



Promoting Prevention in Medicaid and CHIP

Working with Managed
Care Organizations to
Promote Prevention



May 21, 2013

Agenda

- Welcome
 - Steve Cha, MD, Chief Medical Officer, Center for Medicaid and CHIP Services
- New Jersey: Methods to Promote Preventive Care
 - Cynthia Rogers and Patricia LeMunyon, New Jersey Department of Human Services
- Michigan: The Fit Kids 360 Initiative
 - Patricia Graham, Director of Medicaid Products, Priority Health
- Medicaid Prevention Learning Network
 - Mary Beth Hance, Senior Policy Advisor, Center for Medicaid and CHIP Services
- Discussion and Questions
- Upcoming Sessions



Working with Managed Care Organizations to Promote Prevention – Part 1

New Jersey: Methods to
Promote Preventive Care

Patricia LeMunyon

Cynthia Rogers

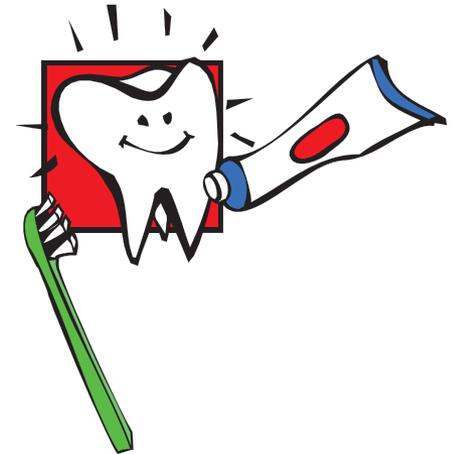
New Jersey Department of
Human Services

Promoting Preventive Care

- Dental
- Well Child
- Immunizations
- Lead Screening
- Elderly and Disabled Initiatives

Dental

- Fluoride varnish program
- Expanding dental referrals to include children 1 year old through 21 years
- NJ-Specific HEDIS measure “Preventive Dental Visit” included in 2012 Contract
- Mandatory sanction if performance standard of 80% is not met
- Other projects
 - NJ Smiles Dental Directory
 - Give Kids a Smile Project



Well Child

- Member reminder of when services are due
- Follow-up with members on missed appointment
- PCP notification of their members who have not had an encounter within the past year
- Mandatory sanction if performance standard of 80% is not met



Immunizations

- DMAHS collaborates with DOH to improve utilization of vaccines
- Providers must register with the Vaccines for Children program (VCF) and use free vaccines for its members
- New vaccines and/or new scheduling or method of administration shall be provided as recommended by the Advisory Committee on Immunization Practices (ACIP)
- DMAHS pays providers a vaccine administration fee for VCF immunizations
- Provider use of Statewide Immunization Registry database is encouraged
- Mandatory sanction if performance standard of 80% is not met

Lead Screening

- Upon enrollment, members receive information regarding the need for lead screening for their children
- Semi-annual MCO outreach to parents of all children who have not been screened
- Annually, the MCOs send letter to all PCPs with lead screening rates of less than 80% for two consecutive six-month periods and educate them on the need and responsibility to provide lead screenings
- MCOs document to DMAHS their efforts to educate providers with low lead screening rates
- MCO Lead Case management program
- MCOs work with the local health departments, WIC, and other community resources
- Mandatory sanction if performance standard of 80% is not met

Elderly and Disabled

The Contract requires the MCOs to develop programs for the following conditions:

- Cancer screenings: Mammography and prostate at a minimum
- Vaccines for adults: Influenza and pneumococcal
- Chronic Diseases: CHF; COPD; diabetes; hypertension and depression
- Cognitive impairments
- Initiatives to prevent Long Term Institutionalization
- Program to promote prevention, awareness and treatment of abuse and neglect

Elderly and Disabled (cont.)

These programs are promoted through the following activities:

- MCOs are responsible for measurement and distribution of reports to provider on outcomes of care
- MCOs must conduct educational outreach to members

MCOs must monitor and evaluate member outcomes at least annually and make the results available to DMAHS

- Aspiration pneumonia
- Injuries, fractures and contusions
- Decubiti
- Seizure management

Quality Improvement Projects (QIPs)

Samples of New Jersey MCO QIPs

- Well Child-ER Diversion
 - MCO completes an on-site intervention using MCO bilingual social workers
 - Face-to-face education on proper use of ER and PCP visits
 - Members given the name and contact information for their current PCP or instructions on how to select a new PCP
 - Ten high volume pediatric PCP sites with low well child rates, as well as high ER utilization are identified
 - MCO conducts in-depth analysis, including claims, complaints and grievances and other pertinent information
 - MCO conducts education at the provider site to effect change in ER utilization and increase well child visit rate
 - Offices that refuse to comply or do not improve within the first year are referred to the Quality Peer Review Committee to determine further action

Quality Improvement Projects (QIPs) (cont.)

Samples of New Jersey MCO QIPs

- Dental visit for children 1-2 years of age
- Dental visit for pregnant women
 - The PCP/OB receives a list of members on their panel who have not had a dental visit
 - When the PCP/OB refers their member to see the dentist, they receive a financial incentive
 - Upon the member seeing the dentist, the PCP/OB receives an additional dollar amount

Performance–Based Contracting Program

- Motivate MCO innovation to initiate and sustain improvement in New Jersey’s health care priority areas
 - NCQA Accreditation
 - Maternity Care and Outcomes
 - Diabetes
 - Obesity

HMO Outreach Materials

- Health tips provided in newsletters
- Talking points during outreach calls
- Call scripts for MCO automated outreach
- “On hold” health tips
- Reminder letters for children and teens

Lead Flyer

Keep Children Safe from Lead!

All children are at risk for lead poisoning.

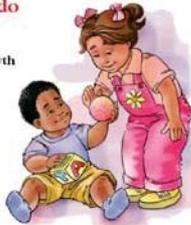
Getting a simple blood test is the only way to know if your children are lead poisoned.

All children must be tested for lead at:

9-18 months and at 18-26 months
and at any age
up to 6 years if never tested

What does lead do to children?

- Prevents normal growth and development
- Hurts the brain, kidneys and nervous system
- Damages hearing and speech
- Causes learning difficulties
- Causes behavior problems
- Makes paying attention difficult



Take your children for regular medical checkups!

Make sure they are lead tested!

How can you help protect your children?

- Wash children's hands and faces before meals, before sleeping and after playing
- Wash toys and other things children handle
- Wet mop floors and damp wipe surfaces at least weekly using an all purpose detergent
- Run cold water for one minute before using it for cooking, drinking and making baby formula
- Serve foods high in iron (meat, fish, greens, chicken, dried beans) and calcium (milk, cheese, yogurt, ice cream)
- Take off shoes at the door

MEDICAL ASSISTANCE CUSTOMER CENTERS (MACC)

Atlantic/Cape May/Cumberland - 609-561-7969 • Camden/Burlington/Gloucester/Mercer/Salem - 856-614-2870
Essex - 973-648-3700 • Hudson - 201-217-7100 • Bergen/Morris/Passaic/Sussex/Warren - 973-977-4077
Hunterdon/Middlesex/Monmouth/Ocean/Somerset/Union - 732-761-3600

New Jersey Department of Human Services
Division of Medical Assistance and Health Services (DMAHS)

This Program prohibits discrimination on the basis of race, color, national origin, age, and disability.

NU-LEAD-0811

¡Mantenga a sus niños protegidos del plomo!

Todos los niños tienen el riesgo de envenenarse con plomo.

Un sencillo análisis de sangre es la única forma de saber si sus hijos tienen envenenamiento de plomo.

A todos los niños deben hacerse pruebas de plomo a los 9-18 meses y 18-26 meses y a cualquier edad y hasta los 6 años si nunca se les ha hecho una prueba

¿Qué les hace el plomo a los niños?

- No permite el crecimiento y desarrollo normales
- Daña el cerebro, riñones y sistema nervioso
- Daña la audición y el habla
- Causa problemas de aprendizaje
- Causa problemas de conducta
- Dificulta prestar atención



¡Lleve a sus hijos a sus revisiones médicas regulares!

¡Asegúrese de hacerles la prueba de detección de plomo!

¿Cómo puede usted ayudar a proteger a sus hijos?

- Lave las manos y la cara de los niños antes de las comidas, antes de dormir y después de jugar
- Lave los juguetes y otras cosas que los niños tocan
- Trapee los pisos con trapadores mojados y limpie con un trapo húmedo las superficies por lo menos semanalmente con un detergente para todo uso
- Deje correr el agua fría por un minuto antes de usarla para cocinar, tomar y preparar fórmula para bebés
- Sirva alimentos con alto contenido de hierro (carne, pescado, verduras de hoja verde, pollo, frijoles) y calcio (leche, queso, yogurt, helado)
- Quite los zapatos en la puerta

CENTROS DE ASISTENCIA MÉDICA A CLIENTES (MACC)

Atlantic/Cape May/Cumberland - 609-561-7969 • Camden/Burlington/Gloucester/Mercer/Salem - 856-614-2870
Essex - 973-648-3700 • Hudson - 201-217-7100 • Bergen/Morris/Passaic/Sussex/Warren - 973-977-4077
Hunterdon/Middlesex/Monmouth/Ocean/Somerset/Union - 732-761-3600

Departamento de Servicios Humanos de New Jersey
División de Asistencia Médica y Servicios de Salud (DMAHS)

Este programa prohíbe la discriminación con base en la raza, el color, país de origen, edad y discapacidad

NU-LEAD-0811

EPSDT Flyer



How to help your children grow up healthy and strong

Children under 21 years of age enrolled in NJ FamilyCare are eligible to receive preventive health care services commonly referred to as **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services at no cost.**

To keep your child healthy, it is important to:

- Schedule and keep regular visits with your family doctor: Every child should receive one well-child/EPSTDT exam when they reach the following ages:
 - Within 1 week - 1 month - 2 months - 4 months - 6 months - 9 months - 12 months - 15 months - 18 months - 24 months.
 - After 24 months, every child should have one EPSDT exam a year.
 - Your health care provider will do a complete physical exam and check your child's vision, hearing and teeth to see if your child is growing normally.
- Get your child screened for lead exposure: All children must receive a blood test for lead at 12 months and again at 24 months. Some children may require a blood lead test more frequently until the age of six (6). Ask your health care provider about your child's need to be tested for lead.
- Have your child's teeth checked regularly: Routine checkups help to prevent early childhood dental disease. Your child should see a dentist at age one (1). Regular preventive dental exams are recommended every six months beginning at age three (3).
- Get your child all of his/her shots (vaccinations): It is very important that children get their shots to protect them from serious diseases.

*Please note: Some children require different vaccinations. Please ask your health care provider about your child's vaccination needs.



Recommended Vaccinations for Children and Adolescents:

✓ From birth to under age one

- Hepatitis B: 1st & 2nd shots
- Diphtheria, Tetanus & Whooping Cough (DTaP): 1st, 2nd & 3rd shots
- Haemophilus-b (Hib): 1st, 2nd & 3rd shots
- Polio: 1st & 2nd shots
- Pneumococcal Conjugate: 1st, 2nd & 3rd shots
- Influenza vaccine: 1st & 2nd shots
- Rotavirus vaccine: 1st, 2nd & 3rd oral doses

✓ Age: one to two

- Hepatitis A: 1st & 2nd shots
- Hepatitis B: 3rd shot
- Diphtheria, Tetanus & Whooping Cough (DTaP): 4th shot
- Haemophilus-b (Hib): 3rd or 4th shot
- Polio: 3rd shot
- Pneumococcal conjugate: 4th shot
- Measles, Mumps & Rubella (MMR): 1st shot
- Chickenpox (Varicella): 1st shot
- Influenza vaccine: yearly

✓ Age: three to six

- Diphtheria, Tetanus & Whooping Cough (DTaP): 5th shot
- Polio: 4th shot
- Measles, Mumps & Rubella (MMR): 2nd shot
- Chickenpox (Varicella): 2nd shot
- Influenza vaccine: yearly

✓ Age: 11 to 18

- Meningococcal vaccine (MCV4): 1st shot
- Tetanus, diphtheria & whooping cough (Tdap)
- Human Papillomavirus vaccine (HPV) for males and females: 1st, 2nd and 3rd shots
- Influenza vaccine: yearly

If you need further assistance or more information call the NJ FamilyCare/ Medicaid Call Center at 1-800-356-1561.

Department of Human Services / Division of Medical Assistance and Health Services
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NJ-EPSTDT-0410



Cómo ayudar a sus hijos a crecer sanos y fuertes

Los niños menores de 21 años inscritos en NJ FamilyCare reúnen los requisitos para recibir servicios de atención de salud preventivos a los que comúnmente se les llama Servicios de Detección, Diagnóstico y Tratamiento Tempranos y Periódicos (**Early and Periodic Screening, Diagnosis and Treatment, EPSDT**) sin costo alguno.

Para mantener a sus hijos sanos, es importante:

- Programar visitas regulares con su médico familiar y no faltar a ellas: A todos los niños se les debe hacer un examen de EPSDT/de niño sano a las edades siguientes:
 - En la primera semana - 1 mes - 2 meses - 4 meses - 6 meses - 9 meses - 12 meses - 15 meses - 18 meses - 24 meses.
 - Después de 24 meses de edad, a todos los niños debe hacerse un examen de EPSDT cada año.
 - Su proveedor de atención de la salud le realizará un examen físico completo a su hijo o hija y le revisará la vista, audición y dentadura para determinar si está creciendo normalmente.
- Haga que a su hijo o hija se le haga la prueba para detectar exposición al plomo: A todos los niños debe realizárseles un análisis de sangre para detectar plomo a los 12 meses y otra vez a los 24 meses de edad. Es posible que a algunos niños deba hacerse el análisis de sangre para detectar plomo más frecuentemente hasta los seis (6) años de edad. Pregunte a su proveedor de atención de la salud sobre la necesidad de hacer esta prueba a su hijo o hija.
- Haga que a su hijo o hija le revisen los dientes con regularidad: Los chequeos médicos de rutina ayudan a prevenir la enfermedad dental en la primera infancia. Su hijo o hija debe ir al dentista al cumplir un (1) año de edad. Es recomendable hacer exámenes dentales preventivos regulares cada seis meses empezando a los tres (3) años de edad.
- Asegúrese de que su hijo o hija haga todas sus vacunas: Es muy importante que a los niños se les pongan las vacunas para protegerlos de enfermedades graves.

*Por favor note: Algunos niños requieren distintas vacunas. Por favor hable con su proveedor de atención de la salud sobre las necesidades de vacunación de su hijo o hija.

Vacunas recomendadas para niños y adolescentes:

✓ Desde el nacimiento hasta antes de un año de edad

- Hepatitis B: Primera y segunda dosis
- Difteria, tétanos y tos ferina (DTaP): Primera, segunda y tercera dosis
- Haemophilus-b (Hib): Primera, segunda y tercera dosis
- Poliomielitis: Primera y segunda dosis
- Vacuna antineumocócica conjugada: Primera, segunda y tercera dosis
- Vacuna antigripal: Primera y segunda dosis
- Vacuna contra el rotavirus: Primera, segunda y tercera dosis oral

✓ Edad: uno a dos años

- Hepatitis A: Primera y segunda dosis
- Hepatitis B: Tercera dosis
- Difteria, tétanos y tos ferina (DTaP): Cuarta dosis
- Haemophilus-b (Hib): Tercera o cuarta dosis
- Poliomielitis: Tercera dosis
- Vacuna antineumocócica conjugada: Cuarta dosis
- Sarampión, paperas y rubéola (MMR): Primera dosis
- Varicela: Primera dosis
- Vacuna antigripal: anualmente

✓ Edad: tres a seis años

- Difteria, tétanos y tos ferina (DTaP): Quinta dosis
- Poliomielitis: Cuarta dosis
- Sarampión, paperas y rubéola (MMR): Segunda dosis
- Varicela: Segunda dosis
- Vacuna antigripal: anualmente

✓ Edad: 11 a 18 años

- Vacuna antineumocócica (MCV4): Primera dosis
- Tétanos, difteria y tos convulsiva (Tdap)
- Vacuna contra el virus papiloma humano (HPV) para hombres y mujeres: Primera, segunda y tercera dosis
- Vacuna antigripal: anualmente

Si necesita más asistencia o más información, llame al Centro de Llamadas de NJ FamilyCare/ Medicaid al 1-800-356-1561.

Departamento de Servicios Humanos / División de Asistencia Médica y Servicios de Salud
(Department of Human Services / Division of Medical Assistance and Health Services)
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NJ-EPSTDT-0410

Literature Order Form



LITERATURE ORDER FORM

Order Requested by Date _____

Items shipped UPS Ground.
Allow 7-10 business days for delivery

SHIP TO INFORMATION				
Site #	Organization			
	Attention (Name)			
(cannot ship to PO Box)	Address			
Signature	City	State	Zip	
Date	Phone Number	Email Address		
LITERATURE NEEDED				
APPLICATION KITS				
All application kits contain: • NJ FamilyCare Application • Instructions • Fact Sheet • HIPAA Privacy Notice • Rights & Responsibilities • Postage-Paid Envelope All items are English front/Spanish back	Qty. Needed	Item #	For Use By	Description
	(100 max)	NJFC-APP-KIT	General	Application Kit
	(20 max)	NJFC-APP-SLP-KIT	School	Application Kit – SCHOOL version
BROCHURES, FLYERS & OTHER MATERIALS	Qty. Needed	Item #	For Use By	Description
	(100 max)	NJFC-FS	General	Fact Sheet (English/Spanish)
	(100 max)	NJFC-IMM	General	Immigration Outreach Flyer (English)
	(100 max)	NJFC-IMM-S	General	Immigration Outreach Flyer (Spanish)
	(5 max)	NJFC-INCOME	General	Income Guideline Chart (English/Spanish)
	(100 max)	NJFC-BM	General	Band-Aid Bookmark
	(5 max)	NJFC-POSTER	General	18x24 FamilyCare Poster (English/Spanish)
	(100 max)	NJFC-BTS	General	Back to School Checklist (English)
	(100 max)	NJFC-HFG	General	Healthy Facts at a Glance
	(50 max)	NJFC-COACH	General	Sport / Coaches Fact Sheet (English/Spanish)
	(10 max)	NJFC-CONFIDBRO	General	Health Insurance Matters Brochure (English/Spanish)
1	NJFC-LOF	General	Literature Order Form	
COUNTY MATERIALS	Qty. Needed	Item #	For Use By	Description
	(500 max)	NJFC-APP-CO-KIT	County	Application Kit – COUNTY version
	(500 max)	FC-EPST	County	Early and Periodic Screening, Diagnosis and Treatment Services (English/Spanish)
(500 max)	FC-LEAD	County	Keep Children Safe from Lead! Flyer MACC Offices (English/Spanish)	
PLACE THE ORDER VIA FAX, PHONE OR EMAIL (choose one method)				
FAX ORDER TO: (609) 747-7710		PHONE ORDER TO: (609) 747-7716		EMAIL ORDER TO: njfcbo@bartoncooney.com



Working with Managed Care Organizations to Promote Prevention – Part 2

Michigan: The Fit Kids
360 initiative

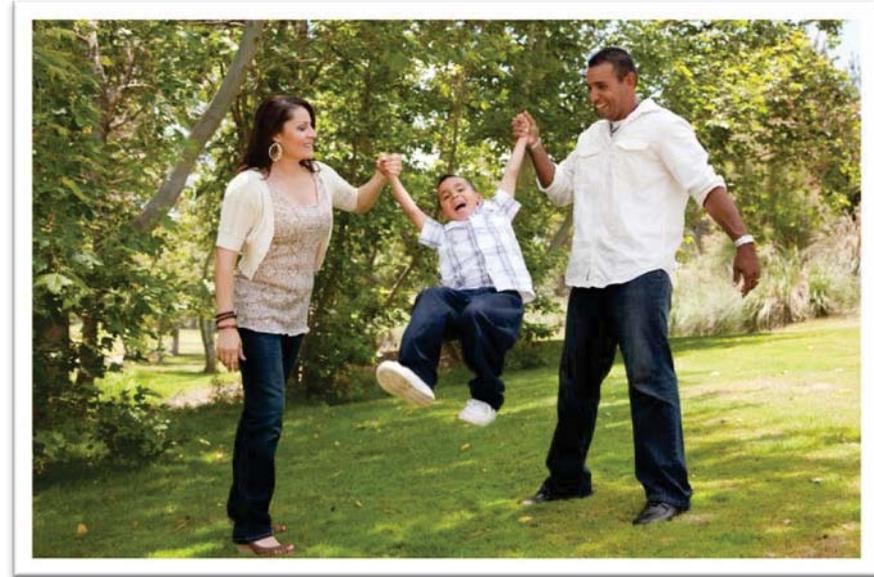
Patricia Graham
Director of Medicaid Products
Priority Health

What is FitKids 360?

- A healthy lifestyle program that helps overweight children practice healthier behaviors and improve their overall health.
- Combines education about nutrition, behavioral health and physical activity with opportunities for exercise and other activities.

Who is FitKids 360 For?

- Children age 5 to 16 who have a Body Mass Index (BMI) of at least 85%.
- Parents or support partners.



Why FitKids 360 is Needed?

- 1/3 of all children in the United States are overweight and almost one in five is obese.
- Some elementary schools in the Grand Rapids Public School District report overweight and obesity rates as high as 65%.
- Childhood obesity has many short and long-term health impacts.
- Obesity-related healthcare costs in Michigan now top \$2.9 billion a year.

How it Began

- 2010, through partnerships with several pediatric offices, community agencies, and the health plan.
- The State of Michigan served as a partner and provided many opportunities to promote the partnership.
- Obesity Initiatives in the State of Michigan encouraged participation and attention.

FitKids 360 Helps Reverse This By:

- Educating families about nutrition and physical activity.
- Changing the home environment.
- Providing encouragement and support.

Overview of FitKids 360

- Six weekly sessions
- Taught by professionals who have expertise in childhood obesity and weight management
- Focus each week on behavior, nutrition and exercise
- Parents actively participate in the program

FitKids 360 is Unique

- Evidence-based
- Thoroughly evaluated with long term outcomes
- Behavior measures as well as physical
- Easy for children and their parents to participate

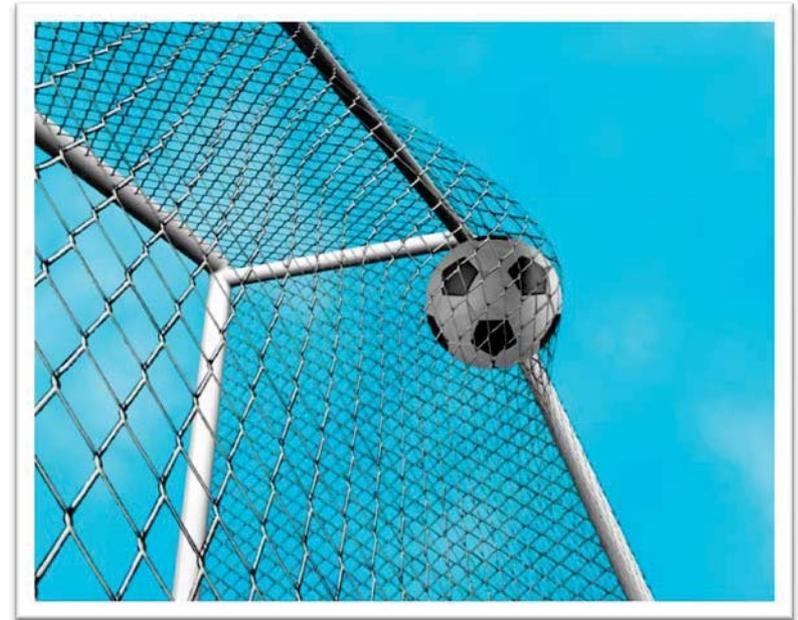
FitKids 360 is Unique (cont.)

- Free for children and families
- Accessible, multiple locations
- Can be done virtually anywhere
- Standardized, all receive a curriculum training
- A true community collaborative involving over 20 community partners

Goals of FitKids 360

Short-term Goals

- Increase physical activity
- Improve diet
- Reduce screen time



Goals of FitKids 360 (cont.)

Long-term Goals

Maintain a healthy:

- BMI
- Level of body fat
- Waist circumference



FitKids 360 Works!

Results from pilot programs demonstrate:

- Increased physical activity
- Healthier home environments

In addition, all participants indicated:

- They learned valuable information
- They would recommend FitKids 360 to others

What is Measured

- Physical measures
- Physical activity
- Propensity to complete/participate
- Family Nutrition and Physical Activity (FNPA)
 - This score is determined by assessment that allows to evaluate the family's home environment with regard to nutrition and physical activity.

Efforts Will:

- Significantly contribute to the understanding of healthy body weight and obesity;
- Develop and evaluate innovative strategies to prevent, manage and treat obesity and its related health consequences;
- Ultimately reduce the overall prevalence of obesity in West Michigan, the state of Michigan, the U.S., and the world.

Cost/Reimbursement

- Several different methods have been piloted in order to reimburse sites and staff including:

Stipend for practitioners

Group visit reimbursement to practitioner

Case rate to practitioner

Group visit/case rate to overseeing entity

Self funded classes

Community Partners

- Camp O'Malley
- First Steps, Children's Healthcare Access Program (CHAP)
- Claystone Clinical Associates
- Forest Hills Pediatrics
- Grand Rapids Public Schools
- Grand Valley State University
- Helen DeVos Children's Hospital
- Helen DeVos Children's Hospital Healthy Weight Center
- Helen DeVos Children's Hospital Pediatric Clinic
- Kent Intermediate School District
- Kent Medical Foundation
- Life Quest
- MAC/East Hills Athletic Club
- MSU College of Human Medicine
- MSU School of Kinesiology
- Priority Health
- Reagan Marketing + Design, LLC
- Salvation Army Kroc Center
- Spectrum Health Healthier Communities
- Spectrum Health Gerber Memorial Hospital/Tamarac
- Spectrum Health Zeeland Community Hospital
- YMCA

Contact:

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FitKids360 Program Coordinator

First Steps

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<http://www.firststepskent.org>

Facebook: www.facebook.com/fitkids360

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Working with Managed Care Organizations to Promote Prevention – Part 3

Medicaid Prevention Learning Network

Mary Beth Hance

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Outcomes

Center for Medicaid and CHIP
Services

Medicaid Prevention Learning Network

Purpose

- To continue the momentum started with this series, CMS is developing a Medicaid Prevention Learning Network made up of states and CMS.
- Goals are to:
 - Assist states build the knowledge and networks necessary to improve effective, integrated delivery of preventive healthcare services
 - Increase reporting on the Medicaid and CHIP prevention-related quality measures for children and adults.
 - Improve performance on the prevention- related quality measures.

Who Will Participate

- States who are committed to improving access to and quality of preventive health care services.
- Staff from CMS who are committed to providing technical assistance.
- CMS will bring in experts from other organizations such as CDC, HRSA, ACF, ASTHO, to provide assistance on specific topics.

Why Join the Network?

- Provides an opportunity for states to learn from each other and to learn about promising and emerging practices within preventive health.
- Will assist states in establishing a network of contacts in public health and other areas. These contacts can assist states as they move forward with their prevention activities.
- States will have the opportunity to identify areas of focus and technical assistance.

Commitment?

- Submission of a one-page plan that identifies a state's proposed prevention activities and related goals.
- Participation in monthly calls. Some of these calls may be webinars with a larger audience.

Timeframe

- Intend to kick-off by Fall 2013
- Will assess the impact/value of the Learning Network at the end of the first year, but are hopeful that it will continue for many years.

How to Join the Medicaid Prevention Learning Network

- Send your name and contact information to the CMS prevention mailbox:
MedicaidCHIPPrevention@cms.hhs.gov
- Any questions can also be sent to that mailbox.

Promoting Prevention in Medicaid and CHIP

Upcoming Sessions

Using health IT to improve access to preventive services

May 30, 2:00-3:00 p.m. (Eastern)

877-267-1577; Meeting ID: 0374, <https://webinar.cms.hhs.gov/ppmc3/>

Building partnerships and financing prevention in Medicaid and CHIP

June 13, 2:00-3:00 p.m. (Eastern)

877-267-1577; Meeting ID: 2168, <https://webinar.cms.hhs.gov/ppmc4/>

This session is presented in partnership with ASTHO

Questions/Comments? MedicaidCHIPPrevention@cms.hhs.gov

Medicaid.gov Prevention page: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html>