

Application Policies

Colorado Indigent Care Program

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COLORADO

Department of Health Care
Policy & Financing

Objectives

- Policies for all application worksheets/tabs
- Reasons behind the policies for each
- Audit findings
- COVID vaccine policy

Client Application Versions

- There are three different versions of the client application:
 - Clinic Excel
 - Hospital Excel
 - Paper - technically there's two of these too
- These policies apply to ALL of them
- Applications should not be filled out by applicants as they do not know the proper way to fill in some of the information

Client Information Tab

- Every line should be filled in for each of the household members included in the application
- Data entered into this tab will pull through to every other Worksheet in the application
- Make sure to enter the date as the date the application is started
 - Applicants have 45 days from the beginning of the application to complete it to ensure the documentation they have provided is still relevant to their situation
 - Option to change signature dates on following Worksheets

Emergency Application

- The only providers that should be completing emergency CICP applications are hospitals
- Clinics should not be using the emergency application indicator or rules UNLESS they have an emergency department within the clinic, like some rural providers have

Clinic Emergency Applications

- The Clinic Client Application does have the Emergency Application option - the reason for this is the Department has granted temporary approval for certain clinics to complete emergency applications during natural disasters or similar situations
 - NOTE: This does NOT apply to COVID, no clinics should be completing emergency applications for COVID patients

ER and Health First Colorado

- Applicants completing Emergency Applications must be screened for Health First Colorado/CHP+ eligibility prior to their CICIP applications being processed
 - If the applicant's stated income is at or below 138% FPL, they will need a denial prior to being placed on CICIP
 - It is best practice to collect all of the information for the CICIP application from the applicant even if they appear eligible for Health First Colorado in case they are denied - it may be hard to find them later



ER to Inpatient

- If an applicant fills out an Emergency Application while in the ER and then is admitted, it is CICP policy that the applicant is asked to provide documentation of their stated income
 - If the applicant is unable to provide documentation of their stated income, providers should make a note that the applicant is unable to provide the documentation during their inpatient stay

Household Address

- This should be the address of all household members included in the application that applying to receive services under CACP
 - Applicants are allowed to include household members they are supporting that live in other states or countries, including their spouse, children, etc.
 - These household members would be counted in household size only
 - Applicants should not include household members who live at different addresses and wish to receive services under CACP

Residency Status

- There are five options for the residency status:
 - Colorado Resident & US Citizen
 - Colorado Resident & Lawfully Present
 - Migrant Farm Worker & US Citizen
 - Migrant Farm Worker & Lawfully Present
 - Counted in Household Size Only
- Household members being counted in household size only do not need any information entered other than their name, dependency status, birthdate, and residency status

Ineligibility Codes

- When completing the ineligibility codes, answer them one at a time from top to bottom
 - Once you have a code, you can stop answering the questions for that household member because no other codes will populate even if the household member meets all the requirements for them
 - If you go through all the questions and have not gotten a code, the applicant and/or the household may need to apply for Health First Colorado/CHP+ prior to completing the application
 - If there is a reason you know the household would not qualify for Health First Colorado, it can be entered in the Other line



Code A - Denial Letters

- Code A should populate if the household member has received a denial letter from Health First Colorado and/or CHP+, whichever is applicable
 - Health First Colorado is mainly for adults who are at or below 138% FPL, children who are at or below 147% FPL, and pregnant women who are at or below 200% FPL (all include the 5% disregard)
 - CHP+ is for children and pregnant women who are above the Health First Colorado level and at or below 260% and who do not have health insurance
 - There are not many children on CACP because they usually qualify for CHP+



Code B - The Five Year Bar

- Code B will populate if the household member is not a US Citizen, has been lawfully present for less than five years, AND is not a refugee
 - Immigrants who have been lawfully present for less than five years are not eligible for Health First Colorado
 - The five year bar has been removed for children and pregnant women, they should never have a B ineligibility code
 - Refugees are eligible for Health First Colorado as soon as they are in the country, there is no bar for them



Code C - Transitional Medical Benefits

- Code C will populate if the household member had transitional medical benefits that have been discontinued
 - There's also an N/A option for this question in case the household member never had transitional medical benefits
- Transitional Medical Assistance, or Transitional Medicaid, provides households with up to a year of Medicaid coverage if they lose coverage due to increased income from employment or child or spousal support payments

Code D - Health First Colorado Special Categories

- Code D will populate if the household's income exceeds the Health First Colorado limit and the household member is not a child, not pregnant, and not disabled
 - If the household member is a child, pregnant, or disabled, there are different requirements that must be looked at to see if they are truly ineligible for Health First Colorado and/or CHP+, including but not limited to higher FPLs and primary health insurance coverage

Code E - Primary Insurance

- Code E will populate if the household member is over income for Health First Colorado, either a child or pregnant (or both), and they have primary insurance
 - The FPL for CHP+ is 260% FPL, so most children and pregnant women who may be included in the household size should be able to be covered by CHP+
 - CHP+ will not cover individuals who have primary insurance, which would be the group that would be covered under Code E.

Code F - Other

- Code F will populate as soon as anything is typed into the “Other” line
 - Code F should only be used as a very last resort and only if there is a reason not covered by the other codes that the household member would not qualify for Health First Colorado or CHP+
 - Information typed into the Code F line automatically transfers to the Notes section of the Application tab
 - Any additional information that supports why Code F was used should still be typed into that section

“Appears Eligible for Health First Colorado”

- A household or individual household member whose income is at or below the appropriate FPL percentage who has been lawfully present for at least five years
 - For minors and pregnant women, potentially eligible for Health First Colorado if at or below 147% (minors) or 200% (pregnant), and for CHP+ if above those percentages but do not have health insurance
 - Income is counted prior to any CICIP deductions or liquid resources are taken into account

Health First Colorado/CHP+ Denials

- Every member of the household needs to be checked for Health First Colorado/CHP+ eligibility
 - Just because the total household income is over the limit doesn't necessarily mean that an individual household member shouldn't be on Health First
- For example, a household made up of a married couple and the husband's brother would have two different denial situations - one for the married couple and one for the brother
 - This is due to Health First's household definition being different than CACP's



Question 1

- How many different denials would a household consisting of a married couple, their minor child, and non-senior grandparent need if the FPL for the parents and child is 144, the FPL for the grandparent is 175, and the total household FPL is 205?
 - A. One
 - B. Two
 - C. Three

Answer 1

- How many different denials would be needed?
 - A. One
 - B. Two
 - C. Three
- Only the minor would need to be denied Health First Colorado coverage prior to being placed on CICP, as the other three adults are non-pregnant, non-seniors over the FPL (both combined and separately).

Question 2

- At what point in the application should a financial counselor check the household FPL against Health First Colorado guidelines?
 - A. After the Client Information tab
 - B. After Worksheet 1
 - C. After Worksheet 2
 - D. After Worksheets 3 & 4



Answer 2

- At what point in the application should a financial counselor check the household FPL against Health First Colorado guidelines?
 - A. After the Client Information tab
 - B. After Worksheet 1
 - C. After Worksheet 2
 - D. After Worksheets 3 & 4
- Health First Colorado eligibility is based on employment and self-employment income, so the household FPL should be checked after the completion of Worksheets 1 & 2 (if applicable)



Questions?



Lawful Presence Affidavit

- All household members who are age 18 and older must sign the lawful presence affidavit and provide a document proving their lawful presence
 - Any document can be accepted as long as it is valid and not expired
 - There is a list of documents for citizens, but it is not a complete list, and any document a citizen presents that proves their lawful presence is acceptable
 - There is not a list for immigrants who are lawfully present, but any document they provide that can be verified through SAVE is acceptable
 - Minors do not need an affidavit

Colorado IDs

- If a household member has a Colorado drivers license or ID card that has a star in the upper right hand corner, it can be used for both residency and lawful presence
 - The IDs with the star indicate that the Department of Revenue (DOR) has verified that the person issued the card is lawfully present
 - Since DOR is a sister agency to HCPF and CICP providers are administering the CICP on the Department's behalf, providers can accept DOR's verification without any other documentation

Expiring Documents

- Lawfully present applicants whose documentation expires within a year of the application date must have their application end dated to match the expiration date of their documentation
 - If they can provide an updated document that has a later expiration date, the full year can be granted
 - Colorado IDs will be end dated to match the documentation that was provided to DOR
- This does NOT apply to US Citizens

Five Year Bar Applicants

- If an applicant is not eligible for Health First Colorado due to the Five Year Bar but their five year date is within the next year, their application should be end dated on the date they hit their five years
- These clients will need to apply with Health First Colorado if they are under the income level at the time their five year bar expires
 - If they are still over income, they can be rerated for CACP



Pregnant DACA Applicants

- Pregnant DACA individuals are not eligible for Health First Colorado or CHP+
 - These applicants do not need to apply for Health First Colorado or CHP+
 - Code F should be used for these applicants
 - Once the baby is born, the baby should qualify for Health First Colorado or CHP+
 - Provider should plan on screening the baby once they are born
- Pregnant DACA individuals ARE eligible for Emergency Health First Colorado

Self- and Third-Party Declarations

- The self- and third-party declarations should be used with extreme caution, and only as a last resort
 - The self-declaration can only be completed by a US Citizen and the third-party declaration can only be completed by a US Citizen on behalf of another US Citizen

Question 3

- True or False: The only acceptable lawful presence documents are listed on the affidavit or in the provider manual.
 - A. True
 - B. False

Answer 3

- True or False: The only acceptable lawful presence documents are listed on the affidavit or in the provider manual.
 - A. True
 - B. False
- There is not one complete list of acceptable documents to prove lawful presence. As long as the applicant's document can be run through SAVE, it is acceptable. For citizens, any document showing their citizenship is acceptable.

Client Responsibilities

- This tab serves only as information for the client
 - Providers may ask the applicant and other household members to sign a copy of the client responsibilities if they choose, but this is not mandatory
 - A copy of the responsibilities does NOT need to be included with the application, it is purely educational for the applicant and other household members

Worksheet 1 - Income

- Worksheet 1 must be signed and included in all applications, even if the applicant has no employment or unearned income
 - The applicant's signature shows they agree to the calculations, or that they have no income to count
- Providers should use the boxes on the side of this tab to calculate monthly gross income for all working household members
 - Note that income from a working minor or an adult student living with their parents is exempt and should not be included

Combined Income

- In the top box to the right, all of the household members' names will be pulled over from the Client Information tab
- Providers should enter in the calculated monthly income for each household member next to their name to keep track of which income is coming from which household member

Worksheet 1 Printing Change

- The application that will be coming out for July 1, 2021 has been updated to print the calculation boxes located to the right of Worksheet 1
 - The Department hopes this will help make it easier to identify calculations for each household member for the auditor

Unearned or Other Income

- All monthly unearned income that the provider counts should be entered under Monthly Unearned Income Sources
 - The unearned income counted is unique to each facility, so please make sure to check your internal policies to ensure you are counting the correct ones
- Annual or One Time Unearned Income Sources can include but is not limited to bonuses and gifts
 - If any household member has a bonus on their pay stub, this is where that should be entered

Exempt Unearned Income

- CICIP has a list of unearned income that is not allowed to be counted for households
 - The full list is available in the CICIP provider manual and includes things like college grants/loans/work study income, retirement accounts, proceeds of a loan, etc.



Questions?



Worksheet 2 - Self-Employment

- Worksheet 2 must be include for any household member who owns their own business, with a few exceptions:
 - Household members who pay themselves as any other employee (income can be entered in Worksheet 1)
 - Household members using taxes as their documentation (total annual income/12 can be entered in Worksheet 1)
- Businesses that are losing money should still have all information included, they will be counted at \$0 not at the negative amount
 - The Excel application automatically resorts to \$0 if the expenses outweigh the income



Home Businesses

- Household members who run their business out of the house can include a portion of the mortgage/rent, utilities, etc. as an expense
 - There are four boxes at the top of the worksheet that must be filled out for the percentages to be calculated correctly
 - These are the same things that are used in business taxes to calculate countable expenses, so the household member should be able to answer all of them
- If your facility completes paper applications, it might be easier to use the Excel version of this worksheet so you don't have to calculate the percentage by hand

Businesses Outside the Home

- Household members who run their business at another location can count the entirety of their mortgage/rent and utilities for that location as an expense
 - The first box at the top of the worksheet should be set to “No” to ensure that the mortgage/rent and utilities are counted at the full expense

Multiple Businesses

- Some households have more than one business run by one or more household members
 - Providers can fill out Worksheet 2 for each business to find the net income for each business
 - The preliminary worksheets that were used to calculate the combined income/expenses should be kept with the application as well and clearly marked as to which one goes with which business

Business #1

Does the applicant operate their business from their home?
 Square footage of applicant's home:
 Square footage used for applicant's home business:
 Hours per week applicant works out of their home:

Yes
 2500
 250
 60.00

Monthly Annualized

Gross Business Income

\$4,000.00 \$48,000.00

Mortgage/Rent of Business Property
 Utilities

\$1,800.00 \$21,600.00
 \$400.00 \$4,800.00
 \$0.00

Insurance
 Merchandise/Cost of goods

\$500.00 \$6,000.00
 \$1,200.00 \$14,400.00

\$1,778.57 \$21,342.86

\$2,221.43 \$26,657.14



Business #2

Does the applicant operate their business from their home?	Yes	
Square footage of applicant's home:	2500	
Square footage used for applicant's home business:	200	
Hours per week applicant works out of their home:	50.00	
	Monthly	Annualized
Gross Business Income	\$3,500.00	\$42,000.00
Mortgage/Rent of Business Property	\$1,800.00	\$21,600.00
Utilities	\$400.00	\$4,800.00
		\$0.00
Insurance	\$450.00	\$5,400.00
Merchandise/Cost of goods	\$1,000.00	\$12,000.00
	\$1,502.38	\$18,028.57
	\$1,997.62	\$23,971.43

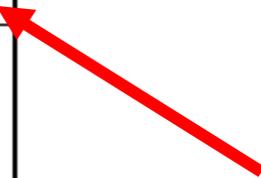


Combo Businesses Example

- If you add the two previous slides together, you get that the household has a profit of \$4,219.05 monthly, \$50,628.60 annually
- There are two ways that this information can be easily entered into the application:
 - Enter in the monthly for each business next to the appropriate household member on Worksheet 1, or
 - Enter in the total monthly profit into the Gross Business Income line of Worksheet 2 and remove all other information
- In either case, be sure to keep the “scratch” Worksheet 2s for documentation of how you calculated the profit for each

Option #1

Annualized Income
\$50,628.60
Declared
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00



monthly basis.

Combined Monthly Gross Income	
APPLICANT	\$2,221.43
Household Member 1	\$1,997.62
Household Member 2	
Household Member 3	
Household Member 4	
Household Member 5	
Household Member 6	
Total Household Gross Income	\$4,219.05

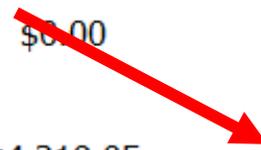


Option #2

Does the applicant operate their business from their home?
 Square footage of applicant's home:
 Square footage used for applicant's home business:
 Hours per week applicant works out of their home:

Yes

	Monthly	Annualized
Gross Business Income	\$4,219.05	\$50,628.60
Mortgage/Rent of Business Property		\$0.00
Utilities		\$0.00
		\$0.00
Insurance		\$0.00
Merchandise/Cost of goods		\$0.00
	\$0.00	\$0.00
	\$4,219.05	\$50,628.60



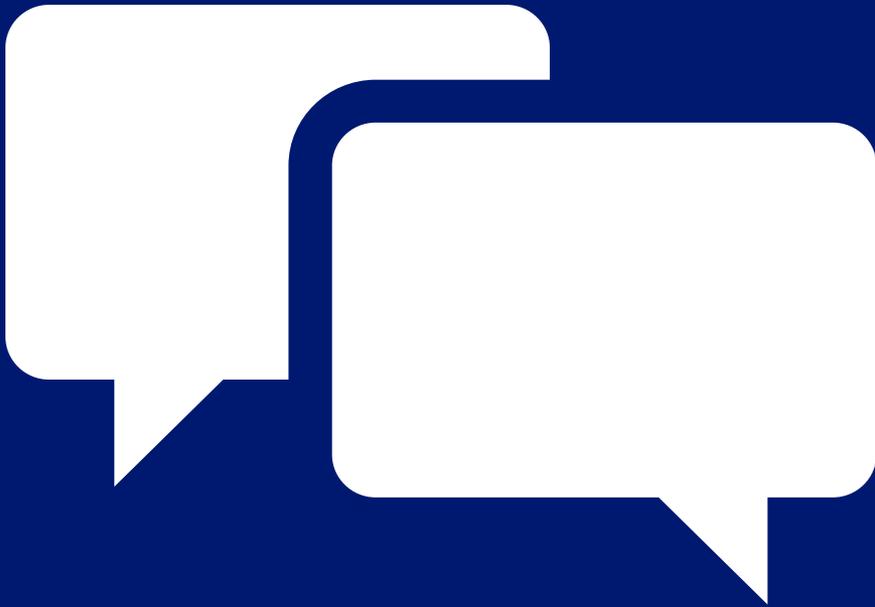
Worksheet 3 - Deductions

- Worksheet 3 must be included with every application if your facility counts deductions, even if the household has no deductions to count
 - There is a box to check if the household claims no deductions
- Be very careful to choose the correct frequency option in the drop down for each line, an incorrect choice can impact the total by a lot
- Also make sure you are only counting the deductions that were specified in your most recent annual provider application - if you don't know what they were, ask your manager

Worksheet 4 - Liquid Resources (Hospitals Only)

- Worksheet 4 must be included with every application if your facility counts liquid resources, even if the household has no liquid resources to count
 - There is a box to check if the household claims no liquid resources
- There are certain liquid resources/income sources that are specifically exempted by the Department, including retirement accounts, college grants/scholarships/work study income, child support and foster payments, SNAP, WIC, and TANF, proceeds of a loan, tax refunds, etc.
 - There is a full list in the provider manual





CICP Application

- The Application tab is the culmination of all of the previous worksheets
 - Information entered into the Client Information tab is in Section 1, information entered into Worksheets 1 - 4 is in Section 2.
- Some lines will be different between the Clinic and Hospital applications since Clinics do not count liquid resources

Liquid Resource Spend Down

- Hospitals that count liquid resources must allow for clients to use the Spend Down if they want to and they qualify to use it
- The application is automatically set to use the Spend Down option if the household qualifies for it
 - If there is an amount in that line, the household will need to pay the amount towards a medical bill prior to being placed on CICIP
 - Can be the bill they are applying to cover or an open medical bill with another provider but it **MUST** be a medical bill
 - Household is still responsible for the CICIP copay after the Spend Down is paid



Update to Spend Down

10. Net Household Financial Status (Lines 8 - 9)		\$32,300.00
11. Use Liquid Asset Spend Down?	Yes	\$100.00
12. Grand Total Net CICP Income (Lines 10 - 11)		\$32,200.00
Spend Down documentation received?	No	FPL Percentage: <u>Denied</u>

10. Net Household Financial Status (Lines 8 - 9)		\$32,300.00
11. Use Liquid Asset Spend Down?	No	\$100.00
12. Grand Total Net CICP Income (Lines 10 - 11)		\$32,300.00
Spend Down documentation received?	No	FPL Percentage: <u>Denied</u>

10. Net Household Financial Status (Lines 8 - 9)		\$32,300.00
11. Use Liquid Asset Spend Down?	Yes	\$100.00
12. Grand Total Net CICP Income (Lines 10 - 11)		\$32,200.00
Spend Down documentation received?	Yes	FPL Percentage: <u>250</u>



Client Copayment Cap

- The application is automatically set to use a 10% copayment cap, as that is the standard for CICP
 - Providers have the option to lower the copayment cap percentage for clients rated at their facility
 - Options for 10% down to 1%
- Percentage must be the same for all clients rated at the facility, it cannot be adjusted from application to application

Signature and Date

- The application is not complete until the application tab all required worksheets are signed
 - All signature lines can have the date changed if the application is not completed the same day it is started
 - Households have 45 days from when they start the application to complete it
 - If the application is not completed in 45 days, the household will have to provide updated pay stubs, bank statements, etc.

Denied Applications

- If an applicant is found to be over income or otherwise ineligible for CACP, they must still sign the application
 - Signature indicates the applicant agrees to the calculation of income/rating
- If an applicant refuses to sign due to being denied, the financial counselor should still sign and make a note of why the applicant didn't sign

Question 4

- Which is true about the Application Date and the Signature Date?
 - A. They're always the same
 - B. They're never the same
 - C. They're sometimes the same
 - D. What are you talking about?

Answer 4

- Which is true about the Application date and the Signature date?
 - A. They're always the same
 - B. They're never the same
 - C. They're sometimes the same
 - D. What are you talking about?
- The Application Date is the date that the application is started, usually the date the applicant has a rating meeting or expresses their desire to be rated. The Signature Date is the date the applicant reviews the completed application and signs signifying they agree with the rating.

Question 5

- Which date included in the application is also the Effective Date?
 - A. Application Date
 - B. Signature Date
 - C. Date of service

Answer 5

- Which date included in the application is also the Effective Date?
 - **A. Application Date**
 - B. Signature Date
 - C. Date of service
- The applicant has 90 days from the date of service to begin an application in order for it to be covered by the standard backdating period. The Effective Date always matches the Application Date.

Exception to Previous Slide

- Applications that are completed for prior months should still be dated with the date the application was started but the Effective and End Dates should be set to only cover the past period the applicant is applying to cover
 - Example: Applicant was hospitalized April 18-21 and became eligible for Health First Colorado in May. CICIP can cover the hospitalization since it was prior to the Health First Colorado eligibility. The card should be dated to cover only the dates of service the applicant is covering, in this case April 18-21.

Question 6

- Does the Effective Date include the backdating period?
 - Yes
 - No

Answer 6

- Does the Effective Date include the backdating period?
 - Yes
 - No
- The backdate is not included in the card because the 90 day backdate is already standard for CIGP, so if it is included in the card, the Client may be granted an additional 90 day backdate if they use their card at a different facility.

Notes Section

- Anything that is out of the ordinary that occurs during the application process should be included in the notes section to aid in an audit if the application is pulled
 - Better to have too much information than not enough
 - Helpful for auditors as well as for re-rates for the household if there was a special situation that is still in effect for them

CICP Card

- Household members are added to the card by having an ineligibility code assigned to them on the Client Information tab
 - If someone is on the card that shouldn't be, remove their ineligibility code
- The Begin and End date cells are unlocked so that they can be changed if needed
 - Do NOT include the backdate in the card
 - Do NOT make the card valid for more than 365 days

New Clinic Card Template

<p>Colorado Indigent Care Program (NOT Insurance)</p> <p>Name: _____</p> <p>Rate: _____ 0 _____ Copay Cap: \$0.00</p> <p>County Code: _____ SSN: _____</p> <p>Begin Date: <input style="border: 1px solid green;" type="text"/> End Date: _____</p> <p>Technician's Signature _____ Phone _____</p>	<p>The following household members are covered under the FPL on the front of this card. (Those eligible for Health First CO are not listed)</p> <p>Name: _____ SSN: _____</p> <p style="text-align: center;">Present this card any time you receive services at a CICP Provider</p>
<p>CICP Copays Due</p> <p>Clinic Services _____</p> <p>Specialty Outpatient Clinic _____</p> <p>Prescription Drugs _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p>	<p>Other Information</p>



New Hospital Card Template

<p>Colorado Indigent Care Program (NOT Insurance)</p> <p>Name: _____</p> <p>Rate: <u> 0 </u> Copay Cap: <u> \$0.00 </u></p> <p>County Code: _____ SSN: _____</p> <p>Begin Date: <input type="text"/> End Date: _____</p> <p>Technician's Signature _____ Phone _____</p>	<p>The following household members are covered under the FPL on the front of this card. (Those eligible for Health First CO are not listed)</p> <p>Name: _____ SSN: _____</p> <p>Present this card any time you receive services at a CICP Provider</p>
<p style="text-align: center;">CICP Copays Due</p> <p>Amulatory Surgery _____</p> <p>Inpatient _____</p> <p>Hospital Physician _____</p> <p>Emergency Room _____</p> <p>Emergency Transportation _____</p> <p>Outpatient Hospital _____</p> <p>Specialty Outpatient Hospital _____</p>	<p style="text-align: center;">CICP Copays Due</p> <p>Prescriptions _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p>



Welcome Letter

- Welcome Letter added last year to help easily create letters for clients
 - Select the range the applicant falls into to input the associated copays in the letter
 - The entire copay table is editable for providers who use other sliding fee scales or if they do not discount certain categories of services (except the homeless column, that one cannot be changed)
- It is not mandatory for providers to use this welcome letter, they may use their own if they prefer

Audits

- Most common findings during the audits have been missing pieces
 - All worksheets must be signed
 - If your facility counts liquid resources or deductions, every application must have those worksheets included even if the applicant has nothing to report on them
 - Lawful presence waiver needed for all household members 18+ applying to be covered
 - Copies of their documentation required
 - Copies of client insurance card

COVID Vaccine

- Per the Constant Contact email sent out January 22, 2021, CACP Clients can receive the COVID vaccine free of charge
 - No additional copay for vaccine received during an office visit (standard)
 - No copay for a visit solely to receive vaccine
 - No copay for vaccine received at pharmacy or during a vaccination event
- Providers would include the charge minus all payments from third parties (HRSA, insurance, other) with no client copay in the data



Questions?



2021-22 Training

- Seven trainings available this year:
 - Income Calculation - Wednesday June 16 9:00 to 11:00 and Tuesday June 22 1:00 to 3:00
 - Application Policies - Thursday June 17 9:00 to 11:00 and Wednesday June 23 9:00 to 11:00
 - Household Scenarios - Monday June 21 1:00 to 3:00 and Thursday June 24 9:00 to 11:00
 - Question and Answer - Tuesday June 29 9:00 to 12:00
- Someone from your facility/facilities should attend at least one session of each training

Helpful Links

- Provider Information:
<https://hcpf.colorado.gov/cicp>
 - Training sign up links and materials
 - Provider Manual
 - Current Client applications
- COVID FAQs: <https://hcpf.colorado.gov/covid-19-provider-information#CICP>
- CICP Email:
hcpf_CICPCorrespondence@state.co.us

Contact Info

Taryn Graf

CICP Administrator

hcpf_CICPCorrespondence@state.co.us



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Department of Health Care
Policy & Financing

Thank you!

