



Medicaid Mysteries: QMB Eligibility

**Continuing Regional Eligibility Workshops
June 2006**

Training Objectives

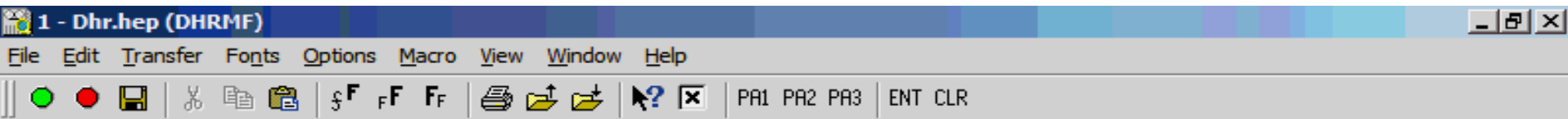
- Increase participants knowledge of Medicare Savings Programs' (MSP) Coding and Eligibility requirements. These programs are known as QMB, SMB and SMF in Oregon.
- Accomplish a quick review of the Medicare, Medicare Modernization Act (MMA), Buy-in, and the BEIN screen.
- Provide participants with examples of case coding and Flow chart cheat sheets for future assistance

What Is Medicare?

<http://www.cms.hhs.gov/medicare/>

- A Federal Medical Entitlement Program
- Part A – Hospital
- Part B – Medical
- Part D – Pharmacy – new 1/1/2006

MIB CODE Medicare Insurance Benefit



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WCIW033C                      CM Case Member Update                      04/25/2005 02:58 pm

Fast Path █ EB Case Nmbr XXXXXX Next Per _ More: +
  PL  SSN      Last Name      First Name      MI Title  DOB      S R
  IG Py Prime Medl Elig MIB PHI JS Exmp Grade Mom Dad Excp FI GC
. A 123-45-6789 CLIENT          SAMPLE          03/31/1970 F W
AD X XXX12345A S 10/01/2001 3 N A GD
C/D FS1 MAA QMM Action N Registered: R
N/R DVS 12/2000 N/R SSB C 151.00 123456789A
. B 123-45-6788 CLIENT          CHILD          A 01/18/1990 M W
CH XXX12345A S 10/01/2001 0 N 03 A C 1
C/D MAA Action N Registered: R
N/R N/R
. D 123-45-6787 CLIENT          CHILD          B 02/15/1991 M W
CH XXX12345A S 10/01/2001 0 N 02 A C 1
C/D MAA Action N Registered: R
N/R N/R
. E 123-45-6786 CLIENT          CHILD          C 09/27/1992 F W
CH XXX12345A S 10/01/2001 0 N 01 A C 1
C/D MAA Action N Registered: R
N/R N/R
  
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F1=Help F2=Add F6=Fast Path F7=Bkwd F8=Fwd F9=Save(RU) F11=Get Prsn
F14=Delete Per F16=Alias/Updt F19=Left F20=Right F21=Sort PL F22=UCMS F23=PCMS
  
```

Medicare Savings Programs

Qualified Medicare Beneficiary (QMB)

- Pays for Part A & B Premiums, co-pays and deductibles

Specified Low-Income Medicare Beneficiary (SMB)

- Pays for Part B Premium only

Qualified Individual (SMF)

- Pays for Part B Premium only

- MSP Case Descriptor must be coded on all cases with a MIB of 2 or 3.

Medicare Modernization Act -1

January 1, 2006 Medicare Recipients Started Getting a Prescription Drug Benefit

Each year non-clients may pay a Premium and coinsurance. They will pay (in addition to the premium) \$3,600 of the first \$5,100 in drug costs and 5% co-pays after that.

Medicare Modernization Act - 2

- All Dual Eligibles now get Prescriptions through Medicare not Medicaid.
- All MSP clients have access to a Prescription Drug benefit.
- All above clients are deemed full subsidy eligible – will only pay \$1/3 or \$2/5 co-pays.
- MMA related Case Descriptor must be coded on all cases with MIB of 1, 2 or 3.

BEIN Screen

1 - Dhr.hep (DHRMF)

File Edit Transfer Fonts Options Macro View Window Help

BEIN SSA Information 02/16/2006 11:42 am

Fast Path EB Access Key _____

SSN: 123-45-6789

**** B E N D E X D a t a **** Prev Stat: C Prev Resp: 05/16/00

Surname	Given	MI	DOB	PR	Sex	Inq-St	Inq-Dt	Resp-Dt	Comm-Code
CLIENT,	SAMPLE	A	03/03/56	P	F	I	01/20/06	01/17/06	MATCHED

SSB Information SMIB Information HIB Information Last

CAN	Amt	P-St	E-Dt	P-Amt	Payer	E-Dt	T-Dt	P-Amt	Payer	E-Dt	T-Dt	Chng
123456789												0106

Social Security Part B Medicare Part A Medicare

BENDEX-Disab Date Gar .00 OVP N Pass Plan N Curr Rec Ind 1

**** S D X D a t a **** **SSI Information** Rec U F L M R Last

Surname	Given	MI	P-St	E-Amt	P-Amt	E-Dt	Typ	I	E	A	S	I	Chg-Dt	
CLIENT,	SAMPLE	A	R	C01	603.00	603.00	092800	DI	Y	N	A	3	I	121705

SDX-Disab Date 09/28/00 OVP Med Elig S Med Test Alien Spn Stt

EFT-DFI Acct 123456789123456789 EFT-Bnk Acct 123456789 Alien SSI Elg

Sys	Case-Id	Agcy	Sys	Case-Id	Agcy	Sys	Case-Id	Agcy	Sys	Case-Id	Agcy
CM	XXXXXX	-A-AD	AFS	FS	123456789	AFS					

F1=Help F3=Exit F6=Fast Path F15=Manual F21=BEIN1 F22=BEIN3 F23=TPQY

4-© 4/7

TPQY New Client w/SSI and SSB

1 - Dhr.hep (DHRMF)

File Edit Transfer Fonts Options Macro View Window Help

PA1 PA2 PA3 ENT CLR

BEIN SSA Information 12/19/2005 10:39 am

Fast Path EB Access Key _____

SSN: 123-45-6789

** B E N D E X Data ** Prev Stat: C Prev Resp: 12/26/03

Surname	Given	MI	DOB	PR	Sex	Inq-St	Inq-Dt	Resp-Dt	Comm-Code
CLIENT	SAMPLE	A	06/21/78	P	M	C	11/21/05	12/16/05	REP PAYE

SSB Information				SMIB Information				HIB Information				Last
CAN	Amt	P-St	E-Dt	P-Amt	Payer	E-Dt	T-Dt	P-Amt	Payer	E-Dt	T-Dt	Chng
123456789A	232.00	CP	1299	88.50	380	1201				1201		1205

BENDEX-Disab Date 07/99 Gar .00 OVP N Pass Plan N Curr Rec Ind 1

** S D X Data ** Rec U F L M R Last


Surname	Given	MI	P-St	E-Amt	P-Amt	E-Dt	Typ	I	E	A	S	I	Chg-Dt
CLIENT	SAMPLE	A	C01	391.00	391.00	050105	DI	Y	N	A	3	I	121705

SDX-Disab Date 10/01/78 OVP Med Elig S Med Test Alien Spn Stt

EFT-DFI Acct 123456789123456789 EFT-Bnk Acct 123456789 Alien Elg

Sys	Case-Id	Agcy	Sys	Case-Id	Agcy	Sys	Case-Id	Agcy	Sys	Case-Id	Agcy
CM	BJ7643-A-AD	AFS	FS	542728927	AFS						

F1=Help F3=Exit F6=Fast Path F15=Manual F21=BEIN1 F22=BEIN3 F23=TPQY



TPQY - 2 F23 from previous

1 - Dhr.hep (DHRMF)

File Edit Transfer Fonts Options Macro View Window Help

WSVW075C TPQY Request Screen 04/14/2006 08:55 am

Fast path EB Access Key _____

SSN: 123- _____

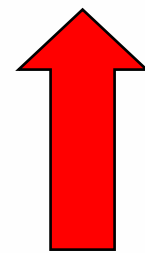
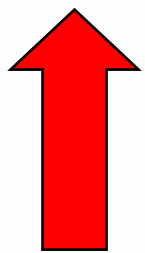
Recipients Name			Date of Birth	Sex Code	Request-Code		QQ HIST
Last CLIENT	MI				SSB	SSI	
SAMPLE	A		06/21/78	M	Y	Y	<u>N</u>

Agency Code	Request Status	Date of Request	Date of Response	Branch ID	Worker ID
SSD	R	04/07/06	04/11/06	<u>3518</u>	<u>DM</u>

Concurrent SSN or CAN Cross-reference SSN

70000I Ready

F1=Help F3=Exit F6=Fast Path F9=Save F15=Manual F21=WQY3 F23=BEIN



TPQY - 3 F21 from previous or WQY3,SSN

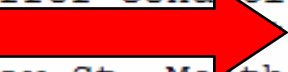

1 - Dhr.hep (DHRMF)

File Edit Transfer Fonts Options Macro View Window Help

WSVW077I TPQY Response Screen 04/14/2006 08:39 am

Fast path	EB	Access Key					Persons
Branch	Worker	Input SSN/CAN	Input Name	Req-date	Resp-date	Own SSN	
3518	DM	123-45-6789	CLIENT	04/07/06	04/11/06		

Error Condition Code = ID Discrepancy Code = Verification Code = V

*  S S B D A T A * * * * *  * S S I D A T A * * * * *

Pay-St	Monthly	Special	Special	Prior-Due	*	Appl	Pay-St	Current-Benefit	
Code	Amount	Pay-Date	Amount	Amount	*	Date	Code	Date	Amount
C	232.00				*	10/23/78	C01	04/06	391.00

Disability *

Claim Number	DOB	Sex	Onset	Entitled	*	History	Federal	State	Pay
					*	Pay-Date	Amount	Amount	Type
123-45-6789A00	06/21/78	M	07/01/99	12/99	*	01/01/06	391.00		1
					*	07/01/05	376.00		1

Name / Mailing Address Benefit History

	Date	Amount	Type	*
JANE DOE FOR	12/05	232.00	C	*
SAMPLE A. CLIENT	12/04	223.00	C	*
500 SUMMER ST	12/03	217.00	C	*
SALEM OR 97303	12/02	213.00	C	*
	12/01	210.00	C	*

70000I Ready

F1=Help F3=Exit F6=Fast Path F15=Manual F21=WQY1 F23=BEIN

Buy-in

- Pays for Medicare Premiums
- Work Reports – May Call the Branch
- Buy-In Generally Takes 3 Months.
- SMB 3 Months Retro, Not QMB
- Buy-In Worker Guide

<http://www.dhs.state.or.us/spd/tools/additional/worker/gd/f.9.htm>

Eligibility

- Assumed Eligibility
- Must receive Medicare Part A
- No OHP w/Medicare unless OPP
- Eligibility Groups
- Must Pursue Medicare if Eligible
- Income Standards
- Income Deductions
- Effective Dates

Assumed Eligibility

461-135-0010 Effective: 1/01/04

Assumed Eligibility for Medical Programs

7. Clients who receive both benefits under Part A of Medicare and SSI benefits are *assumed eligible* for the QMB-BAS program.

Must Receive Part A

461-135-0730 Effective: 7/01/04

Specific Requirements; QMB

The following requirements apply to both QMB-BAS and QMB-SMB/SMF:

To qualify for these MSPs, a person must be receiving Medicare hospital insurance under Part A. This includes people who must pay a monthly premium to receive coverage.

No OHP w/Medicare unless OPP

461-135-1100 Effective 2/01/03

Specific Requirements; OHP

This rule explains who is eligible for the OHP program.

To be eligible for OHP, a person cannot:

- a)
- b) Be eligible for Medicare, except that this requirement does not apply to OHP-OPP;

Eligibility Groups

461-110-0410 Effective: 10/01/04 **Filing Group; OSIP, OSIPM, QMB**

In the QMB program,....., the filing group consists of applicants who meet all nonfinancial eligibility requirements and the following household members, even if they do not meet nonfinancial eligibility requirements:

- a) The spouse of an applicant.
- b) The biological, adoptive, and step-parents of children under age 21, **if the children are applying** and are not assumed eligible.
- c) Children under age 21, if the parent wants to include the child in the need group.

Must Pursue Medicare

461-120-0345 Effective 7/01/04

Clients Required to Obtain Medical Coverage

To be eligible for any program except ERDC or FS, each adult client must:

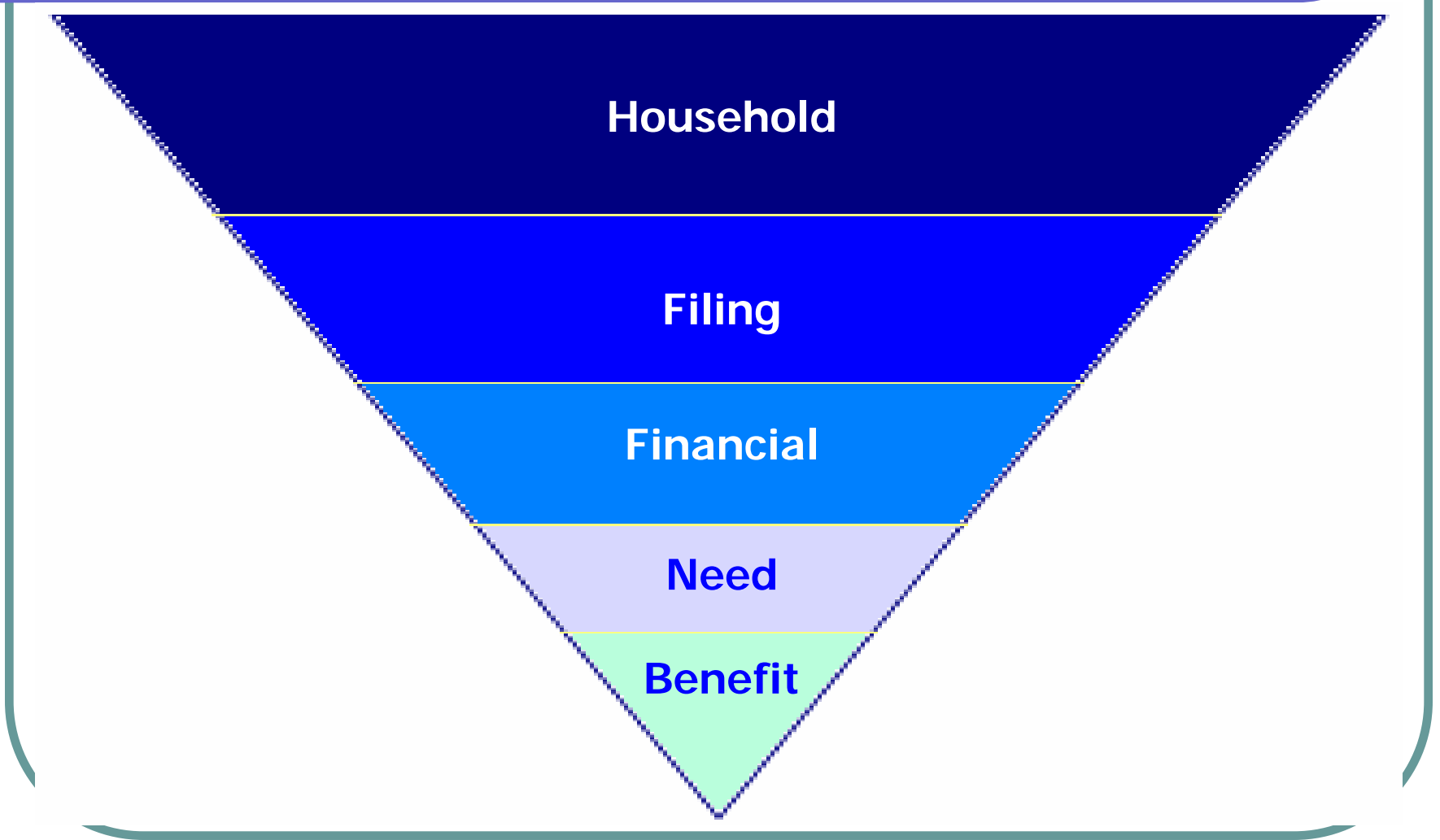
- a)
- b) Make a good faith effort to obtain available coverage under Medicare.

2006 Income/Resource Standards

Change Every March/April – 461-155-0290 & 0295

<u>Program</u>	<u>%FPL</u>	<u>Adjusted Income</u>		<u>Countable Resources</u>	
QMB-BA (P2)	100	\$817.00	\$1100.00	\$4000.00	\$6000.00
		(\$284 each additional)			
QMB-SMB (P2) SMB	120	\$980.00	\$1320.00	\$4000.00	\$6000.00
		(\$340 each additional)			
SMF	135	\$1103.00	\$1485.00	\$4000.00	\$6000.00
		(\$383 each additional)			

Eligibility Groups



Income Deductions

461-160-0550 Effective 1/01/05

Income Deductions;, QMB and

To determine adjusted income, deductions from the financial group's income are made in the following order:

- a) One standard deduction of \$20.
- b) One standard earned income deduction of:
\$65 for ... and QMB clients who are not blind; or
\$85 for ..., and QMB clients who are blind.
- c)
- d) One half of the remaining earned income.

Income Deduction Example

A client has \$700 in SSD, \$200 in earned income and has no children. Is the client eligible for QMB?

$$\$700 - \$20 = \$680$$

$$\$200 - \$65 = \$135 \quad \$135/2 = \$67.50$$

$\$680 + \$67.50 = 747.50$ Adjusted income, and the standard for one person is \$817, so eligible.

A client has \$700 in SSD, \$800 in earned income and has two children who have no income. Is the client eligible for QMB?

$$\$700 - \$20 = \$680$$

$$\$800 - \$65 = \$735 \quad \$735/2 = \$367.50$$

$$\$680 + \$367.50 = 1047.50 \text{ Adjusted income.}$$

Adjusted income limit for two is \$1100, so add at least one child to need group and client is eligible for QMB. Could add both as well.

Effective Dates

461-180-0090 Effective 1/01/05

Effective Dates; Initial Month Medical Benefits

- 3) In the QMB-BAS program, it is the first of the month after the benefit group has been determined to meet all QMB-BAS eligibility criteria and the Department receives the required verification.
- 4) In the QMB-SMB program, it is the first of the month in which the benefit group meets all QMB-SMB eligibility criteria and the Department receives the required verification.

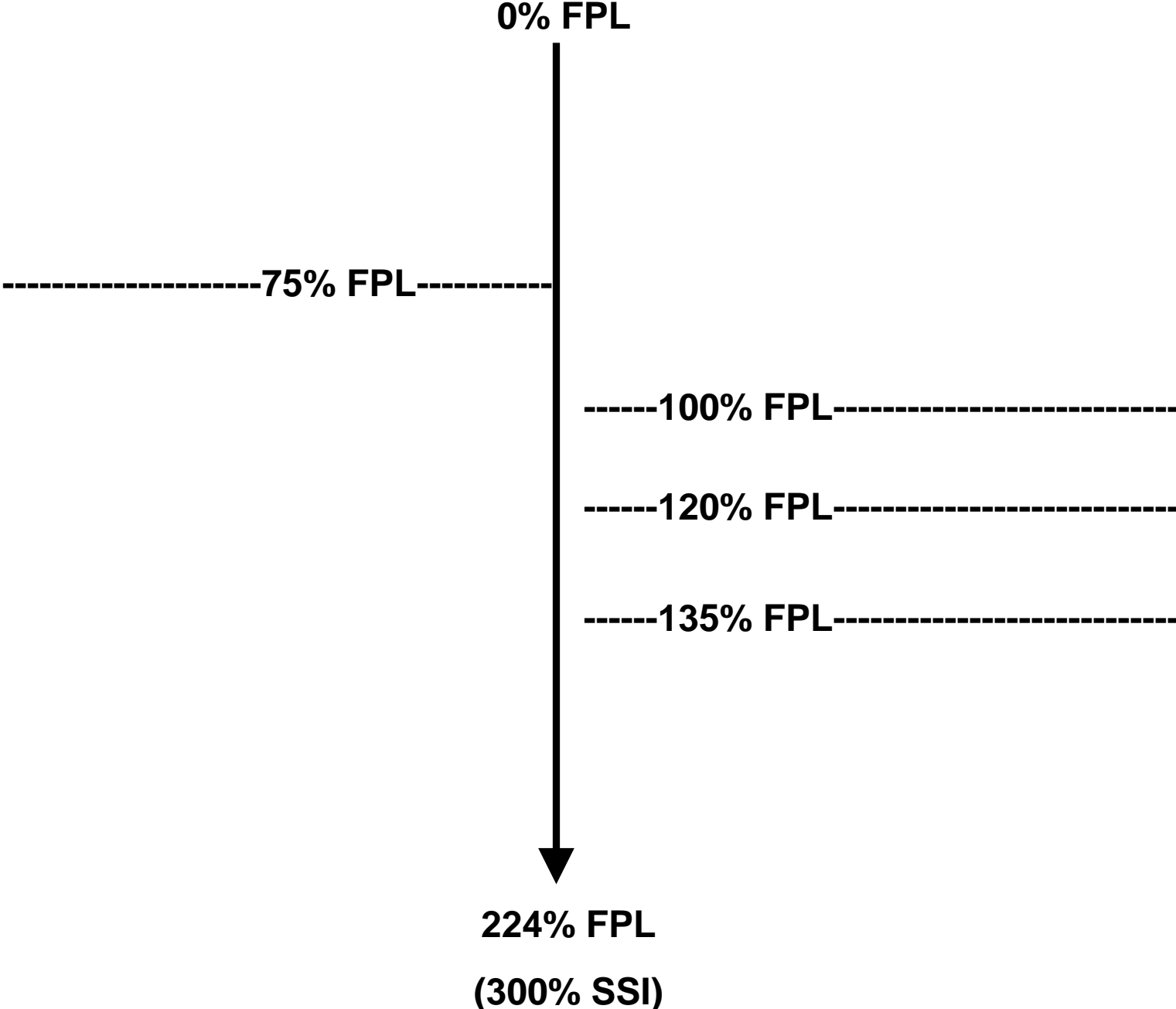
Why Coding Is Important

- Client benefits
- Medicare Buy-In
- Federal Match
- Computer Guide III-G-23 & 25

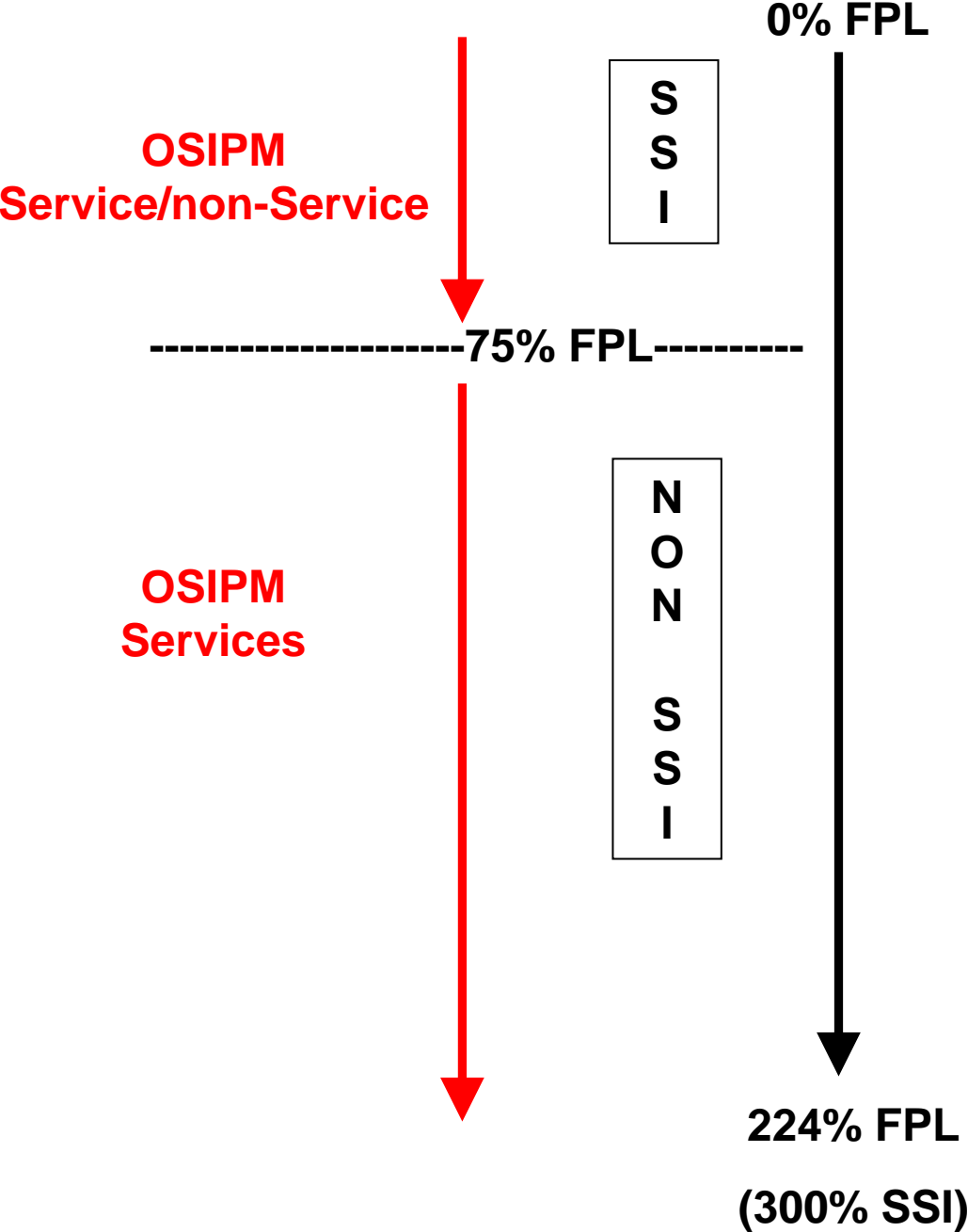
Coding

- 5 Potential Case Descriptors for MSPs: QMB/QMM/SMB/SMF/SBI
- 3 Potential Case Descriptors for MMA: ISI/FS1/FS2
- Medically Eligibles will most likely be QMM & FS1 – have Medicare and at or under 100% FPL.
- Non-medical eligibles could be almost any combination.

OSIPM and Medicare Savings Program Eligibility Relative to FPL



OSIPM and Medicare Savings Program Eligibility Relative to FPL



OSIPM and Medicare Savings Program Eligibility Relative to FPL

0% FPL



224% FPL

(300% SSI)

QMB
(QMM if Dual Eligible)



-----100% FPL-----

SMB



-----120% FPL-----

SMF

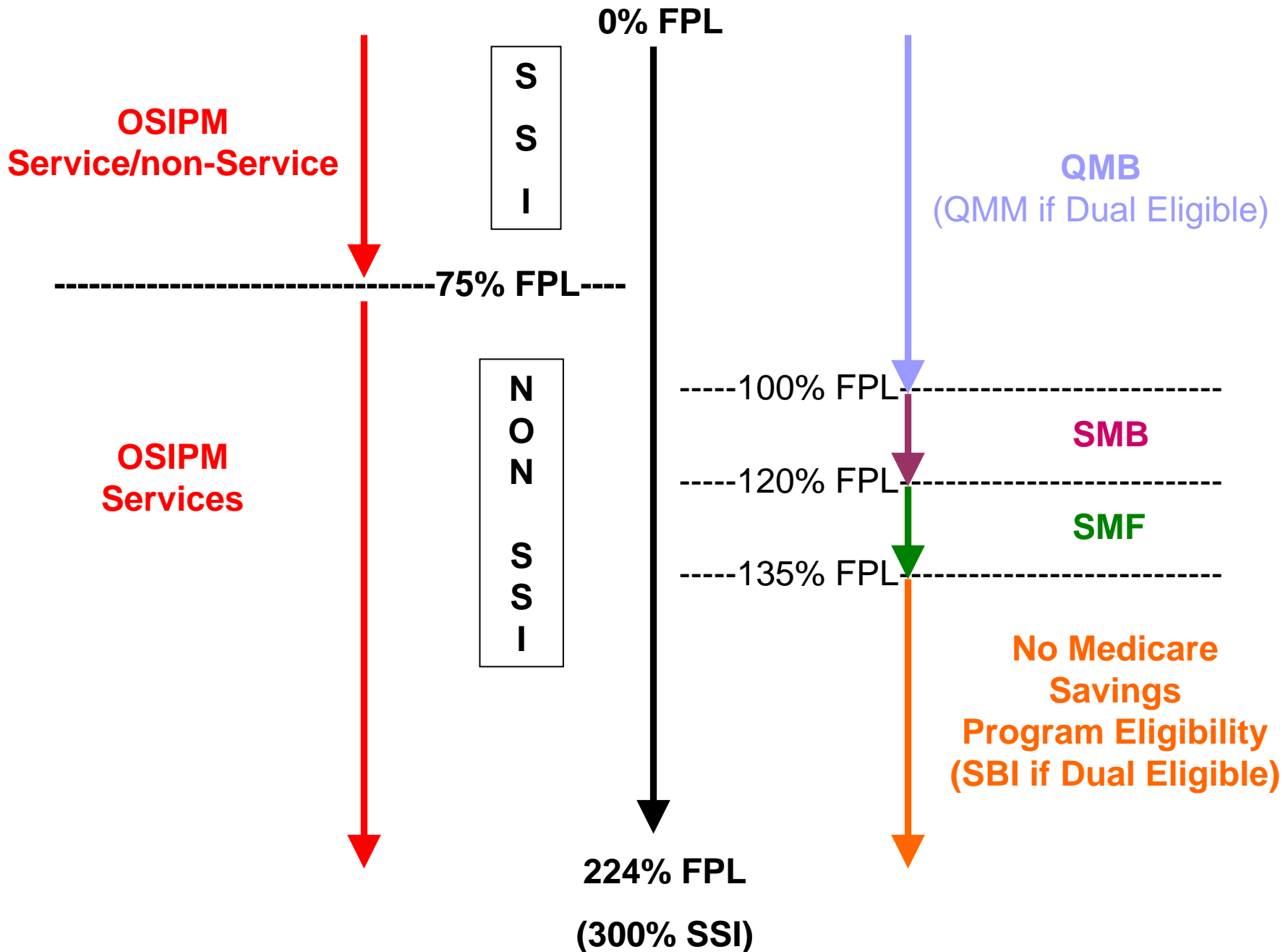


-----135% FPL-----

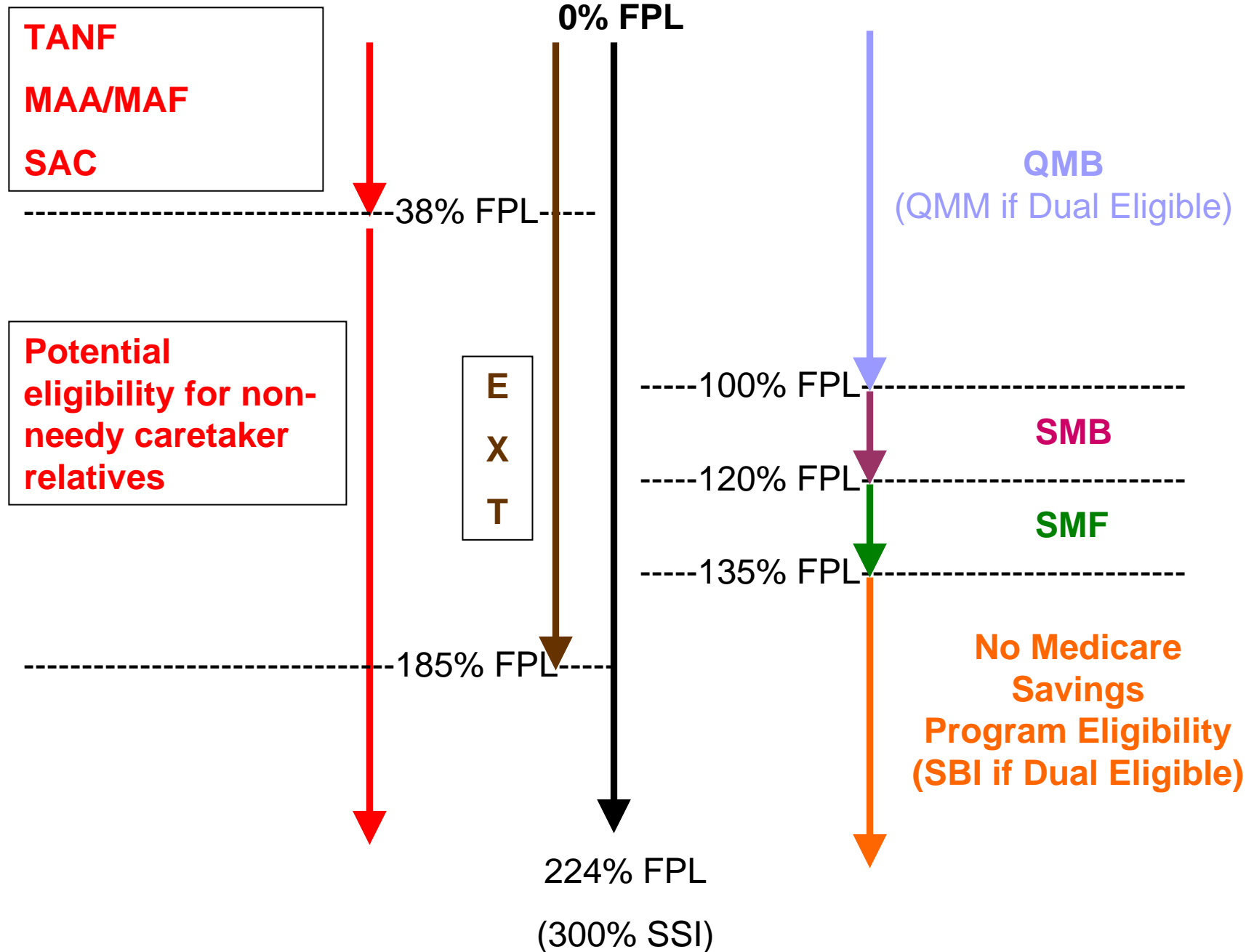
No Medicare
Savings
Program Eligibility
(SBI if Dual Eligible)



OSIPM and Medicare Savings Program Eligibility Relative to FPL



TANF/Medicaid and Medicare Savings Program Eligibility Relative to FPL



QMB Case Descriptors

QMB - QMB-BAS; Use for clients who are eligible only for QMB-BAS.

QMM - QMB-BAS and other medical; Use for clients who meet all eligibility criteria for QMB-BAS and are receiving continuous medical benefits under another program.

SMB - QMB-SMB; Special Medicare Beneficiary, partial federal match, full payment of Part B premiums.

SMF - QMB-SMF; Special Medicare Beneficiary, full federal match, full payment of Part B premiums.

SBI - For Medicare eligible clients who are institutionalized and over the SMB income level, also for clients who are eligible for OHP Plus and have income over the SMF level.

MMA Case Descriptors

ISI - Institutionalized Subsidy Individuals - clients in Nursing Facilities, ICF/MRs and Psychiatric Hospitals who have Medicare. They have no cost for Part D Medicare.

FS1 - Non-institutionalized clients with Medicare at or under 100% FPL in income. \$1 or \$3 drug co-pay and no other costs for Part D.

FS2 - Non-institutionalized clients with Medicare with over 100% FPL in income. \$2 or \$5 drug co-pay and no other costs for Part D.

Coding Medicare in ACCESS

Oregon Access [Office : Hermiston MSO (3013) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Case for COUNTRY I LIVING / Case Nmbr: FT50375 (Case Branch : Hermiston MSO)

Health Ins.
 Med. Services
 Medical Cost
 Physical
 Medical Trans

Health Insurance List

Insurance Type	Company	Premium Amt	Verified
1 Medicare Part A & B		88.50	Yes

Health Insurance Detail

Type: **Medicare Part A & B & D**

Company: Medicare Part A & B

Name: Medicare Part A & B & D

Address: Medicare Part A & D

Line 2: Medicare Part B

City State ZIP: Medicare Part B & D

Tele Nmbr: () - Ext

OHP/Managed Health Care Coverage:

Medicare Part D Enrollment Assistance Offered

Policy

Holder: Sample Client

Nmbr: 123456789A

Group:

Premium: 88.50 Spend Down Deduction:

Start Date: 01/01/2003 End Date: 00/00/0000

Verified:

Person Insured

Name	Coverage Thru Employer?	Share Amt
LIVING, COUNTRY I	<input type="checkbox"/>	88.50

Add Remove

The type of insurance coverage the person has. hstrng4 (2617) 05/05/2006 03:31 pm

Coding MSP in ACCESS

Oregon Access [Office : Hermiston MSO (3013) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Case for COUNTRY I LIVING / Case Nmbr: FT50375 (Case Branch : Hermiston MSO)

Case Overview **Medical Assistance** Foodstamps Service General Assistance

Medical Benefit Detail

Incm: NEW Eff Date: 05/01/2006 NRD: Elig Rvw Date: 05/2007 NFM: Med Rvw Date: 00/0000

Program: D4 # Hse: 01 # OHP: 00 Med Prg/#: OSP 01 QMB 01

Spend Down Start Date: 00/00/0000 End Date: 00/00/0000 Spend Down Miss Expenses NA

Case #: FT50375 Reas:

Medical Benefit Applicant(s)

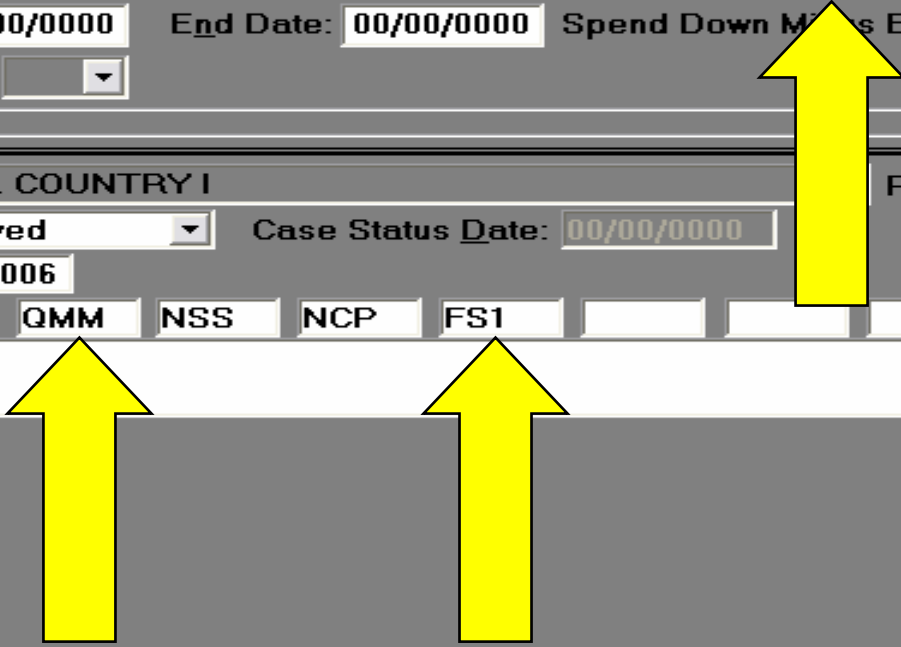
Person: LIVING, COUNTRY I Prime #: LE300N2C

Case Status: Approved Case Status Date: 00/00/0000

Med Elig Date: 05/01/2006

Case Descriptors: APO QMM NSS NCP FS1

Admin Rule And Reason for Action:



hstrng4 (2617) 05/05/2006 03:36 pm

MSP in ACCESS Integration

Oregon Access [Office : Hermiston MSO (3013) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Application for COUNTRY I LIVING / Case Nmbr: FT50375

UCMS CMUP/PCMS

View: ACCESS CMS

Rel: Byp Prcs:

Case Name: LIVING, COUNTRY I Auth Rep:

Res Str: 2020 Versa Ln City: Anytown St: OR Zip: 97304

Fips Cnty: 053 Tele: 503 555-5555 Send Mailing Address:

Mail Str: PO Box 56 City: Anytown St: OR Zip: 97304

Prog: D4 Br: 3013 Case: FT5037 WCMI Case Stat: SCD: 5 Last Chg: 00/00/0000

Incm: NEW Req Date: 05/01/2006 Lang: EN Tot Rsrc: .00 Pre Pay: .00

Eff Date: 05/01/2006 # Hse: 01 # OHP: 00 Med prg/# OSP 01 QMB 01

Reas: Ntce: # ERDC: 00 Load: TI Serv Wkr: TR

CC Wrk Hrs: 000 Pay Prf: Sch Hrs 943 Print: N

Tr-Cd: Hld Type: Hld Rsns: Ovp: .00 Prev Ovp: .00

Act Prov: TANF Sit End: 00/00/0000

APR: 00/00/0000 OHP Updt: Prem Stat: Waiv: Deny: End: 00-0000

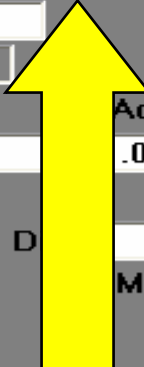
Rvw: 05-2007 Pkt #: 99 Medl Rvw: 99-9999 DD:

NRD NFM

CASE UPDATED TODAY - SUSPENSE RECORD SHOWN

Delete Transaction

Oregon ACCESS | hstrng4 (2617) | 05/05/2006 03:36 pm



MSP in ACCESS Integration

Oregon Access [Office : Hermiston MSO (3013) Profile Type :- Branch]

File Edit Select Status Transfer View Mainframe Windows Help

Application for COUNTRY I LIVING / Case Nmbr: FT50375

UCMS CMUP/PCMS

List of Persons

Ltr	Last Name	First Name	MI	SSN	DOB	S	R	Prime #	Send
A	LIVING	COUNTRY	I	543-56-2697	05/09/1970	M	W	LE300N2C	X

View: ACCESS CMS Include Person : Include Unborn Child :

SSN	Last Name	First Name	MI	Birth Date	S	R	Prime #
543-56-2697	LIVING	COUNTRY	I	05/09/1970	M	W	LE300N2C

Medl Elig: S 05/01/2006 MIB: 3 MTCH: M Mom: Dad:

Excp: Ingnt: AD Payee: X Good Cause: Sup Case: Title:

Case Desc: APO QMM NSS NCP FS1 Tot Gross: Reg: R

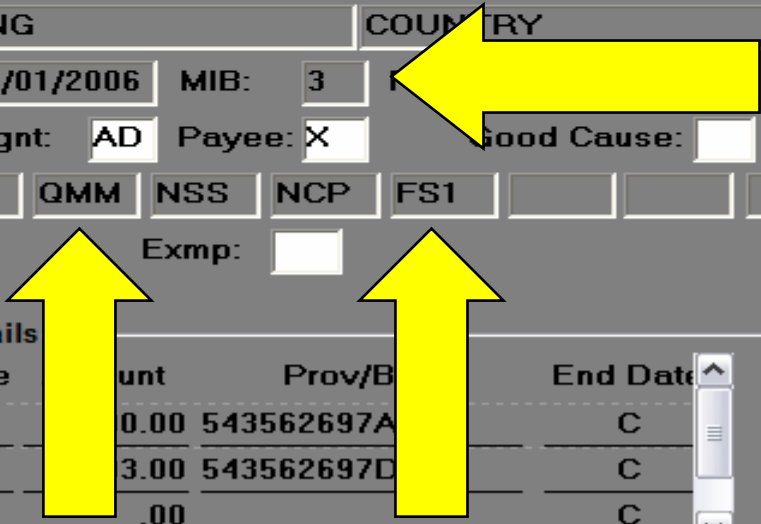
Jobs Stat: Exmp: Grade:

Need/Resource Details

Seq	N/R	Type	Amount	Prov/B	End Date
01	R	SSB	0.00	543562697A	C
02	R	SSI	3.00	543562697D	C
03	N	SIP	.00		C

[Other People](#)
[Change N/R List](#)

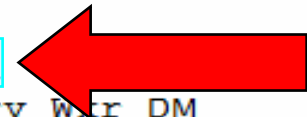
Oregon ACCESS hstrng4 (2617) 05/05/2006 03:36 pm



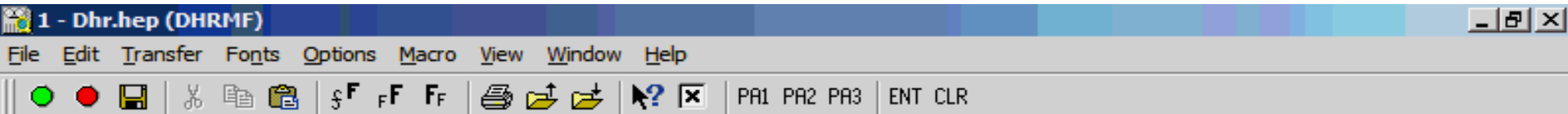
Coding Example - UCMS

```
1 - Dhr.hep (DHRMF)
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR

UCMS
Case Name
Res Str 500 SUMMER ST
Fips Cnty 029
Mail Str
Prog Br Case SCD WCMI Case Stat Last Chg
2 1501 XX1234 0 VP
Incm COMPUTE Req Date 08-23-99 Tot Rsrc 0.00
Eff Date 05-01-05 # Hse 06 # OHP 00 MED prg/# MAA 06 QMB 01
Reas Ntce Prnt 943 Print N Load DM Serv Wkr DM
CC Wrk Hrs 172 # ERDC 00
Tr-Cd Hld Type Hld Rsns Ovp: 0.00 Prev Ovp: 0.00
Act Prov N TANF Sit End Pre Pay 0.00
APR OHP Updt Prem Stat: Waiv Disq Deny End
Rvw 05-03 Pkt# 1B Medl Rvw DD: N
PL Ingnt Recip N/R C/D MORE +
A AD CLIENT, SAMPLE DVS SSB FS1 MAA QMM
B CH CLIENT, CHILD A MAA
C FA CLIENT, DADDY
D CH CLIENT, CHILD B MAA
32 CASE UPDATED TODAY - SUSPENSE RECORD SHOWN
F3=EXIT F6=FAST PATH F9=SAVE F15=MANL F18=COPY
F1=Hlp F2=Add F7=Bkwd F8=Fwd F16=Alias/Updt F17=ENRC F23=PCMS F24=CMUP
```

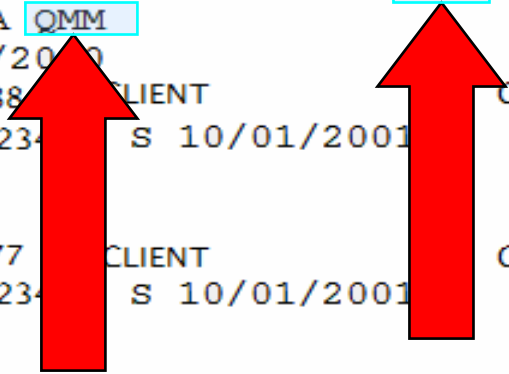


Coding Example - CMUP



```
WCIW033C                CM Case Member Update                04/25/2005 02:58 pm

Fast Path █            EB Case Nmbr BM8421 Next Per _           More: +
  PL  SSN              Last Name           First Name           MI Title  DOB      S R
IG Py  Prime Medl Elig MIB PHI JS Exmp   Grade           Mom Dad Excp FI GC
. A 123-45-6789 CLIENT                SAMPLE                03/31/1970 F W
AD X  XXX12345X S 10/01/2001 3 N A           GD                A
C/D FS1 MAA QMM Action N Registered: R
N/R DVS 12/2000 N/R SSB C 151.00 123456789A
. B 123-45-6788 CLIENT                CHILD A              M 01/18/1990 M W
CH XXX12345X S 10/01/2001 N 03 A C 1
C/D MAA Action N Registered: R
N/R N/R
. D 123-45-6777 CLIENT                CHILD B              A 02/15/1991 M W
CH XXX12345X S 10/01/2001 N 02 A C 1
C/D MAA Action N Registered: R
N/R N/R
. E 123-45-6666 CLIENT                CHILD C              L 09/27/1992 F W
CH XXX12345X S 10/01/2001 0 N 01 A C 1
C/D MAA Action N Registered: R
N/R N/R
```



```
F1=Help F2=Add F6=Fast Path F7=Bkwd F8=Fwd F9=Save (RU) F11=Get Prsn
F14=Delete Per F16=Alias/Updt F19=Left F20=Right F21=Sort PL F22=UCMS F23=PCMS
```

Resources

- Definitions
- A MMA code only flow chart
- A MMA and MSP flow chart
- A Combination of all SPD Type Programs Chart
- BEIN/CMS screen shots
- ACCESS coding screen shots
- Oregon Administrative Rules
- Power Point



WHO TO CALL...

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Thanks

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