

EXECUTIVE SUMMARY

Virtual Meeting of the Advisory Panel on Outreach and Education (APOE)

FEBRUARY 9, 2023, 12:00 – 5:00 P.M. ET

Welcome and Opening Comments

Jesse Pitzler, Facilitator

Mr. Pfitzer opened the virtual meeting at 12:30 p.m. and welcomed all participants. He explained that anyone with questions could email them to kelley.vinton@novakbirsch.com or hold comments or questions until the public comment period at the end of the meeting. He turned over the meeting to Walt Gutowski to call the meeting to order.

Open Meeting

Walter Gutowski, Acting Designated Federal Official (DFO), Senior Advisor, CMS Partner Relations Group

Mr. Gutowski officially called the meeting to order at 12:32 and introduced himself as the Acting Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). He explained that questions about FACA compliance could be emailed to him at walter.gutowski@cms.hhs.gov. Mr. Gutowski noted that APOE members would have an opportunity to hear comments from the public at the conclusion of the presentations. He directed those who wish to participate in public comments to email Kelley Vinton at kelley.vinton@novakbirsch.com, noting that the time is set aside for comments only. Mr. Gutowski asked that specific questions be directed to his email address. In compliance with a White House directive, he asked that lobbyists identify themselves as such before speaking. He then turned over the meeting to Stefanie Costello, CMS Partner Relations Group Director, for her opening comments.

Opening Comments and Panel Introductions

Stefanie Costello, Director, CMS Partner Relations Group

Cheri Lattimer, APOE Vice-Chair

Ms. Costello greeted the participants. She stated that today's presenters would address the Medicare Part B Immunosuppressant Drug Benefit, the Inflation Reduction Act Implementation: Stakeholder Engagement and Education, and Preparing for the End of the Continuous Enrollment Condition: Communicating with Families. The APOE Chair, Dr. Margot Savoy, could

not make the call due to a scheduling conflict, so Ms. Costello turned the meeting over to APOE Vice-Chair Cheri Lattimer.

Ms. Lattimer greeted the participants. She noted that the meeting is open to the press and the public, with members of the press in attendance; all discussion is on the record, and the opinions expressed by panel members are those of the individuals and not the organizations with which they are associated.

Ms. Lattimer noted that there was a full complement of 17 members, with 3 panelists not in attendance. Ms. Lattimer asked panel members to introduce themselves and then turned the meeting over to Ms. Costello.

CMS Response to APOE Recommendations

Stefanie Costello, Director, CMS Partner Relations Group

Ms. Costello informed members that the APOE recommendations from the September 15, 2022, meeting were included in the meeting packets. APOE members had no questions about the recommendations, and Ms. Costello turned the meeting back to Ms. Lattimer to introduce the first set of speakers.

Medicare Part B Immunosuppressant Drug Benefit

Ronke Fabayo, Director, Division of Enrollment and Eligibility Policy, CMS Center for Medicare

Barbara McCoy, Associate Ombudsman, CMS Office of Hearings & Inquiries

Ms. Fabayo stated that the Consolidated Appropriations Act (CAA) of 2021 consists of several components relevant to Medicare, including Section 402, which created the Immunosuppressant Drug Benefit under the Part B Program. For individuals with Medicare Entitlement due to End-Stage Renal Disease (ESRD), it is stated that coverage will end 36 months after a successful kidney transplant. This coverage is referred to as Part B-ID. As of January 1, 2023, people can sign up with no penalties and coverage will start the first of the month. Ms. Fabayo presented eligibility requirements for Part B-ID and instructions on how to enroll or disenroll at any time. The monthly premium will be based on 20% of the Medicare-approved amount for immunosuppressive drugs, though anyone in need of assistance can apply for it online.

Ms. McCoy presented the outreach and education that had been produced and used so far through webinars, Q&A sessions, provider website updates, and consumer website updates. Continued efforts are being made to monitor the population and get feedback in order to adjust notices and outreach approaches. Additional efforts to identify opportunities to join other events are being made to provide Part B-ID benefit education. Notices that would be sent by CMS about Part B-ID were presented, including a one-time notice for those losing Part B-ID, a monthly notice to inform people of coverage options before losing ESRD Medicare, a new Medicare card letter, and an annual Part B-ID eligibility reminder. Ms. McCoy presented the discussed resources and ESRD information to the panel.

Discussion of Recommendations among Vice Chair, APOE members, Ronke Fabayo, and Barbara McCoy

The panel made a series of preliminary recommendations in these key areas:

Increase Education at All Levels of Care. Education discussed for individuals included social workers, case managers, hospital care workers, surgeons, nephrologists, providers as they typically make referrals, and the patients themselves through handouts or online resources. Education for specific groups included faith community groups, large hospitals, medical homes, and pharmacies. Education for larger entities included case manager associations, pharmacy organizations, For-Profit Dialysis Providers, Area Agencies on Aging, County Assistance, Accountable Care Organizations, Medicare Shared Savings Plan, Medicare Hotline, Marketplace Call Center, and Medicare Call Center. If these individuals or groups have a good enough understanding of Part B-ID, they will be better able to explain or recommend it to patients.

It was noted that training, such as the SHIP training, could incorporate the importance of asking screening questions to make sure individuals qualify for Part B-ID rather than finding out about it later when they are signing up.

Create Easy-to-Access Materials. Create and share a toolkit that is easy to use by anyone interested. Create user-friendly handouts, flyers, and posters. Create graphically oriented informatics and/or guides that include if-then possibilities for the best coverage, these could include charts or checklists. Create virtual options that allow for comparisons such as the “window shopping” tool on healthcare.gov. Ensure that the Medicare Hotline can provide information on Part B-ID. Create a flowchart for counselors to assist them in making recommendations.

Use Existing Databases to Facilitate the Process. Medicare claims to identify individuals who need to know. Also, contact Medicaid offices so they are informed.

Fill the Gaps. Create online-friendly and/or phone-friendly options for those who do not have access to printers, or the internet can get information and have fillable forms. Ensure that informatics are available in more languages than English and Spanish and that the information is also culturally translated to convey the correct message. Partner with health insurance screening to help people who qualify sign up with Part B-ID or help them find a better alternative. Convey messaging clearly through trusted sources to address people who are hesitant about changing insurance.

The panel took a 45-minute break.

Inflation Reduction Act Implementation: Stakeholder Engagement Education

Leah Hunter, Senior Advisor for External Affairs, CMS Center for Medicare

Ms. Hunter presented the major Medicare provisions of the Inflation Reduction Act as of January 1, 2023. Items with the largest impact included a \$35 out-of-pocket cap on Medicare-covered insulins, free preventative vaccines under Medicare Part D, Medicare payment increases for biosimilars, manufacturer rebates to Medicare when prices increase on certain drugs, Medicare Part D prescription drug coverage becomes more affordable, and Medicare's ability to negotiate the price of certain high-cost, brand-name prescriptions.

Outreach for the first two provisions included communication with health plans, providers, and SHIPs, stakeholder engagement, public events, media posts, social media efforts, and beneficiary outreach through multiple channels. Outreach for the third provision, biosimilar payment increases, included outreach, newsletters, provider-focused FAQs, and partner assistance or regional office assistance in disseminating the message. Outreach for the last provision, the Medicare drug price negotiation program, featured an 8-part series of stakeholder discussions with CMS leadership that is essential to the success of the program. For this item, there will be quarterly strategic meetings with stakeholders and monthly technical calls with CMS staff to add clarity and guidance or answer questions.

Ms. Hunter presented the timeline for the drug price negotiation program and the technical memo for drug manufacturers. These were amplified by the media and on social media to encourage negotiations. The goal is to make sure that those affected or interested in the topic are able to get the information they need and have their voices heard. Moving forward, they will strive for consistent engagement to increase the impact. Materials were developed to be transparent and detailed, and strategic partnerships across the industry are being made to amplify the message.

Discussion of Recommendations among Vice Chair, APOE members, and Leah Hunter

The panel made a series of preliminary recommendations in these key areas:

Increase Education and Awareness. Make sure to spread the word so that people who qualify are able to take advantage of the new benefits, especially those under 65 where the messaging may have been less strong. Make sure that networks are clear to patients so they know where they can go. Increase the information about vaccines and their safety, and clarify which vaccines are free or covered. Post posters in pharmacies, doctor's offices, etc. Have providers send information on the next steps for special enrollment for those who apply.

Educate pharmacists on why some drugs are included while others are not. Reach out to the N4A, Area Agency on Aging, NCOA, community-based senior-serving organizations, and chronic disease self-management groups to inform them of the updates. Also, reach out to national associations, faith-based programs, Silver Sneakers, wound care management, and physical therapy spaces to spread the word to the public. Create medication training for providers and caregivers to help people understand the benefit of biosimilars.

Create Easy-to-Access Materials. Create and share a toolkit that is easy to use by anyone interested including professionals, community health workers, diabetic educators, social workers, and more. Create user-friendly handouts, flyers, and posters that can be placed in doctor's offices, pharmacies, and more. Create materials that are available in multiple languages. Create FAQs for the public and clarify that the process is already underway.

Fill the Gaps. Spread information through trusted sources in areas where there are disparities in health outcomes. Make sure that information is available in multiple languages. Push Congress to make the option more widely available to anyone eligible. Create a focus group on getsetup.com to better understand what people know and address areas where more information is needed. Explain that health plans have until March 31 to come into compliance, so any amount over the \$35 cap will be reimbursed within 30 days.

Additional Recommendations for Consideration. Consider the timing of communications to make sure people transition smoothly. Consider making it clear that the update will be fully in effect by March 31. Continue education over the first year that this update is in effect so that health care workers have consistent messaging. Inform politically active or community-connected individuals as well as those who use social media in order to spread the word. Present information at Health Fairs as they re-open.

Preparing for the End of the Continuous Enrollment Condition and Communicating to Families

Stefanie Costello, Director, CMS Partner Relations Group

Ms. Costello presented a background on the Continuous Enrollment Condition, which began in March 2020 when the Families First Coronavirus Response Act gave states extra Federal funding in exchange for maintaining enrollment for most individuals in Medicaid and the Children's Health Insurance Program (CHIP). This brought enrollment in Medicaid and CHIP up to nearly 91 million by September 2022. The Continuous Enrollment Condition will end on March 31, 2023, meaning that eligibility renewals will restart, and coverage for individuals who aren't eligible will be terminated. Terminations will begin on April 1, 2023. As a significant volume of pending renewals is expected, there will likely be a large burden on the state workforce. Over 15 million people could lose their current Medicaid or CHIP coverage, of which most are expected to be children.

States must initiate eligibility renewals for their entire Medicaid and CHIP population within 12 months and complete all renewals within 14 months. States may begin this process in February, March, or April of 2023, but may not terminate eligibility for most individuals prior to April 1, 2023. States have four months to resume a timely process for all applications including those received after April 1.

CMS has been working with the states for over a year to prepare them. Moving forward, renewal eligibility will be conducted every 12 months for MAGI beneficiaries and at least every 12 months for non-MAGI beneficiaries. States had prepared an unwinding plan with CMS and set intentions on how they would carry the process out.

Challenges will include a large volume of renewals for the state to complete, workforce challenges, staffing shortages experienced by Medicaid and CHIP agencies, new individuals in the program might be surprised about being contacted as it has been a long time since enrollees completed a renewal/never completed a renewal, outdated mailing addresses and other contact information for enrollees. Guidance for states can be found on [medicaid.gov/unwinding](https://www.medicaid.gov/unwinding), along with presentations, communications toolkits, and updates. For renewals, [medicaid.gov/renewals](https://www.medicaid.gov/renewals) now has a feature where you can select your state. As states can vary, a national message was difficult to put together, and people need to know whom they can contact.

Ms. Costello stated the goal was to maintain coverage or enroll in another coverage if they are no longer eligible for Medicaid or CHIP. Their hope is that no one has a gap in coverage and that families can find mixed insurance coverage when they aren't all eligible for the same type of insurance. A major step in this will be making sure that people have updated their information with the state so they can be contacted. Ms. Costello presented the toolkits that would be used in various languages.

Discussion of Recommendations among Vice Chair, APOE members, and Stefanie Costello

The panel made a series of preliminary recommendations in these key areas:

Increase Education and Awareness. Emphasize on all fronts the importance of updating information. Consider emphasizing that children could be removed but there are still options for their children to be covered, as people are sometimes more motivated for their children than for themselves. Explain that there are different coverage options for different people, so parents don't need to have the same insurance as their children. Explain that insurance coverage doesn't impact immigration status for those concerned. Educate front-desk staff and financial counselors at health centers to assist families. Disseminate information through professional or health associations so the message can reach as many people as possible.

Addressing the Overlap. Collaborate with hospitals, doctors, and pharmacies to create a protocol for individuals who don't realize they aren't covered and help those individuals sign up for coverage. Inform people of their renewal dates to avoid having a period of front-loaded questions. Flag individuals aging out of Medicare and highlight different areas they may be eligible for.

Create Easy-to-Access Materials. Create materials that are available in multiple languages and make sure that cultural translation is done to properly resonate with diverse groups. Provide printed materials to groups that can be ordered. Create and broadcast public service announcements and/or televised service announcements to spread information about the update. Consider providing information at school-based health centers, with school nurses and education providers, or other means to reach parents.

Fill the Gaps. Make sure that materials are prepared in multiple languages to reach the greatest amount of people. Place guides and flyers in supermarkets as well as doctors' offices to reach as many people as possible. Articulate that insurance coverage doesn't impact immigration status, especially among higher immigration status populations. Spread information through the Head Start Program, American Physical Therapy Association, and Early Childhood Education program for families who receive information through their children who speak English.

Public Comment

Cheri Lattimer, APOE Vice-Chair

There was no public comment at this time.

Final Comments

Cheri Lattimer, APOE Vice-Chair

Ms. Lattimer thanked APOE members for providing thoughtful input based on lived experience that helps make it possible for the CMS team to accomplish their goals. The next meeting will be on April 20 in Washington, D.C. Ms. Lattimer then turned the meeting over to Mr. Gutowski.

Adjourn

Walter Gutowski, Acting DFO, CMS Partner Relations Group

Mr. Gutowski echoed Dr. Lattimer's comments on the thought-provoking and stimulating ideas raised during the meeting. Next meeting will be announced in the *Federal Register*. He adjourned the meeting at 4:00 p.m.