS UNTIL THAT LAST EXPLANATION. SO EXPLAIN TO ME WHAT THAT UNDER DIABETES, WHAT "N" IS EQUAL TO 37, THE ORANGE LINE OR THE RED LINE IS SHOWING COMPARED TO THE GRAY LINE. IS IT SHOWING ME THAT I HAVE -- THAT \$1,200 IN SAVINGS ON 37 -- ON THE AVERAGE OF 37?

>> SO WE HAVE 37 ENGAGED MEMBERS AS DEFINED, BUT TWO OR MORE VISITS WITHIN THE CONTRACT YEAR WITH THE PROVIDER VERSUS 1,130 NON-ENGAGED MEMBERS WHO WE HAVE FLAGGED AS POTENTIALLY HAVING DIABETES.

>> AND HOW HAVE YOU FLAGGED THAT? BECAUSE I CAN'T EVEN -- I MEAN, 1,130 INDIVIDUALS EVEN WITHIN A 30-MILE RADIUS OF MARATHON IN THE STATE HEALTH SYSTEM, THAT WOULD SEEM TO BE A VERY LOW NUMBER TO ME, JUST AS A GENERAL COMMENT. SO HOW -- I DON'T UNDERSTAND. ARE YOU DEFINING THAT O BIO-METRIC SCREENINGS? OUT OF THE PEOPLE THAT AFFECT BIO-METRIC SCREENINGS, OR ARE YOU DEFINING THAT OUT OF A1C? OUT OF LABS?

>> SO CERTAINLY WHEN IT COMES TO THE HEALTH CENTER AND THROUGH THE CLINICAL PROCESS WE IDENTIFY THAT THEY HAVE DIABETES, THEN WE CERTAINLY FLAG THEM THAT WAY. THE MAJORITY OF THOSE IN THE 1,130 ARE PICKED UP THROUGH CLAIMS SO THEY HAVE DIAGNOSIS CODES IN THEIR RECORD THAT INDICATE THAT THEY'VE BEEN DIAGNOSED WITH DIABETES IN A CLINICAL INTERACTION OUTSIDE OF THE HEALTH CENTER THAT WE THEN USE TO HELP UNDERSTAND RISKS AND SORT OF DRIVE OUTREACH TO HELP ENGAGE YOUR HIGHEST RISK MEMBERS. DOES THAT HELP?

>> WELL, SORT OF, BUT SO IF A PATIENT GOES TO THEIR PRIMARY CARE DOCTOR AND HAS AN A1C OF EIGHT BUT THE PROVIDER DOESN'T FLAG THEM AS DIABETIC, THEN THEY WOULD NOT NUMBER THAT 1130, BECAUSE YOU'RE MINING THAT DATA FROM DIAGNOSIS DATA?

>> THAT'S CORRECT, YES. SO WE'RE NOT RELYING ON BIO-METRIC DATA ALONE TO CLASSIFY SOMEONE AS HAVING DIABETES.

>> WELL, IF YOU'RE RELYING ON BIO-METRIC DATA BUT NOT LABORATORY DATA?

>> SO THE BIO-METRIC DATA MIGHT INDICATE THAT WE WANT TO OUTREACH AND ENGAGE THEM, BUT IT'S NOT SUFFICIENT TO CLASSIFY SOMEBODY AS HAVING THAT KIND OF CONDITION.

>> I'M NOT SURE THAT THE -- I'M NOT SURE THAT THIS PARTICULAR SLIDE IS VERY HELPFUL. BUT ANYWAY, I APPRECIATE -- I APPRECIATE YOU TAPING THE TIME TO TRY TO ANSWER THE QUESTIONS. THANK YOU.

>> YES, MA'AM.

>> COMMISSIONERS, ANY OTHER QUESTIONS? DISCUSSION?

>> MADAM CHAIR? THIS IS STEVE DECHANT. I WOULD LIKE TO GO BACK TO PAGE 39. WE HAD SOME DISCUSSION THERE. I'M NOT SURE I UNDERSTAND WHAT THE CHARTS ARE SUPPOSED TO SHOW. ARE THEY SHOWING THAT -- WELL, TELL ME WHAT THEY'RE SHOWING, AGAIN, PLEASE? I THINK IT WAS JOHN THAT WAS SPEAKING.

>> YEAH. ABSOLUTELY. SO THIS IS LOOKING AT MEMBERS WITH AT LEAST ONE PREVENTIVE VISIT AT THE HEALTH CENTER. WE'RE LOOKING BACK TWO YEARS IN ORDER TO BE ABLE TO CAPTURE, YOU KNOW, A GOOD SAMPLE SIZE HERE, ESSENTIALLY. SO IF WE TAKE L.D.L. CHOLESTEROL, WE HAVE 98 TOTAL MEMBERS WITH A PREVENTIVE VISIT IN THAT TIME PERIOD. OF THOSE, 7.1% HAD A HIGH RISK READING -- INITIAL READING. THAT SHRUNK DOWN TO 5% IN THE -- IN A FOLLOW-UP READING. RIGHT? SO THIS IS A COHORT THAT HAS ENGAGED WITH US IN PREVENTIVE HEALTHCARE AND THEY'VE HAD AT LEAST TWO L.D.L. CHOLESTEROL READINGS IN THE LAST TWO YEARS AND WE KNOW COVID HAS PRESENTED SOME CHALLENGES IN TERMS OF LAB COLLECTION, BUT THIS IS WHAT THE DATA IS SHOWING.

>> SO THIS CHART IS INDICATING, AT LEAST IN THESE TWO AREAS, L.D.L. AND BODY MASS INDEX, I GUESS THERE'S A COUPLE MORE, SEVERAL MORE ON THE OTHER SIDE. A DECREASE IN THE NUMBER OR PERCENTAGE, AT LEAST, OF THOSE PERSONS IN THE HIGH-RISK AREA.

>> THAT'S RIGHT, YEAH. AND I THINK WE HAD A BIGGER IMPACT ON BLOOD PRESSURE, WHICH IS THE SLIDE -- BLOOD PRESSURE, WHICH IS THE SLIDE PRIOR. ANYONE WE CAN MOVE OUT OF HIGH RISK IS LESS LIKELY TO WIND UP IN THE E.R., IN THE HOSPITAL, AND SO ON.

>> AND THAT'S THE CHANGE IN THE FOLKS WHO HAVE HAD CONTACT WITH THE HEALTH CENTER. IS THAT CORRECT?

>> CORRECT. THIS IS LOOKING AT -- WELL, MAYBE NOT IN THIS -- YEAH. IT'S LOOKING AT VISITS IN THE TIME PERIOD.

>> DO YOU HAVE ANY COMPARISON WITH FOLKS WHO HAD NO CONTACT WITH THE HEALTH CENTER?

>> YES, AND I DIDN'T PUT IT IN THE SLIDE, BUT GENERALLY THEIR RISK LEVELS CREEPT UP, WHICH IS WHAT WE TEND TO SEE. IT WASN'T DRAMATIC, BUT I BELIEVE WE LOOKED AT SYSTOLIC AND DIASTOLIC BLOOD PRESSURE, L.D.L. AND B.M.I.. THE GENERAL NON-ENGAGE POPULATION, THE RED INCREASED SORTS OF INCREMENTALLY, WHEREAS THE ENGAGED MEMBERS, GENERALLY WE SAW A DECREASE IN HIGH RISK.

>> OKAY. THANK YOU.

>> COMMISSIONER?

>> THANK YOU, MADAM CHAIR. I HAVE A QUESTION ABOUT DOES THE TIME LINE, AND THAT MIGHT BE A QUESTION FOR JANET, WITH THE MARATHON CONTRACT, WAS IT ORIGINALLY FOR TWO OR THREE YEARS AND WERE WE PLANNING ON AN R.F.P. EARLIER?

>> IT WAS FIVE YEARS, AND YOU PROBABLY DON'T RECALL, THE HISTORY WAS THAT IT REALLY DIDN'T GET STARTED -- IT GOT STARTED A YEAR LATE BECAUSE OF ISSUES WITH REAL ESTATE AND BEING ABLE TO FIND A PLACE TO PUT THE CLINIC. THE REASON FOR THE ORIGINAL REQUEST TO EXTEND WAS BECAUSE IT HADN'T RUN A FULL THREE YEARS AND COVID IMPACTED IT ABOUT A YEAR OR MORE, STILL IMPACTING US, BUT -- AND THAT'S WHY. SO IT WAS A THREE-YEAR CONTRACT THAT HAD TWO YEARS OF LIFE. DOES THAT HELP?

>> YES. VERY HELPFUL. THANK YOU.

>> COMMISSIONER SCHMIDT, DID YOU HAVE A QUESTION? OR COMMENT?

>> YEAH. I WANTED TO FOLLOW UP. VICKI SCHMIDT. I WANTED TO FOLLOW UP ON COMMISSIONER DECHANT. IF YOU GO BACK TO SLIDE 39 AGAIN, JUST SO -- SO I UNDERSTAND THIS, SO WHILE THE HIGH-RISK ON L.D.L. CHOLESTEROL DECREASED 2% OF THE ENGAGED PEOPLE OVER THE PREVENTIVE -- THAT HAD ONE PREVENTIVE VISIT OVER TWO YEARS, THE MEDIAN INCREASED ALMOST 6%, 5.8% OR ALMOST 6% -- OVER 6% AND IF YOU LOOK AT THE BODY MASS INDEX, EVERYONE -- THE MEDIUM AND THE HIGH BOTH INCREASED AND DID NOT DECREASE. IS THAT A FAIR ASSUMPTION? AND THEN THAT'S COMING OUT OF THE MARATHON INFORMATION ONLY, NOT OUT OF ALL OF OUR CLAIMS DATA.

>> YES, THAT'S CORRECT.

>> OKAY. THANK YOU.

>> COMMISSIONER PRAEGER, I CAN'T SEE YOU SO I JUST WANTED TO MAKE SURE WE'RE SEEING IF YOU HAVE ANY QUESTIONS OR ANY COMMENTS.

>> I'M LISTENING. THANK YOU.

>> NO PROBLEM.

>> COMMISSIONERS -- OH. COMMISSIONER PRAEGER? DID I HEAR YOU?

>> THE B.M.I. SORT OF STOOD OUT TO ME FOR THAT TIME FRAME. I THINK WE CAN ALL IDENTIFY WITH PEOPLE GAINING WEIGHT DURING COVID.

>> YES, WE CAN. THERE'S A LOT OF CHUCKLES IN THE ROOM, IF YOU CAN'T HEAR OR SEE. ALL RIGHT. ANY OTHER QUESTIONS, DISCUSSION, COMMISSIONERS? COMMISSIONER SCHMIDT?

>> YEAH. I HAVE ONE MORE, JUST ON THE BEHAVIORAL HEALTH, ADDING HALF A FULL-TIME POSITION IS 89,000, AND I WAS WONDERING HOW, I THINK THAT'S WHERE IT WAS, PAGE 25, WAS JUST WONDERING HOW 89,000 FOR A HALF OF AN F.T.E., HOW THAT WAS FIGURED, WHAT'S INCLUDED IN THAT COST SAVINGS. IS THAT A COST SAVINGS THAT IS PROJECTED THAT IT WILL SAVE THE HEALTH PLAN FOR AN ADDITIONAL .5F.T.E., OR WHAT IS THAT?

>> IT IS. THAT COST WOULD HAVE GONE INTO WHAT WE PAY MONTHLY.

>> MMM-HMM. WELL, SO THAT'S DIFFERENT THAN -- IT'S NOT A SAVINGS RELATED TO. THIS IS WHAT THEY'LL TAKE OFF THE CONTRACT COST.

>> I GUESS I STILL DON'T FOLLOW THAT BUT OKAY.

>> WELL, I WANT TO BE CLEAR. SO WE HAVE A HALF OF AN F.T.E. WE PAY FOR RIGHT NOW AS PART OF THE OVERALL CONTRACT. THEY'RE WILLING TO ADD ANOTHER HALF OF F.T.E. TO MAKE THAT A FULL-TIME POSITION BUT THEY'RE NOT GOING TO CHARGE US FOR IT. THEY'RE GOING TO CONTINUE TO BASICALLY ABSORB THAT COST FOR THAT ADDITIONAL HALF OF AN F.T.E.

>> SO THAT'S WHAT I'M ASKING. HOW DO YOU ARRIVE AT 89,000 DOLLARS FOR HALF OF F.T.E. OF A BEHAVIORAL HEALTH SPECIALIST.

>> I'M GOING TO HAVE MARATHON ANSWER THAT. THANK YOU.

>> THAT IS THE COST FOR THE LABOR NET BENEFITS INTO EMPLOYMENT THAT WOULD HAVE BEEN PASSED ON TO THE STATE IF IT WEREN'T ABSORBED BY MARATHON. WE COULD SEE CERTAINLY PROVIDE SOME ESTIMATED SAVINGS BASED OFF REDIRECTED CARE, IF THAT'S HELPFUL, BUT THE SAVINGS LISTED HERE WAS SPECIFIC TO THE DIRECTS SAVINGS THE STATE WOULD NOT -- WOULD BE -- WOULD AVOID WITHOUT HAVING THAT (INDISTINGUISHABLE).

>> SO, VICKI, JUST SO I'M CLEAR, IF THE STATE WERE TO ASK YOU TO ADD HALF F.T.E., THE CHARGE TO THE STATE WOULD BE \$89,000 TO ADD ONE-HALF OF AN F.T.E. ON BEHAVIORAL HEALTH?

>> THAT'S CORRECT.

>> THANK YOU.

>> SO BACK TO PAGE 33, I GUESS MAYBE I'M JUST NOT READING THIS RIGHT. YOU SAID THAT THERE ARE 16 PATIENTS WAITING TO GET -- WAITING TO GET AN APPOINTMENT. AVERAGE WAIT TIME IS TWO WEEKS. SO WHEN WE ADD THIS OTHER HALFTIME PERSON, WHAT DO WE IMPROVE TO? SEEMS LIKE TWO WEEKS IS A LONG TIME, AND THAT'S FOR A NEW PATIENT, NOT AN EXISTING. SO HOLLY, CAN YOU CLARIFY THAT?

>> YEAH. THAT -- AND THAT WAIT LIST IS ALWAYS EVOLVING AS SOMEBODY IS DISCHARGED FROM CARE. WE WOULD ADD SOMEBODY ON, SO THOSE STATISTICS THAT WERE PROVIDED WERE PROVIDED EVEN A WEEK AGO, SO THEY COULD HAVE IMPROVED SOME IF THERE WAS A PATIENT THAT GOT DISCHARGED, FOR EXAMPLE, LATE LAST WEEK AND THEY'VE ADDED ONE OF THOSE PATIENTS ON THE WAITING LIST TO BE SEEN, SO WE MONITOR THAT SOMETIMES WEEKLY WHEN WE GET INTO A SITUATION WHERE WE SEE THAT THERAPIST IS GETTING AT CAPACITY, BUT ADDING ANOTHER HALF-TIME PROVIDER, WE WOULD BE ABLE TO MAKE A DRAMATIC DECREASE INTO THE WAIT TIME TO BE ABLE TO SEE A NEW -- FOR A NEW PATIENT TO BE ABLE TO GO SEEN.

>> SO DO YOU HAVE ANY STANDARDS THAT LET'S JUST SAY THAT POPULATION CONTINUES TO INCREASE, THAT YOU WOULD DO A REFERRAL SO THAT WE DON'T HAVE A LOT OF PEOPLE WAITING IN LINE? DO YOU DO MANY REFERRALS?

>> ABSOLUTELY, AND THOSE 16 PATIENTS THAT ARE -- WE'VE CLASSIFIED ON THE WAIT LIST, WE PROVIDE THAT REFERRAL AT THE TIME THAT THEY -- THEY'VE IDENTIFIED THAT THEY NEED AN APPOINTMENT SO THERE'S A CHANCE THOSE 16 COULD BE BEING SEEN BY AN A.P. PROVIDER AND WE STAY IN CONTACT WITH THEM AS WE HAVE AVAILABILITIES FOR APPOINTMENTS TO OFFER UP TO THEM, BUT IF WE HAVE A NEED, WE HAVE A LIST OF RESOURCES THAT ARE BEYOND THE E.A.P. IF THAT DOESN'T FIT FOR THAT PERSON. AS FAR AS THE STANDARD OF CAPACITY, JOHN, I DON'T KNOW IF YOU CAN TALK ABOUT THAT JUST ACROSS OUR BOOK OF BUSINESS FOR WHAT WE SEE FOR BEHAVIORAL HEALTH AS FAR AS CASELOAD FOR THE PART-TIME PROVIDER NOW .5 BUT IF THAT WERE INCREASED TO A WHOLE F.T.E.

>> BASED ON WHAT THEY'RE DOING TODAY. RIGHT?

>> I DON'T KNOW. >> SORRY OF THAT WAS A STATEMENT.

>> CERTAINLY TO DOUBLE IT, AND I GUESS I SHOULD HAVE BEEN MORE CLEAR. I DON'T KNOW IF THERE'S -- EVERY PATIENT'S NEEDS ARE DIFFERENT SO SOMEBODY MIGHT COME IN WITH AN ACUTE ISSUE AND THEY MIGHT SEE THE BEHAVIORAL SPECIALIST ONE TIME WHERE SOMEBODY MIGHT HAVE A

MORE ADVANCED NEED AND SO THEY MIGHT BE SEEN FOR SEVERAL WEEKS AND SO IT'S REALLY HARD TO SAY ON AVERAGE WHEN A PATIENT IS DISCHARGED AND WE'RE ABLE TO TAKE SOMEBODY THAT'S ON THE WAIT LIST AND BRING THEM IN TO BE SEEN, BUT CERTAINLY TO JOHN'S POINT, IF WE BRING ANOTHER PERSON IN, WE DOUBLE CAPACITY THAT DAY. AS FAR AS ONGOING AS PEOPLE ARE DISCHARGED, I'M NOT SURE IF THERE'S AN INDUSTRY STANDARD OR SOMETHING THAT WE SEE ACROSS OUR BOOK OF AVERAGE BEHAVIORAL HEALTH THERAPISTS ARE SEEING ON AVERAGE.

>> COMMISSIONER, YOU HAD A QUESTION OR COMMENT. THANK YOU, PANDEMIC CHAIR. SO WHAT IS THE MAX NUMBER IN THE BEHAVIOR HEALTH PROGRAM?

>> I DON'T KNOW IF YOU HAVE A DIFFERENT NUMBER.

>> SORRY. TAKES JUST A SECOND. WHEN YOU SAY WHAT THE TOTAL NUMBER S-ARE YOU SAYING TOTAL NUMBER OF PATIENTS THAT THAT HAVE EVER BEEN SEEN OR CURRENT BEING SEEN?

>> YOU TALK ABOUT HAVING A WAIT LIST. YOU CAN SEE HOW MANY PATIENTS? SO DO YOU CAP IT AT 50? 40? IS THAT PER WEEK? IS THAT PER DAY.

>> WE WOULD TYPICALLY SAY THAT A PROVIDER COULD SEE 60 IN A MONTH FOR A WHOLE TIME.

>> I'M SORRY, FOR HALFTIME.

>> OKAY, FOR HALFTIME.

>> SO THEN HOW LONG IS AN INDIVIDUAL WITH THE CLINICIAN?

>> IS THERE AN AVERAGE ON THE BOOK OF BUSINESS, THE CERTAIN NUMBER OF VISITS FOR THE PATIENTS THAT ARE SEEN BEFORE THEY ARE DISCHARGED?

>> IT IS ROUGHLY SEVEN OF THEM. THERE MAY BE A HIGHER LEVEL OF ANXIETY AND DEPRESSION. SOMETIMES THAT LEADS TO LONGER VISITS OR MORE FREQUENT VISITS, I DON'T KNOW IF THAT IS WHAT WE ARE SEEING HERE BUT IT HAS BEEN NOTED AS HIGHER PROBLEMS OF ASIDE, IDEATION, OR WHATEVER THE TERM IS, SEVERE ANXIETY, AND SO ON. I THINK THE COUNSELORS ARE SPENDING LONGER AND HAVE MORE VISITS ON AVERAGE, IN THIS PANDEMIC.

>> I GUESS WHAT I AM TRYING TO GET AT, I AM WONDERING IF IT IS REALLY THE JOB OF, A WALK IN CLINIC WHICH IS WHAT WE STARTED, TO DO LONG TERM WITH BEHAVIORAL HEALTH ISSUES. I THINK THAT IS WHERE THE REFERRALS NEED TO BE FOR SOMEONE TO DEVELOP A LONG-TERM RELATIONSHIP, WITH A BEHAVIORAL HEALTH THERE FIRST VERSUS, THE PERSON THEY CAME ACROSS IN THE WALK-IN CLINIC. THAT IS NOT TO SAY THE QUALITIES ARE NOT THERE BUT IF A PERSON CALLS TO ASK FOR THAT, MOST OF THE TIME WHEN SOMEONE REACHES OUT, IT IS A NOW ISSUE. THAT IS ONE OF THE REASONS WE WILL HAVE A 988 OUTLINE. IF YOU TAKE TO SOME OF THE 911 DISPATCH AS YOU WILL BE SURPRISED TO HEAR THE NUMBER OF TIMES THE GUN GOES OFF WHILE THEY'RE ON THE CALL. I'M REALLY HAVING A HARD TIME WITH THIS PARTICULAR AREA. I WILL GO BACK UNDER THE COMMENT THAT THE COMMISSIONER MADE, SHE MAY HAVE UNDERSTOOD THAT WE WOULD, NOT NECESSARILY SEE NEW PERFORMANCE MAJORS AND MAYBE I MISUNDERSTOOD THAT WE WOULD SEEK NEW PERFORMANCE MAJORS BUT THAT IS WHAT EVERYONE WOULD WORK ON. ONCE AGAIN, MAYBE THE COMMISSIONER IS A LITTLE FASTER STUDY THAN I AM. APPROVING A CONTRACT IS REALLY HARD FOR

ME TOO DO. I KNOW FROM MY LEGISLATIVE PERSPECTIVE. WE ARE LOOKING AT PROGRAMS TO HAVE MEASURABLE OUTCOME DATA. AND IT IS NOT THAT HARD TO DO. THAT IS MY COMMENT.

>> AS WE LOOK FORWARD, ONE OF THE CONVERSATIONS WE SHOULD HAVE IS, AS WE GO INTO A FEATURE RFP, THAT IS PART OF THE OPPORTUNITY TO SAVE THE DESIGN OF THE CLINIC AND LEARNING FROM THIS PARTICULAR PROCESS AS WELL IT WILL GIVE US TIME TO DO REFINEMENT WHEN WE GET THERE. KEEP TAKING IT ALL IN AS LESSONS LEARNED. WAS THERE ANOTHER COMMISSIONER ON THE SIDE THAT HAD A QUESTION OR A COMMENT?

>> I JUST HAVE A COMMENT. I UNDERSTAND WHAT YOU ARE SAYING. LIKE ALL OF OUR CONTRACTS THE PCS ARE DEVELOPED BASED ON WHAT THE CONTRACT WAS WRITTEN ABOUT WHICH WAS THE POPULATION HEALTH MODEL. THE BEE GEES ARE BASED ON FINANCIAL CLINICAL OUTCOMES. WE CERTAINLY COULD TWEAK THEM GOING FORWARD, BUT ANY WILL BE WRITTEN BASED ON WHAT THE CONTRACT SAYS AND THIS RECOMMENDATION IS AN EXTENSION OF THE CURRENT CONTRACT BUT THERE IS STILL OPPORTUNITY TO CHANGE SOME OF THE BEE GEES. SO FROM AN OUTCOME OR WHATEVER PERSPECTIVE, WE WOULD LOOK FOR SPEED -- FEEDBACK ON SPECIFICS RELATED TO THAT IF WE MOVE FORWARD.

>> COMMISSIONER DID I SEE YOUR HAND?

>> I WANTED TO ASK IF WE COULD TALK ABOUT WHAT ARE THE MEASURES WE WANT INCLUDED OR IF WE WANT THAT TO BE PART OF A MOTION TO EXTEND? I THINK, IF OTHER COMMISSIONERS HAVE IDEAS ABOUT WHAT SPECIFIC PERFORMANCE MEASURES WOULD BE HELPFUL, I THINK THAT WOULD BE A GOOD DISCUSSION TO HAVE.

>> IS IT ADDITIONAL OR TIGHTENING UP THE ONES THAT ARE HERE? COMMISSIONER?

>> MADAM CHAIR I THINK THAT IS PART OF THE PROBLEM WITH THE DISCUSSION TODAY. I MUST HAVE MISUNDERSTOOD BECAUSE MY EXPECTATION WAS, THE CONVERSATIONS WOULD HAVE BEEN TAKING PLACE BETWEEN STAFF AND MARATHON TO DEVELOP GUARANTEES LIKE TELEHEALTH. QUITE FRANKLY, THIS IS NOT THE TIME. THIS IS A LITTLE LATE FOR US AS A COMMISSION TO DO IT. WE HAVE HAD LOTS OF DISCUSSIONS SINCE FEBRUARY OR MARCH ON BEING BACK, THERE ARE PLENTY OF DISCUSSIONS ON THINGS THAT SOME OF US HAVE WANTED MORE INFORMATION ON AND WANTED CHANGE. IT IS MY UNDERSTANDING, THAT WOULD BE THE PRESENTATION TODAY. SO WHEN I GOT THIS NOTEBOOK I WAS SURPRISED, THE CONCESSIONS WERE NOT MADE, THE MONEY TO GO BACK, TO MAINTAIN, TO GO TO THE DIFFERENT RATE. THAT IS NOT, THERE IS NO MENTION ON PAGE 25 OF ANY PERFORMANCE GUARANTEES AND THAT THEY WOULD BE WILLING TO PARTICIPATE IN. FOR ME, I HAVE A LOT OF IDEAS ABOUT WHERE THE PERFORMANCE OUGHT TO BE. AGAIN, THE INFORMATION, THE TRACKING THAT WE HAVE IS ON THE LIMITED NUMBER OF STATE EMPLOYEES WITHIN THE 30-MILE RADIUS OF MARATHON. THANK YOU.

>> I THINK WE ARE ON THE SAME PAGE.

>> WE FLIPPED A COIN.

>> I JUST WANT TO GO BACK TO PAGE 37. WHEN WE TALK ABOUT PERFORMANCE MEASURES, DO WE HAVE SOME PAST PERFORMANCE MEASURES? WHEN I LOOK AT THE TOTAL ENGAGEMENT, AND I LOOK

AT WHERE WE ARE FAILING, SHOULD WE HAVE A GOAL OF WHAT WE WANT TO ACCOMPLISH?
WHETHER IT IS OBESITY, SLEEP, SHOULD WE HAVE SOME GOALS?

>> BAYER IN THE PG. LET'S GO TO THE CLINICAL OUTCOMES SECTION FOR AN EXAMPLE. IT MAY NOT BE WRITTEN THE WAY YOU WANT.

>> CAN YOU TELL US THE PAGE?

>> THIS IS PAGE 48. THE FIRST AREA IS THE COST SAVINGS. THE NEXT SECTION ON PAGE 48, ARE THE BEE GEES. SO, FOR THE SMOKING, THE CLINICAL UTILIZERS WHO ARE SMOKERS, AND SMOKE-FREE, GREATER THAN 90 DAYS AND CONTRACT TWO, 2.4%. THE ASSESSMENT AT RISK WAS 5%. WE HIT THAT NUMBER, 44% ACHIEVED THAT. THE REDUCTION OF BMI. UTILIZERS WHO WERE OVERWEIGHT. THE SPECIFIED REDUCTION OF BMI, PEOPLE WITH A BMI GREATER THAN 24.9%. 2.4% WAS THE GOAL AN 11.3% AT THAT.

>> I THINK YOU ARE READING THAT LONG. BECAUSE YOU ARE MAKING IT LOOK WORSE -- BETTER. IT IS CONTRACT UNIT TWO.

>> BMI?

>> YES, THE GOAL WAS NOT TO .4%.

>> I'M SORRY. THANK YOU. THANK YOU, IT IS MONDAY.

>> SO, THOSE ARE THE TYPES OF OUTCOMES AND GOALS THAT HAD BEEN SET, FOR THIS PARTICULAR CONTRACT. WE OBVIOUSLY HAVE A LOT IN OUR WELLNESS PROGRAM WHICH IS NOT RELATED. EVERYTHING WE DO HAS A GOAL RELATED TO THE WELLNESS. DIABETES, HYPERTENSION, ASTHMA, AND THEN KEEPING PEOPLE OUT OF THE ER AND THE LIST GOES ON. I HOPE THAT HELPS. DOES ANYONE OF US HAVE ANY COMMENTS OR QUESTIONS?

>> COMMISSIONER GASTON?

>> THANK YOU MADAM CHAIR. I THINK WE HAVE HEARD A LOT ABOUT, WHERE MARATHON IS AS FAR AS PERFORMANCE. I KNOW THIS IS HAPPENING IN THE CONTEXT OF THE ONCE AND A -- IN A CENTURY PANDEMIC. I THINK TO REALLY GET THE INFORMATION THAT WE NEED TO HAVE AS FAR AS, WHAT VALUE THE CLINIC CAN OFFER STATE EMPLOYEES AND HAVE SOME IDEAS. I MOVE THAT THE COMMISSION EXTEND THE MARATHON CONTRACT FOR ONE YEAR.

>> COMMISSIONERS THERE IS A MOTION ON THE FLOOR, IS THERE A SECOND?

>> A SECOND. DISCUSSION? COMMISSIONERS.

>> I WOULD LIKE TO MAKE AN AMENDMENT TO THE MOTION, I WILL LOOK TO MY LEGISLATIVE FRIENDS I'VE BEEN OUT OF IT LONG ENOUGH -- SUBSTITUTE.

>> ARE YOU TRYING TO DO A FRIENDLY AMENDMENT? >> I'M TRYING TO DO A FRIENDLY AMENDMENT. I WOULD LIKE -- I'M TRYING TO NOT MAKE THE MOTION BUT I'M TRYING TO MAKE THE MOTION BETTER. I THINK IT IS A FRIENDLY AMENDMENT THAT, IF THAT IS THE WILL OF THIS BODY, IT IS ONLY A ONE YEAR EXTENSION OF THE LEASE INSTEAD OF A THREE YEAR EXTENSION OF THE LEASE.

>> FOR CLARIFICATION THAT WASN'T BEING PROPOSED, IT WAS JUST INFORMATIONAL PURPOSES. I THINK, IF YOU ARE COMFORTABLE WITH THE FRIENDLY AMENDMENT TO CLARIFY THE MOTION –

>> IT IS A ONE YEAR EXTENSION, COUPLED WITH THE ONE-YEAR ADDITIONAL LEASE TO MARY THAT EXTENSION. A VOTE FOR THE 1ST AND THE SECOND.

>> COMMISSIONER, THE LEASE GOES UNTIL FEBRUARY IF I RECALL, AM I CORRECT?

>> ARE WE DOING A FULL ONE YEAR EXTENSION OR WILL WE TRIED TO KEEP IT IN THE SAME -- TANGIBLE BEAUTIFUL, WHEN YOUR EXTENSION. >> WE WILL BE PAYING THE LEASE UNTIL FEBRUARY?

>> POTENTIALLY. AS WE DISCUSSED BEFORE, THE STATE WILL SOMETIMES STEP IN WHEN AN ENTITY NEEDS TO MOVE OUT OF THE SPACE. YOU CAN SOMETIMES COVER THE COST AS NECESSARY. NOT THE STATE PLAN, THE ACTUAL STATE OVERALL.

>> YES THE FRIENDLY AMENDMENT IS ACCEPTABLE.

>> WITH THE FRIENDLY AMENDMENT. WE ARE IN DISCUSSION COMMISSIONERS.

>> COMMISSIONER. JUST CLARIFICATION, SO IT IS A ONE-YEAR EXTENSION OF THE CURRENT CONTRACT, INCLUDING PERFORMANCE MEASURES AND A ONE YEAR EXTENSION ON THE LEASE.

>> CORRECT.

>> THANK YOU.

>> I WILL ADD, WHILE IT IS NOT IN THE MOTION THE INTENT COMMISSIONERS, AS WE TALKED ABOUT THIS, WE WOULD PREPARE A FULL RFP TO GO OUT IN THE SPRING, WHICH WE THEN COULD TAKE AND WHAT WE LEARN TO REFINE WHAT WE WOULD WANT TO SEE IN THE NEXT RFP. COMMISSIONER.

>> THIS IS NOT RELEVANT BUT WHEN WOULD WE START THAT PROCESS?

>> ALMOST IMMEDIATELY.

>> I WAS AFRAID THAT YOU WOULD SAY THAT.

>> I MEAN ALMOST MEDIALLY. YOU KNOW WE ARE ALREADY TALKING ABOUT THE DESIGN OF THE WELLNESS RFP, THESE MAY SITUATE AND WALK TOGETHER VERY CLOSELY. .

>> THANK YOU. ANY ADDITIONAL DISCUSSION? I HEAR NONE I WILL CALL FOR THE VOTE. ALL IN FAVOR SAY AYE.

>> AYE.

>> OPPOSED?

>> NO. AND I WANT TO BE RECORDED.

>> WE WILL MAKE SURE IT IS IN THE MINUTES. WITH THAT COMMISSIONERS, THE MOTION PASSES, THAT WE WILL EXTEND FOR ONE YEAR THE MARATHON CLINIC WITH A ONE YEAR LEASE EXTENSION TO MARY AND TO ENSURE WE HAVE A STRONG RFP PROCESS IN PLACE GOING FORWARD. AS I MENTIONED WE DO HAVE AN OCTOBER 18 MEETING. IT WILL BE ROBUST. TEAM WILL ENSURE WE ARE PUSHING MATERIALS OUT AS EARLY AS POSSIBLE. SOME WILL COME EARLIER. LOOK FOR A FEW THINGS TO

COME, IT MAY COME INTO PACKETS AS WE ARE TRYING TO GET SOME OF THE STUFF OUT EARLIER FOR FEEDBACK