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## THIS MONTH IN HISTORY

On July 31, 2008 President Bush signs legislation reauthorizing PEPFAR for an additional five years for up to \$48 billion. The bill contains a rider that lifts the blanket ban on HIV-positive travelers to the U.S., and gives the U.S. Department of Health and Human Services the authority to admit people living with HIV/AIDS on a case-by-case basis.

# Part B Network Meeting

## July 26, 2023



Heart of Florida United Way

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**Welcome!**

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*Please drop your name, role,  
and agency in the chat 😊*

**Yasmin Andre**, Program Director

**Doris Huff**, Planning & Evaluation Manager

**Vera Smith**, Accountant

**Mika Mendoza**, Clinical Quality Manager

**Whitney Marshall**, PCS Manager



Heart of Florida United Way

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# Agenda

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1. Planning Council Updates
2. Ryan White Updates
  - a. Check-In: Food Bank Services
3. Health Insurance Overview
4. Provider Announcements

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# Central Florida HIV Planning Council

Whitney Marshall



Heart of Florida United Way

# Upcoming Events

## Summertime Jubilee



Join us for  
Food, Carnival Games, Music, and Prizes

**Saturday, July 29, 2023**  
**2:00-5:00 pm**

*Hispanic Office for Local Assistance*  
595 North Primrose Drive  
Orlando, FL 32803



Central Florida HIV  
PLANNING  
COUNCIL

<http://centralfloridahivpc.com/>

CITY OF  
ORLANDO  
HISPANIC OFFICE FOR LOCAL  
ASSISTANCE

HARMONY  
HEALTHCARE

**LIVE UNITED<sup>®</sup>**

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Upcoming Events

# Ryan White Community Meeting

## LONG-ACTING ANTIRETROVIRAL THERAPY Q & A

Tuesday  
August 15, 2023  
6:00 pm - 8:00 pm

Heart of Florida  
United Way  
1940 Cannery Way  
Orlando, FL




**Speaker:**  
Dr. Asim A. Jani, MD MPH  
FACP

# Upcoming Events

## August Calendar

**Central Florida HIV Planning Council**

Today < > August 2023   Subscribe Month Week Schedule

| SUN | MON | TUE                      | WED                      | THU                       | FRI                       | SAT |
|-----|-----|--------------------------|--------------------------|---------------------------|---------------------------|-----|
|     |     | 1<br>● 2pm Membership    | 2                        | 3<br>● 10am Service Syst  | 4                         | 5   |
| 6   | 7   | 8                        | 9                        | 10<br>● 2pm Integrated Pl | 11<br>● 10am World AIDS I | 12  |
| 13  | 14  | 15<br>● 6pm Ryan White C | 16                       | 17<br>● 10am Executive Cc | 18                        | 19  |
| 20  | 21  | 22                       | 23                       | 24                        | 25                        | 26  |
| 27  | 28  | 29                       | 30<br>● 6pm Planning Cou | 31                        |                           |     |

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# Ryan White Updates

Mika Mendoza



Heart of Florida United Way

## RW Check-In Food Bank Services

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- Food Rights & Responsibilities and Card Distribution form required for all disbursed Ryan White food cards as of July 1

# Understanding Health Coverage for RWHAP Clients – Part 1

Yasmin Andre



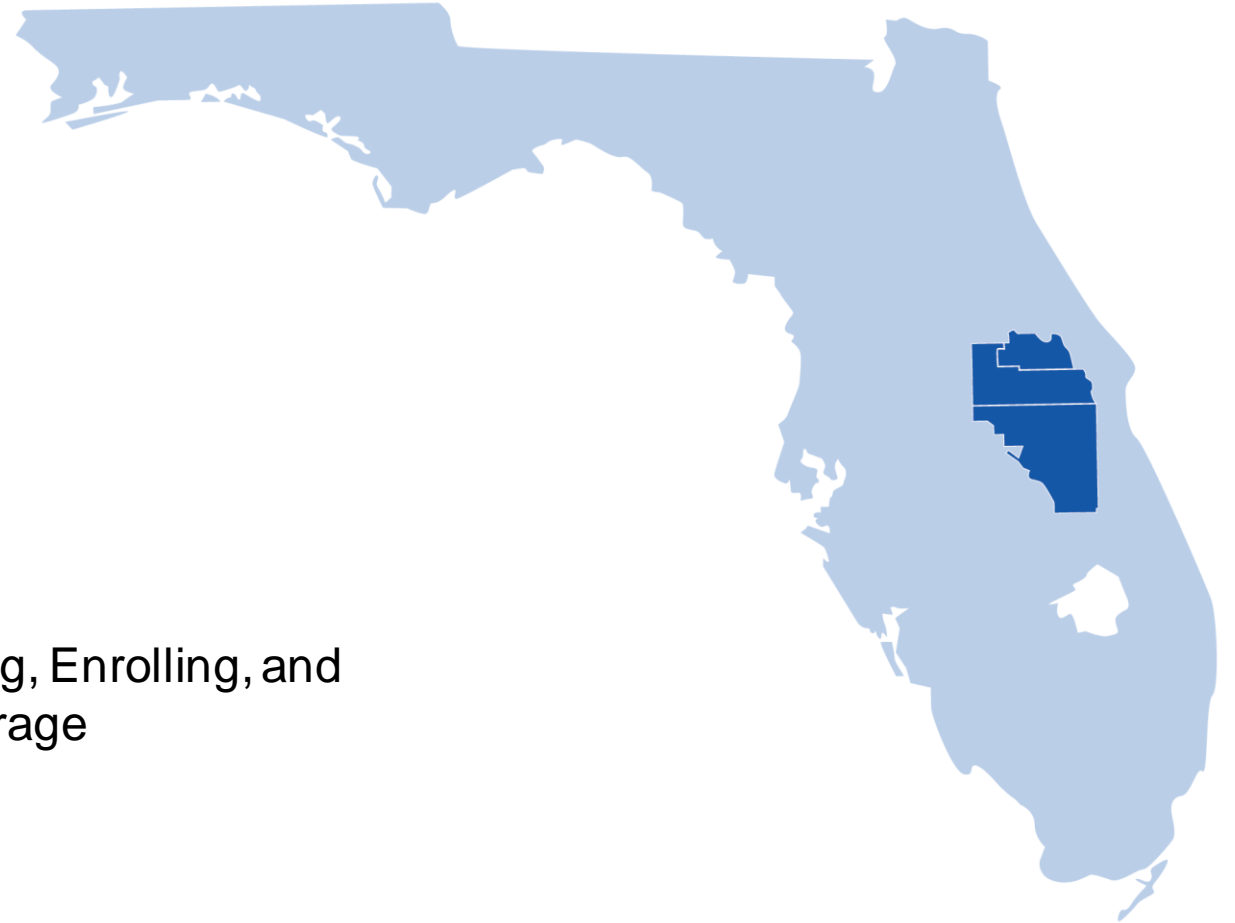
# OBJECTIVES

## Part 1

- Health Coverage Basics
- Medicare Basics
- Medicaid Basics
- Medicaid-Medicare Dual Eligibility

## Part 2 – To be continued at a later date

- Marketplace & Private Insurance
- Best and Promising Practices for Engaging, Enrolling, and Retaining People with HIV in Health Coverage



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# Health Coverage Basics



# What is Health Insurance?

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- An agreement made with a payor to help pay for medical care, such as doctors' visits and medication. The insurer pays part of the health care costs because the enrollee makes regular payments (premiums) to the insurance company. Someone else, like ADAP, may make these payments for the person.

*“Health insurance is the single most important type of insurance you will ever buy. That is because if you do not have health insurance and something goes wrong, it's not just your money at risk, it's your life.”*

# Terms to Learn

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- Exclusive Provider Organization (0)
- Individual Mandate (2)
- Navigator (3)
- Cost-sharing reduction (3)
- Exchange (4)
- Essential Health Benefits (4)
- Managed Care Organization (5)
- Health Maintenance Organization (5)
- Health Insurance Literacy (5)
- Health Equity (5)
- Expenses (5)
- Enrollment Assister (5)
- Comprehensive Coverage (5)
- **Advance Premium Tax Credit, APTC (5)**
- **Special Enrollment Period (6)**
- **Public Coverage (6)**
- **Minimum essential coverage (6)**
- **Cost-sharing (6)**
- **Qualifying Life Event (7)**
- **Out of Pocket Max (7)**
- COBRA (7)

# Key Terms

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## Out-of-Pocket Costs (OOP)

- health care costs that aren't paid by the insurance plan, but are instead paid with your own money

## Cost-sharing

- the amount of out-of-pocket costs for services covered by health insurance such as co-payments, deductibles, and coinsurance

## Qualifying Life Event

- a change in your life that can make you eligible for a Special Enrollment Period to enroll in health coverage

## Special Enrollment Period

- a period of time outside of the Open Enrollment Period when you become eligible to sign up for, or change job-based health coverage or Marketplace health coverage

# Types of Health Coverage

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- **Public coverage** includes health coverage programs that are funded and administered by a state and/or federal government, such as **Medicaid, Medicare, TRICARE,** and the **Children’s Health Insurance Program (CHIP).**
- **Private coverage** refers to health insurance that is provided through an **employer or union,** purchased through a **state or federal Marketplace,** or purchased off-market from a **private health insurance company.**
- **The RWHAP is not health coverage.** The RWHAP, including its AIDS Drug Assistance Program (ADAP), provides HIV primary medical care, essential support services, and medications, and fills gaps in HIV care, coverage, and affordability. Eligible RWHAP clients will benefit greatly from enrolling in health coverage to address their broader health needs.
- The RWHAP and ADAP programs are intended to support only the **HIV-related** needs of eligible individuals, including core medical and support services in **non-emergency and non-urgent care settings.** It does not provide “minimum essential coverage.”

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# Medicare Basics

# Medicare Eligibility Requirements

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A person must have worked and paid Social Security taxes within five of the last 10 years. This could be reduced for individuals collecting a pension.



Must be a U.S. resident: and be either a U.S. citizen or be an alien who has been lawfully admitted for permanent residence residing in the U.S. for 5 continuous years.

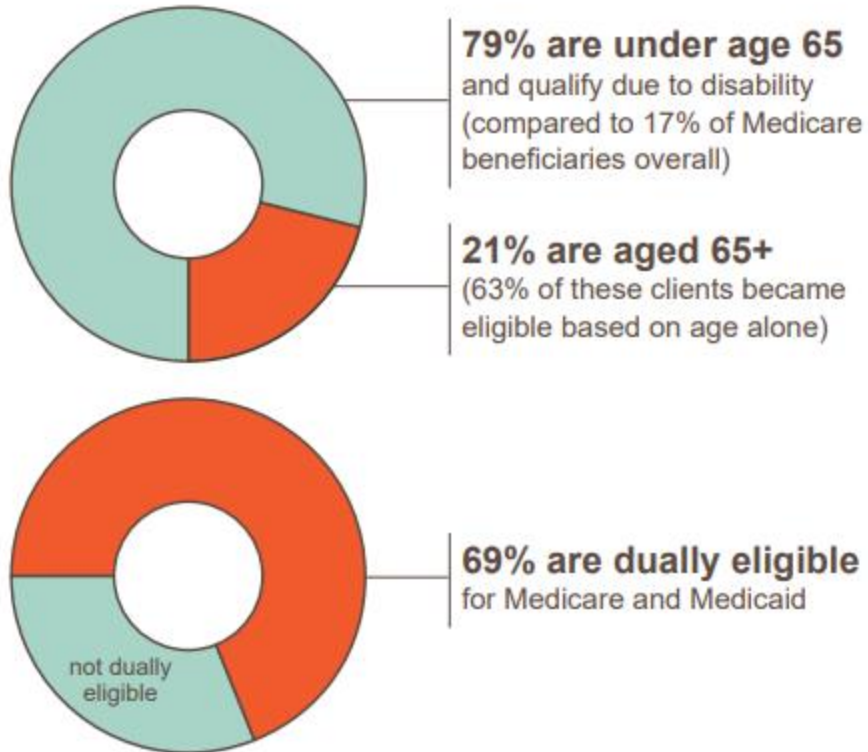


If you are married and have not worked, you may be eligible for benefits from your spouse.

The Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS). CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

# Understanding Medicare


## Medicare Beneficiaries Living with HIV<sup>3</sup>



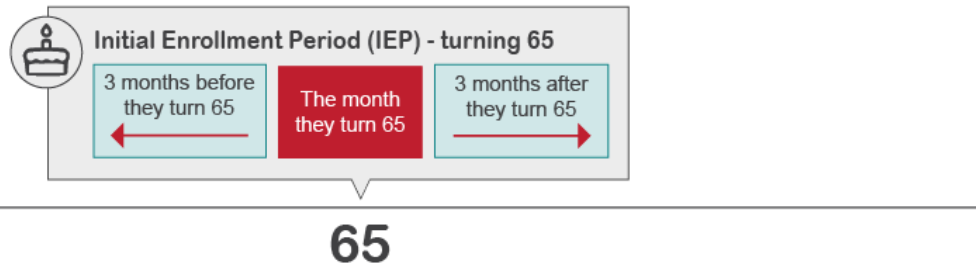
- Medicare is a federal health insurance program for:
  - People who are 65 or older
  - Certain younger people with disabilities
  - People with End-Stage Renal Disease (ESRD) requiring dialysis or a transplant
- A person can apply for Social Security between the ages of 62 and 70.
- General age to apply is 65.
- Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S.
- Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.

[Resource: The Basics of Medicare for RWHAP Clients](#)


# Pathways to Medicare

 **Claiming Social Security Disability Insurance (SSDI) – under age 65**  
A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.


 **Claiming Social Security Retirement Benefits – age 62 to 65**  
A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.



There are four primary ways that a client can enroll in Original Medicare or a Medicare Advantage Plan. This graphic depicts the four pathways to enrollment oriented along the lifespan.

 **Special Enrollment Period (SEP) - age 65+**  
8 month window to apply after losing employer sponsored coverage.



 **General Enrollment Period (GEP) - age 65+**  
Runs annually from January 1 to March 31 for those who missed the IEP.



# The Different Parts of Medicare



## Medicare Part A Hospital Coverage

**Covers:**

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care



## Medicare Part B Medical Coverage

**Covers:**

- Services from doctors and other health care providers
- Preventive services
- Outpatient care
- Medications administered by a physician
- Home health care
- Durable medical equipment





## Medicare Part D Prescription Drug Coverage

**Covers:**

- Cost of outpatient prescription drugs, including all HIV antiretroviral medications

# Enrolling in Medicare

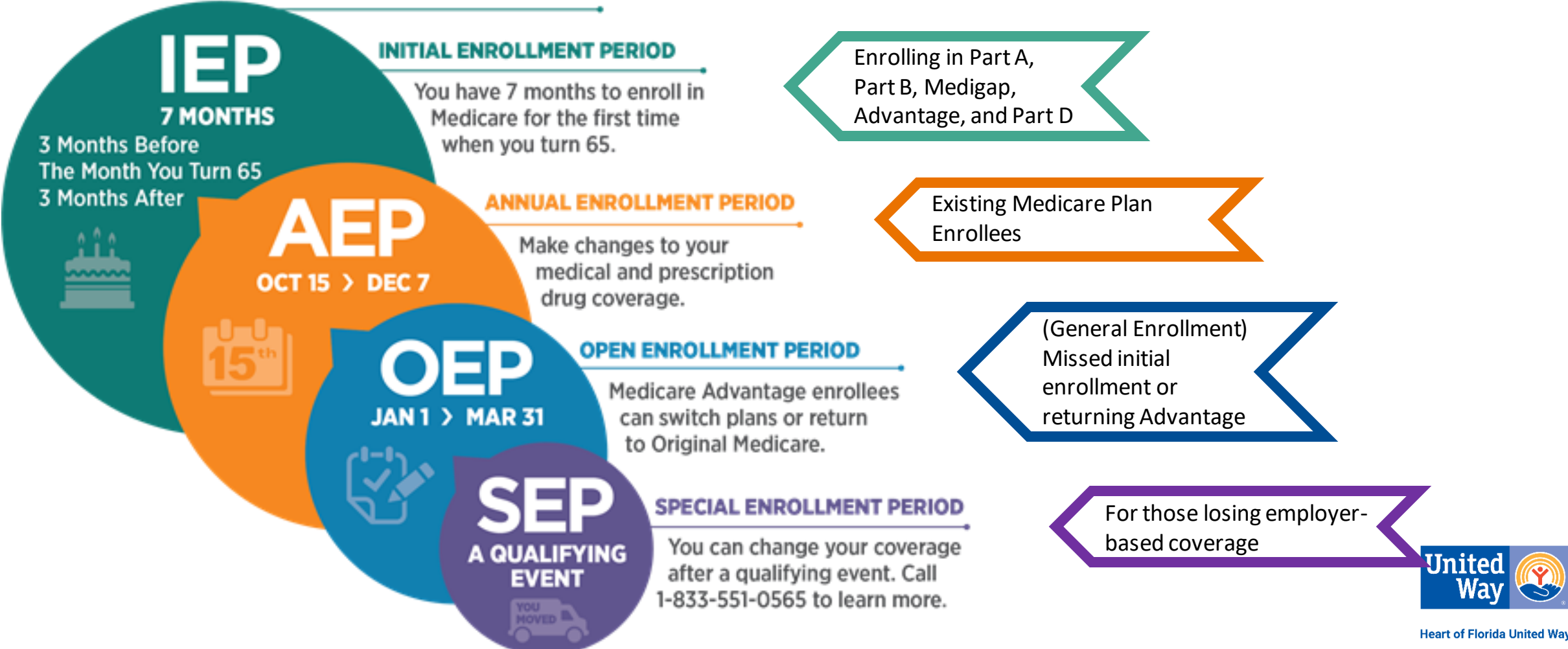
- While there are multiple parts of Medicare, clients only enroll in one of two ways.
- Most RWHAP programs recommend that clients enroll in Original Medicare, though this decision depends on the Medicare Advantage market in your area.
- Note that in most cases, individuals who qualify for Medicare because they have End-Stage Renal Disease cannot join a Medicare Advantage Plan.
- Clients can choose their preferred coverage option when they first enroll in Medicare and during certain times of the year.
- Note
  - Must meet work credit requirements for premium-free Part A
  - Medigap policies do not cover copays, co-insurance, deductibles for Medicare Part D prescription drug coverage.

| Original Medicare<br>(Parts A and B)   | Medicare Advantage<br>(also called Part C)   |
|---|---|
| <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▪ Part A (hospital insurance)</li> <li>▪ Part B (medical insurance)</li> </ul> <p><b>Clients can purchase:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Part D (prescription drug coverage)</li> <li><input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy</li> </ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"> <li>▪ The federal government</li> </ul> | <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>▪ Part A (hospital insurance)</li> <li>▪ Part B (medical insurance)</li> </ul> <p><b>Most plans include:</b></p> <ul style="list-style-type: none"> <li>▪ Part D (prescription drug coverage)</li> </ul> <p><b>Some plans also include:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lower out-of-pocket costs</li> <li><input type="checkbox"/> Extra benefits</li> </ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"> <li>▪ Private insurance companies that contract with the government</li> </ul> |

\* Table adapted from <https://www.medicare.gov/sites/default/files/2018-11/10050-Medicare-and-You.pdf>

# Enrollment Periods

## Medicare Enrollment Periods



**IEP**  
7 MONTHS

**INITIAL ENROLLMENT PERIOD**

You have 7 months to enroll in Medicare for the first time when you turn 65.

Enrolling in Part A, Part B, Medigap, Advantage, and Part D

3 Months Before  
The Month You Turn 65  
3 Months After

**AEP**  
OCT 15 > DEC 7

**ANNUAL ENROLLMENT PERIOD**

Make changes to your medical and prescription drug coverage.

Existing Medicare Plan Enrollees



**OEP**  
JAN 1 > MAR 31

**OPEN ENROLLMENT PERIOD**

Medicare Advantage enrollees can switch plans or return to Original Medicare.

(General Enrollment)  
Missed initial enrollment or returning Advantage



**SEP**  
A QUALIFYING EVENT

**SPECIAL ENROLLMENT PERIOD**

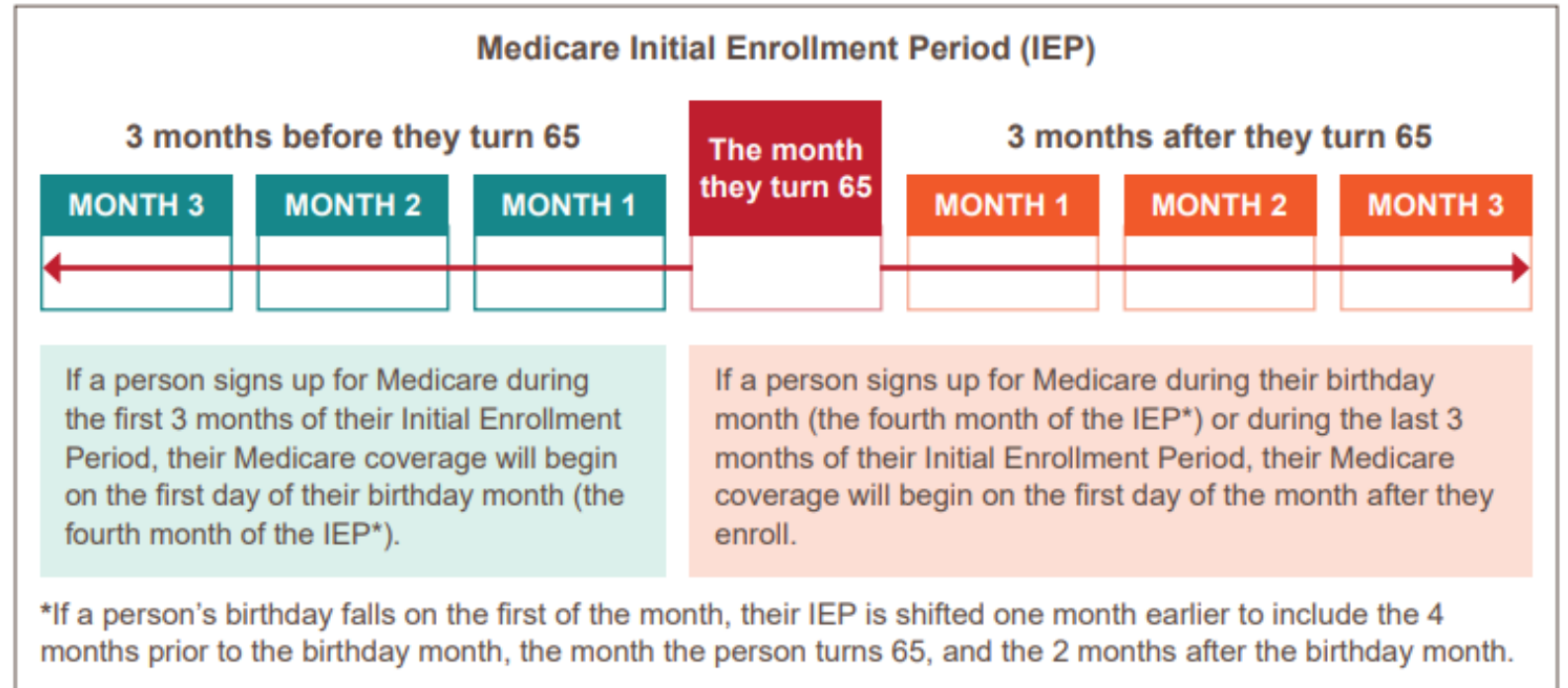
You can change your coverage after a qualifying event. Call 1-833-551-0565 to learn more.

For those losing employer-based coverage



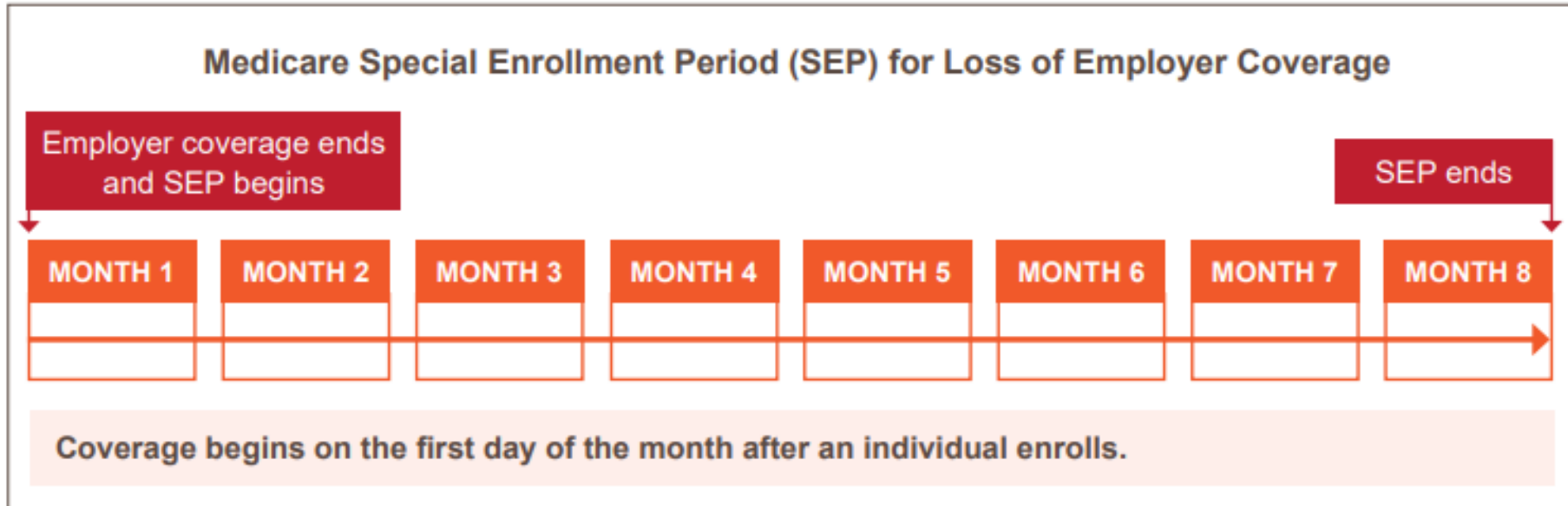
# Initial Enrollment Period

- For new Medicare enrollees
- Coverage start dates are based on when sign up occurs
- Exceptions for individuals with ESRD or ALS.
- Individuals receiving monthly Social Security or Railroad Retirement Board benefits are automatically enrolled in Part A and B.
- The client could be subject to penalties if they enroll after a certain time





# Special Enrollment Period



A Special Enrollment Period is only available for a limited time. If a client doesn't sign up during the Special Enrollment Period, they will have to wait for the next General Enrollment Period and may have to pay a monthly late enrollment penalty.

**Examples of Qualifying Life Event** – An individual moves to a different service area or the loss of insurance coverage.

# Qualifying for SEP

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## Situations that qualify:

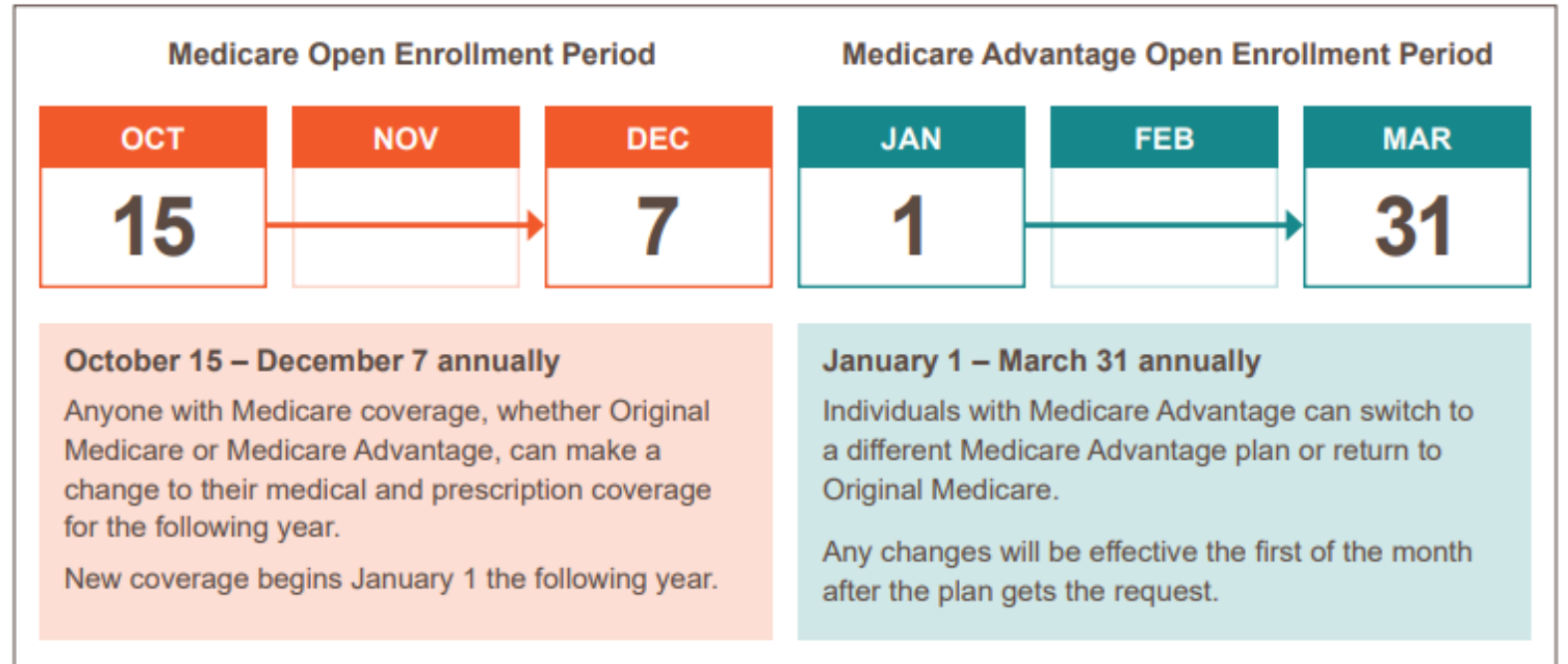
- Lost Medicaid coverage
- Impacted by a natural disaster or emergency
- Received inaccurate or misleading information from your health plan or employer
- Were released from incarceration
- Other exceptional conditions
- Lost employer-sponsored health insurance
- Volunteer and serve in a foreign country
- Have TRICARE

## Situations that don't qualify:

- Your COBRA coverage or retiree coverage ends.
- You missed your 8-month window to sign up when you stopped working or lost job-based coverage.
- You have or lose your Marketplace coverage.
- You have End-Stage Renal Disease (ESRD). [Learn more about Medicare coverage for ESRD.](#)

# Open Enrollment

- For existing Original Medicare and Medicare Advantage enrollees to make changes to coverage.



# Coverage and Doctors

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## Original Medicare (Part A & B)

- Covers medical services and supplies in hospitals, doctors' offices, and other health care settings
- Enrollees can go to any doctor that accepts Medicare
- In most cases, enrollees don't need to get prior approval for services or a referral to see a specialist

## Medicare Advantage (Part C)

- Covers all of the services that Original Medicare covers
- Prescription drug coverage is included in most plans
- Permitted to implement step therapy to manage drug coverage
- Some plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, or dental
- In most cases, enrollees will need to use doctors who are in the plan's network (for non-urgent care)
- They may need to get services approved ahead of time or get a referral to see a specialist

# Costs

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## Original Medicare (Part A & B)

- Part A coverage does not require a monthly premium for most [working] people
- Everyone has to pay a premium for Part B
- Part D prescription drug coverage requires a separate premium

## Out-of-pocket costs

- The Extra Help Program helps some people pay for Part D prescription drug costs
- Some people purchase a Medigap plan which is extra insurance that helps cover the costs associated with Medicare Parts A (hospital) and Part B (medical) coverage
- You can't use Medigap for costs associated with Part D prescription drug coverage
- No yearly limit on OOP costs





## Medicare Advantage (Part C)

- Enrollees may pay a monthly premium and a premium for Part B
- Some plans have no premium or will help pay all or part of the Part B premium

## Out-of-pocket costs

- Plans have a yearly limit on out-of-pocket costs for Medicare Part A and B covered services
- You can't buy or use separate supplemental coverage (Medigap) – but some plans have lower OOP costs than Original Medicare

# Allowable Medicare Costs in the Ryan White Program

| Medicare Part  | RWHAP Funds   |
|--|---|
| Medicare Part A<br>   | Must not be used by any RWHAP recipient to pay premiums or cost sharing.<br><i>Note: Most people don't have to pay a premium for Medicare Part A.</i>   |
| Medicare Part B<br>   | May be used by all RWHAP recipients to pay premiums and/or cost sharing in conjunction with paying for Medicare Part D premiums or cost sharing.  |
| Medicare Part C<br>   | May be used by all RWHAP recipients to pay premiums and/or cost sharing when the Medicare Part C plan includes prescription drug coverage; or in conjunction with paying for Medicare Part D premiums and cost sharing for plans that do not include prescription drug coverage.  |
| Medicare Part D<br> | May be used by RWHAP Part A, B, C, and D recipients to pay premiums or cost sharing in conjunction with paying Medicare Part B or Medicare Part C premiums or cost sharing. May be used by RWHAP ADAP recipients to pay Medicare Part D premiums and cost sharing when cost effective versus paying for the full cost of medications. |



According to HRSA HAB PCN #18-01, RWHAP funds may be used to pay for Medicare premiums and cost sharing associated with Medicare Parts B, C, and D coverage when doing so is determined to be cost effective and coverage includes

- Outpatient/ambulatory health services (Medicare Part B)
- Prescription drug coverage (Medicare Part D) that includes at least one drug in each class of core antiretroviral therapeutics

# Medicare Savings Programs

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Medicare Saving Programs are federally funded programs administered by each individual state for income eligible Medicare beneficiaries.

These programs help pay for some or all of an enrollee's (Original) Medicare premiums and out-of-pocket expenses. MSPs help people with limited income and assets.

## Types of Programs

1. Qualified Medicare Beneficiary (QMB)
2. Specified Low-Income Medicare Beneficiary (SLMB)
3. Qualifying Individual (QI)
4. Qualified Disabled and Working Individuals (QDWI)

**In general, income and assets may include money in a checking or savings account, stocks, bonds, mutual funds, and retirement accounts. A home, car, and other belongings are not counted as assets.**

[Resource: Financial Help for Medicare](#)

# MSPs and Extra Help

## Medicare Savings Programs At-A-Glance<sup>1,5</sup>

|   | Qualified Medicare Beneficiary               | Specified Low-Income Medicare Beneficiary | Qualifying Individual         | Qualified Disabled and Working Individuals |
|---|--|---|-------------------------------|--|
| What does it pay for?   | 100% of all Medicare Part A and Part B costs | Medicare Part B premiums only             | Medicare Part B premiums only | Medicare Part A premiums only              |
| Can a client receive Medicare and Medicaid benefits (dual eligibility)? | Yes  | Yes                                       | No                            | No   |
| Does enrolling also make a client eligible for Extra Help?              | Yes  | Yes                                       | Yes                           | No   |

*Beneficiaries must be Medicare eligible and enrolled in Medicare Part A to apply for a Medicare Savings Program.*

If your client is not enrolled in Medicaid, SSI, or the QMB, SLMB, or QI MSPs, they can apply for Extra Help through the Social Security Administration website at [www.ssa.gov](http://www.ssa.gov).

### What is the Extra Help Program?

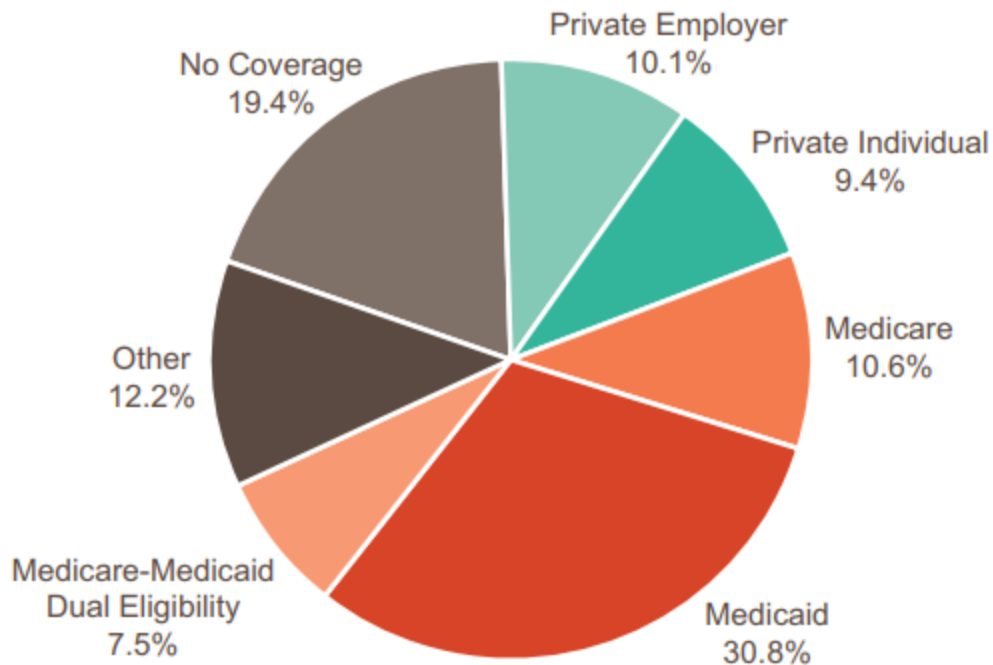
- Extra Help, also known as the Part D Low-Income Subsidy (LIS), is a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare Part D.
- Depending on income and assets, your client may qualify for either full or partial assistance from the Extra Help program.
- Enrolling in the Extra Help program will eliminate any Medicare Part D late enrollment penalty your client may have incurred

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# Medicaid Basics

# Understanding Medicaid

Figure 1: Sources of Health Care Coverage for RWHAP Clients (2020)<sup>1</sup>



<sup>1</sup>HRSA/HAB, Ryan White HIV/AIDS Program Client-Level Data Report 2020

- Medicaid is a public program that provides health coverage to low-income people.
- It is a state and federal partnership, meaning that funding comes from both states and the federal government.
- Medicaid is the largest source of health coverage for people with HIV and for RWHAP clients in particular.
- Medicaid offers comprehensive benefits, often including targeted services for people living with chronic conditions and disabilities, but the scope of benefits as well as program eligibility varies across states.
- Medicaid is an entitlement program, which means that anyone who is eligible may enroll and federal funding will automatically increase to cover all enrollees.

[Resource: Medicaid 101 for RWHAP Recipients and Providers](#)

# Medicaid Eligibility

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## To be eligible for Florida Medicaid, you must be a

- resident of the state of Florida,
- U.S. national, citizen, permanent resident, or legal alien, and
- in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income.

## You must also be one of the following:

- pregnant,
- responsible for a child 18 years of age or younger,
- Blind,
- have a disability or a family member in your household with a disability,
- 65 years of age or older

## Individuals not eligible for Medicaid

- Since Florida has not expanded Medicaid, non-disabled adults under age 65 who don't have dependents are not eligible for Medicaid in Florida, regardless of how low their income is.

# Eligibility Categories

Figure 2: Medicaid Eligibility Categories and Income Thresholds (FPL)

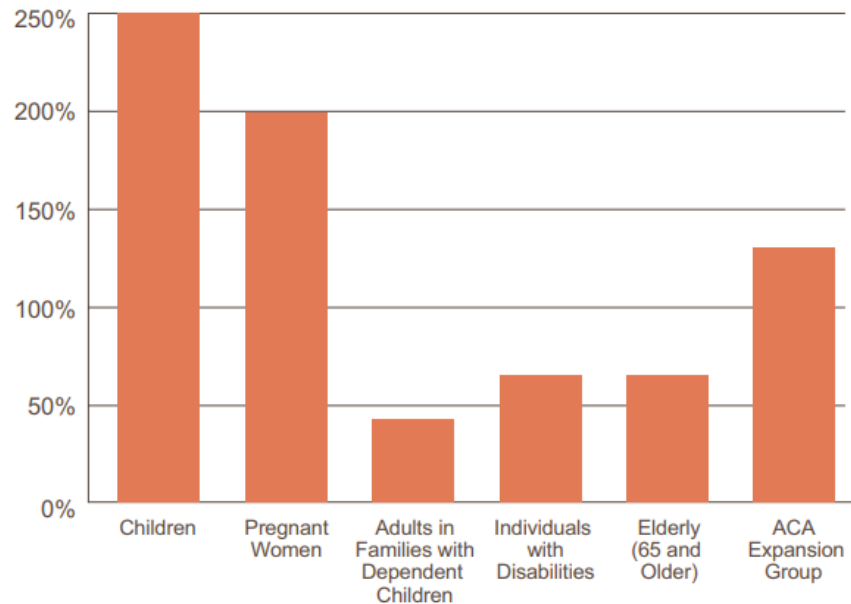


Figure created with data from Kaiser Family Foundation, Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level, (January 2022)

- There are six Medicaid eligibility categories (see Figure 2). For people with HIV, the disability and elderly categories are the most common Medicaid coverage categories. (Note: Florida did not adopt Medicaid expansion)
- In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care program.
- The program has three parts: Managed Medical Assistance, Long-Term Care, and Dental. People on Medicaid will get services using one or more of these plan types.

# Florida Medicaid

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- **Managed Medical Assistance (MMA):** Provides Medicaid covered medical services like doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services. Most people on Medicaid will receive their care from a plan that covers MMA services.
- **Long-Term Care (LTC):** Provides Medicaid LTC services like care in a nursing facility, assisted living, or at home. To get LTC you must be at least 18 years old and meet nursing home level of care (or meet hospital level of care if you have Cystic Fibrosis).
- **Dental:** Provides all Medicaid dental services for children and adults. All people on Medicaid must enroll in a dental plan.
- ***Other types of Medicaid support:***
  - Limited Benefit (does not qualify as minimum essential coverage)
  - Medically Needy or “spenddown”

# What Medicaid Covers

- Unlike RWHAP, which is not considered insurance or “minimum essential coverage,” Medicaid offers comprehensive coverage, beyond just HIV services.
- Within these broad benefit categories, Medicaid programs must ensure access to “medically necessary” care and treatment.
- All Medicaid programs cover the following services:
  - Prescription drugs
  - Primary and preventive services
  - Specialist care
  - In-patient hospitalizations – Medicaid programs must cover in-patient hospital services.

| Federal Medicaid Premium and Cost Sharing Limits |                      |                         |   |
|--|----------------------|-------------------------|---|
|  | At or below 100% FPL | 100-150% FPL            | Over 150% FPL                           |
| <b>Premiums</b>                                  | Not allowed          | Not allowed             | \$20/month                              |
| <b>Prescription drugs</b>                        | Between \$4 and \$8  | Between \$4 and \$8     | Between \$4 and up to 20% of state cost |
| <b>Outpatient services</b>                       | Up to \$4            | Up to 10% of state cost | Up to 20% of state cost                 |

*Limit for premiums and cost sharing per family = 5% of household income (whether Medicaid uses monthly or quarterly income varies by state)*

RWHAP funds may be used to cover Medicaid premiums and cost sharing (though this varies by jurisdiction and recipient). Co-payment assistance can help people with HIV avoid gaps in care due to missed appointments, and maintain consistent access to essential HIV medications.

# Examples of How the RWHAP Complements Medicaid Coverage

|                                     | Medicaid                            | RWHAP                                   |
|-------------------------------------|-------------------------------------|---|
| <b>Case Management</b>              | Limited                             | Non-medical and Medical Case Management |
| <b>Housing</b>                      | No                                  | Yes                                     |
| <b>Mental and Behavioral Health</b> | Limited visits and provider network | Yes                                     |
| <b>Prescription Drugs</b>           | Limits on brand-name drugs          | Yes, ADAP and LPAP access               |

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## Medicaid-Medicare Dual Eligibility

# Dual Eligibility, HIV, and RWHAP

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- Dual eligibility is when a person is eligible to enroll in both Medicare and Medicaid.
- A person must meet the eligibility criteria for both Medicare and Medicaid in order to be considered dually eligible.
- Most dually eligible people start out as eligible for one program first and then become eligible for the other program later.
- As of 2020, 7.5 percent of all RWHAP clients were dually eligible for Medicare and Medicaid.
- Integrated care plans are a type of health plan that coordinates Medicare and Medicaid payment and service delivery for dually eligible people.

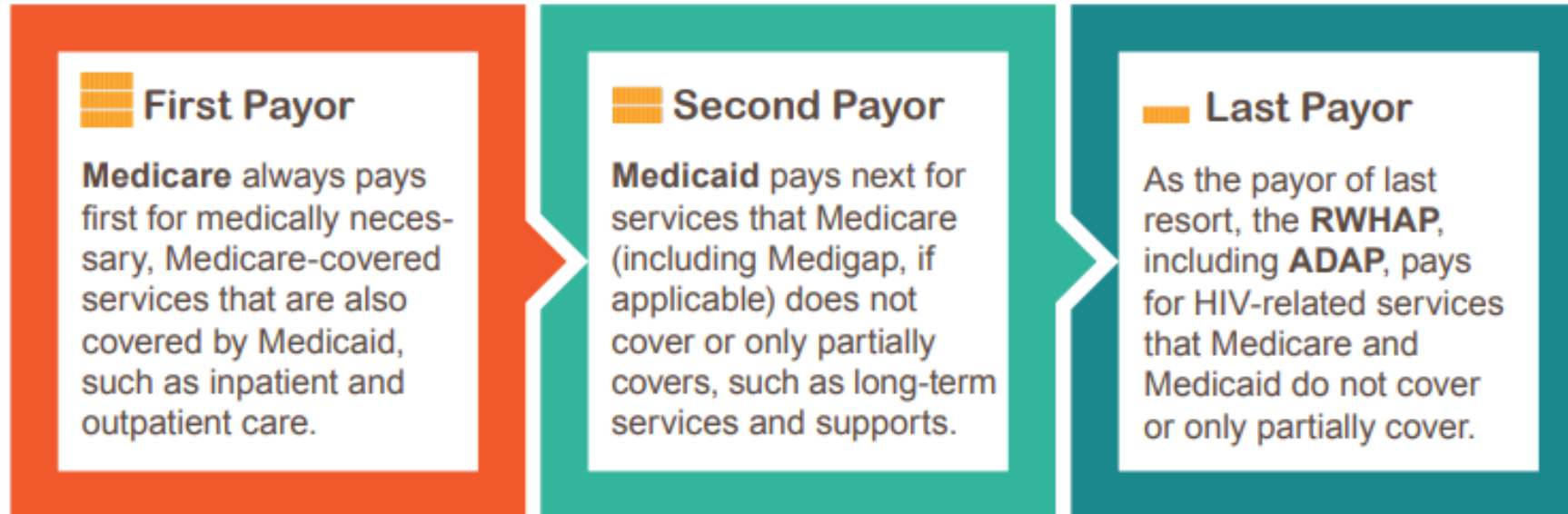
## Florida Integrated Care Activities

- Financial Alignment Demonstration: **No**
- Dual Eligible Special Needs Plan Contracting: **Yes**
- Medicaid Managed Long-Term Services: **Yes**
- Approved Medicaid Health Home: **No**
- Program of All-Inclusive Care for the Elderly (PACE): **Yes**

# Billing and Payor of Last Resort

When paying for services provided to dually eligible RWHAP clients, Medicare generally pays first, then Medicaid, followed by RWHAP, including ADAP.

## Payors for Services for Dually Eligible People



## Financial Help

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- Two MSPs are available to full-benefit dually eligible people: the **Qualified Medicare Beneficiary (QMB)** program and the **Specified Low-Income Medicare Beneficiary (SLMB)** program.
- Two MSPs are available to partial-benefit dually eligible people: the **Qualifying Individual (QI)** program and the **Qualified Disabled and Working Individuals (QDWI)** program.
- Full-benefit dually eligible people who get their Medicare coverage through Original Medicare, and who are already enrolled in the QMB or SLMB Medicare Savings Programs, automatically qualify for **Extra Help**.
- **The Limited Income Newly Eligible Transition (LINET) Program** provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan. LINET is available for some dually eligible people who also receive Extra Help.

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# Evaluation

Mika Mendoza



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# Mentimeter

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**Menti.com**  
**3785 5166**

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# Provider Announcements & Updates

Meeting Attendees

