

STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Christine Shannon Work Phone No.

271-49124
First Middle Last

Work Address: 129 Pleasant St., Concord, NH 03301

Office/Appointment/Employment held: Bureau Chief, Office of Medicaid Business & Policy

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:

RECEIVED

JUN 21 2011

If source is a Corporation or other Entity:

Name of Corporation or Entity:

NNEKPA

Name of Corporate/Entity Representative:

Audric Entwood, AAP Chapter Executive Director

Work Address of Representative:

160 Fifth St., Auburn, ME 04210-6717

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: Master bill for hotel; lunch provided as part of meeting. 137.00 Date Received: _____ *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:

Presented information on NH Medicaid initiatives in children's health.

"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."

Christine Shannon

6/17/11

Signature of Filer 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

Please complete the following information on the filing person.

REQUEST FOR AUTHORIZATION FOR OUT-OF-STATE TRAVEL

Christine Shannon

Date: April 14, 2011**TO THE HONORABLE GOVERNOR & COUNCIL:**The Department of Health and Human Services, Office of Medicaid Business and Policy requests permissionfor 1 employees or their designees to travel to Bar Harbor, Mainefor 2 days of travel status from Thursday, May 12, 2011 to Friday, May 13, 2011**Conference/Workshop/Seminar Title**

Adolescent Medicine Mega Meeting: Sponsored by the Northern New England Rural Pediatrician's Alliance (NNERPA)

Purpose of Travel

Christine Shannon, Bureau Chief, Planning and Research, Office of Medicaid Business and Policy, requests travel status from Thursday, May 12 through Friday, May 13 to attend the Adolescent Mega Meeting and participate on a panel with a representative of the NH DPHS and representatives from ME and VT. The panelists will discuss Health Department and Medicaid Initiatives in Child Health. Ms. Shannon will present key highlights from special studies OMBP has conducted on this population using the CHIS; discuss outreach and enrollment plans for children's health insurance in the upcoming SFY; and offer current information on other potential initiatives (such as Medicaid Managed Care and children's health insurance).

No State funds are requested. All expenses regarding this meeting will be covered by the Northern New England Rural Pediatricians Alliance.

Attendees and their Titles

Christine Shannon, Bureau Chief, Planning & Research for OMBP

Fiscal Information - Summary

<u>Objt</u>	<u>Description</u>	<u>Amount</u>		<u>Amount</u>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$ 0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$ 0.00
0712	Meals	\$ 122.00	Available Balance	\$ 0.00
0713	Hotel	\$ 138.00	Amount requested this authorization	\$ 260.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$ -260.00
0715	Operation State Car	\$ 0.00		
0717	Miscellaneous	\$ 0.00	Appropriation Code	-
0719	Registration Fees	\$ 0.00	Source of Funds	<u>100% NNERPA</u>
TOTAL		\$ 260.00	Job #	

Authorized Signature: _____



Kathleen A. Dunn
Medicaid Director

Approved By: _____



Nicholas A. Toumpas
Commissioner

Fiscal Information - Detail #1 (Job #: _____)

<u>Objt</u>	<u>Description</u>	<u>Amount</u>		<u>Amount</u>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$ 0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$ 0.00
0712	Meals	\$ 122.00	Available Balance	\$ 0.00
0713	Hotel	\$ 138.00	Amount requested this authorization	\$ 260.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$ -260.00
0715	Operation State Car	\$ 0.00		
0717	Miscellaneous	\$ 0	Appropriation Code	- - - - -
0719	Registration Fees	\$ 0.00	Source of Funds	100% NNERPA
TOTAL		\$ 260.00		

Fiscal Information - Detail #2 (Job #: _____)

<u>Objt</u>	<u>Description</u>	<u>Amount</u>		<u>Amount</u>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$ 0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$ 0.00
0712	Meals	\$ 0.00	Available Balance	\$ 0.00
0713	Hotel	\$ 0.00	Amount requested this authorization	\$ 0.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$ 0.00
0715	Operation State Car	\$ 0.00		
0717	Miscellaneous	\$ 0.00	Appropriation Code	- - - - -
0719	Registration Fees	\$ 0.00	Source of Funds	- - - - -
TOTAL		\$ 0.00		

Fiscal Information - Detail #3 (Job #: _____)

<u>Objt</u>	<u>Description</u>	<u>Amount</u>		<u>Amount</u>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$ 0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$ 0.00
0712	Meals	\$ 0.00	Available Balance	\$ 0.00
0713	Hotel	\$ 0.00	Amount requested this authorization	\$ 0.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$ 0.00
0715	Operation State Car	\$ 0.00		
0717	Miscellaneous	\$ 0.00	Appropriation Code	- - - - -
0719	Registration Fees	\$ 0.00	Source of Funds	- - - - -
TOTAL		\$ 0.00		

Fiscal Information - Detail #4 (Job #: _____)

<u>Objt</u>	<u>Description</u>	<u>Amount</u>		<u>Amount</u>
0710	Common Carriers	\$ 0.00	Appropriation of Out-of-State Travel	\$ 0.00
0711	Per Diem in Lieu	\$ 0.00	Amount Expended to date	\$ 0.00
0712	Meals	\$ 0.00	Available Balance	\$ 0.00
0713	Hotel	\$ 0.00	Amount requested this authorization	\$ 0.00
0714	Mileage	\$ 0.00	Estimated Balance Available	\$ 0.00
0715	Operation State Car	\$ 0.00		
0717	Miscellaneous	\$ 0.00	Appropriation Code	- - - - -
0719	Registration Fees	\$ 0.00	Source of Funds	- - - - -
TOTAL		\$ 0.00		

Friday, May 13th

Northern New England Rural Pediatricians' Alliance (NNERPA), AAP District 1 CATCH Meeting

1:00 pm	Welcome
1:15 pm	Health Department and Medicaid Initiatives in Child Health— <i>Paula Duncan MD, Lou DiNicola MD, Trish Tilley, Chris Shannon, Stephen Meister MD, and Lisa Letourneau MD</i>
2:30 pm	Adolescent Medical Home Panel— <i>Paula Duncan MD, Keith Loud MD, Viking Hedberg MD, Jonathan Fanburg MD, and Lisa Letourneau MD</i>
3:45 pm – 5:00 pm	Adolescent Potpourri Panel: Substance Abuse, Foster Care, Mental Healthcare Access, Transition to Adult Care— <i>Paula Duncan MD, Kim Aakre MD, Viking Hedberg MD, and Keith Loud MD</i>
6:00 pm	Social Hour and Dinner
7:00 pm	Keynote— <i>John Duby MD</i>
7:30 pm – 9:00 pm	NNERPA Roundtable

Saturday, May 14th and Sunday May 15th

Maine AAP, Vermont AAP, and AAP District 1 Educational Conference with support from Quality Counts AND in conjunction with an Eating Disorders Workshop sponsored by Mainely Girls

Saturday

7:00 am	Registration
8:00 am	Welcome
8:10 - 9:00	Eating Disorders Joint Session – <i>Susan Ice MD</i>
9:15 to 11:15 am	Eating Disorders Workshop continues on its own, agenda TBD
9:10 - 10:10	Adolescent Medicine 2020 – <i>John Duby MD</i>
10:10 - 11:00	Resilience and Prevention in Teens— <i>Paula Duncan MD</i>
11:00	Break
11:10 - 12:10 pm	Minors' Rights Case Discussion Panel - <i>Jonathan Fanburg MD, Keith Loud MD, Paula Duncan MD, and Viking Headberg MD</i>
12:10 pm	Conference Adjourns for the Day There will be loosely structured family activities in Acadia and Bar Harbor
5:30 pm	Reception
6:00 pm	Dinner with Guest Speaker

Sunday

7:30 - 8:00 am	Maine Chapter Membership Meeting
8:10 - 9:00	Sports Drinks, Head Trauma— <i>Keith Loud MD</i>
9:00 - 9:50	Bullying in Gay and Lesbian Teens - <i>Dan Summers MD</i>
9:50 - 10:00	Break
10:00 - 10:50	Contraception or HPV for Guys – <i>Joanie Dupont DO, Pediatric Resident</i>
10:50 - 11:40	Prescription Drug Abuse – <i>Karen Simone PharmD.</i>
11:40	Conference Adjourns