Centers for Medicare & Medicaid Services
National Medicare Education Program Meeting
Wednesday, June 2, 2021
1:30pm ET

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Stefanie Costello: Good afternoon, and welcome to the National Medicare Education Program Meeting today. I'm Stephanie Costello Acting Director of the CMS Partner Relations Group in the CMS Office of Communications. Thank you for joining us this afternoon for an update on the national training program, the Medicare updates, Medicare COVID-19 vaccine outreach, and Part C, and D, marketing updates. Today I am joined by several speakers. Erin Pressley, Director of Creative Services Group, Office of Communications will give an update on the National Training Program. Jon Booth, Director of Web and Emerging Technologies Group, and Chris Koepke, Director of Strategic Marketing Group, both from the Office of Communications will give an update on e-Medicare. And Lauren Shaham, Senior Advisor of the Integrative Communications Management Staff in the Office of Communications will give an update on COVID-19 Medicare vaccine. Finally, we will hear from Jeremy Willard and Christine Reinhard from the Medicare Drug and Health Plan Contract Administration Group in the Center for Medicare, who will give an update on Part C/D Marketing. We will have Michelle Oswald from the Partner Relations Group in the CMS Office of Communications who will be moderating our Q&As.

Before we begin, I have a few housekeeping tips. For those who need close captioning, the instructions and link are located in the chat function of this webinar. This call is off the record. It is for information and planning purposes only. While members of the press are welcome to attend the calls, we ask that they please refrain from asking questions. All press media questions can be submitted using our media inquiries form which may be found at cms.gov/newsroom/media-inquiries.

We welcome your questions after each section. We will only be answering questions related to the presentation provided today. You can ask a question by typing it in the Q&A box at the bottom of your screen. We will do our best to get to as many questions as possible today. With that, I will turn it to Erin Pressley. Erin?

Erin Pressley: Thank you, Stephanie. Thank you for having me here today. I will spend the first couple of minutes of this meeting doing some reminders and telling you what is been going on with the national training program that we run out of our Office of Communications. It's been a crazy season even though we haven't been able to offer anything in person in the last many months. We have been busy creating new content and making sure we have the latest information available so we can share that with you and your other partners and you can take that back to training volunteers and colleagues who may be helping Medicare beneficiaries. Can we move to the next slide?

Just a quick reminder the national training program we run from CMS really is about creating training product and information to ensure we have nationwide consistency of information and that you have a good source of accurate and reliable content about the Medicare program. We serve a really diverse partner audience. Although many of the participants in the training programs tend to be folks like SHIP counselors or others who are helping Medicare beneficiaries in person or one on one. We also make the training programs and materials available to a wide variety of partners and stakeholders in the Medicare program. It really is intended to be a service to all of you and available for you to use to train anyone in your organization who may need the information.

I will mention again we do have a listserv available that if you have not signed up for yet, I will put in a plug for that, see you can receive all of our updates and new information and as they come available. As well as a standard email address you can use to contact us if you have any feedback or ideas for our training program.

We also have been building out our learning management system. If you have not registered for this yet, if you haven't visited the learning management system lately, I invite you to take a look and see what's new. There's a variety of online training available as well as training modules, PowerPoint slides that you can walk through at your own pace and also used to train others in your organization. You will find all of our information about webinars and our train the trainer workshops as well as some information about how to navigate around the site. We continue to add material to that all the time. The URL for that is at the bottom. It's a one-time registration. Once you are registered you can go in at your own pace any time and get the most up-to-date information we have available for our training program.

Next slide. We also offer pretty regular webinars. We do a monthly update on the second Thursday of every month. Those webinars typically have two different parts. We do some brief update so you get all of the latest news and information and any changes that impacted the Medicare programs. Then there's usually a topic or two that is the focus of that particular months webinar. We select those topics really using any policy updates that have been recent as well as attendee input from the previous webinars. People tell us all the time the things they would like us to focus on. We use that to really plan that schedule. We try to tie in to the calendar of health of services. We may focus in on women's heart issues when it is heart month and those kinds of things. We look at the prior year's schedule to make sure we are offering new information all the time. All of the webinars are recorded and they are posted to that website URL that we showed a few minutes ago. If you can't make it to the webinar, you can always go back and watch and listen to the recording for those.

Next slide. We been really expanding our E courses. Our self-paced courses on a number of Medicare related topics. These are interactive courses. They take about an hour to complete. We have certificates of completion available at the end. We have about five courses available on a variety of topics now and we are adding about 3 to 4 more this year. More mini courses. We have things that may be topics that are specifically things that people have asked about in the past. That may be issues that may have a need for

more detailed information about. For example, we have a number of courses that focus on people who are working when they turn 65. It explained what happens with heart A in part B. Another one that focuses on Medigap and Part D. And then automatic enrollment as well. A one that's focus for U.S. citizens living abroad which these tend to be issues that come up. They may impact a little more of a niche audience. But in this population those are important topics to make sure they understand and have the ability to get that information. Just another place you can check out for more information for more targeted topics.

Next slide. And then always our flagship program is our summer workshops. I think all of you are aware we have had to move it to fully virtual session. We hope in the future to be able to offer a mix or hybrid of in person sessions the way we used to run these and gather across the country, those workshops but expand and offers some virtual sessions and webinars as well. This summer, for obvious reasons we are repeating the fully virtual summer workshops as we did last year. We have the opportunity to learn a lot and got a lot of good feedback from evaluations and use that to shape the program for this summer. We will continue to offer those Tuesday through Thursday in the afternoon, afternoon eastern time. We will have a number of different presenters from CMS and partner organizations across the country. You will see some CMS Baltimore presenters and some from our regional office and local engagement parts of CMS as well as the tried-and-true partners from places like this that have more specific expertise. We will record all of those and post them as we did last year. So that if you are not available for this virtual session you won't have to miss anything. You can go back and watch it later. Roughly the timeline will be similar to last year. We will send out later this month to save the date information. We will open up registration in July and really toward the end of July start some of those webinars. The virtual sessions do have the advantage for us of being able to allow for a much higher capacity than when we gathered in person. We were able to accommodate a lot more participants last year than we had in previous years. We will continue the webinars throughout the month of August with a break, so we don't interfere with the annual SHIP conference happening in August.

And then conclude those events in September. Really a breath of information available this summer for these webinars.

Next slide. Here's a little bit of a sneak preview of the topic. There are some tried-and-true topics we repeat every year. Basic introductory information that is good for people who are new to the world of Medicare and need that one on one level of information. We have gotten feedback from people asking for more specific current topics and we also had more information related to COVID-19 this year. And one of the primary things we heard last year when we switched to a fully virtual schedule is people missed that next level down of detail that we offer in the Medicare casework session where we can cover specific scenarios for people who are more experienced with Medicare and want to get into the weeds a little bit more and some specific things they've encountered and get some advice on those. So we are able to create a session that goes more into some of those real-life situations and is able to bring that back into the fold for the summer workshops. This gives you a look at what we are planning to cover. You can go to one webinar or all of them or anywhere in between. We just wanted to let you know what was coming and we encourage everyone to share this information when it comes out and we encourage you to register. I think that is everything from me. I will happily take any questions if there are any.

Michelle Oswald: Thank you so much, Erin. Lots of great information. I did want to ask you if you would be willing to share the website again and we can post that in the Q&A or the chat for folks to see as well.

Erin Pressley: So - - I don't know if we could back up on those slides but we can go back to the second slide that had information about - - this is the URL to join the email list and then the next slide has the URL for the website including the learning management system as a whole. So cmsnationaltrainingprogram.cms.gov/.

Michelle Oswald: Thank you so much, Erin. Lots of great information.

Erin Pressley: Really quickly I saw a question in the chat asking about the dates for the S.H.I.P. conference. I do know they are holding part of that conference. Part of it happened already. There is another part is slated for I think it is three days or so somewhere in mid-August. I don't have that at my fingertips but if someone happens to have those and they can enter that in the chat it could be great. I could look that up and enter it so we can see. They are available online.

Michelle Oswald: We will look that up and we will get those in as well. Thank you so much. We appreciate it. I think we will go ahead and move to the next speakers. We have Jon Booth who's Director of the Web and Emerging Technologies Group and Chris Koepke, who's the Director of the Strategic Marketing Group. Jon and Chris is all yours.

Jon Booth: Good afternoon, everyone. Thank you for having us today. I will go through the first part of this. I will turn it over to Chris and I think we have some time at the end for questions for both of us. I will run through a couple of the eMedicare improvements and talk about a few things we have accomplished already this year and highlight a few things coming up the rest of the year. If we could go to the next slide.

And these are a few of those completed improvements. So three things we want to highlight. If we could go to the next slide.

First I want to talk about the domain change. For a long time, for many, many years CMS has had two separate Medicare websites. We had Medicare.gov which was public information and then MyMedicare.gov which is where the authenticated functions live. We combined all of that information into Medicare.gov. We moved all of that functionality over. There is a single Medicare website that supports all of the online services. Those that are open and unauthenticated to everyone and those that require a login and are personalized. Some projects we launched this year are related. We will talk about how the intersect. We did put a redirect in place from the other website. Anyone who had the old website linked or bookmarked will get taken to the right spot of the new website so we did not break anything as part of that transition.

If we could go to the next slide please. We rolled out what we called the consistent header earlier this year. The consistent header is a way that we had streamlined the navigation across the website. It's a little bit easier to use. And it gives that access to the authenticated functions as well. This system is in place all across Medicare.gov website. Up at the top you will see there are three main categories of information. Basics, health and drug plans and providers and services. Next to that, there is a link to chat and a link to login. We've now made chat available across the entire website. The chat functionality is supported by our customer service representatives at. 1-800-MEDICARE. Importantly one of the benefits of the new consistent header is that it will give access to beneficiaries that are logged in. They will stay logged in through the entire session. If you navigate Medicare.gov and you visit authenticated parts of the website or parts of the website that are open to everybody you will stay logged in. You don't have to worry about logging out and logging back in. Great usability improvement there. You note in this screenshot I included on this page I was on the website myself so I was not logged in. You will see there is a section under providers and services that says my information. If the user is logged in that information is personalized to them. The header is dynamic based on the state you're in whether you are logged in or not.

If you could go to the next slide please. I wanted to talk a little bit about plan finder. One change we made so far this year, is we rolled out changes to the filters in plan finder and I've got a screenshot in here. You will see the filters are now sort of horizontal across the top instead of being vertical the way they were when we first rolled out the redesign plan finder a few years ago. We found these are - - these improve the usability of them and increased the usage by people using the Medicare plan finder. These are consistent with how we do filters in the other Medicare.gov tools. Including the Care Compare tool that we launched, we did last year. As we learn one tool you can apply the same learnings across the website. We did not change the filter functionality. The same options are available to filter. They look different and they are in a slightly different place.

Next slide. I wanted to touch on - - oh yes, one more I rolled out recently is the changes to the compare plan page in Medicare plan finder. As you navigate through the tool you are able to compare up to three plans against one another. We did redesign the layout of this page. Looking to improve the usability and change the prominence of some of the information here. Also, importantly, we improved the print ability of this page. That is one of the things we heard from everyone. Looking to make sure that we are more efficient with space and those kind of things when printing from plan finder. We do continue to look to improve this in the future. But you are able to view this page and visit the page in the browser and printed out and it will print. You don't need to change to landscape or anything like that. It was some the tweaks we had to do in the past. That was a change made recently.

Next slide please. I want to talk about a couple of improvements we have coming to the plan finder. Before the start of open enrollments of these will be changes we make over the summer, the first is we are improving data we provide in the state pharmacy assistant program tool that's the SPAP tool. We will have more data available in that tool. It will be updated more frequently than it was in the prior version of the tool. We will be making a number of improvements to pharmacy information in the plan finder. Specifically, we will call that we have an in network pharmacy finder available in the plan details page. It selects some pharmacies upfront as they begin the search. Once they get into a specific plan we know what that plan pharmacy network is. We are able to give people better tools to find a pharmacies that will provide them the best cost on the drugs they are taking. And then the plan details page improvement. Along the lines of what we did to the compare page. We will be updating that page with some usability improvements and approving the page layout of that page so it prints efficiently as well similar to what we did for the other page.
That will take us through the plan improvements, so I will turn it to Chris now. As I mentioned I will be onto take a few questions at the end if there are any. Thank you very much.

Chris Koepke: Good afternoon, everybody. If we could skip ahead to slides if I have the memorized well enough. I think most people are aware and Jon hinted to that in his previous presentation. That the eight Medicare compare tool so clinician compare, hospital compare, nursing home, home health, hospice, in person - - inpatient rehabilitation facilities and long-term care hospitals and dialysis facilities. All of those used to be independent compare sites. All of them were developed over the last few decades. Some going back into the late 1990s when they were started to develop. By different teams somewhat independently. They ended up getting slightly different looks and feels and having inconsistencies between when you navigated between them. One of our big goals is saying for a user who will go from hospital compare to nursing home compare or perhaps dialysis facilities, they would have a similar experience. They wouldn't have to take a few minutes to orient yourself to that experience. That is how we came out with Care Compare. A lot of you heard about the redesign. What I will talk about today is not so much about the redesign of Care Compare. Talk a little bit about the websites and their value. It's about how we are hoping to promote them to patients and families over the next few months. These sites will continue to evolve. We are continuing to talk to people. We are always evolving. Next page please.

Just in case you're not familiar with the comparison functions for facilities that CMS and Medicare is involved in. It's on Medicare.gov. It's not called Care Compare. That was an internal name as we developed it. It became a bit of a public name. When you go to the website, we have found not just us we've seen it with our beneficiary but across the industry that you are helping people to navigate through a website isn't by branding every tool but by actually saying what are you looking for? Are you looking for providers and facilities, click on this button? Looking for health plans, click on this button? We don't actually call it Care Compare except for the purposes of this presentation, when we are having conversations. We have to have some name. We called it Care Compare. The cool thing about the sites is you can literally go on and see CAHPS measures. Help patients who use those facilities what their experiences are and how they rate their experiences. In some cases, such as nursing homes, you see some clinical measures such as what percentage

of people who stay in that nursing home have developed a pressure ulcer. You can see like in my ZIP Code if I type it in, there are 16 nursing homes. There is one who has 12% of people have a pressure ulcer. Another only 2% of people have a pressure ulcer. You know you can use that to make an informed decision to choose a nursing home for one of your loved ones.

These amazing tools with this amazing data available to the public, available to caregivers, available to families and available to social workers. I have personally been in rural hospitals and seen social workers hand reports from these tools to families to help them make decisions. One of the things is we build these great websites and now we want to tell the world about that. We know because we've done this over a few times over the last 15, 20 years that if we do a press release we get more people coming. How do we keep up a more regular set of outreach to remind families, to remind social workers and informational intermediaries to share information so people can use these valuable resources?

So we're going to do some outreach this year. We are very excited about it. This is a project near and dear to my heart and hopefully yours as well. There is published literature and some research done at CMS that suggests that if we do direct consumer outreach, the facilities themselves pay attention and are more likely to engage in quality improvement activities. That is extremely exciting. Because we've got these different sites and some of them are used much more and they serve a much larger patient population. They are easier to describe to your audience. We're going to do direct to consumer advertising at least over the next few months concerning these hospitals, home health, doctors and clinicians and nursing homes. We will engage partners who provide those important information intermediary and support for families on these other groups such as dialysis facilities, hospices, and we call inpatient rehab facilities IRFs. Hear it so often in the hallways, I have IRFs stuck in the head. So inpatient rehab facilities. Next slide please.

So analytics, we did a very short look in the fall. Where we talked about you're looking for a provider in general. We have all eight of these. Kind of the more generic looking for provider versus looking for hospital versus looking for nursing home. The more specific we are in our ads the more engaging we get. And that makes a lot of sense. Is the person looking for a provider like they walk around if I say nursing

home it triggers the audience' minds more. We will be leaning a little heavier into those for nursing home, home health, hospital as I mentioned before. We will still try a little bit to see if we can influence people in the more general terms as well. We will use digital platforms. So people over 65 in people with chronic illnesses and caregivers and women 45 to 60. I can say, that in 2005 when digital advertising was fairly new, we did some around nursing home compare back then and interestingly enough those ads that were targeted specifically to women 45 to 60 did much better than those ads that were placed in general next to nursing home contacts. What they call contextual advertising. Next slide please.

Just a couple of examples of what we are talking about so you can get your head into it. Find Medicare providers and need a hospital soon. It's easy to find healthcare services like hospitals and nursing homes and home health. Just go to Healthcare.gov. It takes you right to that page. Like I said we will - - in the digital world, we will be doing paid social and also paid display and some 15 second videos. Paid search for people who type in if they're looking for nursing homes or looking for hospitals. And then like the matte release articles that go into the weekly newspaper for the most part or your local website and as well as our own personal and social media coverage. Next please.

We will be doing this and working with our partnership team. The wonderful people who brought you this webinar today. Helping us how to reach partners that plays such an important role in families and patients lives such as office managers, care coordinators, discharge planners. Looking to do online conference promotions and also a short drop in articles that fit into the newsletters that these types of practitioners referenced in our lives. Next please.

Thank you. Does anyone have any questions about the Care Compare promotion? Or any questions for Jon?

Michelle Oswald: Thank you, Chris. Thank you, Jon. Great presentations and a lot of great information. We do encourage you to put your questions into the Q&A function. We are doing some live answering and the

speakers are responding to your questions there. I did want to go back and ask Jon. Jon you had mentioned some upcoming improvements to the Medicare plan finder and you mentioned in network pharmacy and others. Can you talk about the timing again for when those updates will be available?

Jon Booth: Sure yes so the goal is to have these changes completed by this summer. What we want to do is have that ready for the training opportunities that Erin talked about that the team will be doing. The plan is to have those well out in advance of open enrollment.

Michelle Oswald: Thank you so much. As we go through the questions and answers, Chris, we had a question regarding the materials. Actually the articles. Are any of the articles you mentioned written in Spanish? Will they be available in Spanish?

Chris Koepke: First, it's not 100% written yet. So we are working on it now. We really appreciate the reminder to do it. Yes they will be in Spanish. We had success placing these articles in the local Spanish outlet. Thank you.

Michelle Oswald: Thank you. I encourage you to put your questions in the Q&A function and we are going to go to the next presenter Lauren Shaham who's the Senior Advisor with the Integrated Communication Management Group and she will update us on the Medicare COVID-19 vaccine.

Lauren Shaham: Thank you, Michelle. Hello, everyone. I am honored today to talk to you about the work CMS is doing on vaccines and outreach. So if I could get the next slide please. In my team I started a presentation about outreach with a CDC logo and the logo from the HHS campaign. I think it's important to note that we are partnering on the outreach with other parts of HHS and encouraging, where possible, that people use their resources which are excellent and well researched and very thorough. So you can find links

to these and other tools in the partner toolkit. We will talk about that shortly. In the web address, Wecandothis campaign is right under the logo. We encourage people to sign up directly with the community core as they are very regularly announcing events and other activities in the best way to get that information is straight from them. Next slide please.

Some outreach for Medicare beneficiaries, it really breaks down into three buckets. We are working on promoting the vaccine to the movable middle. We are trying to leverage the trusted voice and Medicare. So HHS and CDC are obviously the main messengers here but we know people trust Medicare and they pay attention when Medicare writes to them. We are trying to leverage that voice to reinforce the other messaging. We are looking and targeting audiences and vulnerable populations to try to encourage them to get vaccinated. Next slide please.

This is just a sampling of our tactics which include paid advertising to target African Americans, Latinos and low income audiences, earned media, partnership, direct email and content on Medicare.gov and social media and throughout you will see that we are emphasizing using the customer voice because we know and we will talk again more about this we know that people are looking to people they trust for information about vaccine and help them make a decision. Next slide please.

Our advertising campaign is called the Be Next campaign. Targets African-Americans, [inaudible] Medicare beneficiaries and low income beneficiaries. Its package includes digital videos in English and Spanish and social media, print advertising and radio media tours. Next slide please.

As Chris talked about earlier we are trying to support trusted messengers. We know the important work you are doing and that messengers play in getting people that - - over that line, to get vaccinated. We

have many resources they are available to you all and I will move next into showing you how to access those and how to stay on top of new ones that are coming out. Next slide please.

The best place is to start I think at is CMS.gov/covidvax. It's a hub for COVID vaccine information. You'll see in yellow highlight there we have a toolkit for partners helping beneficiaries and consumers. That could be the first stop to get to many other places to get not just CMS materials but also HHS and CDC and other parts of the federal government. Next slide please.

Our Office of Minority Health center did the tremendous job aggregating resources for vulnerable population. That includes materials in multiple languages and resources from other agencies. That web addresses at the bottom of this slide. It is very well organized and easy to find anything you might need. Next slide please.

Medicare.gov. This is an unattractive slide to make an important part that we have a number of materials and printed materials available for you to order. I am told the best way to find those materials at Medicare.gov is by the product number. This slide includes the link to order printed copies. We encourage partners that they really do need those materials to hand out and this is one way that you can get those. Next slide please.

I know we are here to talk about Medicare beneficiaries. I wanted to take a minute to talk about the enormous amount of work you put into educating providers and Medicaid plans and private health plans about COVID vaccine. That education is twofold. It's about their requirements for covering and providing vaccines, but also giving them guidance to how they tend to engage their constituents to encourage them to get there vaccines. If you go back to COVID vaccine page, I highlighted the different toolkits available for

these different stakeholder groups. I can't say enough about the work my colleagues have done to really get all of our levers working in all of our heads in the game to encourage vaccination. Next slide please.

Our local engagement staff and the regional offices is working very hard on the local, state, and regional levels to work with partners for their efforts in vaccine encouragement. They've done hundreds and hundreds of outreach events they are eager to do more. If you are interested in doing an activity on the local, state, or regional level. Please drop that at partnership@hhs.cms.gov. We will get you over to the appropriate regional staff. Next slide please.

Before I close, I wanted to point out one important message that I think we cannot reinforce enough. That is that nobody should be asked to pay for COVID-19 vaccine. This page on Medicare.gov that you are looking at you screen right now, outlines that policy and also gives information about where people can inquire if they were asked to pay for a vaccine. This has been a really important message. I wanted to use every opportunity to get that across. Next slide please.

I couldn't and without giving you even more links for where you could find information. Let me thank you all for the amazing work you are doing to encourage people to get the COVID-19 vaccine. I look forward to working with you in the future. I look forward to your questions. Thank you.

Michelle Oswald: Thank you so much, Lauren. Lots of great information on what CMS is doing to support our Medicare beneficiaries to get COVID-19 vaccine information out. I have a question. If someone wants to get started in vaccine promotion how would they go about getting started?

Lauren Shaham: I would encourage you to go to CMS.gov/covidvax. That's really our hub here you can get different information of different population you are working with. I also encourage you to go to

wecandothis.hhs.gov/ and sign up for the community corp and then take a look at the resource section. They have countless toolkits in multiple languages with different efficiencies. So you name it, it is there. And all available for you to download and use right away.

Michelle Oswald: If an organization was to order materials would you send them to the same place or is there another location they should go to?

Lauren Shaham: Thank you. It's worth noting that the HHS campaign and CDC and CMS - - and if you are looking for printed materials, I would recommend going to Medicare.gov. Maybe we could jump back to that slide. It has the location numbers. That's the place to go. Perhaps after I am done I will put that link into the chat so it can be cut and paste it and use it.

Michelle Oswald: Thank you so much Lauren. Please continue to add your questions in the Q&A function for the topics and presentation that we have provided today. We are going to move ahead to the next speakers. We have Jeremy Willard and Christine Reinhardt in our Medicaid shop to do the C and D marketing update.

Jeremy Willard: Thank Michelle. I appreciate it. Let's go to the next slide please. So Christine and I will talk about Medicare Advantage and Medicare prescription drug marketing policy changes as well as things we are seeing in the current environment. I think a good way to start is to look a little bit at the history. In the past three years we've seen quite a lot of changes with regard to marketing policy. I will go over these relatively quickly. In April 2018 we published a regulation that changed the definition of marketing. I will talk about that as we get into some additional slides. There is a follow-up, as often is the case, in July and September of 2018 as well as August 2019 we released some sub- regulatory guidance that went hand-in-hand with the information published in that 2018 regulation. More recently a couple of months ago in

January 2020 when we published a new regulation which codified a lot of the regulatory guidance with marketing. Next slide please.

One of the biggest changes in these regulatory changes we talked about is in the previous slide is we changed the definition of marketing. In the past, we had everything falling under the broad definition of marketing. Everything we collected whether it was a glossy advertisement you may see or a television ad or reminder for a flu shot it all fell under this broad term of marketing. As you can imagine, collecting everything that fell under that definition of marketing which meant everything created an environment where important things that could be steering a beneficiary to make a decision about healthcare could sometimes get lost. It is a needle in a haystack if you will. What we did is we created broad definition which we referred to as communications. That takes the place of the old definition of marketing. A good way to think of it is anything that goes to a Medicare beneficiary would fall under this broad category of communications. We created a subcategory under communications which we refer to as marketing. The new definition of marketing would be information or activities that have an intent to influence a beneficiary's decision-making process. It's important to note that even though we created these two categories or subcategories of communications and underneath it, marketing that we still have regulatory authority over both. A good way to think of it would be we have a set of rules, general rules that would apply to communication. Those rules apply to marketing as a subset. We have more pointed rules for marketing. Those are the types of materials and activities that influence a Medicare beneficiary decision-making process. Next slide please.

In taking a closer look at how we define marketing now. It's a two-pronged definition. Both parts need to be there for it to meet that definition of marketing. First there is intent. That is the intention of marketing is to draw beneficiaries intention to an MA plan or part D plan and influence the decision to make a plan selection. It could be that beneficiary decision to stay enrolled in the plan they are in which we refer to his retention based marketing. That is the intent side. On the other side is the content. The content of

marketing is that would include things like benefits, benefit structure, premiums, cost-sharing, measuring or ranking standards which would cover a host of things. Some would be star rating, network comparison. Finally rewards and incentives. If those two things are met is considered marketing and falls under these more stringent rules and requirements. Next slide please.

Another thing we have done is we collect all marketing materials and review a lot of those marketing materials. We have just released a brand-new update of the marketing module which we use to submit marketing material to us. In doing so it's increase the level of oversight. With regard to the materials being submitted. It allows us to drill down to see if you think about the content of marketing that we can drill down to see what the materials contain that could be influencing a beneficiary's enrollment decision. It makes the process more intuitive from a review standpoint. It puts us in a much better position to conduct things like retrospective reviews as it applies to marketing content, or the way marketing is being delivered to the beneficiary. In addition to the content whether it has premium information or cost-sharing information. We also collect the way the messages getting to the beneficiary. They could be television, newspaper and so on and so forth. We are proud of what we've done with it. We think it will help enhance our ability to oversee marketing materials as well as activities. Next slide please. I will turn it to Christine Reinhardt. Who will talk about some things we see in the current environment and how we're addressing those.

Christine Reinhardt: Hello, Jeremy. Thank you. I will talk about a hot area we are having and hot issues and areas of focus. We've been working a lot and taking a look at a lot of beneficiary complaints lately. We've been look - - listening to enrollment calls and taken a look at a lot of advertisements. There are some challenges and areas we want to look to try to improve in the future.

A couple of the challenges we noticed. This is primarily from listening to beneficiary calls is really making sure beneficiaries fully understand the plan they are moving from and moving into. I've listened to probably a dozen calls and most of these beneficiaries have been moved from their existing plan into a new

plan with the agent telling them the new plan has better benefits. It has better cost-sharing. It's a much better plan. The interesting thing with these calls is that the agent who has moved this beneficiary from the existing plan into the new plan doesn't even know what plan the beneficiary is originally in. There is no way that the agent has done any kind of comparison to make between plan A and plan B. They are making statements that the new plan is much better for the beneficiary. That is one of the areas that we really find disturbing when it comes to the marketing beneficiaries is that in order to make a fully informed choice, the beneficiary needs to be able to compare. If they cannot have the agent help them compare, they are not making the choice that will be best for them.

We also have concerns with beneficiaries distinguishing between Medicare materials and localized materials. We've seen a lot of advertisements using the Medicare name. Medicare plan finder.com. Medicare.com. You are probably familiar with many of the websites. You probably see the notices beneficiaries have gotten saying this is a Medicare notice with the fake Medicare ID number that makes it look like the beneficiaries Medicare number. We are currently working with other federal agencies to determine what exactly can be done with the use of this Medicare name. It is regulated through the statute at Social Security - - I believe it's 1140 if I remembered that off hand. We have currently reached out to our Office of the Inspector General. There have been some notices to some of these companies requesting that they remove and modify the advertisement so it doesn't appear that is for Medicare. We've had some success with that we will continue to work with other federal agencies to see what we can do about some of these advertisements.

One of our big challenges we are having is the advertising that you probably see on TV. We have all seen the commercials that of said you join our plan we will give you $144 cash back in your Social Security check. I'm sure you are familiar with that being the part B buy down. Our concerns at CMS is that it is really misleading. The advertisements make it appear to beneficiaries that they will get their $144 part B premium

back. It makes it look like they are getting their new benefits, dental, hearing, vision. When in reality these are not new benefits. They've been available to Medicare Advantage beneficiaries for many years. We are also working on trying to figure out how to limit to make sure those commercials are accurate. For example, if the Part B buy down is available in the service area, we are okay with it being advertised. If it's being advertised in Maryland where there are no companies that offer Part B buy down or if there in such a small amount it doesn't even register to be anywhere near the $144, they should not be advertising that particular service area. Those are things that we are looking at. Jeremy and I are currently working on reaching out to other organizations and other federal agencies to see how we can address these situations and make marketing better for beneficiaries more clear and more accurate so beneficiaries have the information they need to make the right healthcare choice. I think we are done with our portion. We are ready for questions if there are any.

Michelle Oswald: Thank you all so much. Some great information. Not necessarily questions in the Q&A but a lot of agreement with the information you presented today just on the advertising and other information that's being put out there. I did have a question, will you have any type of report or something you can share with folks with the results of the information you are talking about? Issues you are looking at?

Christine Reinhardt: Right now not in the foreseeable future. Right now we are starting to dig into the problems. We are working with both our office of Inspector General. We've reached out to the FTC. We are at the initial phases of investigating the problem and coming up with some possible solutions. It is difficult because these third-party entities, the advertisements that you see on TV, sometimes they are contracted with someone who's contracted with someone who is contracted with the plan. Our contract is with the MA organization. It is not with these downstream entities. We first have to link the entities together to reach to where the plan is. First we have to find out who they are selling for. It sounds like it's an easy situation to

solve to some extent. The more we dig into it, it is pretty complex. We are working to make things better and that is our goal.

Michelle Oswald: Great. If an organization or counselor wants to report marketing issues. Is there a particular place? Are we sending them to 1-800-MEDICARE?

Christine Reinhardt: We actually have a marketing mailbox you can send complaints or allegations to pick it's Marketing@CMS.HHS.gov. Take a look at everything that comes into this box. If you are making - - if there is an allegation of wrongdoing by an agent or by a plan, what we normally will do is we will contact the plan that contracts with the agent. We will look the agent up in the system and the national insurance producer registry and we will find out who that agent can potentially sell for and we will have the plan looked into. We are not able to provide the person sending information resolution. We do take each complaint seriously. We make sure the plan is fully investigated and take appropriate action if needed.

Jeremy Willard: If we could switch to the next slide, we have our contact information as well is the marketing mailbox.

Christine Reinhardt: I'm sorry. It is CMS marketing. Sorry about that.

Michelle Oswald: I will put that in the chat. Let me put the correct one in the chat.

Christine Reinhardt: It's actually just marketing@CMS.HHS.gov. I'm looking up the email. I'm sorry about that.

Michelle Oswald: So it's marketing@CMS.HHS.gov. Thank you.

Christine Reinhardt: I promise you that Jeremy and my email addresses are correct.

Jeremy Willard: That will get to us for sure.

Michelle Oswald: Great. Let me take one more look in the Q&A. I know we have gone through and answered several questions on where folks can report. Now that we have the correct email address in the Q&A or the chat. I think we are good. We will have some of our presenters continue to answer questions. At this point, this concludes our meeting today. We do appreciate you taking the time to watch the presentations today. I did put in the chat our partnership mailbox which is also here, Partnership@CMS.HHS.gov. We ask if you have information or ideas for future meetings and topics to please email us in the partnership mailbox or any other questions you can send her away. Thank you so much. This concludes today's meeting.