

**Medicare – How It’s Changing to Help More People:
A Teleconference Series for Health Care Professionals**

*Coordinating Coverage: Helping Your Patients Coordinate the New Medicare Prescription
Drug Coverage with Medicaid and Other Coverage*

Tuesday, September 20, 2005
Noon, Eastern Time

Linda Keegan: **[SLIDE 1]** Hello, everyone. My name is Linda Keegan. I'm the Executive Director of Kidney Care Partners. KCP is in alliance with patient advocates, dialysis professionals, providers and suppliers, all working together to improve the quality of care for individuals with kidney failure. KCP stimulated the creation of the Medicare Kidney Drug Awareness and Education Initiative which is sponsoring this broadcast.

We're glad you joined us today. I'd like to welcome you to the second of six teleconferences that are part of this initiative. The series is entitled "Medicare, How It's Changing to Help More People."

[SLIDE 2] Our first teleconference described upcoming changes to Medicare, and extra help for those with limited income and resources. Many people with Medicare, including those with chronic kidney disease, those in dialysis, and those with transplants already have (forced) to pay for drugs. So during this broadcast, we'll review Medicare changes and then discuss how Medicare's new drug coverage will coordinate with other types of coverage.

When the new coverage becomes effective on January 1 of 2006, many patients who have other drug coverage will need to decide whether they can add the Medicare Drug Plan to existing coverage or whether joining a plan is the right decision to make if it means dropping existing coverage. Our goal is to help people with kidney disease and kidney failure, make the right choices to help them live long, healthy, and enriched lives and we know that's what you want as well. This teleconference series is one of many ways the Kidney Medicare Drug Awareness and Education Initiative is working to meet that goal.

So let's get started. I'd like introduce you to our moderator Wendy Schrag. Wendy is a social worker, past chair of the National Kidney Foundation's Council of Nephrology Social Workers and Renal Care Group's Patient Services Manager. She'll introduce our other speakers. Wendy?

Wendy Schrag: **[SLIDE 3]** Thank you, Linda. I'm excited to be here today to moderate this teleconference. Joining us also are Christine Hinds from the Centers for Medicare and Medicaid Services Division of Drug Plan Policy, Heather

Holland from the CMS Division of Beneficiary Communications, and Janet Miller from the CMS Division of Partnership Development. They will help us to understand how Medicare prescription drug coverage coordinates with other ways of paying for drug.

When sharing information about Medicare's new drug coverage, it's important to take each person's situation into account. By staying up-to-date on Medicare changes, we'll put you in the best position to help your patients make an informed decision.

So in the next 30 minutes, we'll help you understand how Medicare prescription drug coverage works with other drug coverage patients may have now. So let's get started.

Heather, why don't you tell us about how Medicare is changing to help more people?

Heather Holland: Thanks, Wendy. I'm really happy to be here.

[SLIDE 4] As you already know, Medicare Part A covers hospitals, skilled nursing facility, hospice, and some home health cost. Medicare B covers outpatient care including doctors in dialysis. Medicare Part B also pays for few prescribed drugs like EPO for those with chronic kidney disease or on dialysis and anti-rejection medicines for transplant recipients. As a primary payer, Medicare Part B pays 80% of the approved costs of these drugs. Currently Medicare doesn't pay for most take home drugs.

[SLIDE 5] However, this is all going to change starting January 1, 2006 when people with Medicare will be able to get help for more prescribed drugs. Medicare coverage won't change for drugs that are currently covered by Part A or Part B.

Anyone with Medicare A and/or B will be able to get new Medicare prescription drug coverage, but coverage is not automatic. People must choose and join a Medicare drug plan to get coverage. If people with Medicare and Medicaid, people on SSI who don't have Medicaid and those with Medicare Savings Programs don't choose a plan on their own, Medicare is going to enroll them in a randomly selected plan just to make sure they get coverage.

[SLIDE 6] This fall, insurance companies are going to start advertising their Medicare drug plans. Most people are going to have a choice of plan. Medicare Advantage Plans and other Medicare health plans are going to offer drug coverage along with healthcare coverage. Medicare prescription drug

plans are going to add coverage to Original Medicare and from other Medicare health plans.

Wendy Schrag: Choices are good, but isn't CMS worried that people might be so overwhelmed that they do nothing?

Heather Holland: We hope not, Wendy. That's why CMS is participating in efforts just like this one. In October, people are going to be able to get their first look at plans and what drugs they're going to cover. And if your patients are confused, help will be available to address their unique questions and needs.

Wendy Schrag: This teleconference is to give our staff and patients confidence to do the homework necessary to make the best decision for them. Some may choose to join the Medicare drug plan, but others may not need one.

Our patients have to think not only about drugs they take now, but drugs they may need if their health or treatments change. Doctors, nurses or dietitians could list common kidney drugs to help patients look for kidney-friendly formularies.

Heather Holland: **[SLIDE 7]** CMS has a number of resources to help people with their choices. Starting October 13, the Medicare Drug Plan Finder tool will be available on www.medicare.gov. This tool will help people compare their different plan options. Basically, it will find Medicare Drug Plans that cover certain drugs at preferred pharmacies and let you know the cost.

As well, Medicare is going to be mailing the *Medicare and You 2006* handbook to all households with Medicare this fall. The handbook lists all area Medicare drug plans along with State Health Insurance Assistance Programs, or what we call SHIPs.

Wendy Schrag: SHIP staff and volunteers advise many people with Medicare. We can help them understand our patients' unique concerns. The Kidney Medicare Drugs Awareness and Education Initiative is developing and posting kidney-specific materials at their website which is www.kidneydrugcoverage.org, and they'll help us respond to our patients' unique needs. Social workers can also let their SHIP agency know about this resource.

Wendy Schrag: Medicare prescription drug coverage is not free, even those who have limited income and resources and qualify for extra help will pay something. You can learn more about the low income subsidy from the August 16 teleconference and transcript, which is also posted on the [kidneydrugcoverage.org](http://www.kidneydrugcoverage.org) website.

Most of us—staff and patients alike—want to know how much the Medicare prescription drug coverage will help our patients to get the drugs they need.

Dolph Chianchiano: [SLIDE 8] This is Dolph Chianchiano, Vice President for Health Policy at the National Kidney Foundation. I just wanted to remind the listeners that the cost will vary depending upon which plan people choose. In general, people who do not qualify for the extra help will pay a monthly premium averaging around \$32, although some will be much less. They will also pay a yearly deductible of up to the first \$250 in covered drug costs, up to \$500 of the first \$2,250 with Medicare paying up to \$1,500, and 5% of cost after paying \$3,600 referred to as “true out-of-pocket” or TrOOP with Medicare paying 95% for the rest of the year.

CMS only requires that plans pay out at least as much as the standard plan. Medicare drug plans may vary widely from the standard benefit package.

Wendy Schrag: Will patients have to keep track of their out-of-pocket cost?

Dolph Chianchiano: [SLIDE 9] No, Medicare drug plans track a beneficiary’s true out-of-pocket cost or TROOP. Medicare hired a contractor to help them track what others pay that may count towards this TrOOP. Medicare drug plans will have access to this information. At least once a month, the plan must report to the beneficiary how much of the TrOOP has been met.

Wendy Schrag: And what does and does not count towards the TROOP?

Dolph Chianchiano: Well, help that State Pharmacy Assistance Program or SPAPs, charities, foundations, and family or friends provide toward drug cost, will count towards the beneficiary’s TrOOP. However, help someone gets to pay premiums does not count towards TrOOP.

[SLIDE 10] Starting November 15, people can join a Medicare drug plan. If they join by December 31 coverage starts January 1. Most can join until May 15, 2006 or the first six months they have Medicare. Medicare drug coverage will begin the month after they join a plan. People can join by contacting the plan directly online at www.medicare.gov or by calling 1-800-MEDICARE or 1-877-486-2048 for TTY users.

[SLIDE 11] Medicare will send a notice in October to people with Medicare and Medicaid telling them the Medicare drug plan they will have January 1, unless they join a different one by December 31, 2005.

Medicare will send those with SSI without Medicaid or Medicare Savings Programs a notice by April 12, telling them the Medicare drug plan they will have unless they join a different one by May 15, 2006. Again, CMS wants to make sure they don’t miss a day of coverage.

Wendy Schrag: Well, this will give our patients and us, time to see if the plan Medicare has chosen, has a kidney-friendly formulary or if the patient needs to join a different plan.

Once Medicare starts helping to pay for drugs, how will Medicare coordinate with other plans our patients may have?

Christine Hinds: This is Christine Hinds, can you hear me?

Wendy Schrag: Yes.

Christine Hinds: **[Slide #12]** Okay, good. Thanks, I'm happy to be here. There are going to be ways to coordinate benefits and beneficiaries will have probably two different ways that they'll focus on how they'd coordinate their primary coverage or their Part D coverage with secondary coverage or any coverage that wraps around the Part D benefit.

They may realize it at the point of sale, in other words, they can enter the pharmacy and get the prescriptions filled and the pharmacist bills Part D plan directly and then the Part D plan will then submit a response back saying that this person has other coverage and then the pharmacist can bill the secondary payer.

Or it maybe where the pharmacy cannot bill the secondary payer and then that - in that instance, the beneficiary would have to submit a paper claim for any cost sharing or anything that their secondary coverage would cover.

Wendy Schrag: Thanks. And before we talk about -- more about how plans coordinate, can you also explain creditable coverage and why we and our patients should care about that?

Christine Hinds: **[SLIDE 13]** Medicare defines creditable coverage as "coverage that is on average, as good as the standard Medicare prescription drug coverage." Earlier, I think we talked about the standard coverage. People with creditable coverage who want to join a Medicare drug plan after they're first eligible will not pay a premium penalty so long as it's hasn't been 63 days since their drug coverage ended.

If they don't have creditable coverage or if they wait 63 days or more after drug coverage ends to join the Medicare Drug Plan, they may have to pay a premium penalty to join later. They may also have to wait to join until the next open enrollment period which is November 15 to December 31.

Wendy Schrag: And how will our patients know if their coverage is creditable?

Christine Hinds: [SLIDE 14] From now until the beginning of our enrollment season, which begins November 15, any patient who had drug coverage to an employer or union including COBRA, Medigap, or Medicare Advantage plan will learn from their current plan whether their drug coverage is creditable. People should carefully read any notices their employer, union, or plan sends them. People with questions or who don't get this notice should contact their benefits administrator or the office that answers questions about their coverage.

Wendy Schrag: [SLIDE 15] And one way we as social workers can help is to ask patients to bring notices they get from government agencies, employers, payers, and Medicare drug plans so that we can explain them and also see if they have creditable coverage and keep a copy of truth of what they were told.

How will the Medicare drugs coverage work with someone who has Medicaid?

Christine Hinds: [SLIDE 16] Medicare prescription drug coverage is going to replace Medicaid drug coverage for the full benefit eligible on January 1, 2006. I understand this is discussed in detail in your last call.

Wendy Schrag: And the transcript of that call, and the audio, and the PowerPoint, can be found as links under the August 16 teleconference on www.kidneydrugcoverage.org.

How does Medicare prescription drug coverage compare to Medicaid drug coverage?

Christine Hinds: Medicaid drug coverage is an optional benefit to be provided by the states. While all states offer coverage presently, some states have prescription limits or caps on the amount spent—to be spent on the drugs under the Medicaid program.

Medicare prescription drug coverage offers the beneficiary a choice in plan and comprehensive formulary similar to what we see in the private market today. Medicare also offers a catastrophic coverage. After those with Medicare and full Medicaid spend 3,600 in true out-of-pocket cost, they pay nothing for covered drugs the rest of that year.

Wendy Schrag: Our next teleconference on October 18 will discuss formularies and choosing a plan. And on November 15, the teleconference will address exceptions and coverage determinations.

What are some other differences between Medicaid and Medicare drug plans?

Christine Hinds: Like I said earlier, the Medicare drug plans have a pharmacy network which is unlike Medicaid. They must provide, for people to get drugs also from out of network pharmacy in certain cases or what we will call it on a non-routine basis. For example, people might lose or run out of drugs while traveling, and they will be unable to get a drug from a network pharmacy because the pharmacy isn't open or their pharmacy may not stock a certain drug regularly. Although drugs may cost less through a mail order pharmacy, a Medicare drug plan cannot make someone to get drugs that way.

Medicaid may pay for drugs that Medicare prescription drug coverage excludes such as over-the-counter medicines, vitamins, barbiturates, benzodiazepines, nutritional supplements as long as the State Medicaid Plan doesn't exclude them. And some Medicaid agencies may pay for more depending on their policies and the amount of funding they receive. "May" is a pivotal term here. What states will continue to pay and what differences will exist between state plans remains to be seen.

Wendy Schrag: Some people with Medicare also have employer or union health plans as employees, retirees, or dependents. Others may have COBRA. Janet, what should we tell them?

Janet Miller: **[SLIDE 17]** Well, this is Janet Miller and I think the first thing that we should tell them is to take a deep breath, because between now and November 15, employer and union plans with drug coverage have to notify those with Medicare whether the coverage is creditable -- the drug coverage is creditable.

And that also includes people who are on COBRA. They can't exclude the COBRA from that notification. So when you get the notice of whether or not the coverage is creditable, if it is, they don't need to do anything. And at a later date, if they decide to join a Medicare drug plan, they can do so without penalty as long as it hasn't been 63 days since their drug coverage ends.

[SLIDE 18] Now, if the employer or the union plan including the COBRA is not creditable, they may want to consider joining a Medicare drug plan, because if they wait past the May 15, 2006 initial cutoff to join, they may pay a higher premium and have to wait for the next open enrollment period. Generally, the open enrollment period will be, in I believe, November of every year. If a person is new to Medicare, they would have six months to make this decision.

Wendy Schrag: **[SLIDE 19]** Well, joining a Medicare Drug Plan may affect someone's existing coverage. *It's important for us to know that if patients drop their current coverage to join a Medicare drug plan, they may not be able to get that coverage back.* Everyone with drug coverage now should discuss their options with their health benefits administrator, the person at their company

that they ask about health insurance, before they make any changes at all. Kidney disease is an expensive illness and having a good health plan is worth every penny.

If someone with COBRA is thinking about signing up for Medicare so they can join the Medicare drug plan, they should not do that. Once they have COBRA, signing up for Medicare gives their employer the option to stop COBRA. They could pay much more. To protect their COBRA rights, they can sign up for Medicare even if it is a secondary payer before they get COBRA. Otherwise, they should wait to sign up for Medicare until COBRA ends.

I've heard people say they believe employers may drop drug coverage for employees and retirees, what is CMS doing about this?

Janet Miller: **[SLIDE 20]** Well, there are couple of things that CMS is doing, and this is Janet Miller speaking. The first is that there is a financial support to help retirees keep the coverage they have. Employers, unions, governments, churches that provide plans can apply for a tax-free retiree drug subsidy. And as general, they are going to be about 28% of drug cost for as long as they continue to provide creditable coverage.

And on a separate track, we at CMS are very sensitive to this possibility and so we're doing some groundwork to track and resolve this type of issue. We have to have a process in place pretty soon where our beneficiaries will be able to call the Medicare helpline, and that's 1-800-MEDICARE. And operators there will be able—the customer service operators—will be able to determine the appropriate regional office that can help a beneficiary. We have 10 regional offices. But more importantly, the operators are going to be able to locate the appropriate person or division within the regional office, because the way that we anticipate this will work is there will be different point people in the regions that would handle, like a MA plan as opposed to a fee-for-service plan, so we are doing some advanced thinking on this part as well.

Wendy Schrag: And the Medicare helpline is 1-800-633-4227. The TTY number is 1-877-486-2048.

Affected beneficiaries can use their creditable coverage notice to get a Medicare drug plan right away before 63 days lapse. Employers who urge people with kidney disease to drop their health plan maybe violating the Americans with Disabilities Act if other employees can keep their coverage. Contact information for the Equal Employment Opportunity Commission is 1-800-669-4000, or their website is www.eeoc.org.

Christine, can someone with an individual health plan that has drug coverage keep that plan and join a Medicare drug plan as well?

Christine Hinds: They can as long as the plan they have is not a Medigap plan or a group health plan.

Wendy Schrag: And many people with kidney disease have Medigap plan, how will they coordinate with Medicare drug plan?

Christine Hinds: **[SLIDE 21]** First, companies cannot sell Medigap policies with drug coverage after December 31, 2005. *People can't have a Medigap plan with drug coverage and a Medicare Drug Plan.* Those with Medigap drug coverage will get a notice between September 15 to November 15 telling them whether their coverage is creditable or not. CMS believes most plans will not be considered creditable coverage.

[SLIDE 22] If the Medigap plan is not creditable:

- The beneficiary can disenroll from the drug coverage of the Medigap plan and keep the plan, plus join Medicare drug plan. This could lower the premium for the Medigap plan.
- They can join a Medicare Drug Plan and switch to a Medigap plan without drug coverage -- Plan A, B, C, F, K, or L.
- They can join a Medicare Advantage Plan, or
- Finally, they can keep their current Medigap plan and not join the Medicare drug plan.

If the Medigap plan is not creditable, and they wait to join the Medicare drug plan until after May 15 or the first six months for Medicare, they will pay a higher premium—1% per month they delayed joining a Medicare drug plan and they can only join from November 15 to December 31.

Wendy Schrag: The CMS booklet “Choosing a Medigap Policy” with the Publication Number 02110 is very helpful and you can also get help by calling 1-800-MEDICARE program or read online at www.medicare.gov. It says that people with Medicare, Medicaid or other insurance who switch Medigap plans, can use the months they've had that coverage to shorten pre-existing condition waiting periods. They have a one month “free look” period to test a new Medigap plan. CMS advises them not to drop Medigap coverage until they are satisfied with their new plan. Luckily, most people have until May 15 to do this.

Medicare Advantage Plans can not accept people on dialysis now. However, a Medicare Advantage Plan may accept someone with a successful transplant. Speaking of Medicare Advantage Plan, Christine, how do they work with Medicare prescription drug coverage?

Christine Hinds: [SLIDE 23] Medicare Advantage Plan pay offer drug coverage, or have a Medicare Advantage Prescription Drug Plan, we call them an MA-PD. Medicare Advantage plans will send notices to their members in October, advising them whether their coverage is creditable and what, if anything, will change January 1, 2006.

People whose Medicare Advantage plans don't cover drugs should ask if the plan will add drug coverage in January. If so, they must sign up for their MA-PD plan. If their plan will not add drug coverage, they can switch to another Medicare Advantage plan that does or change to Original Medicare and join a Medicare prescription drug plan. **Medicare will automatically disenroll those who join a non-Medicare Advantage prescription drug plan from their entire Medicare Advantage Plan.**

Wendy Schrag: And losing the Medicare advantage plan can be costly. Original Medicare leaves co-insurance cost to patients that patients with Medicare Advantage Plans may not be used to paying and they may not get a Medigap plan right away to pick up this coinsurance cost. Social workers should do what they can to help patients keep their Medicare Advantage plans.

Heather, how do VA benefits coordinate with Medicare prescription drug coverage?

Heather Holland: [SLIDE 24] Hi, Wendy. The same rules apply to people receiving VA benefits and TRICARE coverage, as well as people we are getting Federal Employee Health Benefit or FEHB as we call it. These plans are all considered to be creditable, therefore, if someone loses coverage on one of these plans, they can still join a Medicare drug plan after May 15 and not have to pay a penalty or wait until the next open enrollment period. However, they must join a Medicare Drug Plan before 63 days have passed.

[SLIDE 25] People who have limited income and resources who also qualify for the extra help may want to consider joining a Medicare drug plan especially if the Medicare drug plan pharmacy is closer, or if a drug is covered by the Medicare drug plan but not covered by the VA, and they will have to pay less for their drugs with the extra help that they can get from the low income subsidy. However, the VA and the Medicare drug plan cannot cover the same drug at the same time. Patients are going to have to choose to have the VA or the Medicare drug plan cover a prescribed drug each time they fill it.

Wendy Schrag: Christine, what about people who get drug coverage from Indian Health Service?

Christine Hinds: [SLIDE 26] Most beneficiaries that receive help from the Indian Health Services can join a Medicare drug plan. The IHS (Indian Health Services), Indian tribes and urban Indian organizations can continue to pay premium and share cost for people enrolled in a Medicare drug plan, so they will pay nothing.

Wendy Schrag: And how will State Pharmacy Assistance Programs be affected by Medicare prescription drug coverage?

Christine Hinds: [SLIDE 27] Currently there are 21 states that have State Pharmacy Assistance Programs. These programs help eligible state residents pay for their prescription drugs now. States have the option to continue these programs in January. Some may pay premiums and the patients share cost or even make a per capital payment to a Medicare drug plan to provide supplemental coverage on their behalf. Payments beneficiary receive from SPAPs count towards their true out of pocket cost. Medicare beneficiaries should contact their State Pharmacy Assistance Program to find out what, if anything will change in January.

Wendy Schrag: [SLIDE 28] Some patients get help from state kidney programs. Some of these programs are State Pharmacy Assistance Programs while others are not. Social workers or patients should contact the state kidney program to find out what, if anything will change in January.

Heather, what about Medicare-approved drug discount cards?

Heather Holland: [SLIDE 29] Wendy, the Medicare-approved drug discount card program is a temporary program that was only meant to last until the Medicare prescription drug coverage starts. People who have these drug discount cards can continue to use them until they join a Medicare drug plan or until May 15, 2006, whichever comes first. People can still apply now to get a Medicare-approved drug discount card and they can apply up until December 31, 2005. People who qualify for transitional assistance will get part of that \$600 annual credit to use as long as their card is valid. As far as the other drug cards are concerned, I would recommend contacting the specific card providers to see what's going to change in January.

Wendy Schrag: And what about drug makers' pharmaceutical assistance programs that provide free drugs for people who qualify?

Heather Holland: [SLIDE 30] I'm not sure how this will change. Patient assistance program typically provide drug products through the health care provider. If the program provides drug products, only the manufacturing cost of the drugs count towards the person's true out-of-pocket cost. People getting this help

should check with the drug company to find out whether it will change January 1.

Wendy Schrag: Some drug companies may donate to foundations to help people pay premiums for basic or expanded coverage or other shared cost to help people take their drugs. Help from foundations and charities does count towards TROOP.

I think that's all of our questions today.

Before we have closing remarks by Dolph, I'd like to invite our CMS participants, Heather, and Christine, and Janet, to do any last commenting that they would like to do on any Medicare Advantage Plan or employer group health plan, or COBRA.

Janet Miller: Now, hold on a second here. We're having a horrible time with our speakerphone, and so give us a second here to work things out. This is Janet Miller speaking.

Wendy Schrag: Okay.

Janet Miller: **[SLIDE 31]** Basically, I know that while Medicare Advantage plans may not be specific to many people with ESRD, there are some that will have these plans and so what we would like to, is assure you that a Medicare Advantage plan-- if it is a PD—then the coverage is creditable. If an MA plan is not going to become an MA-PD, they're going to automatically enroll their plan members in an MA-PD, so those folks won't have to take additional information. I know that there had been some questions on that level. And so I hope that gives you some reassurance there.

We're going to we—CMS—when I say we, I don't mean Heather, Christine, or I—the CMS is working on the content and timing creditable notice and coverage for Part D plans. That's going to be up on our website very shortly.

A notice just went out about new materials that are up on www.cms.hhs.gov and www.medicare.gov. And I would encourage all of you to go up and take a look at them because one of them is going to be new documentation addressing qualified retiree issues. I think that might be very helpful because I know that also speaks a little bit to ESRD.

And the other thing that I wanted to bring to the attention of your members is, that we were talking earlier about the notices that are going to go out to employees. These don't necessarily have to be separate notices. They're going to...sometimes the information might be embedded in another notice, but the good point is there that it has to be a certain format, it has to be 14

point, so it really should be noticeable even though it might be embedded in other information.

So that's our commercial.

Wendy Schrag: Well, I want to specially thank Janet, and Christine, and Heather for joining us today. And at this point in time, I'd like to invite Dolph Chianchiano, Senior Vice President of Health Policy and Research for the National Kidney Foundation to provide some concluding remarks.

Dolph Chianchiano: Thank you, Wendy. Just to reinforce some of the messages that we heard earlier in the call, although Medicare prescription drug coverage will help some people afford drugs they need, others may not need this coverage.

[SLIDE 32] Most of what you read is for the average person with Medicare.

The Kidney Medicare Drug Awareness and Education Initiative and its participating organizations have kidney-specific information to help patients make informed decisions about whether to join a Medicare Drug Plan.

Those who have—now have or choose kidney-friendly plans, will fare better than those who don't.

One way social workers can help their patients is to ask them to bring in notices they get from government agencies, employers, health plans, or Medicare Drug Plans. You can explain these notices, see if any current coverage is creditable, help review options, and keep a copy of notices in case your patients need them later.

[SLIDE 33] We hope this teleconference helps you understand how the Medicare prescription drug coverage will work with other coverage. We are planning more teleconferences over the next few months. Be patient. Our motto is "The right information at the right time." Our next teleconference will be on Tuesday, October 18, and we'll discuss how to help patients choose a Medicare Drug Plan. You can participate live at noon, Eastern Time, or access teleconferences later at www.kidneydrugcoverage.org.

[SLIDE 34] Under the September 20 teleconference date, you will also find a link to today's PowerPoint, and in a few weeks, you'll find the transcript and audio in the same place on the website. We'll be adding more information on the website on a regular basis, so check back frequently.

If you'd like an attendance certificate for today's program, go to www.kidneydrugcoverage.org and complete the online evaluation. Check with your licensing agency to find out if you can get continuing education

credit using this certificate. Also, please free to submit your questions about this topic in future teleconferences by e-mailing us at info@kidneydrugcoverage.org.

Thank you for your participation.

Bye-bye.