

# Medicaid Premiums and Cost Sharing

## Medicaid Premiums and Cost Sharing: General Information, Public Notice and Comment

State/Territory name: **Michigan**  
 Transmittal Number: **MI-20-0500**

### General Information:

#### Submission Title:

*short (under 100 characters) label used to identify this submission in the web application*

MI Cost Sharing - Copay Adjustments (20-0500)

#### PDFs superseded by this SPA

(Include Transmittal Number):

18-0500

16-0500

#### Description:

This State Plan Amendment (SPA) is being submitted to exempt certain groups from Medicaid Copayment responsibilities and address general cost sharing provisions.

### Public Notice and Comment:

- Public notice has been conducted prior to the SPA submission pursuant to 42 CFR 447.57(c).

Indicate how the public notice was issued and public comment was solicited:

- Newspaper Announcement (in newspapers with wide circulation)

\_\_\_\_\_  
 Newspaper

- Formal notice and comment in accordance with the state's administrative procedures

Date of Publication:

\_\_\_\_\_  
 (mm/dd/yyyy)

- Agency Website Notice  
 Public Hearing or Meeting  
 Media specifically designed to reach racial, ethnic and linguistic minorities  
 Other method

Upload copies of public notices, documents, or other information providing evidence of the methods selected above.

Document	
Uploaded Document Name:	Date Uploaded:
Original Public Notice_Medicaid Cost Sharing Exceptions 2014.pdf	
Uploaded Document Name:	Date Uploaded:
Cost Sharing Public Notice - September 2015.pdf	
Uploaded Document Name:	Date Uploaded:
P7-Clip Flint.pdf	
Uploaded Document Name:	Date Uploaded:
C5-Clip GR.pdf	
Uploaded Document Name:	Date Uploaded:
D4-Clip Kalamazoo.pdf	

Document	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
P7-Clip Saginaw.pdf	

Provide a written summary of public comments received and how the state incorporated them into the design of its premium or cost sharing proposal.

### Medicaid Premiums and Cost Sharing: File Management Summary

State/Territory name: **Michigan**  
 Transmittal Number: **MI-20-0500**

Type of SPA	Form Code	Form Name/Description	Uploaded?
Cost Sharing	G1	Cost Sharing Requirements	yes
Cost Sharing	G2a	Cost Sharing Amounts - Categorically Needy Individuals	yes
Cost Sharing	G2b	Cost Sharing Amounts - Medically Needy Individuals	yes
Cost Sharing	G2c	Cost Sharing Amounts - Targeting	yes
Cost Sharing	G3	Cost Sharing Limitations	yes

### Medicaid Premiums and Cost Sharing: File Management Detail

#### Form G1: Cost Sharing Requirements

Form Description: G1, Cost Sharing Requirements

Uploaded Form: **Date Uploaded:**

G1 Cost Sharing Requirements 2016 08 10 UPDATED .pdf

**Support Documents**

Document

#### Form G2a: Cost Sharing Amounts - Categorically Needy Individuals

Form Description: G2a, Cost Sharing Amounts - Categorically Needy

Uploaded Form: **Date Uploaded:**

G2a Template 1-30-20 Pharmacy Copay Limit Clarification.pd

**Support Documents**

<b>Document</b>
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**Form G2b: Cost Sharing Amounts - Medically Needy Individuals**

Form Description: G2b - Cost Sharing Amounts Medically Needy Individuals

Uploaded Form: Date Uploaded:

G2b Cost Sharing Amounts - Medically Needy DRAFT 3 23 10
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**Support Documents**

<b>Document</b>
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**Form G2c: Cost Sharing Amounts - Targeting**

Form Description: G2c - Cost Sharing Amounts - Targeting

Uploaded Form: Date Uploaded:

G2c Template 1-30-20 Pharmacy Copay Limit Clarification.pdf
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**Support Documents**

<b>Document</b>
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**Form G3: Cost Sharing Limitations**

Form Description: G3, Cost Sharing Limitations

Uploaded Form: Date Uploaded:

G3 Cost Sharing Limitation 2016 07 27 DRAFT.pdf
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**Support Documents**

<b>Document</b>
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Please provide a short description of this support document:  
 Current state plan Section 4 Page 56a that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name: Date Uploaded:

Section 4 page 56a.docx
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Please provide a short description of this support document:  
 Current state plan Section 4 Page 56c that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.

Uploaded Document Name: Date Uploaded:

<b>Document</b>	
Section 4 page 56c.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 56d that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 56d.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 56e that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 56e.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 56f that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 56f.docx	
Please provide a short description of this support document: Current state plan Section 4.18-A Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-A-page 1-formatted.docx	
Please provide a short description of this support document: Current state plan Section 4.18-A Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-A-page 2-formatted.docx	
Please provide a short description of this support document: Current state plan Section 4.18-A Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-A-page 3-formatted.docx	
Please provide a short description of this support document: Current state plan Section 4.18-C Page 1 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-C-page1-formatted.docx	
Please provide a short description of this support document: Current state plan Section 4.18-C Page 2 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-C-page 2-formatted.docx	

<b>Document</b>	
Please provide a short description of this support document: Current state plan Section 4.18-C Page 3 that is being superseded. Page is deleted as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Attachment 4.18-C-Page 3-formatted.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 54 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 54.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 55 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 55.docx	
Please provide a short description of this support document: Current state plan Section 4 Page 56 that is being superseded. Contents are deleted and replaced with "reserved" as directed. All of the pages are uploaded in G3 due to overlap.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
Section 4 page 56.docx	

## Medicaid Premiums and Cost Sharing: Tribal Input

State/Territory name: **Michigan**  
Transmittal Number: **MI-20-0500**

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.**

**This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.**

**The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.**

*Complete the following information regarding any tribal consultation conducted with respect to this submission:*

**Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:**

- Indian Tribes**
- Indian Health Programs**
- Urban Indian Organization**

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents**

with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Document	
Please provide a short description of this support document: Michigan's original Tribal Notification letter dated October 22, 2013.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L-13-56 Tribal Notification Letter for Cost Sharing.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notificaiton letter dated June 24, 2014.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 14-24 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notification letter January 30, 2015.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L_15-11_480362_7 Updated Tribal Notification Letter.pdf	
Please provide a short description of this support document: Michigan amended Tribal Notification letter January 29, 2020.	
<b>Uploaded Document Name:</b>	<b>Date Uploaded:</b>
L 20-05.pdf	

Indicate the key issues raised in Indian consultative activities:

Access

**Summarize Comments**

**Summarize Response**

Quality

**Summarize Comments**

**Summarize Response**

Cost

**Summarize Comments**

**Summarize Response**

Payment methodology

**Summarize Comments**

**Summarize Response**

**Eligibility**

**Summarize Comments**

**Summarize Response**

**Benefits**

**Summarize Comments**

**Summarize Response**

**Service delivery**

**Summarize Comments**

**Summarize Response**

**Other Issue**

**Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)**

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**State/Territory name:** Michigan

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

MI-20-0500

**Proposed Effective Date**

01/01/2020 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 447.56

**Federal Budget Impact**

	Federal Fiscal Year	Amount
<b>First Year</b>	2020	\$ 0.00
<b>Second Year</b>	2021	\$ 0.00

**Subject of Amendment**

This State Plan Amendment (SPA) is being submitted to make a technical clarification to pharmacy copay limits made in SPA 18-0500. The original submission date was 12/30/13. The original State Plan Amendment (SPA) was submitted to exempt certain groups from Medicaid Copayment responsibilities and address general cost

sharing provisions. In addition, the SPA addresses general cost sharing provisions. Note that the effective date for some provisions may be different from that proposed above and, if so, the date is noted within the template.

**Governor's Office Review**

- Governor's office reported no comment**
- Comments of Governor's office received**

Describe:

- No reply received within 45 days of submittal**
- Other, as specified**

Describe:

Kate Massey, Director  
Medical Services Administration  
Michigan Department of Health and Human Services

**Signature of State Agency Official**

<b>Submitted By:</b>	<b>Erin Black</b>
<b>Last Revision Date:</b>	<b>Mar 30, 2020</b>
<b>Submit Date:</b>	<b>Mar 30, 2020</b>





# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 20 - 0500

## Cost Sharing Amounts - Categorically Needy Individuals G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Physician Office Visit	2.00		Visit		Remove
Add	Outpatient Hospital Clinic Visit	2.00		Visit	Outpatient hospital copay shifts from \$1.00 to \$2.00 effective July 1, 2019.	Remove
Add	Emergency Room Visit for Non-Emergency Service	3.00		Visit		Remove
Add	Inpatient Hospital Stay	50.00		Entire Stay	No co-payment for emergent admissions.	Remove
Add	Chiropractic Visit	1.00		Visit		Remove
Add	Dental Visit	3.00		Visit		Remove
Add	Podiatric Visit	2.00		Visit		Remove
Add	Vision Visit	2.00		Visit		Remove
Add	Hearing Aids	3.00		Item		Remove
Add	Pharmacy, Preferred	1.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents effective October 1, 2018. NO COPAYMENT ON DRUGS USED TO COUNTERACT OPIOID OVERDOSE, EFFECTIVE JANUARY 1, 2020.	Remove
Add	Pharmacy, Non-Preferred Drug	3.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents effective October 1, 2018. NO COPAYMENT ON DRUGS USED TO COUNTERACT OPIOID OVERDOSE, EFFECTIVE JANUARY 1, 2020.	Remove
Add	Urgent Care Center	2.00		Visit		Remove



# Medicaid Premiums and Cost Sharing

## Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>				<input type="text"/>	<input type="text"/>		<b>Remove</b>

Add Service or Item

### Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

### Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 20 - 0500

## Cost Sharing Amounts - Targeting G2c

1916  
1916A  
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than  TO Incomes Less than or Equal to

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	Physician Office Visits	4.00		Visit	The average reimbursement for physician office visits is \$79	<b>Remove</b>
<b>Add</b>	Podiatry	4.00		Visit	The average reimbursement for a podiatry visit is \$59	<b>Remove</b>
<b>Add</b>	Dental	4.00		Visit	The average reimbursement for a dental visit is \$68	<b>Remove</b>
<b>Add</b>	Vision	2.00		Visit	The average reimbursement for a vision visit is \$23	<b>Remove</b>
<b>Add</b>	Chiropractic	3.00		Visit	The average reimbursement for a chiropractic visit is \$32	<b>Remove</b>
<b>Add</b>	Inpatient Hospital Stay (with the exception of emergent admission)	100.00		Entire Stay	The average reimbursement for an inpatient hospital stay is \$5,458	<b>Remove</b>
<b>Add</b>	Outpatient Hospital Clinic Visit	4.00		Visit	The average reimbursement for an outpatient hospital clinic visit is \$214	<b>Remove</b>
<b>Add</b>	Hearing Aids	3.00		Item	The average reimbursement per unit is \$654	<b>Remove</b>
<b>Add</b>	Urgent Care Center	4.00		Visit	The average reimbursement for a physician office visit (which is how urgent care center visits are classified) is \$79.	<b>Remove</b>
<b>Add</b>	Emergency Room Visit for Non-Emergency Services	8.00		Visit		<b>Remove</b>



# Medicaid Premiums and Cost Sharing

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>	Pharmacy- Preferred Drugs	4.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents effective October 1, 2018. NO COPAYMENT ON DRUGS USED TO COUNTERACT OPIOID OVERDOSE, EFFECTIVE JANUARY 1, 2020.	<b>Remove</b>
<b>Add</b>	Pharmacy- Non-Preferred Drugs	8.00		Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents effective October 1, 2018. NO COPAYMENT ON DRUGS USED TO COUNTERACT OPIOID OVERDOSE, EFFECTIVE JANUARY 1, 2020.	<b>Remove</b>

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.  No

**Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals**

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.  No

**Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals**

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.  No



# Medicaid Premiums and Cost Sharing

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

January 29, 2020

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Removal of Copayment for Drugs Used to Counteract Opioid Overdose

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of this SPA submission is to remove the pharmacy benefit copayment on outpatient prescription drugs used to counteract opioid overdose. This change is in ongoing support of Michigan Opioids Task Force objectives. This SPA positively impacts Tribal Health Centers by removing financial barriers to obtaining these drugs, resulting in increased access for beneficiaries not already exempt from copays. The anticipated effective date of this SPA is January 1, 2020.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-284-4034, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). **Please provide all input by March 14, 2020.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

L 20-05  
January 29, 2020  
Page 2

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Massey', with a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration

cc: Tannisse Joyce, CMS  
Keri Toback, CMS  
Leslie Campbell, CMS  
Nancy Grano, CMS  
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 20-05**  
**January 29, 2020**

Mr. Bryan Newland, Tribal Chairman, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Mr. Soumit Pendharkar, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community  
Ms. Kathy Mayo, Interim Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services  
Mr. Ronald Ekdahl, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians  
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Tannisse Joyce, CMS  
Keri Toback, CMS  
Leslie Campbell, CMS  
Nancy Grano, CMS  
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan  
Daniel Frye, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS