

MEDICAID OVERSIGHT AND ADVISORY COMMITTEE

Minutes of the Meeting of the 2019 Interim

December 9, 2019

Call to Order and Roll Call

The meeting of the Medicaid Oversight and Advisory Committee was held on Monday, December 9, 2019, at 10:00 AM, in Room 171 of the Capitol Annex. Senator Stephen Meredith, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Stephen Meredith, Co-Chair; Representative Daniel Elliott, Co-Chair; Senators Ralph Alvarado, Danny Carroll, Jimmy Higdon, and Morgan McGarvey; Representatives Jim Gooch Jr., Melinda Gibbons Prunty, Steve Sheldon, and Lisa Willner.

Guests: Representative Danny Bentley Representative Adam Bowling; Representative Joni Jenkins; Representative Stan Lee; Representative Kim Moser; Bill Marshall, Jiseki Health; Alison Moore, Jiseki Health; Tushar Vasisht, CEO Jiseki Health; Sonny Patel, Chief Business Development Officer, Jiseski Health; Chandra Nagaraja, Chief Technology Officer, Jiseki Health; Secretary Adam Meier, Cabinet for Health and Family Services; Jonathan Scott, Department for Medicaid Services, Cabinet for Health and Family Services; Angela Parker, Director Division of Program Quality and Outcomes, Department for Medicaid Services, Cabinet for Health and Family Services.

LRC Staff: Chris Joffrion, Becky Lancaster, Hillary McGoodwin, Dana Simmons, and DeeAnn Wenk.

Approval of Minutes

A motion to approve the November 18, 2019 meeting minutes was made by Senator Alvarado and seconded by Representative Sheldon, and approved by a voice vote.

Telehealth Platform for the Medicaid Expansion Population

Bill Marshall, Account Manager, Jiseki Health, presented on a possible whole healthcare delivery system for Medicaid recipients. Joined over teleconference, Tushar Vasisht, CEO, Jiseki Health stated that Jiseki's product of Wi-Fi and phone based healthcare would have a projected 30 percent savings to the state's Medicaid budget. If the recipient has a phone, they will get care and unlike discipline specific telehealth, Jiseki's product will be a one stop shop for all care needs. The Jiseki product will have connections to general practitioners, specialists for issues like psychiatry, endocrinology, and help for chronic illnesses that are often prevalent in the Medicaid population. The whole health

approach saves the state money by reducing the need for multiple healthcare telehealth platforms.

In response to questions from Representative Gibbons-Prunty, Mr. Vasisht stated that the mention of gambling companies in the PowerPoint was a reference to corporate partners who help make the platform accessible. They were not mentioned to imply that there is a gaming component to their product.

In response to questions from Senator Higdon, Mr. Vasisht stated that the 80 million dollars savings mentioned in the presentation is the estimated dollar amount of the 30 percent cost savings. Mr. Vasisht stated that he would be happy to provide Senator Higdon and other members of the committee with more detailed cost-savings analysis.

In response to questions and comments from Senator Alvarado, Mr. Marshall stated that a patient's provider preference will be included and that Jiseki's delivery system is a collaborative approach to care versus an insurance direct care system.

Discussion on Pharmacy Benefits

Adam Meier, Secretary, Cabinet for Health and Family Services stated that the previously released pharmacy benefit report has been rescinded due to errors in the fiscal analysis. The error miscalculated the projected savings of a of the pharmacy benefit carve-out to the state.

In response to questions and comments from Senator Meredith, Secretary Meier stated that everyone makes mistakes and the company who oversaw the fiscal report made a mistake.

In response to questions and comments from Representative Sheldon, Jonathan Scott, Department for Medicaid Services, stated that some of the errors were in the spread projections and that the report over-estimated the cost savings. Secretary Meier stated that the carve-out portion of the pharmacy benefit program, which was the section of the report modeled after West Virginia's program, was expedited by request of the Cabinet.

Managed Care Organization (MCO) Contracts

Secretary Meier stated the five managed care contracts Governor Bevin awarded on November 27, 2019 were not done in haste and that the legislature can only advise the Cabinet on what contracts should be awarded. Secretary Meier stated that the contracts will begin July 1, 2020.

In response to questions and comments from Senator Meredith, Secretary Meier stated that the reason for awarding some contracts and not others is not something that is mandated to be discussed with the state legislature and such discussion, prior to the

awarding of the contracts, would have been in violation of the request for proposal (RFP) portion of the process.

In response to questions and comments from Senator McGarvey, Secretary Meier stated that the decision to award the contracts was not secret, intentionally confidential, or rushed. Secretary Meier reiterated that discussion of proposed contracts would be in violation of the RFP process.

In response to questions and comments from Senator Carroll, Secretary Meier stated that the limit for the number of MCO contracts is five and federal law states no less than three no more than five MCO contracts should awarded.

Adjournment

There being no further business, the meeting was adjourned at 12:00 pm.