Glucose Monitors & Supplies

A Collaboration Webinar presented by the A/B and DME Medicare Administrative Contractors

August 25, 2022

Disclaimer

The A/B and DME MAC Provider Outreach and Education (POE) staff have produced this material as an informational reference for providers furnishing services in our contract jurisdictions to Medicare beneficiaries.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.gov.

As a reminder, CMS does not allow recording of education opportunities such as this.

Participants

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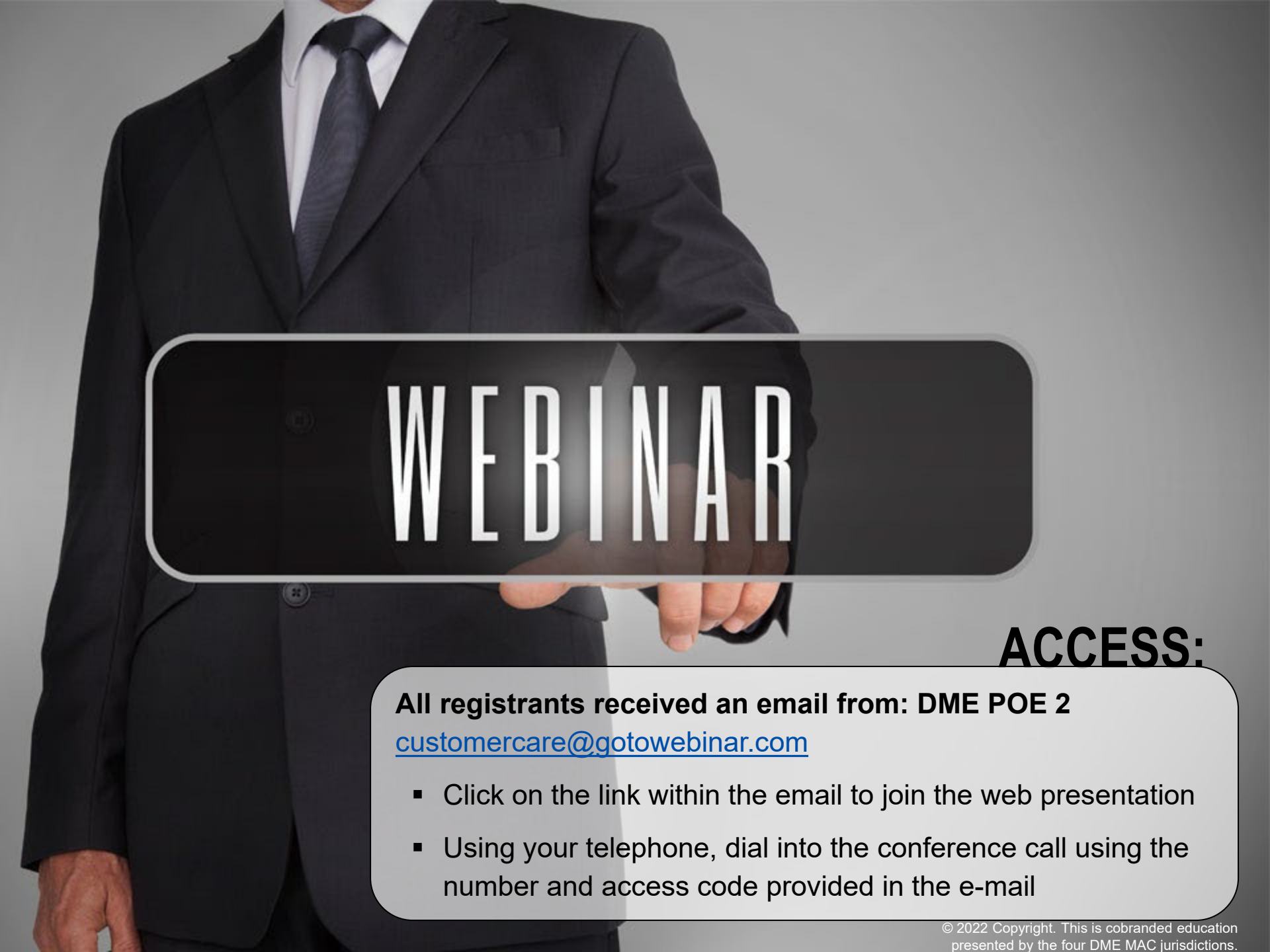
- First Coast Service Options, Inc.: http://www.fcso.com/
- National Government Services: http://ngsmedicare.com/
- Noridian Healthcare Solutions, LLC: http://www.noridianmedicare.com/
- Novitas Solutions: https://www.novitas-solutions.com/
- Palmetto GBA: http://www.palmettogba.com/
- WPS Government Health Administrators: https://www.wpsgha.com/



ACCESS:

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customercare@gotowebinar.com

- Click on the link within the email to join the web presentation
- Using your telephone, dial into the conference call using the number and access code provided in the e-mail

TODAY'S PRESENTATION

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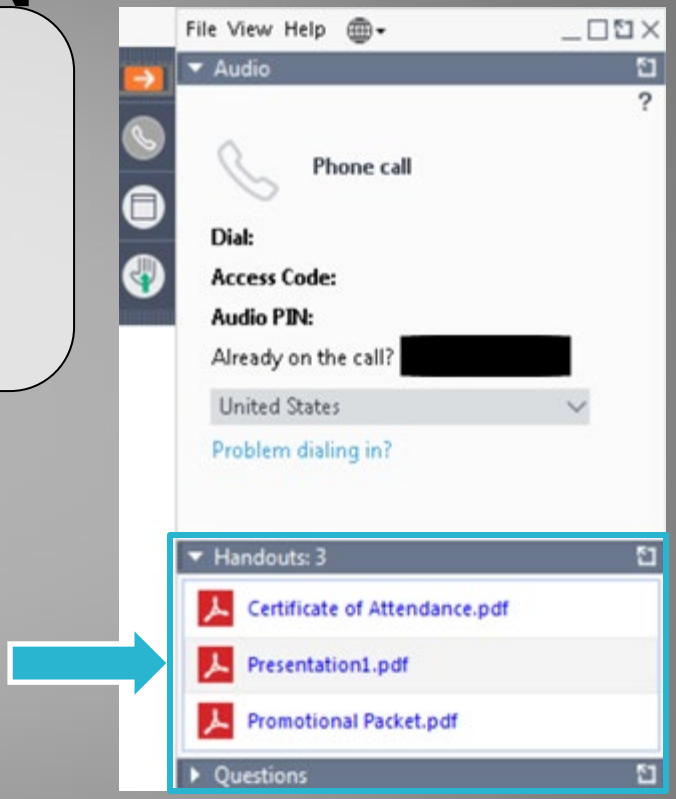
- Select **Orthoses.pdf** to download the presentation
- Internet Explorer may not allow you to open the attached PDFs.



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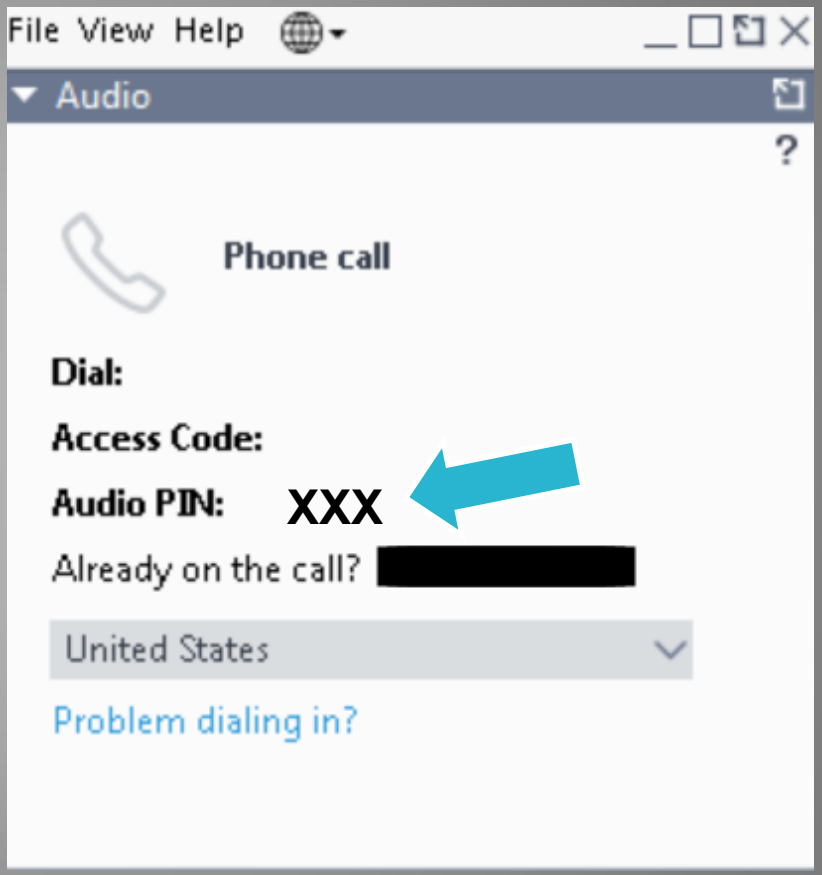
- Input the PIN on your screen into your telephone
- Dial-in number and PIN are unique for each attendee



QUESTION BOX

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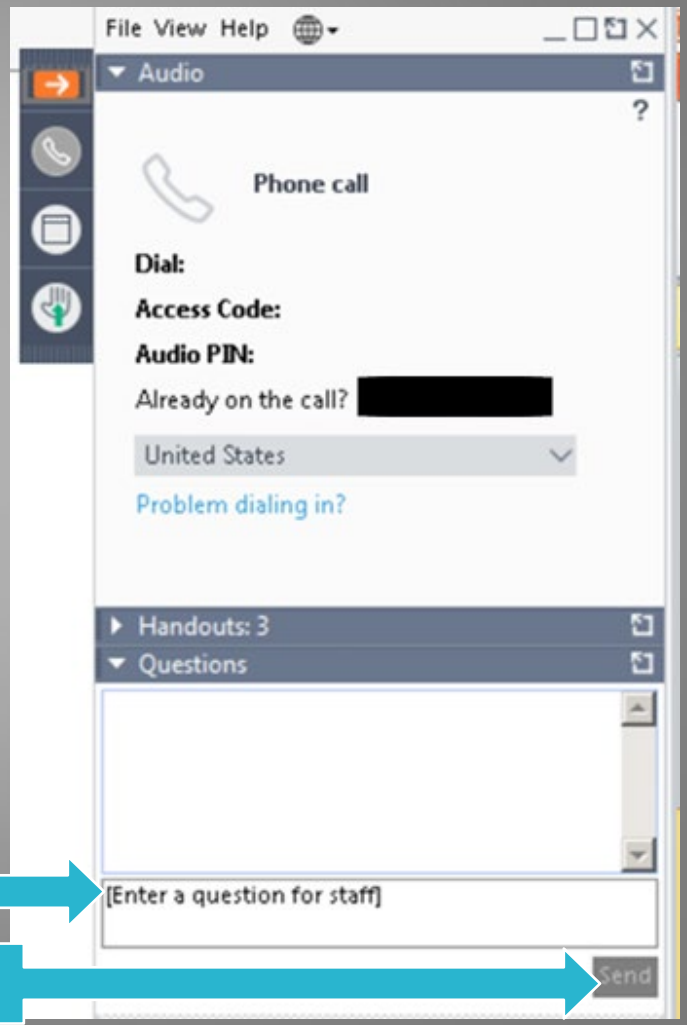

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Hit send.

Agenda

- Acronyms
- Patient Care is a Partnership
- Coverage Criteria
- Documentation Requirements
- Replacement
- COVID-19 Public Health Emergency
- Comprehensive Error Rate Testing (CERT)
- Resources and Reminders
- Questions

Acronyms

Acronyms

- **ABN:** Advance Beneficiary Notice of Noncoverage
- **BGM:** Blood Glucose Monitor
- **CERT**: Comprehensive Error Rate Testing
- **CGM:** Continuous Glucose Monitor
- **CMS:** Centers for Medicare & Medicaid Services
- **DME:** Durable Medical Equipment
- **DME MAC:** Durable Medical Equipment Medicare Administrative Contractor
- **DMEPOS:** Durable Medical Equipment, Prosthetics, Orthotics, Supplies
- **HIPAA:** Health Insurance Portability and Accountability Act
- **RAC:** Recovery Audit Contractor
- **RUL:** Reasonable Useful Lifetime
- **SWO:** Standard Written Order
- **UPIC:** Unified Program Integrity Contractor

Patient Care is a Partnership

Created August 2022

DMEPOS Suppliers Need Your Help

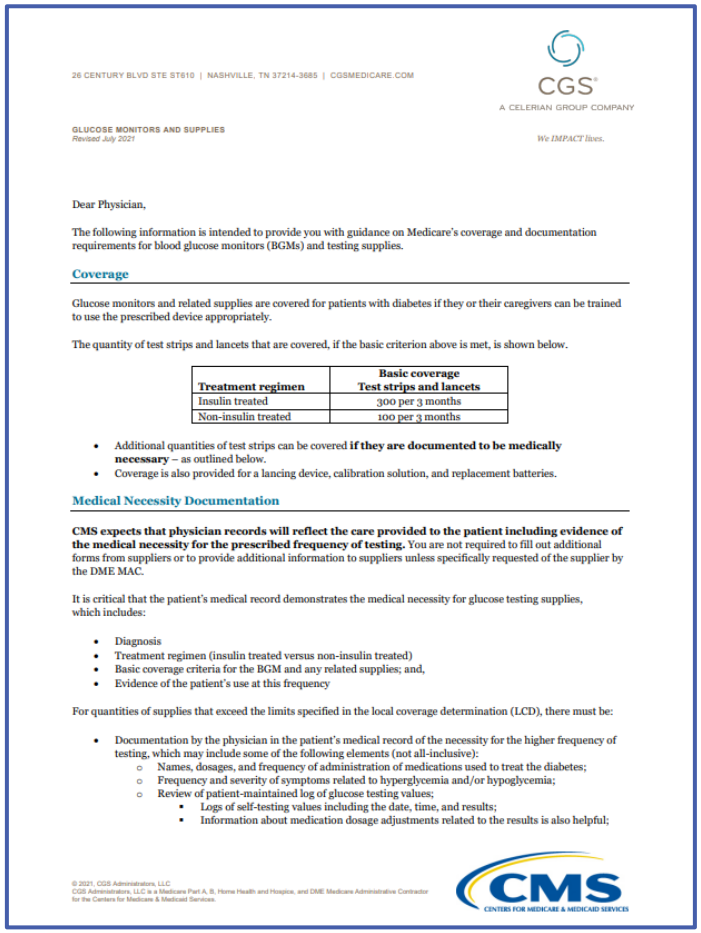
- DMEPOS suppliers are your partners in caring for your patient
- Information contained directly in the contemporaneous medical record is the source required to justify payment for DMEPOS
- Suppliers will not receive payment from Medicare for the items that are ordered if they do not receive authenticated medical records to support medical need
- Not providing this information may result in patients having to pay for the item themselves
- When you write orders or make referrals to another provider, be sure to include all the necessary information to support medical necessity of the items ordered

HIPAA Privacy Rules

- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits disclosure of protected health information without beneficiary authorization to carry out treatment, payment or health care operations.
- Medicare review contractors, such as, DME MAC, RAC, UPIC, CERT and others perform health care operations as agents of the Centers for Medicare and Medicaid Services (CMS). Providing the requested documentation is in keeping with the HIPAA Privacy Rule.
- Help DMEPOS suppliers continue to provide good service to patients by promptly providing the information to support medical necessity.
- "Collaborative Patient Care is a Provider Partnership" MLN Fact Sheet https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Caring-for-Medicare-Patients-is-a-Partnership.pdf

Dear Physician/Clinician Letters

Letters signed by all 4 DME MAC Medical Directors



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GLUCOSE MONITORS AND SUPPLIES
Revised July 2021

We IMPACT lives.

Dear Physician,

The following information is intended to provide you with guidance on Medicare's coverage and documentation requirements for blood glucose monitors (BGMs) and testing supplies.

Coverage

Glucose monitors and related supplies are covered for patients with diabetes if they or their caregivers can be trained to use the prescribed device appropriately.

The quantity of test strips and lancets that are covered, if the basic criterion above is met, is shown below.

Treatment regimen	Basic coverage Test strips and lancets
Insulin treated	300 per 3 months
Non-insulin treated	100 per 3 months

- Additional quantities of test strips can be covered **if they are documented to be medically necessary** – as outlined below.
- Coverage is also provided for a lancing device, calibration solution, and replacement batteries.

Medical Necessity Documentation

CMS expects that physician records will reflect the care provided to the patient including evidence of the medical necessity for the prescribed frequency of testing. You are not required to fill out additional forms from suppliers or to provide additional information to suppliers unless specifically requested of the supplier by the DME MAC.

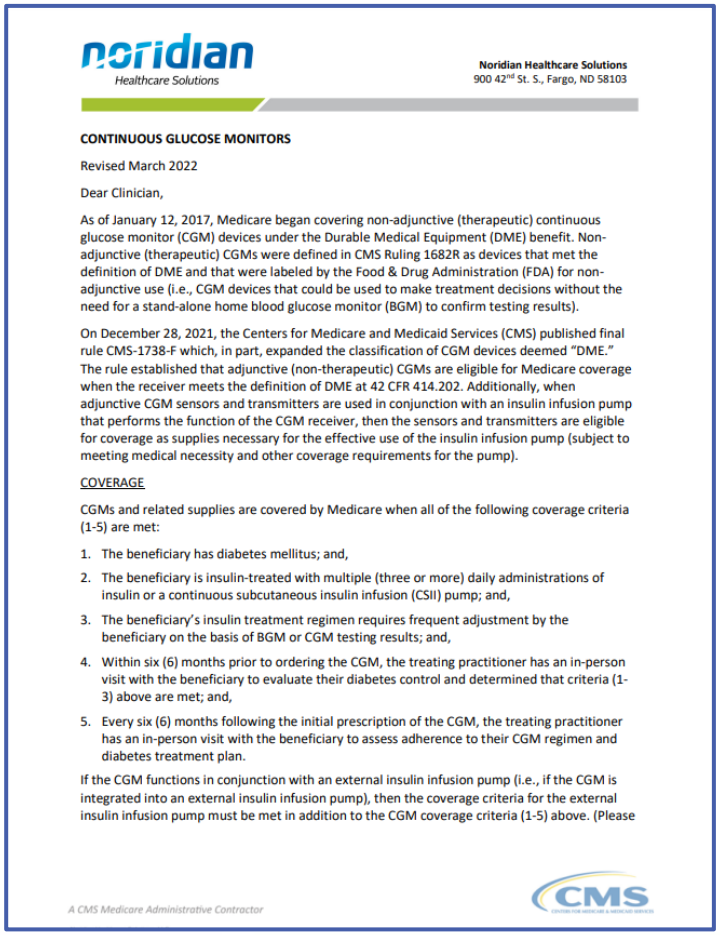
It is critical that the patient's medical record demonstrates the medical necessity for glucose testing supplies, which includes:

- Diagnosis
- Treatment regimen (insulin treated versus non-insulin treated)
- Basic coverage criteria for the BGM and any related supplies; and,
- Evidence of the patient's use at this frequency

For quantities of supplies that exceed the limits specified in the local coverage determination (LCD), there must be:

- Documentation by the physician in the patient's medical record of the necessity for the higher frequency of testing, which may include some of the following elements (not all-inclusive):
  - Names, dosages, and frequency of administration of medications used to treat the diabetes;
  - Frequency and severity of symptoms related to hyperglycemia and/or hypoglycemia;
  - Review of patient-maintained log of glucose testing values;
    - Logs of self-testing values including the date, time, and results;
    - Information about medication dosage adjustments related to the results is also helpful;

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES



noridian
Healthcare Solutions

Noridian Healthcare Solutions
900 42nd St. S., Fargo, ND 58103

CONTINUOUS GLUCOSE MONITORS

Revised March 2022

Dear Clinician,

As of January 12, 2017, Medicare began covering non-adjunctive (therapeutic) continuous glucose monitor (CGM) devices under the Durable Medical Equipment (DME) benefit. Non-adjunctive (therapeutic) CGMs were defined in CMS Ruling 1682R as devices that met the definition of DME and that were labeled by the Food & Drug Administration (FDA) for non-adjunctive use (i.e., CGM devices that could be used to make treatment decisions without the need for a stand-alone home blood glucose monitor (BGM) to confirm testing results).

On December 28, 2021, the Centers for Medicare and Medicaid Services (CMS) published final rule CMS-1738-F which, in part, expanded the classification of CGM devices deemed "DME." The rule established that adjunctive (non-therapeutic) CGMs are eligible for Medicare coverage when the receiver meets the definition of DME at 42 CFR 414.202. Additionally, when adjunctive CGM sensors and transmitters are used in conjunction with an insulin infusion pump that performs the function of the CGM receiver, then the sensors and transmitters are eligible for coverage as supplies necessary for the effective use of the insulin infusion pump (subject to meeting medical necessity and other coverage requirements for the pump).

COVERAGE

CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-5) are met:

1. The beneficiary has diabetes mellitus; and,
2. The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and,
3. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
4. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-3) above are met; and,
5. Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

If the CGM functions in conjunction with an external insulin infusion pump (i.e., if the CGM is integrated into an external insulin infusion pump), then the coverage criteria for the external insulin infusion pump must be met in addition to the CGM coverage criteria (1-5) above. (Please

A CMS Medicare Administrative Contractor

CMS

Coverage Criteria

Home Blood Glucose Monitors (BGMs) & Supplies

Created August 2022

Home Blood Glucose Monitors (BGMs)

Blood Glucose Monitor (BGM) - E0607

- Basic Coverage Criteria:
  1. The beneficiary has diabetes
  2. The beneficiary's treating physician/practitioner has concluded that the beneficiary (or the beneficiary's caregiver) has sufficient training using the device prescribed
- As evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing

Home Blood Glucose Monitors (BGMs) Special Features

Home Blood Glucose Monitors (BGMs) with “special features”

HCPCS	Description	Coverage Requirements ***Will deny as not reasonable and necessary if basic coverage criteria (1-2), plus additional criteria are not met***
E2100	BGM with integrated voice synthesizer	Treating practitioner certifies the beneficiary has severe visual impairment ▪ Best corrected visual acuity of 20/200 or worse in both eyes
E2101	BGM with integrated lancing/blood sample	Treating practitioner certifies the beneficiary has severe visual impairment ▪ Best corrected visual acuity of 20/200 or worse in both eyes ***and/or*** ▪ Treating practitioner certifies the beneficiary has severe manual dexterity impairment • Coverage for manual dexterity impairments is not dependent upon a visual impairment

Diabetic Testing Supplies
Home Blood Glucose Monitors (BGMs)

- The following can be provided when a home blood glucose monitor (BGM) is covered or is owned by the Medicare beneficiary
  - Lancets (A4259)
  - Blood glucose test or reagent strips (A4253)
  - Glucose control solution (normal, low and high calibrator solution/chips) (A4256)
  - Spring powered device for lancets, each (A4258)
    - More than one (1) spring powered device per six (6) months is not reasonable and necessary
- Medical necessity for laser skin piercing devices (E0620) and related lens shield (A4257) has not been established and therefore will be denied as not reasonable and necessary

Utilization Guidelines
Home Blood Glucose Monitors (BGMs)

- The quantity of test strips (A4253) and lancets (A4259) depends on the usual medical needs of the beneficiary
  - Usual Utilization not insulin treated
    - Up to 100 strips and 100 lancets every three (3) months if the basic coverage criteria has been met
  - Usual Utilization insulin treated
    - Up to 300 strips and 300 lancets every three (3) months if the basic coverage criteria has been met

	Test Strips	Lancets	Spring Powered Device
1 Unit of Service =	50 test strips	100 lancets	1 spring-powered device
Not Insulin Treated	Up to 100 test strips every 3 months	Up to 100 lancets every 3 months	1 device per 6 months
Insulin Treated	Up to 300 test strips every 3 months	Up to 300 lancets every 3 months	1 device per 6 months

High Utilization Guidelines
Home Blood Glucose Monitors (BGMs)

More than 300 test strips and 300 lancets every three (3) months if the following have been met:

- Basic coverage criteria 1 and 2
- Within six (6) months prior to ordering quantities of test strips and lancets that exceed the utilization guidelines:
  - In-person visit with the treating physician/practitioner
  - Evaluate the diabetes control and need for the specific quantity of supplies ordered
  - Document specific quantities of supplies ordered are reasonable and necessary
- For continued dispensing of quantities over usual utilization:
  - Treating physician/practitioner must verify and document adherence to high utilization testing regimen every six (6) months
    - Specific narrative statement in the beneficiary's medical documentation that adequately documents the frequency the beneficiary is actually testing or a copy of the beneficiary's testing log

Coverage Criteria

Continuous Glucose Monitors (CGMs) & Supplies

Created August 2022

Continuous Glucose Monitors (CGMs) Classification

- Adjunctive (E2102)
  - Non-Therapeutic
    - Used to verify glucose levels or trends displayed on a CGM or BGM
    - Classified as Durable Medical Equipment (DME) on February 28, 2022
    - Adjunctive CGMs incorporated into an insulin pump are the only devices in the United States meeting Durable Medical Equipment (DME) benefit
      - » Currently no stand-alone adjunctive CGMs on the US market meeting the definition of DME
- Non-Adjunctive (K0554)
  - Therapeutic
    - Used to make treatment decisions without a stand-alone BGM
    - Classified as DME 2017
    - Glucose monitors used as a replacement for finger-stick glucose testing treatment decisions

Continuous Glucose Monitors (CGMs) Coverage Criteria

1. Diabetes mellitus diagnosis; and
2. The beneficiary is insulin-treated with multiple daily administrations (three or more) of insulin or continuous subcutaneous insulin infusion (CSII) pump; and
3. The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or therapeutic CGM testing results; and
4. Within six (6) months prior to ordering the CGM, the treating physician/practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined criteria (1-3) have been met; and
5. Every 6 months following the initial order of the CGM, the treating physician/practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan

Adjunctive CGMs
Integrated with External Insulin Infusion Pump

- An adjunctive CGM (E2102) integrated into an external insulin infusion pump and supplies are covered when a beneficiary meets both:
  - CGM coverage criteria (1-5) in the Glucose Monitors Local Coverage Determination (LCD) (L33822) https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33822&ContrID=140
  - Coverage criteria for an insulin infusion pump as outlined in the External Infusion Pumps Local Coverage Determination (LCD) (L33794) https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33794&ContrID=140

Continuous Glucose Monitors (CGMs) Supply Allowance

- When a CGM (K0554 or E2102) is covered, the related supply allowance (K0553 or A4238) is also covered
  - Supply allowance (A4238) for an adjunctive CGM integrated into an external insulin infusion pump are covered when the beneficiary meets both the CGM coverage criteria (1-5) and the coverage criteria for an external infusion pump
  - If any of coverage criteria (1-5) are not met the CGM and related supply allowance (K0553) will be denied as not reasonable and necessary

Supply Allowance	Includes but is not limited to:	Not included in the allowance:
A4238 - supply allowance for adjunctive CGM	CGM sensors and transmitters	Home BGM and related BGM testing supplies
K0553 - supply allowance for non-adjunctive CGM	CGM sensor, CGM transmitter, home BGM and related BGM supplies (test strips, lancets, lancing device, calibration solutions) and batteries	

  - ***If a beneficiary never uses a DME receiver or an external insulin infusion pump to display CGM glucose data, the supply allowance is not covered by Medicare***

Continuous Glucose Monitors (CGMs) Supply Allowance

- Supply Allowance Requirements
  - The supplier must provide enough supplies to last 30 days
  - The supplier must monitor the usage of supplies
  - If insufficient supplies to be able to last 30 days, additional supplies must be provided before the supply allowance is billed by the DMEPOS supplier
- Billing CGM Monthly Supply Allowance
  - The supplier may bill one (1) month supply allowance at a time
  - No more than one (1) unit of service of K0553 or A4238 is billable per 30 days
  - No date span
  - The supplier may dispense up to 90-day supply at one time

Documentation Requirements

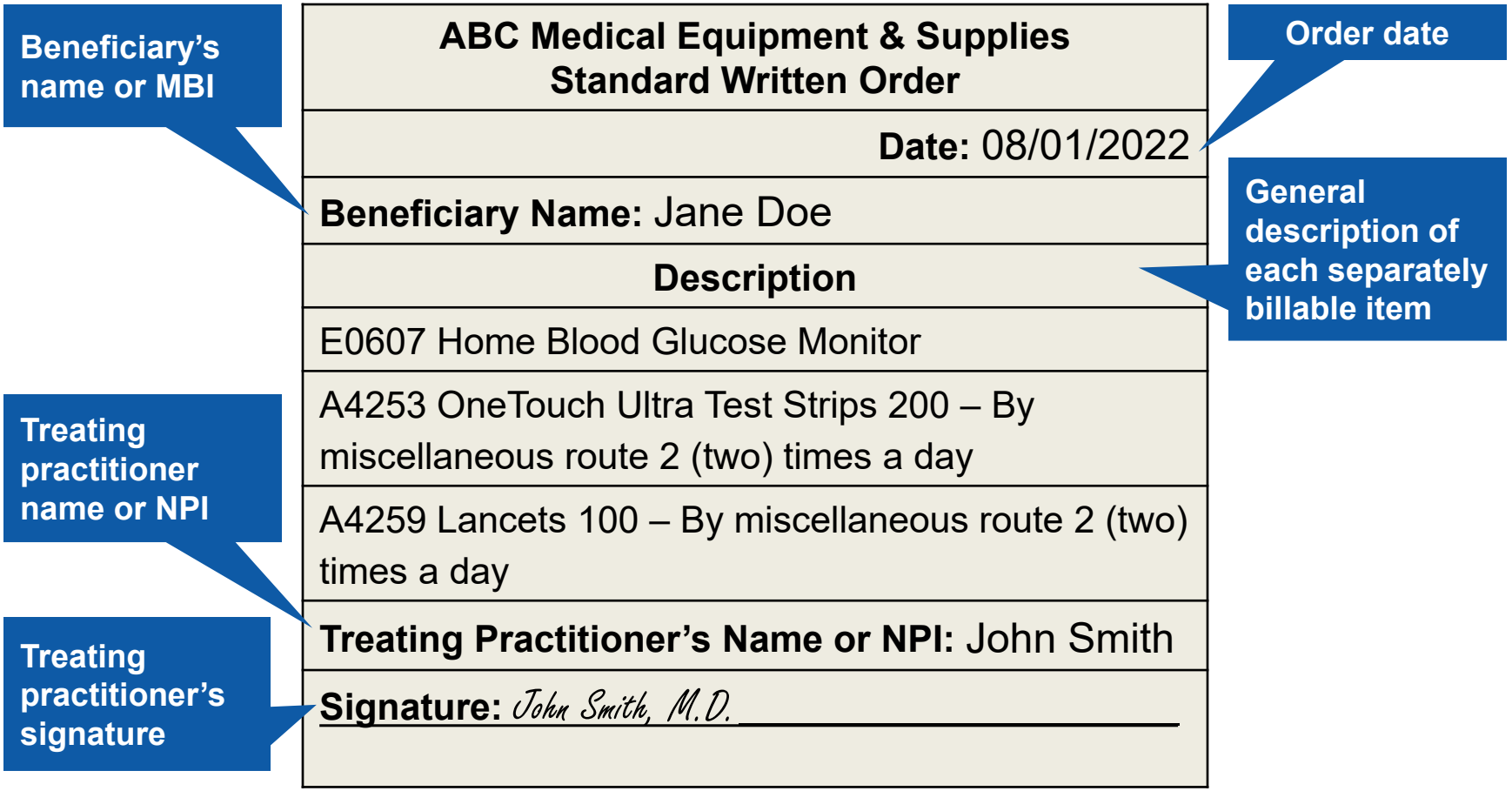
Created August 2022

Standard Written Order

For dates of service on and after January 01, 2020, an SWO must be communicated to the supplier prior to claim submission and must contain all of the following:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
  - General ddescription can be either a general description (e.g., knee orthosis), a HCPCS code, a HCPCS code narrative, or a brand name/model number
  - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (list each separately)
  - For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently escription of the item
  - The ordered supplies that are separately billed (list each separately)
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature

Valid Standard Written Order



Requirements of New Orders

When is a new order required?

- For all claims for purchases or initial rentals
- If there is a change in the DMEPOS order/prescription
  - *Change in quantity*
  - *Change in testing frequency*
- On a regular basis (even if there is no change in the order/prescription) only if it is so specified in the documentation section of a particular medical policy
- When an item is replaced
  - *Replacement of BGM/CGM within the reasonable useful lifetime (RUL)*
  - *Replacement of BGM/CGM after the RUL*
- When there is a change in the supplier
  - *If the new supplier is unable to obtain a copy of a valid order/prescription for the DMEPOS item from the transferring supplier*

Documentation Requirements

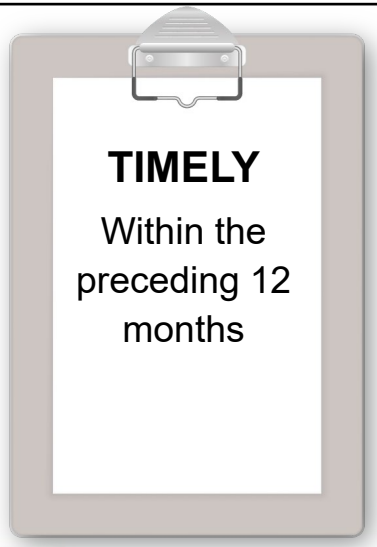
- Should substantiate the medical necessity for the item, quantity ordered, and frequency of use
- Supplier-produced records are deemed not part of the medical record
- Supplier prepared statements and physician/practitioner attestations by themselves do not provide sufficient documentation of medical necessity, even if signed by the ordering physician/practitioner

Should include (but not limited to)**:**

- Beneficiary's diagnosis
- Duration of condition
- Clinical course
- Prognosis
- Functional limitations
- Past experience with related items

Continued Need Documentation
Continued Use Documentation

Continued Need	Continued Use
Acceptable Examples	**Acceptable Examples**
A recent order by the treating physician/practitioner for refills	Timely documentation in the medical record showing usage of the item(s)
A recent change in the prescription	Supplier records documentation requests for refill/replacement
Timely documentation in the medical record showing usage of items	Supplier records documenting beneficiary's confirmation of continued use of a rental item
High Utilization must be documented by the treating practitioner every 6 months	
CGMs require an in-person visit with the treating practitioner every 6 months to assess adherence to regiment and treatment plan	



In-Person Treating Physician/Practitioner Visit for Provision of CGM

- Initial provision
  - There must be sufficient information in the beneficiary's medical record to determine:
    - Beneficiary has diabetes mellitus
    - Requires frequent dosing of their insulin
    - Frequent adjustment of their diabetes treatment regimen
      - » ***It is not mandated that insulin dose adjustments must be made if glucose levels are within the target range as established collaboratively with their treating physician/practitioner and documented in the beneficiary's medical record***
- Ongoing provision of a CGM
  - There must be sufficient information in the beneficiary's medical record to determine that the beneficiary continues to adhere to their diabetes treatment regimen and use of the CGM device on a daily basis

Documentation Requirements

- Physicians, please be reminded that DME suppliers must:
  - Provide the product that is specified by ordering physician/practitioner
  - Be sure that ordering physician/practitioner medical records justifies need for type of product (i.e., blood glucose monitor [BGM] continuous glucose monitor [CGM])
  - Only bill for HCPCS code that accurately reflects the type of monitor ordered
  - Have detailed documentation in supplier's record that justifies code selected
- If the information in the patient's medical record does not adequately support the medical necessity for the item, the supplier is liable for the dollar amount involved unless a properly executed ABN of possible denial has been obtained
  - Internet-Only Manual, Publication 100-08, Program Integrity Manual, Chapter 5, Section 9

Replacement

Created August 2022

Replacement
Switching Glucose Monitors

- BGMs and CGMs are considered same or similar equipment
- 5-year Reasonable Useful Lifetime (RUL) applies
- BGM or CGM receiver is eligible for replacement only if the item is:
  - Lost
  - Stolen
  - Irreparably damaged
  - Change in medical condition
- A new order from the treating physician/practitioner is required to reaffirm the medical necessity for the replacement item
  - Must maintain documentation for the reason for the replacement
- Beneficiary may switch from CGM supplies back to BGM supplies using a monitor they already own or purchase a new one out-of-pocket
  - Change in condition documentation is not required

Payment of Adjunctive CGMs

- Payment for an adjunctive CGM (E2102) is only available for CGM receiver function of a rented external insulin infusion pump if the beneficiary ***does not***:
  - Already own a CGM receiver of any kind (adjunctive or non-adjunctive) that is less than 5 years old, ***and***
  - Already own an external insulin infusion pump of any kind that is less than 5 years old
- Switching from an external insulin infusion pump without the CGM receiver feature to an external insulin infusion pump with the CGM receiver feature
  - ***Does not*** result in an interruption in the period of continuous use for the external insulin infusion pump, ***or***
  - Start a new 13-month capped rental for the external insulin infusion pump for the beneficiary

COVID-19 Public Health Emergency (PHE)

Effective for claims with dates of service on or after March 1, 2020, and for the duration of COVID-19 PHE

Created August 2022

Public Health Emergency (PHE)

- Currently operating under Interim Final Rules
  - Telehealth flexibilities
  - Non-enforcement of clinical indications of coverage in NCDs and LCD for:
    - Respiratory Equipment
    - **Infusion Pumps**
    - **Continuous Glucose Monitors**
- DMEPOS suppliers are instructed to continue to bill with the KX and/or CG modifiers for which clinical indications are not being enforced
  - Application of the KX and/or CG modifier attests that a Standard Written Order (SWO) is on file and the medical record supports the item is reasonable and necessary
- Awaiting further instructions from CMS for handling claims for items dispensed during PHE

Comprehensive Error Rate Testing

CERT

Created August 2022

Comprehensive Error Rate Testing (CERT)

- 2021 Improper Payment Rates and Projected Improper Payment
- CERT: https://www.cms.gov/files/document/2021-medicare-fee-service-supplemental-improper-payment-data.pdf-0

Service Type	Improper Payment Rate	Projected Improper Payment Amount
Overall	6.3%	$25 B
Part A Providers (excluding Hospital Inpatient Prospective Payment System (IPPS))	6.3%	$11.6 B
Part B Providers	8.5%	$8.5 B
★**DMEPOS**	★**28.6%**	★**$2.4 B**
Hospital IPPS	2.4%	$2.6 B

CERT Denial Reasons

- Missing or inadequate documentation supporting compliance of diabetic testing as ordered for high utilization of diabetic supplies
- Missing or inadequate documentation for medical necessity
- No documentation submitted
- Incorrect coding
- Missing or inadequate proof of delivery

Top Denial Reason
Missing or Insufficient Documentation

https://www.cms.gov/sites/default/files/2022-04/Guide%20to%20Ordering%20Diabetic%20Testing%20Supplies.pdf

Resources and Reminders

Created August 2022

Noridian Healthcare Solutions Jurisdiction A Resources

- **Website:** https://med.noridianmedicare.com/web/jadme
- **IVR, Supplier Contact Center, and Telephone Reopenings:** 1.866.419.9458
- **Noridian Medicare Portal:** https://med.noridianmedicare.com/web/jadme/topics/nmp
- **LCDs and Policy Articles:** https://med.noridianmedicare.com/web/jadme/policies/lcd/active

CGS Administrators, LLC Jurisdiction B Resources

- **Website:** http://www.cgsmedicare.com/jb
- **IVR Unit:** 1.877.299.7900
- **myCGS Web Portal:** http://www.cgsmedicare.com/jb/mycgs/index.html
- **Customer Service:** 1.866.590.6727
- **Telephone Re-openings:** 1.844.240.7490
- **LCDs and Policy Articles:** http://www.cgsmedicare.com/jb/coverage/lcdinfo.html

CGS Administrators, LLC Jurisdiction C Resources

- **Website:** http://www.cgsmedicare.com/jc
- **IVR Unit:** 1.866.238.9650
- **myCGS Web Portal:** http://www.cgsmedicare.com/jc/mycgs/index.html
- **Customer Service:** 1.866.270.4909
- **Telephone Re-openings:** 1.866.813.7878
- **LCDs and Policy Articles:** http://www.cgsmedicare.com/jc/coverage/lcdinfo.html

Noridian Healthcare Solutions Jurisdiction D Resources

- **Website:** https://med.noridianmedicare.com/web/jddme/
- **IVR, Supplier Contact Center and Telephone Reopenings:** 1.877.320.0390
- **Noridian Medicare Portal:** https://med.noridianmedicare.com/web/jddme/topics/nmp
- **LCDs and Policy Articles:** https://med.noridianmedicare.com/web/jddme/policies/lcd/active

Other Contractor Resources

- **Pricing, Data Analysis, and Coding Contractor (PDAC)**
  - 1.877.735.1326
  - http://www.dmepdac.com
- **National Supplier Clearinghouse (NSC)**
  - 1.866.238.9652
  - http://www.palmettogba.com/nsc
- **Common Electronic Data Interchange (CEDI)**
  - 1.866.311.9184
  - https://www.ngscedi.com/web/ngscedi/home
  - E-mail: NGS.CEDIHelpdesk@anthem.com

Questions?

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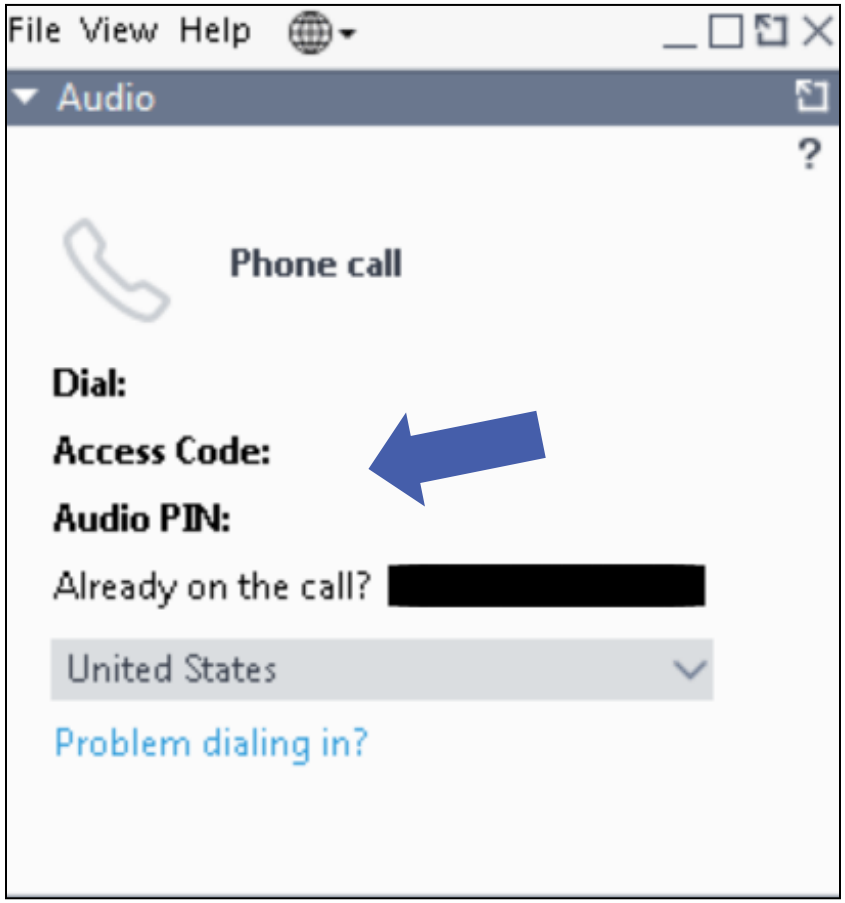
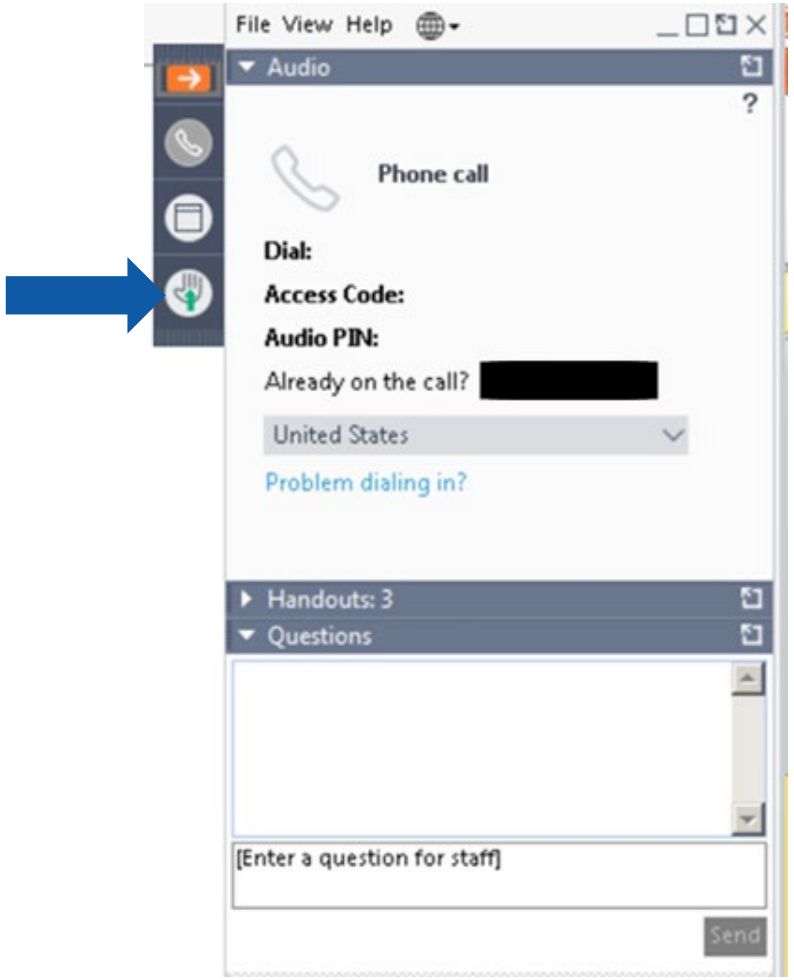
How to Participate Today

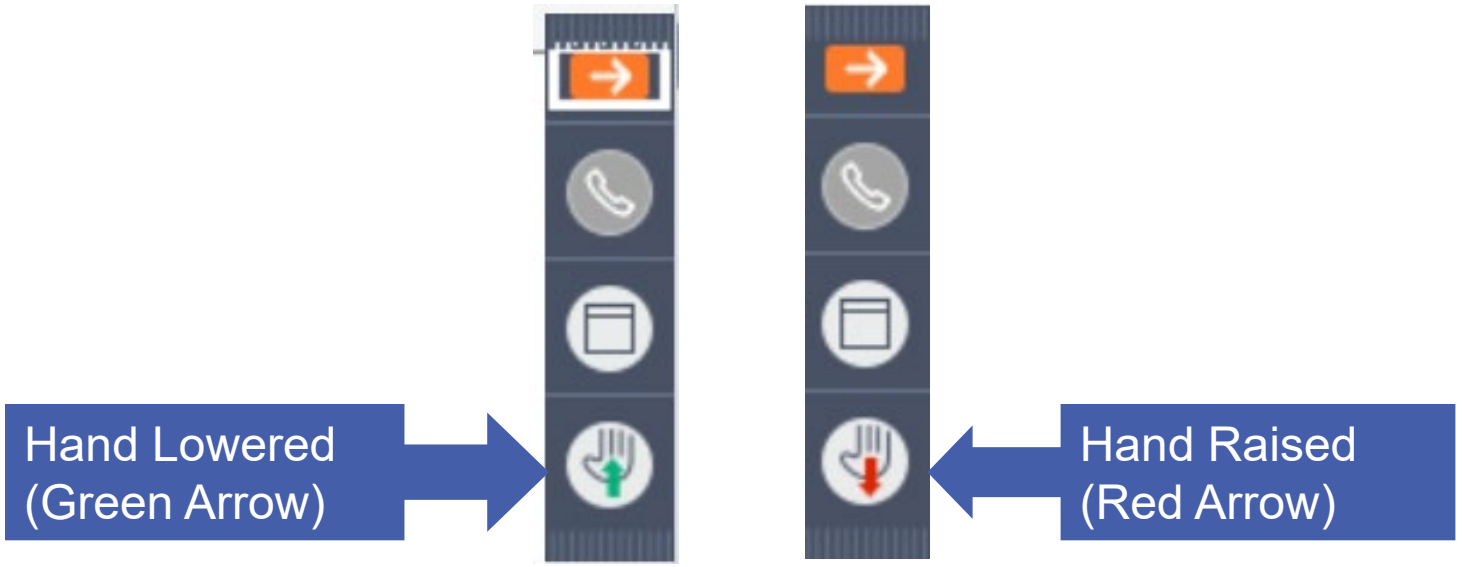


How to Participate Today

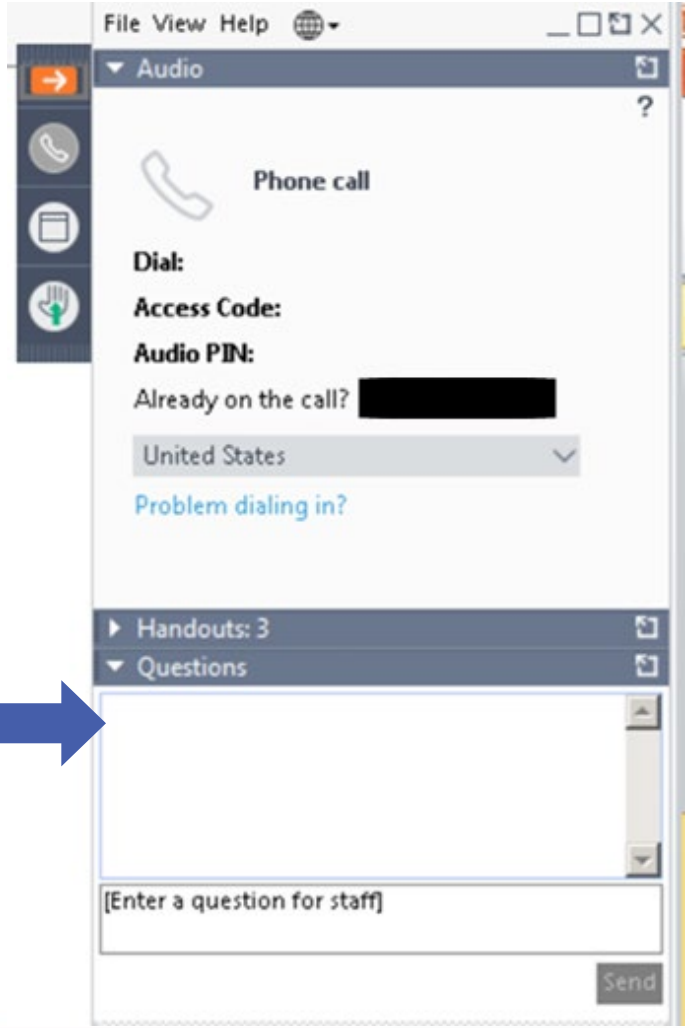
- To Ask a Verbal Question: Raise your hand
- The **Green Arrow** means your hand is not raised (Click to raise your hand)
- The **Red Arrow** means your hand is raised (Click to lower your hand)



To Ask a Question
By Raising Your Hand



To Ask a Question Using the Question Box



Type Question

Hit Send

Thank you for attending!

Created August 2022