

# Medicare Secondary Payer – A Review of the Disabled with a LGHP Provision

8/10/2023

# Today's Presenters

## Provider Outreach and Education Consultants

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# Objectives

- Familiarize providers with Disabled MSP provision so you can
  - Be compliant with your MSP responsibilities
  - Improve cash flow/decrease staff time
  - Facilitate MSP screening process by more easily concluding which plan is primary and resolving conflicts
  - Facilitate billing process by submitting claims to appropriate primary payer the first time, preventing claim rejections and submitting fewer adjustments



## Agenda

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### 2023 MSP webinars

Christine Janiszcak

### MSP Resources handout

Christine Janiszcak

### MSP and Your MSP Responsibilities

Christine Janiszcak

### MSP Provision Review – Disabled

Christine Janiszcak and Jan Wood

### Disabled – Submitting claims

Jan Wood

### Scenarios and Polling Questions

Jan Wood

### Additional MSP Resources

Jan Wood

### Questions and answers

# 2023: MSP Webinar Series

# MSP Webinars in Series

- MSP: Fundamentals (5/4/2023)
- MSP: Resources (6/28/2023)
- MSP: Identifying Primary Payers (7/13/2023)
- MSP: Setting Up and Correcting CWF Records (7/18/2023)
- MSP: Rejections on Primary Claims (7/20/2023)
- MSP: Working Aged with EGHP Provision (8/8/2023)
- MSP Disabled with LGHP Provision (8/10/2023)
- MSP: ESRD with EGHP Provision (8/15/2023)
- MSP: No-Fault, Medical-Payment and Liability Provisions (TBD)



# MSP Webinars in Series

- MSP: Submitting Claims When Primary Payer Makes Payment (MSP Billing) (TBD)
- MSP: Billing Examples (TBD)
- MSP: Submitting Claims When Primary Payer Does Not Make Payment (Conditional Billing) (TBD)
- MSP: Conditional Billing Examples (TBD)
- MSP: Claims That RTP (TBD)
- MSP: Conditional Claims That RTP (TBD)
- MSP: Adjustments Involving MSP (TBD)
- MSP Payment and Beneficiary Responsibility (TBD)

# Additional MSP Webinars

- Virtual conferences (include MSP as topic)
  - Twice a year
- Let's Chat About MSP Part A
  - Once a month
  - For all Part A providers including HHHs and FQHCs/RHCs
  - Ask MSP-related questions (no PHI)
  - Event posted to our website but no presentation

# MSP Resources Handout

**Fact:** The more you know about MSP, the more easily you can achieve compliance with your MSP-related provider responsibilities

**Tips:** Review MSP resources available to you and continue to learn about MSP!



# MSP and Your MSP-Related Responsibilities



# What is MSP?

- Beneficiary has coverage primary to Medicare
  - Based on federal laws known as **MSP provisions**
    - ✓ Help determine proper order of payers
    - ✓ Make certain payers primary to Medicare
    - ✓ Each has **criteria/conditions** that must be met
      - If all **are met**, services are subject to that provision making that other insurer primary and **Medicare secondary**
      - If one or more **are not met**, services are not subject to that provision; **Medicare is primary** unless criteria/conditions of another are met

# Providers' MSP-Related Responsibilities Per Medicare Provider Agreement



## Determine if Medicare is primary payer for beneficiary's services

Identify payers primary to Medicare



## Submit claims to primary payer(s) before Medicare

May be more than one payer primary to Medicare



## Submit MSP claims to Medicare when required

Follow claim submission guidelines

# How to Identify Payers Primary to Medicare

- Check for MSP information in Medicare's records
  - Providers must check for MSP records for beneficiary in CWF
    - ✓ For each service rendered
- Collect MSP information from beneficiary or representative (MSP screening process)
  - Providers may need to ask questions about other insurance
    - ✓ For every IP admission or OP encounter, with some exceptions
      - You may not need to ask questions at all
      - You may need to ask questions but not as often

# MSP Records in CWF – Information

- If MSP record(s) present, information includes:
  - **MSP VC** and **primary payer code** for each MSP provision
    - ✓ See next slide – Use MSP VC to report primary payer's payment on MSP claim
  - MSP effective date
  - MSP termination date, if applicable
  - Subscriber's name
  - Policy number
  - Patient's relationship to insured
  - Insurer's information



# MSP Value Codes and Primary Payer Codes

MSP VC	MSP Provision/Medicare Exclusion	Payer Code
12	Working aged, age 65 and over, EGHP, 20 or more employees	A
13	ESRD with EGHP in 30-month coordination period	B
14	No-Fault (automobile and other types including medical-payment) or Set-Aside	D or T
15	Workers' Compensation or Set-Aside	E or W
16	Public Health Services	F
41	Federal Black Lung Program	H
43	Disabled, under age 65, LGHP, 100 or more employees	G
47	Liability Insurance or Set-Aside	L or S

# Conduct MSP Screening Process

- Collect MSP information from beneficiary or representative
  - Ask questions about their MSP status
    - ✓ Use CMS' model questionnaire or your own compliant form
      - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section 20.2.1
      - Three parts with questions to be asked in sequence
        - Part I – Black Lung, WC, No-Fault (automobile and other types) and Liability
        - **Part II – Medicare entitlement and employer GHPs**
        - Part III – ESRD Medicare entitlement, if applicable (including dual entitlement)
  - Collect more information for billing (e.g., retirement dates)

# CMS Model MSP Questionnaire – Part II, Question One

- Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GHPs
  - 1. Are you entitled to Medicare based on Age, Disability or ESRD?
    - ✓ **Note:** If entitlement is based solely on ESRD, skip Part II and complete Part III
      - Stop after completing Part II if you are entitled to Medicare based on Age or Disability

# CMS Model MSP Questionnaire – Part II, Question Two

## ■ Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GHPs

2. Do you have GHP coverage based on your own current employment, or current employment of either your spouse or another family member?
  - ✓ If yes, employer GHP may be primary to Medicare. Continue below.
  - ✓ If no, stop here as Medicare is primary



# CMS Model MSP Questionnaire – Part II, Question Three

## ■ Part II. INFORMATION ABOUT MEDICARE ENTITLEMENT AND GHPs

3. How many employees, including yourself or spouse, work for employer from whom you have GHP coverage? (1-19, 20 – 99 or 100 or more)

✓ Note: If you are aged and there are 20 or more employees, your GHP is primary. If you are disabled and your employer, spouse, or family member employer, has 100 or more employees, your GHP is primary.

# CMS Model MSP Questionnaire – Part II, Question Four

4. The following employer GHP information is required to submit claims appropriately:
- ✓ Name and address of the employer (your own or your spouse's/family member's) through which you receive GHP coverage
  - ✓ Name and address of GHP
  - ✓ Policy number (sometimes referred to as health insurance benefit package number)
  - ✓ Group number
  - ✓ Date the GHP coverage began
  - ✓ Name of policyholder (if coverage is through your spouse/other family member)
  - ✓ Relationship to patient (if other than self)

# Collect Additional Information for Billing

- Collect additional information if applicable
  - Veterans who want to use VA coverage instead of Medicare
  - Beneficiaries receiving services covered by a Government Research Grant
  - Retirement dates of beneficiary and/or spouse/family member
    - ✓ If a person is retired, he/she does not have **current employment status** for purposes of Working Aged or Disabled MSP provisions
      - CMS IOM Publication [100-05, Medicare Secondary Payer Manual, Chapter 1, Section 20.3](#) and [Chapter 2, Section 10.5](#) (current employment status)

# Determine Proper Order of Payers

- Determine which plan is primary, secondary, tertiary, etc. payer
  - Use collected MSP information and your knowledge of MSP provisions
    - ✓ In general, Medicare is primary when beneficiary
      - Has no other insurance or coverage
      - Has insurance or coverage but it does not meet MSP provision criteria requirements
      - Had insurance or coverage, it met MSP provision criteria requirements but it is no longer available
    - ✓ In general, other payer(s) is primary when beneficiary
      - Has insurance or coverage that meets MSP provision criteria requirements and it is available





### **If Medicare is primary**

Submit Medicare primary claim



### **If another payer is primary**

Submit claim to that payer first and Medicare secondary if required

May need to submit conditional claim to Medicare if primary payer does not pay for a valid reason or promptly (within 120 days; accidents only)



### **If more than one payer is primary**

Submit claims to those payers and to Medicare third (tertiary), etc.

# Contact BCRC With Information You Collect During MSP Screening Process

- During your MSP screening process, you may learn of information Medicare is not aware of
  - If so, obtain documentation and contact BCRC to request a
    - ✓ New MSP record be set up if no such record exists
    - ✓ Correction to open MSP record (correct MSP or other information)
    - ✓ Change open MSP record to primary for reasons other than
      - Beneficiary/spouse retired or
      - Services are not related to open accident MSP record

# Documentation From Employer or Insurer

- Providers can fax or mail documentation from employer or insurer to BCRC
  - Documentation must be on that company's letterhead
  - Do not wait for beneficiary to contact BCRC
- Documentation assists BCRC in
  - Setting up MSP records
  - Correcting or changing open MSP records

# Retirement Dates

- CMS' model MSP questionnaire does not have retirement date fields but CMS requires you to
  - Collect accurate **retirement dates**
  - Report such dates on your Medicare claims
    - ✓ Beneficiary's = OC 18 with date
    - ✓ Spouse's = OC 19 with date
    - ✓ Follow policy for when beneficiary/spouse cannot recall date(s)
      - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section 20.1, #4
- We send such dates to BCRC and process claim
  - BCRC investigates and changes MSP VC 43 record

# Do Not Deny Medical Services

- Physicians, providers and suppliers shall not deny medical services or entry to a SNF or hospital after you discover that there is:
  - Open or closed GHP or NGHP MSP record found in HETS or on CWF; or a claim that was previously mistakenly rejected by Medicare due to MSP occurrence
  - [Medicare Secondary Payer: Do Not Deny Services & Bill Correctly](#)

# MSP Provision Review – Disabled Beneficiary with LGHP



# Disabled MSP Provision

- Medicare is secondary for disabled Medicare beneficiaries under age 65 who are covered under a GHP by virtue of their own (or family member's) current employment status with an employer
  - Applies to LGHPs of employers and employee organizations, including multi- and multiple-employer plans which have at least one participating employer that employs 100 or more employees
    - ✓ [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1](#), Section 20.3 and [Chapter 2](#), Section 30

# Disabled – Criteria

- LGHP is primary to Medicare if all five criteria are met
  1. Beneficiary is under age 65
  2. Beneficiary is enrolled in Medicare Part A
  3. Beneficiary or family member (of any age) is currently employed
  4. Beneficiary is enrolled in LGHP through employer
  5. Employer employs 100 or more employees

# Criteria One: Beneficiary is Under Age 65

- Beneficiary must be under age 65
  - Entitled to Medicare based on disability other than ESRD
  - Verify DOB; verify age using applicable eligibility tools
- Beneficiary is not subject to this MSP provision
  - If he/she is age 65 or older

# Criteria Two: Beneficiary is Enrolled in Medicare Part A

- Beneficiary must be enrolled in Medicare Part A
  - Conduct Medicare Part A eligibility verification whether you are rendering services payable under Part A or Part B
  - Use appropriate tools
    - ✓ Medicare card shows Part A effective date
    - ✓ Medicare's records show Part A effective date
- Beneficiary is not subject to this MSP provision
  - If he/she is not enrolled in Medicare Part A

# Beneficiary is Not Enrolled in Medicare Part A But is Enrolled in Medicare Part B

- Medicare is primary to LGHP for all services if
  - Beneficiary is not entitled to/enrolled in Part A
    - ✓ Medicare Part A rejects IP claims for “no entitlement”
      - Submit IP claims to EGHP
      - Submission to Medicare is not required
    - ✓ Medicare Part B processes OP claims as primary
      - Submit OP claims to Medicare first and LGHP second

# Criteria Three: Beneficiary or Family Member is Currently Employed

- Beneficiary or family member (any age) must be currently employed (have current employment status)
  - Conduct screening process/administer MSP questionnaire
    - ✓ Is beneficiary and/or family member (if applicable) currently employed?
      - Family member = person enrolled in LGHP based on another person's enrollment
    - ✓ If YES, does employer provide LGHP?
    - ✓ If YES, what is employer's size?
- Beneficiary is not subject to this MSP provision
  - If he/she and/or family member is not currently employed/does not have current employment status



# MSP Fact

- If an individual is **retired**, then he/she does not have current employment status for the purposes of the Disabled MSP provision. Medicare would be primary to any GHP coverage they may have through their former employer.

# Current Employment Status – Defined

- Rules defining employees covered by GHPs
  - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 2, Section 10.5](#)
- Individual has current employment status if he/she
  - Is actively working as an employee, is the employer (including a self-employed person), or is associated with an employer in a business relationship; or
  - Is not actively working and receiving disability benefits from an employer for up to six months (subject to FICA taxes); or

# Current Employment Status – Defined

- **Is not actively working** and meets all conditions
  - ✓ Retains employment rights in the industry;
  - ✓ Has not had employment terminated by employer (if it provides coverage) or has not had membership in employee organization terminated (if it provides coverage);
  - ✓ Is not receiving disability benefits from employer for more than six months;
  - ✓ Is not receiving Social Security disability benefits; and
  - ✓ Has employment-based GHP coverage that is not COBRA continuation coverage

# Current Employment Status – Specific Groups

- CMS provides information on specific groups
  - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 2](#), Section 10.5.1
    - ✓ Members of religious orders
    - ✓ Insurance agents
    - ✓ Senior Federal judges
    - ✓ Volunteers
    - ✓ Directors of corporations
    - ✓ Individuals receiving delayed compensation payments
    - ✓ Leased employees
    - ✓ Reemployed retirees and annuitants
    - ✓ Coverage for self-employed individuals

# Criteria Four: Beneficiary Has LGHP Through Employer

- Beneficiary must have LGHP through own employer or family member's employer
  - Conduct screening process/administer MSP questionnaire
    - ✓ Is beneficiary and/or family member (if applicable) currently employed?
    - ✓ If YES, does employer provide LGHP?
    - ✓ If YES, what is employer size?
    - ✓ LGHP = health plan for or contributed to by employer of 100 or more employees
- Beneficiary is not subject to this MSP provision
  - If plan is not through employer or does not meet LGHP definition

# GHP – Defined

- Definitions (of various terms)
  - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 10](#)
- GHP
  - Any arrangement of, or contributed to by, one or more employers or employee organizations to provide health benefits or medical care directly or indirectly to current or former employees, the employer, others associated or formerly associated with the employer in a business relationship, or their families

# GHP – Defined

- Term includes
  - Self-insured plans
  - Plans of governmental entities
  - Employee organization plans such as union plans and employee health and welfare funds
  - Employee pay-all plans
  - Individual policies purchased by or through an employee organization, employer or former employer of individual or family member of individual



# GHP – Defined

- Term does not include
  - Individual policies not purchased by or through an employee organization, employer or former employer of the individual or family member of the individual, such as a direct-pay plan
  - COBRA continuation coverage (for this provision)
  - Coverage under TRICARE
  - A plan that does not have any employees or former employees as enrollees (e.g., a plan for self-employed person only)

# GHP – Defined

- Multi- or multiple-employer GHP
  - Multi-employer GHP – jointly sponsored by employers and unions
  - Multiple-employer GHP – sponsored by more than one employer

# Criteria Five: Employer Employs 100 or More Employees

- Employer through whom beneficiary has a LGHP employs 100 or more employees
  - Conduct screening process/administer MSP questionnaire
    - ✓ Is beneficiary and/or family member (if applicable) currently employed?
    - ✓ If YES, does beneficiary have LGHP through employer
    - ✓ If YES, what is employer size?
    - ✓ LGHP = health plan for or contributed to by employer of 100 or more employees
- Beneficiary is not subject to this MSP provision
  - If employer size requirement is not met

# 100 or More Employee Threshold

- Employer determines size
  - 100 or more employee count is met if employer employs 100 or more full-time and/or part-time employees on 50% or more of its business days during previous CY
    - ✓ If employer meets employee count any time in current year
      - It must provide coverage primary to Medicare during following year
    - ✓ If employer does not meet employee count in a particular year
      - It may offer coverage secondary to Medicare during following year

# Single Employer – 100 or More Employee Threshold

- 100 or more employee count is met if
  - A **single** employer employs 100 or more full-time and/or part-time employees on 50% or more of its business days during previous calendar year

# Multi-Employer or Multiple-Employer – 100 or More Employee Threshold

- 100 or more employee count is met if
  - All employers or at least one employer employs 100 or more full-time and/or part-time employees on 50% or more of its business days during previous CY
  - LGHP is primary for under age 65 disabled beneficiary/family member LGHP
    - ✓ No exceptions for any smaller employers who are part of LGHP

# Multi-Employer or Multiple-Employer – 100 or More Employee Threshold

- **100 or more employee count is not met if**

- **None** of employers employ 100 or more full-time and/or part-time employees on 50% or more of its business days during previous CY
  - ✓ Medicare is primary for under age 65 disabled beneficiary/family member in LGHP



# Medicare is Primary for Under Age 65 Disabled Beneficiary When

- Beneficiary is not enrolled in Medicare Part A
- Beneficiary or family member
  - Is not currently employed and does not have LGHP or has a retirement plan or COBRA
  - Is currently employed but does not have LGHP
  - Rejected LGHP; purchased direct-pay plan
  - Is employed by single employer with less than 100 employees
  - Has multi- or multiple-employer LGHP but all employers employ less than 100 employees

# Disabled – Submitting Claims

# Submitting Claims For Disabled Under Age 65 Beneficiaries – LGHP is Primary

- If **all** Disabled MSP provision criteria **are met**
  - Submit claim to LGHP as primary and Medicare as secondary
    - ✓ MSP VC 43
      - Refer to [our website](#) articles [Prepare and Submit an MSP Claim](#) and [Prepare and Submit an MSP Conditional Claim](#)

# Submitting Claims For Disabled Under Age 65 Beneficiaries – LGHP is Primary

- For MSP or conditional claim to process, a **matching** MSP record must be in CWF
  - MSP record has same information as is on claim
    - ✓ If no matching MSP record in CWF, **contact BCRC prior to submitting claim**
      - If you submit claim before such record is in CWF, it suspends for up to 100 days while we contact BCRC
      - Refer to [our website](#) articles [Set Up a Beneficiary's MSP Record](#) and [Correct a Beneficiary's MSP Record](#)

# Submitting Claims For Disabled Under Age 65 Beneficiaries – Medicare is Primary

- If **one or more** Disabled MSP provision criteria **are not met**
  - Submit claim to Medicare as primary with explanatory coding indicating reason (various CCs and/or OCs)
    - ✓ Retirement OCs (18 and 19)
      - Will change open MSP VC 43 records
    - ✓ CCs 09, 11, 29
      - Will not change open MSP VC 43 records
      - Refer to [our website](#) articles [Prevent an MSP Rejection on a Medicare Primary Claim](#) and [Collect and Report Retirement Dates on Medicare Claims](#)

# Submitting Claims For Disabled Under Age 65 Beneficiaries – Medicare is Primary

- Contact BCRC to change MSP records to Medicare primary even when reporting on claims
  - CC 09 = Neither the beneficiary nor spouse is employed
  - CC 11 = Beneficiary and/or spouse is employed but does not have LGHP
  - CC 29 = Beneficiary and/or spouse is employed, has EGHP but it is secondary to Medicare because employer has less than 100 employees
    - ✓ Refer to [our website](#) article [Correct a Beneficiary's MSP Record](#)

# Examples of GHP Records That Need to be Changed Via BCRC

- Examples include but are not limited to
  - GHP terminated for reason other than retirement
  - Beneficiary is not enrolled in an employer GHP
  - Beneficiary, spouse or family member is not currently employed
  - Employer size change; GHP remains primary until a certain amount of time has passed after size change

# Scenarios and Polling Questions



# Scenario and Polling Question One

- Beneficiary
  - Is age 60, has Medicare Part A but not Part B, is currently employed and has LGHP through that employer
    - ✓ Employer is a single employer that employs 129 employees
- Which plan is primary for beneficiary?
  - Medicare
  - LGHP

# Scenario and Polling Question Two

- Beneficiary
  - Is age 51, has Medicare Parts A and B, is not currently employed and has LGHP through daughter's current employer
    - ✓ Employer is a single employer that employs 43 employees
- Which plan is primary for beneficiary?
  - Medicare
  - LGHP

# Scenario and Polling Question Three

- Beneficiary
  - Is age 63, has Medicare Parts A and B, is currently employed and has LGHP through that employer
    - ✓ Employer is a single employer that employs 75 employees
- Which plan is primary for beneficiary?
  - Medicare
  - LGHP

# Scenario and Polling Question Four

- Beneficiary
  - Is age 56, has Medicare Parts A and B, is not currently employed but has LGHP through brother who is currently employed
    - ✓ Employer is a single employer that employs 137 employees
- Which plan is primary for beneficiary?
  - Medicare
  - LGHP

# Scenario and Polling Question Five

- Beneficiary
  - Is age 32, has Medicare Parts A and B, is not currently employed but has LGHP through spouse who is currently employed
  - Employer employs 78 employees but is part of a multiple GHP and at least one employer employs 100 or more employees
- Which plan is primary for beneficiary?
  - Medicare
  - LGHP

# What You Should Do Now

- Be familiar with MSP resources
- Develop and implement policies that ensure your facility meets its MSP responsibilities
- Ensure your admissions/registration department works closely with your billing department
- Share this presentation with coworkers
- Continue to attend our MSP webinars

# Additional MSP Resources

# CMS' MSP Resources

- Internet-Only Manuals (IOMs)

- [100-05, Medicare Secondary Payer Manual, Chapter 1](#), Sections
  - ✓ 10, Definitions
  - ✓ 20.3, Disabled Beneficiaries Covered Under a Large Group Health Plan (LGHP)
- [100-05, Medicare Secondary Payer Manual, Chapter 2](#), Sections
  - ✓ 10.5, Rules Defining Employees Covered by GHPs and LGHPs
  - ✓ 10.5.1, Clarification of Current Employment Status for Specific Groups
  - ✓ 30, MSP Provision for Disabled Beneficiaries
  - ✓ 30.2, 100 or More Employees Requirement



# CMS' MSP Resources

- [Internet-Only Manuals \(IOMs\)](#)
  - [100-05, Medicare Secondary Payer Manual, Chapter 3](#), Sections
    - ✓ 20, Obtain Information From Patient or Representative at Admission or Start of Care
    - ✓ 20.1, General Policy

# Employee – Defined

- Definitions (of various terms)
  - [CMS IOM Publication 100-05, Medicare Secondary Payer Manual, Chapter 1, Section 10](#)
- Employee
  - An individual who is working for an employer or who, although not actually working for an employer, is receiving from an employer payments subject to FICA taxes or would be subject to FICA taxes except that employer is exempt from those taxes under IRC

# Employer – Defined

- Employer

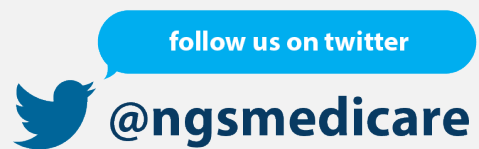
- Employer means, in addition to individuals (including self-employed persons) and organizations engaged in a trade or business, other entities exempt from income tax such as religious, charitable, and educational institutions
  - ✓ Included are governments of United States, individual states, Puerto Rico, Virgin Islands, Guam, American Samoa, Northern Mariana Islands, District of Columbia and foreign governments

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

# To Ask a Question Using the Question Box

The screenshot displays the GoToWebinar interface. At the top, there's a menu bar with 'File', 'View', and 'Help'. Below it, a tab shows 'Attendee List (2 | Max 201)'. The 'Attendees (1)' section lists 'Corena Bahr (Me)'. The 'Audio' section shows 'Audio Mode' with options 'Use Telephone' and 'Use Mic & Speakers' (selected). A 'MUTED' status is shown with a volume icon. The 'Questions' section contains a 'Questions Log' with a question 'Q: Is there a volume discount?' and an answer 'A: Yes! We will send you more info after the event.' Below the log is a text input field containing 'Yes' and a 'Send' button. Two red arrows are overlaid: one pointing to the input field with the text 'Type questions here' and another pointing to the 'Send' button with the text 'Then click Send'.



medicare **mobile**

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  - When you visit our [events page](#), please click on the banner and [share your education thoughts with us](#) about the education we provide you.
  - The survey only takes a few minutes of your time, and lets us know:
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    - ✓ Educational topics you would like to see continued
    - ✓ Where we can improve

**Share Your  
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# Your Feedback Matters

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