HHS-CMS-CMCS

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2:00 p.m. CT

Coordinator: Welcome, and thank you for standing by. At this time, I'd like to inform all participants that you have been placed in a listen-only mode for the duration of today's conference. Today's call is also being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Ms. Jackie Glaze. Thank you, ma'am. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome, everyone, to today's All-State Call-In Webinar. I'll now turn to Ann-Marie Costello, our Deputy Center Director, for opening remarks. Ann Marie?

Ann-Marie Costello: Thanks, Jackie, and hi, everyone, and welcome to today's all-State call. On today's call, we have several important presentations for you. First, Dan Tsai, our Center Director for the Center for Medicaid and CHIP Services, will provide an overview of the Medicaid and CHIP fact sheet entitled, Returning to Regular Medicaid Renewals, Monitoring, Oversight and Requiring States to Meet Federal Requirements, which was released just a few minutes ago, so earlier today.

Then Dan will hand things over to Jessica Stephens, a Senior Policy Advisor in the Office of the Center Director, who will provide an overview of the summary of State mitigation strategies for complying with the Medicaid

renewal requirements described in the Consolidated Appropriations Act, another tool that we released earlier today. Lastly, Richard Kimball from our Financial Management Group will share important updates on the new School-Based Services Technical Assistance Center, which is required by the Bipartisan Safer Communities Act.

I wanted to remind everyone that we will be using a webinar platform to share slides today. If you're not already logged in, I suggest you do so now so that you can see the slides for today's presentation. You'll also be able to submit any questions you have into the chat at any time during our presentation. With that, I'm pleased to turn things over to Dan Tsai. Dan?

Dan Tsai: Thanks, Ann-Marie, and thanks, everybody, for joining as always. I'm going to go over the gist and our reason for putting out the fact sheet that Ann-Marie just mentioned, which went out not too long ago, I think just maybe half an hour ago. And it really is consistent with everything we have been discussing with you all as our State partners and how we are approaching threading the needle between monitoring what's happening on unwinding between compliance and helping States and supporting States and providing technical assistance and space for States to really make adjustments as needed.

So, you all know we've been working together for two years to prepare for unwinding, and you all know that - we all know that States and folks have both done a tremendous amount, and also folks have, for a range of reasons, systems and operational processes unwinding that are, you know, in a range of different places that require quite a lift to make adjustments on.

And you all know we have been both recognizing that and at the same time noting our both concern for the number of folks that are losing coverage, and also working with States to take up every policy lever CMS has made

available to help keep people covered. That's the overall back-end. And I think in that, we have received many, many questions to the tune of, how is CMS approaching our compliance responsibilities?

In particular because statute, the CAA Consolidated Appropriations Act, which authorizes the additional enhanced match and lays out a range of unwinding framework that we're all operating within, explicitly both makes enhanced federal match linked to States following all regulations and federal rules on Medicaid renewals, but also the CAA Congress, through the CAA Congress, outline a very specific compliance framework with corrective action plans and pausing procedural terminations and specific time clocks and things of that sort.

And I think we've received a fair number of questions, not just fair, an enormous amount of questions from a whole range of parties around, number one, are we actually doing compliance? Number two, are we working with States to make sure that federal requirements are met or not? Number three, what is our bar for that?

Meaning, if we find a State is not compliant, are we looking the other way in some situations but focusing on that in others? And fourth, what are we doing? So, I think you all have been in very significant discussions with us over the past two years, so I don't think anything on the fact sheet will be new, but it was important for us to note.

And the underlying gist is, we are working in partnership with States to make sure that we understand everything that's happening, and there's a clear monitoring piece, some of which is explicitly outlined by federal statute. And I think we've also been very clear that from a compliance standpoint, we are following the statute, which requires that to receive federal match, enhanced

federal match, States are compliant with all the regulatory provisions and rules outlined.

And our approach has been, where we have identified issues, the fastest, most expedient way to both partner together with our State partners and to have immediate impact on enrollees is to work with the State to identify when issues come up, to quickly pivot, to pause procedural terminations, which we, together with some States, have done, to hold individuals enrollees harmless, meaning States reinstating folks that have been impacted, making adjustments, and then proceeding.

And that has been a really important lever that we have used. We think it is part of what the CAA has outlined. Congress gave us a range of levers on how we think about making sure that States are compliant, and we also think it really operates in the spirit of partnership and collaboration, which is what we have been trying to set the tone on.

And so, that's been important for us to explain. I think folks have - we've had many questions, where are your big issuance of corrective action plans all over the place? And we've said, we will certainly do that if we come to a point where we're in disagreement with a State. But to date, as we've identified issues, we have preferred to and have been met with great partnership from States who agree on what the specific error or issue is.

And in a number of States, those States have paused procedural terminations for impacted populations, have reinstated individuals that were inappropriately terminated, have corrected things or put in a mitigation plan, and then made various adjustments. And that is our preferred way of operating because it gets to the fastest level of impact.

And that is very different from simply for every violation we see, sending a big formal corrective action plan and going through all the - or request for CAP and going through all the specific timeframes outlined by the CAA. I do have to note, Congress did outline that path. And so, we certainly will utilize that because we are required to.

But our preference has been working in collaboration with States. And I hope that is apparent from all the discussions our team has had. And I understand we had a very productive set of discussions with 150 State partners in Denver last week, facilitated through NAMD. So, that's a little bit of the context that we made.

So, for example, answers to the question, do you have a leniency policy when you find a violation of federal - a State not compliant with federal regulations? Why and how are you allowing that State to continue with enhanced FMAP? Our answer is very simple. We are identifying the issues. There is no leniency.

If there's an issue and violation, we certainly are acting, but that acting includes quickly partnering with the State and figuring out how to pivot, to pause procedural terminations, to reinstate coverage, to make fixes, and then for the States to be able to continue to proceed once those fixes are made. And that has been the fastest course of action around that.

Last thing I would note is, we continue to emphasize that our partnership with States and the end goal of keeping people covered is much more than just the strict compliance action and working on the kind of federal minimum, so to speak. As you all know, we've been in it together with our State partners in supporting all sorts of issues that have come up, technical assistance and other policy things, (e)(14) waivers that we have engaged extensively on with you all and that you all have provided great amounts of feedback on.

And so, that sort of working side by side, we believe, is also absolutely critical to the story of how the State and federal levels are working together to help keep people covered and really continue to strengthen and manage the Medicaid program. So, that's effectively what was put out in response to many, many questions that we've had without a full understanding of what CMS and the States have been working on and what our approach has been.

And so, maybe I'll pause there, and I think there might be questions later on, but I think I'm turning right now to Jessica Stephens to talk through a related piece around a summary of the mitigation plans that many of you all worked with us on leading up to April. So, Jessica?

Jessica Stephens: Thanks, Dan. And yes, this is quite related in the sense that it's sort of the document that we put out today that I will talk through in a moment is sort of an example of CMS working together with States to identify issues that needed to be addressed to prevent eligible individuals from losing coverage and then working towards proved mitigations to address them.

So, maybe just taking one tiny step back as a reminder of how we got here and what this is. What we put out similarly about a half an hour, 45 minutes ago, was a summary of State mitigation strategies for complying with Medicaid renewal requirements in the Consolidated Appropriations Act, so the CAA of 2023.

And the CAA had a number of new conditions to claim temporary FMAP increase after March 31, 2023, which was the end of the continuous enrollment condition. One of the key conditions that were included in the CAA was the requirement for States to conduct renewals, Medicaid renewals, consistent with federal requirements.

And if a State was not, to implement strategies and procedures under 1902(e)(14) of the Social Security Act or other approaches that would allow them to be considered compliant for purposes of claiming the temporary increased FMAP. We worked, CMS worked with all States leading up to the end of the continuous enrollment condition in March to assess compliance with renewal requirements, identify areas of non-compliance, and then develop a set of mitigation strategies for States to implement in order to mitigate the impact of non-compliance.

And, as I'll talk about in a second, where States needed additional time to implement those mitigations, required that States hold procedural terminations for whatever affected population. In the document, you'll see that there are two tables. In the first table - we have a little bit of a screenshot on the slide for those who are looking.

The first table lays out a summary of the primary mitigations that States adopted. Now, there were many mitigations. And I will emphasize that the mitigations that are included in this document are not a comprehensive list of the strategies that States have adopted. You all have adopted many, many strategies that are far beyond these.

These are just strategies that we know that States have adopted for purposes of complying with the Consolidated Appropriations Act. There are other (e)(14)s and other places on CMS.gov slash unwind, sorry, Medicaid.gov/unwinding and other places that list out a little bit more. So, these, we broke into 10 sort of higher-level buckets that indicate some of the strategies that States were using.

The first, as an example, is holding procedural terminations, which I just noted, where a State could not meet full compliance or implement the appropriate mitigation strategies in order to achieve compliance otherwise. States held procedural terminations for affected populations so that they would not have the impact of whatever area of non-compliance.

Then there are a host of other strategies that are grouped in different buckets below. So, ex parte attempt prior to termination is a common mitigation strategy that many of you all in many States implemented to address potential limitations in the ability to conduct full ex parte renewal, so renewal based on available information, for all populations.

I'll note that the strategies that are noted here differ from State to State. And it is rare that a single strategy was sufficient in order to sort of satisfy the conditions for full compliance and that a State implemented multiple strategies in order to achieve that. So, if we go to the next slide, I'll give you a little bit of a flavor for that, which sort of shows Table 2.

And we've listed out every State in this table, this along with the areas of non-compliance with renewal requirements in a somewhat standardized way. So, for example, you could say conducting ex parte renewals for some non-MAGI populations. That may include sort of all non-MAGI populations or subgroups. It really varies by State.

And then ability to submit renewal forms through all required modalities for specific populations. That may be for MAGI populations, for non-MAGI, for a subset. There are distinct differences. But as an example of how multiple strategies are needed in order to meet for a mitigation strategy to have been approved, where a State, for example, was not able to conduct ex parte

renewals consistent with requirements, States implemented a number of things that got at the core impact of the area of non-compliance.

So, for example, it means that individuals may need to provide more information that would otherwise be needed if a State had fully implemented the ex parte process. Many States either implemented things like the SNAP strategy and additional outreach, and what we sometimes refer to as a back-end ex parte process, which may be a manual process for individuals who do not return the form to ensure that States are able to renew eligibility on the back-end for those who are able to do so.

Now, there are - this table represents the approved mitigations as of the end of the continuous enrollment requirements where States are noted as non-identified or NA, non-identified under the areas of non-compliance. CMS and the State did not identify areas of renewal non-compliance. We'll note though that because of when the data in this table represents, there are a number of States that have already worked towards full compliance and others that have implemented additional mitigation strategies to address whatever areas of non-compliance.

Now, for approval, CMS generally required that States both implement the - not generally, required that States implement the mitigation strategies or hold procedural terminations prior to the beginning of the State terminations as it related to unwinding, but also that this be the beginning of a ramp towards full compliance with all renewal requirements.

And as you'll see in the document on page one, we sort of list out that States needed to have agreed to achieve full compliance with federal renewal requirements without the use of mitigation strategies no later than two years

after the end of the States' unwinding period. I'll pause there, and I think moving off from unwinding and turning to Richard Kimball.

Richard Kimball: Thank you. I'm going to be talking about the Bipartisan Safety Communities Act of 2022 and how that relates to the school-based services technical assistance center that we've just started. So, if we can go to the next slide, please. Go ahead and get the introduction. And the next slide, please.

So, school-based services, and I'm going to talk a little bit about the background here. It's an administration priority. The Biden-Harris administration has decided to strengthen and expand access in Medicaid and Children's Health Insurance Program, or CHIP. Schools, again, are important providers of Medicaid direct medical service and administrative claiming, actually, as well.

Medicaid and CHIP, as you probably know, cover more than half of all children in the US. And school-based services include all services under the EPSDT benefits, including physical and mental healthcare. And schools are facing, you know, high administrative burden because they're not usual places where medical services are provided. And one of our goals is to help ease that administrative burden and promote the delivery of those school-based services. Next slide, please.

So, the Bipartisan Safer Communities Act passed in June of 2022, last year, and it required us to update our claiming guide, launch technical assistance center, and released $50 million in grants, which is what I'll be talking about. So, last August, we released an informational bulletin on school-based services and talked about, you know, Medicaid and CHIP outlining what we were going to do kind of going forward.

In May of '23, we fast-forward to, we actually, ahead of schedule, completed our comprehensive guide to Medicaid services and admin claiming and updated that. That is on the Street, and you can look at that at Medicaid.gov. I'll give you the link later. In June of 2023, we launched the technical assistance center. It's up and operating now.

It's to support State Medicaid agencies, LEAs, or local education agencies, and school-based entities seeking to expand that capacity and access for providing Medicaid school-based services. Next year, we're planning, and we're already working on $50 million of discretionary grant funding that will be for States to support implementation, enhancement, and expansion of the provision of medical assistance through school-based entities in both Medicaid and CHIP. Next slide, please.

So, to take a little step back, school-based services in general, again, schools are primarily education and not medical services. We know that third-party healthcare payers other than Medicaid, usually don't reimburse for services provided in schools, so we know it's a very unique environment.

School-based services and the fee-for-service rates generally are speaking - should be about the same as the community rates, unless justified, and we're - I'll talk a little bit about that in terms of flexibility. That's now, you know, as long as we maintain economy and efficiency, that could be allowed. And then Medicaid-covered services provided in schools must meet all the statutory and regulatory requirements still for the program. Next slide, please.

School-based services is really just a place where Medicaid, you know, benefits are provided. So, there's not really a benefit category called school-based services. To be eligible for payment, you know, by Medicaid, all the regular rules apply. So, those things must be listed in, you know, Title 19 of

the Act and those described in 1905(A), all those services that are defined there in 1905(A) of the Act. And they must be coverable in the State plan, which means you have to have those State plan amendments okayed by CMS. Next slide, please.

So, how can Medicaid support school-based services? We feel in a lot of different ways that Medicaid can help, you know, promote and support school-based services and provide, you know, good health, education, equity, and increased school attendance.

And specifically by helping students enroll in the Medicaid program, that can be, again, charged under administrative claiming, connecting students, families, and other members to Medicaid health coverage, providing Medicaid-covered health services in schools, and actually seeking payment for those services.

A lot of schools are mandated to provide those services regardless. So, we would love to see those, you know, applied to Medicaid as well, offering Medicaid-covered services that support at-risk Medicaid-eligible students, especially those with IDEA, IEPs, IFSPs, and all those disabled students that are eligible. Next slide, please.

And also, all those performance of the Medicaid administrative activities like re-enrollment can also help improve the continuity of care and improve student wellness. Also providing Medicaid-covered services that reduce emergency room visits. We know if you have, you know, care and you're getting primary care, that you can actually reduce the actual cost of healthcare by preventing those tertiary care visits.

Providing Medicaid-covered services and providing Medicaid administrative activities that promote healthy learning environment. Again, making sure the continuity of care is there, people are re-enrolled in time, there's no gaps in care, and all those other good things. Next, please. So, free care is something we threw around a lot, and we actually have a reference here for the 2014 Free Care State Medicaid Director's Letter, which basically rescinded our free care policy.

And instead of just, you know, applying Medicaid to the kids with IDEA or IEP and IFSPs, now, since 2014, States were able to, you know, increase the access to any student enrolled in Medicaid and have those school-based services, you know, provided and paid for by Medicaid if they're enrolled in Medicaid.

But so far, since 2014, only 13 States have expanded in some way, and some, like Georgia, have only expanded in terms of one, you know, Medicaid service. That was nursing for Georgia. But, you know, these 13 States have expanded, and we're trying to encourage, you know, all States to adopt the free care policy in Medicaid and expand those access services for all the enrolled Medicaid kids. Next slide, please.

So, to go back to our timeline, in June 2022, again, the Bipartisan Safer Communities Act passed and required us to update our planning guide, which we did, launch our technical assistance center, which we now have, and next year we'll do those release of the $50 million in grants. So, this is just a short, you know, guide about what those things have done. Next slide, please.

So, specifically, the technical assistance centers, supporting State Medicaid agencies, those local education agencies, and school-based entities in seeking to expand the capacity and the access for providing Medicaid services in

schools. We're trying to reduce the administrative burden by offering various flexibilities, support entities in obtaining payment for providing Medicaid school-based services, ensuring ongoing coordination and collaboration between the Department of Education and CMS regarding various school-based and Medicaid policies, and providing guidance with regard to utilization of various funding sources.

And then, of course, next year will be those $50 million in discretionary grants. Now, what we hope to accomplish with the technical assistance center, and next slide, please, with the use of a contractor, we're going to - providing a variety of different technical assistance materials and compiling best practices.

Various State plan amendments we have up there now, and we include cost-based methodologies, which includes the addition of Medicaid school-based services, where different States have taken advantage of the free care policy, and they've opened it up to all kids enrolled in Medicaid. We look at an approved time study implementation plan, which is often very popular with the cost-based methodologies in terms of tracking providers and how much time they spend on Medicaid services.

We provide a sample cost report and links to various States that have good programs and cost-based methodologies. And then we also have, of course, that state Medicaid director letter and various other policy guidance things that are up on the website, links there to our comprehensive guide that we just came out with, and our informational bulletins that we've come out with in terms of how to come into compliance, et cetera. Next slide, please.

So, again, our primary audience is the local education agencies, schools, and other school-based providers. Of course, we ask that everybody work with the

Medicaid agencies and the State education personnel as much as possible. We're trying to answer the questions from States and other school-based providers about any type of assistance, you know, that they may need in accomplishing the increasing the access to Medicaid services and resolving new and emergent Medicaid and ed-related school-based issues by providing best practices and looking at a variety of ways that other States are doing it.

As you know, we, of course, have 56 different Medicaid programs around the nation, so we're trying to take the best practices from those States and compile those and disseminate those. Also, coordinating with States, the Medicaid and State education personnel and school-based providers to resolve any type of issues.

There's a big, you know, ask about provider participation, enrollment, sometimes what a provider in school is licensed at is not in the general community, and so resolving those types of issues. And, again, just reducing the overall burden for all school-based providers and States in terms of opening access as much as possible for Medicaid services. And next slide, please.

So, again, we're going to accomplish these things by various trainings and webinars. We just, you know, awarded the contract last month. So, we're working, you know, to get things going probably by the fall. We're going to have peer learning groups and discussions. We've already engaged with some advocates in some States and started the conversation, and we're releasing additional technical assistance materials that'll be up on the website periodically. Next slide, please.

And so, we just want you to know that we are open for business. This is the TAC website. These will be provided, I think, the links after this. And if you

have any technical assistance questions, we ask that you email us at the schoolbasedservices@CMS.hhs.gov. That's school based services and our link there. Next slide.

And how you can help is you can let us know, again, by emailing us and letting us know what type of assistance you need, what level you're at. If you're at the LEA level, if you're at the, you know, State Medicaid or State education departments, let us know what the barriers are and how we can help improve the access to the Technical Assistance Center. And that's all for me. And the next slide is just one for questions, but we can keep this one up if you would like, just so you can see what that email is. Thanks a lot.

Jackie Glaze: Thank you, Richard. And so, we'll use the remainder of our time to take State questions. So, we'll take your general questions or any questions that you may have over the presentations from today. So, we'll ask that you begin submitting your questions through the chat function. We'll take those first, and then we will transition to taking your questions over the phone. So, I'll now turn to you, (Krista).

(Krista): Awesome. Thanks so much, Jackie. I did get a number of questions in the chat just about how to access the unwinding materials that were released earlier today. And so, I just wanted to remind folks that you can access those materials on Medicaid.gov/unwinding. They were just released earlier today, just about an hour ago or so. No other questions at this time.

Jackie Glaze: Thanks, (Krista). So, I'll ask the operator if you could please provide instructions for registering the questions and if you could open the phone lines, please.

Coordinator: Yes, ma'am. If you would like to ask a question over the phone, please press Star followed by 1. Please make sure your phone is unmuted and record your name when prompted. If you wish to withdraw your question, you can press Star 2. Please allow a moment for questions to come in. Thank you.

(Krista): I did just get one question here in the chat. Can the school-based cleaning guide - Richard, can you go over again how the TA will be provided?

Richard Kimball: Yes. Hi, this is Richard again. Yes, so we have a contractor. We, of course, will have them responding to emails as they come in, the slow trickle that we get. So, if you have anything that would help guide us, you can certainly email us and tell them what your needs are, specifically at school-based services at that email address.

But generally, we're going to look for different venues for dissemination, like these all-State calls. We're going to do trainings and webinars. It'll be independent and have various topics. We're gathering those topics now. So, again, if you want to have influence, please email us and let us know what the needs are.

We're going to have peer learning groups and discussions. That's one of the things that's in the planning. And we're going to continue to update the website with technical assistance materials, best practices, and a variety of different things, probably compiling FAQs as well as we get more and more questions.

We have kind of a list of questions we've been answering and keeping track of that. So, through those variety of different ways, we're going to continually provide the technical assistance and give feedback to the community at large. And hopefully, this will be a good discussion and back and forth where we

can disseminate more and more of the best practices and help States get State plan amendments and time setting implementation guides and podcasts and whatever else they want to update, updated before the statutory - well, it's not statutory limit, but it's our limit of three years we're giving States to come into compliance with the school-based services policies.

(Krista): Thank you so much, Richard. And I do see one additional related question in the chat for you, which is whether one-on-one TA will be available for States.

Richard Kimball: Yes, I mean, I think we provide one-on-one TA all the time, especially if States are coming in and they want, you know, various flexibilities and various things done in their school-based service programs. We meet with States all the time. So, that's going to continue in our usual, you know, kind of State plan amendment process.

And if it's not a State plan amendment that you're doing and you need some help with time setting implementation guide or something else, we should be able to provide that in the - within the TAC as well, the Technical Assistance Center. So, just let us know. Again, email us and we will triage and go from there. Start a conversation. Thanks.

Jackie Glaze: (Krista), I see one additional question. If you'd like to ask that and then we can transition to the phone line.

(Krista): Sounds great. In addition to reducing burden, are you seeing more FQHCs have a scope of project change to operate out of a school-based health center, especially in rural areas where rural hospitals and centers are closing?

Richard Kimball: No, I'm not seeing an uptake of FQHCs in schools. I think it's pretty rare. There's a possibility that some FQHCs could be serving some clientele from

schools, but we won't necessarily see that unless, you know, someone tells us. Yes, we definitely would like to see more uptake in rural schools, but I don't know that FQHCs are always the best way to do that.

It depends on the State and what they would like to do. It's certainly one avenue. School-based health clinics are also another avenue that people use. Those are often, I find, it's a little bit of a hodgepodge of funding. The ones I'm familiar with are funded by nursing schools, schools of medicine, things like that.

And sometimes FQHCs get involved, but it's pretty rare, at least here on the East Coast. I haven't heard of a whole lot going on with FQHCs and school-based services, but, you know, in the great west of the country, and I used to live in New Mexico, some FQHC involvement, but not a whole lot in schools.

Jackie Glaze: Thank you, Richard. We'll transition back to the phone lines and ask the operator to provide instructions once again for registering the questions, and if you could also open the phone lines, please.

Coordinator: Yes, ma'am. If you would like to ask a question, again, that is Star followed by 1. Please make sure your phone is unmuted and record your name when prompted. If you wish to withdraw your question, you can press Star 2. Thank you.

Jackie Glaze: Do we have any questions in the queue?

Coordinator: None on the phone, ma'am.

Jackie Glaze: Okay, great. Thank you. (Krista), I did see one additional question in the chat.

(Krista): Thanks, Jackie. The question is, has CMS been getting any congressional inquiries related to unwinding? Not necessarily asking for specifics, but it would help States to know what kinds of issues are being raised so that we can prepare.

Ann-Marie Costello: Is Dan still on the line? This is Ann-Marie Costello. I'll jump in. This is Ann-Marie Costello. Can you hear me, (Krista)?

(Krista): Yes. Go ahead.

Ann-Marie Costello: Okay. Sorry. This is Ann-Marie Costello. I'll jump in. I think we've gotten a lot of congressional inquiries about unwinding. They are - Congress has asked questions related to the terminations and the State level data that's being posted and what we understand of the data, when CMS will be doing its public reporting.

Congress has had questions about how we are taking compliance with States and what kinds of strategies States are adopting to ensure compliance. So, I think probably many of the things that you might guess that they are asking about, they are asking about.

Jackie Glaze: Thank you, Ann-Marie. I'm not seeing any additional questions, so we'll give it another minute or two and see if we do have any additional questions that we could answer for you. Okay, I'm not seeing any questions, so I think that we will close early today. So, in closing, I do want to thank our team for their presentations and discussion.

Looking forward, the topics and invitations for the next call will be forthcoming. If you do have questions before the next call, please feel free to reach out to us, your State leads, or bring your questions to the next call. So,

we do thank you for joining us today, and we hope that everyone has a great afternoon. Thank you.

Coordinator: Thank you. That does conclude today's conference. You may disconnect at this time, and thank you for joining.

[End]