Meeting of the Advisory Panel on Outreach and Education (APOE)
Centers for Medicare & Medicaid Services (CMS)

Virtual Meeting
April 7, 2022

EXECUTIVE SUMMARY

Open Meeting

***Lisa Carr**, Designated Federal Official (DFO), Partner Relations Group, Office of Communications (OC), CMS*

Ms. Carr called the virtual meeting to order at 12:00 p.m. She welcomed all participants and noted that she serves as the Designated Federal Official (DFO) to ensure compliance with the Federal Advisory Committee Act (FACA). She explained that questions about FACA compliance can be emailed to her at lisa.carr@cms.hhs.gov. Ms. Carr noted that APOE members would hear comments from the public at the conclusion of the presentations, and that this time is set aside for comments only. She directed those who wish to participate in public comments to email Joanna Case at jcase@betah.com. Ms. Carr asked that specific questions be directed to herself at her email address. In compliance with a White House directive, she asked that lobbyists identify themselves as such before speaking. She then turned over the meeting to Ms. Stefanie Costello.

Welcome and Opening Comments

***Stefanie Costello,** Director, CMS Partner Relations Group*

Ms. Costello welcomed meeting attendees. She announced the resignation of APOE member Melissa McChesney, former Health Policy Advisor at UnidosUS. Ms. Costello said that Ms. McChesney would attend the morning portion of the meeting to accept APOE's appreciation for her service. Ms. Costello noted that APOE would welcome two new panel members, followed by three presentation topics—Operationalizing Health Equity at CMS, Medicaid Unwinding: Outreach and Engagement, and MSP: Unlocking Resiliency for Financially Insecure Beneficiaries. She then turned the meeting over to Dr. Margo Savoy, APOE Chair.

Opening Comments and Panel Introductions

***Dr. Margot Savoy**, APOE Chair*

Dr. Savoy greeted participants. She noted that the meeting is open to the press and the public with members of the press in attendance today, 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.

Dr. Savoy thanked Ms. McChesney for her service on the panel and said Ms. McChesney would be receiving a certificate from CMS thanking her for her work. Dr. Savoy noted that Ms. McChesney now works at the CMS Center for Medicaid and Medicare Children's Health Insurance Program (CHIP) services. Dr. Savoy said that with the two new panel members, APOE had a total of 15 members attending the meeting. She added that Jean-Venable "Kelly" Robertson Goode and Scott Ferguson were unable to attend. Dr. Savoy then asked panel members to introduce themselves.

Swearing In of New APOE Members
Lisa Carr, *DFO, OC, CMS*

Ms. Carr proceeded to swear in the two new APOE members: Daisy Kim, Policy Manager, Asian & Pacific Islander American Health Forum, and Matthew Snider, Senior Policy Analyst, UnidosUS.

CMS Response to APOE Recommendations
Stefanie Costello, *Director, CMS Partner Relations Group*

Ms. Costello informed members that the APOE recommendations from the February 3, 2022, meeting were included in the meeting packets. APOE members had no questions about the recommendations and Ms. Costello turned the meeting back to Dr. Savoy to introduce the first set of speakers.

Operationalizing Health Equity at CMS
Dr. LaShawn McIver, *Director, CMS Office of Minority Health (CMS/OMH)*
Alexandra Bryden, *Acting Group Director, Program Alignment and Partner Engagement Group, CMS/OMH*
Darci Graves, *Acting Technical Advisor, Program Alignment and Partner Engagement Group, CMS/OMH*

Dr. McIver gave APOE members background on the Office of Minority Health (OMH) and its work to lead CMS in operationalizing health equity across Medicare, Medicaid, CHIP, and the Health Insurance Marketplace. Their vision is that all those served by CMS have achieved their highest level of health and well-being, and that disparities in health care quality and access have been eliminated.

OMH is assessing for Health Equity Impact as part of the work being done across the federal government under Executive Order 13985 – Advancing Racial Equity and Support for Underserved Communities. The goal of the health equity assessment is to identify, understand, and address structural policy and operational barriers in communities that CMS serves.

Ms. Bryden said that OMH is creating an evidence-based health equity strategy premised on what the agency has heard from its stakeholders and served communities. The strategy seeks to align existing CMS and Department of Health and Human Services (HHS) initiatives to build

and expand on the success of the 2015 CMS Equity Plan. OMH has identified five areas of focus for health equity impact assessment:

Expand the Collection, Reporting, and Analysis of Standardized Data – OMH will use data to allocate scarce resources in intentional ways that:

- Facilitate a better understanding of where gaps exist in health equity and what is driving them. OMH will analyze issues such as social risk factors, experience of care, and comprehensive patient demographics to determine what each community needs for quality improvement.
- Help stakeholders address changes in population over time and connect individuals to the social services they need.
- Advance health information technology to measure disparities at every level, from community to region.

Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps

- Conduct monitoring and oversight to understand where policies are not working in the ways they were intended.
- Identify opportunities for removing barriers for specific populations. Tailor solutions according to the unique experiences of each community and population.
- Increase partnerships among experts across CMS and in every community to understand the impact of CMS programs on the people served.

Build the Capacity of Healthcare Organizations and the Workforce to Reduce Health and Healthcare Disparities – Quality improvement is based on understanding what tools healthcare professionals need to deliver the desired standard of care. Ensure that all healthcare teams are equipped with the necessary tools to serve beneficiaries and reduce disparities in healthcare and outcomes.

Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services – Ms. Graves noted that nine percent of the U.S. population has limited English proficiency (LEP), a rate also seen by CMS in its programs. Additionally, 30 percent of the U.S. population has low health literacy. People with LEP and low health literacy report low health status nearly twice as often as those without these barriers. CMS aims to strengthen efforts across the healthcare system to deliver information in ways that beneficiaries understand.

Increase All Forms of Accessibility to Healthcare Services and Coverage – Ms. Graves emphasized that accessibility is essential to obtaining healthcare services, particularly for people with disabilities. She said that one in four American adults and two in five adults over age 65 have some form of disability. These rates are higher among racial and ethnic minorities. CMS seeks to reduce barriers by ensuring that people with disabilities can access services when and where they need them in a way that is comfortable and respectful.

Ms. Graves concluded that stakeholders can reach the CMS Health Equity Technical Assistance Program at HealthEquityTA@cms.hhs.gov to provide:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance in developing language access plans and disparities impact statements
- Resources on culturally and linguistically tailored care and communication

Discussion of Recommendations among APOE Members and Dr. McIver, Ms. Bryden, and Ms. Graves

The panel made a series of preliminary recommendations that included the following:

Expand Health Equity and Outreach Education – Targets include professional provider groups (i.e., American Medical Association) and accreditation bodies; large health systems; academic medical centers; hospitals, including children's, safety net, and critical care facilities; managed care organizations; Accountable Care Organizations (ACOs); insurance companies; social service agencies; state Medicaid and Medicare offices; Certified Application Counselors (CACs), Marketplace Navigators, and other enrollment assistors; Social Security offices; local organizers of Community Health Needs Assessments; agencies on aging; State Health Insurance Assistance Programs (SHIP) counselors; Healthier State Initiatives; home health agencies; and telemedicine providers.

Expand Outreach to Community and Non-Traditional Stakeholders – These include community health networks and rural health consortiums; all community health promotors [i.e., community groups, churches (health ministries and health ambassadors)]; clergy; outreach workers; senior citizen centers; YMCAs; Meals on Wheels and other organizations that provide door-to-door service; interpreters; transport servers; and fraternities and sororities.

Expand Outreach to Hard-to-Reach and Vulnerable Populations – These include people in rural areas, people experiencing homelessness, sex workers, people with substance use disorders (SUDs), those who live in public housing, and migrant and seasonal workers.

Target Messaging to the Audience – Be sensitive to providing culturally appropriate content in multiple languages at the right reading level. Choose delivery modalities that are appropriate for the content. Provide consumers with electronic options to access content, especially via smartphones. Update user experience surveys for less lag time between when consumers receive medical services and when they complete surveys.

Expand Information in Assessment Results – Organizations that work on health equity need a shared definition of the term and outcome measures that define success. To complement the data-driven, quantitative health equity approach, add qualitative researchers to gather information.

Medicaid Unwinding: Outreach and Engagement

Julie Franklin, *Director, Integrated Communications Management Staff, CMS Office of Communications (CMS/OC)*

The goal of the Medicaid Unwinding Outreach and Education Campaign is to ensure that as many people as possible maintain a source of insurance coverage, whether through Medicaid, CHIP, or the Health Insurance Marketplace. Ms. Franklin explained that CMS is taking a "whole government" communications approach to sharing messaging and data in partnership with states, HHS, and other government agencies.

Medicaid enrollment has grown significantly (from 84.8 million to 85.8 million as of August 2021) under the continuous enrollment provisions of the Families First Coronavirus Response Act. When the coronavirus Public Health Emergency (PHE) ends, however, Medicaid programs must redetermine Medicaid and CHIP eligibility for all enrollees. The CMS Unwinding strategy has two phases:

Phase 1 – Get Ready and Awareness

This phase is already underway and will refresh at the 60-day notice of the PHE ending. Outreach to the general Medicaid population encourages beneficiaries to make sure their information is up to date. CMS is also educating partners and nontraditional stakeholders about the Unwinding effort and how they can help.

CMS research on the enrollment experiences of Medicare/CHIP beneficiaries reveals:

- Beneficiaries often rely on healthcare providers and social programs for enrollment. People with disabilities rely on Social Security offices.
- Medicare and Medicaid dual-eligible people are confused by the enrollment process.
- Almost half of Medicaid beneficiaries said they have reenrolled since March 2020. Many look for official mail for reenrollment instructions.

CMS developed simple messaging that explains steps that beneficiaries can take now and what they can do later this year. The agency found that messaging about the reasons for Unwinding did not resonate with beneficiaries. They just want to know what they can do to continue coverage.

CMS posted and distributed the Unwinding Phase I: Plan & Educate Toolkit in early March 2022 and will update the toolkit to reflect consumer reaction and partner feedback. The toolkit contains ready-made communications materials, including fillable digital flyers, drop-in articles, social media products, emails, SMS/text messages, and call center scripts. Materials are available in English and Spanish, but CMS is looking to make them available in other languages.

Phase II – Medicaid Redetermination and Retaining Coverage

This phase activates when the PHE ends. The focus is on educating people on what they must do to retain their coverage or get affordable coverage in some other way. The calls to action are to check the mail and renew Medicaid eligibility or apply for Marketplace coverage.

Discussion of Recommendations among APOE Members and Ms. Franklin

The panel made a series of preliminary recommendations that included the following:

Target Hard-to-Reach and Vulnerable Populations – These include the housing-unstable population; people with an SUD; migrant and seasonal workers; LEP consumers; beneficiaries who turn 19 and must transfer from CHIP to Medicaid; beneficiaries eligible for both Medicare and Medicaid and their families and caregivers; and people who remain on Medicaid past the time they are eligible for Medicare.

Enlist a Variety of Partners to Reach Beneficiaries – Create a national enrollment campaign that is branded by state and rolled out in partnership with shelters and other supportive housing organizations; food banks; community health centers; sober houses and practitioners who treat patients with SUDs; the Substance Abuse and Mental Health Services Administration and the facilities it funds, including mental health Centers of Excellence and Certified Community Behavioral Health Clinics; Federally Qualified Health Centers (FQHCs) and other HRSA-funded facilities; Navigators, CACs, and Champions for Coverage; pharmacies; primary care offices (exam rooms, lobbies, elevators); hospital emergency rooms and urgent care facilities; faith-based community organizations; privately-funded organizations that serve people on Medicaid; libraries; and local businesses such as laundromats, barbershops, and hair salons.

Generate Effective Messaging – Provide messaging in languages other than English and Spanish; avoid the word "unwinding" as it confuses people; create a graphic representation of the 60-day Unwinding timeline specific to each state; include information on fraud prevention; consider quick response (QR) on outreach materials; clarify that consumers have done nothing wrong to trigger the Unwinding process.

MSP: Unlocking Resiliency for Financially Insecure Beneficiaries
Kathleen Otte, *Regional Administrator, Office of Program Operations and Local Engagement, CMS*

The CMS Office of Program Operations and Local Engagement (OPOLE) has launched a pilot initiative to encourage more eligible beneficiaries to enroll in the Medicare Savings Program (MSP), which can save them as much as $7,000 per year.

Ms. Otte said that the pilot has reached the 51 percent point in its timeline and will conclude on May 31, 2022. Tactics developed from the pilot will be integrated into a national strategy for the 2023 Medicare Open Enrollment Period. The pilot emphasizes messaging based on enrollment challenges identified by beneficiaries and other stakeholders.

OPOLE is also drawing on past recommendations and collected data about the MSP from CMS and external partners, including the CMS Medicare-Medicaid Coordination Office and the National Council on Aging (NCOA). The zip codes chosen for the pilot have a high prevalence of Medicare Part D Low Income Subsidy Program recipients who are not enrolled in the MSP. OPOLE aims to cultivate relationships with community partners, local federal and state stakeholders, and nontraditional partners who interact directly with MSP beneficiaries. Current and future key pilot activities include:

- Conduct interviews, listening sessions, and roundtables with stakeholders to understand program hesitancy. Encourage states to discuss ways to increase enrollment.
- Collaborate with CMS partners working on Unwinding to identify community outreach partners, including those not familiar with MSP, such as tax preparers.
- Share insights with OPOLE and OC to develop culturally appropriate materials, keeping LEP in mind. CMS has secured $50,000 in Language Access Program funding to produce targeted messaging in languages yet to be determined.
- Participate this summer in a panel discussion at the 2022 Office of Health Care Information and Counseling Conference.
- Identify best practices about what has been most effective to create a toolkit for outreach; i.e., use of templates and camera-ready content that can be downloaded and mass-produced while still being sensitive to regional issues.

Discussion of Recommendations among APOE Members and Ms. Otte

The panel made a series of preliminary recommendations that included the following:

Enlist a Variety of Traditional and Nontraditional Partners – MSP outreach partners can include SHIP counselors, insurance agents and brokers; CACs and Navigators; ACO administrators; the Department of Veterans Affairs; Community-Based Organizations; community health workers, health ambassadors, and health navigators; FQHCs and rural health centers, extension health educators, health screeners, and health fairs; tribal community health centers and the Indian Health Service; caregivers and families; barbershops, hair salons, and other local community businesses; financial counselors in health systems; pharmacies; administrators of nursing homes, assisted living, and community living facilities; the American Association of Retired Persons; libraries; members of Congress; legal aid programs; and food banks.

Eliminate Confusing Messaging and Burdensome Barriers – APOE members highlighted numerous areas that make signing up for MSP difficult, including:

- Acronyms, confusing terminology between state and federal programs, and the term "savings," which leads consumers to assume they must deposit money into the program.
- Complexity of application paperwork—particularly the asset verification process—especially when the applicant is ill or financially struggling.

- Lack of information about MSP in the "Medicare & You" handbook and Social Security welcome letter.

Create Clear Messaging – APOE members gave a variety of suggestions to help guide consumers, including;

- Create a simple campaign tag line such as "Need Help with Medicare Deductibles?" to grab consumer attention.
- Create a patient journey map that explains the steps in signing up for the MSP and who will follow up to contact the beneficiary at various stages.
- Dedicate resources to user experience surveys to pinpoint specific areas of the MSP application process that are confusing and seen as barriers.
- Explore how to use technology to streamline the application process, such as auto-filling application forms with exported data from other documents.

Public Comment
***Dr. Margot Savoy**, APOE Chair*

Dr. Savoy noted that no one signed up to give public comments.

Final Comments
Dr. Margot Savoy, APOE Chair

Dr. Savoy thanked APOE members for their well-thought-out advice that pinpoints solutions for improvement. She said that the next APOE meeting will be held on Thursday, June 23, 2022, and is scheduled to take place in person in Washington, DC. APOE members will be informed if the gathering changes to virtual. She welcomed the two new APOE members once again and turned the meeting over to Ms. Carr for adjournment.

Adjourn
***Lisa Carr**, DFO, OC, CMS*

Ms. Carr thanked meeting participants, adjourned the meeting at 4:48 p.m. ET, and noted that the next APOE meeting will be announced via the *Federal Register*.