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
May 2, 2012

EXECUTIVE SUMMARY

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

Ms. Kordonski welcomed participants and confirmed there were no lobbyists in attendance.

Formal Introductions
CMS Staff and APOE Members

Members introduced themselves and their organization.

Recap of February 7, 2012 APOE Meeting
***Sandy Markwood**, APOE Chair*

Ms. Markwood provided a recap of the February 7, 2011 meeting. At that meeting, the panel heard from Acting Administrator Marilyn Tavenner who provided an overview of the operations and priorities at CMS. The panel also heard from key staff at CMS who provided presentations on priority activities including: 1) Consumer Research on Exchanges and Medicaid Expansion; and 2) Health IT adoption.

Ms. Markwood reviewed some of the panel's recommendations from the February meeting. In the area of consumer research, recommendations touched on various topics including: examining lessons learned from past CMS outreach campaigns; conducting research to assess the capacity of the provider community; developing a multi-tier research agenda to help CMS create a "no wrong door" approach; reviewing the research agenda to obtain data that would assist CMS in developing a clear, concise, consistent, and simple message; developing messages that promote quality health access through the exchanges and also incorporate messaging on quality health choices; examining research strategies, methodologies, and lessons learned from states that have exchanges in operation; exploring the value and benefit of distributing CMS-approved messages and materials around the exchanges and expansion; developing human interest stories; and developing messaging for a diverse and segmented audience.

In the area of health IT adoption, recommendations included: creating an overarching chart of IT initiatives; developing clear, concise, and consistent messages targeted to consumers, providers, and other key professionals around health IT; clearly stating privacy rights and ensuring that information is provided on a "need to know" basis; collecting and highlighting real life stories from health providers and health systems about the value of health IT adoption; conducting

research and analysis on best practices and lessons learned; partnering with both the emerging workforce through academic institutions and the existing workforce through HRSA/CDC; and conducting research on early and would-be adopters to determine appropriate messaging.

CMS Response to APOE Recommendations from February 7, 2012 APOE Meeting
***Julie Green Bataille**, Director, OC, CMS*

Ms. Bataille responded to the panel's recommendations from the February meeting. She explained that CMS is actively moving forward to put in practice many of the suggestions offered by the panel.

The research agenda related to the exchanges and Medicaid expansion are a high priority at CMS. Research is used to develop an overall strategic communications and outreach plan and has focused, in part, on operational decisions related to the Website, call centers, and naming of the program. Research is an iterative process that will continue to inform both messaging strategies and outreach tactics.

A comprehensive, multi-tier research agenda (a "no wrong door" approach) is an area where CMS continues to focus its efforts. To assist such efforts, more than two dozen user research sessions have been planned over the next year to learn how users understand the application, understand specific labels, and actively use the Website. It's important to note that this research will take place across a variety of audiences.

With regard to making wise health care decisions, initial research has found there's a need to help people understand the value of health insurance. This will be partially achieved by helping consumers better understand specific terms (e.g., What is a "co-pay"? What is a "premium"?). Educational materials will be created to address these and other health literacy questions.

CMS is also examining lessons learned and strategies used by other state exchanges and incorporating them into its current research efforts. Part of these efforts include working with focus groups by showing them non-branded information that other states have used in their exchanges to gauge reactions and understand how they can inform the national program.

CMS is also actively building partner networks to validate lessons learned. This encompasses a broad range of partners, including those that CMS has traditionally worked with and – in the case of 2014 programs – nontraditional partners as well. The choice of new partners and partner networks will be informed by research to ensure optimal access to uninsured populations.

CMS is also focusing on vulnerable populations and analyzing research findings to better communicate with such populations. Communications for these and other populations will be made available through a variety of means. This will require assessing both channels of distribution across the spectrum and also identifying individuals at the community level that can act as conduits for information.

In terms of making sure that providers understand the implementation of EHR and how it relates to its productivity, CMS is working to integrate this message within its existing communications

efforts. Testimonials from people working through the adoption process have been enormously helpful in this regard.

Health Insurance Exchanges Application

***Donna Cohen Ross**, Center for Medicaid, CHIP and Survey & Certification, CMS*
***Hannah Moore**, Center for Consumer Information and Insurance Oversight, CMS*

This presentation focused on the development of a single, streamlined application for consumers.

The creation of the application follows several guiding principles including: ensuring access to coverage; minimizing burden; maximizing use of technology/data matching; making real-time determinations; ensuring accuracy; and coordinating all coverage options seamlessly.

The goal is for the applicant to be able to submit a single, streamlined application to the exchange, Medicaid, or CHIP. Applicants will be able to submit their application via online, mail, in person, or over the phone. Eligibility will be verified and determined, in part, through a federally managed data services hub. An online plan comparison tool will also be available to inform plan selection.

When completing the application online, individuals will be able to create a personal account. This will allow them to save their information and continue the application process at a later time in case they are interrupted (e.g., a phone call). The process will be both secure and private. It will also provide individuals with an opportunity to update information about themselves that may change from time to time. The goal is to balance privacy, security, and convenience.

Individuals will be asked for (but not required to submit) an e-mail address that may be used for future communications. Some states are currently experimenting communicating with individuals via e-mail and text messaging. Secure information will not be sent via text or e-mail; however, individuals may be alerted to check their personal account when new information is available. Individuals will also be asked for their Social Security number when applying for coverage. This will be required for those applying but not for those who are listed in the application and are not seeking coverage.

Information will also be collected on household members and household composition. It will be important to clearly delineate what information will be needed from the applicant vs. someone who is part of the household unit but not applying. The process will also include confirmation and determination on eligibility.

There will be many people who will not want to – or may not be able to – apply on their own. In such cases, authorized representatives will be available to assist throughout the application process. Guidance from CMS will be forthcoming on this aspect of the application process.

Listening Session with CMS Leadership

***Cindy Mann**, Deputy Administrator and Director, Center for Medicaid and CHIP Services, CMS*

Ms. Mann provided an update on some of the forthcoming CMS activities that will accompany implementation of the Affordable Care Act.

Ms. Mann explained that gaps exist in the current health care system. For example, some women may be covered when pregnant but may not be eligible for coverage 60 days post partum, depending on specific conditions. There are also low-income individuals who are currently working but cannot afford health insurance. In addition, some small businesses have found they would like to cover their employees but can't do so because it's not affordable. All of these situations exemplify gaps or lack of coverage in the current system. Gaps in coverage and churning also exist when families are covered but a specific situation, such as income, changes.

The Affordable Care Act will amend this. Virtually everyone will have a way to obtain affordable coverage as of January 1, 2014. With the new law, no gaps in coverage should exist. The law will also ensure the system working together to create seamless coverage resulting in better health care and lower costs.

This new system will require a different paradigm that will be supported through a variety of efforts. The law, as well as rules promulgated by CMS, will dictate that individuals have a source of affordable coverage and a "seamless" experience. This will require a single, streamlined application and one entry point into the system.

In the area of implementation, IT and eligibility systems will be built at the federal level that communicate with each other. States will also be offered a 90 percent match for modernization of systems related to eligibility and enrollment. At the federal level, assistance teams will be developed for each state that will include a variety of experts thus creating a "one-stop shop" for states to seek assistance.

Communications and outreach will also be important. The message needs to be clear – "Everyone needs to be covered" and "It's easy to get covered." Customer service will also be in place for those that need it.

It's also important to have a vision for this paradigm shift. If one looks at the profile of the uninsured today, one can see that many of those that are uninsured are low-income individuals. In the future, these individuals may likely be eligible for Medicaid, CHIP, or other programs.

The vision is that affordable, sponsored coverage will be available for those that can't affordably obtain coverage via their employer. Also, financial assistance will be available for those whose income lies anywhere between 0 and 400 percent of the federal poverty line.

Health Insurance Exchanges – Topline Research Findings and Communications Plan and Timeline

***Chris Koepke**, Ph.D., Deputy Director, Creative Services Group, OC, CMS*
***Teresa Niño**, Director, Office of Public Engagement, CMS*

This presentation focused on some of the initial research findings related to the exchanges.

An environmental scan showed that most of the uninsured are low-income, working families that don't have access to employer-sponsored care. Little is known about the factors that contribute to their decisions to remain uninsured, apart from those attributed to economic barriers. Other perceptual and attitudinal barriers will likely be present and will need to be addressed to both improve outreach success rates and optimize program benefits.

Initial research related to the exchange has yielded useful findings. Participants liked the fact that they could find "everything in one place." They also liked the simplicity of the ability to compare, shop, and purchase insurance. Providing a variety of coverage levels, the availability of financial assistance, and access to unbiased counselors, were also seen favorably by participants. Overall, the research found that three quarters of the participants said they would be likely to investigate and possibly purchase insurance from the program.

In all, the concept seems appealing to uninsured consumers as well as business owners. Education will be needed about how the program will work and what will be the consumer's role in making health insurance choices.

Future steps will include further application testing, deeper message developing, segmenting of audiences, and beginning iterative testing of the exchange design. The Office of Public Engagement will work with a variety of stakeholders including advocacy groups, faith-based organizations, state agencies, and other federal agencies through a variety of efforts. This will require enhancing existing partnerships as well as engaging new stakeholders.

Discussion of Recommendations

APOE Members

Following the above presentations, the panel provided recommendations which fell into seven broad areas: 1) Enrollment Assistance; 2) Consumer Information/Application Processes; 3) Transitions; 4) Guidance to States; 5) Messaging; 6) Research; and 7) Advertising and Partner Networks.

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*

Ms. Markwood introduced Ronna Hauser, Pharm.D.,Vice President of Policy & Regulatory Affairs at the National Community Pharmacists Association. Dr. Hauser's presentation focused on some of the existing confusion by some Medicare beneficiaries on not knowing the difference between a network pharmacy and preferred pharmacy, and the implications of consumer costs in choosing one over the other.

Adjourn
***Jennifer Kordonski**, DFO, CMS*

Ms. Kordonski thanked the panelists and speakers for their participation. Before adjourning, she informed participants that the next meeting will take place on August 2, 2012.