

# **Alameda Alliance for Health (Alliance) Dual Eligible Special Needs Plan (D-SNP) Town Hall**

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Wednesday, April 23, 2025  
11:30 am – 3:00 pm

# Welcome

- ▶ Check-In
- ▶ Grab Lunch
- ▶ Choose a Seat



# Housekeeping

# Today's Agenda

# Agenda

Welcome and Introductions

Medi-Medi Plans in Alameda County

Small Group Discussions

MA D-SNP Product Lifecycle, Public  
Affairs, & Provider Lens

Closing Remarks

# Alliance

## ▶ Our Mission:

- ▶ Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

## ▶ Our Vision:

- ▶ All residents of Alameda County will achieve optimal health and well-being at every stage of life.

# Alameda Alliance for Health Introductions

# Provider Network Team

*Darryl Crowder, Director  
Provider Services & Contracting*



# AAH Provider Services Team

- ▶ Darryl Crowder - Director, Provider Services and Contracting
  - ▶ Annie Lam - Manager, Provider Services Call Center
  - ▶ Malissa Vance - Manager, Networks and Contracting
  - ▶ Cecilia Gomez - Sr. Manager, Provider Services

# What We Do

## Provider Call Center

Inbound Provider Call Center  
for all provider  
questions/inquiries

## Provider Contracting

New contracts and  
maintenance of existing  
contracts

## Provider Relations

Dedicated Provider Relations  
Representatives available to  
meet with providers in-  
person or virtually

Joint Operation Meetings

# Alliance Provider Resources

- ▶ [Alameda Alliance for Health Provider Webpage](#)
- ▶ General inquiries can be sent to:  
[providerservices@alamedaalliance.org](mailto:providerservices@alamedaalliance.org)
- ▶ Contracting inquiries can be sent to:  
[DeptContractsInquiry@alamedaalliance.org](mailto:DeptContractsInquiry@alamedaalliance.org)
- ▶ Provider Call Center:
  - ▶ Available Monday-Friday from 7:30 am – 5:00 pm
  - ▶ Telephone number 510.747.4510

# Department of Health Care Services (DHCS)

*Anastasia Dodson, Deputy Director,  
DHCS Office of Medicare Innovation and Integration*

# Medi-Medi Plans in Alameda County

Presentation for  
Alameda Alliance for Health Townhall

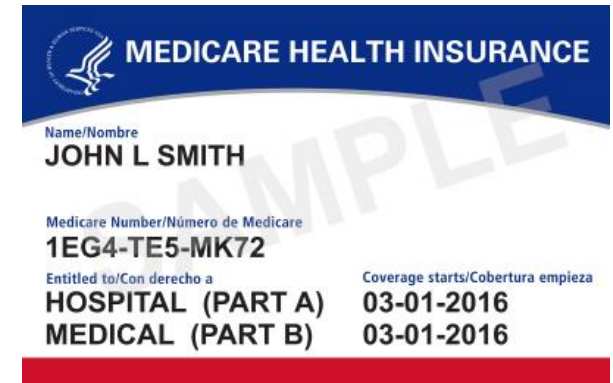
# Agenda

- » Overview: Dual Eligible Members
- » Medicare Medi-Cal Plans (Medi-Medi Plans)
- » Overview: 2026 State Medicaid Agency Contract (SMAC) and D-SNP Policy Guide
- » 2026 Look-Ahead

# Overview: Dual Eligible Members

# Medicare and Medi-Cal

- » Some people have both Medicare and Medi-Cal, known as dual eligibles (Medi-Medis).
- » Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- » Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, and In-Home Supportive Services (IHSS).





# Dual Eligible Members

- » Nationally, dual eligible individuals are more likely than people with Medicare only to report being in poor health (13% vs. 4%).
  - Heart failure, hypertension, depression diagnoses among dual eligible individuals occur at significantly higher rates than in Medicare-only population.
- » Dual eligible individuals have high rates of chronic conditions, high utilization, and are a diverse group:
  - 25% under age 65
  - 33% limited English proficiency
  - About 18% prevalence of dementia
- » Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.

# Dual Eligible Members in California

- » In California, almost a quarter of Medicare beneficiaries also have Medi-Cal (**1.7 million Californians**).
  - About 52% of dual eligible members are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans, and 48% are in Original (Fee-For-Service) Medicare.
  - As of February 2025, enrollment in Medi-Medi Plans (EAE D-SNP) is approximately 340,000.
- » All dual eligible members in California are enrolled in Medi-Cal managed care plans.

# Medicare Delivery Systems for Dual Eligible Members

- » **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- » **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.
- » **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
  - **Medicare Medi-Cal Plans (Medi-Medi Plans aka EAE D-SNPs):** These plans meet integrated D-SNP care coordination requirements with integrated member materials, integrated appeals & grievances, and membership is limited to dual eligible members who are also enrolled in the Medi-Cal MCP affiliated with the D-SNP.
  - **Non-EAE D-SNPs:** These plans either have an affiliated Medi-Cal MCP but are not in counties that offer Medi-Medi Plans yet or are do not have an affiliated Medi-Cal MCP.

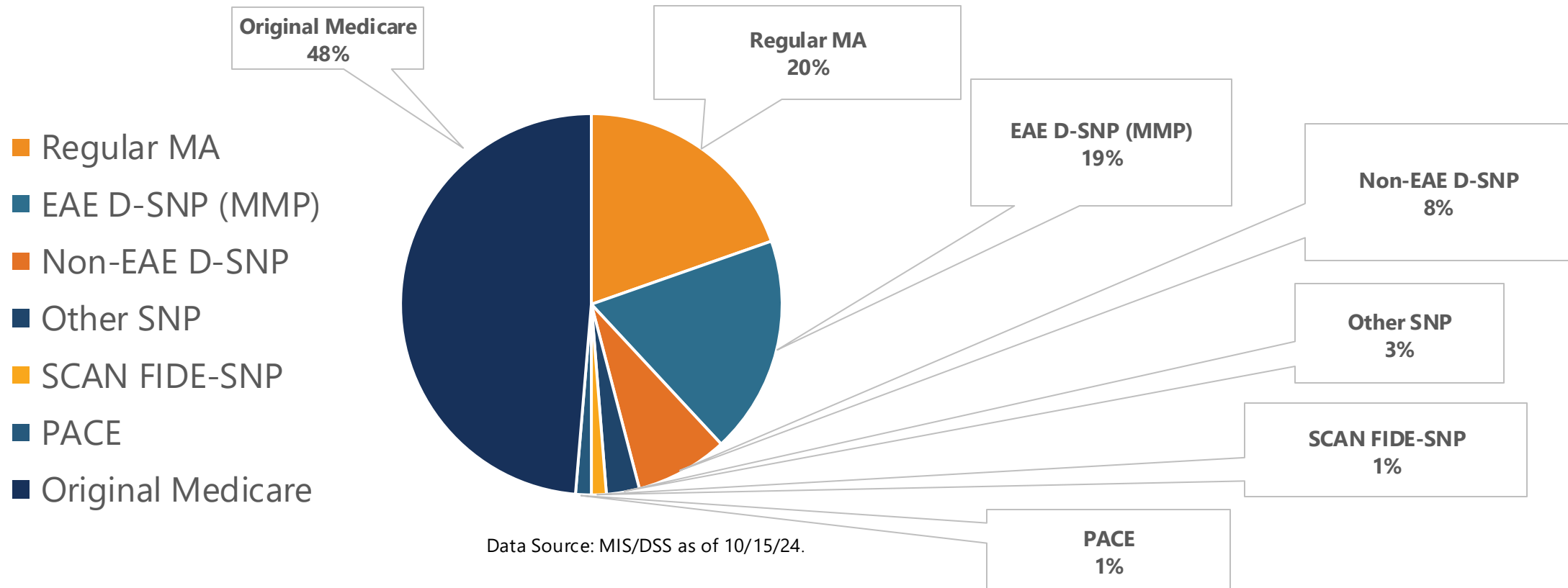
# Medicare Delivery Systems for Dual Eligible Members (cont.)

## » Other Integrated Care Options

- **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides medical and long-term services and supports to individuals aged 55 and older who meet the criteria for a nursing facility level of care, most of whom are dually eligible. California has a number of PACE organizations.
- **Other Special Needs Plans (SNPs):** Examples include Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

# Medicare Delivery System Enrollment for Dual Eligibles in California (July 2024)

Percentage of Medicare Enrollment by Delivery System



# Dual Eligible Members in Alameda County

- » As of August 2024, there were about 65,000 dual eligible members in Alameda County.
  - As of July 2024, 24,200 of these members were in Medicare Advantage (MA), including regular MA, Dual Eligible Special Needs Plans (D-SNPs), and the Program of All Inclusive Care for the Elderly (PACE).
- » For more information, see the [DHCS Medicare Advantage Options for Dual Eligible Beneficiaries website](#).

# **Medicare Medi-Cal Plans (Medi-Medi Plans)**

# The Need for Coordinated Care

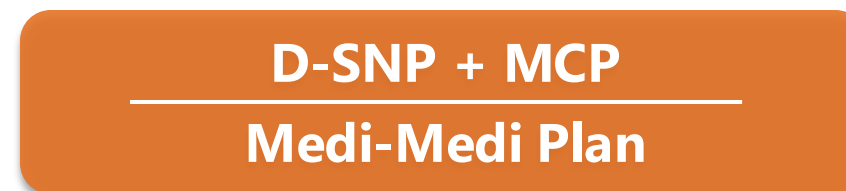
- » For most dual eligible members, Medicare and Medi-Cal operate separately, with different funding streams.
- » This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.
- » CalAIM Approach: Health plan to coordinate care across Medicare and Medi-Cal, known as **Medicare Medi-Cal Plans (or Medi-Medi Plans)**
  - Available in twelve counties in 2025: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.
  - Medi-Medi Plans will launch in additional counties by January 1, 2026.



# Medi-Medi Plans

» **Medicare Medi-Cal Plans (Medi-Medi Plans)** are a type of Medicare Advantage plan in California that are only available to dual eligible members.

» Members enrolled in a Medi-Medi Plan receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal Managed Care Plan (MCP).



**D-SNPs** provide Medicare services, such as:

- Hospitals
- Providers
- Prescription drugs

**MCPs** provide wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation

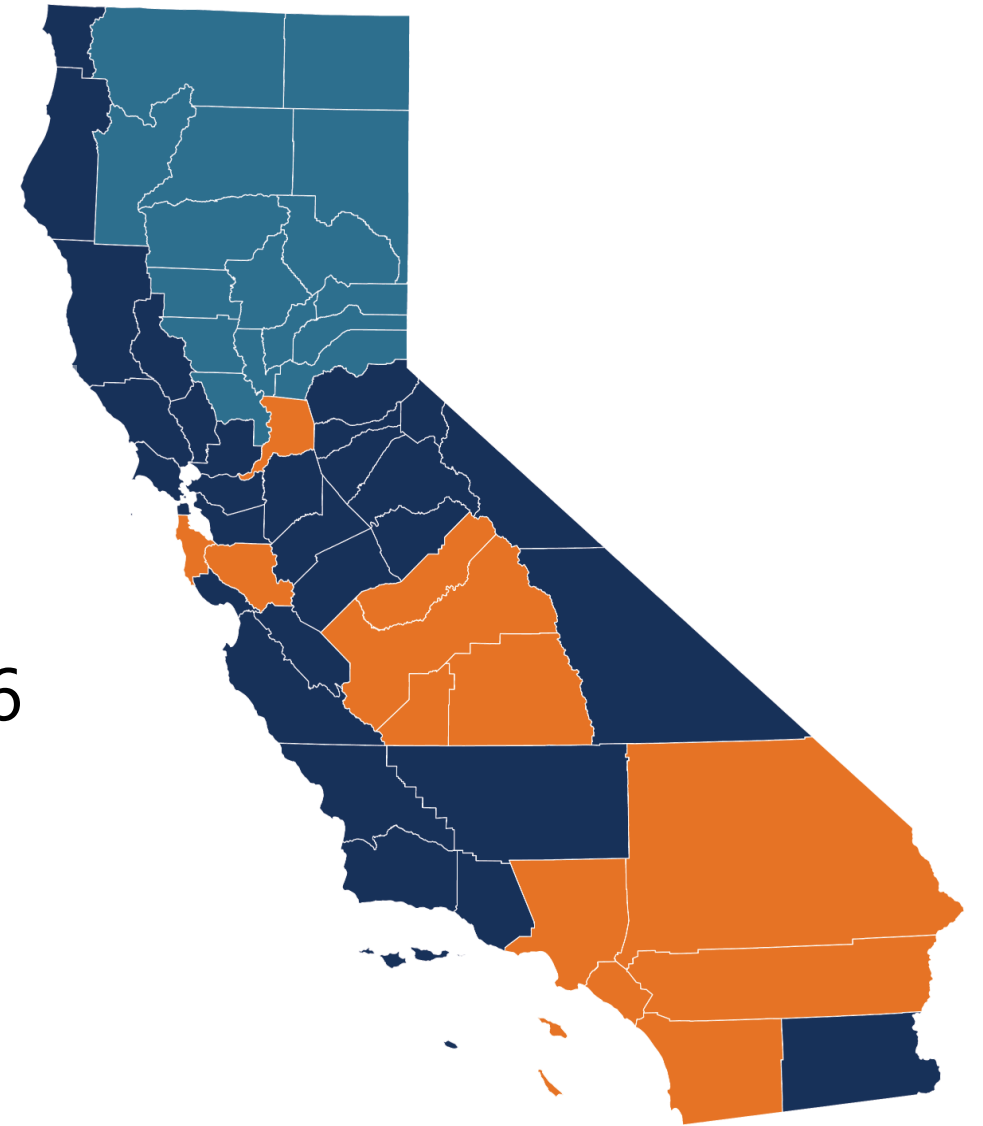
# Medi-Medi Plans: The Role of CMS, DHCS, and DMHC

- » CMS Medicare holds the primary contracts with D-SNPs, for Medicare benefits and care coordination. CMS also sets Medicare provider network requirements, makes capitation payments to plans, provides oversight, determines enrollment rules, establishes quality measure requirements, and much more.
- » DMHC requires D-SNPs to meet certain limited state licensure requirements, although DMHC does not provide oversight on Medicare network access, consumer complaints, or other activities where CMS has authority.
- » DHCS has a limited contract with D-SNPs, called a SMAC, primarily for care coordination. DHCS does not provide capitation payments to D-SNPs, only to Medi-Cal managed care plans. DHCS collaborates with CMS on oversight of D-SNPs.

# Medi-Medi Plans in California

- » The program name “Medicare Medi-Cal Plans” is used by DHCS, Health Care Options (HCO), and in member notices.
  - Health plans may use their own marketing name, such as in plan-specific member materials.
- » Medi-Medi Plans are described as **a single plan** in member-facing materials, as members will receive one card, one welcome packet, and have one phone number to call for member services.
- » Fact sheets for members and providers as well as other resources are posted on the [DHCS Medi-Medi Plan website](#).
- » A list of 2025 Medi-Medi Plans by county is also available on the [DHCS website](#).

# Medi-Medi Plans in California Counties



# Care Coordination in Medi-Medi Plans

Medi-Medi Plans help members with all their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.



# Coordination with Related Medi-Cal Benefits

- » Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits, including “carved-out” benefits such as:
  - In-Home Supportive Services (IHSS)
  - Multipurpose Senior Services Program (MSSP)
  - Specialty Mental Health and Substance Use Disorder Services provided by the county
  - Medi-Cal Dental (including Dental Managed Care Plans)
- » Joining a Medi-Medi Plan will **not** impact a member’s IHSS benefits.
  - Members can keep their IHSS providers and hours.
  - Members still retain the right to hire, fire, and manage their IHSS providers.

# Community Supports for Members in Medi-Medi Plans

- » Dual eligible members in Medi-Medi Plans are eligible for Community Supports.
  - Community Supports are provided by a member's Medi-Cal MCP.
  - The Medi-Medi Plan is responsible for coordinating Community Supports, as with other Medi-Cal benefits.

# Medi-Medi Plans Support Access to Providers



## Provider Network

- » Members will have access to a provider network through their Medi-Medi Plan.
- » If a member's provider is not in network, a provider can join the Medi-Medi Plan's network or the Medi-Medi Plan will help the member find a new doctor they like.
- » To join a Medi-Medi Plan network, a provider should contact the plan's provider relations department directly.



## Continuity of Care

- » If a provider is not currently in network, there is a continuity of care period, when the member can continue to see their provider for up to 12 months (in most cases).
- » The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.



# Medicare Network Adequacy Requirements

- » Medicare Advantage (MA) plans, including Medi-Medi Plans, must maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served.
- » CMS reviews and monitors Medicare provider networks and Medicare network adequacy.
- » CMS network adequacy requirements are at the contract level, not the sub-network (e.g., delegation) level.
- » Medicare Advantage Network Guidance is available on the [CMS website](#).
- » If any concerns come up about Medicare network access and adequacy for a particular Medi-Medi Plan, please contact the plan first.
  - For further escalation, please contact the CMS Regional Office at [ROSFOORA@cms.hhs.gov](mailto:ROSFOORA@cms.hhs.gov).
  - Stakeholders can also contact 1-800-Medicare with the member to file a complaint.

# Crossover Billing in Medi-Medi Plans

## » Crossover Billing Process

- In a Medi-Medi Plan, a member's D-SNP and Medi-Cal plan are operated by the same organization.
- When a provider bills the D-SNP for primary Medicare payment, the same organization should process the secondary (Medi-Cal) claim.

## » Crossover Billing Resource

- If you have questions about how to bill for dual eligible members enrolled in Medi-Cal managed care, please see the DHCS [Crossover Billing Toolkit](#).

## » Balance Billing

- Medicare providers cannot bill dual eligible members for Medicare Part A and B cost sharing. This is known as balance billing, or "improper billing," and is illegal under both federal and state law. Dual eligible members may still have a small copay for prescription drugs. Additional information is available on the [DHCS website](#).

# Joining a Medi-Medi Plan



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Members can join a Medi-Medi Plan if they:

- ✓ Have both Medicare Part A and B and Medi-Cal
- ✓ Are 21 years or older
- ✓ Live in one of the counties that offers Medi-Medi Plans



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Enrollment in Medi-Medi Plans is **voluntary**.



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To enroll, a member can contact their Medi-Cal plan or 1-800-MEDICARE.

# **Overview: 2026 SMAC and Policy Guide**

# State Medicaid Agency Contract

- » The State Medicaid Agency Contract (SMAC) outlines how D-SNPs (including Medi-Medi Plans) will integrate Medicare and Medicaid benefits for dual eligible members to ensure coordinated and comprehensive care.
- » All D-SNPs in California must have a SMAC with DHCS.
- » The 2025 SMAC boilerplates are available on the [DHCS website](#).
  - The 2026 SMAC boilerplates will be published to the DHCS website in July 2025.
  - The EAE D-SNP SMAC Boilerplate applies to Medi-Medi Plans.

# States Contracting with D-SNPs

- » State contracts with the D-SNPs must incorporate eight minimum federal elements, including coordinating the delivery of Medicaid and Medicare benefits and services.
- » States may include additional requirements to improve administrative, clinical, and financial integration for members.
  - DHCS has outlined several state-specific requirements in the SMAC to strengthen care coordination for members.

# Federal Minimum Requirements for a SMAC

- » On the Medicare side, SMACs must incorporate **eight minimum elements** (42 CFR §422.107(c)), which are listed in a D-SNP's SMAC:
- Coordinating delivery of Medicaid and Medicare benefits and services
  - Categories of dually eligible individuals who are eligible to enroll in the D-SNP
  - Medicaid benefits covered by the D-SNP
  - Cost-sharing protections
  - State identification and sharing of information on Medicaid provider participation
  - Verification of member eligibility for Medicaid
  - D-SNP service area
  - Contract period

For more information, see the federal regulation regarding D-SNP requirements, available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.107>

# California's State-Specific Requirements for a SMAC

- » In addition to the federal SMAC requirements, DHCS has included state-specific requirements in the SMAC, including, but not limited to:
  - Care Coordination
  - Information Sharing
  - Integrated Materials\*
  - Integrated Appeals and Grievances\*
  - State-Specific Supplemental Benefits\*
  - Quality and Data Reporting
  - Consumer Participation in Governance Boards
  - Network Overlap Guidance\*
  - Medicare Continuity of Care

\*These state-specific requirements are only for Medi-Medi Plans.



# Overview: SMAC and D-SNP Policy Guide

- » The D-SNP Policy Guide includes additional requirements and guidance for D-SNPs based on the SMAC.
  - The D-SNP Policy Guide is used by D-SNPs as a supplement to the corresponding year's SMAC.
  - DHCS annually updates the D-SNP Policy Guide.
- » Together, the California SMAC and D-SNP Policy Guide provide state-specific guidance for D-SNPs.
  - D-SNPs are required to follow the guidance in both documents.

# 2026 D-SNP Policy Guide

- » The 2026 Policy Guide will contain multiple chapters with detailed operational requirements and instructions for D-SNPs.
  - It is available on the [DHCS website](#).
- » DHCS intends to release the following D-SNP Policy Guide chapters on a rolling basis throughout 2025:
  - Care Coordination Requirements (Released December 2024)
  - Integrated Materials and Marketing for EAE D-SNPs
  - Coordination with Dental Benefits
  - Network Guidance for D-SNPs
  - Medicare Continuity of Care
  - Eligibility Verification
  - Quality and Reporting Requirements

# 2026 Look-Ahead

# DHCS Medi-Medi Plan Outreach Support

- » DHCS is supporting Medi-Cal plans in their outreach to inform providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.
- » Providers should direct specific questions to their contracted Medi-Cal plan. Providers and stakeholders can also submit general questions to DHCS at [info@calduals.org](mailto:info@calduals.org).
  - To learn more about Medi-Medi Plans, stakeholders can:
    - Visit the [DHCS Medi-Medi Plan Webpage](#)
    - View the [Medi-Medi Plans: Information for Providers Fact Sheet](#)
- » DHCS is encouraging Medi-Cal plans to partner with local Health Insurance Counseling and Advocacy Programs (HICAPs) and the Medicare Medi-Cal Ombudsman Program (MMOP) in their outreach efforts.

# 2026 Options for Dual Eligible Members in Alameda County

- » A dual eligible member could have the following choices in 2026 in Alameda County:
  - Original Medicare and a Medi-Cal plan
  - A Medi-Medi Plan
  - A Medicare Advantage plan and a Medi-Cal plan
  - PACE
- » Note: Medi-Cal managed care is provided by Alameda Alliance for Health and Kaiser Permanente in Alameda County.
- » **Reminder:** 2025 Medicare Open Enrollment is October 15 – December 7, 2025.

# Talking to Members about Medi-Medi Plans

- » As trusted sources of information, members may come to their providers with questions about Medi-Medi Plans.
- » When talking to members, consider sharing the following messages:
  - A Medi-Medi Plan has care coordination, one health plan card, and one number to call for both Medicare and Medi-Cal benefits.
  - Medi-Medi Plans have care coordinators who can help a member find doctors and make appointments, understand prescription drugs, set up transportation to doctor's visits, get follow-up services after leaving a hospital or facility, and support connections with home and community-based services.
  - Enrollment in a Medi-Medi Plan is voluntary.

# Resources for Members

- » Dual eligible members can learn more about Medi-Medi Plans by viewing the [Medi-Medi Plan Fact Sheet](#) on the [DHCS Medi-Medi Plan Webpage](#).
  - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- » To change Medicare plans, a member can contact the health plan of their choice directly or call 1-800-Medicare.
- » For support, members can contact:
  - HICAP for free counseling on health care options: 1-800-434-0222
  - MMOP for help resolving issues with providers or health plans: 1-855-501-3077

# Additional Resources

- » For more information about coordinated care for dual eligibles, visit the [DHCS Integrated Care for Dual Eligible Beneficiaries Website](#).
- » To learn more about D-SNPs, visit the [DHCS D-SNPs in California Website](#).
- » Join the next [MLTSS and Duals Integration Stakeholder Workgroup](#).
- » If you have any questions, contact us at [info@calduals.org](mailto:info@calduals.org).



# Questions and Discussion





**Break**  
**12:55 – 1:15 pm**

# Breakout Small Group Discussions

# Breakout Session Topics



Stars/Quality  
and Model of  
Care (MOC)

Marketing,  
Enrollment,  
and Member  
Engagement

Medicare and  
Medi-Cal  
Integration

# Instructions

- ▶ In groups of 10-12 people, you will remain at your assigned tables while **facilitators rotate between breakout stations**. Each rotation will last approximately 10 minutes.
- ▶ At each station, a facilitator will guide you through a focused discussion based on the questions on the handout.
- ▶ We encourage you to share your key takeaways during the full group report-out session at the end.

**Note:** If you have questions, thoughts or suggestions around the discussion topic or for AAH to consider, feel free to jot them down on a post-it note and adhere it to the appropriate easel.

# Breakout Discussion Report-Outs

# Medicare Advantage D-SNP Product Lifecycle, Public Affairs, & Provider Lens

# Medicare Advantage D-SNP Product Lifecycle

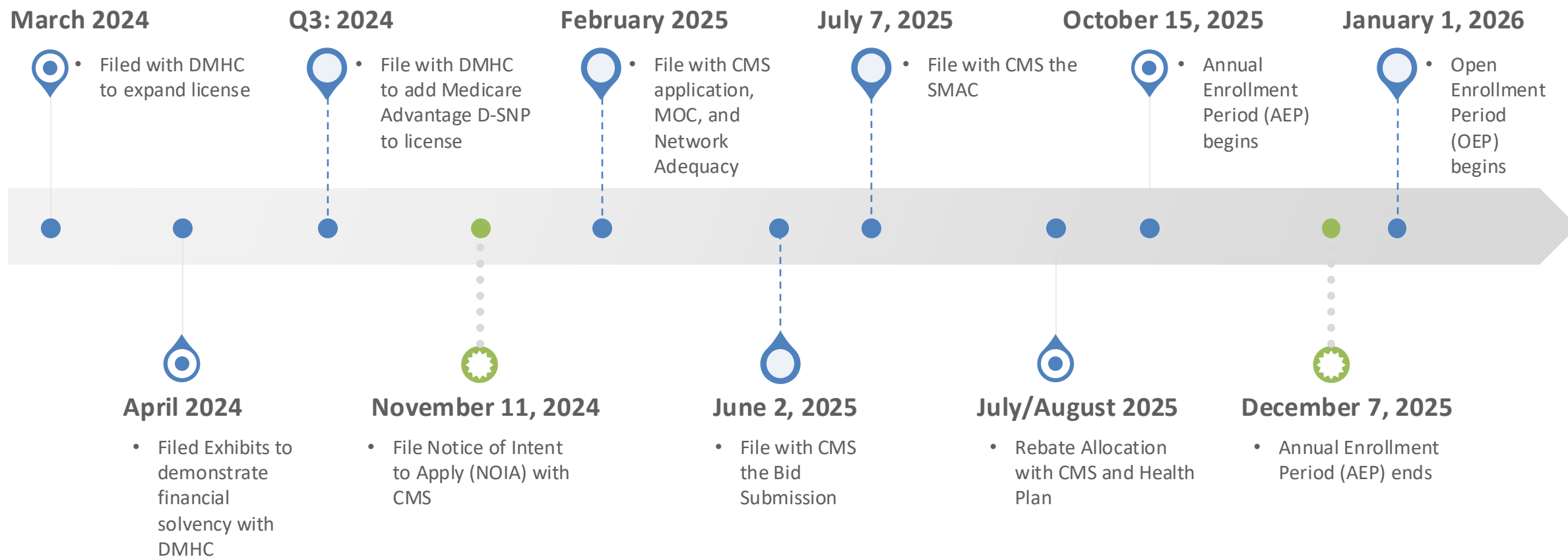
*Tome Meyers, Executive Director,  
Medicare Programs*



# Medicare Advantage Satisfaction Rates

- ▶ 90% of MA enrollees are satisfied with their coverage, preventative services, and prescription drug coverage.
- ▶ 94% say they would recommend MA to family and friends.
- ▶ MA enrollees have better health outcomes when compared to fee-for-service (FFS) Medicare.
  - ▶ 70% fewer hospital readmissions.
  - ▶ 25% fewer preventable inpatient admissions.
- ▶ MA enrollees save more than 55% on premiums and out-of-pocket costs compared to FFS Medicare.
  - ▶ Savings of >\$2,400.

# MA D-SNP Product Lifecycle



# Dual Eligible Enrollment in Alameda County



Current Medicare Enrollment in Alameda County (December 2024)	
Medicare Plans	Enrollment
Original Medicare	129,534 (48%)
Medicare Advantage and other health plan	139,900 (52%)
<i>Medicare and full Medicaid benefits (Full Duals)</i>	67,079
<i>Medicare and full Medicaid benefits (Partial Duals)</i>	860
<b>Total</b>	<b>269,434</b>

# Dual Eligibility & Enrollment in Alameda County



67,939

Count of **ALL** Dual  
Eligible Individuals in  
Alameda County\*

48,730

Count of **CURRENT**  
Medi-Cal Dual members  
that the Alliance  
manages (March 2025)

139,900

Total MA and Other  
Health Plan Enrollment  
in Alameda County\*

# Key Goals for the Alliance D-SNP

- ▶ Coordinate benefits and services across both Medicare and Medi-Cal, including all Medicare and Medi-Cal covered services and additional supplemental benefits.
- ▶ Improve member experience with continuity and transitions of care.
- ▶ Reduce administrative burden and increased understanding through integrated materials.
- ▶ Strive for high quality performance:
  - ▶ Four or more Medicare Stars.
  - ▶ Consumer Assessment of Healthcare Providers and Systems (CAHPS).
  - ▶ Healthcare Effectiveness Data and Information Set (HEDIS).
  - ▶ Health Outcomes Survey (HOS).

# Provider Engagement

- ▶ Provider Relations
  - ▶ Newsletters, Provider Alerts, Website Announcements, Trainings, etc.
- ▶ Provider Roadshows
  - ▶ August-September
  - ▶ Provider Portal, Referral Process, Benefits Overview, Authorization Process, Quick Reference Guide, Provider Manual, Provider Forms, etc.
- ▶ Provider Tool-Kits
  - ▶ December 2025
  - ▶ Handouts and Materials about the Plan and Operations
- ▶ Provider MOC Training

# Medicare Advantage Public Affairs/Legislative Updates

*Karina Rivera, Sr. Manager, Public Affairs  
and Media Relations*

# CMS 2026 Medicare Advantage & Part D Final Rule

- ▶ CMS regulations establish or modify the way CMS administers its programs and may impact providers or suppliers of services, or the individuals enrolled in programs.
  - ▶ **The CMS rulemaking process** = Proposed rule → Public comment period → Final Rule → Implementation.
- ▶ The CMS CY 2026 MA and Part D Final Rule was released on April 4th.
  - ▶ This final rule will institute changes to the MA and the Medicare Prescription Drug (Part D) Programs for plan year 2026.
- ▶ MA Growth Percentage:
  - ▶ The 2026 MA Growth Percentage is 10.72%, compared to 7.7% in the advanced noticed & 2.31% in 2025.



# CMS 2026 Medicare Advantage & Part D Final Rule Cont.

- ▷ Sets a \$35 maximum for copays on 30-day insulin supplies.
- ▷ CMS declined to finalize several policies from the previous administration proposed rule, including:
  - ▶ A proposal that would expand coverage of anti-obesity medications (such as Ozempic and Wegovy).
  - ▶ Annual health equity analysis of utilization management policies and procedures.
  - ▶ Guardrails around the use of artificial intelligence in prior authorization decisions.

## On the Hill Updates

- ▶ Robert F. Kennedy Jr. was sworn in as Health and Human Services (HHS) Secretary in February 2025.
  - ▶ HHS oversees the CDC, the National Institutes of Health (NIH), CMS and the Food and Drug Administration (FDA).
  - ▶ HHS under RFK Jr.
- ▶ Dr. Mehmet Oz was sworn in as the 17th CMS administrator earlier this month.
  - ▶ Dr. Oz's Vision for CMS
- ▶ Proposed cuts to federal spending

# A Special Message from Dr. Donna Carey, Chief Medical Officer



# Medicare Advantage through the Lens of the Providers

*Dr. Daphne Lo, Medical Director  
Long Term Support Services*

# Opportunities in D-SNP

- ▶ Opportunities to facilitate more comprehensive and integrated care.
  - ▶ Health plan records.
  - ▶ Integrated case management and care coordination across sites of care.
  - ▶ Integrated network for care coordination and care transitions.

# Q&A



# Closing Remarks

Ruth Watson, Chief Operating Officer



# Post-Meeting Evaluation

Please take a few minutes to provide your feedback on today's Town Hall.

## Town Hall Evaluation



# Thanks!

## Questions?

You can contact us at:

 [roxanne@chapmanconsult.com](mailto:roxanne@chapmanconsult.com)