

Medicare Secondary Payer: A Review of the End-Stage Renal Disease with an Employer Group Health Plan Provision

7/29/2025 Part 1

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Objective

Familiarize providers with the ESRD with an EGHP MSP provision so you can identify and bill proper primary payer for your patients eligible for Medicare based solely on ESRD

Today's Presenters

- Provider Outreach and Education Consultants
 - Andrea Freibauer
 - Christine Janiszczak
 - Kathy Mersch





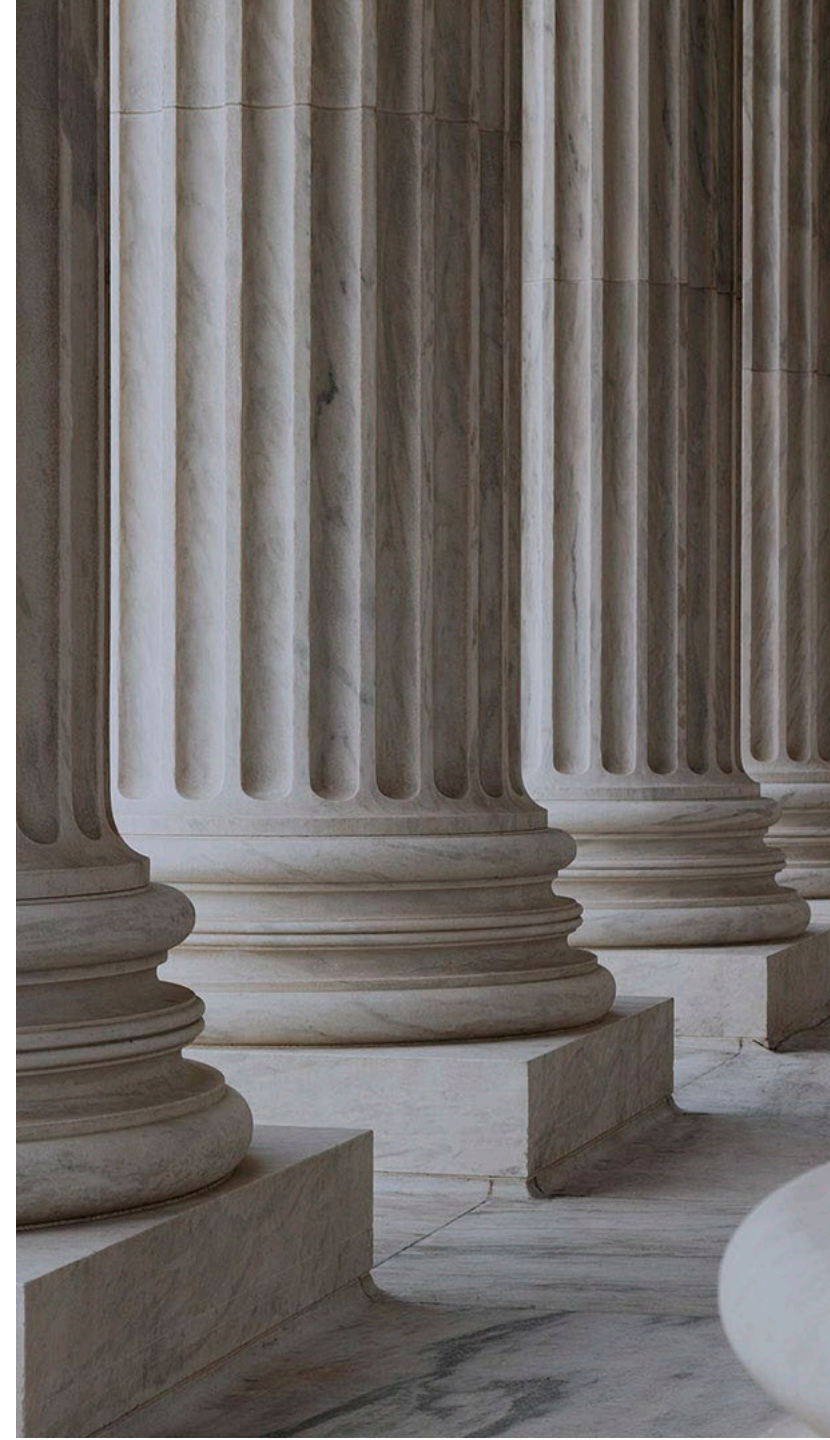
Agenda

- [MSP and Your Responsibilities](#)
- [MSP Provision Review – ESRD Beneficiary with EGHP](#)
- [Criterion One – Individual Must be Eligible for or Entitled to Medicare Based on ESRD](#)
- [Criterion Two – Individual Must Have EGHP Through Current/Formal Employment of His/Her Own or Through Spouse or Family Member](#)
- [Criterion Three – Individual Must be in 30-Month MSP/ESRD Coordination Period](#)
- [ESRD – Submitting Claims](#)
- [References and Resources](#)
- [Questions](#)

MSP and Your Responsibilities

What Is MSP?

- Beneficiary has insurance/coverage primary to Medicare
 - Based on federal laws known as MSP provisions
 - Help determine proper order of payers
 - Make certain payers primary to Medicare
- [What is Medicare Secondary Payer?](#)



MSP Provision Conditions/Criteria

- Each provision has own set of conditions/criteria
 - If all within specific provision met
 - Beneficiary's services subject to that provision
 - Medicare prohibited from paying for these services if "payment was made or can reasonably be expected to be made promptly" by primary payer
 - Medicare secondary
 - If one or more within specific provision not met
 - Beneficiary's services not subject to that provision
 - Medicare primary unless criteria of another MSP provision met

Providers' MSP-Related Responsibilities per Medicare Provider Agreement



Determine if Medicare primary payer

Identify insurance/coverage primary to Medicare



Submit claims to primary payers before Medicare

May be more than one payer primary to Medicare



Submit proper MSP claims to us when required

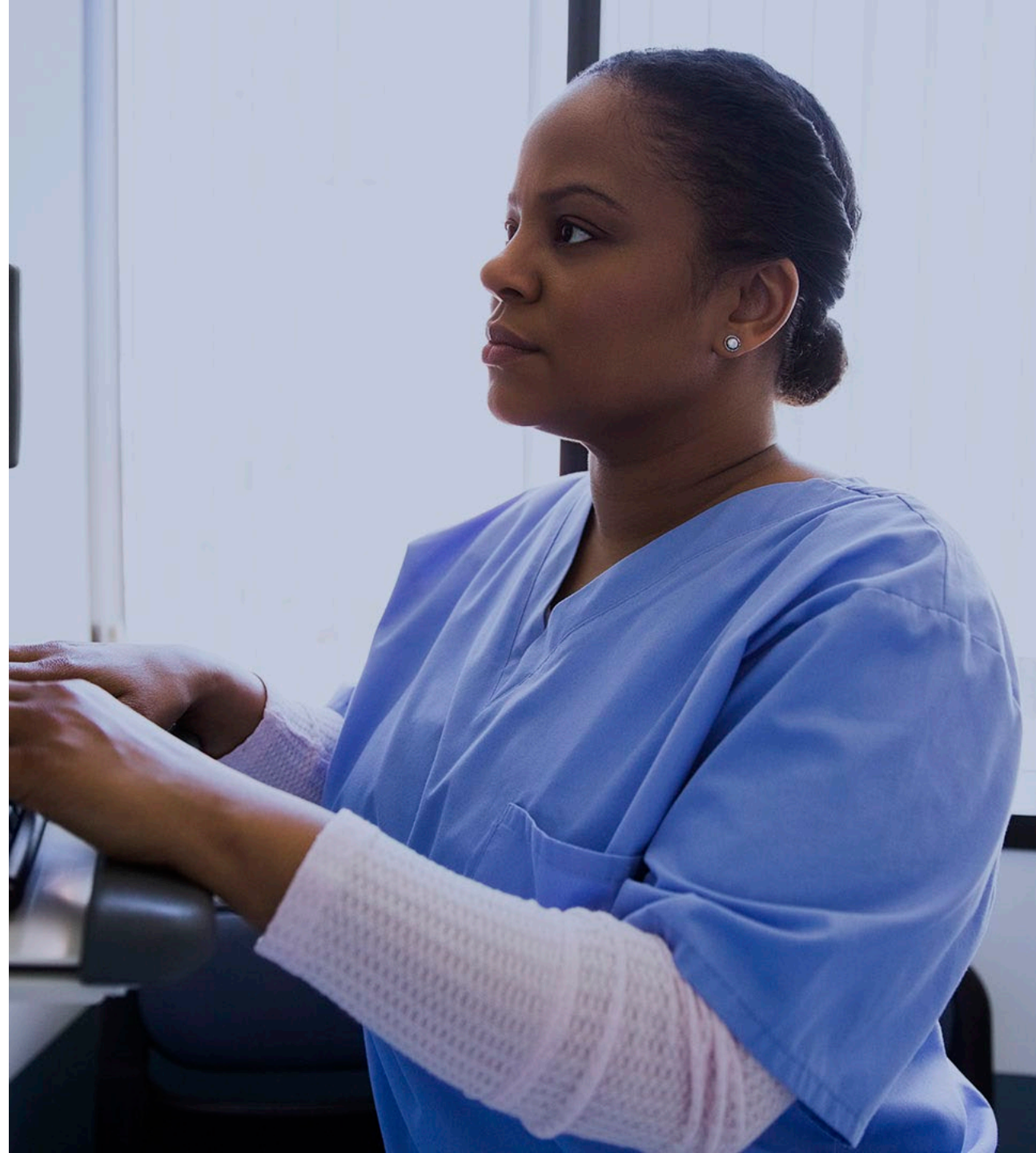
Follow MSP claim submission guidelines

Conduct MSP Screening Process to Identify Payers Primary to Medicare

- **Check** for MSP information in Medicare's records
 - Check for MSP records for beneficiary in CWF
 - For each service rendered; no exceptions
- **Collect** MSP information from beneficiary/representative
 - Ask questions about any other insurance/coverage
 - For every IP admission or OP encounter; some exceptions

Check for MSP Records in CWF

- Use provider self-service tools
 - [Identify the Proper Order of Payers for a Beneficiary's Services](#)



MSP Records in CWF – Information

- If MSP record(s) present, information includes:
 - MSP VC or primary payer code for MSP provision
 - MSP effective date
 - MSP termination date, if applicable
 - Subscriber's name
 - Policy number
 - Patient's relationship to insured
 - Insurer's information

MSP Provisions, VCs and Primary Payer Codes

MSP Provision	Value Code	Payer Code
Working aged, 65 and over, working/spouse working with EGHP, 20 or more employees	12	A
ESRD with EGHP, current/former employer, in 30-month coordination period	13	B
No-Fault (automobile/other types including medical-payment) or No-Fault Set Aside	14	D or T
WC or WC Set Aside	15	E or W
Public Health Services	16	F
Federal Black Lung Program	41	H
Disabled, under 65, working/family member working with LGHP, 100 or more employees	43	G
Liability Insurance or Liability Set Aside	47	L or S

Collect MSP Information From Beneficiary or Representative

- Ask questions about any other insurance/coverage using:
 - CMS' model MSP questionnaire
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 3, Section 20.2.1](#)
 - Part I – Black Lung, WC, No-Fault and Liability
 - Part II – Medicare entitlement and employer GHPs
 - **Part III – ESRD Medicare entitlement (including dual entitlement)**
 - Your own compliant form
 - Same content and intent as model
- Document all responses

A person's hands are shown typing on a laptop keyboard. Overlaid on the image is a semi-transparent checklist with four items, each preceded by a checkbox. The first and fourth checkboxes are marked with a checkmark, while the second and third are empty.

CMS' Model MSP Questionnaire – Part II

- Are you entitled to Medicare based on age, disability or ESRD?
 - If based on age or disability, stop after Part II
 - If solely based on ESRD, skip Part II; complete Part III

CMS' Model MSP Questionnaire – Part III

- Do you have EGHP through yourself, spouse, or family member if dually entitled based on disability and ESRD?
 - If yes, EGHP may be primary to Medicare, continue
- Have you received a kidney transplant?
 - Date of transplant
- Have you received maintenance dialysis treatments?
 - Date dialysis began
- Are you within 30-month coordination period?
- Were you in EGHP prior to and on date of Medicare entitlement due to ESRD (or due to ESRD and age or ESRD and disability)?
 - If yes, EGHP primary during 30-month coordination period
 - Collect employer and insurer information

Collect Additional Information for Billing

- Does veteran want to use VA coverage instead of Medicare?
- Are services covered by government research grant?
- When did retirement occur?
 - On claims, report OC 18 and beneficiary's retirement date and/or OC 19 and spouse's retirement date
 - [Collect and Report Retirement Dates on Medicare Claims](#)
 - Policy when beneficiary/spouse cannot recall retirement date
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 3, Section 20.1, #4](#)



Determine Proper Order of Payers

- Use collected information and your MSP knowledge
 - Medicare primary when beneficiary
 - Has no other insurance/coverage
 - Has other insurance/coverage that does not meet MSP provision criteria
 - Had other insurance/coverage that met MSP provision criteria but no longer available
 - Other payer(s) primary when beneficiary
 - Has other insurance/coverage that meets MSP provision criteria and still available

Submitting Claims

- If Medicare primary
 - Submit Medicare primary claim
 - Indicate reason Medicare primary
- If another payer primary
 - Submit claim to that payer first
 - Submit MSP or conditional claim as appropriate
- If more than one payer primary
 - Submit claims to those payers in proper order
 - Submit Medicare tertiary claim

MSP Provision Review – ESRD Beneficiary with EGHP

ESRD MSP Provision

- Medicare secondary to EGHP up to 30 months for individuals eligible for/entitled to Medicare based on ESRD
 - If Medicare not already primary based on entitlement due to age or disability when he/she became eligible for/entitled based on ESRD
 - Coordination period begins when individual eligible for Part A
- Applies to all Medicare covered items and services (not just ESRD treatment) to individuals in coordination period
 - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 1, Section 20.2](#) and [Chapter 2, Section 20](#)

ESRD – Criteria

EGHP primary to Medicare if all criteria met

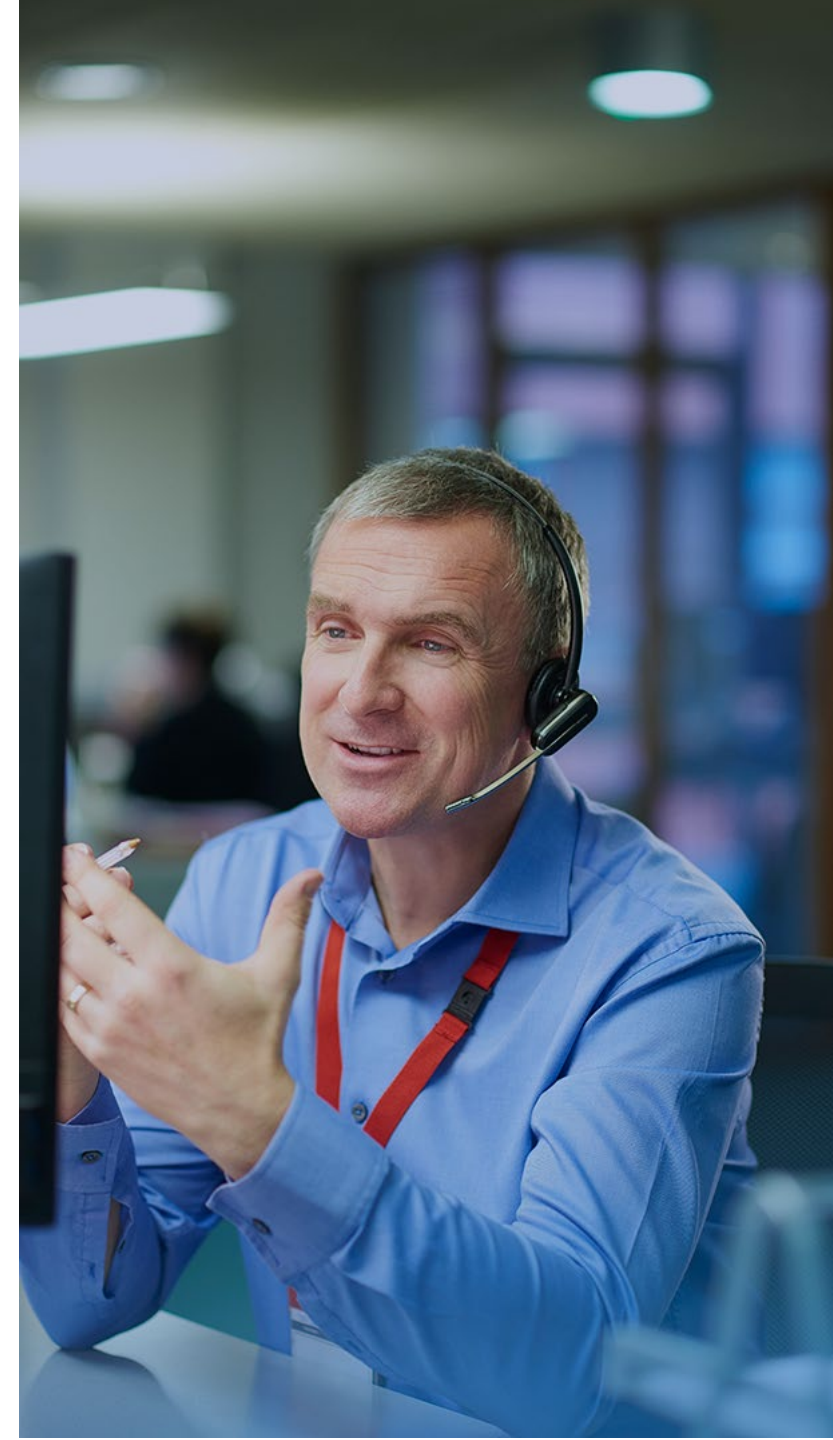
1. Individual eligible for, or entitled to, Medicare based on ESRD
2. Individual has EGHP through current/former employment of his/her own or through spouse or family member
3. Individual in 30-month MSP/ESRD coordination period



Criterion One – Individual Must be
Eligible for or Entitled to Medicare
Based on ESRD

Medicare Eligibility/Entitlement Based on ESRD

- Individual with ESRD eligible for Medicare
- Medicare entitlement/effective date depends on:
 - How ESRD treated
 - Maintenance dialysis
 - Self-dialysis
 - Kidney transplant
 - Whether applies for Medicare
 - May choose not to enroll even though eligible based on ESRD



Medicare Effective Date – Individual Receiving Maintenance Dialysis

- Individual begins regular course of maintenance dialysis, applies for Medicare
 - Medicare effective first day of third month following date regular course of maintenance dialysis begins
 - Three-month waiting period
 - Medicare neither primary or secondary in waiting period
- Example
 - Individual begins regular course of maintenance dialysis on 1/12/2025, applies for Medicare
 - Medicare effective on 4/1/2025

Medicare Effective Date – Individual Enters Self-Dialysis Training Program

- Individual enters self-dialysis training program, begins dialysis, applies for Medicare
 - Medicare effective first day of month course of dialysis begins
 - Individual expected to complete training and self-dialyze thereafter
 - No waiting period
- Example
 - Individual enters self-dialysis training program, begins dialysis on 1/12/2025, applies for Medicare
 - Medicare effective on 1/1/2025

Medicare Effective Date – Individual Admitted for Kidney Transplant

- Individual admitted for kidney transplant, applies for Medicare
 - Medicare effective first day of month admitted to hospital for kidney transplant
 - Transplant must take place within following two months
 - No waiting period
 - If transplant delayed more than two months
 - Medicare effective with second month prior to month of transplant
- Example
 - Individual admitted for transplant on 1/12/2025, applies for Medicare
 - Transplant occurs within two months
 - Medicare effective on 1/1/2025

Polling Question #1

- Individual begins regular course of maintenance dialysis on 3/20/2025, applies for Medicare
- Medicare effective on
 - 3/1/2025
 - 3/20/2025
 - 4/1/2025
 - 5/1/2025
 - 6/1/2025

Polling Question #2

- Individual enters self-dialysis training program, begins dialysis on 3/20/2025, applies for Medicare
- Medicare effective on
 - 3/1/2025
 - 3/20/2025
 - 4/1/2025
 - 5/1/2025
 - 6/1/2025

Medicare Termination Dates

- Medicare entitlement based on ESRD ends on earliest of:
 - Date of death
 - Last day of 12th month after month course of dialysis discontinued
 - Unless receives kidney transplant or begins another course of dialysis in which case entitlement continues
 - Last day of 36th month after month receives kidney transplant

Medicare Re-Entitlement

- Individual who loses Medicare based on ESRD can become eligible again
- To become entitled to Medicare again, he/she must
 - Begin new course of dialysis or receive kidney transplant and apply for Medicare
 - Note: Re-entitlement begins without waiting period

Criterion Two – Individual Must Have
EGHP Through Current/Former
Employment of His/Her Own or
Through Spouse or Family Member



EGHP Coverage

- Individual must have EGHP through current/former employer of
 - His/her own
 - Spouse or family member
 - Number of employees does not matter
- If individual does not have EGHP, Medicare primary

Employer – Defined

- 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
- Governments of United States, individual States, Puerto Rico, the Virgin Islands, Guam, American Samoa, Northern Mariana Islands, District of Columbia, and foreign governments

Employee – Defined

- Individual working for employer or receiving payments from employer subject to Federal Insurance Contributions Act (FICA) taxes or would be subject to FICA taxes except payments exempt under Internal Revenue Code

GHP – Defined

- 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
 - Employer
 - Others associated or formerly associated with employer in business relationship or their families

GHP Term Includes

- Self-insured plans
- Plans of governmental entities
- Employee organization plans
 - Union plans, employee health/welfare funds
- Employee pay-all plans
- Individual policies purchased by or through
 - Employee organization
 - Employer/former employer of individual/family member
- COBRA plan through beneficiary's/family member's employer
 - **For ESRD provision only** per CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, [Chapter 2, Section 20.2](#)

GHP Term Does Not Include

- Individual/direct-pay plans
 - Not purchased by or through employee organization, employer/former employer of individual/family member
- Coverage under TRICARE
- Plan that doesn't have any employees/former employees as enrollees
 - For self-employed person only

Current Employment Example

- Individual
 - At age 30, began working at ABC Inc., has their EGHP
 - At age 50, still working there, still has their EGHP, develops ESRD, begins dialysis, applies for Medicare
- EGHP primary to Medicare for 30 months
 - Or less if EGHP terminates prior to end of 30th month

Former Employment Example

- Individual
 - At age 35, began working at XYZ Inc., has their EGHP
 - At age 55, retires and receives their EGHP in retirement package
 - At age 60, develops ESRD, begins dialysis, applies for Medicare
- EGHP primary to Medicare for 30 months
 - Or less if EGHP terminates prior to end of 30th month

Criterion Three – Individual Must be
in 30-Month MSP/ESRD Coordination
Period

30-Month Coordination Period

- If individual with ESRD has EGHP, primary for 30 months
 - **During coordination period**
 - EGHP primary and Medicare secondary
 - **After coordination period**
 - Medicare primary and EGHP secondary for as long as ESRD-based Medicare entitlement continues



30 Months – When to Begin and End

- Begin coordination period on earlier of
 - Date Part A became effective based on ESRD, or
 - Date Part A would have become effective based on ESRD had individual applied for (enrolled) when eligible
- End coordination period on earlier of
 - Last day of 30th month following date coordination period began or
 - EGHP termination date (if it terminates during coordination period)
 - Employer could discontinue EGHP if beneficiary, spouse or family member stop working (quit, terminated, retire, etc.)

30-Month Coordination Period Examples

- For examples 1-5, assume individuals
 - Under age 65
 - Eligible for Medicare based on ESRD (not dually-eligible/entitled)
 - Apply for (enroll in) Medicare (except in Example 4)
 - Have EGHP through current/former employer of his/her own or of spouse/family member

Example 1: Coordination Period for Maintenance Dialysis

- Individual begins maintenance dialysis on 1/12/2025
 - Medicare effective date = 4/1/2025
 - 30-month coordination period = **4/1/2025-2/28/2027**
 - 4/1/2025-3/31/2026 = 12 months and
 - 4/1/2026-3/31/2027 = 12 months and
 - 4/1/2027-9/30/2028 = six months
 - Total of 30 months
- Three-month waiting period = 1/12/2025-3/31/2025
 - Individual does not have Medicare during this time

Example 2: Coordination Period for Self-Dialysis Training

- Individual enters self-dialysis training program, begins dialysis on 1/12/2025
 - Medicare effective date = 1/1/2025
 - 30-month coordination period = **1/1/2025-6/30/2027**
 - 1/1/2025-12/31/2025 = 12 months and
 - 1/1/2026-12/31/2026 = 12 months and
 - 1/1/2027-6/30/2027 = six months
 - Total of 30 months
- No waiting period

Example 3: Coordination Period for Kidney Transplant

- Individual admitted to hospital on 1/12/2025 for procedures in preparation for kidney transplant that takes place within two months
 - Medicare effective date = 1/1/2025
 - 30-month coordination period = **1/1/2025-6/30/2027**
 - 1/1/2025-12/31/2025 = 12 months and
 - 1/1/2026-12/31/2026 = 12 months and
 - 1/1/2027-6/30/2027 = six months
 - Total of 30 months
- No waiting period



Did You Know

- When an individual with ESRD is eligible for, but does not apply for or enroll in Medicare, a 30-month coordination period still applies if he/she has EGHP.

Individual Eligible For But Not Enrolled in Medicare

- If individual with ESRD eligible for but not enrolled in Medicare
 - 30-month coordination period applies if he/she has EGHP
 - Begins on date Part A **would be** effective based on ESRD if individual applied
 - Ends 30 months later as usual
- If individual applies for and enrolls in Medicare during coordination period
 - Medicare secondary to EGHP for portion of coordination period during which individual enrolled in Medicare

Example 4: Coordination Period For Individual Eligible For But Not Enrolled in Medicare

- Individual begins maintenance dialysis on 1/12/2025
 - If enrolls in Medicare, effective date = 4/1/2025
 - Whether enrolls in Medicare, coordination period = 4/1/2025-9/30/2027
 - EGHP primary = 4/1/2025-9/30/2027
 - If enrolls in Medicare, Medicare secondary = 4/1/2025-9/30/2027
 - If delays enrollment in Medicare, Medicare secondary from Part A effective date through end of coordination period
 - Examples of delayed Medicare enrollment:
 - If Part A effective 4/1/2026, Medicare secondary = 4/1/2026-9/30/2027
 - If Part A effective 4/1/2027, Medicare secondary = 4/1/2027-9/30/2027
 - If Part A effective 4/1/2028, Medicare not secondary during coordination period

Subsequent Coordination Periods



- Once 30-month coordination period ends
 - Medicare becomes primary and remains primary for as long as entitlement to Medicare based on ESRD continues
- New 30-month coordination period could apply if beneficiary
 - Loses Medicare entitlement based on ESRD
 - Becomes re-entitled to Medicare based on ESRD again
 - Has EGHP

Example 5: Subsequent Coordination Periods

- Individual develops ESRD, admitted to hospital for transplant on 3/5/2018 (successful) and applies for Medicare
 - Medicare effective date = 3/1/2018 (no waiting period)
 - EGHP primary for 30-month coordination period = 3/1/2018-8/31/2020
 - ESRD-based entitlement ends on last day of 36th month after transplant month = 4/30/2021
 - Medicare primary after coordination period to end of entitlement = 9/1/2020-4/30/2021
- Same individual develops ESRD, begins dialysis on 1/12/2025, enrolls in Medicare
 - Medicare effective date = 1/1/2025 (no waiting period)
 - If still has EGHP, another coordination period applies = 1/1/2025-6/30/2027

Polling Question #3

- Individual with EGHP begins course of maintenance dialysis on 8/15/2024, applies for Medicare
- What is 30-month coordination period?
 - 8/1/2024-1/31/2027
 - 9/1/2024-2/28/2027
 - 10/1/2024-3/31/2027
 - 11/1/2024-4/30/2027
 - 12/1/2024-5/31/2027

Polling Question #4

- Individual with EGHP enters self-dialysis training program, begins dialysis on 8/15/2024, applies for Medicare
- What is 30-month coordination period?
 - 8/1/2024-1/31/2027
 - 9/1/2024-2/28/2027
 - 10/1/2024-3/31/2027
 - 11/1/2024-4/30/2027
 - 12/1/2024-5/31/2027

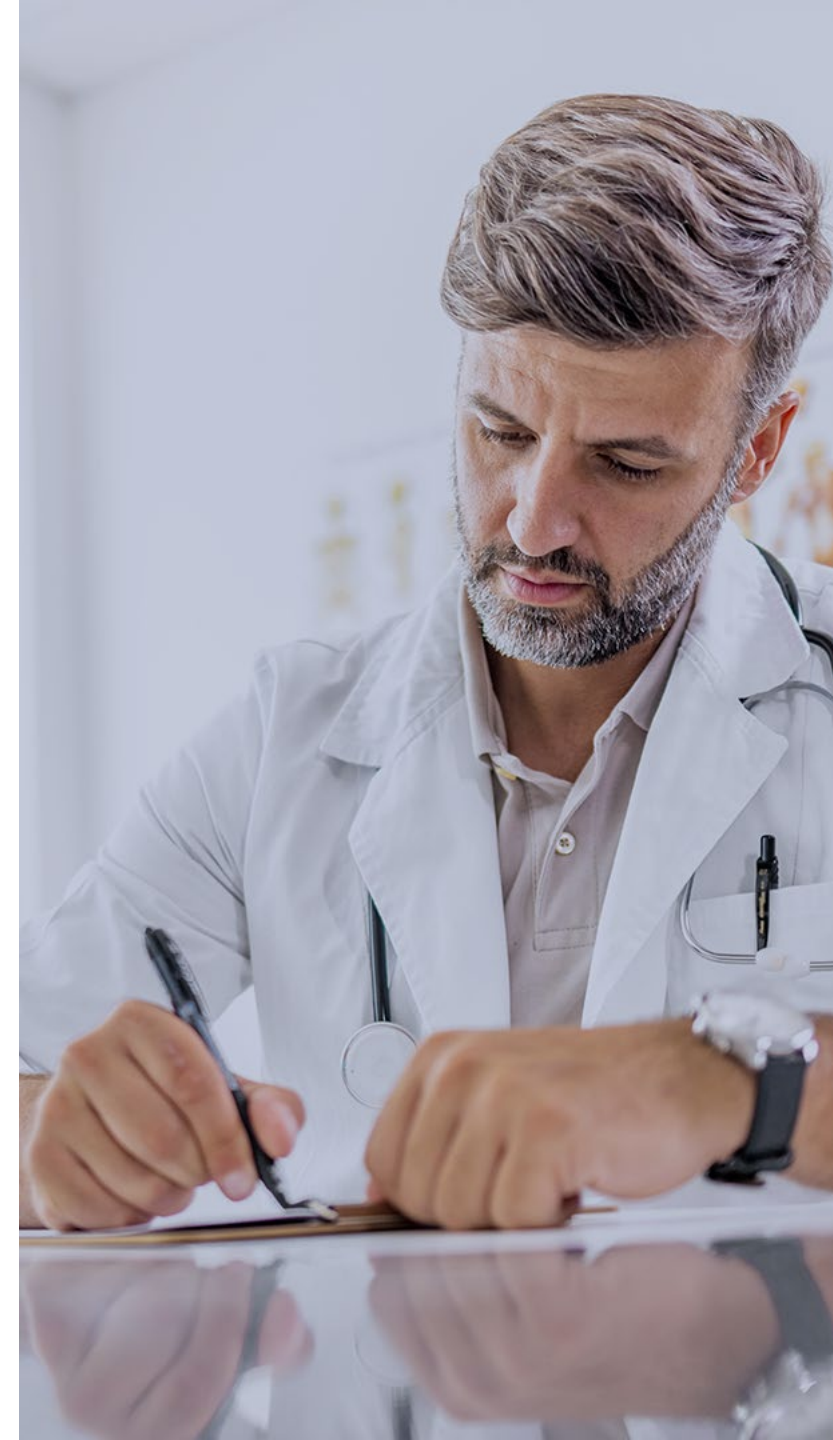
Medicare Primary – ESRD MSP Provision Does Not Apply

- Following individuals not subject to ESRD MSP provision, therefore Medicare primary:
 - ESRD beneficiaries with no EGHP
 - ESRD beneficiaries with direct-payment health plan (other than COBRA)
 - Beneficiaries who completed 30-month ESRD MSP coordination period
 - Dually-eligible/entitled beneficiaries who had Medicare as primary payer before their second reason for Medicare eligibility/entitlement

ESRD – Submitting Claims

Report Beneficiary's Current MSP Status on Claim

- When submitting Medicare claims, CMS expects providers to
 - Use billing information collected during MSP screening process with beneficiary
 - Report applicable billing codes on claim(s) to represent beneficiary's current MSP status
- Maintain documentation that supports billing codes reported



Claims for Beneficiaries Eligible for Medicare Based on ESRD – EGHP Primary

- If all ESRD MSP provision criteria met
 - Submit claim to EGHP as primary
 - Submit claim to Medicare secondary or conditionally, as applicable, once you receive response
 - MSP VC = 13
 - OC 06
 - OC 33 and 30-month coordination period start date
- References
 - [Prepare and Submit a Medicare Secondary Payer Claim](#)
 - [Prepare and Submit an MSP Conditional Claim](#)

Processing Your MSP or Conditional Claims

- Upon receipt of incoming MSP or conditional claim, we check for **matching MSP record in CWF**
 - If present, we process claim
 - If not present, we set up record, ask BCRC to validate it, then we process claim
 - Note: If our record set up unsuccessful, we ask BCRC to set up and validate record, then we process claim once record in CWF
- BCRC
 - Reviews/investigates MSP information
 - Validates MSP record we set up or sets up and validates MSP record
- Reference
 - [Set Up a Beneficiary's Medicare Secondary Payer Record](#)

Claims For Beneficiaries Eligible For Medicare Based on ESRD – Medicare Primary

- If one or more ESRD MSP provision criteria not met
 - Submit claim to us as primary with explanatory coding indicating reason
 - CC 10 = Beneficiary and/or family member employed but no EGHP
 - OC 25 = Date benefits terminated by primary payer
 - Remarks to support use of CC (not required; may be helpful)
- References
 - [Collect and Report Retirement Dates on Medicare Claims](#)
 - [Prevent an MSP Rejection on a Medicare Primary Claim](#)

A background image showing a laptop with several document icons floating above it, suggesting a digital workspace or data processing environment.

Processing Your Medicare Primary Claims

- When incoming claim contains explanatory coding, we can
 - Send information on claim to BCRC, when applicable
 - Process claim or, in some cases, wait for BCRC to correct MSP record then process claim
- BCRC
 - Reviews/investigates information
 - Corrects MSP record if they receive responses to their investigation
- Reference
 - [Correct a Beneficiary's MSP Record](#)

No Explanatory Claim Coding to Indicate Medicare Primary

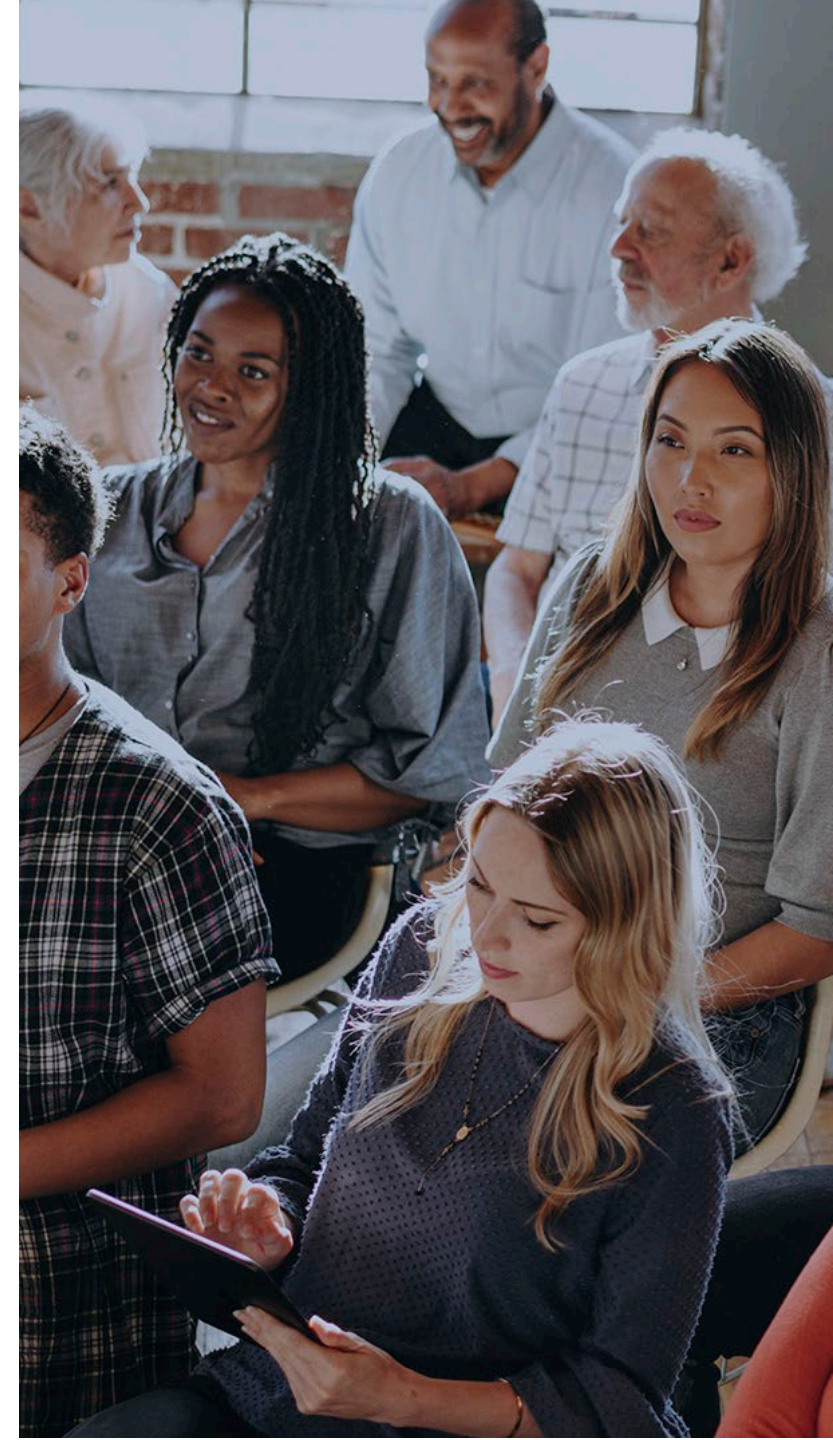
- Provider
 - May not contact BCRC in this circumstance
 - May refer beneficiary or other party to BCRC
 - Must wait until MSP record in CWF corrected before submitting Medicare primary claim
- [BCRC](#)
 - Toll-free lines
 - 855-798-2627
 - TTY/TDD: 855-797-2627 for hearing and speech impaired
 - Available
 - Monday–Friday, 8:00 a.m.–8:00 p.m., ET, except holidays

Polling Question #5

- Part 2 of this webinar is being conducted tomorrow on 7/30/2025. Are you registered?
 - Yes
 - No
- Register for this [event](#)

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



References and Resources



National Government Services

- [Acronym Search](#)
- [Contact Us](#)
- [Events](#)
- [FAQs](#)
- [*FISS DDE Provider Online Guide*](#)
- [NGSConnex](#)

National Government Services MSP Articles

- [What is Medicare Secondary Payer?](#)
- [Identify the Proper Order of Payers for a Beneficiary's Services](#)
- [Set Up a Beneficiary's Medicare Secondary Payer Record](#)
- [Correct a Beneficiary's MSP Record](#)
- [Prevent an MSP Rejection on a Medicare Primary Claim](#)
- [Collect and Report Retirement Dates on Medicare Claims](#)
- [Prepare and Submit a Medicare Secondary Payer Claim](#)
- [Prepare and Submit an MSP Conditional Claim](#)
- [Correct or Adjust a Claim Due to an MSP-Related Issue](#)
- [Determine if Medicare will Make an MSP Payment](#)
- [Determine Beneficiary Responsibility on an MSP Claim](#)

CMS' MSP References and Resources

- [BCRC Contact](#)
- [CBT Course: MSP Overview](#)
- [CBT Course: MSP ESRD](#)
 - MSP guidelines for persons entitled to Medicare due to ESRD
 - Multiple examples of ESRD MSP situations
 - MSP for individuals with dual entitlement to Medicare
- [HIPAA Eligibility Transaction System \(HETS\)](#)
- [How Medicare Works With Other Insurance](#) (for beneficiaries)
- MLN® Booklet: [Medicare Secondary Payer](#)
- MLN® Fact Sheet: [Medicare Secondary Payer: Don't Deny Services & Bill Correctly](#)

CMS' MSP References and Resources (continued)

- [Internet-Only Manual Publications](#)
 - [100-05, Medicare Secondary Payer Manual, Chapter 1](#), Sections
 - 10, Definitions of various terms including employee, employer, GHP
 - 20.2, End-Stage Renal Disease (ESRD)
 - [100-05, Medicare Secondary Payer Manual, Chapter 2](#), Sections
 - 20, MSP Provisions for End-Stage Renal Disease (ESRD) Beneficiaries
 - 20.1, Determining 30 Month Coordination Period During Which Medicare May Be Secondary
 - 20.1.1, Duration of Coordination Period
 - 20.1.2, Determination for Subsequent Periods of ESRD Eligibility
 - 20.1.3, Dual Eligibility/Entitlement Situations
 - 20.1.4, Summary Chart for ESRD-MSP Rules and Dually Eligible Medicare Beneficiaries
 - 20.2, Effect of ESRD MSP on Consolidated Omnibus Budget Reconciliation Act (COBRA)
 - [100-05, Medicare Secondary Payer Manual, Chapter 3](#), Section
 - 20, Obtain Information From Patient or Representative at Admission or Start of Care
 - 20.1, General Policy
 - 20.2.1, Model Admission Questions to Ask Medicare Beneficiaries

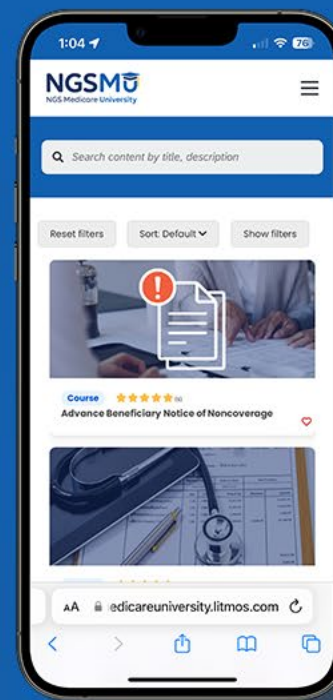
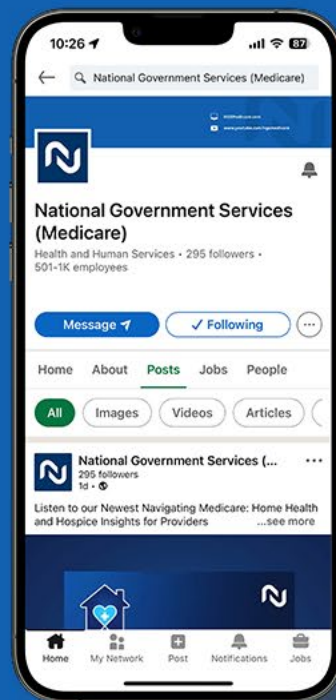
CMS' Coordination of Benefits & Recovery

- Overview
 - What's New
 - Medicare Secondary Payer
 - End-Stage Renal Disease (ESRD)
 - Coordination of Benefits
 - Group Health Plan Recovery
 - Non-Group Health Plan Recovery
 - Contacts
- Attorney Services
 - Reporting a Case
- Beneficiary services
 - Reporting Other Health Insurance
- Employer Services
- Insurer Services
- Provider Services
 - Your Billing Responsibilities

The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and rounded rectangles, some of which are slightly offset from each other, creating a sense of depth and movement. The colors range from a deep navy blue to a lighter, medium blue.

Questions?

Thank you!



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us on social
media



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Educational Videos

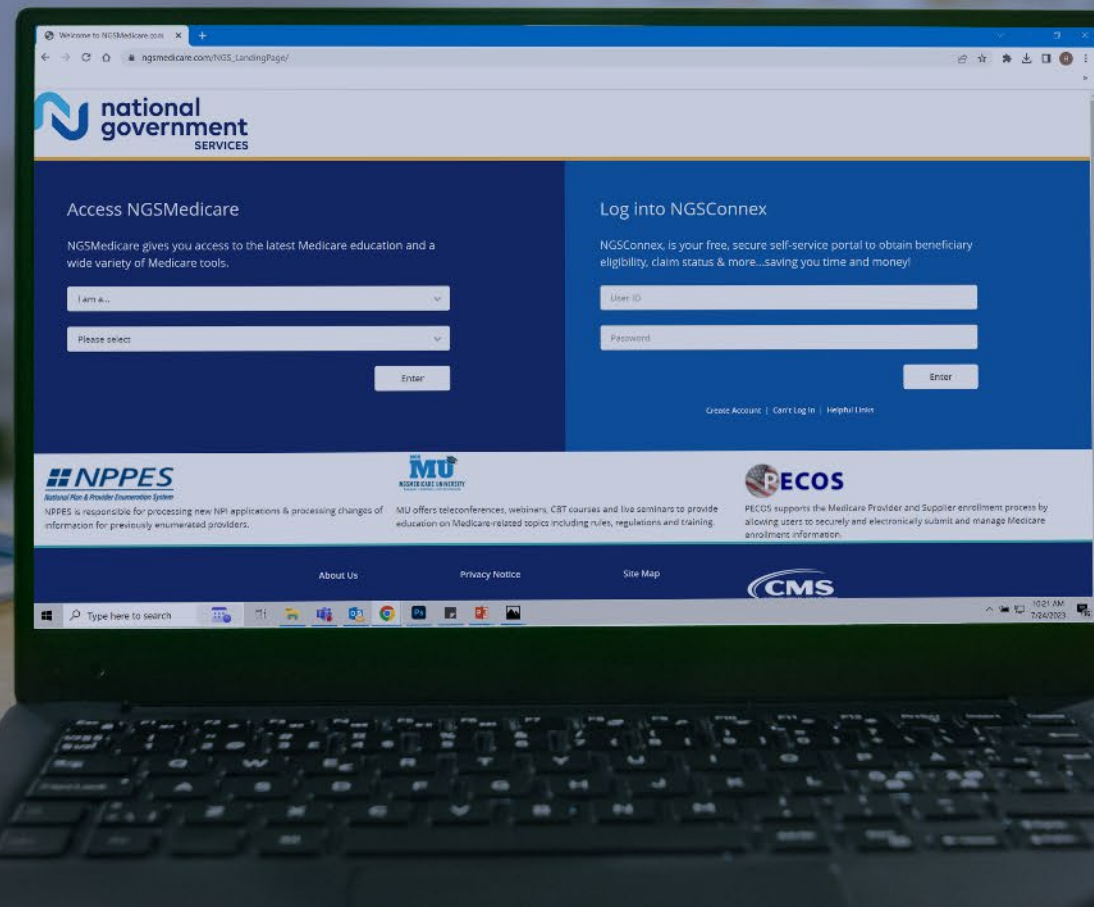


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The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



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