

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

**The Embassy Row Hotel
2015 Massachusetts Avenue, N.W.
Washington, D.C. 20036
*August 2, 2012***

EXECUTIVE SUMMARY

Open Meeting

Jennifer Kordonski, Designated Federal Official (DFO), Office of Communications (OC), CMS

Ms. Kordonski welcomed all participants. She requested that any lobbyists in attendance please identify themselves as required by law.

Formal Introductions

CMS Staff and APOE Members

Members introduced themselves and their organizations.

Recap of May 2, 2012 APOE Meeting

Sandy Markwood, APOE Chair

Ms. Markwood provided a recap of the May 2, 2012 meeting. At that meeting, the panel heard from Cindy Mann, Deputy Administrator and Director of the Center for Medicaid and CHIP Services. She provided an update on some of the forthcoming CMS activities that will accompany implementation of the Affordable Care Act.

The panel also heard from key staff at CMS who provided presentations on priority activities including: 1) The Health Insurance Exchange Application; and 2) Health Insurance Research Findings and Communications Plan.

Ms. Markwood reviewed some of the panel's recommendations from the May meeting. For the Health Insurance Exchange application, recommendations were targeted to address ways to make the application more accessible, user-friendly, and universal for consumers nationwide. More specifically, recommendations included the following: providing consumers with various levels of assistance during the application process; developing both an online and tangible step-by-step guide for consumers; building an outreach campaign to transition individuals from the Exchanges to Medicare when eligible; creating a standard for insurance portability by sharing information from Exchange to Exchange and program to program; providing guidelines for states that choose to submit an alternative application; and providing guidance for the navigator program for states that default to the Federally Facilitated Exchange.

In the area of Health Research Findings and Communications Plan, recommendations included: targeting messaging to consumers by using a term other than "Exchanges"; designing CMS

messages regarding the Exchanges as the official source for complete health insurance, rather than its components or parts; providing consistency in identification of the Exchanges from state to state to reduce consumer confusion; synthesizing and making Exchange research publically available to stakeholders for their use in outreach and communications efforts; and continuing to carry out research on how people receive, synthesize, and use the information related to the Health Insurance Exchanges.

CMS Response to APOE Recommendations from May 2, 2012 APOE Meeting

Julie Green Bataille, Director, OC, CMS

Ms. Bataille said the recommendations provided by the APOE are very useful and valuable to CMS. With respect to recommendations on the application itself, she informed the panel that CMS does plan to provide enrollment assistance to consumers through a full range of tools during the application process including: live Web chat, telephone, and in-person support as part of the planned customer service model.

CMS also understands the critical goal that community-based organizations, providers, and network partners will play in providing consumer support. CMS will work closely with its partners to develop educational and training materials so that outside organizations can customize the information to meet their needs when serving their own members and communities.

CMS also recognizes the importance of providing multiple levels of support to ensure that individuals can successfully complete the application process as easily as possible. This includes developing both online and tangible step-by-step guidance for consumers in user-friendly language to address any health and financial literacy barriers.

CMS is also conducting research to understand how consumers will best be able to navigate through both the application and other consumer information online. CMS will leverage efforts carried out by the Enroll UX 2014 Project and also develop help tools – such as glossaries, instructions, and other types of guidance – to help individuals move through the process efficiently.

As systems are designed and developed, CMS will consider how best allow for information to be shared from program to program. Technology may help to make it possible to share information electronically and relieve consumer burden. However, CMS is also mindful of potential privacy, security, and data compatibility issues. Also being taken into consideration are variations among state programs, policies, and provider networks. For states developing their own application, CMS is currently developing a series of needed requirements. More specific details of such requirements will be released in the future.

A comprehensive communications plan is also being developed to promote the new health insurance marketplaces and new coverage opportunities that will be available in 2014. This will help ensure that the target audience understands how to participate and is motivated to enroll in coverage.

CMS is also planning to establish a navigator program. The program will award grants to eligible entities that will assist consumers in understanding insurance portability programs, comparing and selecting qualified health plans, and interacting with qualified health plan issuers, state agencies, and others groups. Navigators will also conduct public education, outreach about Exchanges, and provide referrals to other resources whenever appropriate. It is expected that navigator grants will be awarded prior to 2014 and a fully operational program be established by October 2013.

CMS is also exploring avenues to augment in-person support for those individuals that need it. To that end, CMS is developing training for individuals who already are trusted voices in their communities: social workers, community health workers, visiting nurses, promotoras, and others. Also, the National Medicare Training Program will now include information about 2014 so that individuals being trained can be primed for questions they may start to receive from beneficiaries.

In the area of communications, people will begin to see and hear the use of the term “Health Insurance Marketplace” more so than “Exchanges.” The former is more familiar to consumers and conveys a place to go where everything is under one roof rather than a place to trade or swap. However, it is also important to recognize that there will be no one word or one phrase that will be sufficient explain [the Exchanges] to consumers. As a result, it is important that CMS communicate the actual benefits to individuals in terms of what it will mean to them and their families.

CMS will continue to conduct research to inform strategy, tactics, and messaging for the larger outreach campaign. Such efforts will aim to resonate across diverse audience segments, cultural groups, and also the small business audience.

Listening Session with CMS Leadership

Pamela Gentry, Director, Strategic Marketing Group, OC, CMS

Ms. Gentry’s presentation focused on efforts surrounding the open enrollment program and initiatives related to fraud abuse.

The annual enrollment period for prescription drugs and health plans is the one time during the year when beneficiaries can make changes to Part C and D of their plans. In the past this enrollment period occurred from November 15 to December 31. However, last year the Affordable Care Act required the dates to change from October 15 to December 7. Significant efforts were undertaken (and materials developed) to ensure that beneficiaries were aware of these new dates. Communications efforts also included disseminating information about new prevention benefits as well as other benefits.

The 2011 campaign strategy included a combination of both paid and earned media including advertising through TV, national cable, national radio, and national print outlets. A robust digital campaign was also launched and included search engine marketing, digital display advertising, and online video advertising.

The campaign delivered a cumulative reach of 98.3 percent of the selected market. This translated into a significant number of beneficiaries at the national level receiving the message. Paid advertising was supplanted with earned media to further amplify the message at the local media level. Target companion campaigns were launched to reach out to African American, Hispanic, and Asian/Pacific Island populations.

A post-campaign survey indicated that outreach efforts were successful. Key findings included the fact that beneficiary exposures to open enrollment communications rose during the post-campaign period to the highest levels seen in the past three years. Despite changes to the open enrollment date, about two-thirds of beneficiaries were aware of the new approximate time frame, which is consistent with previous years. About two-thirds of beneficiaries also reported reviewing their plans.

In 2012, the overall goal will be to reassure Medicare beneficiaries about the stability of medical coverage and encourage them to actively participate in the open enrollment period by reviewing their current coverage, comparing it to available options, determining if their plan still meets their needs, and enrolling in another plan if necessary. In addition to paid advertising, the 2012 campaign will include a variety of other communications channels including 1-800 MEDICARE, Medicare.gov, the *Medicare & You* handbook, efforts by regional offices, and other efforts by partners and providers.

On June 8, 2010, President Obama announced a nationwide series of Regional Health Care Fraud Prevention Summits as an effort to crack down on health care fraud. These summits helped to improve the exchange of information among partners in both the public and private sectors. They also helped to educate beneficiaries, providers, and the public to better identify and prevent health care fraud.

A website (www.stopmedicarefraud.gov) along with paid advertising campaigns was also launched to support these efforts. In addition, CMS has recently opened a new CMS Program Integrity Command Center which will assist in fraud detection and investigation efforts. The Center will also help to reduce duplication of efforts and streamline the fraud investigating process. This, in turn, is expected to lead to an increase in payment suspensions and overpayment recoveries. The Center will include staff specializing in data analysis, policy and regulations, clinical practices, and broad investigations. It will incorporate law enforcement representatives from HHS, the Office of the Inspector General, and the FBI.

Lessons learned will inform predictive models and refine the process to ensure that the models effectively address the most current realities of Medicare fraud.

The Small Business Health Options Program (SHOP)

Rex Cowdry, M.D., M.P.H., Senior Advisor, Center for Consumer Information and Insurance Oversight (CCIIO), CMS

Frank Funderburk, Director, Division of Research, OC, CMS

Dean Mohs, CCIIO, CMS

Julie Kosterlitz, Integrated Communications Management Staff, OC, CMS

This presentation focused on the development of a new, transparent marketplace with better information about health insurance benefits, price, quality, and satisfaction for small business owners called the Small Business Health Options Program (SHOP).

Mr. Mohs said that some challenges currently exist in the small group health insurance landscape. One of the challenges is the unpredictability of annual rate increases offered by health insurance carriers. These increases can sometimes make it difficult for small business to offer health benefits or maintain existing coverage. Other challenges include limited choices and the ability of one plan to meet the needs of all employees.

Many business owners rely on brokers to help them find and provide information on insurance. SHOP will provide information to the broker but also to the individual employers on insurance benefits, prices, quality, and satisfaction. This will allow employers to compare “apples to apples.” Brokers will be provided with access to exclusive new product offerings for their clients, including expanded employee choice, simplified administration, and access to new small business tax credits. Other broker SHOP tools will aim to improve broker efficiency, allowing them to serve more clients.

Ms. Kosterlitz described some of the communications and outreach approaches that will be used to support SHOP. The target audiences will include not only small business owners and employers, but also nonprofit organizations, small business trade associations, small business employees, insurance brokers, benefits advisors, accountants, tax advisors, and certain trade associations.

Engaging trusted intermediaries such as accountants, tax advisors, and other professionals will be important in spreading the message. Communications and outreach efforts will include both new and traditional media. Also, government agencies – such as the IRS, the USDA, the GSA, the Department of Commerce, the Small Business Administration, and others – have been approached or are being considered as partners in the effort. Research will be ongoing and help support and inform future communications and outreach efforts.

Mr. Funderburk explained that SHOP is an important part of CMS’s research agenda for new marketplaces. The audiences and value proposition for SHOP can be somewhat different than those explored before. Small businesses are interested in being able to offer good, solid insurance for their employees. SHOP will allow some small businesses more options as well as a lower administrative burden by having only one invoice.

Web and Call Center Tools for the Health Insurance Marketplace

Jon Booth, Director, Web and New Media Group, OC, CMS

Frances Harmatuk, Technical Advisor, Call Center Operations Group, OC, CMS

This presentation focused on the development of a website, call center, and associated tools to inform and support users on matters related the Exchanges including eligibility, plan comparisons, enrollment, and other matters.

Mr. Booth explained that CMS will publicly launch a website to inform advocates and partners, employers and employees, consumers, and others about the Exchange program by October 2013. The site will inform how the eligibility and enrollment process will work online for consumers in states with Federally Facilitated Exchanges (FEEs). It will also cross-promote existing resources for consumers in states that have State-Based Exchanges (SBEs). Through the site, users will be asked for their state and automatically be routed to their local SBE website (if their state has a State-Based Exchange).

Due to the complexity of the site, usability testing will be carried out in advance to determine how to make the site easy to use. User testing will also help inform content strategy and development. For example, testing will help determine what information people need and the common questions people may have.

The site will also be compatible with various assistive technologies, such as screen readers and screen magnifiers. It will include functionality for users using mobile technologies and incorporate social media, including the ability to send texts for those users who request them. A Spanish version of the site will be available and other materials will be translated into Spanish as well other languages.

Ms. Harmatuk provided an overview on the CMS call center, which will be in operation by October 2013. The center will help respond to open enrollment inquiries, assist with eligibility applications, perform plan comparisons, and help enroll consumers in states with FEEs. The call center will build on current infrastructure, expertise, and best practices gained from developing the 1-800-MEDICARE call center, which last year alone received 26 million calls. This system has been in operation for 10 years and can offer a “360” review of the consumer’s record which allows agents to obtain information from previous calls as well as processes already started on the website.

The new call center will also use an interactive voice response (IVR) system to allow users to obtain answers to simple questions so that agent time can be freed up to answer more complex questions. The IVR will also help by providing information related the status of enrollment as well as other information. In addition, the IVR will be used to route calls to agents that specialize in specific topics, such as SHOP. The call center will be open 24 hours a day, 7 days a week and will support both English and Spanish callers. It will also include a language line supporting more than 150 languages.

Discussion of Recommendations

APOE Members

Following the above presentations, the panel provided recommendations related to the Web/Call Center and SHOP.

For the Web/Call Center, several recommendations were offered in the following broad areas: 1) recommendations to build awareness of the Web/Call Center, 2) recommendations on content, 3) recommendations on messaging/outreach, 4) recommendations regarding the coordination between State-Based Exchanges and Federally Facilitated Exchanges, 5) recommendations

related to consumers, and 5) recommendations to ensure that systems work appropriately prior to launch.

For SHOP, several recommendations were offered in the following broad areas: 1) recommendations targeting health insurance brokers, 2) recommendations targeting individual employees, 3) recommendations for employers, 4) recommendations related to eligibility, and 5) other recommendations.

These recommendations were provided in rough draft form and will be reviewed and refined by the panel in the subsequent weeks to develop a set of focused consensus recommendations.

Public Comment

Sandy Markwood, APOE Chair

No public comments were offered.

Adjourn

Jennifer Kordonski, DFO, CMS

Ms. Kordonski thanked all panelists and speakers for their participation. Before adjourning, she informed participants that the next meeting will take place mid-November or early December. The exact date and other details will be forthcoming.