

## July Webinar Transcript

**Operator:** Welcome and thank you for standing by. At this time all participants are in the listen-only mode. During the question-and-answer session please press star-one. Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I'd like to turn the meeting over to Tara Nokelby. Thank you, you may begin.

**Tara Nokelby:** Thank you. Good afternoon and thank you for joining us today. My name is Tara Nokelby and I will be your facilitator for the webinar today. Today's webinar will be on the Title VI MIPPA Program with Lacey Belvin with the Administration for Community Living Administration on Aging, and Leslie Fried with the National Council on Aging. At the end we will do a question/answer session. Please press star-one to open up your line. You may also use the chat box on WebX and I can read them aloud. This presentation will also be recorded and posted on Older Indians at a later date, and at this time, I will pass it off to Lacey.

**Lacey Belvin:** Thank you, Tara, and hello to the Title VI network. Leslie and I are so happy to be here today to speak about MIPPA, the grant requirements and the resources. We want to be sure that you leave here today encouraged to complete an application for this year's MIPPA grant opportunity, and to complete your report if you already have a grant and haven't done that yet, um, but mostly to be well-equipped and have those available resources at your disposal for your various announcements and events. (adjusts PowerPoint slide) Alright, this first slide is basic information about the MIPPA grant and the requirements. It's the Medicare Beneficiary Outreach and Assistance Program, or MIPPA. It has the requirements for- this particular MIPPA grant's exclusive for Title VI grantees of the one announcement and one community outreach event, and announcements can be an educational flyer, a newsletter, or a place mat. Basically, anything that is something that gets the word out there about these programs, and your community outreach event is a presentation to a group, um, it usually includes an offer for helping to do applications for these programs, um, and can be done with- in conjunction with an existing event like a health fair, a caregiver support group, or, you know, your regular dining activity. Knowing the value of the low-income subsidy and the Medicare Savings Program is important to this MIPPA grant that you receive, and so, it's with my great pleasure that Leslie's going to highlight some of those after I talk about the grant notes. So, I wanna make sure to review this particular slide with you--like I said, this MIPPA grant is exclusive for Title VI grantees. It's non-competitive and there's gonna be a minimum of a thousand dollars that you'd receive with an application- with a complete application. And I'll also let you know that the application is more of an agreement. It's one page and it's signed by the person who is authorized to sign for your tribe. So, pretty easy money. We really wanna make sure that you have the opportunity to highlight these pro- incredible programs. The due date- the Notice of Award has gone out, the due date for this particular year is August 17th. It's important to get these applications in, there will not be any extensions or exceptions, so make sure that they are submitted. These are twelve-month awards to provide an announcement and an outreach event to help low-income tribal elders help pay for their Medicare costs through the Extra Help and the Medicare Savings Program. And, as

## July Webinar Transcript

Leslie reviews what these programs are, it's important to keep in mind that you're not alone in this. It might sound like a lot, but there are several partners and resources that are available to help partner along the way- really expand your reach and impact. So, now at this time, I do wanna hand it over to our good friend, Leslie Fried, with the National Council on Aging.

**Leslie Fried:** Hi, and thank you, Lacey and Tara and all of you who have joined today to hear more about the MIPPA grant and what MIPPA does and how we can provide some support to you all as you provide outreach. Let's talk first about what MIPPA is because it's this weird name, but I wanted you to make sure that you all understood what it was. MIPPA actually stands for Medicare Improvement for Patients and Providers Act, it's- um, of 2008. So that's why we call it MIPPA because it's such a big mouthful. But it's a law that was enacted by Congress in order to meet- uh, provide additional funding because there was a sense- an accurate sense- that there were a lot of Medicare beneficiaries who are eligible, but not enrolled in some of the Medicare Savings Programs and Extra Help, and the additional funding was needed in order to provide resources for community-based organizations, Title VI Tribal NCTs in order to do more targeted work, specifically for the low-income, underserved population. So, under that law they funded the SHIP programs, the State Health Insurance Assistance programs, the Area Offices- the Area Agencies on Aging, Aging/Disability Resource Centers, some additional funds for the Title VI Tribal NCTs, as well as a National Center for Benefits Outreach and Enrollment. And we current- that center is currently housed at NCOA, and the purpose of the center is to provide technical assistance and resources to the Title VI Tribal NCTs and the community-based organizations, specifically to improve outreach and enrollment of low-income Medicare beneficiaries into the Ex- the Part D Extra Help Program as well as the Medicare Savings Programs. And, um, when the Affordable Care Act passed and provided additional funding for the MIPPA program, it added promoting Medicare Preventative Services to the list of responsibilities for the MIPPA grantees. Next slide, please.

Thanks. So, just to go over- the next few slides I'm gonna talk a little bit about what these programs are and what the financial eligibility is. So, as you all probably know, Medicare actually is expensive. Especially for people who are lower-income. There is, um- there are premiums and deductibles and cost-sharing, and so, the Medicare Savings Programs are designed to help people pay for some of the Medicare cost that they cannot afford. And there's, um, three primary programs called Medicare Savings Programs that help pay for Medicare- the non-Part D part of Medicare. QMB, or Qualified Medicare Beneficiary Programs, which we beloved-ly call "QMB", um, it's actually the most expansive. It will help pay for Medicare's Part A and B annual deductibles, it pays for the Part A premium for those who do not- who are not eligible for premium-free Part A. It pays for Part B premiums and then the other co-payments and co-insurances for- that are associated with Medicare. So, that's the most expansive program. The next program is called Specified Low-Income Medicare Beneficiary, or what beloved-ly call SLMB, and SLMB only pays for the monthly Part B premium, which is currently at \$134 a month. And then, QI is also, um- which is Qualified Individual

## July Webinar Transcript

Program, it also only pays for the monthly Part B premium, but the- you'll see in a minute that the financial eligibility for those two programs are a little different. And then there's the Qualified Disabled Working Individual Program, for which there are very few people who actually receive this benefit. It's designed for people who are under age sixty-five and disabled, and who don't- do not qualify for a premium-free Medicare Part A because they return to work. So, this is a program that is for a very- a pretty small subset of people. Medicare Savings Programs are all run through the State Medicaid Office. So that's where everyone would apply. It is not run through the Social Security Office or through CMS. So, everyone applies through their state- their local Medicaid office and then there's communication that goes back and forth between the Social Security Office and the state Medicaid office. Next slide.

So, I wanted to touch on this before we talk about the financial eligibility because the rules are a little different for people who are, um- tri- especially for tribal older adults. In part, because there're certain income and resources that do not count as income and resources. Certainly, a house that you live- anyone lives in is not considered a resource, nor the car they drive, or other, um- you'll see- you see on the slides, although some of you might not be on the webinar, so I should go through this. Furniture and household items are not counted. Housing, food, and energy benefits do not count as income. So, if someone's receiving SNAP or Energy Assistance, that is not a countable income. \$1,500 that's set aside for funeral or burial expenses does not count. Also, what doesn't count is land held in trust by the US for an individual or a tribe. That is not considered an asset for these programs. Nor are funds held in trust by the Secretary of the Interior for a tribe and distributed per capita to members of the tribe. That income is not considered a countable income for these programs. Similarly, up to \$2,000 per year received by a Native American, Alaskan, Hawaiian Native that is derived from individual interests in the trusts or lands, that's not income. And then payments to members of specific tribes as provided by federal law. They- all of those items are not counted as an income or a resource when thinking about el- when looking at eligibility for these Medicare Savings Programs. Next slide.

Thanks. So, the- I'm hoping that the next few slides will be really helpful for you and you can print them out or actually we have a good chart on our website, but the Qualified Medicare Beneficiary, um- uh-oh- there we go. Um, the QMB Program, as you see, people have to have pretty low income to be eligible for these programs. And it's at 100% of poverty or less and you see the numbers are for an individual, just over a thousand dollars a month, 1,032. It's a little higher for people who live in Alaska and Hawaii, and- however, the resource limit is quite low, that's 7,560 for an individual and somewhat higher- a little bit higher- for a couple. So, the eligibility for these programs are actually, you know, quite- quite low, and the effective date of the eligibility is the first day of the month, and as you can see in the final column, it covers a lot. As I mentioned earlier, the deductibles and co-payments and co-insurances as well as the premiums for the entire Medicare program. Next slide.

## July Webinar Transcript

Thanks. So, under SLMD- and this program is for people eligible, um- a little- have a little higher income, as you can see, can have income of up to \$1,234 for an individual and 1,666 for a married couple. And again, it's high- the numbers are higher for people in Alaska and Hawaii. And, um- yes, the resource- the resource limits are actually the same as for QMB. So, the income's a little higher, what's- um, and this will only- again- pay for Part B monthly premium, it's just 134. What's important about SLMB as well as QI is someone can apply and be up to three months retroactive coverage. So, that's really helpful. The Qualified Medicare Beneficiary Program does not have retroactive coverage, but SLMB does, and that can be- you know, \$134 a month is a lot. Especially if you have limited income. Next slide.

And the QI- Qualifying Individual Program- here you can see that the income is even a little bit higher. It's up to 135% of poverty, which in 2018 is 1,386 for an individual and \$1,872 for a couple. And for people who live in Alaska and Hawaii is- oh, shoot! I just lost my slide. So, please stick with me for a minute. I- for some reason don't have the slides anymore.

**Lacey Belvin:** Sorry, that was the bouncing ball that we talked about.

**Leslie Fried:** Oh, did I- did I do it?

**Lacey Belvin:** No, no.

**Leslie Fried:** OK, [inaudible]. OK, good! OK, well this is good. This is- um, we're all friends here [inaudible]. OK! So, um- and the QI is- also has retroactive coverage up to three months, and again, only pays the- does pay for the Part B monthly premium. So, next slide.

So, even though I was just talking about QMBs and SLMBs and QIs, in some states the programs go by different names and here are just a few examples on this slide. I'm not gonna go through them all, but just wanted folks to know that- and we've heard that someone'll say, "Well, we don't have QI in Alaska!" Well, you do, they just call it SLMB Plus. And similarly, in Oregon they might- they don't call SLMB "SLMB", they call it SMB. So, it does lead to some confusion, but just know that there are states that use a little bit of different names. The ones on this slide are the ones we included that had significant Native American or tribal pop- and tribal population. But on our website at NCOA, and you'll- there'll be a link at the end- we have a whole list of all the different names and different variations provided throughout the country. Uh, next slide.

So, Extra Help is the program that helps pay for the Medicare Prescription Drug Program and it not only provides for a limited or no premium at all for a drugs claim, but

also really limits the co-payment. And as you see on the slide, drugs- a regimen of drug could be as little as \$1.25 for a generic and the most would be about \$8.35 for a brand. So, that- as you can appreciate, I'm sure- is a significant benefit for access to medication. And that's why Extra Help- the Social Security Administration has determined that the value of the Extra Help benefit is about \$4,000 a year for anyone who receives it. So, that is just- it's really significant and that's not- it's mostly because of the reduced cost-sharing for the drugs. So that people can pick up a medication for a full month and it might be- *at most*- \$8.35. In order to be eligible for Extra Help, a large majority of people who are on Extra Help actually are what's called "Deemed Eligible," or they're automatically eligible because they're already on Medicaid or they receive SSI, Supplemental Security Income, or one of those Medicare Savings Programs we just talked about, QMB, SLMB, or QI. The people who are on those programs, they are automatically deemed eligible for Extra Help. For those people who are not on those programs, whose income might be a little bit more, they can apply through the Social Security Administration and for people who have income at or below 150% of poverty. So, it's even higher than the Medicare Savings Programs. And that comes to about \$18,450 a year for an individual and, um, quite a bit higher for a married couple. And, in addition, the income and the resources are- have a higher amount. And I just wanna say, I'm pretty sure that these numbers are right for 2018, but I might wanna double-check them during the Q-and-A. Next slide. OK.

**Lacey Belvin:** Alright. It's gonna switch back to me for a second. Um, so, you know, those- you can see how helpful those programs can be to somebody who has a low income and how wonderful these opportunities might be for you and your tribe. Um, but in order to receive these MIPPA grant funds, you must submit a one-page agreement by August 17th and complete at least one community announcement and one community outreach event to the eligible Native Americans about the specific programs that Leslie just outlined. As mentioned, there's great opportunity to partner with existing programs within your state through local SHIP offices. SHIP stands for the State Health Insurance Program and they are specifically trained to provide Medicare counseling. I can't think of a single program that wouldn't be just absolutely delighted to partner with you and your tribe to meet your grant requirements. There's definitely a wide range of how you can do your community announcement and outreach. You're gonna know your tribe and how best to engage so that they know and understand these programs and various opportunities to help them with their Medicare costs. Um, but on the next slide, there's just a small list of unallowable costs just to make sure you are aware that this is, you know- it's a federal grant, so these are some standard unallowable costs found in Federal Cost Principles for those federal funds that you would receive. Um, you know, I don't need to go through all of them. Mostly note that if you do have questions on what you have in mind, that- if it's allowable or unallowable, feel free to reach out to your regional program or fiscal liaison for some additional clarification of what you might have in mind to do with your MIPPA funds.

Alright, so then reports, um, you know again with any federal funds you might receive once you've completed that event you must complete and submit a timely report, which-

## July Webinar Transcript

for this particular grant- is a native- or, a narrative report. It's gonna- make sure you include your, you know, events, the dates, the location, the number of participants without any names on there, and then the activities. And when you are submitting activities and because it's an announcement, you want to make sure that you include an attachment of what that announcement looks like. You know- it's a great opportunity the- to brag, and then we can collect and share, with other, other participants. So, your narrative, your Program Narrative Report, and your Fiscal 425 Report are going to be due within ninety days of your event happening. So, within that twelve-month period, you're going to host your event, and then with- after ninety days you'll wanna make sure that you submit your Narrative Report and your 425 Report. Um, any of your funds have to be obligated by the end of the year project period. And any of your funds also must be drawn down from that payment management system within the ninety days as well. So, ninety days is kind of good to keep in mind when you're looking at completing your event and submitting the required reports to- to ACL. If you have not submitted a financial report, the SF-425 is a standard financial report for, uh, for federal programs. And that particular link will help guide you through or you can also always contact your regional, uh, fiscal liaison or program liaison to help you with your required reports. It's also good to note if, you know, this is going to be your first time completing this application, in doing this program, it's always good to keep in mind, you know, what you're going to be responsible for on that back end, and what you're going to be responsible for reporting. So, when you're considering not only your report, but your event, you want to consider partnerships and collaborations, what was helpful, if you did get in contact with the local SHIP program. And additionally, what's challenging about the particular grant, make sure you're reporting on, if there was a challenge, what action you took to address it. You know, if you planned around a picnic, and it rained at the picnic, so you had to change your- uh, your entire program and maybe host it with something else that was going, that would need to be in your report. Again, keep in mind you want make sure you share what you produce, whether that's a fact sheet, a newsletter, a hand-out, if you make a video- anything that you create, you want to make sure to include that as an attachment in your final report. Um, and what impact you thought- you think this had had on your community. Um, you know, if you had- how many applications you- you helped with. Um, you know, thinking in terms of the impact is important. And then of course, speaking to any lessons learned as you completed the project. Um, and, you know, hopefully you would apply again. Um, and keep those in mind for the following year as you move forward with your additional grant opportunities. For your report submission, which again some of you might be in that sweet spot. Uh, if, you know, if you're recently completing, uh, some of your, uh, current grant programs, you might be in that limbo area that you're finishing up your current grant while applying for the new one. Um, so you if you haven't already submitted your report, the narrative and financial reports are submitted via email to a specific email address created: [mippa.grants@acl.hhs.gov](mailto:mippa.grants@acl.hhs.gov). You wanna make sure you include the correct title, so it doesn't get filtered into something else. Um, or you can send a copy of your report to the ACL office, ATTN: Yee Shin. Um, on some past reports, there's been some common themes of some areas of issue that I wanna make sure that you're aware of as we're discussing MIPPA. Um, most of the time, it's usually just due to timeliness. You want to make sure that you keep in mind that your reports, both the fiscal and program report,

## July Webinar Transcript

are due ninety days after your event. Um, some reports haven't included enough detail. Again, keep those considerations in mind as you're writing your narrative. Um, not identifying any partner organizations. It's our hope that you're not doing this alone and that you are reaching out to others and partnering with anybody in the community that can be helpful for you. Make sure that you're including your attachments. One of the requirements is an announcement, so we'll know- we'll be looking for at least one attachment at a minimum to know what was sent out in the community and what the information-share was. Um, and in- or including an attendance list. You do not want to include any personal identifying information in there, this is public information, we cannot have names listed. So, please, please, do not include a list of your attendees. You can include the number of people who attended total, but do not include the names of those individuals. So, boring stuff, I'm gonna send it back to Leslie for- for better, more fun information, which includes the resources that are available for you to host some really great MIPPA programs.

**Leslie Fried:** So, thank you, Lacey, and I actually just want to re-emphasize two things. One is the reporting, we do quite a bit of education up on the hill, but also to other federal agencies and when we hear about really successful partnerships that an organization that works with Native Americans might be having with another community-based organization or even maybe the local hospital, those are really great things for us to be able to share and talk about how really spreading the reach- not only of the MIPPA dollars, but also of these important programs. So, um, as you- when you report, or if you have a really good experience you'll be reporting to ACL, but also if you have a cool leaflet, place mat, or a- [audio cuts out]- that you've developed, we would love to see it as well because we can then share it with other people around the country because they may want to- we always believe that sharing is good and if it's a well-received flyer, then maybe they can edit it a bit and use it in their own community. And so, you see on the slide that there's- we have a bunch of resources, we have a whole library of materials, I'm going to go through some of them in a minute, but we've shared the links so that you can all- as you're thinking about the work you might do for next year using your MIPPA grant, you can go on our website and see what opportunities are there. I'm gonna go through some of these links in a minute. So, why don't we- if you can go to the next- OK, yeah.

So, as I mentioned earlier, we are the Center for Benefits Access and we're funded through ACL with a cooperative agreement to really help the enrollment of lower-income Medicare beneficiaries into programs. We have the Resource Center, but we also have a benefits check-up tool and it's an online screening tool, it's free, it has a couple thousand programs, it's all focused on older adults. Someone can put in their zip code, if you live- like I live at 20895 and answer a few questions anonymously and find out what programs may be eligible to help you or your- or the people you're working with. Helping them to improve their economic security, help them meet their basic needs. In addition, we support and fund sixty-nine Benefit Enrollment Centers in thirty-six states and the Benefit Enrollment Centers do have a holistic approach to screening people who may be eligible for certain benefits- for those that they screen eligible- help them fill out the

## July Webinar Transcript

application, submit the application to the administering agency, and then do follow-up to see if they were eligible or need to provide additional documentation, and then once they're eligible, help them understand what the benefit is. We have several- well, I'll talk about them in a minute. Next slide.

OK, so as I mentioned earlier, there- this is just one example of a state-specific MIPPA flyer that was developed and sent to us- provided to us from our friends in Alaska. I think it was the Alaska SHIP. So, this is just an example of a document- of a little flyer that might be of use to- to the Native Americans in your community, or that you might wanna use as a template or as a model for some flyers you might wanna share. I know that those- our friends in Alaska found that this was a really helpful flyer in explaining what help can be provided. Next slide.

So, at NCOA- and the- there was a link earlier to these visualizations- we have a wonderful data and research analyst who actually created several visualization tools, and what this tool is- and I'm gonna show it to you in a minute- is we got data from the American Community Survey, which is through the Census Bureau, and we got data to see where certain households a- low-income households are. So, this part- we have a visualization tool focused on Native American households with at least one household member enrolled in Medicare and with incomes below 150% of poverty. And it's meant to show where there might be a higher concentration of lower-income Native population. You can go to the next slide, please.

So, when would you go to a ma- this visualization, you'll select a state, let's say Kansas, and then you can mouse over and go to a county. So, if you're a potential or you are a Title VI grantee and you're thinking, "Oh, I'm in Kansas and I live in Barton. Well, I can look at this slide and see that 30% of the people who live in my county who are Native American have a- are at or below 150% of poverty." So, why is this important? Well, this might be important if you're trying to target some of your outreach efforts. And since you- under this grant- will be doing an outreach- at least one outreach event, you might think, "Huh, this- Barton might be a good place for me to do some outreach." It doesn't identify at all- there's no identifying information about who they are or whether they've already enrolled in some of the Medicare Savings Programs. The goal of the map is that darker-shaded counties correspond to higher numbers of households with lower income, and so, targeted outreach might be appropriate for those communities. Next slide.

Um, as I mentioned earlier, we have the benefits check-up, which is free. It screens for over 2,500 public and private benefits. In addition, folks can fill out- answer quite a few questions regarding their income and assets, and then immediately submit that information as a direct data bridge to Social Security for an Extra Help application. So, rather than having to go to Social Security's own website, you can actually submit it through the [benefitscheckup.org](https://www.benefitscheckup.org). It has a lot of different benefits, so we would encourage you- uh, if you partner with the SHIP program or Triple- or the Area Office on



## July Webinar Transcript

Aging, um, maybe you'll do an outreach event that includes them doing some screening, you might include the opportunity to look into- look at [benefitscheckup.org](https://www.benefitscheckup.org).

So, I mentioned earlier about our Benefit Enrollment Center, and the goal is to provide, you know, seamless outreach, enrollment, and follow-up of a variety of programs including the Medicare Savings Programs and Extra Help. We actually have several Benefit Enrollment Centers that focus specifically on Native Americans, we even have one Benefit Enrollment Center that is on the Navajo- I'm pretty sure it's a Navajo reservation. It's the Native American Disability Law Center in Farmington, New Mexico. But we- quite a few of our Benefit Enrollment Centers are working with Native Americans, so if you're thinking of partnership, we encourage you to look on our website and we have a list of our Benefit Enrollment Centers, where they are- what their name is, where they're located, and you can click on the link and find out how to contact them if you're interested in partnering with them as well. Next slide.

Um, this is sort of something I think Lacey and I have been saying all along that we are more than happy to work with you to help facilitate introductions not only to our Benefit Enrollment Centers, but also to the state MIPPA leads. For every state, there's a lead who sort of submits the MIPPA application for their state, the non-Title VI grantees, and so, we'd be happy to connect with the lead if you're interested in trying to find out how to collaborate with the SHIP or Triple A or ADRC. When the states submit their application and they're coming up, theirs is going to be due soon as well, we actually review the- we, um- once they're all submitted to ACL, ACL shares them with us, so we can see what states are targeting certain populations, so we can help provide technical assistance and maybe webinars and trainings. And so, we know that there are quite a few states, especially in the west, that are really targeting Native American populations. So, if you're interested in finding out who is doing- who the MIPPA lead is in your state and you don't know who it is, feel free to reach out to me, more than happy to make an introduction for you. Next slide.

And then, join us! Of course! Feel free to send an email, we can sign you up for our newsletters. We actually have a benefits alert that comes out every two weeks that updates community- it's certainly meant for more professionals like yourself on what changes, what benefits, um, what changes have come out from the Federal Government or promising practices, um, the interesting, promising practices, which is why we always love to hear from all of you who are working in the field, and we announce webinars, etcetera. So, send us the information, we'd be more than happy, we would love to sign you up, so we can share our information with you. And I think that's the last slide. That's our contact information.

**Lacey Belvin:** Yeah, that's our contact information for both of us. Tara, if you wanna see if there's any questions?

## July Webinar Transcript

**Tara Nokelby:** Yeah! And again, if you would like to do your questions verbally, please press star-one and the operator will patch in your line, or you can type your questions into WebX and I can read them aloud.

I'm not seeing anything come through on WebX. Um, Operator, is there any, um, trying to be patched through?

**Operator:** I have no audio questions. And again, as a reminder, if you do have any audio questions, please press star-one and record your name.

**Tara Nokelby:** Alright, we have one here. Let's see, it says, "Regarding income verification, do you count other household income?"

**Leslie Fried:** So, other- this is Leslie- other than the Medicare individual- is it- is there- is it a couple?

**Tara Nokelby:** Did you want to confirm if there's a couple?

**Leslie Fried:** So, I wanna say it depends. Some states do, and some states don't. I know there was actually a lawsuit about that in Ohio. I would focus on the individual's income only. But it could be a state-specific issue.

**Tara Nokelby:** Um, she said, "Could it be a grandchild or child?"

**Leslie Fried:** Yeah, no, the- I would- the household should be only the Medicare beneficiary.

**Tara Nokelby:** OK, perfect. And if you would like the PowerPoint presentation, we will be posting it at Older Indians at a later date, but if you would like it immediately, please put your email address in the chat box. Again, you'll need to type your email address out in the chat box and I can get that to you here shortly.

**Operator:** Excuse me, this is Dianne, we do have a question that just came through.

**Tara Nokelby:** OK.

**Operator:** Annetta, your line is open.

## July Webinar Transcript

**Annetta:** Um, I just- I'll do the chat box, that's exactly what I wanted to know, if it was gonna be available.

**Tara Nokelby:** OK.

**Annetta:** Thank you.

**Tara Nokelby:** Perfect, thank you.

**Operator:** I show no further questions.

**Tara Nokelby:** Thank you. And it looks like I don't have any other questions, so I wanna thank the speakers and our participants for today's webinar, and we will see you guys next month!

**Leslie Fried:** Mmk, thanks so much!

**Lacey Belvin:** Thank you, Tara.

**Operator:** This concludes today's conference call. Thank you for participating, you may disconnect at this time.