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RETIREMENT SYSTEMS OF ALABAMA
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN
BOARD OF CONTROL MEETING
201 South Union Street, Room 843
Montgomery, Alabama 36104
877.517.0020

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ORIGINAL

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**VIDEOCONFERENCE PUBLIC EDUCATION
EMPLOYEES' HEALTH INSURANCE PLAN BOARD OF CONTROL
MEETING** reported by Jeana S. Boggs, Certified Court
Reporter and Notary Public, in the conference room
of the Retirement Systems of Alabama, 201 South
Union Street, Montgomery, Alabama, that was held on
Tuesday, September 13th, 2021, at approximately 9:00
a.m.

1

2

APPEARANCES

3

BOARD MEMBERS:

4

MR. LUKE HALLMARK, CHAIRMAN

5

MR. JOHN R. WHALEY, VICE-CHAIRMAN

6

DR. ERIC MACKEY

7

DR. JOSEPH G. VAN MATRE

8

DR. SUSAN WILLIAMS BROWN

9

MRS. SUSAN LOCKRIDGE

10

MS. PEGGY MOBLEY

11

MS. ANITA GIBSON

12

MS. KELLI SHOMAKER

13

MS. AMY CREW

14

15

16

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23

1 ALSO PRESENT:

2 DR. DAVID BRONNER, RSA CEO

3 MR. DON YANCEY, RSA DEPUTY DIRIECTOR

4 MS. JO MOORE, DEP DIRECTOR-ADMINISTRATION

5 MR. DAVE WALES, DIRECTOR PEEHIP

6 MS. ERICA THOMAS, ASST DIRECTOR PEEHIP

7 MS. EMILY EATON, RSA ASSISTANT

8 MR. LARRY LANGER, CAVANAUGH MACDONALD

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AGENDA

I. CALL TO ORDER/ROLL CALL

Luke Hallmark.....5

II. OATH OF OFFICE.....9

AMY KNIGHT FOWLER

THOMAS E. JONES

BILL POOLE

MARY BETH TATE

KELLI D. SHOMAKER

III. APPROVAL OF AGENDA

Luke Hallmark, Chairman.....20

IV. APPROVAL OF 6/1/2021 & 6/25/2021

BOARD MEETING MINUTES.....17

V. FINANCIAL UPDATE

Diane Scott, CFO.....18

VI. PEEHIP Benefit Program Updates (Part I)

Dave Wales, Dir of PEEHIP.....24

VI. PEEHIP Benefit Program Updates (Part II)

Erica Thomas, Assist Dir of PEEHIP.....40

VII. CLOSING COMMENTS

Jo Moore, Deputy Dir Admin, RSA.....54

VII. ADJOURN.....56

1 **CALL TO ORDER/ROLL CALL**

2 CHAIRMAN HALLMARK: I think it's
3 9:00 o'clock on the dot, and we are about
4 to start our PEEHIP meeting this morning,
5 and then we will have our TRS meeting.

6 Before we get started, I would
7 like to ask everybody at this time just
8 to bow your heads and just take a
9 moment to think about, you know, what
10 happened 20 years ago in New York and
11 Washington D.C. and out in
12 Pennsylvania, and also continue to
13 think about everybody that's battling
14 COVID. And that everybody knows
15 someone that's been touched by the
16 virus, and that it's continuing to get
17 into your schools, get into our
18 communities. And I just want you-all
19 just a minute to just to bow your heads
20 and just think about those that have
21 been affected by, not only 9/11, but
22 also with the COVID virus.

23 (Moment of Silence).

1 CHAIRMAN HALLMARK: Emily, would
2 you give us a roll call, please.

3 MS. EATON: Luke Hallmark?

4 CHAIRMAN HALLMARK: Here.

5 MS. EATON: Ricky Whaley?

6 MR. WHALEY: Here.

7 MS. EATON: Bill Poole.

8 POOLE: Here.

9 MS. EATON: John McMillan?

10 (No response.)

11 MS. EATON: Eric Mackey?

12 DR. MACKEY: Here.

13 MS. EATON: Joseph Van Matre?

14 (No response.)

15 MS. EATON: Kelli Shomaker?

16 (No response.)

17 MS. EATON: Susan Brown?

18 DR. SUSAN BROWN: Present.

19 MS. EATON: Amy Crew?

20 (No response.)

21 CHAIRMAN HALLMARK: Okay. Can
22 Kelli and Amy, can you-all hear us?

23 (No response).

1 CHAIRMAN HALLMARK: Kelli and
2 Amy, can you-all hear us?

3 (No response).

4 CHAIRMAN HALLMARK: Do we need to
5 call? Do you think they have it on
6 "mute"?

7 DR. BRONNER: Nope. They both
8 said no.

9 CHAIRMAN HALLMARK: They said no
10 they cannot hear, or --

11 MS. MOBLEY: They said no. They
12 shook their heads no.

13 (At which time, there was an
14 off-the-record discussion.)

15 CHAIRMAN HALLMARK: Amy, can you
16 hear us?

17 MS. CREW: Yes.

18 CHAIRMAN HALLMARK: Kelli, can
19 you hear us?

20 MS. SHOMAKER: Yes.

21 CHAIRMAN HALLMARK: Okay. All
22 right. We were just not sure. At the
23 next meeting we have, we are going to

1 try -- if you are going to be online, we
2 are going to try to meet maybe about 15
3 minutes before the Board meeting starts
4 just to get everything worked out in case
5 there is a problem.

6 But I do want to thank both of
7 you-all for being here at the meeting.

8 Let's go ahead -- Have you
9 finished roll yet? Okay.

10 MS. EATON: Peggy Mobley?

11 MS. MOBLEY: Here.

12 MS. EATON: Susan Lockridge?

13 MRS. LOCKRIDGE: Here.

14 MS. EATON: Thomas Jones?

15 MR. JONES: Here.

16 MS. EATON: Amy Fowler?

17 MS. FOWLER: Here.

18 MS. EATON: Anita Gibson?

19 MS. GIBSON: Here.

20 MS. EATON: Mary Beth Tate?

21 MS. TATE: Here.

22 CHAIRMAN HALLMARK: All right.

23 We do have a quorum.

1 Also, before we go into the oath
2 of office, if you've got cellphones, if
3 you-all could put them on silent or
4 mute, or whatever, at this time to keep
5 there from being any interruptions.

6 At this time -- and Kelli, we
7 are going to let you get sworn in from
8 where you are.

9 MS. SHOMAKER: Okay.

10 **OATH OF OFFICE**

11 CHAIRMAN HALLMARK: I know you've
12 been sick, so we will just go ahead and
13 swear you in as we swear everyone else
14 in. But I'll need Amy Knight Fowler,
15 Thomas E. Jones, Bill Poole, and Mary
16 Beth Tate to come forward over here by
17 the flag.

18 All right. Raise your right
19 hand, please. I, state your name.

20 MR. JONES: I, Thomas Jones --

21 MS. TATE: I, Amy Tate --

22 MS. SHOMAKER: I, Kelli Shomaker

23 --

1 MR. POOLE: I, Bill Poole --

2 MS. FOWLER: I, Amy Fowler --

3 CHAIRMAN HALLMARK: -- do

4 solemnly swear --

5 MR. JONES: -- do solemnly swear

6 --

7 MS. TATE: -- do solemnly swear

8 --

9 MS. SHOMAKER: -- do solemnly
10 swear --

11 MR. POOLE: -- do solemnly swear

12 --

13 MS. FOWLER: -- do solemnly swear

14 --

15 CHAIRMAN HALLMARK: -- that I
16 will support the Constitution of the
17 United States --

18 MR. JONES: -- that I will
19 support the Constitution of the United
20 States --

21 MS. TATE: -- that I will support
22 the Constitution of the United States --

23 MS. SHOMAKER: -- that I will

1 support the Constitution of the United
2 States --

3 MR. POOLE: -- that I will
4 support the Constitution of the United
5 States --

6 MS. FOWLER: -- that I will
7 support the Constitution of the United
8 States --

9 CHAIRMAN HALLMARK: -- and the
10 Constitution of the State of Alabama --

11 MR. JONES: -- and the
12 Constitution of the State of Alabama --

13 MS. TATE: -- and the
14 Constitution of the State of Alabama --

15 MS. SHOMAKER: -- and the
16 Constitution of the State of Alabama --

17 MR. POOLE: -- and the
18 Constitution of the State of Alabama --

19 MS. FOWLER: -- and the
20 Constitution of the State of Alabama --

21 CHAIRMAN HALLMARK: -- so long as
22 I continue --

23 MR. JONES: -- so long as I

1 continue --

2 MS. TATE: -- so long as I

3 continue --

4 MS. SHOMAKER: -- so long as I

5 continue --

6 MR. POOLE: -- so long as I

7 continue --

8 MS. FOWLER: -- so long as I

9 continue --

10 CHAIRMAN HALLMARK: -- a citizen
11 thereof --

12 MR. JONES: -- a citizen thereof
13 --

14 MS. TATE: -- a citizen thereof
15 --

16 MS. SHOMAKER: -- a citizen
17 thereof --

18 MR. POOLE: -- a citizen thereof
19 --

20 MS. FOWLER: -- a citizen thereof
21 --

22 CHAIRMAN HALLMARK: -- and that I
23 will faithfully --

1 MR. JONES: -- and that I will
2 faithfully --

3 MS. TATE: -- and that I will
4 faithfully --

5 MS. SHOMAKER: -- and that I will
6 faithfully --

7 MR. POOLE: -- and that I will
8 faithfully --

9 MS. FOWLER: -- and that I will
10 faithfully --

11 CHAIRMAN HALLMARK: -- and
12 honestly discharge --

13 MR. JONES: -- and honestly
14 discharge --

15 MS. TATE: -- and honestly
16 discharge --

17 MS. SHOMAKER: -- and honestly
18 discharge --

19 MR. POOLE: -- and honestly
20 discharge --

21 MS. FOWLER: -- and honestly
22 discharge --

23 CHAIRMAN HALLMARK: -- the duties

1 of the office --

2 MR. JONES: -- the duties of the
3 office --

4 MS. TATE: -- the duties of the
5 office --

6 MS. SHOMAKER: -- the duties of
7 the office --

8 MR. POOLE: -- the duties of the
9 office --

10 MS. FOWLER: -- the duties of the
11 office --

12 CHAIRMAN HALLMARK: -- upon which
13 I am about to enter --

14 MR. JONES: -- upon which I am
15 about to enter --

16 MS. TATE: -- upon which I am
17 about to enter --

18 MS. SHOMAKER: -- upon which I am
19 about to enter --

20 MR. POOLE: -- upon which I am
21 about to enter --

22 MS. FOWLER: -- upon which I am
23 about to enter --

1 CHAIRMAN HALLMARK: -- to the
2 best of my ability --

3 MR. JONES: -- to the best of my
4 ability --

5 MS. TATE: -- to the best of my
6 ability --

7 MS. SHOMAKER: -- to the best of
8 my ability --

9 MR. POOLE: -- to the best of my
10 ability --

11 MS. FOWLER: -- to the best of my
12 ability --

13 CHAIRMAN HALLMARK: -- so help me
14 God.

15 MR. JONES: -- so help me God.

16 MS. TATE: -- so help me God.

17 MS. SHOMAKER: -- so help me God.

18 MR. POOLE: -- so help me God.

19 MS. FOWLER: -- so help me God.

20 CHAIRMAN HALLMARK: Thank you.
21 Congratulations.

22 Kelli?

23 MS. SHOMAKER: Yes, sir.

1 CHAIRMAN HALLMARK:

2 Congratulations.

3 MS. SHOMAKER: Thank you.

4 CHAIRMAN HALLMARK: I will make a
5 little note before we get started. Back
6 in my early years as a teacher and
7 somewhat of a coach, you know, all
8 administrators that are guys, who have
9 always coached at one time, I was a
10 basketball coach and had a little -- this
11 would have been in the mid-'80s. And I
12 would have -- to make a little extra
13 money, I would always have a basketball
14 camp in the summer and have kids from
15 anywhere from seven to 12. And with us
16 today is one of my former campers. And
17 it's Mr. Poole. Mr. Poole used to come
18 to my basketball camps back in the '80s
19 when I was the basketball coach in
20 Demopolis. And he is a Marengo County
21 guy, and I have been knowing he and --
22 his mother was my librarian until this
23 past year; she retired. And I have been

1 knowing his brothers and sister, and mom
2 and dad, and as you-all know him as a
3 representative for us in the State. And
4 so, it's a little sidekick to us knowing
5 each other.

6 MR. POOLE: I was the star
7 camper, right? That's why you remember
8 me.

9 CHAIRMAN HALLMARK: You were the
10 top 30. And I would like to welcome all
11 of our new -- and I know Thomas. Thomas
12 and I served together on High School
13 Athletics Board Association, as well.
14 And I'd like to welcome all of you-all to
15 our Board meeting.

16 **APPROVAL OF 6/1/2021 & 6/25/21 MINUTES**

17 CHAIRMAN HALLMARK: We'll start
18 now with Item IV, the approval of our
19 June 1st and June 25th Board meeting
20 minutes, and I will need a motion to
21 approve.

22 MS. MOBLEY: So moved.

23 DR. MACKEY: Second.

1 CHAIRMAN HALLMARK: Ms. Mobley,
2 and I got a second from Dr. Mackey. Any
3 discussion?

4 (No response).

5 CHAIRMAN HALLMARK: All in favor
6 say "aye."

7 (Board members saying "aye".)

8 CHAIRMAN HALLMARK: All opposed,
9 like sign?

10 (No response.)

11 CHAIRMAN HALLMARK: Ayes carry.
12 Item V is our Financial Update, and we'll
13 start with Diane Scott, who is our Chief
14 Financial Officer.

15 One thing I will say for you new
16 Board members, if you have a question,
17 just raise your hand, and I will
18 recognize you, and then you can
19 certainly ask questions to whoever is
20 presenting.

21 Diane?

22 **FINANCIAL UPDATE**

23 MS. DIANE SCOTT: Good morning,

1 Mr. Chairman and Board members.

2 If you would turn to your
3 section on Projections. It's page 33.

4 CHAIRMAN HALLMARK: Diane, will
5 you drop the microphone a little bit.
6 There you go.

7 MS. DIANE SCOTT: Okay. Is that
8 better?

9 CHAIRMAN HALLMARK: That's a lot
10 better.

11 MS. DIANE SCOTT: Great.

12 If you would turn to your
13 section on Projections, which is on
14 page 33 -- actually move over to page
15 34, this is just for -- so we can kind
16 of see a little history here. For the
17 last seven years, which includes fiscal
18 2023, which we have asked for, we have
19 had level -- we have asked for and
20 received level funding for all of those
21 seven years.

22 Moving on to page 35, you will
23 see that our current funding from the

1 Legislature of \$952 million is less
2 than what it was in 2008.

3 Once we come to the December
4 meeting, I will have many, many graphs
5 that will take you through what
6 happened in fiscal 2021. So, those two
7 pages are all that I am going to show
8 about historical data.

9 Moving on to page 36, we are
10 looking forward now. We are looking
11 into the future and projecting where we
12 will end up.

13 CHAIRMAN HALLMARK: Diane, let me
14 stop you for just a second. For roll
15 call, I skipped over to the oath of
16 office without having the agenda
17 approved -- is that right? -- with the
18 minutes over there. I think we forgot to
19 get that and went straight to the Oath of
20 Office.

21 **APPROVAL OF AGENDA**

22 CHAIRMAN HALLMARK: I'm going to
23 stop you for just a minute and go

1 ahead -- everybody has had a chance it
2 look at our agenda -- to get a motion to
3 approve this agenda for today.

4 MR. WHALEY: So moved.

5 CHAIRMAN HALLMARK: I've got Mr.
6 Whaley.

7 DR. MACKEY: Second.

8 CHAIRMAN HALLMARK: Dr. Mackey.
9 Any changes?

10 (No response.)

11 CHAIRMAN HALLMARK: All in favor
12 say "aye."

13 (Board members saying "aye").

14 CHAIRMAN HALLMARK: Any opposed
15 like sign.

16 (No response.)

17 CHAIRMAN HALLMARK: Ayes carry.
18 All right. Thank you, Diane.

19 **FINANCIAL UPDATE CONTINUED**

20 MS. DIANE SCOTT: Okay. Back on
21 page 36, we have looked backwards on the
22 last two. Let's look forward on this
23 page. What do we -- What is the behavior

1 of our expected expenses and our revenue?

2 Our revenue is basically flat because
3 what? We are asking for the same \$800,
4 we have the same number basically of
5 employees working, and we are not raising
6 premiums. Okay? So, revenue is flat.

7 What is happening to our
8 expenses? Generally, our expenses are
9 going up, our costs. We have -- This
10 information here is actual through
11 August 31st, and projections moving
12 forward. On this you will see that
13 we -- for 2023 we still look good at
14 the \$800 per active per month. When we
15 move to 2024, fiscal 2024, at this
16 time, based upon the contracts we have
17 in place, we would be short. Okay? We
18 would be short.

19 Coronavirus funds costs are
20 large. Remember early in this fiscal
21 year we received \$24.5 million from the
22 Cares Act funding. Since
23 December 15th, we have not received

1 any, because that money is out. The
2 Legislature hasn't appropriated where
3 additional funds will go. However,
4 through August 31st, we have incurred
5 \$50 million in expenses.

6 On the next page you have got
7 \$43 million, but my claims for August
8 came in, and that added another \$6.5
9 million to that.

10 So, a total of \$50 million since
11 December 15th of last year that I am
12 hoping that we will get some money in.
13 That money is not in these
14 projections -- okay? -- because I don't
15 know yet.

16 The other saving grace that we
17 may have related to fiscal 2024 is that
18 we have some very large contracts that
19 will go out for RFP the first of the
20 year. The hospital/medical was Blue
21 Cross, who is currently the vendor, the
22 MAPDP, which is with Humana.

23 So, if we can get some good

1 results from those, that will help with
2 these -- with the projections for
3 fiscal 2024.

4 The fiscal 2024 numbers do have
5 an estimate of \$46 million coming from
6 the Retiree Trust. \$46 million coming
7 from the Retiree Trust.

8 So, those are the high points of
9 the projections for this year. Again,
10 in December, I will come back with a
11 very large report reporting on you some
12 very big details of what really
13 occurred in fiscal 2021 and hopefully
14 moving forward a little bit farther
15 maybe into 2025 at that point.

16 Any questions?

17 CHAIRMAN HALLMARK: Any questions
18 at this time for Ms. Scott?

19 (No response).

20 MS. DIANE SCOTT: Thank you.

21 CHAIRMAN HALLMARK: Thank you.

22 Next on the agenda is Item VI, and this
23 is the PEEHIP Benefit Program Updates

1 from Dave Wales.

2 **PEEHIP BENEFIT PROGRAM UPDATES**

3 **PART I**

4 MR. WALES: Good morning,
5 Mr. Chairman and members of the Board.

6 I have got a few agenda items
7 for you today. We will take a look at
8 some updated statistics regarding the
9 impact of COVID-19 on our membership.
10 We will then take a look at the
11 occurrences for the previous quarter in
12 our MedImpact prescription drug
13 formulary. We will then shift gears a
14 little bit and take a look at the
15 progress we have made standing up the
16 change to Express Scripts starting
17 October 1. And then, lastly, for your
18 approval today we will bring for you a
19 recommendation to solidify the process
20 around our drug coupon program that we
21 will administer for medical drugs.

22 So, if you will start by taking
23 a look at page 39, this data is always

1 lagging behind from realtime, but a
2 couple of things to draw your attention
3 to. You can see there's three graphs
4 here for you: The number of tests for
5 our membership, the tests that have
6 come back positive, and then the
7 vaccinations. You can see there were
8 some spikes around the beginning of
9 this year that largely correlated with,
10 you know, what you would hear in the
11 news around the severity of the virus
12 at that time, again some relief
13 following that, and then turning around
14 again towards the end of July and into
15 August, you know, starting to become
16 more widespread -- more difficult yet
17 again.

18 The vaccination graph we have
19 here, if you will notice in
20 parentheses, it's saying "In Office
21 Only." We are still working to compile
22 the vaccinations that have been
23 attained at pharmacies. And so, Diane

1 is working really hard with her team to
2 get that data and put it together in
3 some real meaningful reports for you
4 that we can send subsequent to this
5 meeting, if you would like, or we can
6 report on at the next meeting.

7 So, the next page is going to
8 show more of an experienced study in
9 the hospitals. Specifically regarding
10 COVID-19, and you can see there's a few
11 lines here. The blue simply indicates
12 how many members are being put in the
13 hospital with the virus, and then
14 broken down more by those members that
15 are in the hospital that actually went
16 to the ICU, that's in the orange; the
17 members that passed away, in gray; and
18 then their average lengths of stay, how
19 long they were in the hospital. Again,
20 we will update this as we get more
21 data.

22 So, moving forward, if you will
23 turn to page 42, I want to take a look

1 at a summary of what's happened in our
2 prescription drug formulary with
3 MedImpact. You will see that the
4 changes for this quarter were for drug
5 exclusions. What we always say about
6 drug exclusions is that any time we
7 exclude a drug it's because we have had
8 pharmacists that are PBM MedImpact,
9 soon-to-be Express Scripts.
10 Pharmacists with our independent
11 pharmacy consulting firm, Artemetrx,
12 that have told to us based upon
13 accepted and established medical
14 criteria there is a therapeutic
15 alternative, or there's a chemical
16 alternative meaning, one, it either
17 works just as good, the alternative
18 does; or, two, it's the exact same
19 thing chemically.

20 So, we don't haphazardly enter
21 in these exclusions. We have them
22 double and triple checked by the folks
23 that know what these drugs do. And

1 then at any time we make a change like
2 this, we get the letter indicating the
3 change, indicating the alternatives for
4 folks, phone calls -- or phone numbers
5 they can call if they have questions.
6 We get that in front of people 60 days
7 in advance. We also get that
8 information 60 days in advance in front
9 of their prescribing physician.

10 So, we do everything we can to
11 educate and soften the transition any
12 time we have these.

13 A couple of quick notes about
14 this activity and how it correlates to
15 the change we have with Express
16 Scripts. If you will remember from the
17 June meeting when we were presenting to
18 you Express Scripts as our recommended
19 winning bidder for the business of PBM,
20 we told you that minimizing member
21 disruption was a huge component of our
22 selection criteria, and we anticipated
23 around 1,000 folks would have a drug

1 change as a result of the transition.

2 We also said that that volume
3 fell in line with the volume that we
4 traditionally feel as we manage the
5 formulary with our clinician team
6 throughout the year. Well, we hit
7 about 1,225 folks that have a drug
8 change as a result of the move to
9 Express Scripts, and you can see that's
10 less than half of what we experienced
11 in this previous quarter with
12 MedImpact.

13 So, I am very happy to say that
14 what we set out to do, what Express
15 Scripts set out to do, came to fruition
16 starting here October 1st in terms of
17 minimizing member disruption.

18 Okay. So, if we will move all
19 the way, we will talk more specifically
20 about that transition to Express
21 Scripts. And please turn your
22 attention to page 70 in your Board
23 book. And this lists a lot of the job

1 functions that we have done that
2 Express Scripts has done that our
3 consultant Segal has done and helped us
4 with, and also MedImpact has done. I
5 won't go through this list
6 exhaustively. But in a nutshell,
7 there's been a tremendous amount of
8 complicated work to get the formulary
9 right, to get all the logistics right
10 of how drugs are paid, to get the
11 customer service pieces right in a very
12 aggressive timeline from when we
13 approved this in June to when it's
14 going online in October.

15 So, the members should have
16 their ID cards and welcome letters in a
17 matter of days. The customer service
18 line for Express Scripts is already up
19 and running and available to take
20 member questions, and we feel very
21 confident that this is going to be as
22 smooth a transition as possible thanks
23 to the good work, the very diligent

1 work, that our staff did and also our
2 partners, as well.

3 So, let's talk a little bit more
4 specifically about drugs, and this will
5 be the last item that I have for you.
6 It will be for your vote, and it's an
7 update regarding our drug coupon
8 savings program.

9 So, a quick history: For
10 several years we have leveraged a
11 coupon program that uses coupons
12 available by drug manufacturers to
13 offset high costs of drugs under our
14 pharmacy benefits, specifically with
15 specialty drugs. Those are the most
16 costly drugs that we pay for out there.

17 We've been very successful in
18 doing this. Members have been able to
19 get these medications at little to no
20 cost by using these coupons.

21 And so, we brought to you in
22 March of this year to expand that
23 operation into drugs that are paid for

1 under the medical benefits. So, not
2 drugs that members pick up at a
3 pharmacy, not drugs that get delivered
4 to members from a specialty pharmacy,
5 but drugs that they would have infused
6 for them in an office setting by a
7 medical provider.

8 At that time, we were in early
9 discussions with Blue Cross Blue Shield
10 on exactly how this would impact a
11 member and what it would specifically
12 look like. So, over the past several
13 months now that we have worked out the
14 fine tune details of this process, I
15 want to bring it back to you for your
16 approval with a greater clarification
17 of this program.

18 So, if you will turn to page 72,
19 it outlines more of what that process
20 is for a member. So, I am going to
21 talk about how members experience or
22 utilize these drugs today and how they
23 would do so with the approval of this

1 program.

2 So, today, if a member needs one
3 of these infusions, they get a
4 prescription, they get an appointment
5 to do so, they go get that therapy,
6 they have no bills sent to them, they
7 go on about, you know, their business.
8 This procedure would be almost
9 identical to that minus a step at the
10 onset that would ask for the member's
11 consent for a very quick and easy
12 enrollment process and a coupon.

13 One thing I want to say about
14 the enrollment in the coupon is that
15 medical providers often don't know what
16 members' benefits are. They don't know
17 what members' copays are going to be,
18 what their co-insurance is going to be.
19 And so, to be proactive to avoid
20 members getting a really high costly
21 bill, they will go ahead and enroll
22 members or help members -- or help
23 patients enroll in these coupon

1 programs before administering the drug.
2 Because what they don't want as a
3 business is for the patient to come
4 back and say, I didn't know I was going
5 to owe \$5,000 for this drug. You know,
6 why did you give this to me?

7 So, they will proactively enroll
8 members in these coupons, and these
9 coupons pay for their co-pays. So,
10 whatever their co-pay may be, the
11 coupon will pay for it.

12 So, what we are proposing to do
13 very specifically in this procedure is,
14 when the member gets the prescription
15 for one of these drugs that's eligible
16 for this program, Blue Cross Blue
17 Shield will use a partner of theirs
18 called HealthSmart that would make
19 outreach to them and walk them through
20 the very quick and easy enrollment
21 process for the coupon, and then
22 everything there is exactly the same.

23 There will be no delay in

1 treatment as a result of this. There
2 will be no cost to the member as a
3 result of this. It will be significant
4 cost savings for the plan, which we
5 forecast \$27 million to \$30 million
6 over the next year of available monies
7 to help us offset the cost of this
8 drug.

9 So, the staff recommendation
10 that we have for you today is to
11 approve a variable co-pay program for
12 medical specialty drugs provided
13 through the PEEHIP medical benefit to
14 obtain available drug co-pay credits,
15 sometimes referred to as coupons. A
16 co-pay will be established for such
17 drugs with guarantee that there will be
18 no out-of-pocket payment by the member
19 due to the coupons paying that co-pay
20 amount.

21 We would also like you to
22 provide PEEHIP staff the authority to
23 add and remove drugs from this program

1 as needed, because sometimes coupons
2 will cycle off. Sometimes new coupons
3 will come on, and every day new drugs
4 come to market. So, we would like to
5 be nimble to manage this most
6 effectively.

7 That's what we I have for you
8 for the Board vote.

9 CHAIRMAN HALLMARK: Okay.
10 You-all have heard Mr. Wales'
11 presentation.

12 MS. MOORE: Just for clarity.

13 CHAIRMAN HALLMARK: Yes, Ms.
14 Moore?

15 MS. MOORE: Just as a
16 clarification I think you just misspoke.
17 The savings is over a three-year period,
18 correct?

19 MR. WALES: Yes. Absolutely.
20 Thank you, Jo. So, the \$27 million to
21 \$30 million is over a three-year period.
22 I apologize if I indicated otherwise.

23 CHAIRMAN HALLMARK: Okay.

1 You-all have heard Mr. Wales'
2 presentation. He has a recommendation
3 for us to vote on.

4 So, I'll need a motion to
5 approve Mr. Wales' recommendation.

6 MRS. LOCKRIDGE: So moved.

7 CHAIRMAN HALLMARK: I have a
8 motion from Mrs. Lockridge. I need a
9 second.

10 MS. MOBLEY: Second.

11 CHAIRMAN HALLMARK: Mrs. Mobley.

12 Any discussion at this time?
13 I've got Mr. Whaley.

14 MR. WHALEY: Will this be in the
15 form of an app or a phone call? Would
16 the member have to download some type of
17 an app to get this?

18 MR. WALES: So, we are not
19 designing a program that's going to force
20 any certain level of technology upon a
21 member. The full answer is that it's
22 going to be drug specific in terms of how
23 the enrollment of the coupon is actually

1 done. In many cases, HealthSmart, the
2 partner of Blue Cross could completely
3 handle it for a member. And in some
4 other cases, there might be enrollment
5 form that has a couple of questions a
6 member has to fill out. But in no
7 situation is a member going to be forced
8 to have to leverage some type of
9 technology that they don't have in order
10 to do this. We are not looking to put up
11 any barriers.

12 MR. WHALEY: I gotcha. Thank
13 you.

14 CHAIRMAN HALLMARK: Okay. We
15 have got a motion from Mrs. Lockridge,
16 and a second from Mrs. Mobley. Any more
17 discussion at this time?

18 (No response).

19 CHAIRMAN HALLMARK: All in favor
20 say "aye."

21 (Board members saying "aye").

22 CHAIRMAN HALLMARK: All opposed
23 like sign.

1 (No response) .

2 CHAIRMAN HALLMARK: Ayes carry.

3 MR. WALES: Thank you.

4 CHAIRMAN HALLMARK: Yes, sir.

5 Thank you.

6 Item VII is our PEEHIP Benefit
7 Program Update, Part II, from Ms. Erica
8 Thomas. Ms. Thomas?

9 **PEEHIP BENEFIT PROGRAM UPDATES**

10 **PART II**

11 MS. THOMAS: Good morning, Mr.
12 Chair and members of the Board. I will
13 start on page 75.

14 And so, this is just going to be
15 our COVID update. Confirmed COVID-19
16 cases: 7,421. Total members that have
17 passed away under the Medicare
18 population: 830. 387 members passed
19 away while admitted. Out of those, we
20 only found one member that had a
21 partial vaccination.

22 As you can see at the bottom
23 graph, you will see there is a slight

1 uptick in July and August in the COVID
2 cases with this population.

3 All right. We will move on to
4 slide 76. Members that have been
5 tested for the virus, as you will see,
6 we have this up through July. The
7 numbers are slightly lower than what
8 they have been in the past.

9 On to slide 77, this is the
10 population that has been vaccinated.
11 We have 38% of them -- 76,000 members
12 that have been fully vaccinated and 8%
13 that have been partially vaccinated.

14 CHAIRMAN HALLMARK: Would you say
15 that again, please?

16 MS. THOMAS: Okay. You're on
17 page 77?

18 CHAIRMAN HALLMARK: I have got
19 two 77s.

20 MS. THOMAS: Okay. We're going
21 to look at the top. It was updated from
22 the updated information. We got more
23 information, and so I just had that one

1 placed on top.

2 So, it's 38% of our 76,000
3 members that have been vaccinated.

4 CHAIRMAN HALLMARK: Okay.

5 MR. WHALEY: 76,000 active
6 members, right?

7 MS. THOMAS: No. Medicare
8 members.

9 MR. WHALEY: Medicare members.
10 Okay.

11 MS. THOMAS: This is only the
12 Medicare population. So, we've had 38%
13 of those members that have been
14 vaccinated.

15 MR. WHALEY: So, 38% of the
16 Medicare eligible members are vaccinated?

17 MS. THOMAS: Yes, sir. And then
18 we have 8% that have been partially
19 vaccinated.

20 On the right-hand side, you will
21 see the top five providers of the
22 vaccination, which are Walgreens,
23 Huntsville Hospital, CVS, UAB, and

1 Walmart. And then on the bottom
2 right-hand side, you will see the
3 highest vaccinated areas, which are
4 Birmingham, Huntsville, Mobile,
5 Montgomery, and Dothan. And, again,
6 this is specifically to the Medicare
7 population.

8 All right. We will move on to
9 slide 78. As you can see, this is the
10 Telehealth benefit for primary care
11 physicians, COVID-19 versus
12 non-COVID-19 utilization. Members are
13 continuing to take advantage of this
14 benefit and this service.

15 Slide 79 provides the Telehealth
16 benefit versus MDLive. Telehealth is
17 with the member's personal physician.
18 MDLive is just a physician that they
19 have the ability to contact in an
20 emergency situation. And these members
21 are taking advantage of the Telehealth
22 more than the MDLive, which is with a
23 physician that they will just kind of

1 get on demand.

2 Slide 80.

3 (At which time there was a
4 brief interruption.)

5 CHAIRMAN HALLMARK: Okay. We had
6 a -- is that Ms. Shomaker?

7 MR. WHALEY: It was a playback.
8 It was a playback.

9 CHAIRMAN HALLMARK: It was a
10 what?

11 MR. WHALEY: It was a playback.

12 CHAIRMAN HALLMARK: Okay.

13 MS. THOMAS: All right. Slide
14 80, Humana conducted eight virtual
15 meetings for our membership. Typically
16 these meetings are held in person.
17 Humana was still not traveling, so they
18 did these meetings virtually.

19 We had 1,435 PEEHIP members to
20 attend. After each informational
21 session, members did have the ability
22 to ask questions and get any concerns
23 addressed that they may have regarding

1 the updated information that Humana
2 would provide. These presentations
3 have been posted to the Humana website,
4 as well as the PEEHIP website for our
5 members to go back and look at at a
6 later time.

7 And slide 81, this is Humana's
8 response to Hurricane Ida. We have
9 members located in Louisiana and
10 Mississippi, as well as 27 counties
11 within the State of Alabama. And so,
12 we have had approximately 1,937 members
13 that have potentially been impacted.
14 And so, this just kind of outlines
15 Humana's response and the assistance
16 that they are providing to these
17 members that are located in the
18 impacted areas.

19 And that is all I have. Are
20 there any questions? Yes, sir?

21 CHAIRMAN HALLMARK: Mr. Whaley
22 has got a question.

23 MR. WHALEY: Okay. So, you said

1 we had 38% of members that are vaccinated
2 Medicare eligible?

3 MS. THOMAS: Yes.

4 MR. WHALEY: The active number of
5 active members should be about 98,500,
6 right?

7 MS. THOMAS: Do you have that
8 number, Dave?

9 MR. WHALEY: The question I have
10 is: What percentage of the 98,500 have
11 been vaccinated --

12 CHAIRMAN HALLMARK: The actives.

13 MR. WHALEY: -- of the active
14 teachers.

15 MS. DIANE SCOTT: Okay. You are
16 right. We have about 98,000 active
17 teachers -- active employees. That is --
18 includes the community colleges. What we
19 can do, because all of those 98,000 do
20 not have hospital medical coverage, we
21 have taken it down to look at just those
22 who have hospital/medical coverage.
23 That's about 81,000.

1 So, we have teased through that
2 data so far and teased out the spouses
3 and dependents, and we have come up
4 with at this juncture through August
5 31st of those employees who are either
6 fully or partially vaccinated based
7 upon the number -- based upon the Blue
8 Cross and the MedImpact data that we
9 have. Okay?

10 We are still looking at that
11 data. But at this juncture, based upon
12 the data that we see, 21.15% are fully
13 vaccinated, and 48% have at -- that
14 includes the 21% -- have had at least
15 one shot.

16 MR. WHALEY: 21% of the 81,000
17 have been vaccinated?

18 MS. DIANE SCOTT: Yes. Fully
19 vaccinated. That's 17,000 people -- just
20 over 17,000 people.

21 My dilemma on this is: Have all
22 the places that people have gone to get
23 vaccinations, have those providers

1 filed the data with Blue Cross or
2 MedImpact? If there were pop-up
3 vaccination clinics, did they capture
4 the information. If there were
5 drive-thrus like we had here in
6 Montgomery, did they capture the
7 information to bill?

8 All we can do is look at what
9 claims came through Blue Cross and what
10 claims were billed through MedImpact
11 just on that population of people who
12 have our hospital medical coverage.
13 That's why we want to do more
14 information. This is just through what
15 claims came through as of August 31st.

16 Again, those vaccinations
17 were -- I am going to call it
18 "re-ramping up." Okay? So, there
19 could -- there could be some --
20 Hopefully when I get the September data
21 in, I will have a lot more vaccinations
22 that I can -- again, the vaccinations
23 are free. The only thing we can go off

1 of are the administration costs.

2 There are specific codes where
3 the administration fee is billed.
4 There is a specific code for the
5 provider -- for the type vaccine,
6 whether it's Pfizer, Moderna or J&J.

7 And further there, there is a
8 specific code that you use if it's
9 their first vaccination or their second
10 vaccination when it's one of the two
11 where it requires two shots.

12 So, that's where we are at
13 teasing through the data right now.
14 It's massive amounts.

15 MR. WHALEY: How many deaths have
16 we had in the active population; do you
17 know that?

18 MS. DIANE SCOTT: Do you have
19 that? Do we have that?

20 MR. WALES: We can get that
21 afterward.

22 MS. DIANE SCOTT: We can get it.

23 MR. WALES: We don't have it

1 current.

2 CHAIRMAN HALLMARK: Okay. Ms.
3 Gibson?

4 MS. GIBSON: Yes. Thank you, Mr.
5 Chair, through you to Diane.

6 So, the actual could -- the
7 number could actually be larger?

8 MS. DIANE SCOTT: Yes.

9 MS. GIBSON: Because, like, my
10 husband and I had ours at a hospital.
11 So, you are saying, all you have
12 basically is what has come through the
13 doctors' offices.

14 MS. DIANE SCOTT: No. What I
15 have with what Blue -- what has come
16 through Blue Cross --

17 MS. GIBSON: Okay.

18 MS. DIANE SCOTT: -- through our
19 plan --

20 MS. GIBSON: Right.

21 MS. DIANE SCOTT: -- and what has
22 come through MedImpact through our plan.

23 MS. GIBSON: Okay.

1 MS. DIANE SCOTT: So, a hospital
2 should have billed that to Blue Cross to
3 get paid.

4 MS. GIBSON: But the drive-thrus
5 could be --

6 MS. DIANE SCOTT: I don't know
7 how the drive-thrus are doing it.

8 MS. GIBSON: Okay.

9 MS. DIANE SCOTT: If the
10 drive-thrus have captured your
11 information and had a mechanism for
12 billing, then it should have come
13 through. But, you know, we don't know --
14 all I can do is take the data that I have
15 and roll it up.

16 MS. GIBSON: Okay. Thank you.

17 CHAIRMAN HALLMARK: Dr. Mackey?

18 DR. MACKEY: Thank you.

19 Just in comparison, do you know
20 how many of our members -- active
21 members get the flu shot every year?

22 MS. DIANE SCOTT: We can run
23 those numbers. Okay? We can. We will

1 get that to you.

2 DR. MACKEY: Yeah, it would be
3 nice to have. Thank you.

4 CHAIRMAN HALLMARK: Dr. Brown?

5 DR. SUSAN BROWN: Thank you, Mr.
6 Chairman. All right. Diane, so what
7 Erica presented was the Medicare
8 population, and what you are talking
9 about: Is this the population that are
10 the active employees currently working
11 and the people under 65, or have they
12 been teased out?

13 MS. DIANE SCOTT: I teased out
14 those retirees under 65. Because I felt
15 like this -- that you were going to be
16 very interested of what is in the brick
17 and mortar buildings where you are
18 looking. We teased out everything to try
19 to get down. What I did not tease down
20 to was separating out the community
21 colleges from the K through 12, from the
22 other. But...

23 DR. SUSAN BROWN: Okay. Thank

1 you.

2 CHAIRMAN HALLMARK: Any other
3 questions at this time?

4 (No response).

5 CHAIRMAN HALLMARK: Why would
6 they not turn in the vaccination report
7 to us or to get reimbursed?

8 MS. DIANE SCOTT: Maybe -- I do
9 not know. I do not know. There could be
10 a multiplicity of reasons. Maybe they
11 just haven't gotten to it yet, because
12 our plan provides for payment up to 365
13 days after the date of the service. We
14 have to -- They have to get a clean claim
15 in.

16 Maybe that's just not their --
17 maybe they have got other things that
18 they are dealing with. Did they get
19 the complete information? Did they
20 lose the information if they were at a
21 pop-up clinic. I mean, there are just
22 a lot of things.

23 CHAIRMAN HALLMARK: Okay. Any

1 other questions or comments at this time?

2 (No response).

3 CHAIRMAN HALLMARK: Okay. Thank
4 you-all.

5 The last item on closing
6 comments is Jo Moore.

7 **CLOSING COMMENTS**

8 MS. MOORE: Thank you.

9 CHAIRMAN HALLMARK: You're
10 welcome.

11 MS. MOORE: As Diane stated
12 earlier, the good news is that premiums
13 will remain the same this year. We do
14 not have to go up on them.

15 Our coupon program is one of
16 many of the programs that assists us in
17 avoiding those increase in premiums and
18 insure the financial health of the
19 plan. Our staff works very hard to
20 manage the spending of the plan and
21 provide the best health benefit
22 possible to our members. And I thank
23 them for that. They are constantly

1 pinching pennies.

2 And I commend this Board and
3 thank you also for your willingness to
4 review and vote on matters such as
5 this. We try to stay abreast of the
6 latest and greatest to save money
7 without jeopardizing the benefits to
8 our members, and we appreciate your
9 willingness to learn alongside us and
10 work with us on that.

11 So, anyway, thank you very much.

12 CHAIRMAN HALLMARK: All right.
13 Any other comments or questions at this
14 time?

15 (No response).

16 CHAIRMAN HALLMARK: We are going
17 to go ahead and we will be done with our
18 PEEHIP meeting this morning, and we are
19 going to take a bit of a break. We are
20 having to do a little WebEx work in
21 between our meetings. So, we are going
22 to probably take about 15 minutes before
23 we move into our TRS meeting.

ADJOURN

1
2 CHAIRMAN HALLMARK: So, at this
3 time I need a motion to adjourn.

4 MR. JONES: Motion.

5 CHAIRMAN HALLMARK: Mr. Jones.
6 Second?

7 MR. WHALEY: Second.

8 CHAIRMAN HALLMARK: Mr. Whaley.
9 Any comments at this time?

10 (No response).

11 CHAIRMAN HALLMARK: All in favor
12 say "aye."

13 (Board members saying "aye").

14 CHAIRMAN HALLMARK: Any opposed,
15 like sign?

16 (No response.)

17 CHAIRMAN HALLMARK: Ayes carry.

18
19 (Conclusion of the PEEHIP

20 BOARD OF CONTROL meeting at

21 9:40 a.m.
22
23

1 REPORTER'S CERTIFICATE

2
3 STATE OF ALABAMA

4 COUNTY OF ELMORE

5
6 I, Jeana S. Boggs, Certified Professional
7 Reporter and Notary Public in and for the State of
8 Alabama at Large, do hereby certify on Tuesday,
9 September 13th, 2021, that I reported the meeting
10 of the PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE
11 PLAN BOARD OF CONTROL; that the foregoing
12 colloquies, statements, questions and answers
13 thereto were reduced to 56 typewritten pages under
14 my direction and supervision; that the above is a
15 true and accurate transcription of said meeting set
16 out herein.

17 I further certify that I am neither of
18 relative, employee, attorney or counsel of any of
19 the parties, nor am I a relative or employee of
20 such attorney or counsel, nor am I financially
21 interested in the results thereof. All rates
22 charged are usual and customary.

1 I further certify that I am duly licensed
2 by the Alabama Board of Court Reporting as a
3 Certified Court Reporter as evidenced by the ACCR
4 number following my name found below.

5 This 13th day of September, in the year
6 of our Lord, 2021.

7

8

9

13/Jeana S. Boggs

10

Jeana S. Boggs, CCR
ABCR NO. 7, 9/30/2022
Certified Court Reporter and
Notary Public
Commission expires: 8/9/2022

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CHAIRMAN
HALLMARK: [77]

DR. BRONNER:
[1] 7/7

DR. MACKEY:
[5] 6/12 17/23 21/7
51/18 52/2

DR. SUSAN
BROWN: [3] 6/18
52/5 52/23

MR. JONES: [14]
8/15 9/20 10/5
10/18 11/11 11/23
12/12 13/1 13/13

14/2 14/14 15/3
15/15 56/4

MR. POOLE: [13]
10/1 10/11 11/3
11/17 12/6 12/18
13/7 13/19 14/8
14/20 15/9 15/18
17/6

MR. WALES: [6]
25/4 37/19 38/18
40/3 49/20 49/23

MR. WHALEY:
[16] 6/6 21/4 38/14
39/12 42/5 42/9
42/15 44/7 44/11
45/23 46/4 46/9

46/13 47/16 49/15
56/7

MRS.
LOCKRIDGE: [2]
8/13 38/6

MS. CREW: [1]
7/17

MS. DIANE
SCOTT: [19]
18/23 19/7 19/11
21/20 24/20 46/15
47/18 49/18 49/22

50/8 50/14 50/18
50/21 51/1 51/6
51/9 51/22 52/13
53/8

MS. EATON: [15]
6/3 6/5 6/7 6/9 6/11
6/13 6/15 6/17 6/19
8/10 8/12 8/14 8/16
8/18 8/20

MS. FOWLER:
[13] 8/17 10/2

10/13 11/6 11/19
12/8 12/20 13/9
13/21 14/10 14/22
15/11 15/19

MS. GIBSON: [9]
8/19 50/4 50/9
50/17 50/20 50/23
51/4 51/8 51/16

MS. MOBLEY: [4]
7/11 8/11 17/22

38/10
MS. MOORE: [4]
37/12 37/15 54/8
54/11
MS.

SHOMAKER: [16]
7/20 9/9 9/22 10/9

10/23 11/15 12/4
12/16 13/5 13/17
14/6 14/18 15/7
15/17 15/23 16/3

MS. TATE: [13]
8/21 9/21 10/7
10/21 11/13 12/2
12/14 13/3 13/15
14/4 14/16 15/5
15/16

MS. THOMAS: [9]
40/11 41/16 41/20

42/7 42/11 42/17
44/13 46/3 46/7
POOLE: [1] 6/8

\$

\$24.5 [1] 22/21
\$27 [2] 36/5 37/20
\$30 [2] 36/5 37/21
\$30 million [2] 36/5
37/21

\$43 [1] 23/7
\$46 [2] 24/5 24/6
\$5,000 [1] 35/5
\$50 [2] 23/5 23/10

\$	4/12 17/16 20/6	48 [1] 47/13
\$50 million [1]	24/13 57/9 58/6	5
23/10	2022 [2] 58/10	56 [1] 57/13
\$6.5 [1] 23/8	58/12	6
\$800 [2] 22/3 22/14	2023 [2] 19/18	6/1/2021 [2] 4/12
\$952 [1] 20/1	22/13	17/16
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'80s [2] 16/11 16/18	22/15 23/17 24/3	6/25/21 [1] 17/16
1	24/4	60 [2] 29/6 29/8
1,000 [1] 29/23	2025 [1] 24/15	65 [2] 52/11 52/14
1,225 [1] 30/7	21 [3] 17/16 47/14	7
1,435 [1] 44/19	47/16	7,421 [1] 40/16
1,937 [1] 45/12	21.15 [1] 47/12	70 [1] 30/22
11 [1] 5/21	25th [1] 17/19	72 [1] 33/18
12 [2] 16/15 52/21	27 [1] 45/10	75 [1] 40/13
13th [3] 1/22 57/9	3	76 [1] 41/4
58/5	30 [1] 17/10	76,000 [3] 41/11
15 [2] 8/2 55/22	31st [4] 22/11 23/4	42/2 42/5
15th [2] 22/23	47/5 48/15	77 [2] 41/9 41/17
23/11	33 [2] 19/3 19/14	77s [1] 41/19
17,000 [2] 47/19	34 [1] 19/15	78 [1] 43/9
47/20	35 [1] 19/22	79 [1] 43/15
19 [5] 25/9 27/10	36 [2] 20/9 21/21	8
40/15 43/11 43/12	36104 [1] 1/5	8/9/2022 [1] 58/12
1st [2] 17/19 30/16	365 [1] 53/12	80 [2] 44/2 44/14
2	38 [5] 41/11 42/2	81 [1] 45/7
20 [1] 5/10	42/12 42/15 46/1	81,000 [2] 46/23
2008 [1] 20/2	387 [1] 40/18	47/16
201 [2] 1/4 1/20	39 [1] 25/23	830 [1] 40/18
2021 [8] 1/22 4/12	4	843 [1] 1/4
	42 [1] 27/23	

8	37/19	16/8
877.517.0020 [1]	accepted [1] 28/13	admitted [1] 40/19
1/6	ACCR [1] 58/3	advance [2] 29/7
9	accurate [1] 57/15	29/8
9/11 [1] 5/21	Act [1] 22/22	advantage [2]
9/30/2022 [1] 58/10	active [10] 22/14	43/13 43/21
98,000 [2] 46/16	42/5 46/4 46/5	affected [1] 5/21
46/19	46/13 46/16 46/17	after [2] 44/20
98,500 [2] 46/5	49/16 51/20 52/10	53/13
46/10	actives [1] 46/12	afterward [1] 49/21
9:00 [2] 1/22 5/3	activity [1] 29/14	again [9] 24/9
9:40 [1] 56/21	actual [2] 22/10	26/12 26/14 26/17
A	50/6	27/19 41/15 43/5
a.m [2] 1/23 56/21	actually [4] 19/14	48/16 48/22
ABCR [1] 58/10	27/15 38/23 50/7	agenda [8] 3/10
ability [8] 15/2 15/4	add [1] 36/23	4/10 20/16 20/21
15/6 15/8 15/10	added [1] 23/8	21/2 21/3 24/22
15/12 43/19 44/21	additional [1] 23/3	25/6
able [1] 32/18	addressed [1] 44/23	aggressive [1]
about [25] 5/3 5/9	adjourn [2] 56/1	31/12
5/13 5/20 8/2 14/13	56/3	ago [1] 5/10
14/15 14/17 14/19	ADJOURN.....	ahead [5] 8/8 9/12
14/21 14/23 20/856 [1]	21/1 34/21 55/17
28/5 29/13 30/7	4/22	ALABAMA [14]
30/20 32/4 33/21	Admin [1] 4/21	1/1 1/5 1/20 1/21
34/7 34/13 46/5	administer [1]	11/10 11/12 11/14
46/16 46/23 52/9	25/21	11/16 11/18 11/20
55/22	administering [1]	45/11 57/3 57/8
above [1] 57/14	35/1	58/2
abreast [1] 55/5	administration [3]	all [39] 5/18 6/22
Absolutely [1]	3/4 49/1 49/3	7/2 7/21 8/7 8/22
	administrators [1]	9/3 9/18 16/7 17/2

A

all... [29] 17/10
17/14 17/14 18/5
18/8 19/20 20/7
21/11 21/18 30/18
31/9 37/10 38/1
39/19 39/22 41/3
43/8 44/13 45/19
46/19 47/21 48/8
50/11 51/14 52/6
54/4 55/12 56/11
57/21
almost [1] 34/8
alongside [1] 55/9
already [1] 31/18
also [10] 2/14 5/12
5/22 9/1 29/7 30/2
31/4 32/1 36/21
55/3
alternative [3]
28/15 28/16 28/17
alternatives [1]
29/3
always [4] 16/9
16/13 25/23 28/5
am [15] 14/13
14/14 14/16 14/18
14/20 14/22 20/7
23/11 30/13 33/20
48/17 57/17 57/19
57/20 58/1
amount [2] 31/7

36/20
amounts [1] 49/14
AMY [10] 2/13 4/5
6/19 6/22 7/2 7/15
8/16 9/14 9/21 10/2
ANITA [2] 2/11
8/18
another [1] 23/8
answer [1] 38/21
answers [1] 57/12
anticipated [1]
29/22
any [22] 9/5 18/2
21/9 21/14 23/1
24/16 24/17 28/6
29/1 29/11 38/12
38/20 39/11 39/16
44/22 45/20 53/2
53/23 55/13 56/9
56/14 57/18
anyway [1] 55/11
anywhere [1] 16/15
apologize [1] 37/22
app [2] 38/15 38/17
APPEARANCES
[1] 2/2
appointment [1]
34/4
appreciate [1] 55/8
appropriated [1]
23/2
approval [8] 4/10

4/12 17/16 17/18
20/21 25/18 33/16
33/23
approve [4] 17/21
21/3 36/11 38/5
approved [2] 20/17
31/13
approximately [2]
1/22 45/12
are [59]
areas [2] 43/3 45/18
around [5] 25/20
26/8 26/11 26/13
29/23
Artemetrx [1]
28/11
as [38] 9/13 11/21
11/23 12/2 12/4
12/6 12/8 16/6 17/2
17/2 17/13 27/20
28/17 29/18 30/1
30/4 30/8 31/21
31/22 32/2 35/2
36/1 36/2 36/15
37/1 37/15 40/22
41/5 43/9 45/4 45/4
45/10 45/10 48/15
54/11 55/4 58/2
58/3
ask [4] 5/7 18/19
34/10 44/22
asked [2] 19/18

A
asked... [1] 19/19
asking [1] 22/3
Assist [1] 4/19
assistance [1] 45/15
ASSISTANT [1]
3/7
assists [1] 54/16
Association [1]
17/13
ASST [1] 3/6
Athletics [1] 17/13
attained [1] 26/23
attend [1] 44/20
attention [2] 26/2
30/22
attorney [2] 57/18
57/20
August [7] 22/11
23/4 23/7 26/15
41/1 47/4 48/15
authority [1] 36/22
available [4] 31/19
32/12 36/6 36/14
average [1] 27/18
avoid [1] 34/19
avoiding [1] 54/17
away [3] 27/17
40/17 40/19
aye [8] 18/6 18/7
21/12 21/13 39/20
39/21 56/12 56/13

Ayes [4] 18/11
21/17 40/2 56/17
B
back [8] 16/5 16/18
21/20 24/10 26/6
33/15 35/4 45/5
backwards [1]
21/21
barriers [1] 39/11
based [5] 22/16
28/12 47/6 47/7
47/11
basically [3] 22/2
22/4 50/12
basketball [4]
16/10 16/13 16/18
16/19
battling [1] 5/13
be [31] 8/1 22/17
22/18 28/9 31/21
32/5 32/6 34/8
34/17 34/18 34/19
35/10 35/23 36/2
36/3 36/16 36/17
37/5 38/14 38/22
39/4 39/7 40/14
46/5 48/19 50/7
51/5 52/2 52/15
53/9 55/17
because [10] 22/2
23/1 23/14 28/7
35/2 37/1 46/19

50/9 52/14 53/11
become [1] 26/15
been [23] 5/15 5/21
9/12 16/11 16/21
16/23 26/22 31/7
32/17 32/18 41/4
41/8 41/10 41/12
41/13 42/3 42/13
42/18 45/3 45/13
46/11 47/17 52/12
before [6] 5/6 8/3
9/1 16/5 35/1 55/22
beginning [1] 26/8
behavior [1] 21/23
behind [1] 26/1
being [3] 8/7 9/5
27/12
below [1] 58/4
benefit [11] 4/16
4/18 24/23 25/2
36/13 40/6 40/9
43/10 43/14 43/16
54/21
benefits [4] 32/14
33/1 34/16 55/7
best [7] 15/2 15/3
15/5 15/7 15/9
15/11 54/21
BETH [3] 4/8 8/20
9/16
better [2] 19/8
19/10

B

between [1] 55/21
bidder [1] 29/19
big [1] 24/12
bill [6] 4/7 6/7 9/15
10/1 34/21 48/7
billed [3] 48/10
49/3 51/2
billing [1] 51/12
bills [1] 34/6
Birmingham [1]
43/4
bit [5] 19/5 24/14
25/14 32/3 55/19
blue [13] 23/20
27/11 33/9 33/9
35/16 35/16 39/2
47/7 48/1 48/9
50/15 50/16 51/2
BOARD [22] 1/3
1/17 2/3 4/13 8/3
17/13 17/15 17/19
18/7 18/16 19/1
21/13 25/5 30/22
37/8 39/21 40/12
55/2 56/13 56/20
57/11 58/2
Boggs [3] 1/18 57/6
58/10
book [1] 30/23
both [2] 7/7 8/6
bottom [2] 40/22

43/1

bow [2] 5/8 5/19
break [1] 55/19
brick [1] 52/16
brief [1] 44/4
bring [2] 25/18
33/15
broken [1] 27/14
BRONNER [1] 3/2
brothers [1] 17/1
brought [1] 32/21
BROWN [3] 2/8
6/17 52/4
buildings [1] 52/17
business [3] 29/19
34/7 35/3

C

call [10] 4/2 4/2
4/23 5/1 6/2 7/5
20/15 29/5 38/15
48/17
called [1] 35/18
calls [1] 29/4
came [4] 23/8 30/15
48/9 48/15
camp [1] 16/14
camper [1] 17/7
campers [1] 16/16
camps [1] 16/18
can [27] 6/21 6/22
7/2 7/15 7/18 18/18
19/15 23/23 26/3

26/7 27/4 27/5
27/10 29/5 29/10
30/9 40/22 43/9
46/19 48/8 48/22
48/23 49/20 49/22
51/14 51/22 51/23
cannot [1] 7/10
capture [2] 48/3
48/6
captured [1] 51/10
cards [1] 31/16
care [1] 43/10
Cares [1] 22/22
carry [4] 18/11
21/17 40/2 56/17
case [1] 8/4
cases [4] 39/1 39/4
40/16 41/2
CAVANAUGH [1]
3/8
CCR [1] 58/10
cellphones [1] 9/2
CEO [1] 3/2
certain [1] 38/20
certainly [1] 18/19
CERTIFICATE [1]
57/1
Certified [4] 1/18
57/6 58/3 58/11
certify [3] 57/8
57/17 58/1
CFO.....1
8 [1] 4/15

C		
Chair [2] 40/12 50/5	clinics [1] 48/3	58/12
CHAIRMAN [5] 2/4 2/5 19/1 25/5 52/6	closing [3] 4/20 54/5 54/7	communities [1] 5/18
Chairman.....	co [7] 34/18 35/9 35/10 36/11 36/14 36/16 36/19	community [2] 46/18 52/20
20 [1] 4/11	co-insurance [1] 34/18	comparison [1] 51/19
chance [1] 21/1	co-pay [5] 35/10 36/11 36/14 36/16 36/19	compile [1] 26/21
change [6] 25/16 29/1 29/3 29/15 30/1 30/8	co-pays [1] 35/9	complete [1] 53/19
changes [2] 21/9 28/4	coach [3] 16/7 16/10 16/19	completely [1] 39/2
charged [1] 57/22	coached [1] 16/9	complicated [1] 31/8
checked [1] 28/22	code [2] 49/4 49/8	component [1] 29/21
chemical [1] 28/15	codes [1] 49/2	concerns [1] 44/22
chemically [1] 28/19	colleges [2] 46/18 52/21	Conclusion [1] 56/19
Chief [1] 18/13	colloquies [1] 57/12	conducted [1] 44/14
citizen [6] 12/10 12/12 12/14 12/16 12/18 12/20	come [13] 9/16 16/17 20/3 24/10 26/6 35/3 37/3 37/4 47/3 50/12 50/15 50/22 51/12	conference [1] 1/19
claim [1] 53/14	coming [2] 24/5 24/6	confident [1] 31/21
claims [4] 23/7 48/9 48/10 48/15	commend [1] 55/2	Confirmed [1] 40/15
clarification [2] 33/16 37/16	comments [6] 4/20 54/1 54/6 54/7 55/13 56/9	Congratulations [2] 15/21 16/2
clarity [1] 37/12	Commission [1]	consent [1] 34/11
clean [1] 53/14		constantly [1] 54/23
clinic [1] 53/21		Constitution [12] 10/16 10/19 10/22 11/1 11/4 11/7 11/10 11/12 11/14
clinician [1] 30/5		

C

Constitution... [3]
 11/16 11/18 11/20
consultant [1] 31/3
consulting [1]
 28/11
contact [1] 43/19
continue [7] 5/12
 11/22 12/1 12/3
 12/5 12/7 12/9
CONTINUED [1]
 21/19
continuing [2] 5/16
 43/13
contracts [2] 22/16
 23/18
CONTROL [4] 1/3
 1/17 56/20 57/11
copays [1] 34/17
Coronavirus [1]
 22/19
correct [1] 37/18
correlated [1] 26/9
correlates [1] 29/14
cost [4] 32/20 36/2
 36/4 36/7
costly [2] 32/16
 34/20
costs [4] 22/9 22/19
 32/13 49/1
could [8] 9/3 39/2
 48/19 48/19 50/6

50/7 51/5 53/9
counsel [2] 57/18
 57/20
counties [1] 45/10
County [2] 16/20
 57/4
couple [3] 26/2
 29/13 39/5
coupon [10] 25/20
 32/7 32/11 34/12
 34/14 34/23 35/11
 35/21 38/23 54/15
coupons [8] 32/11
 32/20 35/8 35/9
 36/15 36/19 37/1
 37/2
Court [4] 1/18 58/2
 58/3 58/11
coverage [3] 46/20
 46/22 48/12
COVID [9] 5/14
 5/22 25/9 27/10
 40/15 40/15 41/1
 43/11 43/12
COVID-19 [4] 25/9
 27/10 40/15 43/11
credits [1] 36/14
CREW [2] 2/13
 6/19
criteria [2] 28/14
 29/22
Cross [9] 23/21

33/9 35/16 39/2
 47/8 48/1 48/9
 50/16 51/2
current [2] 19/23
 50/1
currently [2] 23/21
 52/10
customary [1]
 57/22
customer [2] 31/11
 31/17
CVS [1] 42/23
cycle [1] 37/2

D

D.C [1] 5/11
dad [1] 17/2
data [12] 20/8
 25/23 27/2 27/21
 47/2 47/8 47/11
 47/12 48/1 48/20
 49/13 51/14
date [1] 53/13
DAVE [4] 3/5 4/17
 25/1 46/8
DAVID [1] 3/2
day [2] 37/3 58/5
days [4] 29/6 29/8
 31/17 53/13
dealing [1] 53/18
deaths [1] 49/15
December [4] 20/3
 22/23 23/11 24/10

D	3/4 3/5 3/6	28/20 34/15 34/16
December 15th [1]	DIRECTOR-ADMINISTRATION [1]	35/2 39/9 49/23
22/23	3/4	51/6 51/13
delay [1] 35/23	DIRIECTOR [1]	done [6] 31/1 31/2
delivered [1] 33/3	3/3	31/3 31/4 39/1
demand [1] 44/1	discharge [6] 13/12	55/17
Demopolis [1]	13/14 13/16 13/18	dot [1] 5/3
16/20	13/20 13/22	Dothan [1] 43/5
DEP [1] 3/4	discussion [4] 7/14	double [1] 28/22
dependents [1]	18/3 38/12 39/17	down [4] 27/14
47/3	discussions [1] 33/9	46/21 52/19 52/19
DEPUTY [2] 3/3	disruption [2]	download [1] 38/16
4/21	29/21 30/17	DR [8] 2/6 2/7 2/8
designing [1] 38/19	do [35] 7/4 7/5 8/6	3/2 18/2 21/8 51/17
details [2] 24/12	8/23 10/3 10/5 10/7	52/4
33/14	10/9 10/11 10/13	draw [1] 26/2
Diane [10] 4/15	21/23 24/4 28/23	drive [4] 48/5 51/4
18/13 18/21 19/4	29/10 30/14 30/15	51/7 51/10
20/13 21/18 26/23	33/23 34/5 35/12	drive-thrus [4]
50/5 52/6 54/11	39/10 46/7 46/19	48/5 51/4 51/7
did [9] 32/1 35/6	46/19 48/8 48/13	51/10
44/18 44/21 48/3	49/16 49/18 49/19	drop [1] 19/5
48/6 52/19 53/18	51/14 51/19 53/8	drug [15] 25/12
53/19	53/9 54/13 55/20	25/20 28/2 28/4
didn't [1] 35/4	57/8	28/6 28/7 29/23
difficult [1] 26/16	doctors' [1] 50/13	30/7 32/7 32/12
dilemma [1] 47/21	does [1] 28/18	35/1 35/5 36/8
diligent [1] 31/23	doing [2] 32/18	36/14 38/22
Dir [3] 4/17 4/19	51/7	drugs [17] 25/21
4/21	DON [1] 3/3	28/23 31/10 32/4
direction [1] 57/14	don't [9] 23/14	32/13 32/15 32/16
DIRECTOR [3]		32/23 33/2 33/3

D

drugs... [7] 33/5
 33/22 35/15 36/12
 36/17 36/23 37/3
 due [1] 36/19
 duly [1] 58/1
 duties [6] 13/23
 14/2 14/4 14/6 14/8
 14/10

E

each [2] 17/5 44/20
 earlier [1] 54/12
 early [3] 16/6 22/20
 33/8
 easy [2] 34/11
 35/20
 EATON [1] 3/7
 educate [1] 29/11
 EDUCATION [3]
 1/2 1/16 57/10
 effectively [1] 37/6
 eight [1] 44/14
 either [2] 28/16
 47/5
 eligible [3] 35/15
 42/16 46/2
 ELMORE [1] 57/4
 else [1] 9/13
 emergency [1]
 43/20
 EMILY [2] 3/7 6/1

employee [2] 57/18
 57/19
 employees [4] 22/5
 46/17 47/5 52/10
 EMPLOYEES' [3]
 1/2 1/17 57/10
 end [2] 20/12 26/14
 enroll [3] 34/21
 34/23 35/7
 enrollment [5]
 34/12 34/14 35/20
 38/23 39/4
 enter [7] 14/13
 14/15 14/17 14/19
 14/21 14/23 28/20
 ERIC [2] 2/6 6/11
 ERICA [4] 3/6 4/19
 40/7 52/7
 established [2]
 28/13 36/16
 estimate [1] 24/5
 every [2] 37/3
 51/21
 everybody [4] 5/7
 5/13 5/14 21/1
 everyone [1] 9/13
 everything [4] 8/4
 29/10 35/22 52/18
 evidenced [1] 58/3
 exact [1] 28/18
 exactly [2] 33/10
 35/22

exclude [1] 28/7
 exclusions [3] 28/5
 28/6 28/21
 exhaustively [1]
 31/6
 expand [1] 32/22
 expected [1] 22/1
 expenses [4] 22/1
 22/8 22/8 23/5
 experience [1]
 33/21
 experienced [2]
 27/8 30/10
 expires [1] 58/12
 Express [9] 25/16
 28/9 29/15 29/18
 30/9 30/14 30/20
 31/2 31/18
 extra [1] 16/12

F

faithfully [6] 12/23
 13/2 13/4 13/6 13/8
 13/10
 far [1] 47/2
 farther [1] 24/14
 favor [4] 18/5 21/11
 39/19 56/11
 fee [1] 49/3
 feel [2] 30/4 31/20
 fell [1] 30/3
 felt [1] 52/14
 few [2] 25/6 27/10

F

filed [1] 48/1
 fill [1] 39/6
 financial [6] 4/14
 18/12 18/14 18/22
 21/19 54/18
 financially [1]
 57/20
 fine [1] 33/14
 finished [1] 8/9
 firm [1] 28/11
 first [2] 23/19 49/9
 fiscal [8] 19/17 20/6
 22/15 22/20 23/17
 24/3 24/4 24/13
 five [1] 42/21
 flag [1] 9/17
 flat [2] 22/2 22/6
 flu [1] 51/21
 folks [4] 28/22 29/4
 29/23 30/7
 following [2] 26/13
 58/4
 force [1] 38/19
 forced [1] 39/7
 forecast [1] 36/5
 foregoing [1] 57/11
 forgot [1] 20/18
 form [2] 38/15 39/5
 former [1] 16/16
 formulary [4]
 25/13 28/2 30/5

31/8
 forward [6] 9/16
 20/10 21/22 22/12
 24/14 27/22
 found [2] 40/20
 58/4
 FOWLER [4] 4/5
 8/16 9/14 10/2
 free [1] 48/23
 front [2] 29/6 29/8
 fruition [1] 30/15
 full [1] 38/21
 fully [4] 41/12 47/6
 47/12 47/18
 functions [1] 31/1
 funding [3] 19/20
 19/23 22/22
 funds [2] 22/19
 23/3
 further [3] 49/7
 57/17 58/1
 future [1] 20/11

G

gears [1] 25/13
 Generally [1] 22/8
 get [37] 5/6 5/16
 5/17 8/4 9/7 16/5
 20/19 21/2 23/12
 23/23 27/2 27/20
 29/2 29/6 29/7 31/8
 31/9 31/10 32/19
 33/3 34/3 34/4 34/5

38/17 44/1 44/22
 47/22 48/20 49/20
 49/22 51/3 51/21
 52/1 52/19 53/7
 53/14 53/18
 gets [1] 35/14
 getting [1] 34/20
 GIBSON [3] 2/11
 8/18 50/3
 give [2] 6/2 35/6
 go [15] 8/8 9/1 9/12
 19/6 20/23 23/3
 23/19 31/5 34/5
 34/7 34/21 45/5
 48/23 54/14 55/17
 God [6] 15/14
 15/15 15/16 15/17
 15/18 15/19
 going [24] 7/23 8/1
 8/2 9/7 20/7 20/22
 22/9 27/7 31/14
 31/21 33/20 34/17
 34/18 35/4 38/19
 38/22 39/7 40/14
 41/20 48/17 52/15
 55/16 55/19 55/21
 gone [1] 47/22
 good [8] 18/23
 22/13 23/23 25/4
 28/17 31/23 40/11
 54/12
 got [11] 9/2 18/2

G

got... [9] 21/5 23/6
25/6 38/13 39/15
41/18 41/22 45/22
53/17

gotcha [1] 39/12

gotten [1] 53/11

grace [1] 23/16

graph [2] 26/18
40/23

graphs [2] 20/4
26/3

gray [1] 27/17

Great [1] 19/11

greater [1] 33/16

greatest [1] 55/6

guarantee [1] 36/17

guy [1] 16/21

guys [1] 16/8

H

had [16] 16/10
19/19 21/1 28/7
40/20 41/23 42/12
44/5 44/19 45/12
46/1 47/14 48/5
49/16 50/10 51/11

half [1] 30/10

HALLMARK [3]
2/4 4/11 6/3

Hallmark.....
.....5 [1] 4/3

hand [4] 9/19 18/17
42/20 43/2

handle [1] 39/3

haphazardly [1]
28/20

happened [3] 5/10
20/6 28/1

happening [1] 22/7

happy [1] 30/13

hard [2] 27/1 54/19

has [12] 21/1 31/2
31/3 31/4 38/2 39/5
39/6 41/10 45/22
50/12 50/15 50/21

hasn't [1] 23/2

have [112]

haven't [1] 53/11

having [2] 20/16
55/20

he [3] 16/20 16/21
38/2

heads [3] 5/8 5/19
7/12

health [5] 1/2 1/17
54/18 54/21 57/10

HealthSmart [2]
35/18 39/1

hear [6] 6/22 7/2
7/10 7/16 7/19
26/10

heard [2] 37/10
38/1

held [2] 1/21 44/16

help [10] 15/13
15/15 15/16 15/17
15/18 15/19 24/1
34/22 34/22 36/7

helped [1] 31/3

her [1] 27/1

here [19] 6/4 6/6
6/8 6/12 8/7 8/11
8/13 8/15 8/17 8/19
8/21 9/16 19/16
22/10 26/4 26/19
27/11 30/16 48/5

hereby [1] 57/8

herein [1] 57/16

high [4] 17/12 24/8
32/13 34/20

highest [1] 43/3

him [1] 17/2

his [2] 16/22 17/1

historical [1] 20/8

history [2] 19/16
32/9

hit [1] 30/6

honestly [6] 13/12
13/13 13/15 13/17
13/19 13/21

hopefully [2] 24/13
48/20

hoping [1] 23/12

hospital [10] 23/20
27/13 27/15 27/19

H	identical [1] 34/9	interruption [1] 44/4
hospital... [6] 42/23 46/20 46/22 48/12 50/10 51/1	II [4] 4/4 4/18 40/7 40/10	interruptions [1] 9/5
hospital/medical [2] 23/20 46/22	III [1] 4/10	is [71]
hospitals [1] 27/9	impact [2] 25/9 33/10	it [28] 7/5 20/2 21/1 27/2 28/16 29/14 32/6 33/11 33/15 33/19 35/11 36/3 39/3 41/21 44/7 44/8 44/9 44/11 46/21 48/17 49/11 49/22 49/23 51/7 51/12 51/15 52/2 53/11
hospitals [1] 27/9	impacted [2] 45/13 45/18	it's [16] 5/2 5/16 16/17 17/4 19/3 26/20 28/7 28/18 31/13 32/6 38/21 42/2 49/6 49/8 49/10 49/14
how [11] 27/12 27/18 29/14 31/10 33/10 33/21 33/22 38/22 49/15 51/7 51/20	includes [3] 19/17 46/18 47/14	item [6] 17/18 18/12 24/22 32/5 40/6 54/5
However [1] 23/3	increase [1] 54/17	items [1] 25/6
huge [1] 29/21	incurred [1] 23/4	IV [2] 4/12 17/18
Humana [5] 23/22 44/14 44/17 45/1 45/3	independent [1] 28/10	J
Humana's [2] 45/7 45/15	indicated [1] 37/22	Jeana [3] 1/18 57/6 58/10
Huntsville [2] 42/23 43/4	indicates [1] 27/11	jeopardizing [1] 55/7
Hurricane [1] 45/8	indicating [2] 29/2 29/3	JO [4] 3/4 4/21
husband [1] 50/10	information [11] 22/10 29/8 41/22 41/23 45/1 48/4 48/7 48/14 51/11 53/19 53/20	
I	informational [1] 44/20	
I'd [1] 17/14	infused [1] 33/5	
I'll [2] 9/14 38/4	infusions [1] 34/3	
I'm [1] 20/22	insurance [4] 1/2 1/17 34/18 57/10	
I've [2] 21/5 38/13	insure [1] 54/18	
ICU [1] 27/16	interested [2] 52/16 57/21	
ID [1] 31/16		
Ida [1] 45/8		

J
JO... [2] 37/20 54/6
job [1] 30/23
JOHN [2] 2/5 6/9
JONES [5] 4/6 8/14
9/15 9/20 56/5
JOSEPH [2] 2/7
6/13
July [3] 26/14 41/1
41/6
juncture [2] 47/4
47/11
June [4] 17/19
17/19 29/17 31/13
June 1st [1] 17/19
just [30] 5/7 5/8
5/18 5/19 5/19 5/20
7/22 8/4 9/12 18/17
19/15 20/14 20/23
28/17 37/12 37/15
37/16 40/14 41/23
43/18 43/23 45/14
46/21 47/19 48/11
48/14 51/19 53/11
53/16 53/21

K
keep [1] 9/4
KELLI [9] 2/12 4/9
6/15 6/22 7/1 7/18
9/6 9/22 15/22
kids [1] 16/14

kind [3] 19/15
43/23 45/14
KNIGHT [2] 4/5
9/14
know [21] 5/9 9/11
16/7 17/2 17/11
23/15 26/10 26/15
28/23 34/7 34/15
34/16 35/4 35/5
49/17 51/6 51/13
51/13 51/19 53/9
53/9
knowing [3] 16/21
17/1 17/4
knows [1] 5/14

L
lagging [1] 26/1
LANGER [1] 3/8
large [4] 22/20
23/18 24/11 57/8
largely [1] 26/9
larger [1] 50/7
LARRY [1] 3/8
last [5] 19/17 21/22
23/11 32/5 54/5
lastly [1] 25/17
later [1] 45/6
latest [1] 55/6
learn [1] 55/9
least [1] 47/14
Legislature [2]
20/1 23/2

lengths [1] 27/18
less [2] 20/1 30/10
let [2] 9/7 20/13
let's [3] 8/8 21/22
32/3
letter [1] 29/2
letters [1] 31/16
level [3] 19/19
19/20 38/20
leverage [1] 39/8
leveraged [1] 32/10
librarian [1] 16/22
licensed [1] 58/1
like [15] 5/7 17/10
17/14 18/9 21/15
27/5 29/1 33/12
36/21 37/4 39/23
48/5 50/9 52/15
56/15
line [2] 30/3 31/18
lines [1] 27/11
list [1] 31/5
lists [1] 30/23
little [11] 16/5
16/10 16/12 17/4
19/5 19/16 24/14
25/14 32/3 32/19
55/20
located [2] 45/9
45/17
LOCKRIDGE [4]
2/9 8/12 38/8 39/15

<p>L</p> <p>logistics [1] 31/9 long [7] 11/21 11/23 12/2 12/4 12/6 12/8 27/19 look [13] 21/2 21/22 22/13 25/7 25/10 25/14 25/23 27/23 33/12 41/21 45/5 46/21 48/8 looked [1] 21/21 looking [5] 20/10 20/10 39/10 47/10 52/18 Lord [1] 58/6 lose [1] 53/20 lot [4] 19/9 30/23 48/21 53/22 Louisiana [1] 45/9 lower [1] 41/7 LUKE [4] 2/4 4/3 4/11 6/3</p>	<p>16/12 29/1 35/18 manage [3] 30/4 37/5 54/20 manufacturers [1] 32/12 many [7] 20/4 20/4 27/12 39/1 49/15 51/20 54/16 MAPDP [1] 23/22 March [1] 32/22 Marengo [1] 16/20 market [1] 37/4 MARY [3] 4/8 8/20 9/15 massive [1] 49/14 MATRE [2] 2/7 6/13 matter [1] 31/17 matters [1] 55/4 may [3] 23/17 35/10 44/23 maybe [6] 8/2 24/15 53/8 53/10 53/16 53/17 McMillan [1] 6/9 MDLive [3] 43/16 43/18 43/22 me [9] 15/13 15/15 15/16 15/17 15/18 15/19 17/8 20/13 35/6 mean [1] 53/21</p>	<p>meaning [1] 28/16 meaningful [1] 27/3 mechanism [1] 51/11 medical [11] 23/20 25/21 28/13 33/1 33/7 34/15 36/12 36/13 46/20 46/22 48/12 Medicare [8] 40/17 42/7 42/9 42/12 42/16 43/6 46/2 52/7 medications [1] 32/19 MedImpact [9] 25/12 28/3 28/8 30/12 31/4 47/8 48/2 48/10 50/22 meet [1] 8/2 meeting [19] 1/3 1/18 4/13 5/4 5/5 7/23 8/3 8/7 17/15 17/19 20/4 27/5 27/6 29/17 55/18 55/23 56/20 57/9 57/15 meetings [4] 44/15 44/16 44/18 55/21 member [15] 29/20 30/17 31/20 33/11</p>
<p>M</p> <p>MACDONALD [1] 3/8 MACKEY [5] 2/6 6/11 18/2 21/8 51/17 made [1] 25/15 MADERNA [1] 49/6 make [4] 16/4</p>		

M

member... [11]
 33/20 34/2 35/14
 36/2 36/18 38/16
 38/21 39/3 39/6
 39/7 40/20
member's [2] 34/10
 43/17
members [45] 2/3
 18/7 18/16 19/1
 21/13 25/5 27/12
 27/14 27/17 31/15
 32/18 33/2 33/4
 33/21 34/20 34/22
 34/22 35/8 39/21
 40/12 40/16 40/18
 41/4 41/11 42/3
 42/6 42/8 42/9
 42/13 42/16 43/12
 43/20 44/19 44/21
 45/5 45/9 45/12
 45/17 46/1 46/5
 51/20 51/21 54/22
 55/8 56/13
members' [2] 34/16
 34/17
membership [3]
 25/9 26/5 44/15
microphone [1]
 19/5
mid [1] 16/11
mid-'80s [1] 16/11

might [1] 39/4
million [12] 20/1
 22/21 23/5 23/7
 23/9 23/10 24/5
 24/6 36/5 36/5
 37/20 37/21
minimizing [2]
 29/20 30/17
minus [1] 34/9
minute [2] 5/19
 20/23
minutes [5] 8/3
 17/16 17/20 20/18
 55/22
MINUTES.....
...17 [1] 4/13
Mississippi [1]
 45/10
misspoke [1] 37/16
Mobile [1] 43/4
MOBLEY [5] 2/10
 8/10 18/1 38/11
 39/16
mom [1] 17/1
moment [2] 5/9
 5/23
money [5] 16/13
 23/1 23/12 23/13
 55/6
monies [1] 36/6
Montgomery [4]
 1/5 1/21 43/5 48/6

month [1] 22/14
months [1] 33/13
MOORE [4] 3/4
 4/21 37/14 54/6
more [13] 26/16
 26/16 27/8 27/14
 27/20 30/19 32/3
 33/19 39/16 41/22
 43/22 48/13 48/21
morning [5] 5/4
 18/23 25/4 40/11
 55/18
mortar [1] 52/17
most [2] 32/15 37/5
mother [1] 16/22
motion [7] 17/20
 21/2 38/4 38/8
 39/15 56/3 56/4
move [7] 19/14
 22/15 30/8 30/18
 41/3 43/8 55/23
moved [3] 17/22
 21/4 38/6
moving [5] 19/22
 20/9 22/11 24/14
 27/22
MR [14] 2/4 2/5 3/3
 3/5 3/8 16/17 19/1
 21/5 37/10 38/1
 38/13 40/11 50/4
 52/5
Mr. [6] 16/17 25/5

M	N	
<p>Mr.... [4] 38/5 45/21 56/5 56/8 Mr. Chairman [1] 25/5 Mr. Jones [1] 56/5 Mr. Poole [1] 16/17 Mr. Wales' [1] 38/5 Mr. Whaley [2] 45/21 56/8 MRS [3] 2/9 38/8 39/15 Mrs. [2] 38/11 39/16 Mrs. Mobley [2] 38/11 39/16 MS [13] 2/10 2/11 2/12 2/13 3/4 3/6 3/7 18/1 37/13 40/7 40/8 44/6 50/2 Ms. [1] 24/18 Ms. Scott [1] 24/18 much [1] 55/11 multiplicity [1] 53/10 mute [2] 7/6 9/4 my [15] 15/2 15/3 15/5 15/8 15/9 15/11 16/6 16/16 16/18 16/22 23/7 47/21 50/9 57/14 58/4</p>	<p>name [2] 9/19 58/4 need [6] 7/4 9/14 17/20 38/4 38/8 56/3 needed [1] 37/1 needs [1] 34/2 neither [1] 57/17 new [5] 5/10 17/11 18/15 37/2 37/3 news [2] 26/11 54/12 next [6] 7/23 23/6 24/22 27/6 27/7 36/6 nice [1] 52/3 nimble [1] 37/5 no [31] 6/10 6/14 6/16 6/20 6/23 7/3 7/8 7/9 7/11 7/12 18/4 18/10 21/10 21/16 24/19 32/19 34/6 35/23 36/2 36/18 39/6 39/18 40/1 42/7 50/14 53/4 54/2 55/15 56/10 56/16 58/10 non [1] 43/12 non-COVID-19 [1] 43/12 Nope [1] 7/7 not [17] 5/21 7/22</p>	<p>22/5 22/23 23/13 33/1 33/3 38/18 39/10 44/17 46/20 52/19 53/6 53/9 53/9 53/16 54/14 Notary [3] 1/19 57/7 58/11 note [1] 16/5 notes [1] 29/13 notice [1] 26/19 now [4] 17/18 20/10 33/13 49/13 number [7] 22/4 26/4 46/4 46/8 47/7 50/7 58/4 numbers [4] 24/4 29/4 41/7 51/23 nutshell [1] 31/6</p> <hr/> <p>O</p> <hr/> <p>o'clock [1] 5/3 oath [5] 4/4 9/1 9/10 20/15 20/19 obtain [1] 36/14 occurred [1] 24/13 occurrences [1] 25/11 October [3] 25/17 30/16 31/14 October 1st [1] 30/16 off [3] 7/14 37/2 48/23</p>

O

office [12] 9/2 9/10
 14/1 14/3 14/5 14/7
 14/9 14/11 20/16
 20/20 26/20 33/6
OFFICE.....
9 [1] 4/4
 Officer [1] 18/14
 offices [1] 50/13
 offset [2] 32/13
 36/7
 often [1] 34/15
 okay [32] 6/21 7/21
 8/9 9/9 19/7 21/20
 22/6 22/17 23/14
 30/18 37/9 37/23
 39/14 41/16 41/20
 42/4 42/10 44/5
 44/12 45/23 46/15
 47/9 48/18 50/2
 50/17 50/23 51/8
 51/16 51/23 52/23
 53/23 54/3
 Once [1] 20/3
 one [12] 16/9 16/16
 18/15 28/16 34/2
 34/13 35/15 40/20
 41/23 47/15 49/10
 54/15
 online [2] 8/1 31/14
 only [5] 5/21 26/21
 40/20 42/11 48/23

onset [1] 34/10
 operation [1] 32/23
 opposed [4] 18/8
 21/14 39/22 56/14
 orange [1] 27/16
 order [3] 4/2 5/1
 39/9
ORDER/ROLL [2]
 4/2 5/1
ORIGINAL [1]
 1/12
 other [8] 17/5 23/16
 39/4 52/22 53/2
 53/17 54/1 55/13
 otherwise [1] 37/22
 our [48] 5/4 5/5
 5/17 17/11 17/15
 17/18 18/12 18/13
 19/23 21/2 22/1
 22/1 22/2 22/7 22/8
 22/9 25/9 25/12
 25/20 26/5 28/1
 28/10 29/18 29/21
 30/5 31/2 32/1 32/1
 32/7 32/13 40/6
 40/15 42/2 44/15
 45/4 48/12 50/18
 50/22 51/20 53/12
 54/15 54/19 54/22
 55/8 55/17 55/21
 55/23 58/6
 ours [1] 50/10

out [17] 5/11 8/4
 23/1 23/19 30/14
 30/15 32/16 33/13
 36/18 39/6 40/19
 47/2 52/12 52/13
 52/18 52/20 57/16
 outlines [2] 33/19
 45/14
 outreach [1] 35/19
 over [9] 9/16 19/14
 20/15 20/18 33/12
 36/6 37/17 37/21
 47/20
 owe [1] 35/5

P

page [15] 19/3
 19/14 19/14 19/22
 20/9 21/21 21/23
 23/6 25/23 27/7
 27/23 30/22 33/18
 40/13 41/17
 pages [2] 20/7
 57/13
 paid [3] 31/10
 32/23 51/3
 parentheses [1]
 26/20
 Part [5] 4/16 4/18
 25/3 40/7 40/10
 partial [1] 40/21
 partially [3] 41/13
 42/18 47/6

P	8/10	placed [1] 42/1
parties [1] 57/19	pennies [1] 55/1	places [1] 47/22
partner [2] 35/17	Pennsylvania [1]	plan [9] 1/2 1/17
39/2	5/12	36/4 50/19 50/22
partners [1] 32/2	people [6] 29/6	53/12 54/19 54/20
passed [3] 27/17	47/19 47/20 47/22	57/11
40/17 40/18	48/11 52/11	playback [3] 44/7
past [3] 16/23 33/12	per [2] 22/14 22/14	44/8 44/11
41/8	percentage [1]	please [4] 6/2 9/19
patient [1] 35/3	46/10	30/21 41/15
patients [1] 34/23	period [2] 37/17	pocket [1] 36/18
patients enroll [1]	37/21	point [1] 24/15
34/23	person [1] 44/16	points [1] 24/8
pay [8] 32/16 35/9	personal [1] 43/17	POOLE [6] 4/7 6/7
35/10 35/11 36/11	Pfizer [1] 49/6	9/15 10/1 16/17
36/14 36/16 36/19	pharmacies [1]	16/17
paying [1] 36/19	26/23	pop [2] 48/2 53/21
payment [2] 36/18	pharmacists [2]	pop-up [2] 48/2
53/12	28/8 28/10	53/21
pays [1] 35/9	pharmacy [4]	population [9]
PBM [2] 28/8 29/19	28/11 32/14 33/3	40/18 41/2 41/10
PEEHIP [15] 3/5	33/4	42/12 43/7 48/11
3/6 4/16 4/18 5/4	phone [3] 29/4 29/4	49/16 52/8 52/9
24/23 25/2 36/13	38/15	positive [1] 26/6
36/22 40/6 40/9	physician [4] 29/9	possible [2] 31/22
44/19 45/4 55/18	43/17 43/18 43/23	54/22
56/19	physicians [1]	posted [1] 45/3
PEEHIP.....24	43/11	potentially [1]
[1] 4/17	pick [1] 33/2	45/13
PEEHIP.....40 [1]	pieces [1] 31/11	premiums [3] 22/6
4/19	pinching [1] 55/1	54/12 54/17
PEGGY [2] 2/10	place [1] 22/17	prescribing [1]

<p>P</p> <p>prescribing... [1] 29/9</p> <p>prescription [4] 25/12 28/2 34/4 35/14</p> <p>PRESENT [2] 3/1 6/18</p> <p>presentation [2] 37/11 38/2</p> <p>presentations [1] 45/2</p> <p>presented [1] 52/7</p> <p>presenting [2] 18/20 29/17</p> <p>previous [2] 25/11 30/11</p> <p>primary [1] 43/10</p> <p>proactive [1] 34/19</p> <p>proactively [1] 35/7</p> <p>probably [1] 55/22</p> <p>problem [1] 8/5</p> <p>procedure [2] 34/8 35/13</p> <p>process [5] 25/19 33/14 33/19 34/12 35/21</p> <p>Professional [1] 57/6</p> <p>program [16] 4/16 4/18 24/23 25/2 25/20 32/8 32/11</p>	<p>33/17 34/1 35/16 36/11 36/23 38/19 40/7 40/9 54/15</p> <p>programs [2] 35/1 54/16</p> <p>progress [1] 25/15</p> <p>projecting [1] 20/11</p> <p>projections [6] 19/3 19/13 22/11 23/14 24/2 24/9</p> <p>proposing [1] 35/12</p> <p>provide [3] 36/22 45/2 54/21</p> <p>provided [1] 36/12</p> <p>provider [2] 33/7 49/5</p> <p>providers [3] 34/15 42/21 47/23</p> <p>provides [2] 43/15 53/12</p> <p>providing [1] 45/16</p> <p>PUBLIC [6] 1/2 1/16 1/19 57/7 57/10 58/11</p> <p>put [4] 9/3 27/2 27/12 39/10</p> <hr/> <p>Q</p> <p>quarter [3] 25/11 28/4 30/11</p> <p>question [3] 18/16 45/22 46/9</p>	<p>questions [12] 18/19 24/16 24/17 29/5 31/20 39/5 44/22 45/20 53/3 54/1 55/13 57/12</p> <p>quick [4] 29/13 32/9 34/11 35/20</p> <p>quorum [1] 8/23</p> <hr/> <p>R</p> <p>raise [2] 9/18 18/17</p> <p>raising [1] 22/5</p> <p>ramping [1] 48/18</p> <p>rates [1] 57/21</p> <p>re [1] 48/18</p> <p>re-ramping [1] 48/18</p> <p>real [1] 27/3</p> <p>really [3] 24/12 27/1 34/20</p> <p>realtime [1] 26/1</p> <p>reasons [1] 53/10</p> <p>received [3] 19/20 22/21 22/23</p> <p>recognize [1] 18/18</p> <p>recommendation [4] 25/19 36/9 38/2 38/5</p> <p>recommended [1] 29/18</p> <p>record [1] 7/14</p> <p>reduced [1] 57/13</p> <p>referred [1] 36/15</p>
--	---	---

R

regarding [4] 25/8
27/9 32/7 44/23
reimbursed [1]
53/7
related [1] 23/17
relative [2] 57/18
57/19
relief [1] 26/12
remain [1] 54/13
remember [3] 17/7
22/20 29/16
remove [1] 36/23
report [3] 24/11
27/6 53/6
reported [2] 1/18
57/9
Reporter [4] 1/19
57/7 58/3 58/11
REPORTER'S [1]
56/23
reporting [2] 24/11
58/2
reports [1] 27/3
representative [1]
17/3
requires [1] 49/11
response [20] 6/10
6/14 6/16 6/20 6/23
7/3 18/4 18/10
21/10 21/16 24/19
39/18 40/1 45/8

45/15 53/4 54/2
55/15 56/10 56/16
result [4] 30/1 30/8
36/1 36/3
results [2] 24/1
57/21
retired [1] 16/23
Retiree [2] 24/6
24/7
retirees [1] 52/14
RETIREMENT [2]
1/1 1/20
revenue [3] 22/1
22/2 22/6
review [1] 55/4
RFP [1] 23/19
Ricky [1] 6/5
right [22] 7/22 8/22
9/18 9/18 17/7
20/17 21/18 31/9
31/9 31/11 41/3
42/6 42/20 43/2
43/8 44/13 46/6
46/16 49/13 50/20
52/6 55/12
right-hand [2]
42/20 43/2
roll [6] 4/2 5/1 6/2
8/9 20/14 51/15
room [2] 1/4 1/19
RSA [3] 3/2 3/3 3/7
RSA.....54 [1]

4/21
run [1] 51/22
running [1] 31/19

S

said [6] 7/8 7/9 7/11
30/2 45/23 57/15
same [5] 22/3 22/4
28/18 35/22 54/13
save [1] 55/6
saving [1] 23/16
savings [3] 32/8
36/4 37/17
say [10] 18/6 18/15
21/12 28/5 30/13
34/13 35/4 39/20
41/14 56/12
saying [6] 18/7
21/13 26/20 39/21
50/11 56/13
School [1] 17/12
schools [1] 5/17
Scott [3] 4/15 18/13
24/18
Scripts [9] 25/16
28/9 29/16 29/18
30/9 30/15 30/21
31/2 31/18
second [10] 17/23
18/2 20/14 21/7
38/9 38/10 39/16
49/9 56/6 56/7
section [2] 19/3

<p>S</p> <p>section... [1] 19/13</p> <p>see [15] 19/16 19/23 22/12 26/3 26/7 27/10 28/3 30/9 40/22 40/23 41/5 42/21 43/2 43/9 47/12</p> <p>Segal [1] 31/3</p> <p>selection [1] 29/22</p> <p>send [1] 27/4</p> <p>sent [1] 34/6</p> <p>separating [1] 52/20</p> <p>September [4] 1/22 48/20 57/9 58/5</p> <p>served [1] 17/12</p> <p>service [4] 31/11 31/17 43/14 53/13</p> <p>session [1] 44/21</p> <p>set [3] 30/14 30/15 57/15</p> <p>setting [1] 33/6</p> <p>seven [3] 16/15 19/17 19/21</p> <p>several [2] 32/10 33/12</p> <p>severity [1] 26/11</p> <p>she [1] 16/23</p> <p>Shield [2] 33/9 35/17</p> <p>shift [1] 25/13</p>	<p>SHOMAKER [5] 2/12 4/9 6/15 9/22 44/6</p> <p>shook [1] 7/12</p> <p>short [2] 22/17 22/18</p> <p>shot [2] 47/15 51/21</p> <p>shots [1] 49/11</p> <p>should [4] 31/15 46/5 51/2 51/12</p> <p>show [2] 20/7 27/8</p> <p>sick [1] 9/12</p> <p>side [2] 42/20 43/2</p> <p>sidekick [1] 17/4</p> <p>sign [4] 18/9 21/15 39/23 56/15</p> <p>significant [1] 36/3</p> <p>Silence [1] 5/23</p> <p>silent [1] 9/3</p> <p>simply [1] 27/11</p> <p>since [2] 22/22 23/10</p> <p>sir [4] 15/23 40/4 42/17 45/20</p> <p>sister [1] 17/1</p> <p>situation [2] 39/7 43/20</p> <p>skipped [1] 20/15</p> <p>slide [7] 41/4 41/9 43/9 43/15 44/2 44/13 45/7</p> <p>slight [1] 40/23</p>	<p>slightly [1] 41/7</p> <p>smooth [1] 31/22</p> <p>so [71]</p> <p>soften [1] 29/11</p> <p>solemnly [6] 10/4 10/5 10/7 10/9 10/11 10/13</p> <p>solidify [1] 25/19</p> <p>some [12] 23/12 23/18 23/23 24/11 25/8 26/8 26/12 27/3 38/16 39/3 39/8 48/19</p> <p>someone [1] 5/15</p> <p>sometimes [3] 36/15 37/1 37/2</p> <p>somewhat [1] 16/7</p> <p>soon [1] 28/9</p> <p>South [2] 1/4 1/20</p> <p>specialty [3] 32/15 33/4 36/12</p> <p>specific [4] 38/22 49/2 49/4 49/8</p> <p>specifically [7] 27/9 30/19 32/4 32/14 33/11 35/13 43/6</p> <p>spending [1] 54/20</p> <p>spikes [1] 26/8</p> <p>spouses [1] 47/2</p> <p>staff [4] 32/1 36/9 36/22 54/19</p> <p>standing [1] 25/15</p>
---	---	--

S

star [1] 17/6
start [5] 5/4 17/17
18/13 25/22 40/13
started [2] 5/6 16/5
starting [3] 25/16
26/15 30/16
starts [1] 8/3
state [11] 9/19
11/10 11/12 11/14
11/16 11/18 11/20
17/3 45/11 57/3
57/7
stated [1] 54/11
statements [1]
57/12
States [6] 10/17
10/20 10/22 11/2
11/5 11/8
statistics [1] 25/8
stay [2] 27/18 55/5
step [1] 34/9
still [4] 22/13 26/21
44/17 47/10
stop [2] 20/14 20/23
straight [1] 20/19
Street [2] 1/4 1/21
study [1] 27/8
subsequent [1] 27/4
successful [1] 32/17
such [3] 36/16 55/4
57/20

summary [1] 28/1
summer [1] 16/14
supervision [1]
57/14
support [6] 10/16
10/19 10/21 11/1
11/4 11/7
sure [1] 7/22
SUSAN [4] 2/8 2/9
6/17 8/12
swear [8] 9/13 9/13
10/4 10/5 10/7
10/10 10/11 10/13
sworn [1] 9/7
SYSTEMS [2] 1/1
1/20

T

take [11] 5/8 20/5
25/7 25/10 25/14
27/23 31/19 43/13
51/14 55/19 55/22
taken [1] 46/21
taking [2] 25/22
43/21
talk [3] 30/19 32/3
33/21
talking [1] 52/8
TATE [4] 4/8 8/20
9/16 9/21
teacher [1] 16/6
teachers [2] 46/14
46/17

team [2] 27/1 30/5
tease [1] 52/19
teased [5] 47/1 47/2
52/12 52/13 52/18
teasing [1] 49/13
technology [2]
38/20 39/9
Telehealth [4]
43/10 43/15 43/16
43/21
terms [2] 30/16
38/22
tested [1] 41/5
tests [2] 26/4 26/5
than [4] 20/2 30/10
41/7 43/22
thank [21] 8/6
15/20 16/3 21/18
24/20 24/21 37/20
39/12 40/3 40/5
50/4 51/16 51/18
52/3 52/5 52/23
54/3 54/8 54/22
55/3 55/11
thanks [1] 31/22
that [138]
that's [14] 5/13
5/15 17/7 19/9
27/16 30/9 35/15
37/7 38/19 46/23
47/19 48/13 49/12
53/16

T

their [11] 7/12
27/18 29/9 31/16
34/7 34/18 35/9
35/10 49/9 49/9
53/16
theirs [1] 35/17
them [9] 9/3 28/21
33/6 34/6 35/19
35/19 41/11 54/14
54/23
then [14] 5/5 18/18
25/10 25/13 25/17
26/6 26/13 27/13
27/18 29/1 35/21
42/17 43/1 51/12
therapeutic [1]
28/14
therapy [1] 34/5
there [26] 7/13 8/5
9/5 19/6 20/18 26/7
28/14 32/16 35/22
35/23 36/1 36/17
39/4 40/23 44/3
45/20 48/2 48/4
48/18 48/19 49/2
49/4 49/7 49/7 53/9
53/21
there's [4] 26/3
27/10 28/15 31/7
thereof [7] 12/11
12/12 12/14 12/17

12/18 12/20 57/21
thereto [1] 57/13
these [18] 23/13
24/2 28/21 28/23
29/12 32/19 32/20
33/22 34/3 34/23
35/8 35/8 35/15
43/20 44/16 44/18
45/2 45/16
they [39] 7/5 7/7
7/9 7/10 7/11 7/11
27/19 29/5 29/5
33/5 33/22 34/3
34/4 34/5 34/6 34/6
34/16 34/21 35/2
35/7 39/9 41/8
43/18 43/23 44/17
44/23 45/16 48/3
48/6 52/11 53/6
53/10 53/14 53/17
53/18 53/18 53/19
53/20 54/23
thing [4] 18/15
28/19 34/13 48/23
things [3] 26/2
53/17 53/22
think [7] 5/2 5/9
5/13 5/20 7/5 20/18
37/16
this [77]
THOMAS [10] 3/6
4/6 4/19 8/14 9/15

9/20 17/11 17/11
40/8 40/8
those [17] 5/20
19/20 20/6 24/1
24/8 27/14 32/15
40/19 42/13 46/19
46/21 47/5 47/23
48/16 51/23 52/14
54/17
three [3] 26/3 37/17
37/21
three-year [2]
37/17 37/21
through [22] 20/5
22/10 23/4 31/5
35/19 36/13 41/6
47/1 47/4 48/9
48/10 48/14 48/15
49/13 50/5 50/12
50/16 50/18 50/22
50/22 51/13 52/21
throughout [1]
30/6
thrus [4] 48/5 51/4
51/7 51/10
time [21] 5/7 7/13
9/4 9/6 16/9 22/16
24/18 26/12 28/6
29/1 29/12 33/8
38/12 39/17 44/3
45/6 53/3 54/1
55/14 56/3 56/9

T	tune [1] 33/14	updated [4] 25/8
timeline [1] 31/12	turn [6] 19/2 19/12	41/21 41/22 45/1
today [7] 16/16	27/23 30/21 33/18	Updates [5] 4/16
21/3 25/7 25/18	53/6	4/18 24/23 25/2
33/22 34/2 36/10	turning [1] 26/13	40/9
together [2] 17/12	two [6] 20/6 21/22	upon [12] 14/12
27/2	28/18 41/19 49/10	14/14 14/16 14/18
told [2] 28/12 29/20	49/11	14/20 14/22 22/16
top [4] 17/10 41/21	type [3] 38/16 39/8	28/12 38/20 47/7
42/1 42/21	49/5	47/7 47/11
total [2] 23/10	typewritten [1]	uptick [1] 41/1
40/16	57/13	us [16] 6/2 6/22 7/2
touched [1] 5/15	Typically [1] 44/15	7/16 7/19 16/15
towards [1] 26/14	U	17/3 17/4 28/12
traditionally [1]	UAB [1] 42/23	31/3 36/7 38/3 53/7
30/4	under [6] 32/13	54/16 55/9 55/10
transcription [1]	33/1 40/17 52/11	use [2] 35/17 49/8
57/15	52/14 57/13	used [1] 16/17
transition [4] 29/11	Union [2] 1/4 1/21	uses [1] 32/11
30/1 30/20 31/22	United [6] 10/17	using [1] 32/20
traveling [1] 44/17	10/19 10/22 11/1	usual [1] 57/22
treatment [1] 36/1	11/4 11/7	utilization [1]
tremendous [1]	until [1] 16/22	43/12
31/7	up [14] 20/12 22/9	utilize [1] 33/22
triple [1] 28/22	25/15 31/18 33/2	V
TRS [2] 5/5 55/23	39/10 41/6 47/3	vaccinated [14]
true [1] 57/15	48/2 48/18 51/15	41/10 41/12 41/13
Trust [2] 24/6 24/7	53/12 53/21 54/14	42/3 42/14 42/16
try [4] 8/1 8/2	update [8] 4/14	42/19 43/3 46/1
52/18 55/5	18/12 18/22 21/19	46/11 47/6 47/13
Tuesday [2] 1/22	27/20 32/7 40/7	47/17 47/19
57/8	40/15	vaccination [7]

<p>V</p> <p>vaccination... [7] 26/18 40/21 42/22 48/3 49/9 49/10 53/6</p> <p>vaccinations [6] 26/7 26/22 47/23 48/16 48/21 48/22</p> <p>vaccine [1] 49/5</p> <p>VAN [2] 2/7 6/13</p> <p>variable [1] 36/11</p> <p>vendor [1] 23/21</p> <p>versus [2] 43/11 43/16</p> <p>very [14] 23/18 24/11 24/12 30/13 31/11 31/20 31/23 32/17 34/11 35/13 35/20 52/16 54/19 55/11</p> <p>VI [3] 4/16 4/18 24/22</p> <p>VICE [1] 2/5</p> <p>VICE-CHAIRMAN [1] 2/5</p> <p>VIDEOCONFERENCE [1] 1/16</p> <p>VII [3] 4/20 4/22 40/6</p> <p>virtual [1] 44/14</p> <p>virtually [1] 44/18</p> <p>virus [5] 5/16 5/22</p>	<p>26/11 27/13 41/5</p> <p>volume [2] 30/2 30/3</p> <p>vote [4] 32/6 37/8 38/3 55/4</p> <hr/> <p>W</p> <p>WALES [3] 3/5 4/17 25/1</p> <p>Wales' [3] 37/10 38/1 38/5</p> <p>Walgreens [1] 42/22</p> <p>walk [1] 35/19</p> <p>Walmart [1] 43/1</p> <p>want [7] 5/18 8/6 27/23 33/15 34/13 35/2 48/13</p> <p>was [19] 1/21 7/13 16/9 16/19 16/22 17/6 20/2 23/20 29/21 35/4 41/21 44/3 44/7 44/8 44/9 44/11 44/17 52/7 52/20</p> <p>Washington [1] 5/11</p> <p>way [1] 30/19</p> <p>we [140]</p> <p>we'll [2] 17/17 18/12</p> <p>We're [1] 41/20</p> <p>we've [2] 32/17</p>	<p>42/12</p> <p>WebEx [1] 55/20</p> <p>website [2] 45/3 45/4</p> <p>welcome [4] 17/10 17/14 31/16 54/10</p> <p>well [5] 17/13 30/6 32/2 45/4 45/10</p> <p>went [2] 20/19 27/15</p> <p>were [14] 7/22 17/9 26/7 27/19 28/4 29/17 33/8 48/2 48/4 48/10 48/17 52/15 53/20 57/13</p> <p>WHALEY [6] 2/5 6/5 21/6 38/13 45/21 56/8</p> <p>what [38] 5/9 20/2 20/5 21/23 21/23 22/3 22/7 24/12 26/10 28/5 28/23 30/10 30/14 30/14 33/11 33/19 34/15 34/17 34/18 35/2 35/12 37/7 41/7 44/10 46/10 46/18 48/8 48/9 48/14 50/12 50/14 50/15 50/15 50/21 52/6 52/8 52/16 52/19</p> <p>what's [1] 28/1</p>
--	---	--

W

whatever [2] 9/4
 35/10
 when [8] 16/19
 22/14 29/17 31/12
 31/13 35/14 48/20
 49/10
 where [7] 9/8 20/11
 23/2 49/2 49/11
 49/12 52/17
 whether [1] 49/6
 which [16] 7/13
 14/12 14/14 14/16
 14/18 14/20 14/22
 19/13 19/17 19/18
 23/22 36/4 42/22
 43/3 43/22 44/3
 while [1] 40/19
 who [6] 16/8 18/13
 23/21 46/22 47/5
 48/11
 whoever [1] 18/19
 why [4] 17/7 35/6
 48/13 53/5
 widespread [1]
 26/16
 will [69]
 will proactively [1]
 35/7
WILLIAMS [1]
 2/8
 willingness [2] 55/3

55/9

winning [1] 29/19
 within [1] 45/11
 without [2] 20/16
 55/7
 won't [1] 31/5
 work [5] 31/8 31/23
 32/1 55/10 55/20
 worked [2] 8/4
 33/13
 working [4] 22/5
 26/21 27/1 52/10
 works [2] 28/17
 54/19
 would [27] 5/6 6/1
 16/11 16/12 16/13
 17/10 19/2 19/12
 22/17 22/18 26/10
 27/5 29/23 33/5
 33/10 33/11 33/23
 34/8 34/10 35/18
 36/21 37/4 38/15
 41/14 45/2 52/2
 53/5

Y

YANCEY [1] 3/3
 Yeah [1] 52/2
 year [14] 16/23
 22/21 23/11 23/20
 24/9 26/9 30/6
 32/22 36/6 37/17
 37/21 51/21 54/13

58/5

years [5] 5/10 16/6
 19/17 19/21 32/10
 Yes [12] 7/17 7/20
 15/23 37/13 37/19
 40/4 42/17 45/20
 46/3 47/18 50/4
 50/8
 yet [4] 8/9 23/15
 26/16 53/11
 York [1] 5/10
 you [108]
 You're [2] 41/16
 54/9
 you've [2] 9/2 9/11
 you-all [10] 5/18
 6/22 7/2 8/7 9/3
 17/2 17/14 37/10
 38/1 54/4
 your [17] 5/8 5/17
 5/19 9/18 9/19
 18/17 19/2 19/12
 25/17 26/2 30/21
 30/22 32/6 33/15
 51/10 55/3 55/8