

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: RAYMOND M. WHITE Work Phone No. 603-27-3569
First Middle Last

Work Address: SH ROOM 107, CONCORD, NH 03301

Office/Appointment/Employment held: STATE SENATE DISTRICT 9

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: U.S. GOVERNMENT GRANT THROUGH INSURANCE DEPT

Name of Corporate/Entity Representative: NH INSURANCE DEPT

Work Address of Representative: 21 S. FRUIT ST. SU 14, CONCORD, NH 03301

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: _____ Date Received: _____ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.* Exact Estimate

Value of Expense Reimbursement: 919.27 Date Received: 6/14/2011 *A copy of the agenda or an equivalent document must be attached to this filing.* Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

EXCHANGE PLANNING SEMINAR

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

[Signature]
Signature of Filer

6/20/2011
Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

RECEIVED
JUN 21 2011
NEW HAMPSHIRE
DEPARTMENT OF STATE



The Utah Health Exchange Invitation Only Event For State Officials



UTAH HEALTH
EXCHANGE

May 12-13, 2011, Salt Lake City, Utah
LITTLE AMERICA HOTEL, BALLROOM C
PRELIMINARY AGENDA

Thursday, May 12

- 1:30 p.m. Registration and Check-in begins
- 2:00-2:10 p.m. **Welcome & Introductions**
Presenters: Norman Thurston & Robert Spendlove,
Governor's Office
- 2:10-3:15 p.m. **Session 1: History & Overview – Utah's Approach
to Reform**
Moderator: Nate Checketts, Utah Medicaid Program
Panelists: Rep. David Clark, Sen. Wayne
Niederhauser, John T. Nielsen
- 3:15-3:30 p.m. **Networking Break**
- 3:30-5:30 p.m. **Session 2: Supporting Insurance Markets**
Moderator: Patty Conner, Utah Health Exchange
- An Overview: How does the UHE support the Individual, Small Group & Large Group Markets?*
Presenter: Norman Thurston, Governor's Office
 - Empowering the Consumer & The Role of the Broker*
Presenters: Ernie Sweat, UHE Advisory Board &
Dave Jackson, UHE Risk Adjuster Board
 - Managing Risk in the DC Market and How our Risk
Adjusters Work*
Presenter: Jim Pinkerton, Regence BCBS
 - Keeping the Playing Field Level & How Brokers
Can Help*
Presenter: Tanji Northrup, Utah Department of
Insurance
- 5:30-6:30 p.m. **Hosted Reception**

Friday, May 13

8:00-9:00 a.m.

"Access" Breakfast – Have breakfast with and ask questions of key players in the Utah Health Exchange

9:00-10:30 a.m.

Session 3: Understanding the UHE Technology Backbone

Moderator: Randy Hughes, State IT Architect

☐ *Leveraging Private Partnerships – 6 Functions of the Exchange*

Presenter: Patty Conner, Utah Health Exchange

☐ *How Does the Private Partnership Work?*

Panelists: Representatives from bswift, HealthEquity, EHealthApp

10:30-10:45 a.m.

Networking Break

10:45-12:00 p.m.

Session 4: Planning for the Future

Moderator: Jeff Nelson, Utah Medicaid Program

☐ *Exchange 2.0 – What we're still building*

Presenter(s): TBD

☐ *Creating Interoperability with Medicaid*

Panelists: Nate Checketts, Utah Medicaid Program & Yvette Woodland, Medicaid Eligibility

☐ *Giving the Consumer Access to Cost & Quality Information*

Panelists: Keely Cofrin Allen, Office of Health Care Statistics & Korey Capozza, UHE Advisory Board Chair

12:00-1:00 p.m.

"Access" Lunch – Have lunch with and ask questions of key players in the Utah Health Exchange

1:00-2:00 p.m.

Session 5: Exploring Multi-State Partnerships & Cooperation

Facilitators: Norman Thurston & Robert Spendlove, Governor's Office

Concluding Remarks: Lt. Governor Greg Bell

VOUCHER NO. _____ WORK UNIT _____ INSURANCE _____

COMPANY 10 PROCESS LEVEL 02400 AUTHORITY CODE LIC _____ AGENCY NAME _____ OFF LINE ACCTG PERIOD _____ BUDGET FISCAL YEAR 10

VENDOR CODE _____ REMIT TO _____ PURCHASE ORDER NO. _____ INVOICE DESCRIPTION (30) _____

INVOICE NUMBER (22) _____ EMPLOYEE/VENDOR NAME AND ADDRESS
 Raymond White
 Cornerstone Benefit and Retirement Group, Inc.
 PO Box 10487
 Bedford, NH 03110-0487

INVOICE/VOUCHER DATE _____ HANDLING CODE (circle one) **EXP** SER MAT
 DUE DATE _____ INVOICE TYPE (circle one) INV CR DR

DOCUMENT TOTAL \$ 9919.27

PREPARED BY SIGNATURE *[Signature]*

LN#	CO	ACCTG UNIT (8)	ACCOUNT (6)	SUB ACCT	ACTIVITY (15)	CAT (5)	AMOUNT
			*LINE DESCRIPTION (30)		*DIST USER FIELD 1 (20)		*DIST USER FIELD 2 (20)
0 1	10		500714	0		80001	\$3.37
			MILEAGE				
0 2	10		500710	0		80001	\$482.80
			COMMON CARRIER				
0 3	10		500712	0		80001	\$168.00
			MEALS				
0 4	10		500713	0		80001	\$202.90
			HOTEL				
0 5	10		500717	0		80001	\$62.20
			MISCELLANEOUS				
0 6	10			0		80001	\$0.00
			MISCELLANEOUS				

I certify that the official headquarters of the claimant is as stated; that the travel was authorized from and to the point stated; that the itemized statement has been examined and that the accounts claimed are just and reasonable excepted as noted.

Date Received by Insurance Business Office: _____ (SIGNED) *[Signature]* (Head of the Department)

I certify that the above account and schedule are just and true in all respects; that the distances for which charge is made have been actually and necessarily traveled on the dates specified; that except as shown no lodgings were shared jointly with others nor were meals or lodgings furnished without charge by a state agency or without charge by a member of my family by another state employee or a member of his family; that the amounts as charged have been actually paid by me for travel and expenses incurred on official business only; that no part of the account has been paid by the state, but all the amount is justly due; that all expenditures included in said account were made under prior authority thereof or under circumstances to render the securing of prior authority impracticable; that the expenses for which no vouchers were obtained were incurred under such circumstances as to render the taking of vouchers impracticable; as fully explained herein.

PAYEE SIGNATURE / DATE *[Signature]* 6/6/2011 OFFICIAL HEADQUARTERS 21 S. Fruit Street, Suite 14, Concord, NH 03301

TITLE Raymond White, State Senator RESIDENCE Same as Above

APPROVED BY / DATE _____ (FOR THE COMPTROLLER)

