

Community Service Medicaid Pilot Program

1115 PCN Waiver Amendment

Submitted by:



Original Submission Date: December 30, 2011

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1115 PCN Waiver Amendment Request for a Community Service Medicaid Pilot Program

Section I – Introduction, and Program Description

A. Background, Introduction, and Program Description

Medicaid is available to all Utahans who meet established eligibility standards. Both the State of Utah (State) and the federal government share in the cost for covering Utah Medicaid recipients. Through waivers and waiver amendments, the State can request authorization from the federal government to change how Medicaid operates in Utah.

Through a waiver in 2002, Utah created the Primary Care Network (PCN) program, which charges slightly higher copays than the traditional Medicaid program. However, even these higher co-pays and premiums are small in comparison to the overall cost of the services the PCN recipients receive. Understanding that this population is not likely in a position financially to pay back the overall cost of the services they receive, the State wants to explore another way for the recipients of these benefits to give back to their community.

Through this waiver amendment, the State is requesting that a pilot group of new applicants be required to perform community service as a condition of their continued eligibility in PCN. The participants in this program who complete this requirement will demonstrate an involvement in the community and will be able to give something back in exchange for their healthcare benefit.

In its 2011 General Session, the Utah State Legislature passed House Bill 211, Community Service Medicaid Pilot Program. This new law provides Utah's Single State Agency for Medicaid, the Utah Department of Health (Department), with overall guidance and direction for creating and submitting this waiver amendment.

The State's options for implementing this pilot program are limited by the Maintenance of Effort (MOE) clause from the federal Patient Protection and Affordable Care Act of 2010. In general, the MOE clause restricts the State's ability to change eligibility requirements in a way that might make enrollment in Medicaid more difficult. There are some exceptions to the MOE requirements, including one for adults who are not eligible for coverage on the basis of pregnancy or disability and whose incomes are above 133 percent of the Federal poverty level (FPL). In order to take advantage of this exception,

the State seeks to change the eligibility requirements for up to 100 individuals applying for coverage whose income is between 134 – 150 percent FPL.

1. Individual Accountability and Responsibility

This proposal seeks to engender an enhanced sense of responsibility and accountability on the part of pilot program participants. Individuals receiving public benefits should be willing to give a few hours of their time each week and contribute back to the community that helps to fund their healthcare. Participants in the pilot program will be required to contribute on average eight hours of community service monthly or lose their eligibility for the pilot program.

2. Geographic Implementation

The State will initially operate this program in select Utah counties with the idea of expanding to other counties as the program shows its value over time. Selected counties will have special open enrollment periods for this pilot program. The State proposes to operate this pilot in Davis and Cache counties.

3. Waiver Authority

The State currently operates PCN under the authority of its 1115 PCN Waiver. The State seeks to amend the current 1115 waiver with this proposal. A new pilot program for eligible people will be created within the existing waiver as described above.

4. Implementation Time Frames

The proposed date for implementation is October 1, 2012. This timetable should allow the State sufficient planning and implementation time for any required system enhancements to the eligibility system. The State requests timely consideration for this proposal.

5. Goals and Objectives

The primary goal of this proposal is to provide an alternative way for pilot program participants to give back to the community that helps to fund their healthcare. It is hoped that participants will be more involved in their continued eligibility and better understand that there is a cost for the healthcare benefits they receive.

Section II – Program Overview

A. Introduction

Section I of this waiver amendment request contains a program description, which explains the pilot program’s purpose. This section will describe the differences between the standard PCN program and the Community Service Medicaid Pilot Program.

B. Statutory Authority

1. Waiver Authority

The State's existing PCN program is authorized under section 1115 of the Social Security Act (Act). The pilot program will be an amendment to the State’s existing 1115 PCN Waiver.

2. Sections Waived

Relying upon the authority of the above section(s), the State requests a waiver of the following sections of 1902 of the Act:

- a. **Section 1902(a)(1) - Statewideness**
This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. This pilot program will not be available throughout the State.
- b. **Section 1902(gg) – Maintenance of Effort**
This section of the Act requires a Medicaid State plan eligibility requirements not be made more restrictive than the rules in force as of December 2009.

C. Geographic Areas Served by the Waiver

The pilot program will be limited to Davis and Cache counties.

D. Population Included in Waiver

1. Primary Care Network

The pilot program will include the population that meets the eligibility criteria for PCN including the following:

- A. Age 19 – 64
- B. U.S. Citizen or equivalent
- C. Utah Resident
- D. Not qualified for Medicaid
- E. No other health insurance and no access to employer-sponsored health insurance where the cost is less than 15 percent of the countable income
- F. Not have access to student health insurance, Medicare or Veterans' Benefits

Participants in the pilot program will pay an enrollment fee as do participants in PCN.

Income limits for the pilot program will be 134 – 150 percent FPL rather than the 0 – 150 percent FPL for PCN.

2. Additional Eligibility Requirement

Participants in the pilot program will complete on average eight hours of community service per month. The community service may be performed through any of the following organizations:

- A. A non-profit 501(c)(3) organization
- B. A hospital
- C. A Senior Community Service Employment Program (available to those 55 or older)
- D. Another organization offering job training

Section III – Cost Neutrality

Because this amendment does not increase the cap on PCN enrollment and offers the same benefits to the pilot program population as what is provided to the PCN population, there is no change to the existing 1115 PCN Waiver cost neutrality. The pilot program will operate as part of the PCN population for purposes of cost neutrality.

The current waiver continues to operate at a savings in comparison to what the federal government would have spent without the waiver.

Section IV – Public Notice

A. Introduction and Background

The State took the following actions to seek public input on this waiver amendment and to provide public notice.

1. Contents of the Public Notice and Publishing

The waiver application notice was published on November 1, 2011 in the State Bulletin, which conforms to the Utah Administrative Procedures Act. The notice directed interested parties to the website where the application is available for review (<http://health.utah.gov/medicaid/HB211proposal.htm>). The public notice is shown below:

Request for Public Comments and Public Notice for a Community Service Medicaid Pilot Program

We are pleased to invite comment regarding a new Community Service Medicaid Pilot Program Section 1115 Waiver demonstration initiative. Utah will submit a draft waiver for review by the Centers for Medicare and Medicaid Services (CMS). The formal waiver amendment request will be submitted after public comment is received.

In response to the recently passed House Bill 211 (2011) Community Service Medicaid Pilot Program, the Utah Department of Health is submitting a Section 1115 Demonstration Waiver amendment authorized by Title XIX of the Social Security Act. The waiver amendment, if approved, will establish a new Community Service Medicaid Pilot Program.

The waiver amendment will allow the State to modify the enrollment rules for the Primary Care Network (PCN) for a selected group of less than 100 people. The increased responsibility will allow the participant to give something back to the community in exchange for his/her program benefit. This service will help build a sense of contribution to the program and also add to the participant's program experience.

In addition to the established PCN eligibility guidelines, this new PCN eligible group will be required to perform regular community service as a condition of eligibility. The pilot program participants will receive the same medical benefit afforded to other PCN recipients.

The Department of Health is committed to an extensive public process. We want you to have an opportunity to see the waiver amendment,

understand the concepts and offer your comments. The waiver application will be available for your review and comment on November 15, 2011, at <http://health.utah.gov/medicaid/HB211proposal.htm>

We will provide opportunities for comments. An informal work group will meet from 3:30 PM to 5:00 PM on November 10, 2011, at the Cannon Health Building in Room 128, 288 North 1460 West, Salt Lake City, Utah 84116. A formal public hearing will be held following the Medical Care Advisory Committee meeting from 3:30 PM to 5:00 PM on November 17, 2011, at the Cannon Health Building in Room 125, 288 North 1460 West, Salt Lake City, Utah 84116.

We invite your comments and questions by December 2, 2011. You may direct comments to the Utah Department of Health, Division of Medicaid and Health Financing, PO Box 143102, Salt Lake City, Utah 84114-3102, or to cdevashrayee@utah.gov.

The waiver amendment contained the information as applicable under Section II Provisions of the Proposed Rule, Section A(4) 1115 Demonstrations, State Public Notice Process.

2. Public Hearings

The public hearing for the pilot program was held on November 17, 2011, at the Cannon Health Building, conference room 125, 288 North 1460 West, Salt Lake City, Utah 84116 from 3:30 PM to 5:00 PM.

At the public hearing, and in the public notice, comments were invited and could be sent to the Utah Department of Health, Division of Medicaid and Health Financing, PO Box 143102, Salt Lake City, Utah 84114-3102.

3. Public Comment

Transcribed from the audio recording of the November 17, 2011, meeting:

Sheila Walsh McDonald – Health Care Advocate with Salt Lake Community Action Program

Very Vocal Opponent – passage and implementation based on the intent of the finding of primary care program. It was created under Governor Mike Leavitt, CMS approved in 2002 and operational protocol submitted to gain federal waiver approval states: “It is now time to address the health care access for low income working adults that have no health care coverage at all”. These Utahans may be working two or three part time jobs and do not qualify for paid health care coverage through their employer or may hold a full time job in a company that cannot afford to provide health care coverage or have seasonal coverage but go without

coverage in the off season.

Why waiver approved and population served - those between 134% and 150% federal poverty level are working populations. I have some recommendation for the waiver going forward. I suggest it state that in the waiver that there will be a special open enrollment period to be held in the pilot areas for those populations to be accessed to PCN. The waiver does not address that there will be differentiation for traditional open enrollment or that the incentive for those who may be interested – this is a special enrollment. It would be helpful to include in the waiver that the participation in this is voluntary. People will have a choice to apply during that special open enrollment for the pilot program or during a more traditional open enrollment process.

Marian – The word “entitlement” infuriates me. Entitled was used by upper classes that have people bow down to them. The term is now being used for services that people need simply to live their lives. I do not get Medicaid because I can’t afford the spenddown. That does not mean that I have entitlement. As a disabled recipient I have Medicare. I am not entitled to anything. I just want to live. To use the word (“in the spirit of entitlement would be less”) is not right. I would very much ask that the term be removed when discussing these kinds of issues.

Jocelyn Stevens – Chair for the Salt Lake County Progressive Caucus

I did not have all the time to do research on this bill and find out exactly what is going on. Are we going to drug testing people before they can get Medicaid or other government medical services? I think this is another Republican attack on poor people. I think the coal mining people should give back as they are polluting the air and causing people to have poor health. I feel this is an attack on poor people. People should not be spending their time giving service to Medicaid but spending their time on finding a better job. People are giving back in their own way. This is not something that I would want to do if I did receive Medicaid. I do not feel this is something that should be considered.

Jason Cook – Medicaid Policy Research Director for the Utah Health Policy Project – 18 years in Texas Medicaid, ending as the Medicaid Director for the State of Texas

Two primary principles through which we view this initiative:

Part of statute, the Department has its orders as to what it needs to do.
Cost – this is a pretty cut and dried issue of cost containment. There are

administrative costs associated with administrating this pilot. This would create an administrative cost but there is no clear off-setting benefit to the taxpayer of Utah. This is a fundamental test for an initiative of this sort.

Second – part of the Hippocratic Oath stipulates that physicians do no harm and yet this proposal has the potential to convert hours of DWS workers away from other work in order to review clients, verify additional clients at a time when the department has seen its workforce cut back which complicates the process of maintaining quality and determination process. Workers are already being asked to do a yeoman's work and performing their tasks and now they are going to be asked to do more. This is concerning to us because what we have heard about the error rate. We would hate to see an additional workload. We all believe in community service. In this case we don't view this as completely voluntary. It makes more sense to do away with the special open enrollment. Many people participate in public programs and want to give back. We are in opposition to this bill. If passed, we would suggest that we exclude people with chronic conditions. Asking a spouse to help with the community service we feel places an unfair burden on the spouse given what they are dealing with in their daily lives. How would people be excluded – additional papers from their health care providers? This would be another increase in administrative costs.

Valuation issue – we believe if you want to know whether people are participating you must look at data on disenrollment and non-renewal and compare the data for this population to the controled population. Also look at utilization patterns. You must have some senses to what is really going on in the program.

If this program is to go forward, simply saying you have a chance to do community service is part of the approach but it is also quirky to educate these members about what is involved to maintain their enrollment or about how to best utilize the services. Without this education you will not get the result that you want if you just judge on participation levels and the utilization patterns are better for them and the program and the health care system.

Judi Hilman – Executive Director for the Health Policy Project (not testifying for the project) wants to share stories.

Two individuals that could not be here because they are working:

Karleen was on PCN for about 3 – 4 years. It sounds expensive to administer. Her PCN experience was better than nothing but it does not cover hospital so if you get sick it is bad. She was sick and refused to stay

in the hospital because she could not afford it. It took lots longer to recover. Her blood pressure is high and they want to watch it. She can't because she will not be covered after next week. She is working so hard as a single mom with four kids. She is not completely uninsured and has been for some time.

Annette said that this is crazy. She is on PCN now and grateful for it because something is better than nothing. There is no such thing as forced volunteering. There is no point to volunteering if your heart is not in it. PCN benefits are just okay. She may be convenience to volunteer if she could get "real benefits". This would be of value to Annette.

(Judi) This is getting us so far from the basic need for health care for real comprehensive health care coverage for these people. I would rather see all of us spending more time getting people actually better coverage. Not asking people to work for a merger benefit. Our priorities are backwards. I would ask CMS to reject this waiver and for us to work on the real programs of health care for all with no questions asked.

Other submissions received by December 2, 2011:

Randall Johnson

From: RandyJ <99rlj@frontiernet.net>
To: <cdevashrayee@utah.gov>
Date: 11/20/2011 10:58 AM
Subject: Medicaid pilot program

Dear Sirs:

RE proposed Medicaid pilot program requiring community service for health benefits: This is just about the WORST idea I have heard in a long time, and there are a lot of bad ideas floating around. This is one more example of the punitive model of social services that seems to assume that if we just punish these disabled or poor people further they will repent of their lazy ways and become productive members of society. What planet are you living on if you think that a work requirement will "enhance the client's experience"? Shame on you!

Just give the people their benefits, then work to make our society more just with more equal opportunities instead of further concentrating wealth in the hands of the greedy few instead of further punishing the needy. Then work to make your own policies more compassionate instead of further punishing people in need in the hopes they will just go away.

Sincerely,

Randall Johnson
Moab, Utah

Douglas A. Thompson

From: "Douglas A. Thompson" <dthompson17@q.com>
To: <cdevashrayee@utah.gov>
Date: 11/17/2011 11:38 PM
Subject: Waiver would provide health insurance for community service

I think that this is a great idea. If the person has a background in an area such as an unemployed person they could immediately be useful. If they did not have experience they would get on the job training. That is if they were not put out shoveling snow, cleaning roads, or other janitorial work. They would feel that they were at least a little productive.

I have a problem with the age group (19 - 64). Would this not be considered age discrimination? Some 18 year olds have families. At 65 and still able to work, for how many more years I don't know, I know that I would feel left out. You don't have to worry I won't need to apply as my retirement has medical in it.

**Sheila Walsh McDonald – Health Care Advocate with Salt Lake
Community Action Program**

December 2, 2011

Comments on Utah Community Service Medicaid Pilot Program
1115 Waiver Amendment Request

HB 211, sponsored by Rep. Menlove in the 2011 Legislative, session appears to be addressing the Utah Medicaid Program, but in truth the only program this addressed in this bill is Utah's 1115 waiver, the Primary Care Network.

Created under Governor Mike Leavitt and approved by CMS in 2002, the operation protocols for the Primary Care Network submitted to gain federal waiver approval state:

“...it is now time to address health care access for low income working adults who have no health coverage at all. These Utahns may be working 2 or 3 part time jobs and do not qualify for paid health

coverage through their employer, or may hold a full time job in a company that cannot afford to provide their workforce with health coverage, or may have seasonal employment and go without health coverage on the off season.”

The Protocol statement continues:

“Utah’s philosophy under this new waiver is that some coverage to these low-income working adults until their income allows them to afford more complete coverage, or they become employed in a company that pays for a bigger share of their health coverage, is far better than providing no coverage at all.”

The State of Utah’s goal was to reduce our number of uninsured, reduce the level of uncompensated care in the inappropriate use of emergency department and hospitalization with availability of primary and preventive care improved the health status of the uninsured.

The state of Utah used seed money from a ‘state only funded’ medical assistance program, known as UMAP. Governor Leavitt was clear that he did not want to expand our Medicaid Program and wanted this new initiative to be no new \$\$ beyond Medicaid. Using the available UMAP program dollars and gaining approval for a Medicaid waiver, made Utah eligible to earn \$3 for each \$1 of state funds. The program design included:

- Limit coverage to primary and preventive care
- Require cost sharing at reasonable levels
- Offer coverage up to 25,000 participants under 150% FPL
- Restricted to long term uninsured who had no employer subsidy

Concerns with the bill:

- **Participants with incomes between 134% and 150% FPL are working and often already contributing service to their community.**
- **PCN was created to reduce the number of uninsured, while participants pay reasonable cost sharing.**
- **How will the state promote special open enrollments with a limited income spectrum of 134% to 150% FPL.**
- **The state may encounter new costs in creating, monitoring, and evaluating the pilot program of less than 100 people. Why not simply ask all applicants if they are interested in volunteering and setting them up with a network of opportunities.**
- **This effort will not reduce health costs to the state, but brands PCN participants as “THEY ARE GETTING A STATE BENEFIT AND SHOULD BE DOING MORE FOR THEIR COMMUNITY.”**

This was not the intent of the Primary Care Network and I am hopeful that CMS will be re-visit the initial waiver request and the intended purposes as they consider this waiver amendment.

Two recommendations to the UDOH:

I would encourage the State to specify that they are doing special open enrollments for interested and eligible parties.

I would also promote this as “voluntary only”, as participation is voluntary. Adults who prefer to not have additional community service will have access to the PCN through other open enrollments.

Respectfully submitted,

Sheila Walsh-McDonald
Health Care Advocate
Salt Lake Community Action Program
764 South 200 West
Salt Lake City, Utah 84101

Phone: 801-214-3145

Cell: 801-891-5042

Jason Cook – Medicaid Policy Research Director for the Utah Health Policy Project – 18 years in Texas Medicaid, ending as the Medicaid Director for the State of Texas

Statement of Jason Cooke on behalf of the Utah Health Policy Project
On the Utah Community Service Medicaid Pilot Program 1115 Waiver
Amendment Request
November 17, 2011

The Utah Health Policy Project (UHPP) is a nonpartisan, nonprofit organization dedicated to lasting solutions to the crisis of the uninsured and rising health care costs.

We oppose this pilot design as a straightforward matter of cost containment. The project would entail administrative costs with no clear off-setting benefit to Utah taxpayers or Medicaid recipients.

We also oppose the project as designed because it violates the injunction that is core to the Hippocratic oath to which all health care professionals commit themselves upon entering the field: first do no harm. The harm

we see first and foremost is the harm to Medicaid recipients who have no say in the matter: if they want Medicaid coverage – even the marginal coverage provided by Utah’s PCN program --, they will have to perform community service. Never mind that many suffer from chronic conditions. Never mind that some already are caring for family members with chronic conditions. Never mind that many are trying to hold down or actively seeking jobs.

It is argued by some that by providing a separate open enrollment period for those seeking PCN and willing to perform community service in exchange, participation in this pilot is voluntary. But if someone is in immediate need of care during that special open enrollment period, performing community service becomes a precondition to their getting care and that is anything but voluntary.

The range of community service options envisioned in the proposal also should not be overly broad. The suggestion that enrollees would meet their community service obligations through unpaid work for for-profit businesses smacks of indentured servitude – something Utahns out of common decency would not do to their neighbors, even if the law permitted it.

We also see harm in the additional workload on a DWS workforce that is already stretched to breaking by recent reductions in force. Eligibility workers will have added to their plates the review of community service compliance for pilot enrollees. That can only degrade performance in their current tasks and put further upward pressure on already disconcertingly high error rates.

Community service is a widely shared value. But that value is founded on voluntarism. If the state must proceed with this pilot, UHPP recommends that it do so by allowing people who come into the PCN program to opt into the community service commitment. This is preferable to an opt-out because the latter places a stigma on community service where it should be viewed as a positive for both the enrollee and the community.

UHPP also recommends that people with chronic conditions or who have family members with chronic conditions should be excluded from the pilot based on the submission of related billings from their health care providers. Furthermore, even basically healthy enrollees should not be expected to perform activities such as moving heavy objects.

If the pilot goes forward on a voluntary basis, the state should develop before start-up a rigorous evaluation methodology that measures performance in relation to standards that are consistent with the goals of

the Medicaid program, e.g. whether enrollees are participating to a greater extent in maintaining their enrollment over time.

Finally, UHPP recommends that pilot enrollees receive targeted member education assistance around the issues of keeping their enrollment up to date and using the right services at the right time in the right setting.

Section V – Program Evaluation Proposal

The pilot program will serve as a model that, if successful, may be expanded to other Medicaid categories. The State proposes to measure the pilot's success in three key areas:

1. **Personal Responsibility** – The purpose of the pilot program is to increase the participant's sense of program ownership and to have them demonstrate their personal responsibility for the benefits that they receive.
 - a. **Participant Surveys** – The State proposes to conduct a consumer satisfaction survey of the pilot program participants at implementation, each year the pilot operates and at the conclusion of the waiver amendment.
 - i. The survey will include questions about the participant's general health, his or her disposition, impressions of the program, and a description of the participant's contribution to the community.
 - ii. The State will compare results over time between the group that completes regular community service and those that do not.
 - b. **The State will measure the demand for the pilot program.**
 - i. Each time that the traditional PCN program opens for enrollment, the State will track the number of pilot program participants who leave the program to move to PCN. The State will follow up with some participants to obtain qualitative information about the reasons that the participants made the switch.
 - ii. The department will conduct special open enrollment periods for the pilot program. It will track the number of participants who qualify, the number who qualify and do not pay their enrollment fee, and the number that leave the program prior to the 12 month renewal (including the reason in the eligibility system for the early departure).
2. **Community Impact** – There will be a positive benefit to the local community as pilot program participants complete regular community service.
 - a. The State will track the number of hours completed and where the service is rendered.
 - b. The State will contact a sample of the affected businesses and non-profit organizations to evaluate the program's perceived value to the community.
3. **County Differences** – As the pilot program will operate only in selected counties, it will be valuable to discern the observed differences between the counties' populations.
 - a. The State will compare the disenrollment trends from county to county to determine if the pilot program is having a positive or negative effect on enrollment and retention.

Section VI – Consultation with American Indian Tribes

Among other protections for American Indian beneficiaries in Medicaid and CHIP, Section 5006 of the American Recovery and Reinvestment Act requires states to seek advice from federally recognized tribes regarding state plan amendments, demonstration requests, waivers or waiver renewals. Accordingly, before submitting a Medicaid or CHIP state plan amendment, demonstration request or application that directly affects American Indian beneficiaries, the states must consult with Indian health programs and urban Indian organization.

The Department and the federally recognized tribes of Utah developed a consultation policy that was effective November 2006. To comply with that policy and federal requirements, the Department made a presentation to the Utah Indian Health Advisory Board (Board) at its November 4, 2011 meeting. In preparation for that meeting, an overview of the Community Service Medicaid Pilot Program proposal was distributed to the Board by the Department's Indian Health Liaison.

The presentation included an overview of the pilot program and focused on how the program might affect eligible American Indian applicants. The Board requested that American Indians not be required to participate in the pilot program but that the State allow American Indians to opt into the pilot program if they chose to do so. The Board also requested that American Indians be given priority in being able to transition from the pilot program to PCN if they chose to do so. The Department plans to implement these requests in the development of eligibility policies and procedures for the pilot program.

At this time, no additional consultation has been requested. The Department will continue to provide information to the Board in the future as requested.

The agenda for the November 4, 2011, meeting of the Board is on the following page.



Utah Indian Health Advisory Board Meeting

11/4/2011

9 AM – 1:00 PM

Utah Department of Health

3760 South Highland Drive

5th Floor Board Room

Salt Lake City, UT

84106

(801) 712-9346 or (801) 538-6406

Meeting called by:	UIHAB
Type of meeting:	Monthly
Facilitator:	Melissa Zito
Note taker:	Gayle Coombs (<u>Bridge Line # 801-521-5399</u>)
Please Review:	Board minutes, Medicaid Rules & SPA document(s),

Agenda topics

9:00 AM	Welcome & Introductions Approval Minutes	Christine Steele
9:15 AM	Committee Updates & Discussion <ul style="list-style-type: none"> ◆ Medicaid State Plan Amendments (SPA) & Rules ◆ DWS Medicaid Eligibility ◆ MCAC ◆ CHIP Advisory Committee ◆ UDOH Office of Health Disparities 	Craig Devashrayee Sherra Lyn Westover David Ward Joan Perank Dulce Diez
10:15 AM	Clinical Health Information Exchange (CHIE)	Teresa Rivera, Shelia Thompson & Brenda Bryant
10:45 AM	Pfizer; immunization reminder project	Drew Guess
11:15 AM	Diabetes Program; Project Updates	Grant Sunada
11:30 AM	Break	
11:45 AM	HB 211 – Pilot for Medicaid PCN	Jeff Nelson
12:00 PM	Bureau of Epidemiology	Karyn Leniek, MD
12:15 PM	Tribal/IHS/Urban program updates	UIHAB Reps.
12:45 PM	UDOH Indian Health updates <ul style="list-style-type: none"> ◆ Follow up from Summit ◆ PCN Open Enrollment coming up ◆ SAMHSA FAS Training – DATES finalized 	Melissa Zito
1:00 PM	Adjourn HAPPY THANKSGIVING HOLIDAY!!!!	